

# Coaching during the COVID-19 pandemic: Application of the CLARITY solution-focused cognitive behavioural coaching model

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## Abstract

Since the development of the global COVID-19 coronavirus pandemic, significant concerns have been raised regarding mental health and wellbeing internationally and the United Nations (UN) have stated the need to take action to avert a mental health crisis. This article briefly considers evidence on the effectiveness of coaching psychology as an intervention for enhancing mental health and wellbeing, and on the effectiveness of the solution focused cognitive behavioural (SFCB) coaching approach in particular, before going on to consider potential adaptations to the CLARITY solution focused cognitive behavioural coaching model for use within this unprecedented context.

**Keywords:** COVID-19, coronavirus pandemic, coaching, coaching psychology, solution focused cognitive behavioural coaching, CLARITY coaching model, cognitive imaginal techniques, imagery, identity.

## INTRODUCTION

The global COVID-19 coronavirus pandemic began at the end of 2019 (Xiang, Yang, Li, Zhang, Zhang, Cheung, & Ng, 2020) and in January 2020 was declared by the World Health Organisation (WHO) as a 'Public Health Emergency of International concern' (WHO, 2020:1). By April 2020, many countries were implementing lockdowns, quarantines and curfews to curtail the spread of the virus and manage the overall impact of this devastating 'physical health crisis' (UN, 2020:1). In a policy briefing, the United Nations (UN) stated the need to take action to reduce the risk of a subsequent major mental health crisis (UN, 2020). The briefing observes how 'The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to

be addressed urgently' (UN, 2020:2). Early research indicates increased risk of mental health issues such as panic disorder, anxiety, depression, stress, insomnia, loneliness, fear, anger (Qui, Shen, Zhao, Wang, Xie, & Xu, 2020; Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020; WHO, 2020), and in some circumstances post-traumatic stress disorder (BPS, 2020). The concern is for the general population, as well as for specific population groups, such as frontline healthcare providers and first responders, key workers, patients and those recovering from COVID-19, people in isolation, shielding, quarantine or lock down, older people and children (Lai, Ma, Wang et al, 2020; Mohindra, Suri, Bhalla, & Singh, 2020; UN, 2020; BPS, 2020).

Coaching has been defined as having a focus 'both on facilitating goal attainment

and enhancing well-being' (Grant, 2007: 250). Aligned to this, coaching psychology has been described as '*enhancing wellbeing and performance in personal life and work domains underpinned by models of coaching grounded in established adult learning or psychological approaches*' (see Palmer & Whybrow, 2007: 2). Coaching psychology research over the last two decades has evidenced it to be an effective intervention for stress management, resilience building, health and wellbeing (Palmer, Cooper, & Thomas, 2003; Gyllensten & Palmer, 2005; Butterworth, Linden, McClay, & Leo, 2006; Gyllensten & Palmer, 2012; Moore & Jackson, 2014; Williams, Palmer, & Gyllensten, 2019), and as such there may be a significant role for it to play in efforts to counter this potential mental health crisis.

Research has evidenced the effectiveness of various coaching psychology approaches for enhancement of mental health and wellbeing, including developmental coaching (O'Connor & Cavanagh, 2013), executive and leadership coaching (Cavanagh, 2005; Grant, Curtaeyne, & Burton, 2009), health coaching (Kivelä, Elo, Kyngäs, & Kääriäinen, 2014), life coaching (Grant, 2003; Green, Grant, & Rynsaardt, 2007; Bora, Leaning, Moores, & Roberts, 2010), mindfulness coaching (Robins, Kiken, Holt, & McCain, 2014), motivational interviewing based health coaching (Butterworth, Linden, McClay, & Leo, 2006) and solution focused cognitive behavioural coaching (Green, Oades, & Grant, 2006; Green, Grant, & Rynsaardt, 2007; Grant, Curtaeyne, & Burton, 2009; Gardener, Kearns, & Tiggemann, 2013; Grant, 2017). The research has also considered the effectiveness of coaching for wellbeing across a variety of coaching settings and populations, including the workplace (Grant, Curtaeyne, & Burton, 2009), schools (Green & Norrish, 2013), higher education students (Green, Grant, & Rynsaardt, 2007; Green, Norrish, Vella-Brodrick, & Grant, 2014; Dulagil, Green, & Ahern, 2016), general practitioners (Gardener, Kearns, & Tiggemann, 2013) and paramedics (Barody, 2016).

Recently published guidance from the BPS (2020) lists cognitive behavioural approaches to recovery as part of the recommended rehabilitation programme for people recovering from COVID-19 (BPS, 2020). In this article we will focus on the solution focused cognitive behavioural (SFCB) coaching approach, and potential adaptations to the CLARITY coaching model for use within this unprecedented context.

## **SOLUTION FOCUSED AND COGNITIVE BEHAVIOURAL COACHING**

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Solution focused (SF) coaching, developed by Steve de Shazer, Insoo Kim Berg and associates in the late 1970s (de Shazer, 1984), views everyone as skilled problem solvers, at their best when tapping into their own resources and solutions (O'Connell, Palmer, & Williams, 2013). SF coaching utilises a range of principles and techniques such as a timely shift from problem talk to solution talk, preferred future visioning, understanding exceptions, highlighting strengths and resources, noticing change and establishing small next steps (O'Connell & Palmer, 2007; O'Connell, Palmer, & Williams, 2013). The SF approach recognises the importance of validating the person and their perception of the situation, with statements such as 'I can appreciate that you would feel like that' and 'I can see why that makes sense to you' (O'Connell et al, 2013). This validation lessens the need for the coachee to defend their position and enables them to remain open to new ideas and courses of action. Aligned to this the coach may help the coachee to normalise their situation, acknowledging the appropriateness of the thoughts and feelings experienced (O'Connell et al, 2013). In visioning a coachee's preferred future, deShazer (1988) posed the Miracle Question, in which the coachee imagines waking to find a miracle has happened, the issues have disappeared, the problem has been resolved – the coachee is asked, on waking, what will be the first and subsequent signs for them that a miracle has happened.

Cognitive behavioural (CB) coaching is based on the premise that '*The way you think about events in your life profoundly influences the way you feel about them*' (Neenan & Dryden, 2002:ix), which in turn impacts upon stress responses and performance (Williams, Palmer, & Edgerton, 2018). Cognitions may be helpful, neutral or unhelpful to the individual, the latter of which may induce stress or undermine resilience (Palmer, 2003; Palmer et al, 2003; Palmer, 2012a,b). A number of common thinking errors have been identified including labelling, all-or-nothing thinking, magnification or awfulizing, minimization, fortune-telling and low frustration tolerance, or "I-can't-stand-it-itis" (Curwan, Palmer, & Ruddell, 2018; Palmer et al, 2003; Palmer & Cooper, 2013). Related thinking skills include de-labelling, befriending yourself, perspective, looking for the evidence, and replacing imperatives with preferences (Ellis & Blum, 1967; Palmer & Strickland, 1996; Palmer & Cooper, 2010; 2013). Where an individual can constructively cognitively appraise a situation, this can act as a 'protective factor', enhancing resilience in the face of adversity (Rutter, 1985; Lee, Nam, Kim et al, 2013). CB coaching utilises various questioning techniques in order to facilitate the individual

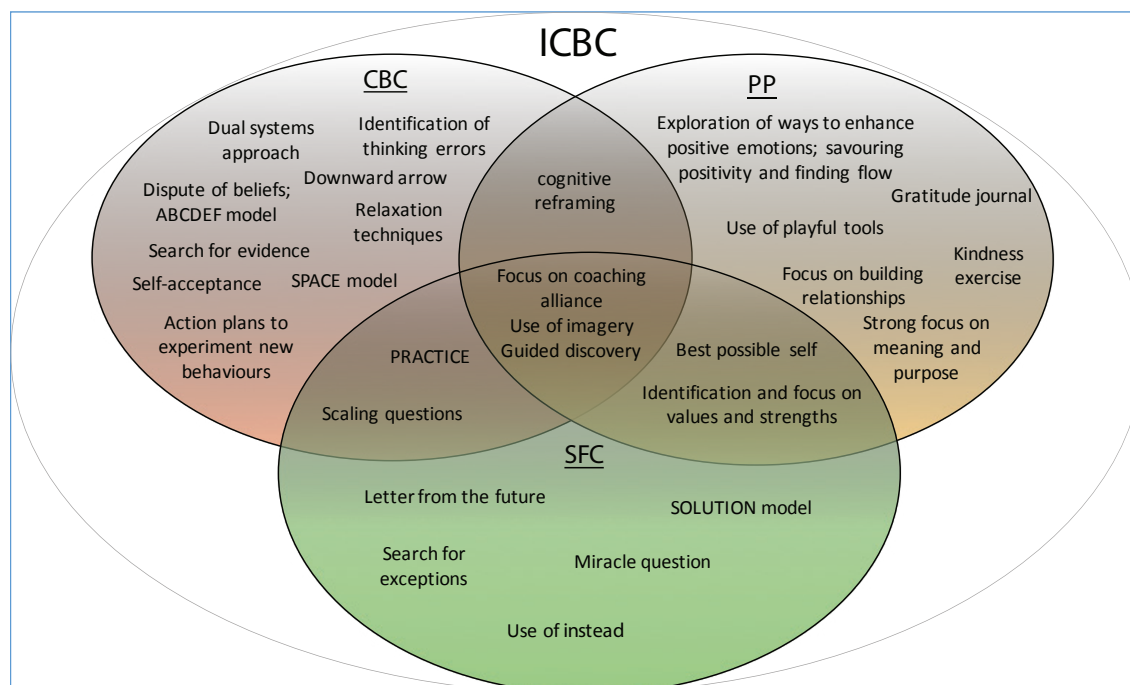
in recognising and challenging unhelpful thinking, imagery and behaviour, and in generating alternatives. Recording Stress Inducing Thoughts (SITs), or Resilience Undermining Thoughts (RUTs), and generating alternative Stress Alleviating Thoughts (SATs) or Resilience Enhancing Thoughts (RETs), is one such technique (Palmer, 2003; Palmer, 2012a,b; Palmer 2013; Palmer, Tubbs, & Whybrow, 2003).

As apparent in the research literature (Green, Oades, & Grant, 2006; Green, Grant, & Rynsaardt, 2007; Grant, Curtayne, & Burton, 2009), many academics and practitioners have looked to integrate the two approaches of solution focused and cognitive behavioural coaching (Grant, 2001; Grant, 2003; Dias, Palmer, & Nardi, 2017; Grant, 2017), with the solution focused approach contributing to ‘the development of a more strengths-focused language within CBC’ (Dias, Palmer, & Nardi, 2017: 3). In a global survey conducted, 29% of coaching psychologists and 21% of coaches reported that they used an integrated solution focused cognitive behavioural approach (Palmer & Whybrow, 2019). Dias, Palmer

and Nardi (2017) proposed an Integrated cognitive behavioural coaching (ICBC) model, capturing the key aspects of cognitive behavioural, solution focused and positive psychology approaches to coaching (see Figure 1; Dias, Palmer, & Nardi, 2017: 4). Dias and associates have discussed how the ‘ICBC may actually reflect one branch of positive psychology coaching’ (see Green & Palmer, 2019: 198).

Grant (2017) suggested a Performance/Wellbeing Matrix as a simple framework for SFCB coaches to use when orienting individuals and organisations towards a more sustainable high performance and high wellbeing, flourishing state at work (Grant, 2007; Grant, 2017). In a review of the literature Grant identifies the underlying SFCB mechanisms that make it effective for stress reduction and enhanced wellbeing, namely the supportive relationship with the coach, the focus on meaningful goals, problem solving and action planning, the process of identifying and using one’s personal strengths, and a facilitated solution focused reflective process (Grant, 2017).

**Figure 1: Examples of techniques derived from CBC, PP and SFC that compose ICBC.** (Dias, Palmer, & Nardi, 2017: 4)  
 CBC = cognitive-behavioural coaching; ICBC = integrative cognitive-behavioural coaching; PP = positive psychology;  
 SFC = solution-focused coaching. Reproduced with permission of the publisher



There are many established coaching models from the solution focused and cognitive behavioural perspectives. Ellis developed the ABCDE model (Ellis, 1962; Ellis et al, 1997) whereby 'Activating events' and 'Consequences' are connected via 'Beliefs', and these may be 'Disputed' to generate an 'Effective new approach. The ABCDEF model sees the addition of 'Future focus' (Palmer, 2002, 2009). Lee (2003) developed the ACE model standing for 'Actions', 'Cognitions' and 'Emotions'. Edgerton developed the SPACE model which included 'Physical reactions' and 'Social context' (see Edgerton & Palmer, 2005). Solution focused coaching models include Norman's (2003) Reflecting Team Model, O'Connell's (2001, 2004) three step model of Problem talk, Future talk, Strategy talk and Jackson and McKergow's (2007; 2011) OSKAR model. In 2011, the 'SOLUTION' acronym was introduced as a development to O'Connell's existing and established eight step model, and alongside a more concise five-step model 'FOCUS' for use with groups or teams (O'Connell, 1998; 2005; Williams, Palmer, & O'Connell, 2011). Solution focused cognitive behavioural coaching models and frameworks include Palmer's (2008) PRACTICE model of coaching and Grant's (2017) Performance/Wellbeing Matrix.

### THE CLARITY COACHING MODEL

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CLARITY is a seven-step solution focused cognitive behavioural coaching model (Williams & Palmer, 2010; Williams & Palmer, 2018; Williams, Palmer, & Gyllensten, 2019) that represents an adaptation of other widely used and recognised multi-modal, rational emotive and cognitive behavioural models (Williams & Palmer, 2010; Williams, Palmer, & Edgerton, 2018; Williams & Palmer, 2018). In a survey conducted for the Handbook of Coaching Psychology in 2017, 10.71% of coaches and 5.77% coaching psychologists responding to the survey reported using the CLARITY model in their coaching practice (Palmer & Whybrow, 2019). The acronym CLARITY represents seven important elements of the coaching conversation as follows (Williams & Palmer, 2010):

<b>C</b>	<b>Context</b>
<b>L</b>	<b>Life event/experience</b>
<b>A</b>	<b>Action</b>
<b>R</b>	<b>Reaction</b>
<b>I</b>	<b>Imagery and Identity</b>
<b>T</b>	<b>Thoughts/beliefs</b>
<b>Y</b>	<b>Your future choice</b>

A two-phased approach of 'identification' and 'generation of alternatives' is recommended to facilitate the coaching conversation using the CLARITY model (Williams & Palmer, 2010). During the identification phase, the coach encourages the coachee to detail the problematic situation, noting relevant aspects of the context and the specific life events, before moving around the model as needed to capture behavioural, physiological and psychological responses to it, including helpful or unhelpful thoughts, beliefs and imagery. In this respect the seven steps may be more usefully referred to as 'elements'. In the second phase of generating alternatives, the overall aim is to consider options for change, exploring ways of thinking and behaving differently, recognising the coaches progress and contribution and committing to small next steps and specific, measurable actions (Williams & Palmer, 2018). For further information on the model see Williams and Palmer (2010) and Williams and Palmer (2018).

### APPLICATION OF THE CLARITY COACHING MODEL DURING A PANDEMIC

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At present the pandemic is likely to form a significant aspect of the wider context when coaching. The pandemic may have impacted each individual in multiple ways, with a stress response most likely where there has been a combination of multiple problems (Williams, Palmer, & Gyllensten, 2019) representing personally significant and sudden, transitional change (Panchal, Palmer, & O'Riordan, 2020). For some, the pandemic and related life events may form the central focus of the coaching conversation as the coachee seeks ways to manage the experience and their responses to it. The CLARITY model offers a framework for a solution focused, cognitive behavioural coaching conversation in which the coach may first enquire of the coachee's experience of the pandemic before identifying the specific life events that the coachee would like to explore further. Awareness of thoughts, emotions and imagery may be particularly empowering in this context, protecting their identity and seeking to enhance perceived behavioural control (Ajzen, 2002), resilience (Neenan & Dryden, 2002; Rutten, Hammels, Geschwind et al, 2013) and emotional agility (David & Congleton, 2013), enabling the choice to generate alternative ways of thinking and responding to events. The problem solving, solution focused element may also be particularly empowering in this context, focusing on the individual's strengths and

resources and generating simple next steps and action plans. Figure 2 (pages 6-7) presents a set of adapted coaching questions that may be useful when using the CLARITY coaching model in the context of a pandemic.

In particular, the 'I' element of the CLARITY model structure enables exploration of the psychological concepts of imagery and identity. It is common for individuals to experience negative imagery of failure prior to stressful events (Palmer & Cooper, 2010; 2013). Cognitive-imaginal techniques that may be particularly helpful in the context of a pandemic include coping imagery (Palmer, 2008a) and resilience enhancing imagery (Palmer, 2013). Coping imagery involves the individual imagining themselves coping with the most difficult aspects of a situation and has been found to be a highly effective stress management technique (Lazarus, 1981; Palmer, Cooper, & Thomas, 2003; Palmer, 2008b; Palmer & Cooper, 2010; 2013). Resilience enhancing imagery involves the individual noting Resilience Undermining Thoughts (RUTs) and any related imagery, developing Resilience Enhancing Thoughts (RETs) and picturing a new image whilst repeating the new RETs (Palmer, 2013). Other forms of imagery that may be useful include motivation imagery, time projection imagery, positive imagery and guilt reduction imagery (see Lazarus, 1984; Palmer & Dryden, 1994; Ellis, Gordon, Neenan, & Palmer, 1997; Palmer et al, 2003; Palmer & Puri, 2006; Palmer & Szymanska, 2014).

Self-identity, also referred to as the self-concept, comprises of many personal and social identities (Oysermann, 2009). These range from broad, temporally expansive core identities (e.g. gender, culture) to narrow and temporally specific identities (e.g. one's year of age), central or peripheral to an individual's core self-image, and linked to a variety of life domains including: (a) job, career and work, (b) social, family, marriage and support, (c) income, wealth, financial and standard of living, (d) leisure, recreation and fun, (e) mental, physical, and spiritual health, (f) community, housing and safety, and (g) education (Rosthausen & Henderson, 2014). Rosthausen and Henderson (2014) found core elements of identity and wellbeing to include purpose, trajectory, relatedness, expression, acceptance, and differentiation (PTREAD), observing '*threats to holistic wellbeing and positive, congruent identity across life domains result in mental and physical strain and coping*' (Rosthausen & Henderson, 2014: 5).

The World Health Organisation (WHO) have stated it is important to '*separate a person from having an identity defined*

*by COVID-19, in order to reduce stigma*' (WHO, 2020: 1), for example referring to them as '*people who are being treated for COVID-19*' or '*people who are recovering from COVID-19*' as opposed to labelling as COVID-19 victims or families (WHO, 2020). Place-identity (Knez, Butler, Sang et al, 2018; Ruiz & Hernandez, 2014) may also have relevance as people are in lockdown and shielding during the pandemic, unable to visit the places they would usually. Research evidenced emotions of loss and grief following natural disaster that removes a community from its ground (Knez et al, 2018; Ruiz & Hernandez, 2014).

Significantly, '*identities are cued when they are meaningfully distinctive in context*' (Oysermann, 2009: 252), and situational characteristics '*can render an identity salient and increase its temporary relevance and influence*' (Oysermann, 2009: 252). The current COVID-19 pandemic is an unprecedented context with the potential to impact upon personal and social identities relating to all life domains, which could feasibly result in undesired shifts in central identities, cognitive dissonance and temporary loss, of or grieving for, certain identities. The temporal nature of identities (Neisser, 1988; Oyserman & James, 2008; Ross & Wilson, 2002) - '*describing the person one was, is, and may become*' (Oysermann, 2009:3) - seems pertinent, as for many the pandemic represents a sudden and undesired life transition (Panchal, Palmer, & O'Riordan, 2020). In their research paper, Praharsro, Tear and Cruwys (2017) described stressful life events as 'identity transitions', stating '*such events are more likely to be perceived as stressful and compromise wellbeing when they entail identity loss*' (Praharsro et al, 2017:2). Anecdotal evidence from news reports during the current COVID-19 pandemic supports this hypothesis, as individuals comment the situation is making them feel 'older', 'more disabled', 'less independent'.

Within the CLARITY model, the coach may tentatively explore how the situation is impacting upon the way an individual sees themselves and to what extent this is helpful or unhelpful, using cognitive and imaginal techniques to reinforce and protect preferred identities.

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## DISCUSSION

A distinction has long been drawn between coaching and therapy (Grant, 2001; Cavanagh & Buckley, 2018), with coaching being '*about enhancing performance or one's life experience, rather than treating dysfunction*' (Grant, 2001: 5). In more recent literature however, it has been acknowledged that '*in reality, the*

Figure 2: Application of the CLARITY solution focused cognitive behavioural coaching model in the context of a pandemic – Example questions (Williams & Palmer, 2020©)

Phase Step/Element	Phase 1: Identification	Phase 2: Generation of Alternatives
<b>Context</b>	How would you describe the overall context for this coaching? To what extent has this been impacted by the pandemic? What has been your experience of the pandemic?	What, if anything, might be changed about the situation?  Given this is a global pandemic, what is within your circle of influence to change? Where/how can you most constructively focus your attention?
<b>Life event/ experience</b>	What is the specific event or experience that is causing you difficulty? This may be in the past, present or anticipated future. How have you been personally impacted by the current pandemic? What are the most significant areas of change for you? Which aspect or aspects are causing you the most difficulty? What would you like to focus on during this discussion to explore this further?	What past experiences might you draw upon to help you in the current circumstance? What actions did you take then that might be useful now? What are others doing that seems to be effective? What else might you usefully do?
<b>Action</b>	What actions have you considered? What actions have you taken? What haven't you done yet? What if anything, might you have been avoiding?	What else might be possible for you to do? What have you seen others do that you may usefully consider? What first steps could you take?
<b>Reaction</b>	What physical reactions have you experienced (change in sleep patterns, breathing, hear rate or other bodily sensations)?  How have you been feeling? What emotions have you experienced during this time? Which emotions are helpful, which less so? How would you rate the strength of those feelings on a scale of 1 to 10? Which aspects of the situation seem to trigger the most emotion for you?	What opportunities can you take to protect your health and wellbeing, including diet and exercise, breathing and sleep?  Which emotions might you usefully monitor? Non-judgementally observe the level of these emotions on the scale of 1 to 10, observing what actions, thoughts or images are most helpful to you in managing the emotions.
<b>Imagery and Identity</b>	What images are you holding? What do you envision happening? How helpful are these images/visions?  How has this current situation impacted upon your identity? In what way has this experience effected how you see yourself? Which aspects of the situation are significant to your identity? How have these aspects changed?	In the current circumstances, what is your preferred future vision? What would you like to see happen? How would you like to see yourself managing in the circumstances? With regards unhelpful imagery, what is the evidence for/against this? How helpful is it to see it this way? What might be a more useful image?  What can you helpfully do, or tell yourself, to protect your identity? What imagery may be useful?
<b>Thoughts/ beliefs</b>	What thoughts are you having? What are you saying to yourself/ others? What do you believe to be true? What else are you thinking? How helpful are these thoughts? What emotional or physical reactions do they trigger? Which thought causes you the most disturbance? If this were true, what would that mean? [Ladder down to identify core unhelpful beliefs and assumptions.]	With regards unhelpful cognitions, what is the evidence for/against them? How helpful is it to think in this way? What might be a more accurate or useful thought?  Highlight common thinking errors and share related thinking skills.
<b>Your future choice</b>	What learning or insights do you take away from this exercise? What three things might you do differently? What might be the first step to make a change? What will be most beneficial to you to focus on? This may be about working with new beliefs or images, accepting feelings, or behaving differently.	

*boundaries between coaching practice and therapeutic practice are somewhat blurred* (Grant, 2007:250) and *'the boundary between clinical and non-clinical is imprecise and fluid'* (Cavanagh & Buckley, 2018: 451). Grant's paper presents the evidence that individuals seeking life coaching are more likely to have high levels of depression, anxiety or stress than those being allocated to programmes (Grant, 2007). It may be argued that in the context of a pandemic, it is more likely than ever for this to be the case, making it more crucial than ever that coaches have what Grant describes as *'a sophisticated understanding of the issues related to coaching and mental health'* (Grant, 2007:250). Further consideration is needed with regards the training, supervision and support required by coaches at this time, to ensure they are equipped with an awareness of mental health issues, an ability to recognise the signs, a knowledge of legal and ethical implications, a willingness to recognise the limits of their practice and an ability to offer alternatives to those clients in need (Buckley, 2007; Cavanagh & Buckley, 2018).

This paper has explored the potential relevance of the self-identity concept within the CLARITY model for solution focused cognitive behavioural coaching during a pandemic. Further research is needed to evidence this and to understand the relevant cognitive and imaginal techniques that will be of most use to coachees. Further consideration may also be given to use of the CLARITY model within counselling and psychotherapy (Williams & Palmer, 2018), both in the context of a pandemic, the period transitioning out of a pandemic and more broadly.

Palmer, Panchal and O'Riordan (2020) raise an observational question *'Could the experience of the COVID-19 pandemic have any positive impact on wellbeing?*', and propose the following question for ourselves and our coachees: *'Since the advent of the COVID-19 pandemic, has your wellbeing increased, has your*

*wellbeing decreased, or is it about the same?'* (Palmer, Panchal & O'Riordan, 2020: 6). This question may be usefully considered as an opening or positioning question for solution focused cognitive behavioural coaching in the context of the COVID-19 pandemic.

## CONCLUSION

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The CLARITY model may be useful for solution focused cognitive behavioural coaching in the context of a pandemic, enabling exploration of cognitions, imagery, emotions, physiological responses and behaviour, and generating alternative responses, simple next steps and action plans. The coachee's personal and social identities, perceived self-identity changes resulting from the transitional pandemic experience and ways to protect core, valued self-identities, may tentatively be considered within this wider coaching conversation.

Finally, we tentatively suggest that the CLARITY model could also be used judiciously in a counselling or psychotherapeutic domain to explore the client's experience of the COVID-19 pandemic and develop a strategy to facilitate emotional change and hope for the future. ■

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