

## BUZZWORDS GIVE THE IMPRESSION OF EXCELLENCE

# BEST PRACTICES: BARRIER OR BOOST FOR MENTORING, PEER ASSISTANCE OR COACHING?

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A frequent request to Peer Resources from community leaders, business personnel, researchers and others interested in starting a mentoring program, peer assistance program, or a coaching service is for a list of “best practices” in the field.

This is a sensible request. After all, as long ago as 1999 the leading mentoring experts in the USA such as Peer Resources Network member Larry Ambrose, Margo Murray, Rita Boags, Betty Farmer, David James, Kathleen Wright, Linda Stromei, and dozens of others equally engaged in mentoring were all featured presenters at the *Best Practices in Mentoring Conference* at The Bolger Center in Potomac, Maryland. For several years coaching associations and organizations have been struggling to create a set of standards that reflect ‘best practices,’ and The Library of Professional Coaching includes a whole section on “[Best Practices](#).”

Multiple organizations in Canada, the U.K., and the U.S.A., including the Mental Health Commission of Canada ([MHCC](#)), the Evidence Exchange Network for Mental Health and Addictions ([EENet](#)), Peers for Progress ([PFP](#)), U.S. Government’s National Registry of Evidence-Based Practices ([SAMHSA](#)), the National Association of Peer Program Professionals ([NAPPP](#)), [Peer Resources](#), Peer 2 Peer ([P2P](#)), and the April 12, 2014 conference in California titled *Towards*



*Best Practices in Mental Health Peer Programming* ([website](#)), are just a few of the groups striving to provide a set of best practices.

Enquiries that we receive, participants attending best practices conferences, and visitors to the hundreds of websites focusing on best practices, expect to learn about those foundation practices that identify successful mentoring, coaching or peer assistance, that enable those disciplines to make a difference in the lives of those touched by such practices, and to learn about how to apply those practices in their own organizations. This is the common goal of almost every quest for ‘best practices.’

What if compiling a set of mentoring best practices, for example, actually leads you down the wrong path? CEO coach Mike Myatt describes best practices as ‘evangelical’ statements that “rarely warrant being deemed as universal truths. It is nothing short of over exuberant thinking to assume that any single solution can be applied anywhere and everywhere...Just because company A had success with a certain initiative doesn’t mean that company B can seamlessly plug-and-play the same process and expect the same outcome.”

Eugene Bardich (2011) believes that the work involved to actually engage consistently in a best practice is rarely accomplished. Most of

the time, one will find ‘good’ practices or ‘smart’ practices that offer insight into solutions that may or may not work for a given situation.

Internationally recognized management consultant and author Ron Ashkenas (2010) in his *HBR Blog* article acknowledged that many organizations are exceptionally good at “stealing shamelessly” from other companies. But while some companies thrive with their borrowed ideas others soon abandon the idea. He noted that such best practice borrowing often fails because of two reasons: failure to adapt or tailor to the new environment; and failure to adopt which is what happens when leadership fails to fully support the “borrowed” process.

Former International Mentoring Association (IMA) president and former Peer Resources Network member, the late Dr. Joe Pascarelli, had a slightly different perspective on best practices. In his email that appeared on the [IMA group discussion site](#) Dr. Pascarelli, who believes that best practices is a synonym for ‘evidence-based practice’, said:

*“Best practice came out of a national context that identified those practices that were soundly based in research (and development) and were acknowledged as such. Originally there were specific criteria and standards that certain programs met and, as a*

*result, these practices were disseminated (via federal funding) so others could learn about and consider ‘adopting.’ Herein, lies the catch. We know from decades of research that no program can be ‘adopted’ and installed in a ‘foreign context’ without being ‘adapted.’ I am not hairsplitting but pointing to the difference. In these days, we are using ‘Best Practice’ very loosely and, in some cases, based on self-nomination. So, if there is a publication based on Best Practices in Mentoring (and there is not), it would still be limited in terms of the contextual dimension that needs to be addressed.”*

The late Barry Sweeny, a long-time mentoring expert and the former editor of the newsletter of the [International Mentoring Association](#) as well as their web master, agreed with his colleague, Dr. Pascarelli. According to Dr. Sweeny, “The basic question in examining and considering ‘best practices’ is best for what? What is best for one program may not be best for others.”

Dr. Sweeny suggested that a way to manage best practice enquiry is to first examine the goal of the mentoring program. He believes that the goal determines what might be best for that program. “Anyone who asserts a set of best practices must be asked,” Dr. Sweeny told me, “best for what goals, before we would consider adopting an approach, model, or solutions. That makes the process of program

**“Best practice is defined as the policy, systems, processes and procedures that, at any given point in time, are generally regarded by peers as the practice that delivers the optimal outcome, such that they are worth of adoption.”**

~ Andrew Body ~  
Managing Director at MOUCHEL Middle East  
[Biography](#)

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## *Best Practices ... (continued)*

development more complex. There are many choices, forks in the 'development road,' and dead ends."

One way to manage this complexity according to Dr. Sweeny is "to work with a program development mentor—someone who is experienced in the process and settings where many diverse goals have been addressed by different approaches and models." He recognized that this could be "a more financially costly way to go, but then heading off on your own without such experienced guidance can cost considerable time, waste energy, and even result in the loss of good will from managers and participants if there are issues and problems along the way." (Some of the world's best mentor program development specialists are listed on the International Mentoring Association [website](#).)

I agree with Dr. Sweeny and Dr. Pascarelli, both of whom I have known for years through our membership in the International Mentoring Association. Given the experience I've had with Peer Resources fielding questions about how to establish a mentoring program, I can add three additional perspectives.

### **Recognize that the Pursuit of a Quick-Fix is Innate**

I've often found that the search for best practices is often a way of avoiding coming to grips with what is really necessary to develop an effective mentoring initiative in the enquiring organization or service. When I've practiced Barry Sweeny's advice regarding asking about goals, I've been amazed at how few best practice searchers can actually articulate any goals. They often haven't thought about this very deeply. There's a common sense understanding that finding a set of best practices will enable all other elements required for effective mentoring to fall in place. At the same time, searching for best practices seems easier than dealing with some of the harder questions that require insight, reflection, internal research. Discovering a short cut seems deeply rooted in our brain functioning.

### **Develop a Set of Best Questions**

Relying on best practices is a way to avoid engaging in thinking deeply about the issues and reflecting on the answers, and their potential uncertainty unavoidably involves some discomfort and pain. It's natural to avoid going through this process, which is often

**"It is critically important for clinicians to be able to understand evidence-based practice (EBP) because there is a growing likelihood that the politics of EBP will be used to construct the ways in which they are expected to provide services in their workplaces. Although EBP looks relatively benign, the whole area reveals some very disturbing aspects."**

~ Greg Marston & Rob Watts~  
Professors at RMIT University (Australia)  
[Source](#)

negatively characterized as ‘reinventing the wheel.’ As an alternative, instead of working on establishing a set of best practices derived from the ideas of others, practitioners need to propose a set of best questions to ask themselves and their team members. Here are some examples of ‘best’ questions as applied to mentoring, for example:

- What do you hope to achieve with a mentoring program?
- What results do you expect?
- Why are these things important?
- What needs do the people in your organization have that can be better met through mentoring?

### Assign a Risk-Level to Program Options

While a best practices guide can inspire you to think of, reflect on, or be inspired by what others have done, it can also be a barrier to

creating your own path that is more likely to fit your organizational culture, values and mission. Just because others have developed a particular practice that works for them, doesn’t mean their success will transfer to your organization.

But it also means that they could work and benefit your mentoring initiative. When using best practices, take a “risk-based” approach. That is, with every ‘best practice’ reflect on the pluses and minuses of implementing that best practice in your organization. Ask yourself “How will this help or hinder the results we want? What might be an unintended or unexpected positive or negative outcome if we implement this best practice?”

While the previous sections dealt mostly with mentoring, the same principles regarding the drive to identify best practices applies to both

**“Clinical effectiveness, evidence-based medicine (EBM) and related terms were the politically correct medical slogans of the 1990s. For many they are ‘buzz-words’ conveying a modern progressive approach and in some circles it is unwise to express scepticism. Evidence-based medicine is being embraced by all specialities and there has been a strong signal that psychiatry is joining the movement by the introduction in 1998 of a psychiatric journal dedicated to evidence-based practice. Although the ideas are not new and the basic assumptions of EBM are sound, there are major reservations about how its tenets are being promoted. The only evidence deemed acceptable in decisions about treatment is that derived from randomised controlled trials (RCTs). The value and role of the doctor as therapist is being undermined, the psychological and social aspects of medicine are neglected by EBM and the movement is in danger of creating a new utilitarian orthodoxy.”**

~ D.D.R. Williams & Jane Garner ~

British psychiatrists

[View Source](#)

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## *Best Practices... (continued)*

coaching and peer assistance. The extensive movement within the coaching industry, for example, to create accreditation systems, credentialing, and evidence-based practice—as demonstrated through the titles of recently published books, journals, and articles—could be described as both a search for excellence and security or a barrier to effectiveness and innovation.

The complexity of the human endeavor to live healthy and fulfilling lives is too important to leave to a set of best practices in any health and human services field whether it be mentoring, medicine, peer assistance, coaching, or other health practice. Best practices tell us about what worked in the past. If we want to live in the past, imitate them. If we want to build for the future, create practices that come from our hearts.

## **References**

Ambler, S. (2011). *Questioning "best practices" for software development: Practices are contextual, never best.* (Retrieved from [here](#).)

Ashkenas, R. (November 10, 2010). Why best practices are hard to practice. *HBR Blog Network.* (Retrieved from [here](#).)

Bardach, E. (2011). *A practical guide for policy analysis: The eightfold path to more effective problem solving, 4th edition.* Thousand Oaks, CA: Sage. This book can be purchased through [Amazon.ca](#), [Amazon.com](#), or [Amazon.co.uk](#).

Body, A. (2006). *Principles of best practice: Construction procurement in New Zealand.* New Zealand: Construction Industry Council. (Retrieved March 17, 2014 from [here](#).)

Daniels, A.S., Cate, R., Bergeson, S., Forquer, S., Niewenhous, G., & Epps, B. (2013). Best practices: Level-of-care criteria for peer support services: A best-practice guide. *Psychiatric Services, 10*, 1176. (Retrieved March 17, 2014 from [here](#).)

Greene, J.P. (2012). Best practices are the worst: Picking the anecdotes you want to believe. *Educationnext.* (Retrieved March 17, 2014 from [here](#).)

Marston, G., & Watts, R. (2003). Tampering with the evidence: A critical appraisal of evidence-based policy-making. *The Drawing Board: An Australian Review of Public Affairs, 3*, 3, 143-163, (Retrieved March 18, 2014 from [here](#).)

**“Best practices’ lacks scientific credibility, but it has been a proven path to fame and fortune for pop-management gurus like Tom Peters, with In Search of Excellence, and Jim Collins, with Good to Great. The fact that many of the ‘best’ companies they featured subsequently went belly-up—like Atari and Wang Computers, lauded by Peters, and Circuit City and Fannie Mae, by Collins—has done nothing to impede their high-fee lecture tours. Sometimes people just want to hear a confident person with shiny teeth tell them appealing stories about the secrets to success.”**

~ Jay P. Greene ~

Professor of Education Reform at the University of Arkansas  
[Biography](#)

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*Best Practices... (continued)*

Sunderland, K., & Mishkin, W. (2013). *Guidelines for the practice and training of peer support*. Calgary, AB: Peer Leadership Group, Mental Health Commission of Canada. (Retrieved March 17, 2014 from [here](#).)

Williams, D.D.R., & Garner, J. (2002). The case against 'the evidence': A different perspective on evidence-based medicine. *The British Journal of Psychiatry*, 180, 8-12.

## A Coach's View of Both Evidence-Based Coaching & Belief-Based Coaching How Accurate is Either Description?

"Evidence-based coaching is a scientific approach whereby professional practice is capable of being justified in terms of sound evidence based upon a process of methodical clinical and industry research, evaluation, and the use of up-to-date systematic research findings to support decisions about practice. Evidence based coaching links theories and research from the behavioral sciences eg; psychology with coaching best-practice. Evidence-based coaching is a way of distinguishing professional practice grounded in proven science versus the simplistic, unproven coaching approach popularized by the many coaching associations and coach training providers engaged in mass-marketing to a primarily uneducated marketplace." ([Source](#))

~ Suzanne Skiffington ~  
Founding Director Behavioral  
Coaching Institute  
[Biography](#)

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"Belief based coaching (BBC) is a common and traditional form of coaching. Its guidelines for practices are usually a mix of personal experiences, some basic education about training and professional development, selected incomplete knowledge of coaching practices, and a self-belief in the practitioner's coaching approach. Any changes in coaching practices usually only occur through a process of self-selection. The accumulated knowledge of BBC is subjective, biased, unstructured, and mostly lacking in accountability. BBC also includes pseudo-scientific coaching. Pseudo-scientists (versus qualified behavioral scientists) attempt to give the impression of scientific knowledge but invariably their knowledge is incomplete resulting in false/erroneous postulations." ([Source](#))

~ Suzanne Skiffington ~  
Founding Director Behavioral  
Coaching Institute  
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