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How to use this Handbook

**Professional Competencies** are made up of knowledge, skills, and attributes that are specifically valued by the professional associations, organizations and bodies connected to your future career.

The Int’l Association of Professional Recovery Coaches has created 40 hours of online training to introduce you the competencies you are expected to learn and practice. We have grouped them into two groups that we refer to as Competencies Part 1 and Competencies Part 2.

This Handbook is the full text for the following Courses In Professional Recovery Coach Competencies Part 1 & Part 2:

**Professional Recovery Coach Competencies Part 1**
- A. Dynamics of Professional Recovery Coaching
- B. Motivation to Change

**Professional Recovery Coach Competencies Part 2**
- C. Right Thinking in Recovery
- D. Coaching Families
- E. Ethical and Legal Issues in Professional Recovery Coaching

For your convenience you will find:
- Worksheets you will do personally and with clients as needed
- Sample Coaching Agreements
- ICF Code of Ethics
- IAPRC Code of Ethics & Non-Disclosure Agreement

This written version of video content is useful for review and study of the coaching concepts covered, and also to refer to the above listed documents.

You may earn 40 CCEs approved by the International Coach Federation when you complete both 1) the online training content covered in this Handbook and 2) 20 hours of Live Skills Groups.

LIVE Skills Groups are available to practice both ICF Core Competencies along with Professional Recovery Coach Competencies. Details will be posted on [https://members.icoachrecovery.org](https://members.icoachrecovery.org)
The Power of Language

Our Professional Recovery Coach Handbook uses the word addiction since it is still widely used and understood. A recent Google search for the word addiction produced 715M hits in a matter of seconds. Addiction includes behavioral or process addictions such as gambling, misuse of pornography, eating disorders, smoking, and other compulsive behaviors our client may want to address as well as their use/misuse of drugs and alcohol and related unhealthy relationships. The term substance ‘abuse’ has lost favor because it is stigmatizing. We also speak of people with substance use disorders but it has opponents as well.

The National Institute on Mental Illness (US) states that addiction to drugs and alcohol is a MENTAL ILLNESS better known as substance use disorder. Such a redefinition may comfort some and repel or horrify others. 

The debate over words will continue as we all work together to overcome the stigma and shame related to addiction, mental illness, and the process of recovery from either or both disorders and the hurtful and pejorative labels given to suffering individuals (drunk, junky, coke head, etc.).

Systems change takes time. In the US there is heated debate over combining Addiction Services and Mental Health Services into a hybrid called Behavioral Health. The end goal is to include and expand Addiction Services within the more established delivery systems of mental health and medical care. Other countries will have their own debates related to types and scope of clinical services, who is served, and how are such services funded.

Our approach to Professional Recovery Coaching is based in Cognitive Restructuring. We have powerful tools and approaches to work with coaching clients to let them explore the meaning and impact of these words in their own journey of recovery. Coaches do not assess, treat, or pathologize our clients with labels. Our work is actually quite remarkable. We create space for our fellow human beings through reframing their situations, challenging their assumptions, expanding their self-awareness and self-discovery so they experience the freedom of making authentic choices about their lives and possibilities.

A Word About Online Communities and Resources

Isolation is a serious barrier in the recovery process. Today the connectivity of the Internet is providing safe and effective ways for people to learn and to hear stories of other people at different stages of the recovery journey from around the world. Our hope grows as we identify with others like themselves who are finding wholeness in
recovery. In addition to popular social media platforms, tens of thousands of people are developing an authentic sense of community through a myriad of recovery focused blogs, podcasts, hashtags, apps and digital recovery communities that meet their unique needs. Resource lists are provided by the Int’l Association of Professional Recovery Coaches through various websites.

**Current Statistics:**
Statistics pertaining to addiction and substance use disorders fluctuate rapidly in North America and across the globe. As deadly epidemics rise and fall and legalization policies and penalties change for different classes of substances, Certified Professional Recovery Coaches need to stay current through Internet searches related to your area and/or your clients. This will help you to be an informed advocate in your sphere of influence.
Dynamics of Professional Recovery Coaching

Introduction (To be read BEFORE viewing course videos)

Recovery Coaching is rapidly becoming the norm in today’s treatment continuum and is to the twenty-first century what counseling was to the twentieth century. Professional Recovery Coach Competencies is a series of courses that has been developed to address a paradigm shift in the treatment and prevention continuum. The addiction field is moving from a model of clinical, acute treatment services to long term, holistic recovery services.

Recovery Coaching has sprung from this paradigm shift and is intended for Professional Life Coaches, Helping Professionals, Therapists and Counselors, as well as Peer Recovery Support Specialists who are at various stages of experience and skill development, but who wish to master the fundamental building blocks needed to change lives through Professional Recovery Coaching. This program is built on dynamics from Positive Psychology as well as Cognitive Restructuring, Cognitive Behavioral Theory, protocols of Professional Coaching, and principles of Motivational Interviewing. It is not based on AA or Twelve Step programs or other recovery or treatment modalities.

It is critical to master the basic elements outlined in the various courses offered in the Professional Recovery Coach Competencies series in order to understand how to make interpersonal alliances with clients and when to help them make cognitive adjustments in their thinking.

As a Professional Recovery Coach, you will be providing missing and supportive services that might be referred to as relapse prevention, or classic aftercare, or health and wellness coaching or resiliency and prevention coaching for people who may be at risk of addiction. Your services are vitally important. You will change the lives of many people, families, and communities.

Dynamics of Professional Recovery Coaching is the first course in the Professional Recovery Coach Competencies series. It offers an overview of effective strength-based coaching principles and the concept of Whole Life Recovery, which addresses the mental, emotional, physical, social, and spiritual states of being. When these five domains are integrated and kept in balance as a recovery fundamental, it will provide us with the recovery capital needed to maintain long term sobriety, thus making us more resilient in overcoming addiction, substance use disorders, and compulsive behaviors.

Recovery Coaching is founded on two core beliefs: 1) there are many pathways to making a full recovery and 2) once sober, the solutions to the many challenges facing a client in recovery are found within themselves. This course will illustrate this idea through evidence-based models that demonstrate how a Recovery Coach serving as a guide and partner to clients, can elicit solutions and strategies based on a client’s own strengths.

Recovery Coaching for Resiliency, Prevention and Harm Reduction

This Handbook will offer effective strategies for people in early recovery or just leaving treatment. But it is important that you remember that Recovery Coaching is life changing for clients who want to change behaviors they sense are leading them into compulsion or perhaps addiction. As
you read strategies for post treatment and aftercare, consider how you might use the Worksheets and Questions with a client who may be a “gray drinkers” and wants to practice harm reduction and explore ways to “cut back”.

We acknowledge it can be difficult to make it through early recovery even for someone who has gone through treatment. It is the mental struggle of recovery that is the most difficult and is something that many recovering clients cannot do on their own without a little self-knowledge, appropriate guidance and support. Through Recovery Coaching, recovering persons can get assistance they need to start their sober life with a clean slate. Life beyond addiction is wholly possible with a Professional Recovery Coach who truly believes in them, and who is skilled in helping clients to find their own motivation and inner strength to make the changes they desire.

To summarize this course, here is an anonymous quote from a Professional Recovery Coach:

*I am not a therapist, I don’t do assessments, nor do I “treat” anyone. I am a Recovery Coach. As Coach, I will maintain a professional, but collaborative relationship that will focus on your strengths and abilities to conquer or cope with whatever is preventing you from meeting your goals. Our relationship will be unlike any other professional relationship in that it is not based on any psychotherapeutic or spiritual principles. Our relationship will be based on trust, experience, mutuality, and on the importance that YOU place on regaining what was (or is being) lost through drugs or alcohol or other unhealthy behaviors. This is what I am prepared to do for you, and you for yourself.*  Anonymous Quote

**LIFE’S LESSONS IN FIVE EASY CHAPTERS**

Chapter I
I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost, I am helpless. But it isn’t my fault. It takes forever to get out.

Chapter II
I walk down the same street. I see the same deep hole in the sidewalk. I pretend not to see it, but I fall in again. I can’t believe I am in the same place. It takes me a long time to get out.

Chapter III
I walk down the same street. I see the same deep hole in the sidewalk. I try to avoid it, but I still fall in. I knew I would fall in, but it’s a habit. I’ve been here before, so I get out immediately.

Chapter IV
I walk down the same street. I see the same deep hole in the sidewalk. I walk around it.

Chapter V
I walk down a different street.

*(From “There’s a Hole in My Sidewalk” by Portia Nelson)*
Strengths- Based Recovery Coaching

(Video 1, Module 1 begins here)
Welcome to Dynamics of Professional Recovery Coaching, a keynote course in the Professional Recovery Coach Competencies series. You are about to embark upon a journey that focuses on ending a client’s struggle with an alcohol or drug relapse cycle. You will be doing this by helping recovering clients identify, analyze and change their irrational belief system as it relates to their recovery journey and their struggles with fear of relapse. You will be introducing new methods in which clients can take back their lives and adopt healthier, more productive behaviors. Recovery Coaching is not a treatment program, instead, it is a Professional Coaching model that is intended to complement, not replace treatment or counseling or 12 step mutual aid programs.

Professional Recovery Coaching is useful for 1) people with substance use disorders who have recently been released from a period of counseling or a residential treatment facility, or who need additional support to sustain their recovery. 2) Family members and loved ones of addicted persons benefit from professional Recovery Coaching as well as 3) Adult Children of Alcoholics/Dysfunction. 4) People in long term recovery gain from professional Recovery Coaching as they discover deeper insight to reclaim their possibilities and experience a more vibrant way of life beyond their identities as ‘addicts’ or a person ‘in recovery’. 5) People who want to cut back on their problematic substance use can also utilize the unique services of a professional Recovery Coach to change their behaviors before addictive patterns are entrenched.

The driving force of our program is called Cognitive Restructuring, a psychological term that focuses on helping clients to be aware of and change their patterns of thinking which for a time have been maladaptive and out of sync with reality. Before you can change addictive behaviors you must first change addictive thinking. Motivational Interviewing also provides key skills for helping clients move through the change process with greater success.

Purpose of Training
The purpose of this training is to offer professional yet practical strategies that can accelerate recovery and help clients replace their self-defeating, addiction-based habits with new and healthier ones that address the body, the mind and spirit; in a sense a whole life recovery attitude. The reason we do this is because shame and blame models are disempowering to 21st century clients and are therefore ineffective.

Recovery Coaching, as a product of the paradigm shift in today's treatment continuum, is rapidly becoming an accepted practice. It provides a road map based on sound recovery principals that offer strategies that can accelerate recovery practices. It bears repeating that it is intended for peer and professional coaches alike who are at various stages of experience and skills development. Recovery Coaching offers an alternative to older traditional models.

Recovery Coaching: The Next Wave
Recovery Coaching is a voluntary process that flourishes in supportive communities and relationships. It also gives back to individuals, families and communities what addiction has taken away. Substance use treatment must move beyond emergency and palliative care to holistic care that is oriented to promoting long-term recovery.
21st Century People in Recovery
Let’s look at the 21st century person that’s in recovery today. People who are intoxicated today or using drugs are often more technologically advanced. They are more complex human beings and bottom line thinkers. They are younger, and many are more educated. They are culturally and socially diverse. They are either in the workforce, in school or engaging in entrepreneurial activities. Traditional models may no longer work for this group.

That is why the overriding goal of Recovery Coaching is to provide our clients with a road map, a course of action that is based on sound recovery principals practiced by millions of recovering people over the years.

Our role is simple; to offer strategies that can accelerate recovery and help our clients replace their self-defeating, addiction-based habits with newer and healthier ones that address body, mind and spirit- a holistic and positive approach that appeals to an attitude of a full recovery.

Recovery Coaching Definition
Recovery Coaching is a strengths-based process which helps clients remove personal and environmental barriers to recovery from addictive disorders. The coaching process helps clients step back, question and analyze their thinking habits and take action towards a realization of their visions, their goals and desires.

It’s Time to Try Something Different
Professional Recovery Coach Competencies provides an overview of effective strengths based coaching principals that can make us more resilient against the power of addiction when the principles are integrated and kept in balance.

Recovery Coaching is more educative than therapeutic. It is solutions focused rather than problem focused. For many clients it can be short term - usually six to twelve weeks, although we recommend that clients continue participation during the first 12 crucial months of recovery (giving time for brain functions to normalize) or until they have experienced a level of success defined by themselves personally.

Recovery Coaching is not a one size fits-all model, nor does it provide treatment or espouse any particular spiritual belief. As said before, it is designed to complement, not replace therapy or treatment, and acknowledges that there are many roads leading to recovery and ultimate sobriety.

Recovery Coaching offers additional and much needed recovery support and community-based services during those critical and decisive 12 months following treatment.

It is a logical, low cost link to community-based aftercare and is designed to serve as a continuation in the process of change that was begun in treatment and can now continue in a client’s familiar environment.

Prior to treatment recovery clients found themselves deeply enmeshed in a culture of addiction. Their lives were turned upside down and were deeply affected by the poor choices they had made. Now that they are stabilized and sober, they are going to require some form of sustained help in addressing cognitive distortions that may still linger after treatment, and guidance in learning how to disengage from the old using culture and confidently enter a new culture of recovery.
It is time for a strengths-based process that supports clients in removing barriers in their present condition to achieving sobriety. This is done through a process of self-evaluation, challenging one's irrational thinking and beliefs and developing a more realistic life plan.

**Who Can Become a Certified Professional Recovery Coach?**
Certified Professional Recovery Coaches are found in a variety of venues. Therapists, Social Workers, Psychologists, etc. can provide Recovery Coaching as an additional level of service in their current private practices; Treatment agencies can offer it as part of their aftercare services; Recovery Support Specialists, Peer Recovery Supporters and other individuals or family members in Recovery can become Professional Recovery Coaches; and people who are already trained as Professional Coaches specializing in Wellness, Business, and Life Coaching can add Addiction Recovery as a Specialty Niche. Each Professional Recovery Coach can offer fee based private coaching services.

**SAMHSA Definition: Recovery**
The Substance Abuse and Mental Health Services Administration, SAMHSA, released this working definition of Recovery in December of 2011, which supports the paradigm shift we’ve been describing: “A *Process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*”

SAMHSA also lists four dimensions that support a life in recovery which are health, home, purpose and community. Recovery Coaches can support their clients in exploring these areas and setting reasonable goals. The first year can be a time of doubt for those in recovery. They have begun to discover the joy that sobriety brings, and life is beginning to make sense once again. They can finally view the world clearly and are better able to explore life for its possibilities; joy, good health, and inner peace.

This is so different from their previous using lifestyle which involved pain, loss, waste and tragedy. But they are also beginning to feel doubtful about their ability to sustain this sobriety, and that maybe will power alone may not be enough to get them through the tough times.

This is understandable, as many clients hold the belief that they will “mess up anything good”, and this is very telling. Recovery Coaching helps clients sort all those self-defeating thoughts and beliefs. We are here to serve.

**Moving Forward**
Recovery Coaching does not involve psychological assessments or counseling, nor does it adopt any spiritual philosophy. We just help clients identify their strengths, and together with them develop a personalized action plan. Aftercare guidance and planning will help combat relapse-provoking barriers that are physical, social, emotional, and spiritual. Plans are developed for each one of those life elements, so that the client can become whole once again. Simply put, Recovery Coaching helps break down obstacles to recovery. Let’s take a look briefly at those barriers.

**Obstacles to Recovery**
An obstacle prevents a client from getting from point A (where the client is today) to point B (where the client wants to be tomorrow). Obstacles can be External or physical where the obstacles
come from the environment itself; lack of employment, lack of transportation, lack of housing or medical care or basic, practical life resources.

Obstacles can be Internal or personal and include emotional, spiritual and mental issues such as lacking confidence or self-esteem or academic skills like reading well. Mental and emotional barriers such as shame and self-doubt are the most challenging to address in aftercare coaching and will be a major focus for us in the courses that comprise the series called Professional Recovery Coach Competencies. Now let’s take another look at the content we’ve covered so far.

**Summary**

In Segment 1 of *Dynamics of Professional Recovery Coaching* you’ve learned preliminary facts about Professional Recovery Coaching, types of people who can benefit from Recovery Coaching, definitions of Recovery Coaching and Recovery, who can become a Professional Recovery Coach, and two types of obstacles to recovery.

Congratulations on beginning your journey to become a Professional Recovery Coach! You will be guiding people through some life changing experiences that will cause them to want to turn their lives around through your patience and skill; clients will accomplish great things and so will you.

Relax, do your best, have fun, model hope, and keep a positive attitude at all times.

Welcome to Recovery Coaching.

**Self-Discovery Worksheets for Dynamics- Segment 1:** none
Whole Life Recovery

Facilitating whole life recovery means that we address the mental, emotional, physical social and spiritual states of being. When these are integrated and kept in balance (which is a fundamental part of recovery), it provides us with the recovery capital needed to help us become more resilient against this condition referred to as addiction, substance misuse or compulsive behaviors.

Facilitating Whole Life Recovery
In this segment students will understand and describe the concept of whole life recovery and its five elements. You will be able to explain and implement the concept of recovery capital. We will also review the various professional and peer recovery workforce roles, as well as define what a Recovery Coach is and is not.

Recovery Coaching Aftercare
Many clients who are released from treatment come to aftercare still somewhat confused and uncertain about their recovery future. Many have tried various types of treatment programs, some of which were found to be too pathology based and focused on causes of problems, while other programs seemed somewhat judgmental and shaming. In some cases, these programs have been found to be more disempowering for clients who are looking for skills and not a particular identity. Negative identities can be part of a very expensive revolving door. Something more is needed.

Recovery Coaching is a type of aftercare that is solutions focused. It helps rebuild recovery capital in a person’s life despite of, or within the limitations imposed by one’s current condition. Recovery Coaching helps clients take action towards the realization of their vision, goals and desires and provides an unbroken line of continuing support after treatment.

Clients suffering with addictive behaviors and resulting losses will need to look at the five areas of life as a way to understand and conceptualize their situation. Good Behavioral Health must be holistic. We are using the term Whole Life Recovery which recognizes that many universal traditions emphasize five life elements which are critical to recovery and which include the physical, mental, emotional, social and spiritual aspects of wellness that promote a sense of balance and promote a lasting, healthy lifestyle. The combination of these five life elements is synergistic and works to revitalize and balance our bodies. This synergy provides us with contentment, fulfillment, and a sense of wholeness, wellness and happiness.

Whole Life Recovery encourages clients to begin exploring options and solutions that can address all of the life elements and as much as possible, include each element in their personal recovery plan. It takes a positive view of clients and offers them the opportunity to explore an alternative set of beliefs about themselves by focusing on the recovery capital they have built up in these five areas as they begin solving their own problems.

Recovery Capital
In Whole Life Recovery, building recovery capital is about moving forward and being in a constant state of change. A person committed to recovery is ever evolving from a state of active addiction to a state of physical, mental, emotional, social and spiritual wellness.
Whole Life Recovery teaches that we are all part of one human community as well as part of a natural system. When an individual’s life is whole it is possible to be in harmony with that system. Recovery capital is a new term to many people, what does it mean?

**Recovery Capital** is described basically as the breadth and depth of one’s internal and external resources which can be drawn upon to initiate, nurture and sustain recovery.

**Whole Life Recovery & 5 Life Elements**

Initial stages of aftercare are typically spent explaining the relapse cycle and how patterns of relapse are formed in the mind by our attitudes and thought processes. However, the initial stages of Professional Recovery Coaching can also include a discussion regarding Whole Life Recovery and the five life elements that form the foundation for sobriety. Full recovery is not just about staying off of addictive substances. It is about building up recovery capital in all five life elements to build up strength, to maintain sobriety, and make positive life changes.

It’s important that the Recovery Coach introduce this concept in a manner that clients can easily understand. In this instance we will use the automobile as a metaphor to explain Whole Life Recovery concepts to our clients.

Let’s take a look at each one individually starting with the **physical** element. The physical element refers to the physical body including the brain. The body is possibly addiction’s first casualty. When addiction becomes the focus of one’s life, hygiene suffers, and one’s life becomes dominated by cravings. As the immune system becomes compromised, some people experience near death experiences, while others actually die. Our task as Recovery Coaches is to guide our clients through a process of exploring ways of building recovery capital in the physical element including proper nutrition and minimum hours of sleep so the brain can have time to heal. We do all this by helping them outline a plan that can take back good health and maintain physical stability. There are some who don’t normally think of exercise as being important to recovery. But those who get in the habit of exercising, report that it energizes them in ways they never could have predicted. And for some, exercise has certain spiritual qualities that seem to enhance other areas of their lives such as greater emotional balance and mental growth.

The **mental** or cognitive element is comprised of our ability think, reason; it consists of our thoughts, beliefs and values. It is the foundation on which a recovery culture is built. Living a drug induced lifestyle meant our minds became hijacked by damaging drugs or too much alcohol which distorted our thinking capabilities. We lived in a perpetual state of confusion as our mental recovery capital was depleted. Our thinking became irrational and choices became limited. Combine this with values being out of sync with reality, and one can see the horrendous personal,
spiritual, social and legal problems that addiction can cause.

Through Recovery Coaching however, clients can be taught numerous ways of building recovery capital by challenging their distorted thinking patterns and beliefs. Recovery Coaches also provide reality checks until our clients pick up the habit of challenging and fact checking their own thoughts and assumptions. As the mind becomes clear, clients become stronger, and can better understand that their former addiction cannot define who they are as individuals and that each has the inner capacity to adopt new and healthier ways of looking at the world. This cognitive element maintains a sense of the present as well as a look towards a future and how to build a better life.

The emotional element is about feeling and experiencing life in deep ways. It is a part of us that seeks out meaningful contact with others. Living a drug induced lifestyle the recovering individual gave up or avoided all contact with those they valued and loved. Waking hours were spent courting the obsession they loved most which was alcohol or drugs or other compulsive and addictive behaviors, from gambling to pornography. The truth became blurred or lost as lies and false justifications were made. Lying, cheating, stealing and distorting the truth was a necessary part of their addictive process.

The slippery slope to relapse typically begins with some form of dishonesty and self-deception. Recovery Coaches can show clients how to use personal journaling as a way to put their thoughts and feelings on paper and to sort out their turbulent thoughts and externalize emotions without acting them out. A diagram with feelings shown as a wheel can often give clients helpful words to describe their emotions.

Fresh out of treatment, many recovering clients find themselves in a transition mode, and burdened by the guilt and shame caused by their behaviors. They have no direction on how to forgive themselves and begin pursuing the forgiveness of those they have harmed. In order to make progress in recovery, one needs to have what the prevention experts call a “transformation of character” which is also known as an “attitude adjustment”.

As our values and attitudes change, we change, and by changing we begin to build up recovery capital that strengthens and transforms us as we become better able to forgive ourselves, and begin asking those we hurt to forgive us. Through Recovery Coaching, clients can be more accepting of their feelings, and once again begin to rebuild their self-confidence and work at regaining the trust that was lost through addictive behavior.

The social element consists of activities that promote wellness within the client circle, which include family, colleagues, and friends. When we began using substances, the people we loved were replaced quickly with others. Others who were part of a different social culture that valued drug and alcohol use. Recovery is about moving into a new mental state; a new neighborhood if you will. This new neighborhood has a culture of shared values that are positive and which support sobriety and enhance social well-being. It is about building caring relationships with others and engaging in activities that promote prosocial character and behavior. Relationships that touch the heart in a positive way give meaning and purpose to our highest motives and sense of purpose. Being with people who are “glad to be us” can mean the difference between just staying sober and entering into sustained personal growth. It is about belonging in the human community.
The **spiritual** element is one’s steering wheel – the one that steers us in the right direction. Much like our moral compass it is or it should be a part of who we are. It is that place that extends beyond time and space; it’s about “who I am” and “why am I here” and speaks of purpose and destiny.

It is not necessarily a religion, but it can be. It is a spiritual centeredness within us that says we are all a small part of something greater than we are. While living the drug induced lifestyle, addicted persons become disconnected from their Higher Power, the Great Spirit, or God, and soon after, they lose any sense of their purpose in life beyond “getting high”. The Alcoholics Anonymous perspective refers to this as being spiritually bankrupt, and implies a loss of connection to one’s Higher Power. Spiritually bankrupt people have in essence lost their moral compass, even their sense of humanity as they become more manipulative and even predatory. Addicts make so many poor choices in their compulsion to “use” that they will soon veer off the path and wind up in a ditch.

In nurturing the spiritual element clients can be encouraged and taught to see things in a different light with more clarity so that life can make sense once again. They can begin to discover on their own, or through your guidance, that they are truly capable of achieving a level of contentment, even serenity. Clients can be taught to risk a little and can discover their inner path.

They can be encouraged to perform small acts of kindness so they can learn that the response from those acts alone can make them feel good internally. It is about discovering the power of gratitude that changes self-pity into a new found peace. It is about regaining or rebuilding their moral character once again, by practicing humility, tolerance and forgiveness and concern for others.

People who are spiritually grounded, and have incorporated spirituality in their sober journey, seem to recover from their addictive disorders faster and can maintain their sobriety for longer periods of time.

So if disconnection from all five life elements and a purpose for being was a problem while addicted, then reconnection is part of the solution for a stability and sobriety. Intellectual and spiritual thinkers across all traditions have stated that life is about moving forward not backwards. In order for humans to live productive lives, the totality of the 5 elements must be nurtured, appreciated and kept in balance. So if a person has disconnected himself from these five life elements through addiction or other compulsive means, then it makes a lot of sense to try and regain what was lost and to become whole, maybe for the first time.

Once our clients are out of residential treatment, and are making strong commitments to remain sober, they are offered opportunities to make purpose driven choices and regain what was lost through addiction and many people will often exceed that. For recovering individuals, the past is pretty much over and a better future is constantly evolving before them. And isn’t that the essence of recovery?

**Review: 5 Life Elements**

Let’s review the 5 life elements. The physical element refers to the physical body and consists of helpful activities that promote physical health and healing, including the brain. The mental or the cognitive element is comprised of our ability to think, reason and consists of our thoughts, beliefs.
and values. Then there’s the emotional element which consists of feelings and experience in life in deeper ways. It seeks meaningful contact with others and a sense of belonging. The social element consists of activities that promote wellness and reconnection within the client’s social circles, and spiritual capital is our spiritual centeredness, our core values, having faith and integrity and being active in activities that strengthen our spirit.

A Model of Hope, Strength & Self Efficacy
The Substance Abuse and Mental Health Services Administration; SAMHSA recognizes that there are many different pathways to recovery. We want to identify for our clients which models or philosophies bring fresh, unique ideas to a traditional field that may be stale from depending on “this is the way we’ve always done it” mentality. We must begin to identify which models have stepped out of the box and integrated evidence based systems from a variety of disciplines such as psychology, social work, criminology and public health and which have been proven to change or rearrange thinking errors, strengthen resiliency and instill in their clients hope for a better future as they begin to understand there are stages to their recovery just like there are stages to the onset of full addiction.

Professional Recovery Coaching is a model of hope and strength. We believe that every client has unique individual qualities, skills and abilities that can be used as part of their recovery. So by focusing on clients strengths and encouraging their aspirations, clients can become empowered to become their own change agents. This is called “self-efficacy” which is the main goal and the driving force of Recovery Coaching.

Goal: Long Term Recovery
So, Recovery Coaching helps clients to see possibilities and that there is life after addiction. It's about getting clients to challenge their erroneous thinking habits and rearrange or modify those thinking habits to their benefit. It's about getting clients to explore and modify their feelings and find solutions to their problems on their own. It's about the client’s goals and helping them devise doable action plans and maintain motivation so that they can move forward in their goal toward full sobriety and long term recovery.

Proactive Process
Professional Recovery Coaching is a proactive model in that it focuses only on the present and the future. Clients identify the tools they already have to begin questioning their faulty thinking. This is done through the type of focused questioning that the coach conducts with the clients. Through Recovery Coaching clients are empowered to set realistic goals and take the steps to meet them.

Recovery Coaching does not treat or assess anyone. It does not require a sponsor. In Recovery Coaching, recovering persons can continue to recapture what was once lost through alcoholism and addiction, and the community is viewed as a cafeteria of options and resources. So it is important for you as future Recovery Coaches to know all about the community services that are available for a client’s well-being. You will learn more in the course Recovery Support Services.

Recovery Coaching Is…
Let’s a look at what Professional Recovery Coaching is and isn’t. Simply put, Recovery Coaching is about listening and then listening some more. It’s about working side by side with the clients. A
Recovery Coach is a person who plays on the same side of the net during a tennis match. Recovery Coaching is about being open to seeing a client's perspective and about giving feedback through active listening never giving advice. It’s about helping clients identify and present future goals. It is an action oriented model that helps clients resolve ambivalence by asking solutions-focused questions and it is about empowering clients to open up and want to continue a process of self-exploration.

**Recovery Coaching is NOT...**

Recovery Coaching is NOT a one-size-fits-all model. It believes that there are many paths to sobriety. It is not Recovery Coaching if a coach argues that the client has a problem and needs to change. No one needs to change if they don’t want to.

It is not Recovery Coaching if the coach offers direct advice or prescribes solutions to the problem without the client's permission or without actively encouraging the client to make up his or her mind. It is not Recovery Coaching if the coach takes an authoritative, expert stance leaving the client in a passive role. And it's not Recovery Coaching when the coach does most of the talking or functions as a unidirectional, information delivery system.

As a Recovery Coach, if your voice is the only voice you hear in your coaching session they you're talking too much. It is not Recovery Coaching if the coach imposes a diagnostic label to a problem or behaves in a punitive or coercive manner.

**Recovery Coach Traits**

- Works in collaboration with the client
- Helps clients identify their strengths and assets
- Challenges the client’s faulty thinking and helps them develop an action plan
- Connects clients with community support groups, services and resources that can strengthen community ties
- Assists the client to develop a sense of hope, confidence and empowerment that can result in positive perceptions of self and others
- Instills a “can do” approach in the client’s life

**Obstacles & Barriers**

So what are obstacles and barriers? These terms are used interchangeably. An obstacle or a barrier is anything internal or external that prevents a person from getting from point A to point B, in the recovery journey. An external barrier can be housing, transportation, or employment. An internal barrier can be shame, guilt or self-doubt that clients bring to their sessions.

**Obstacles: Shame, Guilt and Self Doubt**

Recovery Coaches utilize a wide variety or wide range of resources to help clients remove those barriers including professional help, internet resources and community support groups. The Recovery Coach recognizes the importance of e-resources and community resources and utilizes these on a client's behalf as well as presenting the pros and cons of each. The Recovery Coach plays an important role in matching the client with the proper resources to best motivate that client. The first 12 months of recovery are a time when recovering individuals are the most prone for a relapse event.
Relapse begins in the mind. External factors and internal dialogue are interpreted by persons with substance use disorders as they struggle to regain their sobriety. It is during this period, the first 90 days especially that two major internal obstacles to maintain sobriety get in the way and they are shame and guilt.

Shame and stigma: The first barrier or obstacle is the shame and stigma that is felt by being regarded as a moral failure by self and others and not being able to overcome it. The effects of shame still lie below the surface of various addictive habits. Unless we help the recovering client address the effects of shame by identifying and confronting those cognitive distortions, true recovery is difficult to achieve.

Self-Doubt: The second internal barrier is self-doubt and an inability to believe that the recovering individual deserves anything good or decent. Many have lost balance in their lives and don’t know where to turn or if they can even begin again. The immediate response to their doubt and pain is one of profound shame and self-loathing to the point of having to revisit old addictive patterns such as denial, dishonesty, isolation, and blaming others.

Some people may feel there is no solid basis for staying sober, so they revert to drinking and drug using and old habits which are familiar and which have previously been as natural and necessary to them as breathing. Recovery Coaching helps to remove those obstacles and replaces them with strength and hope.

**Primary Function of a Recovery Coach**

The primary function of a Professional Recovery Coach is to help the client to identify the external and internal obstacles to recovery and then guide clients through a process that allows them to be able to overcome them. They will develop coping skills to get beyond these barriers.

Remember that people who are in their initial stages of abstinence have much of their recovery capital severely depleted and they lack the confidence or skills to fully self-manage their lives.

They are faced with a heavy load of having to deal with fears and beliefs that might not have been fully addressed in treatment, and which may still require a period of restructuring. It’s easy for clients to blame these barriers for their inability to move forward. They claim they could win their battles with addiction if it weren’t for all the physical and mental barriers that are conspiring against them.

**Strength Based Principles - Overview**

Strengths-based Recovery Coaching is action oriented with a focus on the present and the future. It can be short term but critically important during the first 12 months of recovery. It works when there is a strong desire to willingly work toward a sober lifestyle on the part of the client. It is based on collaboration rather than a professional/patient relationship which is usually more one sided. It invites clients to participate in their own recovery and is collaborative, but it requires that the client take all the action.

Solutions focused means that clients are willing to become their own rescuers. Recovery Coaching
is practical and non-clinical, so it does not focus on past traumas. The coach and the client work in collaboration, but it is the client who chooses which strengths or resources to tap into or reject. The client’s goals are always the deciding factor, not what the coach may think is best for his client. The coach merely serves as a guide in helping clients identify and achieve the goals they have chosen for themselves.

Two helpful questions are: WHERE ARE YOU NOW? and WHERE DO YOU WISH TO BE TOMORROW? Your client’s responses will let you know if they have a reliable perception of their situation and are willing to take ownership and take action for their own future.

**Goal Setting**

The goal setting process helps clients to identify areas within the five life elements that they need to work on to build or regain recovery capital. Remember that their goals must be realistic and doable. They must be developed collaboratively while also acknowledging that the client is the expert on himself, so it’s up to the client to give you that information. Then they can begin to develop a realistic and doable goal.

Now, let’s think about 3 points from the client’s perspective.  
First, clients are motivated to change only if they think the change will benefit them.  
Second, clients will not adopt new behaviors if the old behaviors still work for them.  
Third, clients will consider new and alternative behaviors only if the new ones are equally or more beneficial than the original behaviors.

Remember the role of Recovery Coaches is not just about preventing old habits and behaviors from returning, but it’s also about helping clients move forward in building a new life for themselves. In doing this, be enthusiastic and positive as you build on the client’s strengths, as they create those small steps that can empower them to take bigger ones. In time, these small steps will become huge leaps and bounds. Let’s talk more about how to help clients set goals.

**SMART Goals**

There is a model that was developed by Sharon Wilburn and Kenneth Wilburn of the University of Florida that was originally adopted by the US Department of Health and Human Services Centre for Disease Control. It is one of the most widely used goal setting tools. It’s called the Smart Goal Setting Model. The acronym, SMART stands for Specific Measurable Attainable Relevant and Time specific goal setting. The first thing we need to know is that goals must be specific.

You can begin by asking your client what they wish to accomplish. What will your accomplished goal look like? Or you can ask them to be more Specific about what you want to accomplish.

Then we discuss how goals are supposed to be Measured. We ask our clients; define for me what you mean by more balanced life. Or you can ask what do you mean by more, or can you quantify that?

Then we discuss the Attainability of their goals. Assess if a client’s goals are within their capabilities and ask the key question:
Is your goal reasonably possible, or are there any barriers that need addressing before you proceed?

Then the goals have to be Relevant. They must be important enough to make it the client’s priority. This is really important as we want clients to make the most of their access to coaching and not get side tracked pursuing lesser things that can become a distraction to the most important things. We do this by asking the client: Tell me why this is important to you?

Or you can ask who or what are you ready to sacrifice in order to make your goal a reality? Then we discuss about how goals have to be Time specific. Every goal has a deadline, and so we ask our clients when will you start?

Or we begin by asking them, by when will you reach your goal or change a particular habit? What is your deadline? Name two or three things that make you think your deadline is realistic.

As you go through the whole Recovery Coaching process with your clients, you’ve got to be setting goals along the way, you’re going to retune them, you’re going to refine them. And you’re going to be brainstorming with the clients and also reviewing objectives they’re going to undertake to meet their goals.

Objectives are specific and concise statements that state how they will make what change, by how much, where and by when. We can use the analogy of the road map; objectives are the road map of steps to take to achieve a goal that is future focused.

Objectives must be laid out in a plan of action as a reminder to clients of the activities that must be done, and the time frame in which they must be accomplished. As goals are set, they can be reviewed and prioritized throughout coaching sessions, so it can be a fluid and changing process. You don’t want to control this process, the client is in control. You are there merely to ask the right questions to help bring clarity. You may ask: Is this the goal you want? Is this what you wish to attack now? Are you able to sustain this long term? You want to provide accountability for the client’s commitments, but also understand that goals and objectives will change as you go.
Summary
So what have we learned? We have learned what Professional Recovery Coaching is and isn’t. We’ve also learned that the role of Recovery Coaching is very fluid and there are many techniques to getting clients to move from a position of ambivalence. We have learned about how to build or rebuild recovery capital in a client, as well as the importance of Whole Life Recovery and the role that it plays in after care in promoting a sober and full life. We also learned the SMART technique in setting recovery goals, and that they must be specific.

Important: We can all benefit by completing the Self-Discovery Worksheets personally before doing them with a practice client. We never ask a Coaching client to do something we have not done ourselves.

Self-Discovery Worksheets for Dynamics -Segment 2: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Begin the Healing
- Recovery Capital: Costs of Addiction
- SMART Goal Setting
Establishing the Coaching Relationship
The Coaching Relationship is established through strength building. Dealing with old models of Recovery can be challenging. Often in today’s treatment world, it is assumed recovery will occur on the fly in between meetings, conference calls and career demands. In this frenetic world, chemical dependency experts seek to get the addict off of drugs in 30 days because that seems to be when most insurance plans stop paying.
Treatment centers must quickly dust off their clients who may have recently come out of intense crises situations, or detoxification. They attempt to stabilize their symptoms, fix their erratic diet, show them some basic survival skills, teach them the 12 steps of AA or NA, and then release them as being ‘in recovery.” They are sent off with a list of 12 step programs in their community, a few follow up phone calls, and well wishes for their continued recovery.

Building Collaboration
How does one begin to establish a coaching relationship? Remember you are a collaborative partner and you will be required to guide your clients to form a healthy and trusting relationship with you. A person receiving your services should develop a sense of security and not only recognize but feel that they are valued and respected.

You do this by supporting an environment for change, trust, and consistency. Listen actively to your clients. Look for verbal and non-verbal cues. Remember that questions invite the client to buy in. Working together always builds trust and then establishes accountability. This maintains focus on goals and the direction you are headed.

Coaches establish a healthy relationship with their clients through collaborative participation. Then they can assist in identifying past and present successes and use that information to address current barriers and obstacles. Professional Recovery Coaches focus on forming healthy and positive connections with clients. They show they care about their clients, and believe clients have the inner capacity to move toward positive change. Professional Recovery Coaches instill a sense of hope in the future and boost the client’s morale and self-confidence. You may find that even when working with high risk clients who have a long history of abuse, addiction and pain, that they can possess the critical factors of Survivors’ Strength and Resiliency which is the ability to bounce back from difficult circumstances.

The Process of Recovery
As defined by SAMHSA (Substance Abuse and Mental Health Services Administration in Washington DC), Recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” What is important about this definition is that it is a process.

As is often true in the fight for recovery, it takes several painful and brutal setbacks before any meaningful progress can be made. You can no longer do a 30-day treatment program and point a client to a 12-step meeting and expect a fully recovered individual to emerge. Today it is much tougher; today’s new millennium persons are complex human beings adjusting to a complex world and experiencing great losses and pain. Persons in recovery today are not bad people because of their addictions, rather they are using substances and behaviors to self-medicate or problem solve.
Before their addictions took hold, most were active productive members of society meeting deadlines, enrolled in school and making life commitments until things became overwhelming. For many reasons, including peer and social pressure or high-risk behaviors or to escape from physical or emotional pain they turned to alcohol or drugs. Their addictions were not who they were but what they became because of them.

It is important to remember that many addicted people began using powerful substances as immature adolescents whose emotional maturity is stymied through years of addition. So while you may be dealing with a young person in their mid-twenties or even their thirties or forties, many addicts are still 14 or 16 years old emotionally. Professional Recovery Coaching is a useful method for promoting personal awareness and personal development.

In this segment you will gain a broader understanding of Recovery Coaching and Strength-based principles. You will understand the costs of addiction and the things that affect a person’s readiness to commit to change. We will review characteristics of Strengths-based coaching and learn techniques for engaging clients in relationship. We will also explore the reasons behind the types of questions coaches ask.

**The Cost of Addiction**

Traditional approaches may not work in a contemporary world. As a result, we need to avoid shame and blame based forms of after care. We need to offer models that are based on common sense principles and which are more empathetic and life affirming. People do not need to be told that they are crazy or immoral when they are simply living in fear of reusing, and the tools needed to maintain sobriety seem practically impossible for them to find on their own.

Sometimes our clients aren’t really aware of the tremendous losses that they have incurred through addiction or alcoholism. Discussing this list of losses with the individual or in a group setting is a good way to help them connect to just how much they have lost and the need for self-empathy.

Once we are clear on how addiction has negatively impacted our lives, we can be clear on how to rebuild. When we became addicted we incurred tremendous losses in: relationships, reputation, self-esteem, finances, spirituality, social connection, emotional health, physical health, education and career.

**Readiness**

Clients come to Professional Recovery Coaching at different levels of commitment or readiness. Some have been court ordered while others are facing the loss of a spouse or a family. Some of the clients that come to us are still angry for having to quit. They feel resentful of sobriety and blame others for their struggle to remain sober, yet they keep going to the same places that got them addicted in the first place.

They start feeling uncomfortable in social groups that are sober, and they are frustrated because they have to make a change in friendships. Unfortunately, many believe that they can recover on their own. They downplay the risk of maintaining their using friends, “I can stay with my friends because they have agreed not to use in front of me” is a very common phrase used by a young
adult. They also feel that the rules in treatment do not apply to them; therefore, they often just give lip service to the counselor, coach or group.

They become angry when others will not readily embrace or believe in their new found sobriety, so they think “nobody loves me now that I’m sober, nobody trusts me now that I’m sober”. Trust takes a lot of time to gain, and so this is a very important issue to discuss with them. Some will blame others for their frustrations and will not admit they have a problem, and this can be difficult to overcome.

**Definitions of Professional Coaching applied to Recovery Coaching**

Before we continue, it is important that we understand the formal definitions of the Coaching Profession and how these apply to the empowering work of Recovery Coaching.

**ICF Coaching Definition:** The International Coach Federation (ICF) defines coaching as “an ongoing relationship which focuses on the client taking action towards the realization of their visions, goals or desires.” Coaching uses a process of inquiry and personal discovery to build the client’s level of awareness and responsibility and provides the client with structure, support and constant feedback. The coaching process helps clients achieve both professional and personal goals faster and with more ease than would be possible otherwise.

Professional Recovery Coaching uses ICF principles and Core Competencies and applies them to addiction and substance use disorders by defining Professional Recovery Coaching as a solution focused process which helps clients remove personal and environmental obstacles to recovery.

**IAC Coaching Definition:** The International Association of Coaching (IAC) defines coaching as “a transformative process of personal and professional awareness, discovery and growth”. This definition is also helpful in highlighting the process of transformation that occurs through Professional Recovery Coaching, as well as the self-awareness that is developed and much needed to create personal change.

Although Recovery Coaching does not discount the existence of a Higher Power or the importance of fellowship in recovery, it doesn’t focus on the client’s spiritual growth, on healing past trauma which is the role of therapy, or specifically providing social supports to clients. That said, many Recovery Coaches do offer group coaching to their clients. Recovery Coaching takes a practical, action-oriented stance in assisting clients to create practical strategies to reach their goals.

**Ethical Boundaries**

Professional Recovery Coaches are also very aware of the ethical boundaries that exist between coaching, therapy, counseling and 12 Step programs, and are careful not to cross these boundaries. Recovery Coaching merely adds a new dimension of support to the fine work that has already been done by other professionals and through mutual aid groups of all types. We will cover Ethical and Legal Issues later in this Handbook.
Learned Helplessness
Learned Helplessness is a belief system or a mental state where people feel completely powerless to improve their own situation in life. It is caused by trauma, victimization, incarceration, addiction, or political repression.

It includes being unwilling to take action to improve a situation because there is no hope it will change anything. It is characterized by pessimism; the world appears as a very hostile place so the individual becomes a passive victim. Learned Helplessness can be unlearned. Solving small problems leads to some success and dealing with bigger challenges. Success leads to success. Overcoming learned helplessness involves people taking responsibility for their own life and beliefs. Recovery Coaches help clients to make the decision to take their power back in small steps and to build a life that is desirable. Coaching identifies false beliefs keeping a person trapped in the mental state of helplessness.

Identifying Client Assets
Strengths based coaching identifies and emphasizes a person’s self-determination and strengths. It is a client led model with a focus on present abilities and assets that people can bring to overcome a problem or crisis. Strengths based coaching acknowledges that every client has 1) unique individual strengths, abilities and assets that can be used in their recovery process as well as the 2) inner strength and power to be his or her own rescuer and 3) acknowledges that clients can become active participants in their own recovery. When they are given the tools needed to challenge their faulty thinking, develop their own personalized action plans, and seek out the appropriate resources in their community they can move their recovery forward.

The Recovery Coach and client then work in collaboration based on these principles, but it is the client who chooses which strengths or resources to tap into. The client makes the final decisions on which course to take on any given issue, not the coach. The coach merely serves as a guide in helping clients identify and achieve goals they have chosen for themselves and provides the space for clients to take action on their own behalf. The goal is for the client to move forward in life and not simply prevent old habits from returning.

Clients rewrite their own script and the coach serves as a guide and reality checker. In this process of Professional Recovery Coaching, clients are given the tools to identify and challenge their own faulty thinking and irrational behavior.
Approaches within Professional Recovery Coaching

Motivational Interviewing and 4Es
The Recovery Coach’s delivery style is to use Motivational Interviewing techniques as well as the 4Es for relationship development. The 4Es were developed by Miller and Rollnick in their work with Motivation and Interviewing. Motivational Interviewing is a directive, client-centered style of interacting used for eliciting behavior change by helping clients to explore and resolve **ambivalence**. This is done by:

- **Engaging** – enthusiastically questioning clients, and challenging their motives in positive ways to help them to become participants in their own recovery.
- **Encouraging** – encouraging clients to keep forging ahead in their progress.
- **Empowering** – helping clients explore solutions, and become their own rescuers.
- **Evaluation** – an ongoing process of measuring a client’s progress.

So the Recovery Coach’s delivery style uses the process of inquiry, questioning techniques and pointing out cognitive discrepancies in what clients are expressing in their coaching sessions to help move them toward positive outcomes.

Throughout this process clients are encouraged to consider an array of solutions or options for solving their current challenges. When clients can step back and analyze discrepancies between the current thinking and the ideal or desired behaviors, they are inspired to make changes.

Using Questions
The large majority of the work that we do in Professional Recovery Coaching is questioning. Questioning techniques work well in Recovery Coaching because questioning has the power to change a client’s **thinking, perspective, and attitude**.

This can often result in a quicker call to action - that thing we call the ‘aha’ moment which is a movement from ambivalence to action. As a Recovery Coach asks questions, listens and builds the relationship, the client will start to reveal the real story.

In Recovery Coaching this questioning style empowers clients in that the more a coach expresses an empathetic, yet direct form of questioning, the more clients interact and self-disclose. Then they begin to see how capable they are, and how much change they can accomplish with just a little encouragement.

A Recovery Coach views clients as whole individuals and not moral failures or as broken pieces in need of fixing. Their message is that clients have options, and are accountable only to themselves, regardless of what they have been through. They communicate that clients have the strength and the power within themselves to change present outcomes. The basics of Recovery Coaching are to ask the right questions, listen well, and build and maintain the client/coach relationship.

Why Ask Questions?
Why do we ask questions in Recovery Coaching? Well, because the client is the expert on himself. The Recovery Coach has little information about the client, so asking makes the coach more aware
of where the client is coming from. Asking creates buy in from the client. The client becomes more eager to participate in the process because you are asking rather than telling the client what to do. That way the client comes up with his own ideas and is better able to discuss what it is that is bothering him or her.

Asking empowers people to look for solutions. Asking places clients in a responsible position to participate in their own healing. Also, genuine listening creates authenticity and mutual trust between the coach and client. As a Professional Recovery Coach we cannot force our client to change, we can only show them the way and invite them to change. Their future is up to them.

Survivors
Many survivors of addictions or high-risk behaviors have experienced near death experiences, endured horrendous circumstances and have lived to tell about it. These experiences can be a huge source of strength in these clients’ recovery so honor those strengths, please. Acknowledge the difficulties they have endured and complement them on how well they have dealt with situations in their lives.

Building Trust
In building trust and consistency with clients of all characteristics, consistency is the key ingredient. You want to begin and end your sessions on time. Speak in a friendly and supportive manner and avoid preaching or psycho bubble. Try to present sophisticated terms and concepts in a manner that clients can understand. Encourage clients to identify and articulate their goals and develop an awareness of cultural beliefs and biases.

Questions to Build Rapport
Some questions can disempower us and put us ‘on the spot’, but Recovery Coaches use empowering types of questions, especially during your first sessions. These are empowering questions designed to get clients to open up and share personal things that they wouldn’t otherwise reveal.

- Recall a time in your life when you were doing well, what did that look like?
- What could you be doing now?
- What are your talents or natural abilities?
- When do you feel most proud of yourself and who do you celebrate that with?
- What are some sober accomplishments you have made that should be celebrated?
- Talk to me about any challenge you have overcome without using alcohol or drugs.
- We saved the best one for last: If a miracle were to happen tomorrow and all your problems would be gone, what would that look like?

Establishing the Coaching Relationship – Helpful Keys
- Support an environment for change
- Trust
- Consistency
- Listen actively to your clients
- Look for verbal and nonverbal cues
- Practice the 4 E’s (Engage, Encourage, Empower, Evaluate)
When engaging with your client, just relax, do your best, have fun, model hope and keep a positive attitude at all times. You will be guiding people through some life changing experiences that will cause them to want to turn their lives around through your patience and skill; clients will accomplish great things and so will you.

Summary
In this segment we’ve learned the definition of Recovery, readiness, the costs of addiction, learned helplessness, definitions of coaching, strengths-based coaching principles and characteristics, building the client relationship using the 4E’s of Motivational Interviewing, and why we ask questions. We have also learned about two Professional Coaching organizations.

Self-Discovery Exercises for Dynamics -Segment 3: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Readiness to Commit
- Focused and Fast Forward Questions
Recovery Coach Competencies, Traits & Abilities
As we finish up Dynamics in Professional Recovery Coaching, this segment will address the traits of a Professional Recovery Coach. These are specific traits and abilities a Recovery Coach should have to be effective as a professional. Coaches will need to develop and nurture these traits in their efforts to move clients from a position of ambivalence to one of change.

Relational Chemistry of Coaching
“Engaging, encouraging, empowering and evaluation are perhaps the most impactful activities Recovery Coaches can engage in. The active coaching sessions represent 3/4 of the program and the remaining 1/4 are the materials that are provided to clients. Printed materials and provocative videos do little to change behaviors unless they are examined in the context of a meaningful relationship. The key element in a coaching relationship is the chemistry between the coach and the client.” (Chapman, RJ Counseling the Drug Dependent Client.)

Community competencies show that a Professional Recovery Coach has broad accurate knowledge of the critical community and resources available. The community has to become a cafeteria of resources for the client.

We will also identify and discuss strategies for establishing a positive coach/client relationship. And this is key: the importance of believing in your client cannot be overstated. In most cases clients are stuck and have fallen into a deep pit and need a helping hand to climb back out. The best hand a Recovery Coach can extend any client is support, the proper tools and encouragement. That only occurs when we truly believe in a client’s ability to recover. Focusing on a client’s unique strengths, and helping the client believe in themselves is the best way to empower them to take control of their own life. While we already know that clients are responsible for making changes in their lives, an effective Recovery Coach can help pinpoint internal and external barriers that get in their way.

If a client has some control over these obstacles a coach can then suggest behavioral changes to help clients overcome them. One the other hand if these obstacles involve factors outside their control, a Recovery Coach can then teach them coping mechanisms that help them to overcome trying circumstances.

Effective Recovery Coaches are skilled communicators. They have that ability to encourage clients to open up and talk about their problems. They also have great listening skills - an important part of communication in the coaching process.

Characteristics and Competencies
The ability to coach clients skillfully is an art. The coach’s responsibility is to provide information, to listen objectively, and to be supportive, caring, and trustworthy. Coaches do not make decisions for the client, they help clients arrive at their own decisions.

The coach competencies are listed in three different categories, personal traits which are essential ingredients for creating a bond, professional competencies which mean a greater understanding of the professional skills needed to address barriers, and then community-based competencies, that demonstrate that the coach is aware of all the resources available in the community.
The old paradigm of “been there done that” is not enough and can limit the Recovery Coaching process. So if you’ve been in recovery, if you’ve been an addict or alcoholic, that alone is not going to qualify you in terms of working as a Professional Recovery Coach. It doesn’t mean you cannot do it, but without additional training you will be limited in the help you can provide.

**Personal Core Competencies**

Let’s take a look first at the Recovery Coach personal core competencies. Effective coaches tend to be those who are caring and understanding. They have strong interpersonal skills and they believe in their own abilities, this means they are confident and have good self-esteem. They tend to be genuine and authentic in their communication in relationships, and have a large capacity for intimacy. Effective coaches are also unafraid of interpersonal risks such as being rejected. They are trustworthy, self-exploring and self-disclosing at times. They have high levels of personal energy and tolerance for ambiguity and a nondiscriminatory nature. Further, Professional Recovery Coaches tend to be non-dogmatic in their perspective; they truly believe there are many roads to a good recovery.

**More Personal Core Competencies**

Recovery Coaches usually have a genuine curiosity about the world. They are empathetic listeners in most situations and they pay attention to people’s feelings and comments. Recovery Coaches are very observant, and can easily assess a room or a situation. They are emotionally balanced and conscientious. They demonstrate competency and integrity and they tend to create a climate of hope and strength. They are also very comfortable working across disciplines, while keeping professional boundaries. They have a high level of energy and enthusiasm as well as commitment to their field.

**Professional Core Competencies**

Part of establishing a good coaching relationship includes the professional competencies that a coach brings to sessions. Because clients are often vulnerable, they need to look at the coach as a knowledgeable professional that can help them. Let’s take a look at these competencies. Professional Recovery Coaches are familiar with substance abuse, the brain chemistry of addiction and recovery and even some understanding of family issues. They have a strong familiarization of the relapse cycle and general health related issues.

They have knowledge of cognitive behavior principles of CBT or cognitive restructuring, and how irrational thinking can quickly be changed. They have the skills to apply solutions focused questioning. Recovery Coaches also have the ability to lead clients through the pros and cons of their behavior without intimidating anyone. They understand how to use Motivational Interviewing for evoking “change talk.”

They have a working understanding of how to build individual and group strength and trust. The coach must also have the skills and the ability to communicate these topics in a way that is understandable to clients. So it becomes critical to the recovery process for a coach to have his or her professional toolbox full of proven techniques that can break the cycle of addiction.
Community Competency
It is important that a Recovery Coach feel comfortable working across a variety of communities and cultures, and it is important that the Professional Recovery Coach become proactive by being known, recognized, and respected in his or her own community if you are doing most of your Recovery Coaching in person or with certain populations through a local treatment agency.

It becomes critical to the coaching process that a Recovery Coach have valuable information on public services in his or her own community, or the client’s community. Professional Recovery Coaches can also partner with Recovery Support Specialists or other agencies that have this current information.

NOTE: If you are coaching via telephone or Skype, you can help guide and empower your client in identifying and locating certain services in their area. This may include gyms, athletic programs, colleges, services for their own children or dependents, medical care, counseling, etc.

Examples of other types of Recovery Support Resources include: government funded housing, aid and assistance for food or clothing, job counseling, gender specific 12 step meetings, government funded childcare, or obtaining new identification cards. It is important for a coach to know about where to send a client for domestic violence shelters, faith based organizations, government funded assistance, free public transportation, literacy programs, or immigration issues, probation, etc. Some clients may need to know where to obtain free bus passes, the location of the legal aid society, or disease management facilities. Many online resources will list directories of local services.

Addiction Recovery Workforce
Professional Recovery Coaches are part of the Addiction Recovery Workforce that is found in most communities. You will need to identify people in your area who fill the following roles and provide the types of services your clients may need. You will create a list of Referral Resources as part of your Professional Competencies. The major roles include Substance Abuse Counselor, 12 Step Sponsor, Recovery Support Specialist, and Professional Coaches with a Specialty in Addiction Recovery (Professional Recovery Coaches).

Substance Abuse Counselor
Substance Abuse Counselors are clinical and regulated, meaning they have professional training typically based on a medical model and are accountable to a professional association or regulatory board that certifies them to work as a counselor. They may be licensed therapists, psychiatrists, mental health counselors or clinical social workers. Their focus is on pathology; how to assess and treat past oriented problems or conditions. They are often non-peer; this role came into being through psychology in the late 1880’s.

12 Step Sponsor
12 Step Sponsors are non-clinical and non-regulated. They come alongside other members as a volunteer, as a peer and a role model. Their shared, lived experience helps to provide support, acceptance and accountability to those new to sobriety. This model was developed within the Alcoholics Anonymous movement of the 1930’s.
Recovery Support Specialist
Recovery Support Specialists are non-clinical and often regulated. They come from a grassroots/volunteer origin and offer recovery support services or faith-based compassion services like housing, clothing, and food pantries, job training, literacy training, mutual aid groups, and other practical support services. They can function as a recovery mentor or an advocate and are sometimes called PEER Recovery Coaches. They are peers since they have a similar lived experience in addiction recovery. This role came into being in the early 2000’s.

Professional Recovery Coach
Professional Recovery Coaches are non-clinical and non-regulated. They are strengths-based in their approach and future-focused. Their job is to facilitate the change process. They move the client forward as much as possible by maximizing the client’s potential and resilience, and move them toward focused action with outcomes. Professional Recovery Coaches are both peer and non-peer bringing a variety of knowledge and experience to the field. This profession came into being in the 1990’s.

What Works Best?
So what works best for our 21st century clients? The continuum of care now available to clients makes recovery more attainable than ever. With our shared knowledge and experience, clinical and non-clinical training, professional credentials and peer-related support as well as community resources, together we can extend the Safety NET of recovery to anyone seeking help. This is an exciting time to arm ourselves with the training needed to take our place in the recovery workforce! Professional Recovery Coaches assist their clients in finding their unique recovery path, and what will work best for them.

No Worries!
Don’t be concerned if you don’t have all the core competencies right now. That is the purpose of this course, to make you aware of the skills, traits, and knowledge you will need to develop to be an effective Professional Recovery Coach. It is important to practice and nurture these qualities on a daily basis until you have every skill and resource at your fingertips. Recovery Coaching is a highly personalized process, the aim of which is to help others to help themselves by making better choices and becoming better at choosing options.

Having an array of services for clients helps them to become better able to make decisions on the services they need, and find the motivation to access those services on their own. This is part of empowering the client. Change will take place when it is placed in the hands of the client. This means that when changes are ready to be made they will be self-motivated and therefore more likely to last and be effective.

As you can see Recovery Coaching is a comprehensive process, and much of it is about building relationships with clients. In doing so, clients learn to help themselves in making better choices and selecting doable options. Genuine curiosity, professional skills, and a working knowledge of the client’s community all together, create a spark that makes clients want to work with you, and want to risk a little more and take the next step.
More Traits of an Effective Recovery Coach
Here are a few more traits that are good to have as a Professional Recovery Coach. Being extroverted, or someone who has an openness to varied experiences can be helpful. Recovery Coaches who exhibit a wider range of experiences are usually more curious about the world. Those who value a wider range of client experiences and positions are probably more likely to develop trusting relationship with his clients. They are also empathetic listeners they have the ability to reflect back the emotions clients are expressing, so that clients can feel they are being heard and understood. They are observant. Good Recovery Coaches are able to identify thinking patterns in clients by listening carefully to inflections in tone and body language.

Basically, Professional Recovery Coaches are emotionally balanced; they are open and participate in give and take relationships.

Something important to point out is that Recovery Coaches have personal lives too. At times coaches can have issues that they are dealing with in their personal lives that can carry over into their coaching sessions. This is where an emotionally balanced coach will have the ability to leave their personal issues at home, and fully focus on the task at hand.

A Professional Recovery Coach is therefore, very conscientious and has the ability to demonstrate competency, order, and responsibility. The bond that occurs between coach and client is of vital importance to the change process.

Building Trust and Synergy
In their interaction with clients, Professional Recovery Coaches often tend to focus their energies on building trust and synergy, whether with individuals or in group settings. Here are some ways we can do that.

Begin and end your sessions on time, clients appreciate stability. Speak to your clients in a friendly and supportive manner. An authoritative manner maybe interpreted as potentially threatening. Say things like: thank you for being here, tell them a little bit about yourself, what are the top three challenges you are facing right now? Then you can follow up the conversation with, “Here is what you can expect from me as your coach.”

Don’t preach or pontificate, that will most likely cause a group to disconnect. All clients who have been in treatment or in the legal system have already been preached to, and it’s really not helpful in the coaching context. Also avoid being too technical as you can lose a client’s or group’s attention. Practice translating technical terms into language your clients can understand. Don’t get hung-up on medical or scientific terms relating to alcohol or drug use. Clients have been bombarded with the medical and scientific ramifications of alcohol and drug use already, and for some it didn’t change a thing.

Encourage clients to identify and articulate their goals – this is what we call “change talk.” It helps them begin to think about change and how it’s possible. Developing an awareness of cultural beliefs and values can have a significant impact on interaction. Various cultural perspectives can cause vast differences in the interpretation of what is being said. Just being aware of those potential dynamics can help in the communication process. And finally, stick to the 4 E principles;
engaging, encouraging, empowering and evaluating.

Summary
Let’s take a moment to review. In this segment we’ve learned that engaging, encouraging, empowering and evaluation are perhaps the most impactful activities Recovery Coaches can engage in. We’ve learned the key element in a coaching relationship is the chemistry between the coach and the client. We discussed Personal, Professional and Community Core Competencies and four key roles within the Addiction Recovery Workforce. Last, we identified personal characteristics and key strategies in establishing trust and synergy in the coach/client relationship.

Let’s look at your upcoming courses in the Series on Professional Recovery Coach Competencies.
Professional Recovery Coach Competencies Coaching Series:
- Dynamics of Recovery Coaching
- Motivation to Change
- Right Thinking in Recovery
- Coaching Families
- Ethical and Legal Issues in Professional Recovery Coaching
- Recovery Support Services – Bonus Course

Congratulations on completing this important course! You are on your way to becoming a Professional Recovery Coach! Remember; look for the unique potential and possibilities within each of your clients. Relax, do your best, have fun, model hope and keep a positive attitude at all times.

Welcome to Recovery Coaching!

Self-Discovery Exercises for Dynamics -Segment 4:
None for this segment.
Bibliographic References & Worksheets


Granfield & Cloud, 1999; Cloud & Granfield, 2004


Self-Disclosure Worksheet
Begin the Healing

What does recovery mean to you?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are some life goals and dreams that you want to accomplish in life?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name three steps you can begin taking today to get to where you want to be?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name 3 key people that help and support you in getting where you want to be?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Now that you’re in recovery, which of the 5 life areas do you wish to focus your energies on?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Self-Discovery Worksheet:  
Recovery Capital – Costs of Addiction

Cost of Addiction: Where have you depleted your recovery capital?

Relationships:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Reputation:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Self-esteem:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Financial:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Spiritual well-being:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Social:
____________________________________________________

Emotional health:
____________________________________________________

Mental health:
____________________________________________________

Physical health:
____________________________________________________

Educational:
____________________________________________________

Career:
____________________________________________________

“Are you finally tired of being tired? Are you ready to make a committed change to sobriety? Remember: Nothing happens until something happens and that something has to come from you.” (Alcoholics Anonymous)
Self-Discovery Worksheet
SMART Goal Exercise

Specific: Goals must be specific. Ask your client(s) what they wish to accomplish: “What will your accomplished goal look like?” Or “Be more specific about what you want to accomplish?”

Measurable: Goals must be measurable: “Define for me what you mean by a more “balanced” life? What do mean by more?” Or “Can you quantify that?”

Attainable: Assess if client’s goals are within their capabilities: “Is your goal reasonably possible?” Or “Are there any barriers that need addressing before you proceed?”

Relevant: The goal must be important enough to make it the client’s priority: “Tell me why this is important to you?” Or “What (or whom) are you ready to sacrifice in order to make your goal a reality?”

Time specific: Every goal has a deadline: “When will you start?” Or “By when will you reach your goal (or change a particular habit)?” Or “What is your deadline? Name two or three things that makes you think your deadline is realistic?”

Once the goals are set, you can begin brainstorming with clients the objectives they will undertake to meet their goals. Just a reminder: Objectives are a roadmap, the building blocks or steps towards achieving one’s goals. Objectives are specific and concise statements that state how they will make what change, by how much, where and by when: “Let’s build a roadmap as to how you will reach your goal?” Remember that objectives are future-focused and must be laid out in a plan of action as a reminder to clients of the activities that must be done and the time frame within which those activities will be accomplished: “How will you know you have arrived at your goal? What will that look like? If your grandmother came down from heaven one day and saw you performing your new role, what would she see?”

Personal Exercise
Take ten minutes to sit with your coaching buddy or significant person and using the S.M.A.R.T. method lay out some goals as how you plan to, let’s say, create your own recovery coaching business.

Specifics:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Measurable:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Attainable:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Relevant:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Time Specific:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Self-Discovery Worksheet
Readiness to Commit

Clients come to recovery coaching at different levels of commitment. Some have been court-ordered while others are facing the loss of a spouse or family. Answer each question below with a “Y” for yes; “N” for no; and “S” for still have a problem and then conduct a group discussion. This a good icebreaker.

___1. Are you angry that you can’t return to “controlled” using again?
___2. Are you here to only pay lip service to the program because you have been ordered to attend?
___3. Have you failed to sever ties with using friends, lovers, or acquaintances?
___4. Are you still holding on to the notion that your ex-dealer is still your friend?
___5. Do you allow others to get high around while you struggle to remain sober?
___6. Have you discarded all your posters, paraphernalia, and using supplies?
___7. Do you feel that being in this program makes you a loser?
___8. Do you feel like a helpless victim of your addiction problem?
___9. Are you letting others (parents, lover) take responsibility for your recovery?
___10. Do you believe that you can recover own your own?
___11. Are you only mechanically following the advice of others so if your recovery fails you can blame them?
___12. Do you downplay the risks of remaining in contact with your using friends?
___13. Do you believe that you don’t need to attend meetings?
___14. If you do attend meetings, are you telling others what they want to hear just to get them off your back?
___15. Do you feel that some of the program rules don’t apply to your situation?
___16. Do you consider yourself better than anyone else in the program?
___17. Do you have problem admitting your faults and weakness?
___18. Do you really believe that you can beat the odds and avoid relapse without making any lifestyle changes?
___19. Are you frustrated because those you hurt during your addiction will not give you immediate trust?
___20. Are you afraid to involve your family in your recovery?
Self-Discovery Worksheet
Focused and Fast Forward Questions

Work through the following focused and empowering questions:
“Recall a time in your life when you were doing well. What was different then?” “How can it be different now?”
“What were you doing then, that you could do now?”
“What are you really great at?”
“What are your best talents or natural abilities?
“What are five of your key strengths (list them)?
“What are some (sober) accomplishments you have made that should be celebrated?”
“Talk about a challenge you overcame without alcohol or drugs.”
“When do you feel most proud of yourself?”
“What positive things do people say about you?”
“How did you manage to overcome the challenges you have faced?”

Fast-forward to create a doable future:
“What do you want to accomplish in your life now that you’re in recovery?”
“What is motivating you to go forward in this direction?”
“Where would you like to be one week, (month; year) from now?”
“Imagine that you’re in your 90th day of sobriety and you have achieved some significant goals. Take me there and describe how it looks to you?”
“Name for me two goals you can begin to set this week?”
“What will decisions made from these sessions look like in 3 years?
“What are some goals you would like to accomplish in the future?”
“Do you feel motivated to pursue this goal more now than you did an hour ago? Are you ready to commit?”
(Source: Miller & Rollnick. 1996)
Motivation to Change

Getting to Change: Introduction
Welcome to Motivation to Change. This course focuses on the cognitive strategies you will need to help guide your clients to begin to think about aspects of motivation that govern their decisions and behavior. We will also provide you with materials for leading one on one or group coaching sessions that address a client’s motivation and readiness to change. Recovery coaches are considered change agents and skilled at surveying their audience, getting them to resolve ambivalence and move them into a forward motion.

You will learn
In this course you will learn about the Stages of Change model as outlined by James Francesca and De Clementi. You will learn examples of change talk that you will be able to use immediately in your work. You will also learn to use a technique that will fast forward clients to move forward and begin to envision a positive future for themselves. The Stages of Change model is a strengths-based way of getting a client from a point of ambivalence to one of change.

The goal in using the Stages of Change model is to get clients to begin to discuss their current situation and begin to participate in change talk as they articulate their goals and aspirations. The underlying goal is to get clients to consider an array of realistic and doable plans of action they can take to make their dreams a reality. The Stages of Change model demonstrates that change is not easy for anyone and that there are several steps leading up to and through the change process.

Eliciting Change Talk
Our clients will come for help at different levels of commitment. Some have been court ordered to attend after care or face jail time, while others may have been threatened by a divorce lawyer to get their act together. Then there are those who are coming to find ways of repairing what they have done to themselves and their families. And finally, there are those who will come looking to you to give them the answers or fix their problems, and this is a trap we must avoid. Many clients have experienced setbacks and failures at self-change and they may have become immobilized or even demoralized. In these cases, just take it slow. Reasons for failure could be they have been trying to recover without support, or perhaps their goals were set too high and they weren’t able to meet them. Perhaps their goals were totally unrealistic and unattainable. What do you do as a recovery coach? You begin to communicate a sense of a hope to your clients and work with them as a co-investigator and partner.

You begin to ask motivational questions that elicit change talk, you begin to help clients by reminding them of their goals and aspirations at each meeting. What do you ask? Here are some examples: “What is already working well for you?” is a good question to begin with. “Name some good qualities and assets you have that can help you get ahead.” “What needs to be done to make this happen?” “What do you see as your next step?” These are all typical questions you can ask.
Stages of Change
Change is scary for persons in recovery. It is important to know that up until now your clients have experienced great failure at self-change and may become immobilized by the possibility of yet another failure. Keep reminding these clients that the reason they might have failed in the past may have been due to their trying to recover on their own without support, or that their goals were set to high or were unrealistic to begin with.

With a little guidance from you, they can successively begin to make their way through the various change steps that will get them to their goal. Let’s take a look at these seven stages of change. The first one is *pre-contemplation*, we call that the denial stage. Clients may be unsure about participating in the program. Clients may be attending against their will or may be in denial about having a substance use disorder in the first place. The common question is asked “why must I be here? I don’t have a problem”. Just go with the flow and try to approach clients from a position of cooperation rather than resistance.

In these cases you can say to clients “you must have a good reason to not want to participate, but stick around anyway, you may pick up something you’ll find helpful. You may want to ask that client who’s still in denial for progress feedback. For example during a break ask, “How are you doing with all this? Am I giving you what you need?” This places the client at ease.

Then there’s the *contemplation* stage. The client is thinking about participating but is on the fence, “should I, or shouldn’t I? Maybe I am using too much but I am not sure. Even if I am using too much I’m not sure if I am ready to do anything about it.” This is called being *ambivalent* and means having mixed feelings about someone or something or being unable to choose between two (usually opposing) courses of action. Ambivalence is a normal human experience and is part of the change process but it may feel more distressing when addiction is involved. In this stage just wait the client out, soon you will be working as a team.

Remember that change is a fluid process. At the *preparation* stage the client has already reviewed a lot of the material you have given them. He or she may begin to connect with you and the presentations that you’re providing to them and they may like what they are hearing. Their common response is “well it can’t hurt, I can’t go home empty handed, I might as well sit through this and listen and maybe I will get something out of it.” Only a little change is needed for the client to begin to accept more change so this is a very important stage.

The next step is the *action* step. The client has made a conscious decision to commit, “let’s do this thing.” When change begins to happen always ask empowering questions such as “What made you decide to stick around?” or “Awesome, how did you do it?” Or you can ask “What did you do differently?” The client has read and studied all the materials and likes what is being presented and is ready to implement some of the suggestions.

Then there is the *maintenance* stage. The client likes the results of the program and is practicing maintaining new behaviors. It’s about clients getting into a solid, sober routine every day. The next stage is *relapse*. This is the “uh-oh” stage. And it’s a very important stage. Clients may have gotten sloppy with their programs or begun to feel so confident in their recovery that they took a drink and relapsed. The type of comment we may hear from clients is “Look, I was sober for three months I was entitled to a drink during the holidays.” It maybe that clients did not follow through on maintaining their new behavior or the skills leading up to the new behaviors were done.
sporadically. Remember that practice creates habit and change is a process.

They may now see themselves as more of a failure, “I failed so I might as well continue drinking or using, what’s the use?” Keep reminding your clients that relapsing is like falling off a bicycle, help them to analyze why they fell off, and encourage them to learn from it and get back on the program. Relapsing can be a natural occurrence in the change process and the next time the client relapses he or she will spend less time there, and the consequences will not be as severe because now he or she has the analytic tools and backup plan to address any relapse episode.

The last step is called *transcendence*. This is the final stage where everyone is trying to get to. This is the point where clients begin to say, “You know what? I can live without this.” This is the place where your clients will be able to understand their past addiction and view it in a new light. This is a stage where clients transcend the relapse cycle, and where not only are bad habits no longer an integral part of the client’s life but returning to those habits would seem atypical or abnormal.

**Rules for Guiding Change Talk**

When working with clients you want to guide them to thinking and talking about change. Here are some rules to assist with guiding change talk.

1. First, when you get them talking, listen with intensity. That means that for that period of time, the client’s wellbeing is your main concern, and you are giving them your full attention. You will want the client to do the talking and silence your own internal dialogue. Don’t try to think about how you will respond to what is being said, but let the client know you understand by repeating what they have said in your own words.

2. Second, try to determine the client’s goals. This serves as a guide for keeping the client on task and moving forward.

3. Third, this is a hard one, try to resist the urge to give advice or fix problems for clients. This coaching mistake reduces the likelihood of any client change, and it’s a very easy mistake to make.

4. Fourth, try to understand the client’s motivation, which is different than a goal, why is he or she here? Is there an impending divorce, potential jail time; is the client here on referral? Is she or he self-referred? Did they come in on their own because they heard about you?

And finally, throughout all of your interactions, try to practice using the first three of the four E’s which are tools for building the coach/client relationship: **Engaging**: Enthusiastically questioning clients and challenging them in a positive way. **Encouraging**: Encourage clients to keep forging ahead in the process. **Empowering**: Helping clients explore solutions and helping them become their own rescuers. Later you can add the 4th which is **Evaluation**: Ongoing measurement of client’s progress. These processes will be covered in more detail later.

Again, it is the client alone that must make the decision to change, and that change must come from them. Let’s take a look at some of the principles and the questions that can elicit change talk.

**Compliance vs Autonomy**

Effective Professional Recovery Coaches change the way they talk to people about their problems. It’s been said that people only listen to themselves and therefore they must convince themselves
to change. Otherwise they may comply for a time to the requests/demands of others, but not truly own the positive change other people want them to make. Here is a picture of compliance, a father told his child to sit in a chair; and the little boy replied: “I may be sitting down on the outside, but I am still standing up on the inside.”

To support people in the change process, we begin by truly giving the person freedom to choose. We acknowledge they are the decision maker. Then we listen intently to hear the reasons they say they want to change. (change talk) We ask the type of questions provided in this course to stimulate their thoughts and lower their defenses so they can begin to think for themselves about what they are personally motivated to change and to move from ambivalence to preparation and action.

**Questions to Elicit Change:**

Questions to Elicit Change:
- do not confront or control;
- do not require a client to accept a label or diagnosis in order to get help
- do not ask the client to explain HOW they will accomplish their goal initially (coaching will help them create a workable plan at a later time;
- do not assess or judge the person;
- do not take away the client’s autonomy or his/her rights but reinforce that they do NOT have to do what I say or what others are asking of them;
- elevate motivation to change by helping clients to feel and verbalize their desire or reasons to change without having to feel shame or failure
- remember that ambivalence is not resistance
- imply or use the word “why?” or elicit that thought process.

Example: **Let me ask you a few questions:** Why might you consider _____________? (getting sober, getting a job, leaving a bad relationship/situation, moving across town, going back to school, learning computers, dealing with legal issues, getting in shape, etc.) Desired Change! **On a scale of 1 to 10, how ready are you to …….?**

No matter what they say, always ask, “**Why didn’t you pick a LOWER number?**” If they say 8, ask, “Why didn’t you choose 5?” If they say 2, ask, “Why didn’t you choose 1?” This will cause the person to verbalize their existing reasons, motivation or readiness to change. They may not be at 10, but they can defend being at 8 because …. “I have job and a place to stay but I need to save for a car first; or I cut back to drinking beer just on Saturdays but I’m not ready to give that up yet,” etc.

The above three questions help a client to become aware of the possibility of change or how committed they are and/or how far they’ve come already.

To really help a client, you will need to listen to their responses and answers with great intention. Reflect back or reiterate the POSITIVE reasons they gave you. “So you say you’re an 8 because you already have a job and a place to stay? Is that right?” You might add, “That’s quite an accomplishment.” “Why do you think going back to school would be helpful for you?”
Coaches emphasize the positive and let their clients hear their own words. Or, “You’ve cut back on your drinking to just Saturdays, how’s that working for you?” “So what do you like about being sober on Sunday and other days?” “Why” questions that emphasize positive change are helpful: “Why do you think solving the problem will be good for you, your family, etc.”

**Caution: Do NOT ask.** “What steps can you take to move your readiness level 6 up to a level 9 or 10?” This can decrease motivation if there is a history of failure, loss, shame, etc. As a result of good coaching, people can find the support they need to change and help to implement practical plans and further increase their level of motivation.

**Principles to Elicit Change**

Remember that the motivation to change is solicited from the client and it’s not imposed upon them by the coach or any other outside force. The coach is an empathetic co-investigator that comes alongside to assist the client, and the goal of the coach is to make the client an active participant in the change process.

Here are some principles (or objectives) behind the types of questions you are asking your clients. This first principle is **asking permission**, it’s always important to ask the client for permission to move forward. One example of that is, “stop for just a moment, can we go over that?” Another principle is **clarification**, “Who owns the problem here?”

And then you will always want to ask the **Miracle Question**, “If you were given the gift to change anything that needed to be changed in your life, what would that look like?” A different version says, “If you were to wake up in the morning and walk downstairs or out into the living room, how would things be different, what would you see as evidence that the Miracle you’ve been waiting for has happened?”

Another principle is **alternative analysis** – questions that cause clients to analyze past behavior and results such as, “What have you tried in the past to change your situation?” Pro and con questions get a client to review potential possibilities, “What is likely to happen if you do that? What would be the down side?”

The principle of **presenting possible options** is found by asking, “What are three courses of action you could take?” Then have your clients write down these things so that it solidifies in their minds so they can always come back and refer to them.

And last, there’s a **decision-making question**, “What steps can you begin to take to arrive at your goal?” or ask “On a scale of one to ten, where are you in terms of taking action to arrive to your goal?”

**Change Talk Questions**

Let’s review a few change talk questions. Remember that recovery coaching always nudges in a forward motion towards doable solutions. This will increase the likelihood of the client’s success in the process. One question that you ask a client is to compare their situation to someone else who has experienced success in a similar situation, for example “You know I had a client who did that,
how does his success apply to your situation?” or you can ask, “What is already going well and
doesn’t require changing in your life?” “Name two things that have given you strength to make
this change happen.” “What needs to be done to make that change happen?” “Let’s explore some
doable options.” “What would be so bad if you did that?” “What would your life look like in three
years if you successfully did what you said you are going to do?” “What makes you think it’s time
for a change?” And then the final question, “You know what you need to do don’t you? Explain it
to me.” These are just a few of the techniques that you can use to encourage clients toward self-
change.

Summary
In this section you have seen that clients who need to make changes in their lives approach the
change process at different levels of readiness. What today’s clients respond to best is action and
interaction, and to practice and implement new behaviors that can be used right away. We have
provided you with working examples of guidance and self-change questions and explained how
guidance and self-change promote client participation and empowerment and how we do this
through interaction and taking action.
We’ve learned that recovery coaches are change agents who are skilled in the art of questioning
that is both interactive and conversational. Enhancing motivation through questioning is also
practical, easy to understand, and easy to practice and implement.

Self-Discovery Worksheets for this segment: Students should complete worksheets personally
to experience the process and then use with another person or with a practice client.

- Questions that Elicit Change

Motivational Interviewing and Solution Focused Questioning
In this segment we will present evidence-based strategies that help clients increase their confidence
in participating in commitment talk, as it refers to a sober for life change process. We will expand
on what we have already discussed and tie it into solution focused questions that reinforce a client’s
ability to move ahead in their recovery journey.

Change Happens
Change happens and can be scary for anyone. It’s the unknown, it's uncertain, it's often unwanted
and it's challenging. We must keep in mind that the recovery is not just about preventing old
behaviors from returning, but also to focus on moving forward building a new life for ourselves.
Recovery coaches do this by working enthusiastically on building on a client's strengths as they
take those small steps that can empower them to take bigger ones later. In time those small steps
will become huge leaps and bounds. Simply put, Motivational Interviewing is about helping people
make up their minds. This sounds easy but it becomes especially challenging when working with
people recovering from substance use disorders.

You Will Learn
Motivational Interviewing is a collaborative, client-focused form of guiding and strengthening a
client's ability to change. Motivational Interviewing is about asking the right questions that will
motivate clients and challenge their irrational thinking. These questions assist them in exploring
options and solutions that will lead to greater stability and continued sobriety. In this segment, recovery coaches will learn to understand the principles and spirit of Motivational Interviewing. You are going to get a deeper understanding of what Motivational Interviewing is and learn how to ask open-ended questions and affirm client strengths. We are going to learn how to reinforce a client’s forward movement towards change, and how to apply solution focused questions during coaching sessions.

Motivational Interviewing/Self-Guided Change
Motivational Interviewing recognizes that people in recovery are usually afraid and uncertain about their future, their addiction has probably already had consequences for them and now they find themselves in treatment and after care. There may still be lingering cognitive distortions and fears that may block their ability to make up their minds and move forward. For a long time they have developed their addiction as a way of coping with life and they do not necessarily like the idea of giving that up. That’s why Motivational Interviewing is a very important tool to use in recovery coaching. For the first time in a recovering person’s life, rather than being challenged or criticized, individuals are being helped to reach a new understanding of themselves and what their addiction means to them.

Motivational Interviewing compliments the Stages of Change. It is respectful and non-judgmental. It is a coach learner model that is non-directive and promotes self-acceptance. The only role the recovery coach has in Motivational Interviewing is to give direct, but non-confrontational feedback by pointing out discrepancies in what the client is saying or has said. Motivational Interviewing is a method of helping clients weigh the pros and cons of life's challenges, connect the dots, and then come to logical conclusions regarding their behaviors. Motivational Interviewing was first developed by Dr. William Miller and Stephen Rollnick in their work with problem drinkers, who were resistant and needed help in moving from a position of ambivalence to one of change.

Approaching Change
Their research teaches that clients who need to make changes in their lives approach the change process at different levels of readiness. Many have 1) never thought of changing their behaviors at all, but have now been mandated to participate in an aftercare program. 2) Others may have thought about changing but have not taken the proper steps to do so. 3) Other people have tried changing but have been unsuccessful. This is where recovery coaching can help the change process.

The Stages of Change model also uses a form of guided self-change as outlined by Miller and Rollnick in their work in Motivation Interviewing. It is seen as a collaborative person-centered way of conversing with and guiding clients through a stage of change. The process is all about interaction and action. It is respectful toward the client, respecting the clients’ autonomy, potential, strengths and perspective. It is not judgmental. It is non-confrontational. Although the coach does give direct feedback, it does not confront, but merely points out discrepancies in what the client is saying. The motivation to change comes from the client. The coach is a co-investigator. He promotes self-acceptance. The client’s role is to serve as his own rescuer and resolve his or her own ambivalence. At times the coach will educate clients on how to guide themselves through various questioning techniques.
Motivational Interviewing Principles
Motivational interviewing is based on four basic principles: **Collaboration**, which is a partnership between client and the coach where the client plays an active role. In this, we support a client’s self-efficacy. Second, it's about expressing **empathy**, demonstrating **compassion** and that you understand someone else's emotions. Recovery coaches use active listening to show that they understand what a client is trying to express. The coach then mirrors or paraphrases the client's own words, which causes the client to reflect on what he or she has said. When the coach repeats the client's feelings back, the client will then have a sense that he or she has been heard.

The third principle is **revealing discrepancies**. Coaching promotes change in clients by helping them become aware of and challenge the discrepancies between what is being said or was said, and their current situation or behavior. By teaching our clients how to challenge their irrational or faulty thinking and how their current behavior is blocking progress in accomplishing their goals, the coach is helping them think deeper about their behaviors.

The fourth principle is **going with the flow**, or as Rollnick calls it, rolling with resistance. This skill is used when clients refuse to consider change or are not ready to change just yet, which is **ambivalence**. It is being undecided, being of two opinions about something which is a hallmark of responding to change. “I want to stay, and I want to go.” “I want to stop drinking and I want to keep partying with my friends.” William Miller, the founder of Motivational Interviewing, said what many counselors call ‘resistance’ is actually ambivalence and the normal process a person goes through in a change situation. A coach’s communication to the client, that he understands the client's position, may be more effective than arguing with the client.

People in general, and clients in recovery especially, don’t like to be pushed into doing things they are not ready to do. It is always better to wait them out and eventually draw them to you without doing things that will alienate them. Readiness to change is a result of the quality of interaction between the coach and his clients.

M.I. Highlights
While there are many variations and techniques, basically the spirit of Motivational Interviewing can be characterized by several points. Motivational Interviewing involves collaboration not confrontation. Which means it involves evocation not education – or to evoke answers that come from within the client. It allows autonomy and is not authoritative. It deals with exploration instead of explanation. Motivational Interviewing can be direct, but in the spirit of being very interested in and concerned about the clients own perspective, while all the time nudging the client along in the direction of change.

It focuses on goal setting and problem solving. Motivational Interviewing also points out discrepancies between client's goals and their behaviors through collaborative guidance. Clients identify the behavior they want to change and coaches are there to help clients list the benefits of the changes, or identify discrepancies in what they are saying.

**Core Skills: Use Your OARS**
1. Open-ended Questions
2. Affirmations
3. Reflecting back, Reiteration
4. Summaries

Four Processes in Recovery Coaching based on Motivational Interview

**Engaging (same term):** process of establishing trusting respectful relationship between coach/client
- Avoids assessments or too many questions; advice giving; power differential, labeling
- Includes helping clients to feel: welcome, comfortable, understood, hopeful, exceeding expectations, having mutual goals with Coach.

**Encouraging (MI - Focusing):** an ongoing process of maintaining direction setting an agenda, goals, clear direction

**Empowering (MI – Evoking):** client speech that favors movement in the direction of change
Listen for direction of change such as: I can, I will, the reasons I’m going to do that….
William Miller has stated that increased *Change Talk* is often the greatest predictor of Change.

**Evaluation (MI – Planning):** with the support of the recovery coach, a client develops a specific change plan he/she is accountable to implement based on goals that are SMART. SMART Goals are Specific, Measurable, Attainable, Relevant, Timely and are covered in more detail in *Dynamics of Recovery Coaching*.

Light of Truth/Exposing Lies & Fear

According to Motivational Interviewing principles, people will make the most lasting change when the decision is motivated internally rather than externally. It minimizes fear of exposure and resistance on the part of the client. Often much of what is troubling clients is their fear of exposure or fear of change. Clients may question, “what if I get rejected because I changed?’ These troubled clients have been wearing masks for so long and are now expected to remove them and expose themselves to the world.

Some fear is a good thing, but because fear and apprehension have always been looming in the client's life, this tremendous fear can only be exposed carefully in front of a trusted and truthful person. Trust and truth are key elements in the relationship. Let's talk a little bit about trust; trust is a very important component of Motivational Interviewing. Fear is a constant cloud over the recovering client's heads, fear of not being as good as others, fear of not living up to family expectations, fear that they will not get their former lives back and the fear of non-validation as they go through extremes just to prove their self-worth to others and to themselves. Clients in recovery live in constant fear of failure, or not feeling competent enough to change.

Trust then plays a critical role in the change process. If a coach pushes too hard for change and the client is not ready, the sound of your voice alone can trigger memories of past failures, signaling to this client to retreat or revert to past defense mechanisms for fear of being exposed.

Motivational Interviewing has to proceed slowly and be non-confrontational, it has to happen in collaboration with the clients and then must be done respectfully while keeping in mind that the client is always in charge of the change process. Let's talk about truth; truth is the other key element in Motivational Interviewing.

Someone said, "The truth will set you free but first it will tick you off". Truth is not a popular commodity with clients in recovery. Terrence Kurowsky, in his book, 'Staying Sober,' describes relapse and recovery as having an intimate relationship and that both must be addressed openly.

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and honestly. Kurowsky teaches that relapse tendencies are almost always tied to the lies people tell themselves.

Persons with substance use disorders use lying as their default mechanism for hiding the real issues that may be getting in the way of their recovery. It is very easy then for clients to take delusional thinking into recovery, making life miserable for themselves and those loved ones around them, not because they are immoral, but because lying has merely become their only means of keeping their obsession alive, blocking out pain or getting other needs met. If those lies are not dissected and challenged in recovery coaching, the tendency to relapse grows stronger.

Relapse tendencies have been described as mold that accumulates in a basement; they feed on lies and grow best in the darkness but when they are brought out in the light, they tend to die out rather quickly. Much of the content of recovery coaching involves talking about things that people feel most ashamed of and embarrassed about.

It is not surprising that a coach will encounter a bit of resistance in the process and find that more cognitive work may still be needed to build trust and to get clients to a point of feeling comfortable with confronting certain truths about themselves and their beliefs. When supported with empathy and respect however, pointing out cognitive discrepancies can work at breaking through these barriers.

Pointing out discrepancies may not always be popular with clients at first and not easy to accept, but it is the most truthful and trusted recovery coaches that will ultimately make the most gains with their clients.

Motivation Scale
Another great exercise to determine one’s level of motivation is on the Motivation Scale and Decisional Balance Worksheet. It is different from the Three Change Questions covered earlier. This Worksheet can be used for any life change one is considering as well as to determine the level of motivation to stop substance use. Ask your client where they are at on a scale of 1-10 in their motivation to change or stop using, next have them list the reasons why they believe they are at that level. Note: we’re not asking why it isn’t higher. We are helping to confirm and recognize the true motivation level and also identify the Stage of Change.

Decisional Balance to Change
Decisional balance is nothing more than using the concept of pros and cons as arguments for or against a particular issue. Pros are arguments that aim to promote the issue, while cons suggest points against it. The term has been in use since the sixteenth century in its shortened form of a Latin phrase, "pro et contra” which basically means, for and against, considering the advantages and disadvantages of an issue. Many people find themselves considering pros and cons in daily life although they may not be aware of it. For example, someone shopping at a supermarket might weigh the cost of an item and its quality to decide whether or not to purchase it. People making larger decisions, like purchasing a new car or a home often spend a great deal of time thinking about the effects of the purchase, so they can be sure that the right choices were made.
**Decisional Balance NOT to change**

Then you will want to cover it from another angle – list the pros and cons and NOT changing, and spend some time contemplating what that looks like. As you are doing the motivational scale, remember that Motivational Interviewing is a collaborative style of interacting with clients rather than coercing them to change. Motivational Interviewing taps into clients' strengths, talents and resilience and helps them recognize the discrepancy between their current behavior and their desired goals. It quickly allows the clients to connect the dots and become their own initiators and creators of the change they feel is needed.

By doing this motivational scale exercise, clients begin to get a better focus on what he or she needs to do, in terms of building a better life for themselves. Clients will come to an awakening on their own as they connect the dots, thus reducing the fear, shame and self-reproach they may have brought to the coaching session. Working through these questions will make them feel empowered to press on and continue this self-exploration.

**Motivational Interviewing Techniques**

We are now going to review 5 interviewing techniques that will help you to be effective in your coaching sessions. One method is using **Change Talk** by asking the client, “what would you like to see different about your current situation?” Or you may ask the client, “what do you think will happen if you don’t, or do make this change?” Then there is **reflective listening**. Say, “hold on for just a minute, it sounds like maybe you are…” or “what I hear you saying is… am I right?” “It seems as if…” and those are the kinds of reflective listening skills that you can develop or probably already have because it is pretty basic. You may want to use the “been there, done that” questioning. “I understand, I have had a similar experience” and then as you go on and explain, this makes the person feel a little more comfortable and more accepted in the process.

Then there is a technique called the “**Columbo effect**”. Columbo was a television detective who had a bumbling way of questioning people to get to the point of the problem. For example, “Wait. Let’s pause for a minute. Earlier you told me/us that you were… but now you are saying that… how does that work? Am I understanding you correctly?” So it’s the bumbling detective approach – being unassuming in your questioning in order to bring clarity. Questions like, “so help me understand this, on the one hand you say you want to attend your daughter's graduation, on the other hand you say you refuse to take the medication the doctors have prescribed. How will that help you attend your daughter’s graduation?” Or you can say, “Let’s walk through this together once more”. Then you can follow up by expressing their progress or competence. “Wow, it sounds like you have really been making progress with this one, tell me/us about it or tell me about it”.

1. **Solution Focused Questioning**

Solution focused questioning is about having a respectful curiosity about the client's dilemma or background. It is asking open-ended questions. It is a partnership moment with the client where the coach is really listening to what is being said (and not said). It is a back and forth non-linear process that helps clients gets to that, 'aha' moment. It creates motivation for further exploration and provides a safe environment where the client is fully involved in exploring solutions. It creates
a shift in the client’s thinking as well.

2. **Specific Solution Focused Questions**
It’s a good idea to keep your solution focused questions to a small number of questions that you commonly use. Here are examples of some open-ended, evocative questions “why would you want to make this change?” “How might you go about that in order to succeed?” “How important is it for you to make this change?” “So what do you think you will do?” This last question deals with commitment and encouraging the client to move forward in the process. You then might want to ask for elaboration or more information, “In what ways do you think you can change?” “How do you see this happening?” “What have you changed in the past that can relate to this issue?” And then fast forward a client into the future by asking questions like, “What may happen if things continue as they are?” “Let's look at this, if you were 100% successful in making the changes, what would be the difference?” “How would you like your life to be in the future?” Using these types of questions allows the client to better envision what they are to gain in making changes. These are solution focused questioning techniques commonly used in Motivational Interviewing.

3. **Nudging Questions**
Another technique is to use nudging questions where you want to nudge the client toward change thinking. Action steps that go undone can be worse than no steps at all. So some of the questions we can ask to get the client to move toward or make a decision to change are, “Are you ready to commit to the next step?” Or “Is there anything you would like to change before moving on to the next step?” Or you could ask, “Listen to what you just said, let's stop and revisit that before moving on”. Then this one is effective; “Sounds like you are waffling. What could you choose to do or not do before moving ahead?” And then finally the last question, “What have you decided to do and by when?” Practice these and you will make some real headway with your clients.

**Change Plans**
Early on in your sessions you will want your clients to create a change plan worksheet. Let’s look at an example here. This is also included in your Self-Discovery Worksheet downloads. First really pin down and identify the area most needed to change. The first question a client will need to ask his/her self is “What are the changes that I want to make or continue making?” What are the reasons they want to make these changes? What is their plan to make these changes happen?” Another key question is, “Who are the people in your life or in your circle that can support you in making the necessary changes and how can they help you make those changes?” Then you can ask the client to list some things that could interfere with the plans they are making. There are always some obstacles still left dangling somewhere and you want to make sure that you know what they are, and once again revisit or lead the client towards resolving those issues. “How will you know your plan is working?” and, “What would you do if your plan fails?” We ask this because we know that sometimes plans will fail and you will have to come back and revisit them and make some adjustments. The change plan is always changing, it is a living, breathing thing and changes along the way. It does not mean that you are ambivalent or a failure, it just means it’s a process and things in life are always subject to change.

**A Word on Disruptive Clients**
As you work through some of these exercises and questioning techniques with clients, you are going to get some ambivalence and you are going to get some resistance. As a coach you will want
to be prepared to block these types of resistance, and still encourage others to continue moving ahead. You may have clients in your session who really do not want to be there. They may be court ordered or otherwise coerced into seeking help. They may try to sabotage the group meeting or session by making off comments, smirking, coming in late or causing other types of distraction. In an instance where a client is interrupting or disrupting you might say, “hmmm that is interesting, why would you say that?” and then follow up with, “If we could deliver what you need, what would that look like?” In this way you are putting it back on them to respond in a neutral or positive way. You could also say, “See me at the break and let’s talk about how we can work together”. This puts the onus on them to be quiet or else they are going to have to get real regarding the reasons they are there. “How can I help you?” is a disarming question. And when all else has failed, just tell the client, “Thank you for sharing”, and then you move on and ignore him.

**Yes, But Game**
Client resistance can also come in the form of the “Yes, but” game. This game can really derail progress in an individual or group setting. One way we can block this resistance is to change the “Yes, but” to “Yes, and then what?” Let’s look at an example of a client discussing the need to stop smoking pot. The client may say “Yes, but if I quit, I will be rejected by my friends” that is where you come in and say, “Yes, and then what?” Then the client might respond, “Finding new sober friends will take a lot of work”. And you respond, “Yes, and then what?”, then the client will continue, “That would take forever and there aren't any sober people out there.” And you respond with, “Yes, and then what?” Then the client would say, “But I would be left all alone”. And you would respond with, “Yes, and what would be the worst thing that could happen if you hang out alone for a while?” And the client might respond with something like, “I guess it wouldn’t be the worst – I could focus on some other things for now.” Then you have the opportunity to open the door to rescue by saying, “look feelings of abandonment or loneliness when making change is normal in recovery. Let us explore possible solutions and options.” Now you will know how to prevent the 'Yes But' game.

**Summary M.I.**
Let’s review some things we have learned about Motivational Interviewing and Solution Focused Questioning. We know that Motivational Interviewing compliments the Stages of Change by helping clients weigh the pros and cons of their challenges relating to the change process. Motivational Interviewing is a non-judgmental way of engaging clients and drawing out their own ideas and is mainly comprised of asking open-ended questions that cause clients to step back and take a hard look at their thoughts and behaviors. The essential belief is that clients are the experts on themselves and are more likely to make changes only when they become empowered to work things out for themselves.

**Summary Solution Focused Questioning**
To summarize some key elements of solution focused questioning we know that coaches need to help clients stay focused on goals. Coaches need to listen intently to what is being said. Coaches will use questioning to uncover the client’s motivation. They will draw out client’s real thoughts, beliefs and feelings through questioning. Coach and client will need to pay attention to urges and form an alliance in the coaching relationship. Coaches should give feedback, not advice and help clients to address the “F” word – FEAR. Always avoid minimizing feelings and finally, come alongside the client to explore the pros and cons of their decisions and behaviors.
Self-Discovery Worksheets for this segment: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Motivation Scale
- Change Plan Worksheet
- Focused Listening Strategies
- Solution Focused Questions
- More Solution Focused Questions
Motivational Interviewing & Quantum Change
Reflections on Human Potential
Presented at the University of Chicago School of Social Work, 2014
By William R. Miller, Ph.D.
Emeritus Distinguished Professor of Psychology and Psychiatry, The University of New Mexico
(A summarized & paraphrased transcript)

Introduction
William Miller, “I’m going to be talking about two lines of research, one that’s gone on for about 40 years at this point and another that maybe is 15 years. Those two lines of research have to do with Motivational Interviewing and with Quantum Change. Initially I did not think that they had much in common, but I’m beginning to think that they do.”

Accidental, A-theoretical Development of MI
William Miller was invited to spend the summer on an alcoholism unit in Milwaukee in 1973. His view of alcoholics was shaped by his first experiences where he simply spent time with them, asked how they came to be where they were at and how they viewed their future and things they cared about using the best reflective listening possible. He found them to be in stark contrast to the descriptions he had found in clinical literature which characterized alcoholics as “pathological liars with immense levels of immature defenses, out of touch with reality and difficult to communicate with”.

Problem Drinkers - Study One
Why did control group get better? Training vs. self-help book. In this study 2 groups of problem drinkers were self-monitored with a weekly drinking diary. The first group was given training with a counselor for 10 weeks, the other group was given “bibliotherapy” or a self-help book for problem drinking and told to meet back with them in 10 weeks. This book was called “How to Control Your Drinking” (1976) and is still in print today under the title “Controlling Your Drinking: Tools to Make Moderation Work for You” 2005 Miller & Munoz.

What we found is that the two groups did not differ at all in their outcomes. Outcomes were the same. We repeated the study in Albuquerque, NM, expecting the outcomes to change. The study was repeated in 1978, 1979 & 1980 with the same results. So how come people were getting better in this kind of self-directed condition? Maybe it was the fact that they had made the decision to get better by coming to the clinic in the first place – maybe that was the common denominator for the positive outcomes. We also asked people in the study groups, “What really helped you?” and they said, “Keeping those records really helped a lot.” (The cards helped them to make decisions on drinks based on the information they had recorded). So, we wondered if it was a reactive effect of self-monitoring. So, we designed a study to control for those things.
Problem Drinkers - Study Two
In this particular study we had 4 groups: one that had counselor training for 10 weeks, one that was sent home with a self-help book, one that was put on the waiting list for 10 weeks and given a diary to keep, and one that was put on the waiting list without a diary. The first two groups (counselor training and self-help book) had very similar positive outcomes and at the 15-month check in were still very much the same. The two groups who had been put on the waiting list (with and without a diary) had no change in drinking habits until they came back for counseling sessions. So it wasn’t just the passage of time, and it wasn’t just that they were keeping a diary of their drinking records – it was something else.

Controlled Trials

Dozens of controlled trials now show that brief interventions are significantly more effective than no intervention in reducing problem drinking. Also, there are certain characteristics of intervention that seem to work well in helping to trigger that change in a single conversation. Again that was different from my training – it shouldn’t be that you can have a single conversation with somebody that’s been practicing a pathological behavior for 15 years and they turn the corner, and yet there it was. If that’s so, why didn’t waiting list group change?

If that is true, and it is proven that a group who have identified that they have a problem and are monitored tend to improve over time, then why didn’t this waiting list group see a positive change? Because they did what we told them to do, they waited. They were politely waiting to be given permission to change. What are you saying to someone you have put on a waiting list? You are not expected to get better until we can treat you, so go ahead and drink, and then we’ll treat you and then you’ll get better. It got my attention on just how much influence we can have in the helping professions just in our subconscious communications with patients.

Why do clients then have such different outcomes when receiving the same treatment?

We also began to notice that therapists have very different outcomes. In every study in addiction treatment where that has been studied, it’s true. Different therapists doing the same treatment with the same manual, with the same supervision process, and with the same content have very different outcomes.

Study: Counselors Level of Accurate Empathy

We then did a study to review how counselors reflected accurate empathy; clients were randomly assigned to the various counselors. Results: therapists were rated from least to most empathic. Those with higher levels of empathy found great success with their clients showing 75-100% positive outcomes, whereas those with lower levels of empathy showed as low as 25% positive outcomes for clients. The clients who worked on their own with a self-help book averaged 60% positive outcomes, while the average of all other therapists clients averaged 61% - so nearly the same for those who had therapy (no matter the level of empathy) and those who worked on their own. Therefore, therapists and manuals are no different from each other. However, those therapists with a higher level of accurate empathy showed much better results, so there is a difference in therapists. So we learned that a high level of skillfulness in what Carl Rogers taught as accurate empathy makes you a better behavior therapist.
Correlation: Counselor Empathy & Client Drinking

Correlations are high - We were able to predict the number of drinks per week that clients were having 6 mo. later with a correlation of .82 so you are accounting for 2/3 of the client’s drinking by how well the counselor listened. At a year, correlation is still .71, two years later the correlation is still .51 accounting for one quarter of the variance in outcome. And it’s all based on how well the counselor was listening to their client and reflecting meaning back to them. In a study conducted the next year, Steve Valley (1981) reported that counselors scoring low on interpersonal skills saw much higher rates of relapse in their clients after treatment than did their interpersonally skilled counterparts.

Barbershop in Norway

I went on sabbatical to Norway and was hired to lecture in cognitive behavioral treatment of addiction. The director of the clinic also asked if I would be willing to meet with their psychologists. As we met, what they wanted to do was role play with clients they were seeing and would say ok – now you show us what you would do. They would stop me often and say, “What are you thinking at this point?” “Why did you ask that particular question? “Why did you reflect that particular thing?” When I was being trained in client centered therapy, no one told me which things to reflect – my clients had taught me what things to reflect. So I began to verbalize some discussion rules that I was using implicitly that I was not conscious of and that were embarrassingly different from what I was teaching in lectures in the next room. And I wrote them down in what Carl Rogers called a discussion paper just to kind of send around to some colleagues and ask what do you think of this?

And the basic concepts in it were:

- The person, rather than the clinician, should make the arguments for change.
- Evoke the person’s own concerns and motivations.
- Listen with empathy.
- Minimize resistance, don’t oppose it.
- Nurture hope and optimism.

And I was thinking of this as kind of priming the pump, as getting people ready for treatment. And so that was the paper that I wrote up and distributed to colleagues, one of whom, to my surprise, said he wanted to publish it in behavioral psychotherapy. I said that I didn’t have any data at all for this, but he still wanted to publish it, and thought it was a good paper. He did publish it and I went home. I began to wonder if we turned this into an intervention for people with drinking problems, what would that look like? And having worked with severely dependent people, I thought I would like to find people before they get so severely impaired and do something with them. So we designed something called the “drinker’s check-up.”

Drinker’s Check-up

We designed the Drinker’s Check-up which had a very low threshold enrollment. We put a notice in the paper that essentially said: “If you have ever wondered whether alcohol is harming you in any way, we have a free check-up you can come in and complete. It is not a treatment, or part of a treatment program. You will get health information back and what you do with that information is up to you.” We got a lot of calls, and most responders had never been anywhere near a treatment center, but every last one had a drinking problem, and there were serious reasons for concern. We assessed for early signs of alcohol impairment, and then saw them one time and gave them
feedback about what we found in a Motivational Interviewing style and gave them a treatment referral list for all the places they could go for treatment. And I figured people would go for treatment. The outcome was that almost no one went for treatment, but they did change their drinking habits on their own without additional permission or treatment. Most cut their drinking by half or more with just a single check-up intervention. So, while I was thinking that this intervention would push drinkers through the door to treatment, I forgot to tell them that. And they just went ahead and changed.

Comparing Counseling Styles
We decided to compare counseling styles and compared two different ways of giving feedback. One was in a confrontive-directive style or presenting the facts about their drinking and current statistics. (This was common counseling procedure at that point). The other was a more Rogerian, Motivational Interviewing style which was more supportive and reflective. Without any further treatment, the group that had been given the confrontive style of feedback, their drinking decreases some, the group getting the Motivational Interviewing style had even a steeper decline and both maintained well over time. Again, the waiting list (group) was very polite and waited for us, and they had no change until we did the check in and then their drinking went down. But that group did have some splash back and I’ve seen this in some studies that if you make people wait for treatment it doesn’t seem to work as well as if you treat them when the window of opportunity is open.

Counseling Style Comparison Results
In this study we found that there was one counselor behavior that strongly predicted client outcomes in a negative manner and that was confronting. The more the counselor confronted, the more the clients drank. It was a strong .59 correlation. We also found that the more resistance behavior the client displayed in counseling, the worse their outcome was as well. But those resistance behaviors were under the control of the therapist. So, if you counseled in a confrontive way that provoked a lot of resistance, you would have bad outcomes basically. (Resistance behaviors were things such as arguing, interrupting, being negative or off task.) We also looked at to what extent clients engage in “change talk” or arguing for change or giving us their motivation for change. What we found was that in the more directive condition we get ½ as much change talk as in the more empathic condition where we are listening. So, if you listen well to patients, they say more about how they want to get better. We also got half as much resistance in the empathic condition. We also know from subsequent studies that it is the ratio between “change talk” and resistance (or counter change talk) that predicts behavior change. So, on the empathic side you have about a 3 to 1 ratio on change talk vs. resistance, and on the directive side you have ambivalent clients (about 50/50 pro and con).

Pieces of a Puzzle
- Brief conversations/interventions can make a difference.
- It matters what the counselor does!
- Counselor empathy predicts client change.
- Confrontation undermines change.
- Given a brief intervention, clients went ahead and changed on their own without treatment.
Miller and Rollnick
I met Steve Rollnick 1989 in Sydney, Australia. Steve had not only read my paper on Motivational Interviewing but was using it throughout the U.K. and told me it was now the preferred method of treatment for addiction there. He said he wasn’t even sure he was doing it right as there was only the one article on it and said, “You need to write more on this.” Then in 1991, Miller and Rollnick coauthored Motivational Interviewing: Preparing People to Change Addictive Behavior. By the time the second edition rolled around it had spread to multiple areas of healthcare and not just addiction treatment. And the third edition just came out in 2013.

Current Status of Motivational Interviewing book: Where Are We Now?
- MI books translated in at least 22 languages
- More than 200 randomized trials, 10 multisite trials
- More than 1500 publications, doubling every 3-4 years
- Used across many problems in healthcare, mental health, addictions and correctional settings
- More than 3000 trainers in at least 47 languages
- Whole state and national level implementation

Definitions
The layperson’s definition of Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change. Practitioner’s definition: Motivational Interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

The Underlying Spirit of Motivational Interviewing
When the techniques were used without the “spirit” of it – it wasn’t working. Therefore the “spirit” of Motivational Interviewing includes:
- Collaboration: a partnership between counselor and client, companions on the journey, each having their own expertise
- Acceptance: non-judgmental approach, a respect for beliefs and what clients have to tell
- Evocation: instead of installing what is missing or providing what’s missing, rather the client already has what they need, and counselors (coaches) call it forth
- Compassion: primary reason for meeting is the client’s welfare and best interests.

Four Foundational Processes
- Engaging: collecting facts (intake – collecting info) develop working relationship
- Focusing: clarifying goals
- Evoking: drawing forth the client’s own ideas for change
- Planning: developing a plan according to how and when the client is ready to move forward

Research Findings to Date
- MI training (with feedback and coaching) yields MI consistent changes in practice
- MI consistent practice increases client “change talk” and decreases “resistance”
- Client change talk vs. “resistance” predict behavior change outcomes
- Many meta-analyses of MI effectiveness across a broad range of presenting problems
- Average effects in small to medium range
• High variability in the efficacy of MI

**What Seems to Matter in MI**

• The Therapeutic Relationship (counselor empathetic listener, using MI spirit)
• Evoking of client “change talk”
• Diminution of client “resistance”
• Counselor refraining from counter-therapeutic behaviors that undermine change, such as confrontation, uninvited advice, persuasion and education

**MI is not just about:**

• Stopping bad habits
• Dealing with “problems”
• Behavior change

Motivational Interviewing can be used in a much broader way that involves human potential which then connects it back to the roots of MI which is a humanistic counseling approach. By developing their untapped potential, people can experience a high quality of life, happiness, creativity and fulfillment.

**Additional Applications of MI in Promoting Personal Growth**

1. Removing obstacles to growth
2. Exploring/clarifying personal values
3. Reducing self/ideal discrepancy
   - Acceptance (releasing change goals)
   - Integrity Therapy (Hobart Mowrer) bringing lifestyle into greater consistency with one’s deeply held values and adherence to chosen ideals or virtues.
4. Reducing avoidance of personal growth: “Spiritual Bypass” – avoiding emotional issues by focusing on spiritual issues
5. Coming to peace with life transitions: acceptance of limitations, for example End-of-Life care and “death talk”

**Quantum Change**

**When Epiphanies and Sudden Insights Transform Ordinary Lives.**

William Miller: “In what I thought was an unrelated line of research – I was interested in rapid changes that people experience in a matter of hours that seemed to be permanent. Our model for these in fiction is Ebenezer Scrooge or “It’s a Wonderful Life” when an experience changes them suddenly and permanently – a change in personality. Spiritual leaders in history often have a moment of epiphany that changed the direction of their life. Also, with social reformers – there was a change where something happened. This psychological phenomenon of transformational change had not been studied since William James in 1902. (The Varieties of Religious Experience).”
Two Types of Change
According to James there are two types of change. Type 1 is the educational variety which has successive approximations and is gradual, like drifting along a stream. It’s what we see in addiction treatment most of the time. Type 2 happen discretely and suddenly, and they are enduring, permanent changes, like riding the rapids – you are suddenly in a very different place. Abraham Maslow describes “peak experiences” as having the following characteristics:

- Vividness: memorable, usually a discrete beginning and often accompanied by a profound emotion
- Surprise: it comes from “out of nowhere” there is a quality of newness and little or no sense of “doing it” oneself.
- Benevolence

A Study on Quantum Change
- We solicited stories on “peak experiences” via a feature story in the Albuquerque Journal
- 89 people responded
- 55 completed a 2-3 hour structured, qualitative/quantitative interview
- On average, it had been 11 years since the experience, yet they recalled it in vivid detail
- Most had told no one, or very few about their experience, yet they were eager to talk

Two Types of Quantum Change
- The Insightful Type (Example of Taking the AA Train)
  - Sudden insight; not a decision or conclusion
  - Receipt of knowledge
  - Abrupt shift in perception
  - Immediate recognition as truth
- The Mystical Type (Epiphany) (Attributes as found by William James)
  - Ineffability (hard to express in words)
  - Noetic or intellectual quality (receiving knowledge)
  - Transiency
  - Passivity (I’m not doing it)
  - Transcendence (above material reality)
  - Distinctiveness
  - Unity (with all humanity)
  - Awe
  - Positivity

Epiphanies: The Mystical Type of Quantum Change
Mystical experiences are much more common than quantum change, and most mystical experiences do not change the person. Not all quantum change has a mystical component.

- Have the classic attributes of a mystical experience
- Passivity, unity, transcendence and awe
- Immediately transforming effect

- Not all mystical experiences transform the person
- Mystical experiences are neither necessary nor sufficient for quantum change to occur
What was happening before?
These are various things happening before the quantum change occurred; everything from trauma to ordinary life. The most common behavior was prayer.
- Hitting bottom – acute trauma, conflict
- Traumatic childhood
- Trapped
- Aimless wandering
- Ordinary life
- Prayer

What Changed? “Everything”
Common changes listed were:
- Emotion: relief from fear, depression, anger
- Behavior: release from destructive patterns
- Relationships: deepening, healing
- Spirituality: vibrant, trusting, central
- Self-Actualization: fast forward
- Sense of self
- Trust of future
- Priorities: reversal of values

Men’s Highest Ranked Values before and after change

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<tr>
<td>1. Wealth</td>
<td>1. Spirituality</td>
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<td>2. Adventure</td>
<td>2. Personal peace</td>
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<tr>
<td>3. Achievement</td>
<td>3. Family</td>
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<tr>
<td>4. Pleasure</td>
<td>4. God’s will</td>
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<td>5. Be respected</td>
<td>5. Honesty</td>
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<td>7. Fun</td>
<td>7. Humility</td>
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<td>8. Self-Esteem</td>
<td>8. Faithfulness</td>
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<td>10. Attractiveness</td>
<td>10. Self-esteem</td>
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<td>11. Popularity</td>
<td>11. Loving</td>
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<td>12. Power</td>
<td>12. Intimacy</td>
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### Women’s Highest Ranked Values before and after change

<table>
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<tr>
<td>1. Family</td>
<td>1. Growth</td>
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<tr>
<td>2. Independence</td>
<td>2. Self-Esteem</td>
</tr>
<tr>
<td>4. Fitting in</td>
<td>4. Happiness</td>
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<tr>
<td>5. Attractiveness</td>
<td>5. Generosity</td>
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<tr>
<td>6. Knowledge</td>
<td>6. Personal peace</td>
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<td>7. Self-control</td>
<td>7. Honesty</td>
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<td>8. Be loved</td>
<td>8. Forgiveness</td>
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<tr>
<td>10. Wealth</td>
<td>10. Creativity</td>
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<tr>
<td>11. Faithfulness</td>
<td>11. Loving</td>
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<tr>
<td>12. Safety</td>
<td>12. Family</td>
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### Values and Sexual Stereotypes

Before quantum change happened for these individuals, their values were in line with sexual stereotypes, but after their experiences, their values reflect each other much more closely.

**Values after Change**

**Men**
- Spirituality
- Personal peace
- Family
- Growth
- Self-esteem
- Honesty
- Forgiveness
- Loving
- God’s will
- Humility
- Faithfulness
- Intimacy

**Women**
- Spirituality
- Personal peace
- Family
- Growth
- Self-esteem
- Honesty
- Forgiveness
- Loving
- Happiness
- Generosity
- Health
- Creativity
10 Year Follow Up

- Of the original 55 participants, 41 were clear Quantum Change of either the insight or mystical type
- Of those 41, 6 were not found, 3 were deceased and 2 declined to be interviewed
- The remaining 30 were interviewed
- Now more than 20 years since original experience
- Most remember vividly
- None describe a return to prior status
- Change was persistent and extended
- Some had subsequent QC experiences
- Very low distress or psychological symptoms

10 Year Follow Up - Values

- Consistent with 10 years earlier: spirituality, compassion, family, self-knowledge genuineness, humor, growth
- Pre-QC values remain absent: wealth, adventure, pleasure, career, fitting in, being respected, attractiveness
- God’s Will: Top value for those where it was present

What Happens in QC?

1. People reach a breaking point: cannot go on as they are
2. Deep discrepancy came to the surface
3. Personal Maturation: maybe it’s meant to happen to all of us?
4. Particular person: something different about them?
5. Sacred Encounter: with God or higher power or ultimate reality

William Miller, “I thought I was done there, but then it occurred to me that there was one more chapter to write. What struck me was the things that had been revealed to them in their “noetic” moments were very similar, even though these people were as different from each other as you could imagine, socio-economically, gender-wise, age-wise, personality-wise and yet the thing that they saw that they knew to be true in the moment came up again and again and again…suppose these are messages that are trying to get through to human kind and these people happen to be the recipients of them? What are those messages?”

Messages to Human Kind

- Deep change is possible: Tomorrow need not be the same as yesterday
- There are different ways of knowing truth beyond reason and senses
- Truth is not to be imposed (these people were not out proselytizing based on their experience)
- I’m not God: get over the self-centered I/me/mine stuff
- Material reality is a small part of all that is
- Possessions ought not possess us
Everyone who encountered an “other” some called it God. Some had no name for it, but they felt they were in the presence of some awesome presence. And every person, no matter what their religious background, described that “other” in the same way:

- The nature of God is profoundly loving and accepting, so profound it overwhelms our ability to comprehend it. They felt loved and accepted to their very depth, completely as they are.
- Love is what we are and are meant to be.
- Shortcomings are to be met with compassion and forgiveness.
- All people are profoundly linked.
- All of life is a gift, an opportunity.

Is there a connection between MI and Quantum Change?

They seem to flow together like the same river in a way. David Premack tells this story in the book His Last Day of Smoking (1970). A man had gone to pick up his children at the city library. A thunderstorm greeted him as he arrived there, and as he waited, engine running. A search of his pockets disclosed a familiar problem: he was out of cigarettes. He pulled away from the curb to quickly buy a pack at the corner store. Glancing back at the library, he caught a glimpse of his children stepping out in the rain, but he continued around the corner, certain that he could find a parking space, rush in, buy the cigarettes, and be back before the children got seriously wet. What happened? Why was this his last day of smoking? In his words, he said, “Dear heavens, I am a father who would leave his children standing in the rain to chase a drug. No.” And that was it.

Smoking is a behavior – and it’s a dramatic example of the kind of thing we see in Motivational Interviewing. He wasn’t getting behavior therapy for his smoking but it was a moment of insight or shame or however you want to describe it. But the behavior of smoking was inconsistent with something that was much more important to him.

What is the underlying event?
- A decision
- A shift in perception and meaning
- An emotional impact
- Increased readiness to look at change
- Resolution of ambivalence
- Last straw – crystallization of discontent

Milton Rokeach’s Personality Theory

There are various levels to our experience and the most peripheral are behaviors, feelings or thoughts in the moment. And beneath those are the set of things we believe about the world. And beneath those are attitudes that we have about who we are and what the world is like. And beneath those values, instrumental values about how you do things. And beneath those are terminal values about things you want to accomplish in your life. “Instrumental” are the ways you do it, “terminal” the actual things you want and care about and desire in your life. And then there is the mysterious self in the middle. Rokeach said when something more peripheral conflicts with something deeper, change happens. If it’s a behavior that comes into conflict with something dear, which is what happened in the smoking example, the behavior loses. But if you get conflict at the deepest level,
it can spread out through the entire system. When I read that I thought that in a way, this is what we’re seeing with quantum change. And if it is some sort of underlying shift that triggers change (rather than change talk itself) then surely selective reinforcement of change talk is not the primary way in which such a shift occurs within Motivational Interviewing, we know that matters, but there is something much more important going on that we do not understand as well, so far. So what do they have in common?

**MI and Quantum Change**

- Brief interaction with outside influence
- Relatively discrete, sudden, enduring change
- Perhaps the ends of a continuum (the level at which discrepancy occurs)
- A benevolent presence (empathy and unconditional positive regard)
- Experience of discrepancy
- Absence of coercion, presence of choice

We are still only beginning to understand the depth of human potential for change. We just have a glimmer of it, just an idea of how much is possible for ourselves and for the clients we work with.
Bibliographic References


Miller, William - Lecture at University of Chicago School of Social Work: *Motivational Interviewing and Quantum Change: Reflections on Human Potential (video transcript included)*


Self-Disclosure Worksheet
Questions that Elicit Change

Self-clarification questions
“Who owns this problem?” or “Who is involved in this problem?”
“What are others doing to cause or complicate this problem?”
“Who are the players that can help solve this problem.”
“How is this problem affecting you or other people?”
“When did this problem first start?”
“Describe for us how this all came to be.”
“How does this problem relate to the greater problem…?”
“How does this problem make it harder to practice and stay focused on your program?”
“Do you think that the need for external validation has anything to do with…?”
“How does your problem create in you an urge to think about old behaviors?”

Facing barriers/obstacles questioning:
“What do you think could be stopping from…?”
“What have you already done to help you reach your goal?”
“Describe how this problem is likely to emerge in the future?”
“Who are the players in your life that are blocking your goals?”
“What do you need by yourself to help you remove these barriers?”
“You’ve mentioned money three times. If you had the money you needed what would you do?”
“You’ve said you don’t have the time to take this on. Let’s dig deeper. Give me three options for how you could find the time.”

Alternative analysis questioning:
“What have you tried in the past to resolve this issue?”
“What was helpful? What was not helpful? What seemed to make things worse?”
“What if you were to consider trying…? What would be the worst that could happen?”
“What have others in this group done to resolve similar situations?”
“What ideas can this group think of to try helping him/her resolve this dilemma?”

Weighing the pros and cons:
“What are the benefits or disadvantages of sticking to your recovery plan?”
“Where are these feeling you expressed taking you?”
“Identify for us the three best alternatives to…”
“Let’s look at the pros and cons of each of the three alternatives.”
“What’s the best that could happen if…?”
“What’s the worst that could happen if…?”
“What is the most likely thing that will happen if…?”

Questions that elicit options:
“What could you do about this?”
“What are other courses of action you could take…”
“Give me three options for how you could solve this challenge?”

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“Out of these three options, what else could you do? Now choose, which option looks the most doable (list them).”
“What have you seen others do that might work for you?”
“What other resources could you tap into that…?”
“Let’s get radical here. What if the obstacles were removed, what would you do then?”
“Let’s throw out three options (list them) that come to mind that could…”
“How could you kill two birds with one stone, here, or fit it into the options you’ve already chosen?”

Make sure clients are doing all the heavy lifting. Don’t let clients get stuck on just two or three options. Have them write their first three options, and then revisit them at a later date, at which time they can explore two or three more options. This pushes clients beyond the initial set of options and keeps them in their creative, empowerment zone.

**Decision-making questions:**
“What do you plan to do next?”
“What are you willing to do to resolve this problem?”
“What is the worst that can happen if you risk and try…?”
“What are steps you have already taken to…?”
“What steps will you take to put your solution into action?”
“Are you willing to write that into your recovery plan?”
“What are the signs that point toward your being ready?”

“What kind of preparation and support will you need?”
“Name five persons you can rely on for support.”
“Name three steps you can take with the naysayers and road blockers in your sober journey.”
“How will you know if your solutions worked?”

Now is the time to test clients’ creative energies by providing them with assignments that can be tested in the real world. At first, this may seem like a daunting task for clients. The good news is that they have the opportunity to try out their options and analyze them in the safety of subsequent coaching sessions, thus avoiding or reducing any emotional tsunamis.
Self-Discovery Worksheet
Motivation Scale/Decisional Balance

1---2---3---4---5---6---7---8---9---10

Are you ready to ________________________? (end substance misuse, go back to school, change jobs – whatever life change you are considering) On a scale of 1 to 10 (10 meaning that you are completely ready) circle where you are in your motivation to change.

Why is your motivation where it is? Even if you circled a 2 or a 3, you must have had a good reason for doing so. List those reasons below:

1. 
2. 
3. 

Decisional Balance

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<th>Decision NOT to Change PROS</th>
<th>Decision NOT to Change CONS</th>
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Self-Discovery Worksheet
Change Plans

The changes I want to make or continue making are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

The reasons why I want to make these changes are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

The plan(s) I have to make these changes are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

The people that can support me in making the necessary changes are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

The ways they can help me are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Some things that could interfere with my plan are:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

I will know my plan is working when:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

What will I do if my plan does not work:

________________________________________________________________________________________________________________________________________________________
Self-Discovery Worksheet
Focused Listening Strategies

For centuries, philosophers have always taught that the wise man is not the one who provides the right answers, but the one who asks the right questions. This is especially true in recovery coaching. Focused Listening in coaching comes when clients are stuck in a place or being unclear on what to say or do next. The best possible thing a coach can do in these situations is to help them find words for the intuitive feelings of the present issue. Once the client is helped to express in words what is going on inside them, solutions and next steps will come more easily.

Listening Strategies:
Tune into what your client is saying. If your voice is all you hear, you’re talking too much.

Instead, intentionally silence your internal dialogue. Do not think about how you will respond to what is being said. Help the client by repeating what you have heard in their own words or in a paraphrase of your own.

Always ask the Miracle question first: “Suppose one night, while you are asleep, a miracle happened and fixed this problem. Only you are asleep, so you don't know what happened. How would you know that a miracle happened?” Then follow up with a series of leading questions: “What would be different? Have there been times when you have seen pieces of this miracle happen? Under what conditions? What’s the first step that you can take to begin making this miracle happen?”

Practice the pregnant pause. It is never a good idea to force anyone to comment or respond. Sometimes it is best to pause and wait them out.

Keep self-disclosure to a minimum. It is nobody’s business if you are straight, gay, did a little time, or are a recovering whatever. This is your personal information and has little to do in creating self-awareness in your clients.

Give feedback, not advice. It is a process of paraphrasing. It is more powerful to help clients find their own words for the experience they are having: “Did you mean…?” Or “I think the challenge you’re dealing with could be…..am I hearing you correctly?”

Help clients lower their stress by forming an alliance with them. People work better with those they trust.

Help clients identify potential fears. Fear is a very common phenomenon in recovery. Mental obstacles to sobriety can have the most power over us when they remain in the depths of our minds and are not brought out in the light: “Can you name what you are afraid of?” Or, “What’s the main thing you don’t want to see happen?”

Never minimize or try to take away clients’ feelings. Focused listening is always about whom, what, where, and when; NEVER about why.
Self-Discovery Worksheet
Solution-Focused Questioning

Once clients are helped to express in words what is going on inside them, they can then be helped to consider options, solutions, and next steps to getting around their internal and external obstacles. Answer the following questions for yourself, then work with a practice client.

Focus on getting more information: “What are your challenges and how are they affecting you?” Or “Is there one key obstacle here? Interesting, tell me more.”

Focus on motivation: “What brought you here?” “What is the least (or most) that you would like to achieve by being here?” Or “You’ve found it hard to make this change. What do you gain by not changing?”

Focus on thoughts: “When you experience that problem, what do you tend to think?”

Focus on feelings: “When you are thinking that way, what do you tend to feel?”

Focus on urges: “When you feel that way, what do you get the urge to do?” Then follow up with, “How is that working for you?”

Focus on goals: “What have you done in the past that has helped?” “What do you consider a successful outcome of this session?”

Assess the time for change. Do not move ahead when clients are not ready. Remember that it is their agenda, not yours and they decide if it is time to move on.
Self-Discovery Worksheet
More Solution Focused Questions

Here are some examples of more solution focused questions.

**Open-ended, evocative questions:**
- “Why would you want to make this change?”
- “How might you go about that to succeed?”
- “How important is it for you to make this change?”

**Encourage the client forward:**
- “What will you need to do to make the needed changes?”
- “What past success have you had that you can apply to this situation?”

**Fast Forward questions:**
- “If things remain as they are, what will your life look like over the next few years?”
- “If you are successful with this change, how will it affect your life going forward?”

**Nudging Questions:**
- “Are you ready to commit to the next step?”
- “Is there anything you would like to change before moving onto the next step?”
- “Listen to what you have just said. Let’s revisit that before moving on.”
- “Sounds like you’re waffling. What could you choose to do or not do before moving ahead?”
- “What have you decided to do? By when?”
Right Thinking in Recovery

Cognitive Restructuring
Alcohol and drugs are mind altering substances; but when clients in recovery stop using it does not mean that they are now clean and sober. The first year abstaining from an addiction is the most difficult. Loss of both control and perspective are common occurrences in a recovering individual’s life. During this critical period, most of the typical temptations, triggers and cognitive challenges will occur at some point. If clients successfully identify and deal with these challenges in a logical manner, only then will they be able to self-manage and maintain stability. This is where cognitive restructuring plays an important role.

Relapse starts in the brain
Relapse or any other compulsive behavior begins in the brain. Believe it or not, when we talk to ourselves, the brain listens. Cognitive restructuring explores the notion of rational versus irrational thinking. It is defined as “an action focused process of helping clients challenge their irrational thinking patterns and explore a more rational or balanced way of thinking”.

You will learn
In this segment Recovery Coaches will understand and describe Cognitive Behavioral Theory (CBT) and its role in cognitive restructuring. You will be able to describe the a-b-c-d-e theoretical process of cognitive behavioral theory CBT. You will be able to define various types of cognitive distortion and learn how to block and challenge those distortions in clients. We are going to provide you with working examples of how to do this, and we will apply cognitive restructuring principles to use when challenging or disputing a client's faulty thinking and habits. Remember what Albert Ellis said, “Outside sources do not disturb people, people are disturbed by what is interpreted inside their head.”

Cognitive Restructuring
What is Cognitive Restructuring? Cognitive restructuring is a set of techniques for becoming more aware of our thoughts and for modifying them when they are distorted or not useful. This approach does not involve distorting reality in a positive direction; this is not about positive thinking, or attempting to believe the unbelievable. Rather, it uses reason and evidence to replace distorted thought patterns with more accurate believable and functional ones.

Cognitive Restructuring History
Cognitive restructuring adapts the principles of CBT pioneered by Dr. Albert Ellis and Aaron Beck. CBT holds that most of our emotions and behaviors are the result of what we think or believe about ourselves and the social environment in which we interact. These cognitions shape how we interpret, feel and evaluate situations and provide us with a guide as to how we will respond to these people and events. Unfortunately, sometimes our interpretations, evaluations and underlying thoughts and beliefs contain distortions, errors or biases that are not very useful or helpful. This results in unnecessary suffering and pain and often causes us to react in ways that are not always in our best interest.
Mental health practitioners commonly refer to this as having cognitive distortions, while the AA folks call it “stinking thinking”. Cognitive restructuring emphasizes the restructuring of our distorted thoughts and beliefs by practicing new ways of looking at things and creating changes in thoughts and attitudes that have more neutral, positive, and lasting effects. The term cognitive distortion refers to errors in thinking or patterns of thought that are biased in some way. They may include interpretations that are not very accurate and which selectively filter the available evidence or evaluations that are harsh and unfair or we may set expectations for ourselves or others that are rigid and unreasonable. The more a person's thinking is characterized by these distortions, the more they are likely to experience disturbing emotions and to engage in maladaptive behaviors.

Let's look at the origins of cognitive restructuring. Cognitive restructuring is a component of CBT and RET developed by Albert Ellis and Aaron Beck. CBT stands for Cognitive Behavior Theory and RET stands for Rational Emotive Theory. CBT and RET are closely related and used in Cognitive restructuring. Cognitive restructuring teaches that we must not automatically trust the contents of our thoughts and beliefs. It states that related behaviors and compulsive disorders are initiated by our perceptions. These perceptions can be negative and toxic or they can be positive and empowering. They can also be simply neutral and well balanced.

**Cognitive Distortions**

There are two main causes of cognitive distortion. Some experts say that it comes from childhood programming, things that we learned and had instilled into us by our relatives and our parents. A common expression is, “This is the way Dad thought.” Cognitive distortions stem from observations of how families cope with difficult situations. They stem from family beliefs and can be positive or self-defeating beliefs. There are also things we learn in our own environment. Ways of thinking and strategies that once protected us from harm may not be working for us anymore in recovery. They stem from self-defeating thoughts that often justified our actions or inactions and affected our freedom to move ahead.

Through this childhood programming and through learning environmental habits, short term, short cut solutions were sought and practiced, until they became part of one's “go to” default mechanism. People under great pressure or stress are more apt to take cognitive shortcuts resulting in less accurate and more distorted interpretations of reality. These self-limiting thoughts keep people stuck in old patterns that don’t always work to their benefit. In Recovery Coaching these patterns are called Addictive Thinking Behaviors and are the very thing a coach helps clients identify and challenge.

We have already learned from previous models that in the first crucial year of recovery clients may not be in full control of things happening around them. They need help in learning how to change the way they look at themselves and the world. According to Terrence T. Kurowsky, an expert in substance abuse prevention, people in early recovery are still mired in addictive thinking and addictive feelings. This is totally different than logical thinking in that addictive thinkers do not reach conclusions based on evidence and reason of fact, but on needs, feelings and immediacy. A typical sequence could be, “I’m feeling nervous, this has happened to me before, I need a drink, I need a puff, I need a drug and I need it now.” You see the client then builds the case around that conclusion or desired outcome, whether it is logical or not, and whether or not the facts support it. Many people recovering from an active addiction are still in a distorted thinking mode even though
they have abstained for a period in treatment or counseling. Over the using months or years, these cognitive distortions have become automatic and reliable to the client and at times helpful in avoiding taking risks, actions or responsibilities for their behaviors.

**Negative Mindsets**

Some of their distortions may have a grain of truth in them but for the most part they are inaccurate, sometimes toxic and certainly not useful in a person's recovery process. Over the using months or years these cognitive distortions have become automatic, reliable, go to responses for avoiding change or responsibility. In recovery these cognitive distortions still linger if they are unchallenged and unresolved.

Challenging them can be like opening a fresh wound and tends to generate uncomfortable or negative feelings on the part of the client. This in turn generates the same old self-defeating urges and actions which have been based on fear, shame and hostility all along and can lead to relapse. As Professional Recovery Coaches, it becomes crucial that we proceed slowly and carefully in exposing these cognitive distortions in clients. There are a series of negative mindsets outlined in the CBT literature that AA participants and treatment professionals accurately refer to as “stinking thinking” and which are known to sabotage a client's progress.

So these negative thought processes and mechanisms which come along with the client, will take time and patience to bring into the light. Although some negative automatic thoughts are true, many are either untrue or have just a grain of truth in them. Here are few examples of cognitive distortions that occur spontaneously and which almost always invite helplessness and hopelessness in recovering clients. “All or nothing” thinking is very common; it is thinking that things are black or white, never grey. If your performance falls short of perfection, then you see yourself as a total failure. Then there is the person that constantly overgeneralizes. This is the act of seeing a negative event as a never ending pattern. For example, “I am always messing things up, I never get anything right, I might as well give up, I will only relapse again anyway.” Then there is the perfectionist. This is the guy or gal who has rigid rules for themselves for self-guidance. This is what we call “must thinking” or having a precise, fixed idea of how oneself or others should behave and then overestimating how bad it is when these expectations are not met. For example, “I must do this because that is the way I was raised.” Or, “My kids must do this because that is what my mother taught me.” Then there is the self-blamer. Holding oneself personally responsible for events that are not or are not entirely under one's control. “This is all my fault that we did not get to the concert on time, I always mess things up.” The person who is a self-blamer always winds up taking all the hits, but also gets a distorted pay off from wallowing in the guilt that is generated.

Then there is disqualifying positive or rejecting positive experiences by insisting that they do not count or were not earned. In this way, the person continues to see everything as negative even when their everyday experiences actually contradict this. “Sure, I was just lucky this time.” Maybe a student in recovery begins to turn his grades around, but rather than accept that he is doing well may say, “Well, I just pulled one over on that teacher.” Then there is the individual who jumps to conclusions. This person makes negative interpretations even though there is no definite fact that convincingly supports the interpretation.

There is another person we call the mind reader. The mind reader is the person who thinks that
someone is reacting negatively to them but makes no effort to fact check it. The fortune teller always anticipates things will turn out badly and that the prediction is an already established fact. “Why bother, I will only spoil the event.” Then there is the person who magnifies or minimizes the situation. When the importance of things is exaggerated or minimized such as when a serious error is made, the person may claim, “It is no big thing, it wasn't meant to be anyway.” But the person continues to feel guilty about it. Then there is the person who engages in emotional reasoning. They believe that our negative emotions reflect the way that things really are. “I feel it and therefore it must be.”

Then there is the “should or ought to” person who is dominated by “should have, would have, could have”. These people motivate themselves with a series of should or should not's as if they have to feel whipped and punished before they can be expected to do anything. The emotional consequences are feelings of guilt and inadequacy. These folks tell others they should do something and when they don’t, they respond with feelings of frustration, and resentment.

Cognitive restructuring emphasizes rational thinking. Healthy behaviors are more likely to follow accurate, positive, goal-oriented thoughts. Cognitive work that occurs immediately after treatment can be easily learned and practiced by clients and its benefits are seen in the recovery process as well as other areas of life not related to addiction or recovery. So now let us look at the function of cognitive restructuring. We will review how this kind of “stinking thinking” or cognitive distortions can sabotage a person's ability to get successful sobriety.

**The Function of Cognitive Restructuring**

So, what is the function of cognitive restructuring? Cognitive restructuring refers to the process of replacing cognitive distortions with thoughts that are more accurate and useful. Cognitive restructuring has three basic steps. One: Identifying the thoughts or beliefs that are influencing the disturbing emotion. Two: Evaluating those thoughts and beliefs for accuracy and usefulness, using logic and evidence. And Three: Modifying or replacing the thoughts with other ones that are more accurate and useful. Cognitive restructuring is not to be interpreted as a branch of positive thinking.

It is more accurate to say that cognitive restructuring is more about balance and realistic thinking, the ability to put things in order and in their proper perspective. The primary function of cognitive restructuring then is to help clients recognize and dispute their distortions or irrational thinking habits and replace them with more accurate or rational ones. Through a process of questioning using pros and cons, reasoning and logic, and other practical techniques, cognitive restructuring helps clients to step back, take a hard look at cognitive gaps in their thinking and beliefs and begin making the changes. As their realities become clearer, clients are then taught to use logic and reasoning to challenge those irrational thoughts and could begin to consciously restructure a new way of perceiving themselves and the world as it relates to maintaining a sober lifestyle.

**Disputing Irrational Thinking**

Let's look at how we can begin to dispute irrational thinking. Again, cognitive restructuring is a process of learning to identify and dispute irrational or maladaptive thoughts and then replacing them with more balanced and realistic ones. For example, what you want to do as Professional Recovery Coach is to conduct an in depth discussion with your clients and focus on introducing them to the 'ABC' components of emotional distress. Let's go through that for just a moment and
see how that works. Explain to your clients that 'A' is the adversity or activating event that has occurred in his or her life. Something happened, a self-defeating thought occurred, something was said or an actual event has occurred. “She called me a fool.” “I was excluded from that meeting.” This event triggers or it activates your belief system. Then ‘B’ is for belief system which consists of automatic, irrational thoughts and beliefs regarding the events that happened. “Okay, I relapsed and disappointed everyone, I am hopeless, I am a failure and so I might as well keep using.” Then there is ‘C’ or the consequence of the belief. This describes the actions or reactions a person takes as a result of the event that took place (A) and how it was interpreted (B). The interpretation could be depression, aggression, isolation and perhaps even relapse. Let's pause here for a moment. It’s important to note that cognitive restructuring doesn’t focus on how a client's pessimistic thoughts came about or the underlying issues that brought about such thoughts. Cognitive restructuring's aim is to help clients extinguish those distressing thoughts and create newer more neutral or positive ones that can create change.

Once the clients are taught to understand the basics of the 'ABC's' of cognitive restructuring, the recovery coach can then begin to introduce the last two steps, 'D and E.' Before we move ahead, it is important to note that the role of Professional Recovery Coaching is not so much to move our clients ahead to meet our agenda, but we move clients ahead only when they are ready.

It may be that you will need to spend more time with the 'ABC’s' of cognitive restructuring because it takes a long time sometimes for clients to have it sink in; but if they are ready and you have asked the operative question, “Can we move on? Does everyone understand it? Who doesn't understand it? How can I explain it better?” And once you have gone through those steps, then you are ready to tackle, 'D and E'. 'D' is disputing or challenging belief or inner dialogue. And 'E' is effecting proper change. This is done through the application of logic and reasoning and solution focused questioning or through a process known as 'self-talk analysis'. In 'D' disputing our beliefs, the question is often asked, “Says who?” In this phase of cognitive restructuring clients are guided through a process of self-talk and cost benefit analysis to dispute their maladaptive thoughts and their faulty belief system.

Powerful questions to ask yourself or your client include, “Where is the evidence that says you are a loser?” Teach your clients to think for themselves, “Is my thinking logical?” “Is it true?” “What is so awful about this?” “How is being rejected by her such a bad thing?” This is where clients are taught to explore better options, better responses and rational alternatives.

**Executing a Better Plan**

So let’s recap how we do the D and E in terms of disputing irrational thinking. Once we have analyzed the consequences at C and disputed our belief system, we are ready to execute a better plan. That plan is based on the conclusions made at D. Clients use the process of self-talk that can reprogram their thinking as they focus on positive or neutral outcomes. “Maybe she forgot to include me or maybe I did not read the memo or the email.” It is critical to teach your clients the skill of checking out the facts of a situation, tell them, “Do not be afraid to fact-check, go to the source.” Then they can begin to moderate the mental claim, "Yes it might have been a mistake, but next time…” This could take two or three sessions for a client to get it under their belt but it is an important part of cognitive restructuring. It is worth reinforcing and repeating. Clients will experience great freedom and gain self-confidence.
Challenging Irrational Thinking
People give up because they refuse to question their motives or they spend too much time looking at how far they still have to go rather than looking and seeing how far they have come. A Professional Recovery Coach uses cognitive restructuring techniques to encourage clients to explore counter examples to the claims they have made at 'B', and if there are ways to moderate their claim. Notice: in cognitive restructuring the coach never provides information or solutions to the client. The coach merely serves as a guide by not choosing the direction or destination for the client but offering information about the paths a client might choose. The coach does this by asking the clients questions, solution focused questions. Here are some examples: “How reliable is the evidence supporting or refuting your belief?” “Could you convince a jury that your statements are true beyond a reasonable doubt?” “What could be the errors in your thinking and how did you arrive at that conclusion?” “Just because two people said it, doesn’t make it true.” “How important is your belief to the bigger or greater picture?” Here is a good final question, “Is this really the mountain you want to die on?”

Cognitive Restructuring Techniques
In cognitive restructuring, modeling is one of the things that we use which is conducting role playing exercises. Cognitive rehearsal is where the coach asks the client to rehearse the end result, positive outcomes or thoughts. Then there is validity testing which is weighing the pros and cons and having the client offer objective evidence pro and con. Then there is journaling. This is great for young adults, but it works for everyone. This is where we maintain a journal or a diary. Another technique is guided discovery. This is where clients are coached through various stages of ‘D’ of Cognitive and Behavioral Theory, which is challenging irrational thinking. And then cognitive restructuring almost always uses homework as part of the client’s work. These are a set of practical assignments to be completed by the client such as practicing new techniques, listening to audio tapes, articles and reading certain key books that will reinforce the work you have been doing in cognitive restructuring.

Restructuring questions
Our goal is to go from problem focused thinking to solutions focused thinking and the way you do it is to change what the clients are saying. Instead of asking clients, “What is the problem?” Change your thinking to, “What would you like to achieve?” Instead of asking the client, “What is hindering you?” You need to change it to, “What progress have you made so far?” Instead of asking, “What is the main issue?” Change it to, “What would it mean to achieve success?” Instead of asking, “How long have you been experiencing this problem?” change it to, “When in the past have you achieved a positive outcome?” And then instead of asking, “Who is to blame?” You can ask, “Who can help you?”

Summary
So, what have we learned? Cognitive Restructuring holds that most of our emotions and behaviors are the result of what we think or believe about ourselves, other people and the world. These cognitions shape how we interpret and evaluate what happens to us and influence how we feel about it and provide a guide to how we should respond. We learned that sometimes our interpretations, evaluations and underlying thoughts and beliefs contain distortions, errors or even biases which are not useful or helpful to us. We learned the role Cognitive Behavioral Theory plays in cognitive restructuring. And we outlined for you the specifics and details of the 'ABCDE'
theoretical framework of what CBT is. We also worked through identifying the various types of
cognitive distortions that people go through. You now have working examples and techniques that
you can use to challenge cognitive distortions within clients and will be able to apply the cognitive
restructuring principles when challenging or disputing faulty thinking.

Self-Discovery Worksheets for this segment: Students should complete worksheets personally to
experience the process and then use with another person or with a practice client.

• Lifestyle Thinking Beliefs
• Short- and Long-Term Goals

Self-Talk Analysis
Welcome to Right Thinking in Recovery: Self-Talk Analysis. Clients in recovery can easily learn
to recognize and check out their “stinking thinking.” This has been a pillar in 12 step programs.
Self-Talk Analysis immediately places clients in a position to become their own rescuers. A wise
saying that applies here is, “It’s not who you are that holds you back it’s who you think you are
not”.

You Will Learn
Self-talk analysis draws on the simple idea that the way we talk to ourselves almost always
determines how we are going to feel about or react to an external situation. This technique provides
relatively quick results and places clients in an active role in their own recovery which is the aim
of Professional Recovery Coaching. Self-talk analysis is well accepted because it makes good
common sense, it is not intrusive and can be done alone.

In this segment you will learn how to teach clients the benefits of self-talk analysis and
restructuring one’s inner voice in recovery. We are going to learn to teach our clients the principles
of challenging their irrational thinking through the process of self-talk analysis and then we are
going to provide techniques of neutral and positive self-talk. You will be able to use these
techniques with clients and teach them how to use them on their own.

Self-Talk Analysis
Self-talk analysis is based on the belief that when we say something to ourselves, the brain listens
and files it away for future reference. Self-talk can be either self-sabotaging or it can be highly
productive, but both follow the same sequence of events. First, a stimulus occurs or an event
triggers an emotion, then self-talk is triggered which interprets the meaning of the stimulus, and
this is followed by an emotional response as a result of the self-talk.

Many recovering clients come to after care with an array of self-sabotaging baggage and often
require a lot of training in this area during Recovery Coaching. Simply put, how we think about a
situation or event will almost always determine our feelings and emotions and later our behaviors
and actions. In early addiction recovery, clients are caught between the belief that they have an
opportunity for a brighter future, and the self-limiting beliefs they have developed in their
addiction. This is cognitive dissonance. It’s the experience of discomfort when simultaneously
holding two or more conflicting ideas, beliefs or values.
Self-Sabotage
Self-talk can either be productive or self-sabotaging, and the content of a self-talk will almost always decide how we feel or react to a stimulus. When we give ourselves repeated negative messages we seem to lose control and set ourselves up as victims. Most of our clients come to us as victims. They come pessimistic about their future. This is a good exercise to do with your clients by asking them the key question “is this you?” because most of our clients are pessimistic about their future and they harbor bitterness about the past. They seem to be overly critical of their own behavior and resent others, especially sober people. They begin to feel they are worse off than anyone else in their crowd and their inner voice is always finding reasons to criticize. They have an unwillingness to forgive themselves or others. They will berate themselves for not meeting high or unreasonable standards and tend to make mountains out of molehills. The result of having these attitudes is a negative self-fulfilling prophecy.

Consequences of Negative Self-Talk
Self-sabotaging talk can have serious consequences with recovering clients. Some examples of the consequences of self-sabotaging negative self-talk can be self-doubt. Clients can begin to doubt themselves about their recovery progress; they become anxious about their living situation or their ability to even recover.

They exhibit symptoms of depression, they get very down on themselves, they can’t sustain relationships and they are afraid to be alone with themselves. They begin to get the urges to pick up the addiction and ultimately, they relapse. But when self-talk is consistently practiced in positive ways we are actually setting up predetermined rules or short cuts for ourselves, so in recurring situations, then we can respond more quickly to any kind of unwanted stimulus.

Turning Down the Noise
Our job as Professional Recovery Coaches is to help clients turn down the noise in their heads. We teach them to stop thinking the worst. What if I fail, what if I can’t do it… what if I never recover, what if my parents don’t like me? What if my wife deserts me? What if I am not accepted? Etc. When you begin talking like this to yourself then you are already on the path of failure. Thinking about the worst that could happen will only make you anxious about something that is not necessarily going to happen!

We need to teach clients to stop generalizing. We put something or someone in the same category regardless of each individual; all men are the same, all women are the same, all men like beautiful women, all women are just falling in love with money. As a result, we can often feel paranoid about something imaginary and it’s not good for your relationship. You don’t always realize that everyone is born unique, everyone is different, and these clichés are false. Also, we need to stop thinking in extremes. Exaggerating things with words such as, “I never could do that”, “I am always a failure, I am not going to try that” etc. When a person begins to think in these kinds of extremes they begin to feel hopeless and are fearful of trying anything in order to become successful in their recovery or other areas of life. Clients need to stop living in the past. This deals with feeling sorry or guilty about an incident or mistake in the past without ever trying to move on. The client keeps repeating words like “if only I could turn back time”, “if only I didn’t admit it or accept it, surely I wouldn’t suffer like this” and so forth. When a person constantly says these words to themselves they will never grow in a positive direction because they always look...
back and regret. Clients also struggle with a lack of confidence in doing greater things and struggle with thoughts such as, “I can’t do that. I am not that smart” or “I think I’ll always be stuck in these circumstances.” These are self-limiting thoughts.

By limiting themselves our clients don’t realize that every human being has been created to do great things. Obstacles are only created in our minds. We need to stop jumping to conclusions when we are in an uncomfortable situation. We often make assumptions and conclusions that don’t necessarily occur. Jumping to conclusions makes us afraid or ashamed to try new things. Another issue is letting other people’s comments become a part of you. Self-talk is usually influenced by someone from the outside such as parents, friends, colleagues in the workplace or people who have a greater influence in life than we do.

Their thoughts will become part of our self-talk. When people plant good things in our head then it won’t be a problem but negative thoughts can take over. Examples include, “it’s difficult; you won’t be able to do that. You are not that kind of person.” “You are not that strong. You won’t be able to hold on to it.” “You don’t deserve it.” These words can become a part of your self-talk and then your mind is not yours anymore; it belongs to other people and outside sources.

**Self-Talk Logic**

One good example of positive self-talk or positive self-logic is a person who is on the way to an appointment but is held up at a long stop light. Negative self-talk is angry and says, “D….m it, I am going to be late, why does this always happen to me?”

Another person caught at the same stop light may think to herself “maybe I should take this time to check the map to see if I am headed the right direction.” Or maybe uses her cellphone to call ahead. Here is the same situation but with two different reactions. One lost control of his thoughts and gave himself over to self-sabotaging talk and immediately went into victim mode while the other person had significant control over her thoughts and reactions.

You see self-talk is a unique way of giving our clients control over their thoughts where they previously had none or were victims of them. Self-talk is the most inexpensive form of “self-help” and also one of the most effective. Self-talk enables us to use our own innate abilities to manage and control our lives. Self-talk is rewarding in numerous ways. It gives you ample opportunity to become self-reliant; it enhances your self-esteem and your confidence in yourself.

**Self-Talk Analysis – the pluses**

Self-talk is rewarding in a number of ways. Through self-talk you can learn to appreciate yourself for who you are. Self-talk leads to greater self-awareness, something that is vital for any client’s success in life. Whenever you run into a situation or a problem where you are bothered by what someone said, ask yourself “What is really going on here? Who owns this problem?” “Is my interpretation of this incident based in reality?” “Am I making irrational assumptions?” “Are these thoughts helping me to reach my long- and short-term goals and are these thoughts helping me to protect my health?” “Are these thoughts helping me interact with those who are important to me?” Self-talk analysis helps us to self-rescue and can have quick results. It’s really a form of self-reprogramming. It places clients in an active role in their own recovery.
Questions You Can Ask
During self-talk analysis people find answers to mind boggling problems. Sometimes people think
through a situation by writing out monologues, this type of exercise clarifies their feelings about
situations. The person expresses everything that emerges from his or her subconscious and more
often than not find valuable information and answers to many of life’s problems.

Work through this with clients and ask them to challenge their irrational thinking with questions
that they can ask themselves. “How reliable is the evidence supporting or refuting your belief?”
“Where are the facts that support this notion?” or even just two words, “says who?” “Could you
convince a jury that your statement is true beyond a reasonable doubt?” “Name two alternatives to
remedy that situation.” “What other choices or options do you have?” “What are the cost benefits?”

Types of Questions
Once clients dispute their irrational thinking we move into option questions. Some examples of
some option questions could be “what could you begin doing today about this problem?” “Who
do you know that can help you get through this?” This gets them to thinking and it is a good
opportunity for them to start writing down some options that they have available to them. “What
resources do you have that could help you get through that?” This is where the community
resources come in handy; many times, our clients don’t realize what is available to them in terms
of housing, food, clothing, skills training, parenting classes, bus tickets, etc. As a Professional
Recovery Coach, you need to be familiar with the resources available to clients in your area and
make sure they are aware and have access.

We also teach our clients to look at all the angles, what are the pros and cons of quitting? Let’s
turn that into an action step and ask “what will you do by next month to show yourself that you
are making some progress?” “What are you ready to commit to doing today to get you on that
road?” And “what is your gut telling you about the decision you already know in your own heart
and in your own mind that you’ve got to make?” “What is the big payoff in this decision?” Make
sure clients do all the work however; your job as a Professional Recovery Coach is to nudge them
to creatively think of doable and realistic options.

Check for Client Motivation
And finally, you always want to check for client motivation, begin to assess your client for
readiness. It is always good to assess a client’s readiness to move forward on his or her plans. You
ask questions like “on a scale of 1 to 10 how likely is it that you’ll achieve that?” The scale or ruler
technique is very popular in Professional Recovery Coaching. “On a scale of 1 to 10 how ready
are you to…… go to school, finish the project, …. ? Then review any modifications, “is there
anything that you need to change in the way you setup this goal?” And when we do that then we
review for possible obstacles.

“Are there any obstacles we still need to review or address in order to make your goals a reality,
to get you to that finish line successfully?” And then we review the angles once again, “which of
these three options look doable for you?” List a few options that the client can select and out of
those options then the client can begin to take a little bit of action and begin to look at their
motivation for wanting to take any of those options. Use the ruler technique to rate the options,
and then review and discuss any possible obstacles or modifications that need to be made.
This is all called assessing for a readiness because a client can sit there and talk and talk but it’s your task as a Professional Recovery Coach to nudge them and move them towards making a decision as to how and when they are going to move forward. But you always want to make sure that the clients do all the work while you keep nudging forward.

Summary: What Have We Learned?
What did we learn? We learned that consciously or not, we keep doing self-talk throughout the day in our life. The voice in our head and our conversations within our minds inspire us to act in certain situations. We can either approve or reject what we think, and we can analyze to see whether what we are thinking about our actions is appropriate or inappropriate. We also learned the benefits of self-talk and how we can restructure our inner voice from disempowering to empowering thoughts while in recovery. We have learned that self-sabotaging thoughts can have dire consequences in our lives as we travel on our recovery journey and it is beneficial for us to pause and stop the merry go round in our heads and begin to self-analyze as we navigate the sober world.

Self-Discovery Worksheets for this segment: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

• Self-Talk Exercise

Anger Management
In this segment we are going to take a look at anger management while in recovery. Anger can often spring from distorted thoughts and can be a major cause of relapse. In this segment we are going to demonstrate how coaches can assist clients by using anger management principles to diffuse anger and avoid relapse.

You Will Learn
In this segment the recovery coach will be introduced to several principles and concepts when working with clients with anger issues. We will describe for you the feelings that are generated by anger in these individuals and identify anger and relapse triggers that can occur during the recovery period. Recovery Coaches will learn to teach the art of forgiveness. Many people in recovery cannot forgive those who have trespassed against them or themselves for refusing or not knowing how to ask for forgiveness.

They come to aftercare with the wrong understanding of what forgiveness is. So, we’re going to learn about the art of forgiveness, we’re also going to gain an understanding of the feelings generated by anger in recovering persons, and learn to recognize the basic anger signs. Most people in recovery do not connect their anger to their substance use problems. Therefore they do not seek help for the anger issues. But more often than not, their anger is the underlying source and psychological origin of their disorder.

Life On A Fishhook
To make an analogy, anger can be described as being stuck on a giant fishhook. On the same fishhook is the person that hurt you or caused you to be angry. The hook is extremely painful and wherever you go the hook goes with you and so does the offender. The only way you can get off a hook is to allow the person who offended you off first. The cost of not allowing the offender off the hook is perhaps a lifetime of unhappiness. We can’t get ourselves off the hook without letting those that hurt us off first.

Recovering clients come to us chronically angry and not knowing fully why. To begin, there are both internal and external barriers occurring all at once in every recovering person’s life. Imagine for one moment coming out of a residential treatment facility or jail and having to face job loss, inability to qualify for housing, loss of college tuition or financial aid, and a probation officer requesting random drug tests to be sure you are clean. Imagine a demanding spouse ordering you, “Well now that you’re home and sober, fix the electric short in the basement, take me to church, find a job, mow the lawn and don’t forget your AA meetings” And of course that’s where you sit in a circle with a group of strangers hugging a box of Kleenex and confessing what an immoral monster you have been. Then pile all those barriers with the internal challenges; the challenges that are shame, guilt, depression, burn-out, loneliness, paranoia and chronic anger over your inability to cope.

**Aftercare and Anger**

Is it any wonder that one begins to consider using drugs and alcohol, two or three weeks after graduating from treatment? Anger in aftercare can be explosive if gone untreated. People who are addicted or recovering from addictive disorders often deal with anger in one of the following ways: they can become overly aggressive and use physical methods to get out their anger. They could vent or express dislike for the people in situations that have angered them. They avoid exploring the sources of their anger, and they seek revenge. They can become so cut off from their anger that it renders them as victims. This is often because they have been taught that it’s unacceptable to express anger, so they never learned how to confront it in productive non-violent ways. Because of the close link between addiction to substances and anger, both should be addressed simultaneously in treatment or aftercare.

**Anger Management Core Principles**

Here are some core anger management principles: anger is the most primal emotion and difficulties occur when it is not properly managed. It is the core challenge to every recovery journey. You cannot alter the way people think, you cannot alter the way people behave, and you cannot alter the situations around you. It is what it is. The only thing we can alter is our reactions to them, only we are responsible for our own behaviors.

**What Are Anger Triggers**

What are anger triggers? Basically, there are early warning signs that indicate to you that you’re going to or about to get angry, things that upset us, things that push our buttons. Anger triggers also produce a rush of adrenaline and they are learned responses usually. Identifying what causes your anger and being able to recognize your warning signs early that you are becoming angry can help you plan healthy ways to cope with that anger.
Triggers that Provoke Anger
There are two types of triggers that provoke anger. External and Internal. External triggers are generated from outside sources such as the inability to find employment, the inability to find proper housing and so forth.
Then there are the internal triggers, these are generally generated from the mind such as irrational thoughts and beliefs, fear, shame and self-loathing. Anger is a powerful emotion, but when used constructively helps us live happy and healthy lives. Let’s look at some of the external triggers.

External Triggers
There are triggers such as job loss, loss of financial aid, or being kicked out of college, a recent incarceration for a felony related to drug use, loss of child custody, fallout from multiple DUls. There are domestic demands, there are social demands, visiting your parole officer weekly, looking for work that hires felons and weekly AA meetings where one may feel like a stranger at first. There are marital problems and possibly a divorce, and there’s the loss of your driver’s license and the financial problems just keep piling up.

Internal Triggers
Then there are the internal triggers that provoke anger. There are things like depression, loneliness, burn out, exhaustion, chronic anger, anxiety, fear, not taking ownership of current situations, feelings of guilt, feelings of vulnerability, feelings of shame, paranoia, and always jumping to conclusions. A lot of these triggers that clients bring to the coaching sessions can be combated through using solution focused questions to challenge their external obstacles, or internal thinking.

Solution-Focused Questions – External Obstacles
For example, here are some questions that that are very common that we can ask. “Oh so you have had a felony? What can you say in the job interview that can get you the job? Let’s role play that interview together for just one moment.” Role playing is a very critical tool in helping clients see their anger and redirect it. “What skills were you able to pick up in prison that can make you an asset for this employer?” A lot of these young people come from prison or jails because of their DUls or felonies or high number of misdemeanors relating to substance use, and they might have picked up some good communication skills, a lot of patience and so on, they know how to follow directions. These are all assets that employers value. You could ask questions like, “what would be a better way to respond to that situation?” Or you could ask “Name two things that are stopping you from reaching your goal? Leaving anger out of the equation, what would make it easier to get it done?”

Then you could ask “When you got angry when you tried to make changes like this in the past, what got in the way? What does that tell you? Name two strengths that would help you reach your goal.”

Solution-Focused Questions – Internal Obstacles
Let’s look for just one moment at solution focused questions that coaches can use to challenge internal obstacles. “What were you thinking when you went off on Janie? How did that make you feel? What goes on inside when you think of confronting your feelings and why do those feelings make you angry? Name three things that trigger your anger, or name three things you could do to change the situation. Let’s look at this carefully. What is your worst case scenario here? What do
you think is driving your angry responses?”

And then again, I like to leave them with a strength of focus response. List three things that could help you respond in a neutral or positive way the next time an anger trigger pops up.

Coaching New Behaviors

Recovery Coaches utilize Self-Discovery exercises, role playing and homework assignments that clients can use to practice their new behaviors at home or in the workplace. Recovery Coaches communicate the belief that if you want to change someone’s behavior, you need to begin changing yours first and then the annoying triggers will begin to diminish. Another way to get clients to identify their anger triggers is to use the method of fact-checking. Get clients to identify their mistaken beliefs and attitudes regarding their current situation, and the causes or nature of the anger that may be preventing constructive communication. Solution based questioning is a good tool for fact-checking thinking errors.

In this technique the coach walks clients through a process of analyzing if the anger is real or imagined or is it a product of past conditioning, and if the anger merely is covering up fear, shame or guilt. We then go through a process of weighing the pros and cons or cost benefits of displaying anger versus just letting it go. For some recovering people, anger left untreated can result in a relapse, therefore it is important to be aware of signs of anger and become better prepared to cope with the feelings associated with that anger.

Breaking the Relapse Cycle

To break the relapse cycle, we need to begin helping clients identify their mistaken attitudes. One of the ways we do this is what we learned in the ABC Model of cognitive restructuring. We can begin brainstorming on a whiteboard and investigating the nature of the anger that is preventing neutral or constructive communications.

A lot of times this anger that we have and the way we’ll react to situations has been learned through our experiences at home from our families. We need to begin to learn the appropriate modes of expressing legitimate kinds of anger, for example, there are some “I” statements that you can use which we will cover in a moment. You can also look up “I” statements on the internet which can be a great resource. And last, we need to learn how to clean up any messes. We teach our clients how to practice forgiveness and we’re going to cover that at the end of this segment as well. Before we move on let’s review anger triggers.

“I” Statements

Now let’s take a look at “I” statements. “I” Statements are non-defensive communications that express anger with good intent. “I” statements are about being clear. They’re about expressing your concern in a neutral or non-combative way. It is about being a conversation opener not a resolver of solutions. It improves a relationship; it is not intended to deteriorate it. It requires that both parties listen intently, and they refer to problems, not the individual. It should not be harmful to anyone.

Steps to Non-Aggressive Communication

Here are some simple steps to using these types of statements. Listen, do not interrupt. Make sure
your body language shows that you’re listening. You may want to ask yourself, who owns this problem here? Start off with leading sentences using “I” statements. "When I’m sworn at, I…", and then you explain what you feel. "I feel that when you don’t return my emails, I…", and then you explain your feelings. "When I think I’m not being heard, I…" and then explain it. When expressing how a particular behavior affects you, try these; "I become worried when…", "I feel hurt when…", "what I like to see happen is…", and then you go on and express what it is that your concern is all about.

**Solution Based Questioning in Anger Management**
Here are some examples of solution-based questions that can be used in anger management. This is what you ask your clients, “Is this your only opinion?” "Are there are others that think that you’re…", and then you express what it is. "What could be some of the errors in your thinking?", "What role did you play in this conflict?" "What led you to respond that way?" Okay, so you walked away from the conflict. "Where did you learn to resolve conflict that way?" "What good could come of this?" "What is the best alternative?"

**Forgiveness in Recovery**
The final step in managing our anger while in recovery is to begin binding the wounds that may have been left by the potentially devastating emotional impact of anger. We can call this the mopping up process or the mopping up stage. Obviously, our anger left a mess behind and someone has to clean up any unresolved anger issues. Left unresolved, those issues with our friends and loved ones will continue to fester, and like a cancer, rise again. It even may contaminate our relationship with ourselves where we make our own lives miserable instead of happy and full. Let’s take a look at what forgiveness is not. Forgiveness is not about pardoning or offering leniency. We cannot pretend, - we cannot bury our heads in the sand and pretend that it didn’t happen. We don’t condone or excuse the behavior. Forgetting and allowing time to heal does not work. Forgiveness is not a quick fix to make things right, and it’s hard to move on without some resolution. It’s also not forgiveness to accept what happened and take comfort in the fact that God will punish them. And you don’t want to use the transgression as a weapon for revenge.

**Forgiveness Techniques**
There are six steps for granting the gift of forgiveness. Keep a cool head about you, but acknowledge the anger caused by the offense. Avoid the urge to get revenge. Listen intently and consider the offender’s perspective. Extend good will. "Does the cost outweigh the benefits of this relationship?" Then you can begin to bind the wounds, accept the hurt, but once expressed move on if you can. Walk away graciously. Any more than that and the problem is the offender’s to resolve.

**Forgiveness Is …**
Forgiving and letting go can be the most difficult challenge in recovery. Forgiveness is letting go of the need for revenge. It’s releasing negative thoughts of bitterness and resentment. Forgiveness is a gift to ourselves not the offender.
Summary: What Have We Learned?
We learned that unaddressed anger can lead to relapse and that being aware of anger triggers and having a plan of action is how we avoid that potential relapse. We reviewed examples of internal and external anger triggers as well as how to break the relapse cycle. We learned how to communicate anger in non-aggressive and constructive ways. And we learned that forgiveness is the key to releasing anger and bitterness which enables us to move forward with our lives.

Self-Discovery Worksheets for this segment: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Anger Worksheet
- Step By Step Anger Management
- Anger Management Questions
Bibliographic References


Gorski, Terence. Straight Talk about Addiction.


Self-Discovery Worksheet
Lifestyle Changes, Thinking & Beliefs

Upon entering recovery from drug and alcohol addiction, there are many different changes that need to be made, especially in the five life elements that may be affected by people, places, and things associated with a client’s substance use habits. Negative patterns have been established over the months and years of neglect. Through these exercises, clients become better prepared to begin changing their old lifestyles and their erroneous thinking patterns and beliefs.

As you go through the process of helping clients develop their personalized plans, remember to stress honesty. Honesty is the best way to reveal any negative thoughts and behavior patterns so that they can proceed to make healthy and realistic changes in their lives.

Lifestyle Changes

People

1. Who in your life is it difficult to separate from?

______________________________________________________________________________

______________________________________________________________________________

2. Who in your life has been associated with your addiction?

______________________________________________________________________________

______________________________________________________________________________

3. How could you begin communicating to these people that you are working to stay sober and that they need to respect that?

______________________________________________________________________________

______________________________________________________________________________

4. Who in your life would you like to get closer to?

______________________________________________________________________________

______________________________________________________________________________
Places

1. List the places you need to avoid?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Why do you need to stay away from these places?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Name some healthy places you could visit?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Things

1. Name five things that remind you of using that you need to get rid of immediately? (Paraphernalia?)
   a. ________________________________________________________________
   b. ________________________________________________________________
   c. ________________________________________________________________
   d. ________________________________________________________________
   e. ________________________________________________________________

2. List three things you will have to change in order to reduce the triggers you will face?
   a. ________________________________________________________________
   b. ________________________________________________________________
   c. ________________________________________________________________

3. Why is it important to change the things related to your addictive habits?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Thinking and Beliefs

1. List five things that create negative attitudes and thoughts relating to your recovery journey?
   a. ____________________________________________________________
   b. ____________________________________________________________
   c. ____________________________________________________________
   d. ____________________________________________________________
   e. ____________________________________________________________

2. How does your thinking trigger you into using again?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Describe how you are handling anger triggers in your recovery?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. List three things you can begin doing to avoid anger triggers?
   a. ____________________________________________________________
   b. ____________________________________________________________
   c. ____________________________________________________________

5. Why is it important to change the way you think?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Self-Discovery Worksheet
Short and Long-Term Goals

Now that clients have been successfully trained in goal setting, it is important to help them develop their plan of action to do in the short-term and what they plan to do in the long-term. Use the space below to conduct a brief activity where clients can identify what their short and long-term goals are (use extra paper if necessary):

1. 1st identified life element:
   ____________________________________________________________
   ____________________________________________________________

2. Short-term goal:
   ____________________________________________________________
   ____________________________________________________________

3. Long-term goal:
   ____________________________________________________________
   ____________________________________________________________

4. 2nd identified life element:
   ____________________________________________________________
   ____________________________________________________________

5. Short-term goal:
   ____________________________________________________________
   ____________________________________________________________

6. Long-term goal:
   ____________________________________________________________
   ____________________________________________________________

7. 3rd identified life element:
   ____________________________________________________________
   ____________________________________________________________

8. Short-term goal:
   ____________________________________________________________
   ____________________________________________________________

9. Long-term goal:
   ____________________________________________________________
   ____________________________________________________________
Self-Discovery Worksheet
Self-Talk Exercise

Think of a problem you are or have been dealing with in your life – a specific situation that has caused you to feel defeated. Work the following questions in regard to this problem.

1. Describe the problem, situation or incident.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. Write down some of the thoughts you have in response to this problem.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

3. Are you able to challenge any of those thoughts? Are those thoughts productive toward the goals you have?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. How might you dispute some of those thoughts?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

5. What are possible neutral or positive thoughts you can replace them with?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
Self-Discovery Worksheet
Anger Worksheet

1. What kind of relationship do you have with the person you are accused of fighting with? (Friend, enemy, ex-friend, someone you see occasionally, family member)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. How do you think the other person was feeling during the incident?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Looking back, why do you think the other person acted as they did?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Who did you affect (besides yourself) with your behavior?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. What things could you do now to make things better with the people you have affected with your behavior?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Self-Discovery Worksheet
Step By Step Anger Management

Here are some helpful guidelines in walking your clients through a process of managing their anger. You will want to work through these for yourself on any anger issues you may be dealing with, as well as with a practice client. Write some notes on how you apply these steps.

- Begin by identifying your own cognitive distortions.
- Try to recognize if you are really feeling angry or if the anger is a cover up for fear, shame or guilt.
- Analyze the costs and benefits of being angry vs. letting it go.
- Express your feelings in a safe environment. Practice using “I” statements.
- Express your anger in person (tweeting, email and texting do not count).
- Listen intently to the other person’s side of the story.
- Replace “hot thoughts” with “cool thoughts”.
- Practice a quick form of gaining control before meeting, such as deep breathing, or taking a walk.
Self-Discovery Worksheet  
Anger Management Solutions-Focused Questions

- "What were you thinking when you went off on…?"
- "How did that make you feel?"
- "What goes on inside you when you think of confronting your…? (a feeling, emotion, physical sensation, a memory.)"
- "Why do those feelings make you angry?"
- "Name three things that trigger your anger?"
- "Name three things you could do to change the situation?"
- "What’s your worst case scenario here?"
- "What do you think is driving your angry responses?"
- "What belief is behind your responses? How is that belief working for you?"
- "What is that critical voice inside you saying about this situation?"
- "List three things that could help apply a neutral or positive response to the next time an anger trigger pops up?"

Solutions-Focusing about External Barriers

- “So you’ve had felony. What can you say in the job interview that can get you the job? Let’s role play that interview together.”
- “What would be a better way to respond?”
- “Name two things that are stopping you from…? What does that tell you?”
- “Name three things you need to reach your goal?”
- “When you got angry when you tried to make changes like this in the past, what got in the way? What does that tell you?”

Solutions-focusing about internal barriers

- "What were you thinking when you went off on…?"
- "How did that make you feel?"
- "What goes on inside you when you think of confronting your feelings."
- "Why do those feelings make you angry?"
- "Name three things that trigger your anger?"
- "Name three things you could do to change the situation?"
- "What’s your worst case scenario here?"
- "What do you think is driving your angry responses?"
- “List three things that could help apply a neutral or positive response to the next time an anger trigger pops up?”
Coaching Families of Teens and Young Adults

Coaching Families of Teens and Young Adults. In Rise Recovery Coaching we know that, “Addiction is NOT a spectator sport; eventually the whole family gets to play.” Since addiction and alcoholism deeply affect the whole family, we believe the issue of recovery is also a family affair. It’s important for us to know and understand how to communicate to families about typical relational dynamics, the need for boundaries, the reasons for relapse, and the key warning signs so we can help a loving family to address the issues and suffering that their loved ones are going through in their battle with addiction.

As you already know, once addiction has gained access to a life, it just hangs on like a giant octopus and it will refuse to leave without a fight. Alcoholism and drug abuse don’t fight fairly. When addiction is pushed away, it will patiently wait for the opportunity to strike its victim again when his or her guard is down. Addiction is never satisfied. After it has destroyed health, devastated families, put children in foster homes, and ended marriages and careers it still wants more.

As a Recovery Coach, you will want to reach families that are discouraged, frustrated and baffled by the cycle of addiction. People who are dealing with an addict in their family often feel helpless and have tough questions. First, we want to commend you for making efforts to help families who have lost control of their lives and are looking for help. Done correctly, families may very well be the catalyst that brings their loved ones into successful recovery. Through this segment, you will come away with answers that will help you equip others to deal with this problem effectively.

When someone is in the midst of turmoil, the road to recovery seems impossible to find. As a Recovery Coach, you will guide families to that road through healthier behaviors which in turn will give their loved one a better chance of finding it too.

You will learn

In this segment you will learn about enabling and co-dependency and tips for teaching parents how to recognize and understand these behaviors. You will help them define and give examples of appropriate boundaries when a loved one is addicted and living in the home. Many of the problems we experience as families are related to our inability to set solid boundaries due to lack of awareness or fear we may lose or alienate our addicted loved one. We’re going to show you the value of setting healthy, firm boundaries as a way to help families and to make the addict
accountable for their own behavior, poor choices, and also for their own recovery.

**A Nation on Drugs**

The problem of teen and young adult addiction in our society is pervasive and we all have friends or family members who are dealing with an addicted loved one in their lives. How can any parent make sense out of their teenager, who was once a well-adjusted, normal child, becoming almost unrecognizable as they transform into a dark shadow of who they once were? It can feel like an alien abducted your loved one and left their ‘evil twin’ in your midst.

No matter what the precipitating circumstances, it is all about choice. We are a nation on drugs. Over 75% of American children under the 18 have used alcohol and have smoked Marijuana or tried other drugs. Almost 80% of kids in the juvenile justice system are there because of alcohol or drug related crimes. And over three quarters of all incidents of teen and adult violence such as rape, homicides and assault behaviors have been tied to alcohol and drug use.

Addiction has many faces and respects no one. It is an equal opportunity destroyer. Once addiction has gained access to our life, it refuses to leave without a fight. It is insidious and may strike all at once or it may slither in slowly. Addiction is never satisfied. So how do so many kids use alcohol and drugs and why can’t they just stop? If they could “just say no” there wouldn’t be a need for counselors, therapists, treatment facilities and recovery coaches who truly understand that many people cannot stop on their own.

**Why Are Teens Using?**

Let’s look at some reasons why our teens and young adults may be prone to alcohol and drug use. First of all, drugs work. People like the feelings that drugs provide and they are being legalized in so many States and jurisdictions that it seems it must be okay to use them. And there are fewer drug dealers per se, as our children deal to each other at school, in college dormitories, at the bus stop and at their part time jobs. We are a nation on drugs. We are hooked on porn, video games and pot. We use because we choose. And we celebrate using. Think about it. In Colorado and Washington State, pot is legal for medical and non-medical use. In California when accompanied with a prescription, its medicine (and non-medical uses are now legal). We probably smoke more marijuana than any nation on earth.
Americans you may surmise, eat more than any other people on earth, crash their cars more and we shoot ourselves and others more than any other civilized nation in the world. Americans also put more people in jail/prison than any other nation. Name a risky behavior and the US is pretty much number one. Drug use is just one more example of this consistent national pattern.

People use drugs because drugs work. They eliminate pain and enhance pleasure. The commercials we see on television make this assertion very clear. Do you have a headache? Take a painkiller. Are your kids hustling you? Take a Xanax or a Valium. Are you feeling tired? Grab a can of Redbull energy drink. You want to relax? Have a cocktail or smoke a prescription joint. You can't sleep? Take Ambien. Are you a little depressed? Cymbalta has the answer. Problems with your sex drive? I think you get the picture by now.

The reason our society has become so dependent on drugs is that we’re constantly hearing about how great drugs are. In a study conducted by the University of Pittsburg on the media’s effect on drug and alcohol use in adolescence, it stated that the media has a pronounced influence on young peoples’ risky behaviors. The article went on to say that the average adolescent is exposed to approximately 84 references to drug use per day, 591 references per week or 30,732 references per year. Adolescents and young adults are bombarded on a daily basis with messages that suggest that a person doesn’t ever have to feel bad about anything. There is a drug for whatever ails you, no matter what.

**More Reasons Teens Are Using**

Beyond the obvious peer pressure and forbidden fruit curiosity, young people use drugs because they like what their drug of choice does for them. For the reward centers of the brain, drugs give pain-free pleasure on demand anytime they want it. It's what keeps them coming back.

Not only do drugs work, they work quickly and reliably. Young people self-medicate for the same reasons that adults medicate - to feel comfortable in uncomfortable situations and to make social interactions easier. To shy inhibited kids, drugs provide a new-found confidence. For the lonely outcast, the kid with terminal acne that nobody wants to associate with, drugs provide a new social group among other stoners and users. Drugs provide an escape from whatever a young person wants to escape from, including peer pressure and sexual pressure. Getting high seems to silence a guilty conscience.
Results of Increased Use

The sad part however, is that with increased use the reward centers of the brain shut down. An increase in use is now demanded for stabilization purposes and no longer for pleasure.

Developmental Effects of Drug Use

Adolescents will often begin using alcohol or drugs in middle school. This is the worst possible time to start for many reasons. The main reason is that in order for young people to develop normally, they must first learn to use their emotions and reasoning capabilities to give them that energy and direction for problem solving. At this stage of development, the part of the brain that controls rational thinking is not fully developed. When it becomes blocked or altered through chemical use, dependency patterns develop, and rational thinking becomes limited or is no longer possible, it becomes shut down.

This is when the young person’s life begins to unravel. This idea is reinforced by recent studies that have found that the younger the age of first use, the greater the struggle for mental, emotional and physical development (i.e. University of Cincinnati study on adolescent brain function). When a person begins ingesting substances at a very early age, their brain chemistry becomes altered. Drugs including marijuana can quickly wreak havoc on a young developing brain, precisely at a time they’re supposed to be maturing. So, one can easily see how using drugs and alcohol can severely harm an adolescent’s physical, emotional, social and mental development.

The Sad Results

It is a well-known fact that emotional development stops at the age when people begin misusing substances and become addicted. It is very common for a 34 year old person in recovery to actually be 12-14 years old emotionally. Part of the anxiety for such an individual is being expected to become a responsible adult with only the maturity of a young adolescent. People who were raised in alcoholic or dysfunctional environments experience this same lack of emotional maturity and are referred to as Adult Children of Alcoholics/ ACOAs. People who have reached physical adulthood and look like grownups often reason or react and feel like children on the inside. Recovery Coaches are able to offer ACOAs accountability, encouragement and support in their maturing process.
Other Causes

There are also medical and genetic predisposition causes of addiction. Medical experts point to addiction as a brain disease that causes several abnormal chemical reactions or responses in the brain that make it easier for such people to become addicted. They point to psychosocial, physiological and neurological models to explain a person’s inclination to use alcohol and drugs. A combination of all or any of these can be causal effects of course.

But there are many, many kids from alcohol and drug backgrounds who are not predisposed to addiction. There are also many adults who used in their earlier years who are not addicted. So we should not make the generalization that young people who use alcohol and drugs are genetic prisoners or view them as victims of environmental influences.

We also should not explain away their behavior such as “Oh, he took after his uncle” and therefore it is somehow destined to be. Other factors that may contribute to the use of alcohol and other drugs are traumatic emotional wounds such rape, incest or some other heinous form of abuse. Kids from severely dysfunctional families or with mental disabilities are at risk. And some are rebelling or responding to family pressures of one kind or another.

Drug Use a Result of Poor Choices

But in most cases, young people simply make the choice to use mind altering substances. They did not begin using because they were raised in a dysfunctional family or lacked formal values. Actually, most of us are born into some form of dysfunction. Our kids didn’t start using because they were raised in a strict environment with parents that held them accountable to tough standards and caused the young person to rebel. They didn’t begin using because their parents became separated or divorced. To some kids separation and divorce by the family members is a relief. When the home is devoid of security, love and joy, divorce is often a welcome relief.

Our kids often use for the same reasons adults use. In bad times drugs or alcohol made them feel better. And when they felt great, using drugs or alcohol made them feel even greater. So aside from genetic or psycho-medical reasons, for the most part, young people today become addicted because they make poor choices. The feelings that the drugs provide keep them coming back for
more until after habitual use, their brains become chemically altered and their positive goals sabotaged and forgotten.

It is as if a switch has been tripped and they have lost all control over their habit and their ability to self-manage. The young person has now become a defensive, irrational, manipulative and chronically angry stranger who has compromised all values and ethics that their parents have instilled in him or her for their drug of choice. But even though they have made bad choices, there is hope. If someone has made a conscious decision to use and abuse alcohol or drugs, they can, with strong family support and professional help, choose once again not to use.

**When Helping Does NOT Help**

No one wants to believe their loved one has a problem with alcohol or drug use or other compulsive behaviors. Too often we let our good judgment become blinded by denial or wishful thinking. We even go so far as to claim ownership of our kid’s problems and talk ourselves into believing that the fault is all ours. Powerful but misunderstood dynamics are at play in families dealing with addiction. Professional Recovery Coaches can provide important concepts that will assist adults in the family to get a better grasp of what they are facing. Two key terms are enabling and codependency.

**Enabling**

Enabling refers to the process by which family members or other people close to the addicted person facilitate and therefore encourage/support their continued addictive behaviors by failing to recognize the problem, not holding them accountable for their actions, not setting appropriate boundaries, and covering up or fixing a trail of messes the addict has left behind.

In most families when addiction becomes a new reality, it quickly breaks down all communications and separates even tight-knit families as they don’t understand what is happening. Family members begin to take sides about the addict’s behaviors instead of uniting and helping their loved one accept responsibility for their actions. Enabling a loved one only prolongs the addiction. The more family members try to fix their addicted loved one, the more that individual will be slowed in his or her recovery. The longer it takes for parents to decide to stop rescuing, the further the disease advances.
Many people think the “disease” of addiction only lies within the individual suffering from it, but experts in the field of addiction have shown over and over again that addiction is a family disease. Families need to understand the insidious nature of addiction and how a healthy family can be caught up in the middle of a losing battle if they don’t prepare themselves with the proper information, tools and support. What we need to know is that when we rescue and clean up after an addicted loved one in the name of love, it is not love at all, it’s enabling. Here are some useful questions Recovery Coaches can ask family members to help them begin to think about their own behaviors.

Do you as a family member confuse being needed with being loved? Do you loan money to your loved one but never ask to be paid back? Do you repress your anger just to maintain the peace in the family? Do you blame yourself for the negative actions of your loved one? And do you set boundaries and then cave in on them? Are your adult children still unable to stand on their own two feet? Do you say ‘yes’ when you mean ‘no’ and ‘no’ when you mean ‘yes’?

**Getting a Grip on Enabling**

Dolly Parton, the famous country singer was attributed with saying, “It ain’t easy being easy,” and in the world of enabling and codependency she was right. It works something like this: The addicted or chemically dependent person is being shielded by the enabler from the negative consequences of their chemical use or compulsive behaviors. The purpose in life of an addicted person is to continue using or acting out (gambling, compulsive video gaming, extreme shopping, use of pornography, etc.). The enabler’s purpose in life is to protect the user (and the family) from painful and shameful consequences without realizing they are facilitating and even encouraging/supporting the addict’s continued use.

The enabler typically tries to hold things together in the name of love until their own anger and frustration mount. The enabler walks on eggshells to avoid triggering the addict’s rage and accusations. Enablers make wall-to-wall mistakes in the process of trying to help and cover up until he or she can no longer keep a lid on things. Where and how does the madness end? Recovery Coaches can use Self Discovery Worksheets to good advantage in helping family members to identify their behaviors and to gain a better understanding of the dynamics of enabling behaviors.
More Helpful Questions

There are many common mistakes made by families who do not realize they are enabling their loved ones. Under normal circumstances many of the same behaviors would be normal or supportive parenting. Here is a list of powerfully paired questions that can provide an alternate way for family members to look at certain actions in a safe way:

- Have you at any time lied to the attendance office at school or his probation officer? Why? *So he could see that the consequences don’t apply to him, so he can continue getting high?*
- Have you purchased an automobile, so he can commute to his job because it snows hard in winter? *Not understanding that the addict in him would gladly walk miles in the deep snow barefoot just to get more drugs, but now he can drive to his drug hook ups; how cool is that?*
- Have you paid for his traffic tickets? Why? *So he can show the world that he is not accountable to society?*
- Have you loaned him gas money to get to his job or an AA meeting? Why? *So he can save the money in his wallet to buy more drugs?*
- Have you bargained with him just to get him sober? Why? *So the addict in him could blow off his part of the agreement and then lose his temper each time you protest?*

And how many more can you add?

- When working with parents of an addicted young person it is good to add these parenthetical comments that begin with ‘why’ as in
  - “*Why? So he can continue using?*”...
  - “*Why, so you can show him that he’s in charge,...that he’s in control of this household,...so he can remain high all the time*?”

These may seem extreme, humorous, or even bizarre in nature, but it exposes the parent to just how crazy and counter-productive these enabling behaviors are.

**Codependency**

Have you ever heard the word Codependency? It’s been around in popular culture for almost thirty years. The term came out of the addiction field originally. Wikipedia has this to say: codependency or codependence is a tendency to behave in overly passive or excessively caretaking ways that
negatively impact a person’s relationships and quality of life. It often involves putting one’s personal needs at a lower priority than others on a continuous basis while being excessively preoccupied with helping others and meeting their needs. We know that codependent patterns can occur in any type of relationship: in families, at work, in friendships, in faith-based groups, in romantic relationships, and in community wide or political endeavors.

We know that people in helping professions have an increased tendency toward codependent behavior since they are surrounded by human pain/problems and are expected to offer solutions and help. Sometimes codependent people look so very good or even noble because of their good deeds but when we get closer and see more of the details, we can understand why it’s often called *The Disease to Please*. Codependent behaviors do not provide deep satisfaction for the “rescuer” nor do they produce lasting healthy change in the lives of the people who are helped.

It’s almost like the codependent person is “giving to get” - giving help to be seen as noble, giving time/effort in futile efforts to fix the problems/chaos caused by others, giving money to callous takers to avoid confrontation, giving all kinds of favors to get out of having to say “no”, and continuing to over-give because that’s what they were taught to do and now their self-worth is based on being seen as “the good one” or as more spiritual. It is very much like enabling behavior in this regard. Problems get worse and not better even though there is an intention to help and serve.

Many codependents are barely surviving and most are not getting their needs met. It has been said that codependency is a way of getting needs met that doesn't meet needs. Most codependents do the right things for the wrong reasons and see poor outcomes for their labor.

**Check it out**

Recovery Coaches can provide a Checklist of Codependent Patterns to their clients to help them get a picture of these behaviors. People who grew up in alcoholic or dysfunctional homes (ACOAs / Adult Children of Alcoholics) will gain great freedom from understanding their own codependent patterns. Codependence originates in dysfunctional families where children learned to overcompensate for their parents’ disorders and developed an excessive sensitivity to the needs/demands of others in order to be safe physically and survive emotionally.
Very often addicted people will have painful codependent patterns and behaviors that contributed to their choice to escape their internal pressure by using drugs. Recovery Coaches can provide the Self Discovery Checklist of Codependent Patterns to their clients during their journey of recovery as a way to promote self-knowledge and deepen their long-term recovery by presenting them with healthier ways of interacting.

NOTE: There is no specific number of traits from the Codependent Checklist which guarantees codependency. The Checklist is meant to help identify behaviors or areas that cause problems and to provide an opportunity for a person to consider others behavior including making a decision to change.

Good News

Codependent behaviors can be identified and replaced with healthier ways of interacting and learning about self-nurturing. The Disease to Please yields naturally to recovery principles and practices! It’s not like other life-threatening disorders which have a long arduous recovery process. It is not like being physically addicted to alcohol, drugs or compulsive behaviors.

Once a person recognizes and accepts their destructive relational patterns, and has healthy role models, they are ready to begin a process of change that will bring healing and new possibilities that can actually feel quite good!

Accepting a Loved One’s Addiction

It’s difficult to accept that a loved one is out of control. We make excuses, we rationalize, we minimize, we rescue. We pick them up when they fall until they are just too heavy to lift, and we are out of resources. We avoid the reality of addiction. Recovery Coaches often hear the following comments:

“Thank you for giving us that advice, this is the last time we’re going to allow our child to…..” and then their statement goes on indicating they do not see the seriousness of the behavior.

“It’s different these days; he’s just a recreational user. That’s okay with us because we drank and used drugs when we were in our teens and / or going to college. He can handle it.”

“Leave him alone, he’ll age out of it. As long as it doesn’t interfere with his school or work, I don’t
care if he drinks at home once in a while or has a beer or smokes at joint.”

Or how about this line of thinking: “Let’s hire a lawyer; our child / loved one really has too much potential to waste time in jail.” (A few days in juvenile hall / jail might be a wakeup call.)

Or parents may say, “What can we do? He or she is ADHD. It’s part of who he/she is.” Nonsense! Or the last one, “He / she needs me to prove that I love and trust them by giving them another chance. You don’t really know my child like I do.” You can see how these statements minimize the need for a family to take action.

Reclaim Your Power

Once family members and particularly parents have a grasp of the concepts of enabling, codependency and recovery, it’s time to begin to teach them how to reclaim their power. Dramatic changes are possible when families play a strong role in substance abuse recovery. Many young people who have recovered from addiction attributed much of their successful recovery to strong and non-judgmental family support. That family support is only possible if you leave fixing, denial, and self-blame behind. There will be many days and months of struggle; although the journey is tough, it is possible to survive it and enjoy life once again as a family.

It’s important for families to remember that addicted loved ones are not crazy, immoral, or bad and that it’s possible for them to regain their lives, but it all comes down to how you react to the illness/condition. You must begin to set solid boundaries and stick to them. You cannot help your loved one if you cannot communicate your expectations effectively and follow through with them. Don’t become a doormat for your son or daughter. Instead, begin to reclaim your power, happiness and life.

Here are some actions steps to reclaim your power. Be honest with yourself about your loved one’s addiction. Get accurate information, get the facts. Don’t try to analyze what went wrong. Your loved one used because he/she liked the effects of the drug of choice. Now he/she is addicted. It is what it is. Don’t try to fix the problem on your own. Practice detachment. Care for yourself. Don’t play the blame game with your spouse or partner. It’s counter-productive and ruins relationships. And get with your Higher Power.

Families need to take a good hard look at the sick nature of what they have done in the name of
love. You might ask a parent, “Do you really think you have been rescuing your teen out of concern or unconditional love? This is not a pleasant message for a coach to deliver but it is one that some parents need to hear. “You have been rescuing out of fear and not from love.”

**Breaking Old Patterns**

As enablers we may say “Why should I change? I am not the one who’s addicted.” For example, in a case where you have one parent who is the easy going ‘push over’, and the other parent who is the strict enforcer – both parents are going to have to come together to be in agreement. Otherwise this sets up an unhealthy triangle of relating. There are two sets of rules for teens to manipulate as they create conflict between the parents and set them against each other battling for control of the child. This is bad for teens and bad for a marriage.

For parents, Alanon’s 3C’s state that we didn’t cause this addiction, we can’t control it, and we can’t cure it. But there is one thing we can control and that is the way we respond to a teen’s addiction from this day forward. So, it’s time to get real - someone in your home is a drug user – or addict so admit it. The person lies and steals from you even though he says he loves you. Don’t allow your loved one to blame you for their addiction because they are lying.

These are some action steps you can take in breaking old patterns. Don’t allow your loved ones to blame you for their addiction. Don’t give cash or anything of great value to an addict and don’t do anything for an addict that they can do for themselves. Hesitate before believing what an addict is saying. Remember that addicts lie all the time, addicts make promises that they will seek help, while you sense deep down inside of you, they won’t. That is because addicts are unable to keep promises. The grief he has caused has become unbearable. Do you wait until you lose your position or worth to your loved one’s addiction? Or do you cut him out of the family constellation all together?

Some families spend thousands of dollars going from rehab to rehab trying to get their loved one’s life back only to realize that the relationship with their drug of choice is stronger than any love of family or friends. Don’t rescue your loved one from the consequences of their behavior. Make “no” your favorite word. Don’t think that just because your addicted loved one calls you more than your spouse that he loves you the most, it maybe that you are just the easiest target. It may seem cruel at the time, but sometimes the best way to respond is to say, “Work it out. I’m sure you will
figure out how to work it out (get to work, pay for meals, etc.” Then listen respectfully to your child’s issues, you may be the only stable rational person in their life, if you can’t listen without judging then who will?

**What Did We Learn?**

So what did we learn? We learned that our modern drug culture provides every opportunity for teens to use; and in most cases, teens simply use because they choose to. We learned that the average age of first use is during the middle school years, and this is a crucial time of mental, emotional & physical development and that increased use leads to addiction. We learned that enabling behaviors assist the addict to continue drug use and that codependent people enable addicts in the name of love. We discovered that families of addicts can reclaim their power and be the best help to the addict by getting real about addiction and setting firm boundaries. And we also learned Alanon’s 3 C’s: I didn’t Cause It, I can’t Control It, I can’t Cure It.

**Self-Discovery Worksheets for this segment:** Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Enabling Questionnaire
- Enabling: Unintended Consequences
- Checklist of Codependent Patterns
- Codependent Behaviors
- Coaching Families on Boundaries

**Introduction**

Let’s talk about how Recovery Coaches can teach parents and families about setting boundaries. Addicts and alcoholics cannot respond to reason, their addicted brains just won’t let them. So you’ve got to set solid boundaries to contain their acting out and let them deal with them.

**What is a Boundary?**

A boundary is a physical or emotional limit in a relationship. Boundaries lay out clear language as to what will be acceptable and not acceptable behaviors in a relationship. But more importantly boundaries tell us who we are as a person. What we stand for and what we believe in. There are three parts to a boundary. **One** is articulating the behavior you will no longer tolerate. **Two** describes the action you will take if your boundary is violated and **three** is a
description of the lengths you will go to protect and enforce your boundary even if it means calling the police and sending your loved one to jail.

**Fear of Setting Boundaries**

People do bizarre things for their addicted family members, not so much out of love, but out of fear of setting boundaries and the resulting consequences. Parents often think that if they “tough-love” their child they risk losing the relationship they have clung to so dearly. What relationship? Right now your child’s only loyalty is to his drug of choice not you. Then there is the fear that if you set strict standards or evict them from your home, he/she may be injured or worse. Families of addicted love ones suffer from the F word FEAR. Fear of cutting off the relationship with a loved one, again the question is, “What relationship?” There is a genuine fear of losing one’s teen to the street, but maybe that’s the way it needs to be right now - your loved one has little interest in warm sheets and those great BLT sandwiches you make for him.

Homelessness is the result of the choices he or she has made, and he’ll live that way until he makes a decision to change, you cannot give him a place to sleep as long as he continues to disregard your rules and boundaries and continues using substances in your home. Then there’s your fear of confronting an addicted loved one about his problem because it typically results in verbal abuse and rage from the addict which increases the mental anguish of the parent. You need to stop this form of abuse and begin taking a stand for yourself. Then there’s the fear that his friends will abandon him. Well, there is a newsflash for the parents on this one. They have already abandoned him. Any real friends he had he has wronged, and they don’t want to be around a stoner or a drinker who rips them off and uses them. They are moving on to greater things like sports, or college work, marriage and what have you.

Then there’s the fear your loved one will wind up in jail for a drug related crime. Symptoms of drug use almost always include illegal behaviors - so face up to it. If your teen committed a crime, he must do the time, this could be his moment of clarity or his rock bottom, so don’t bail him out. There is also a strong relationship between substance abuse and prostitution. One third of female addicts and an increasing number of males support their habit by working as prostitutes. The addiction is so strong that one is willing to risk HIV and physical abuse or even death for their drug of choice.

**Suicide Threats**

And then there is the old standby which is fear of suicidal threats; “If you don’t loan me the money I’ll kill myself”.

*Never take a suicidal threat lightly.* But often when your loved one threatens you with suicide it is nothing more than a display of bravado and a sign of intimidation on the part of the addict. Addicts always make threats when things aren’t going their way. Teens especially believe that all
they have to do is play the suicide card and their parents would jump out of their skin. Still handle this with caution.

**TAKE NOTE:** All Professional Recovery Coaches must have resources to make a referral to a mental health professional or be prepared to have the parents take their despondent or despairing teen to a hospital Emergency Room for an assessment. Recovery Coaches need to be aware of laws affecting adolescent treatment. Typically, minors are considered to be under the age of 18 years and cannot personally consent to treatment; a parent or guardian consents on the minor's behalf. A parent who consents on the minor's behalf generally has the right to know the content of the child's treatment. Parents can get certain types of court ordered directives if needed to protect their children from self-harm or harming others. This varies from State to State and from nation to nation. Find out the facts and include emergency planning as one of the goals for parents and family members since you may not reside in the same jurisdiction.

And yet, the reality is addicts lie. Addicts lie about everything. Lying and addiction are inseparable, traveling hand in hand on the road to self-destruction and ruin. Anyone who hopes to provide assistance to someone traversing that dark trail needs to realize that everything that a non-recovering and some recovering addicts say or do must be taken with a grain of salt. Some of the best con artists are boozers and users and why not? They are on a “24/7” mission to protect their addiction so they can continue using. In order to do this they need to engage a victim or victims – usually family members who unwittingly will give them access to their resources (money, food, a bed, a car, clean clothes, legal/medical help, so they can party another day, etc.). Teens that are dependent on drugs or alcohol can put on an Academy Award performance just to cover up and maintain their addiction.

**To Change the Addict, Change Yourself**

In order to change the addict you’ve got to change yourself. The purpose of setting boundaries is to take care of ourselves first, to show that we have self-worth. No one deserves to be treated abusively, no one deserves to be lied to, manipulated or betrayed. We all deserve to be treated with respect and dignity. But if we do not respect ourselves enough to stand up to the abuse of our addicted loved ones and if we are too afraid to begin breaking old patterns and adopting new ones, then we can never expect our addicted teen or other family member to change their behaviors. We have then made a choice to remain in a toxic situation and to submit to the dysfunctional and life choking snare of codependency.

So begin by getting real. Remember that addicts lie about everything. You are now at war with a powerful enemy and you need to stand your ground. Set your boundaries calmly, respectfully and without anger. Try to mentally detach yourself from all the drama, remember that addiction feeds
on chaos and chaos feeds on drama. Just say, “We love you, but you’ve made your choices and now we are making ours, plain and simple”. Avoid making threats before promises, they never work.

And decide ahead of time NOT to accommodate the addiction. It means not canceling appointments because your addicted loved one is home and you cannot leave them alone; that would be what we call accommodating the addiction. It means not setting stressful or costly new work schedules to be home early to monitor your addicted loved one. It may mean changing the locks and making that teen work around your schedule when you are home to prevent them from stealing and having other stoners in your home. It means not forcing siblings to always be the losers to the addict who is an out of control taker.

The bottom line is you must take care of number one; you need to focus on your own life and responsibilities and on the other members of your family who are suffering from the chaos and drama. Do not ignore others who love you. It’s common for codependents to focus a lot of time and desperate energy on the issues created by the addict and their addiction. They lose sight of their other family members, particularly the other children who are being responsible yet are losing the attention and nurture of their parent/s who are often obsessed with their addicted child.

**Becoming an Individual**

Have you ever seen a litter of puppies with their mother? They are crawling all over her, entangled with the other pups, and generally being adorable. She nurses them, cleans them and keeps them safe, usually in a contained space. When one howls, they all howl. But as they grow and develop they become more independent from the other puppies and eventually from the mother’s nurturing and feeding. Most experts say puppies can be separated at 8 weeks of age and go on to new homes. It’s easy to see a metaphor for the process of “individuation” occurring as naturally entangled or “enmeshed” puppies leave the litter to become full-grown dogs.

When discussing human development, “individuation” refers to the process of forming a stable personality and becoming your own person as you continue to relate to your family or peer group. As a person individuates, he naturally develops boundaries and gains a clearer sense of self that is separate from parents and others around him, including overly enmeshed and intense peer relationships that can happen during adolescence. Individuation is an important part of the pre-teen, teen and young adulthood years. But we individuate throughout life as we grow and mature as adults unless we become “enmeshed” in unhealthy patterns of relating or find ourselves in unsatisfying relationships or groups where we feel “stuck.”

**Enmeshment and Addiction**

So what IS Enmeshment? Here are 2 definitions: 1. to cause to become twisted together with or entangled in a net, and 2. to involve in a perplexing or troublesome situation, such as enmeshed in legal troubles or family feuds. According to Dr. Tim Clinton, “Relational enmeshment is a term
mental health care providers use to describe a person who loses themselves in another person, who allows that individual to define them.” When addiction is involved, normal family boundaries breakdown and the addict becomes enmeshed with one or more family enablers who then experience the addict’s pain, attacks and manipulations very intently.

When the addict is an adult, two patterns are common. They will seek to control or enmesh with their spouse and/or choose one of their children to pour their painful emotions into while pressuring them to meet their needs in unhealthy ways or closeness. The child can become like a parent to their own parent or even a type of surrogate spouse when tending to the parent of the opposite sex. When the addict is a teenager or young adult, they will seek to control one of their parents in order to maintain their addiction by saying or doing whatever is necessary to ‘get inside’ the emotional boundaries of their chief enabling parent who can give them access to money, food, a cell phone or even a car. To cope with the pressure, the enabler will intensify their fixing and rescuing behaviors to appease the addict’s demands, but this is a futile way to keep the addict sober or to lessen the pain they are both in.

Another picture for Enmeshment is a three-legged race. Normally this is a fun game filled with laughter and mis-coordination trying to get in sync and cross the finish line with both people lending their strength and good will. Now imagine the addict and the enabler side by side with their touching legs tied tightly together. Over time the addict will pass out and the noble enabler will be carrying the entire weight of another person until they collapse. If the enabler cuts themselves free to walk away, the addict will come to and begin their proven manipulations to get their enabler back into “harness” using guilt, shame, anger, accusations and even religiosity.

When the enabler and the addict are enmeshed there can be such an intensity of shared painful emotions that it’s difficult to know who is controlling whom. We sometimes relate in this way because we think it’s “love,” but it is not. It will never bring freedom or give us the joy and satisfaction we seek. In fact, it will multiply heartache. When addiction is involved, codependency and enabling will maintain the loved one’s active addiction and delay their seeking real help.

Professional Recovery Coaches can use the Self Discovery Worksheets in this course to help parents get a glimpse of their behaviors and the unintended consequences. Through the Coaching process they can begin to set external and internal boundaries between the generations that will help the family, their own marriage, and their addicted loved one.

**Traps to Avoid When Setting Boundaries**

Parents generally like this exercise because we are finally talking about them standing up for themselves and not becoming a doormat for the addicted loved one. Don’t let boundaries inconvenience hurt you. Setting boundaries should require some manner of creativity so that it doesn’t hurt you more than it hurts your teen or your loved one. Grounding a loved one into next year for example is also grounding yourself by having to supervise him/her at all times. That’s
robbing other members of the family of their quality time with you. Don’t be a drill sergeant. The primary role of a drill sergeant is to ensure submission. Drill sergeants often communicate by using threats, punishment and ridicule. What's wrong with you? How long are you going to be a stoner? Why is your hair growing so long?

The message your kid gets from this type of abuse is that it’s is not safe to come to you for help or support because more than likely, he will be ridiculed or demeaned. Never try to seek revenge. Naturally your loved one’s addiction has upset the whole family and you’re beyond angry. Focus on the problem, not on yourself. And don’t take things personally. Always try to separate the addiction you hate from the person you dearly love. Don’t make idle threats or promises. Desperate parents are often in the practice of threatening or promising. If you don’t stop using, I’m going to… and then you go on and lay out the law. Don’t make promises like “if you bring us four negative urine tests you can have your car back.” Addicted people do not respond to threats or promises.

Parents also often try to extract and force promises from their loved ones. That doesn’t work either because addicts cannot follow through. Their addiction won’t let them. The best your loved one can do is to try to negotiate you out. “But wait a minute I have got three out of four clean UA’s, isn’t that enough?” Don’t try to shame your kid either. When your loved one makes a mistake he may feel guilty, but when your loved one feels he is a mistake then he feels shame. A good example of this is using de-humanizing language or name calling or making threats of physical abuse. I’m going to beat you until next Sunday if you don’t straighten up or humiliating the young person in front of his friends or family members. “Oh, here comes a Rasta man with his dreadlocks”.

Again, don’t accommodate a disease. Be aware that you are being held hostage by someone else’s addiction. Not taking trips with your spouse for fear of not being available for the addict or going to early shows and dinner so you return home before anything happens to the house makes you the victim. The bottom line here is that you need to focus on your own life and responsibilities. It is important to reclaim your life before the disease holds you hostage. You should at all times be behind your loved one’s recovery process in positive and supportive ways of course but you must be tactful and straight forward in setting your boundaries.

**For Parents and Caretakers**

Do not expect your loved ones to make sudden changes overnight. Discuss your consequences in a calm and respectful manner. Post them on a refrigerator or any common visible place until the violation occurs. Here are some action steps you can begin to take while you are setting your boundaries. You need to begin shifting from a mindset of “we can’t” to a mindset of “we can”. Always remain positive by focusing on your health and sanity. Keep reminding your addicted loved one that there is help available, but when he is ready.
Focus on the 3Cs; you didn’t cause it, you can’t control it and you can’t cure it. As a family you will want to also focus on the 3 R’s; which are Regroup, Reassess, and Rebuild. To do this you would meet once a week or whenever necessary and bring the rest of the family members together and begin to reassess the situation, discuss some options, and then rebuild the family strength again. Your other family members need to know that all of you are together as one, and we are constantly rebuilding and focusing on keeping the family together. Walk, run, swim - keep moving and stay active in the process.

You need to read, you need to meditate, you need to pray; better yet, if you can do all three you are way ahead of the game. Find an unbiased ear to listen, but don’t make it a relative. Because relatives are too close to the issues and the problem. Choose a close friend you can trust. Someone it’s okay to vent with. Remember, you don’t want answers; you just want to talk about it. Do not take your family crisis to work.

**Setting Solid Boundaries**

As Recovery Coaches, you will help parents to explore possible boundaries by analyzing that the boundaries they have selected are reasonable and that they have clearly defined the consequences as well as a clear plan on what will be done to protect those boundaries.

Always buffer your bottom line with a loving statement. That keeps the door open to recovery. For example, “We love you and are here to help see you get through this, but we will do such and such until you seek help.” Don’t be fooled by claims of abstinence just because your loved one hasn’t had a drink in the last couple of days or weeks. That doesn’t mean he is in recovery and this is not a good reason to remove the boundaries you have set. Adapt a “show me” attitude in cases like this. Seeking help means visiting a professional, licensed alcohol and drug counselor or enrolling in a treatment facility. Anything beyond that is just plain manipulation on the part of the addict. You can coach parents to say, “Until you seek help such and such will happen.” So parents will always want to add that phrase “until you seek help”. Never engage in any arguments or shouting matches. Reacting in this manner with loved ones only fuels the fire. Addicts and teens especially, can be manipulative and have an uncanny way of turning an issue back on to you. When you react by exploding you take the focus off of them and put it right on yourself. Then you become the bad guys giving your loved one yet another excuse to continue using. So some of the types of things families will want to include on their list of boundaries are curfew times, borrowing personal items, time alone in the house etc.

**Signs Boundaries Aren’t Working**

There are some signs that your boundaries aren’t working and you can ask parents if any of these ring true. You are constantly telling and reminding your loved one what to do. If you are preaching, pleading, or bribing for a change in their behavior it rarely ever happens. You constantly warn, lecture, sermonize, and threaten your loved one or you keep bringing up past examples of what
your loved one did wrong or you compare him to other more successful siblings or friends. You provide solutions for your loved one even when they are not solicited. Or you’re whining daily about what your loved one should and should not do. And worst of all you are criticizing and laying guilt trips on your loved one. These are all signs that your boundaries are not working. When it’s all said and done, it’s time for families to figure out how they are going to reclaim their power; whose life is it anyway? The addict has made their choices, now it’s time for you to make yours.

Evicting Your Addicted Loved Ones
Living with an addict and dealing with his problems on a day to day basis, is just not workable. You have to take authority to protect other family members who will also be suffering from the constant negative interaction, disintegrating behavior and/or intimidation by the addicted family member. You have to grab this raging bull called addiction by the horns or get gorged to death. Dramatic maybe… you can continue the denial and enabling and see where that takes you and the rest of the family.

Or you can hold the line and show the addicted loved one that his actions are harming the whole family, and that he needs to get proper help or leave. Many families will do their research and contact local resources. They have names and contact numbers of recovery houses or treatment programs or shelters for young adults or emergency medical services in the area. You can put this info on a card and laminate it and give it to the person who may need this information in the future. You can drive the family member to see these places so they know how to get there on their own if necessary. If they are under age and go to these places, the staff will contact you to get consent before providing services.

There are times when the best thing a family can do is put their addicted loved one on the “Adios Program”. Kicking a family member out of the house is not a decision to be made lightly, but should be weighed carefully, fully considering the consequences. There are a list of scenarios that could warrant this decision, and families must do what is necessary to regain order and stability. Here is a list of possible reasons for telling your loved one to make arrangements to find another place to live. When there are threats of violence - that is the number one reason for making your loved one move out. If you fear for your safety and that of your family then he has overstayed his welcome. Legal means can be employed for court ordered restraining orders in extreme cases. If your loved one is causing undue stress, if his or her addiction has caused you more visits to the doctor, increased doses in your medication and feelings of sadness and depression most of the time, it’s time to place him or her on the Adios Program.

If your property’s being destroyed, or has turned into Swiss cheese from all the holes in your doors and walls, he’s got to go. Criminal activity such as dealing or storing contraband in your home puts you at risk for prosecution. Using family owned vehicles for illegal or criminal activity can
make you liable if you know about their addiction or drug use and permit them to drive. If you have personal property missing, he’s got to go. As you know, addicts need money to feed their habit, the obvious place they’re going to find cash is in your home, in your jewelry case, in your wallet for the credit cards. If you’re loved one is a bad influence on the rest of the other family members, then it’s time to go.

Stoners love to be around other stoners and will seek out and recruit siblings or other relatives. If you’ve grown tired of giving him one last chance and another and another, and he has blown it each time, if this describes you, then your child, your loved one has got to go. If your loved one refuses to go into treatment, as long as you keep providing food and shelter, he’s not going anywhere, and why should he? So, you need to stop feeling guilty. Changing the course of events is hard but necessary and can be a wakeup call to reality. Removing your loved one from your home is never a pleasant task. It works against your parental instincts, which is to house and protect.

**Staying Strong**
Parents must differentiate between the teen they love and the addiction they don’t. Then and only then can they make a solid decision to evict a loved one. Parents can make clear that the sober version of their loved one is always welcome at home, but the addicted version is not. Some guilt may set in in the aftermath. Don’t punish yourself. He’s gone but don’t get too comfortable, that “thank God” feeling is short lived. They can return when they get help and only when they get help. Like the prodigal son he or she will come to their senses, when they are hungry, when the cell phone minutes have run out and their using friends have grown tired of them. If they return, don’t take them in until you have seen proof of acceptance in some form of treatment. Most addicts and alcoholics are incapable of keeping their promises. So you have to check and recheck. And remember, relapsing is a possibility for many people in recovery. Recovery Coaches have effective tools and methods for helping individuals and families to prepare a plan to prevent relapse.

**What Did We Learn?**
We have learned what a boundary is and how to set them. We learned that fear is a common reason for not setting boundaries. We learned the 3 R’s for families in recovery: **Regroup, Reassess and Rebuild**. We learned what signs will reveal that boundaries are not working, and we reviewed possible scenarios of when it’s time to evict an addicted loved one from your home.

No Self-Discovery Worksheets for this segment.
Coaching Families on Relapse

Is Relapse Inevitable?
Every person is unique who has an addiction, whether addicted to alcohol, drugs, multiple addictions, or an addiction along with a mental illness (called a co-occurring disorder). They will have unique needs during their treatment. This holds true in recovery also. Professional Recovery Coaches help clients to create a personalized Recovery Plan tailored to address their particular needs along their unique path of recovery. There is no one-size-fits-all route that works in all cases. How could there be when everyone’s life circumstances, family situation, relationships, personality, physical condition, mental and emotional stability are so different? Even those with similar backgrounds and the same addiction find themselves facing challenges that vary day to day or even minute by minute.

Relapse Prevention Talking Points
Professional Recovery Coaches always begin the first session with recovering clients and families on how the client came to be in aftercare. Topics such as relapse, slips and cravings become paramount in the minds of clients and their families. So as Recovery Coaches, a good way to begin any coaching session is to ask clients what they know or don’t know about the concept of relapse and begin that discussion. Here are some talking points for that discussion.

Relapse does not happen overnight. In alcohol or drug treatment, relapse is defined as returning to a specific behavior after a period of abstinence. Recovering from addiction takes time. There are outside influences, contributing factors, and warning signs that recovering individuals and families can identify that indicate they might be in danger of returning to the destructive patterns of substance misuse. They’re called triggers, and triggers come in two sizes; high risk and low risk.

Relapse Triggers
A trigger is anything or anyone that has been associated with one’s past drug or alcohol use. Triggers include people, places, and things and no matter how hard people work a program of recovery there’s always going to be a chance of cravings and slipups caused by triggers. It’s important that families recognize those triggers and hit the pause button in their brain, and begin analyzing and figuring out ways to combat them. Having a well thought out plan of action that can help cope with these situations can be extremely beneficial. When recovering persons enter the first crucial year of recovery and are confronted with the challenges of the real world, panic can set in as they become obsessed with the challenges of remaining sober. These clients may still be reliant on addictive thinking. They will lock into survival mode and begin to seek any means of coping, especially if there hasn’t been any exposure to proper after care or relapse prevention training. The recovering addict’s brain still wants to direct the body to return to the old, safe and familiar addictive behaviors and defenses that worked for them in the past, that comfort zone called addiction.
They don’t care if those familiar behaviors are helpful or harmful. It is just what he or she knows and trusts. Terrence Gorski calls these behaviors the addictive brain at work. AA calls it stinking thinking. The recovering client then begins to fall victim to a series of untruths that can lead him back to drinking or drugging. As mentioned, the two types of triggers identified in addiction literature are high risk triggers and low risk triggers. Basically, high risk triggers refer to situations and places that are highly associated with alcohol and drug use. They include hanging out with using friends, visiting places, difficulty living on life’s terms, and irrational thinking. They will have thoughts about using again and choices to make and there is always that perpetual anger, along with isolating oneself and not keeping busy.

There are low risk triggers which refer to situations and places that are usually not associated with alcohol or drugs. These triggers could be external such as social gatherings like weddings or holidays. They could be internal triggers such as feelings of isolation, irritation and anger about being sober and no one understanding them. And being inactive and bored.

**Common Relapse Triggers**

But let’s discuss some of the main triggers a bit further, such as hanging out with using friends. If a person in recovery wishes to remain sober they can no longer seek out the same group they once got high with, and must stop hanging in places where drugs and alcohol use were in full bloom. Romantic relationships are often a trigger as people in the first year of recovery do not have the emotional stability for this type of interaction. It is often just another way of using people, not caring for people.

Some of our recovering people may have difficulty living life on life’s terms. “Stuff happens” to people and there is little anyone can do about it. Normal daily stresses that a non-using person might take in stride or for granted, can turn into monumental issues for the recovering individual. Another main trigger is the person new to recovery setting unrealistically high standards for themselves. A strong belief that one will never drink or use again straight out of treatment is like a breath of fresh air and new life to recovering people. They have proudly convinced themselves that they have beaten a disease and they are not giving this insidious and cunning drug the respect and caution it deserves. This is a very dangerous belief. They feel they are wiser than their addiction. This type of cocky irrational thinking will almost always be their downfall. Humility is not yet a word in their vocabulary.

Then there’s that perpetual anger that many recovering people feel. Perpetual anger and irritation at having to practice a clean and sober life for the first time can be intense. Recovering clients have not fully made the connection between anger and addiction. They will lash out at others who they feel are not supporting their sobriety. They are frustrated by the demands of having to suddenly take on responsibilities that are normal to a sober person. Their anger can go ‘underground’ and
take the form of ‘passive aggression’ that undermines everyone’s efforts. As a Recovery Coach it is a good thing to keep reminding families that their loved one’s anger may just be a cover up for fear. They are afraid they may relapse which will lead to experiencing greater shame, self-loathing and guilt over the harm they have done to those they love. Their anger is also a way of coping when they don’t know how to act or what to say to people they have hurt.

**Isolation** is very undermining to a recovering person. Sitting alone in the dark, listening to stoner music while turning one’s emotions inward will surely open the door to relapse.

**Not keeping busy** provides too much time to think destructive thoughts. Instead of drinking or drugging, help clients to have options. They can read, journal, take walks, jog, learn to play an instrument or take photography lessons for self-expression.

It’s a good exercise for coaching clients to use Self Discovery worksheets provided in this course to identify the many triggers that are out there for them. It’s imperative for a person in recovery to have a game plan, a thoughtful relapse prevention plan for when those triggers happen. Try to get families and their recovering loved ones together to explore and brainstorm on some of these triggers and how to be more aware of the warning signs of relapse.

**Relapse Prevention Plans**

Every recovering person needs a relapse prevention plan. Relapse does not have to be an expensive, revolving door back through treatment. Preventing relapse requires having an awareness of our inner struggles, and then taking action on those things that most likely will cause problems in our recovery. Remember that your clients are the only persons that can keep themselves clean. But with support of family their recovery can be made a lot easier. It is recommended that there be a time when the recovery coach can bring both the client and the family together to review the recovery plan your client has developed with your help. Your clients know the circumstances that will set them up for a relapse, their parents don’t. Therefore, it’s important that the coach bring these people together and begin to share the relapse prevention triggers that they’ve listed.

Most successful prevention plans have these six areas listed as the most critical. What are the signs and triggers that the client needs to look for? Who are four people they can count on should they begin to relapse, and how are some ways that these people can help? Then we ask the clients to list three things they need to do to make sure relapse doesn’t happen again. And then we begin to look holistically at what they need to do. Name three to five things they can do to begin to adopt a drug free lifestyle. This is where whole life recovery coaching comes into play.
What have we learned?
We learned that relapse is common, but not inevitable, and that to avoid relapse triggers, one must be aware of what their triggers are, and come up with a plan of action. We learned common relapse triggers as well as the elements of an effective prevention plan.

NOTE: Many people distinguish between a “slip” - a quick “slip up” with a return to abstinence versus a “relapse” or returning to their destructive pattern of use.

Self-Discovery Worksheets for this segment: Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Relapse Triggers
- Relapse Prevention Plan
Raising Resilient, Self-Reliant Kids

Strengthening Families & Recovering People
Professional Recovery Coaches have a unique opportunity to strengthen families by providing parents with new ways and new skills to build resilient and self-reliant kids. As a Professional Coach and a Professional Recovery Coach, you will interact with people from varied backgrounds and age groups. Many of your clients will be lacking in what has been identified as The Significant Seven by authors Stephen Glenn and Jane Nelson in their powerful book called *Raising Self-Reliant Kids in a Self-Indulgent World*.

The Significant Seven
1. Perceptions of Personal Capabilities
2. Perceptions of Personal Significance
3. Perception of Personal Influence over Life
4. Intrapersonal Skills
5. Interpersonal Skills
6. Systemic Skills
7. Judgment Skills

Resiliency- The Ability to Bounce Back
People who are living effectively and who were outstanding in many walks of life were characterized by unusual strength and adequacy in the Significant Seven. Recent studies have focused on the quality of resiliency as a predictor of health, well-being, and the ability to thrive in the face of challenges and adversity. Again, the Significant Seven surfaced as characteristics of highly resilient individuals. Note: Affluence is NOT a determining factor and can actually be a risk factor when children are indulged in material things and lacking in parental involvement.

At Risk for Struggles
As we know, children and adults who are most at risk in behavioral health areas such as drugs, alcoholism, early pregnancy, delinquency, gangs, chronic academic problems, and so forth are characteristically weak and/or inadequate in several if not all of the Significant Seven.

The Losses of Addiction
According to the authors, research shows that people who have been living effectively but who become chemically dependent for any period of time normally regress in most of the Significant Seven. Once they are detoxified, the recovery process seeks to impart, strengthen and/or rebuild the Significant Seven to help them maintain their recovery and begin to grow again.
The Gains of Vibrant Recovery
For many people the process of addiction recovery can be lifesaving as well as life changing. This fact is related to the thousands of people who acquire the Significant Seven for the first time in their lives through recovering from addiction. As a Professional Recovery Coach, we encourage you to research this book and explore the ways that you can apply their methods, their powerful questioning techniques, and insights to help your clients grow beyond early and middle recovery. Help your clients to experience recovery that is truly life changing as you help them to acquire or strengthen the Significant Seven.

A Deeper Look at the Seven
1. Strong Perceptions of Personal Capabilities- capable of facing problems and learning through challenges and experiences.
2. Strong Perceptions of Personal Significance- capable of contributing in meaningful ways and believing that life has meaning and purpose.
3. Strong Perceptions of Personal Influence over Life- capacity to understand that one’s actions and choices influence one’s life and hold one accountable.
5. Strong Interpersonal Skills- capacities necessary to deal effectively with others through communication, cooperation, negotiation, sharing, empathizing, and listening.
6. Strong Systemic Skills- capacity for responding to the limits, consequences, and interrelatedness of human and natural systems with responsibility, adaptability, flexibility, and integrity.
7. Strong Judgment Skills- capacity for making decisions and choices that reflect moral and ethical principles, wisdom, and values.

The Goal of Recovery Coaching
To Restore Possibilities beyond Addiction & Release Liberty to Loved Ones of Addicted People-Take time to explore and learn more about the process of strengthening these areas so that our families and young people can rise up and embrace life with an adequate base of these personal resources and assets.

Family Issues in Recovery, 20 Hour course by Jean LaCour PhD
More Powerful Content to Help Families and Individuals Gain Insight into their Own Recovery Process.
Bibliographic References


Grateful Acknowledgement: Portions of these Selected Readings are adapted from various materials developed for NET Training Institute, Inc. by Louis Gonzales Ph.D.
Self-Discovery Worksheet
Enabling Questionnaire

Enabling refers to the process by which family members, such as partners and parents allow or *enable* an addicted person to continue in their addictive behaviors by failing to recognize the problem, not setting appropriate boundaries, and covering up the trail of messes their loved one has left behind.

**Answer the following questions to determine if you’re enabling your loved one’s behaviors.**

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<th>Yes</th>
<th>No</th>
<th>Question</th>
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<td>1</td>
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<td>Have you ever 'called in sick' for your loved one?</td>
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<td>Have you ever made excuses for your loved one’s behavior?</td>
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<td>Have you ever lied to anyone about your loved one’s behavior?</td>
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<td>Have you ever bailed your loved one out of jail?</td>
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<td>Have you ever paid for his or her legal fees?</td>
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<td>Have you ever paid your loved one’s bills?</td>
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<td>Have you ever 'loaned' your addicted loved one money?</td>
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<td>Have you ever given out one chance after another?</td>
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<td>Are you often finishing jobs others are failing to complete?</td>
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<td>10</td>
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<td>Have your secrets comprised your relationships with others?</td>
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<td>11</td>
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<td>Have you often considered just walking out on your family?</td>
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*(Source: Al-Anon, National)*
Self-Discovery Worksheet
Enabling: Unintended Consequences

Dolly Parton, the famous country singer was attributed with saying, “It ain’t easy being easy,” and in the world of enabling and codependency she was right. It works something like this: The Addict’s purpose in life is to continue using or acting out (gambling, compulsive use of pornography, video gaming, overeating, etc.). The Enabler’s purpose in life is to protect and shield the Addict (and the family) from painful and shameful consequences while NOT realizing they are facilitating and even “encouraging” the dependent behavior. The Enabler tries to hold things together in the name of love and avoid triggering the addict’s rage and accusations as they try to cover up the addict’s trail of messes until things escalate out of control. How does the madness end? Can you see how a mindset of “being easy” in the area of addictive behaviors can defeat the efforts of family members to really assist their loved ones to find sobriety and real recovery?

Questions That Make You Go …Hmmm!

1. Have you at any time lied to the attendance office at school or his probation officer? (Why, so he could see that consequences don’t apply to him, so he can continue getting high?).
2. Have you bought him a car to commute to his job because it snows hard in winter? (Not understanding that the addict in him would gladly walk miles in the deep snow barefoot just to get more drugs, but now he can drive to his drug hook-ups.)
3. Have you paid for his traffic tickets? (Why, so he could show the world that he is not accountable to society?).
4. Have you loaned him gas money to get to his job or an AA meeting? (Why, so he can save his paycheck to buy more drugs?).
5. Have you bargained with him just to get him sober? (Why, so that the addict in him could blow off his part of the agreement and lose his temper each time you try to hold him accountable?).
6. Have you ever paid for his rent deposit while he is still in active addiction? (Why, so he could have his own drug den with your money? Woo hoo!).
7. Have you ever done things for your loved one that he could do himself? (Why, to make him feel helpless and send a message that he can’t be successful without your involvement?). NOTE: unchecked enabling sends a powerful message of helplessness!!
8. Name some excuses you have heard enablers make.

________________________________________________________________________________________________________________________________________________________

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Self-Discovery Worksheet
Checklist of Codependent Patterns

This Checklist is offered as a tool to aid in self-evaluation. It can be particularly helpful to people who are addicted and also for their loved ones. Codependents Anonymous developed this list of patterns and characteristics. There is no specific number of traits which guarantee codependency. Use the statements to help you identify behaviors or areas that cause you problems. Your answers may reveal areas for self-growth and new insight. Discuss with your Recovery Coach.

- Denial Patterns

  Yes  No  1. I have difficulty identifying what I am feeling.

  Yes  No  2. I minimize, alter or deny how I truly feel.

  Yes  No  3. I perceive myself as completely unselfish and dedicated to the well-being of others.

  Yes  No  4. I ignore problems or pretend they aren’t happening.

  Yes  No  5. I pretend things are not as bad as they are.

  Yes  No  6. I get confused, depressed, sick or numb and check out.

  Yes  No  7. I overeat, overwork, drink too much, escape into TV, books, business to keep from seeing.

- Low Self-Esteem Patterns

  Yes  No  1. I have difficulty making decisions.

  Yes  No  2. I judge everything I think, say or do harshly, as never "good enough."

  Yes  No  3. I am embarrassed to receive recognition and praise or gifts.

  Yes  No  4. I do not ask others to meet my needs or desires.

  Yes  No  5. I value others' approval of my thinking, feelings and behavior over my own.

  Yes  No  6. I do not perceive myself as a lovable or worthwhile person.
Compliance Patterns

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<th>Yes</th>
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<tr>
<td>1. I compromise my own values and integrity to avoid rejection or others' anger.</td>
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<td>2. I am very sensitive to how others are feeling and feel the same.</td>
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<td>3. I am extremely loyal, remaining in harmful situations too long.</td>
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<td>4. I value others' opinions and feelings more than my own and am afraid to express differing opinions and feelings of my own.</td>
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<td>5. I put aside my own interests, family and hobbies in order to do what others want.</td>
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<td>6. I want to say NO but feel very guilty when I do.</td>
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<td>7. I accept sex when I want love.</td>
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Control Patterns

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<td>1. I have lived through events and with people that were out of control, causing me codependent sorrow and disappointment and loss.</td>
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<td>2. I don’t see my control or my fear of being out of control.</td>
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<td>3. I am afraid to let people be who they are and to allow events to happen naturally.</td>
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<td>4. I feel controlled by other people and events.</td>
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<td>5. I believe most other people are incapable of taking care of themselves.</td>
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<td>6. I attempt to convince others of what they &quot;should&quot; think and feel.</td>
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<td>7. I become resentful when others will not let me help them.</td>
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<td>8. I freely offer others advice and directions without being asked.</td>
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<td>9. I lavish gifts and favors on people even when I don’t receive the same.</td>
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<td>10. I use sex to gain approval and acceptance.</td>
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<td>11. I have to be &quot;needed&quot; in order to have a relationship with others.</td>
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**Self-Discovery Worksheet**

**Codependent Behavior**

Answering “yes” to any of these questions puts you *at risk* of being codependent. More than three positive responses may indicate that codependency may already be a problem in your life. Are you helping or hindering?

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Self-Discovery Worksheet

Relapse Triggers

There are hundreds of relapse triggers lurking around every corner. Addictive chemicals and behaviors are both insidious and cunning. While recovering persons think they are controlling their use and behaviors, they are often at great risk of having their financial, legal, social, personal, family and spiritual lives unravel at a moment’s notice. A person in recovery must be doubly vigilant to protect their sobriety or abstinence at different stages of their recovery journey. Here are six key risk factors that must be addressed to insure success.

1. Hanging out with using friends. If persons in recovery wish to remain sober, they can no longer seek out the same group they once got high with and must stop hanging in places where drug and alcohol are freely in use. Romantic relationships are stressful too soon.

2. Having difficulty living life on life’s terms. Stuff happens in life and there is little anyone can do about it. Normal, daily stressors that a non-using person might take in stride as frustration or a hassle can turn into a monumental issue for the recovering individual.

3. A strong belief that one will never drink or use again. Being fresh out of treatment is like breathing fresh air or having a brand-new life again for a recovering person. They have proudly convinced themselves that they have beaten the addiction or disorder. But they are not giving this insidious and cunning disorder or drug the respect and caution it deserves. They feel they are wiser than their addiction. This type of cocky, irrational thinking will almost always be their downfall. Humility is a word not yet in their vocabulary.

4. Perpetual anger (and irritation) at having to practice a clean and sober lifestyle. Recovering clients often do not see the role of anger in their addiction. They will lash out at others who they feel are not supporting or even applauding their sobriety; they resent the demands of having to take on the normal responsibilities of a sober person. As a Recovery Coach, it is good to remind families that the anger of their recovering loved one may be 1) a cover-up for fear they may fall back to square one (relapse) or 2) a way to hide their shame, self-loathing and guilt over the harm they’ve done to their loved ones in the past or 3) a way of coping with the stress of not knowing how to talk or act in uncomfortable situations.

5. Isolation in recovery is the worse place for a recovering person to be. Sitting alone in the dark listening to heavy metal, rapper or other stoner tunes while turning one’s emotions inward will surely open the door to relapse.

6. Inactivity and boredom provide too much time to think destructive thoughts. Instead of drugging or using: Read, walk, work out, shoot hoops, learn to meditate, draw pictures, take photos, journal, rest, volunteer at an animal shelter… Be of service and practice self-care. Recovering from an addiction takes time. Clients in recovery can use this worksheet and update it over time. Family members can also use this worksheet to create their personal list of what could trigger 1) their own relapse into enabling, and 2) create a list of things that could affect their loved one and how they can offer healthy support.
1. People/places:_____________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

2. Life/reality:____________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

3. Fantasy:_______________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Anger:________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

5. Isolation:_____________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

6. Inactivity:_____________________________________________________________________  
   ________________________________________________________________________________  
   ________________________________________________________________________________  
   ________________________________________________________________________________  
   ________________________________________________________________________________  
   ________________________________________________________________________________  

(Sources: Marlene Miller, Terence Gorski, Ernie Larsen)
Self-Discovery Worksheet
Relapse Prevention Planning

Relapse does not have to create an expensive revolving door. Preventing relapse requires two things: first, an awareness of our inner struggles such as a victim mindset, anxiety, self-pity or misplaced anger, etc., and second, a decision to take action about those persons, situations and things that are most likely to cause us problems while in recovery. Remember: a client is the only person who can keep themselves clean, but with the support of family their recovery can be made a lot easier. It is recommended that there be a time when the Recovery Coach can bring both the client and the family together to review the Relapse Prevention Plan the client has developed with the Coach’s help. Recovery Coaching helps clients to identify the mindsets and circumstances that will set them up for relapse. Discussing this worksheet with the client and their families will help to identify any relapse warning signs that may re-enter their lives.

Learning about what general factors cause relapse can increase an individual’s and family’s ability to avoid or cope with any arising relapse issues. There can be other individualized factors such as health or legal issues that may be incorporated into a Relapse Prevention Plan but the critical components are included below. The most important thing for a family with a loved one in recovery and/or aftercare is the understanding of one simple truth: relapse is only inevitable if no one takes steps to prevent it. Being proactive is an empowering step for most families.

Relapse Prevention Action Plan That Clients and Families Can Share

These are some of my warning signs and relapse factors to watch out for:

1. __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________________________________________
   __________________________________________________________________________

4. __________________________________________________________________________
   __________________________________________________________________________

5. __________________________________________________________________________
   __________________________________________________________________________
These are three ways those people can help me.

1. _________________________________________________________________________

2. _________________________________________________________________________

3. _________________________________________________________________________

I need to do these things to make sure it doesn't happen again.

1. _________________________________________________________________________

2. _________________________________________________________________________

3. _________________________________________________________________________

These are five ways that I can help myself in preventing a relapse.

1. _________________________________________________________________________

2. _________________________________________________________________________

3. _________________________________________________________________________

4. _________________________________________________________________________

5. _________________________________________________________________________

At this point you may want to type these out and share with others you can trust to support your sobriety. AA / Alcoholics Anonymous says being prepared for a relapse is the best way to prevent one.
Ethics and Legal Issues

What are Ethics?
In this segment you will learn the difference between morals, ethics, good character, codes of ethics and legal issues. You will learn the importance of establishing professional boundaries, following proven guidelines and using proper judgment. Examples of important legally required forms as well as instruction on documentation are included along with a review of the current law in regards to client confidentiality HIPAA (Health Insurance Portability and Accountability Act of 1996). And finally we will review ways to avoid potential ethical & legal problems.

Morality
Morality can be defined as the quality of being in accord with standards of right or good conduct as acceptable by society. Morality pertains to a system of practices that produce conformity within a community and defines behavior that is right as well as behavior considered to be wrong. These include values we attribute to our belief system that helps an individual differentiate between right versus wrong, good versus bad. Morals typically get their authority from something outside the individual such as a higher being, or a higher authority such as religion or from society itself.

Ethics
According to Webster’s New World Dictionary “Ethics” is the study of the effects of moral principles and standards on human conduct. Ethics is also the system of morals or code of conduct of a particular person, religion, group, profession, etc. Business ethics, for example, deal with ethics in business, and with the constant process of optimizing profitability in the context of what is right and what is wrong.

Ethics in Professional Coaching relate to how the coach provides coaching services, honesty about their competency level, how the coach presents him or herself to the community, to other members of the coaching profession, to the sponsor or organization paying for the coaching services, and to the client seeking to be coached.

Good Character
Ethics are based on moral behavior which is based on good character and certain values that an individual develops in life and brings to their work as a professional coach. Have you ever thought about the virtues or moral qualities that are found in a person of good character? Consider the following. 1) Prudence or practical wisdom- the ability to critically think through moral or ethical issues and apply insight that support the best interest of the client. 2) Integrity- a consistent commitment to do what is best, even in difficult situations 3) Trustworthiness – a way of being that demonstrates dependability, credibility, and honesty 4) Respectfulness – an attitude that shows consideration for another, especially when one’s actions will have some impact upon the
other, and 5) Compassion – a profound disquiet and heartfelt care for another’s situation and well-being. (Williams & Anderson, pg. 45)

**Code of Ethics**

A code of ethics is a document created to outline the mission and values of the business or organization, how professionals are supposed to approach problems, the ethical principles based on the organization's core values and the standards to which the professional will be held. In effect a code of ethics is put in place to define and raise the standard of service within an organization or association and to avoid legal breaches.

Both businesses and trade organizations typically have some sort of code of ethics that its employees or members are supposed to follow. Breaking the code of ethics can result in termination or dismissal from the organization. A code of ethics is important because it clearly lays out the "rules" for behavior and provides a preemptive warning. You will find examples of Codes of Ethics for Professional Coaches as part of this course.

**Ethical Dilemmas**

_Ethical dilemmas_ occur when there are gray areas between right and wrong. In these situations one can be tempted to bend the rules. For example, quite often professionals may stay over a weekend after a business trip at a beach resort for a well-deserved vacation. The business trip was covered by their employer, but how do they handle paying for their additional expenses? How do they handle meals or airfare? This is an example of when we need to exercise good judgment and understand the policies of the employer in these matters so we can remain ethical.

Again, ethics is a system of moral principles that guide one’s professional life. A specific coaching example could be when the coach and the client really enjoy each other’s company and are becoming more physically attracted with time. What would be considered ethical coaching behavior in this situation? According to Williams and Anderson _Ethical Behavior_ is “a choice to conduct oneself in keeping with a set of core values and the code of ethics of a profession as a form of self-governance defined by high standards based on those values.” When it comes to ethical decision making here is a series of questions you can ask yourself.

What do I know about the situation?
What else do I need to know?
What does the ethical code say?
What are the legal issues?
With whom should I consult?
What does the client think is ethically appropriate?
If I were the client, what would I hope my coach would do?
(Williams & Anderson, pg. 53)
Ethics and Laws – what’s the difference?
We want to point out that an action can be unethical, but not illegal. However, most actions that are illegal are also unethical such as taking bribes or paying them to officials to benefit your business. Another example would be falsifying documents for personal gain or failing to protect written coaching records. Laws are mandatory. They are required practices which are binding and carry penalties if not adhered to. Law is a body of rules of conduct of binding legal force and effect, prescribed, recognized, and enforced by controlling authority, usually a government or branch of the military.

Your Context for Coaching
Professional Coaches and Professional Recovery Coaches provide their services in different contexts. You will have different legal and ethical guidelines to follow depending on different circumstances and you will have to comply with a company’s rules and guidelines when you coach their employees. A key to ethical practice is specifying and agreeing upon the coaching process and client’s expectations in advance.

You may only provide one on one coaching, either in person or electronically. This will dictate how you set up your business structure, keep your records, use an engagement letter, etc.

Coaches are often hired by a company to coach their employees or their management team. The Coach must be aware of confidentiality and needs to find out how HIPAA regulations affect that company. Other factors include identifying who is the sponsor or party paying for services? Do they have their own personal liability insurance that covers vendors and outside coaches? What is the code of ethics for the company?

Professional Recovery Coaches may also be hired to provide aftercare services for a group or to run relapse prevention programs for ongoing groups. What is their code of conduct? How do they comply with HIPAA regulations? Do you have your own liability insurance that would cover you in this situation? You will be expected to follow the protocols of the company you are serving.

Good Judgment
Judgment is the ability to form sound opinions and make good decisions using morality as a guide. The professional field of coaching in general is an emerging field. Its ethical standards and legal implications continue to develop and form so it’s important to stay abreast of state and federal laws concerning professional coaching.

HIPAA – A Mandated Legal Standard
Where legal standards are concerned, there are no exceptions. These standards are law and therefore mandatory. In the United States, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a set of legal standards enacted in part to protect the confidential nature of
personal health information and how it is shared and transmitted either physically or electronically. HIPAA regulations apply to “covered entities” such as hospitals, insurance providers, private healthcare practices, behavioral health professionals and the clinicians that work with them.

**HIPAA – Covered Entities**
Technically, a Professional Coach is not considered a “covered entity”, but it is wise to be aware of the laws in place to protect client information and to adhere to ethical standards that reflect the purpose behind these laws. All personal health information that is sent via email must be encrypted or it is illegal and in noncompliance. Mailing health records is one way to stay in compliance. We also need to be aware that we will have clients who come to us with a history of being in clinical treatment or in counseling. They may want to share some of this documentation with us, but these documents are under HIPAA compliance. You must know that you become legally responsible once you receive these documents. Each Professional Recovery Coach needs to decide if they want to accept that responsibility. You may decline to accept such protected health information since you are NOT a therapist or clinician.

Professional Recovery Coaches find client referrals through treatment centers, clinical therapists or counseling practices, as well as through attorneys who work with DUI clients (Driving While Intoxicated), from hospital wellness centers, college medical clinics and so forth. These referral agencies will EXPECT a Certified Professional Recovery Coach to be aware of, and to respect HIPAA laws and other regulatory structures affecting these agencies and professionals.

**Release Authorization**
In order to protect your client’s privacy and to follow best practices regarding confidentiality and substance use, misuse and other addiction issues, Professional Recovery Coaches must follow best practices in this area. It is important to obtain *written client permission* to specifically release information about the client to other professionals such as a licensed psychologist or counselor, the court system, a school social worker or the probation department. If someone besides the client is paying for your coaching services, it is important they understand that you cannot release information to them without written client permission. You may make general statements such as all is going well, progress is being made with identified goals, etc.

**Other Applicable Laws**
Other laws that apply to a range of helping professionals with respect to potential legal liability suits could potentially affect you as a Professional Recovery Coach because of the issues that many of your recovering clients may be dealing with. You may decide to include a section in your client agreement that informs your clients of your personal obligation to report certain issues and then list them. Laws in various states or nations address the following responsibilities.
The Duty to warn and protect refers to the responsibility of a counselor, therapist or helping professional to breach confidentiality if a client or other identifiable person is in clear or eminent danger. If you are working in concert or are employed by a treatment facility, you would start with reporting to your supervisor and any other official as deemed necessary by the organization with the express intent to notify the proper authorities (i.e. sheriff, police department or other government agency with jurisdiction) as to the danger. If you are working independently it is your responsibility to research what agency you must report your concerns to.

There is also mandatory abuse reporting for minors and the elderly. You must report any client that you know that has abused a minor or elderly person.

There is also the requirement to report medical emergencies to medical personnel. It could mean a client showing up with visible signs of physical violence such as marks around the arms, the neck or throat or wounds of any kind. Reporting medical emergencies could also mean signs of medical distress that warrant reporting or any potential medical emergency a Professional Recovery Coach may encounter. Just note that any exceptions to the above laws should be immediately discussed with a supervisor or an attorney prior to breaking confidentiality with a client. Again, as a Professional Recovery Coach who is serving a variety of clients with a range of needs, it is your responsibility to research these issues in your area.

Other Legal Considerations
Depending on your context (one on one; employees; coaching clients in a recovery or treatment program) Professional Coaches will need to consider how to set up their own coaching business and decide what the best legal structure is for your needs- sole proprietor, partnership, Limited Liability Company (LLC), corporation, etc.

- What will be the name you use for your business?
- Will you need a business license to charge fees for your services?
- Setting up a bank account and bookkeeping for your business.
- Contracting with your clients ethically and using a legal agreement or letter of engagement specifying fees, length of services, etc.
- Staying inside your Scope of Practice which is to only provide Coaching services. You are NOT a therapist, or a marriage counselor, or a trauma specialist.
- Identifying a list of people to refer a client to when you feel they need more professional help then you can provide. If the client decides it is helpful to them, you may work with the client to research the resources in their community they might need in case of emergency or other change in their situation. Resources for growth and for support.
- Protecting your Intellectual Property with copyright and trademark laws.
• Insurance requirements for your coaching practice, from general liability, fire and theft for replacing your equipment, to liability insurance for your coaching services. A company you may want to research is called HPSO Healthcare Providers Service Organization which has professional liability insurance for a range of counselors and has also begun accepting Professional Coaches. This is a personal decision and not required but you should weigh the pros and cons based on the types of clients you want to serve and their life situation and the investment needed for peace of mind.
• In marketing, make no extravagant claims or guarantees for outcomes or focus instead on processes that provide opportunities for personal growth and development, and the guiding hand that the coach provides in helping clients realize those opportunities.
• Be aware of new regulations affecting Professional Coaching in different states and nations.

(Williams and Anderson, pgs. 178-182)

Let's take a look at some ethical guidelines for Recovery Coaches.

Walking the Talk
Word travels fast among professionals and their clients. Those professionals suspected of exercising poor judgment in their profession soon find themselves blacklisted or sued for malpractice even though their actions may not have been illegal. You can become educated on the law and professional ethics, but no one can teach good judgment. Various coaching associations have their own code of ethics and coaches must learn to use proper judgment and adhere to ethical guidelines as laid out within their own professional codes of conduct. It becomes our duty to remain objective and professional in all of our dealings with our clients. The primary focus should be assisting clients with their recovery related needs and goals and never our own.

In the case of a moral dilemma, there can be more than one right or wrong answer, and it’s those grey areas we must navigate carefully. One example of a moral dilemma in coaching is the young woman who has broken free from a controlling and violent boyfriend and cleaned up her life. She admits in coaching sessions that he has been showing up uninvited and you see possible evidence of domestic violence. She has shared the facts of the situation only because she knows she can trust you. She has a five year old child in the home. How would you coach her in creating a practical safety plan with action steps she is comfortable with? How would you address her ‘stinkin thinkin’ about the situation? What type of referrals would be helpful in this case and how would you follow through?

Ethical and moral dilemmas are not easy, and this is why we rely on current laws and professional ethical codes to help us navigate these types of situations.
Coach/Client Relationship
The relationship between a Professional Recovery Coach and a client is one of teacher-learner or giver-receiver of services. And if you notice carefully these terms are always separated by a dash, teacher-learner, giver-receiver, meaning that these lines are never to be crossed. When you are working in a program setting, many of your clients will come to a coaching session who are stuck in a negative place or are encountering mental barriers that are getting in the way of maintaining their sobriety. They are also often emotionally fragile, confused, vulnerable, lost or alone. This can sometimes result in a client’s misinterpretation of signals being sent by the coach. The coach may be the only person in that client’s life who has truly listened, and this display of care can cause some clients to think a coach might want to take the relationship a bit further. This misinterpretation of signals is common in many areas of the behavioral sciences. Because coaches are also human, they too can be caught in the trap of reading a client’s signals the wrong way. But what every coach needs to understand is that as professionals, a misunderstanding is never the client’s fault. It is always presumed that the Professional Recovery Coach knows right from wrong and must take all responsibility for maintaining a professional relationship with the clients.

Ethical Guidelines for Recovery Coaches
Here are some guidelines you can apply in your work with clients. Social contact is to be limited, always meet in an appropriate setting. Sexual or rather intimate relationships are always prohibited. Never take sides on a moral or religious or political issue. Do not bring your personal issues or professional challenges into the coaching relationship. Minimal self-disclosure is always the best practice. Afford clients the dignity of risk and the rights to fail. In this way you may assist clients in their effort to grow beyond their current situation. Never accept money or gifts from clients beyond what is in the agreement. Always tell the truth. Be worthy of trust. Relate to clients with empathy and seek treatment, counseling or coaching for yourself, whenever you feel you need it.

Things to avoid and watch for
There are also things to watch for and things that you will want to avoid. Always try to avoid client dependency. This is where the client becomes so dependent on you that he or she becomes frozen in their forward movement and expects you to give them all the answers and support. Be aware and careful to develop a respectful way to keep a firm boundary when a client is putting you on a pedestal as their coach, or asking inappropriate personal questions, or inviting you for coffee, or getting a little too personal in other ways, etc. Then there are clients who want to be rescued. This goes along with client dependency and you must help clients learn to help themselves. Don’t try to rescue them, keep it professional and try working from your own area of expertise. Remember, Professional Recovery Coaches are not counselors or therapists and you can always refer your clients who need more help than you can provide. Also, Professional Recovery Coaches do not play the role of a 12 Step Sponsor.
Another mistake we make is not documenting. If you don’t document it, it didn’t happen. If you don’t document, the client can come back and sue you, and if you don’t have proper documentation, it’s your word against theirs and that could place you in a vulnerable position. It’s a good practice to document the activity in the client coach relationship both for legal concerns and to provide client accountability.

Be aware of dual relationships. This is when the coach and client are in a professional and personal relationship. Coaching is not clinical, it is not psychotherapy so there can be more flexibility in which you interact with clients outside of coaching sessions. In smaller towns and organizations it may not be possible to only coach people that you do not know personally. Use good judgment and experiment.

Here’s a final word concerning the issue of sexual attraction between the coach and client or vice versa. Any kind of flirtation or engaging in behavior of a sexual nature takes advantage of the client who is coming for help – no matter which person starts it. Again, as ethical professionals, we take full responsibility for the boundaries of the coach client relationship.

**Documentation**

A little more on documentation. As we mentioned, if it wasn’t documented, it didn’t happen. Documentation is an official record of information and it needs to be filed away in a safe place. We live in a litigious society where people can be sued for just about anything. We also may be called upon to testify for other cases, in which case client notes will be of great assistance. Documentation serves as a form of communication among professionals, but even in sharing this information among professionals, you must get written permission from the client to do so. Keeping records can provide information on client progress. You can document what worked, what didn’t work and the next steps they plan to take in meeting their goals. You can make brief notes about your thoughts. But be aware that what you write could possibly end up being read out loud in a courtroom so be wise. Many of us today are using electronic transactions and communications regarding clients. If you are going to do electronic transactions or communications, you must include a disclaimer similar to the one below. It is your responsibility to find the correct legal language related to maintaining confidentiality. Example:

“This message and any attachments are for the sole use of the intended recipient and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure or distribution is prohibited. If you have received this message in error please contact the sender by phone or reply by electronic mail and then destroy all copies of the original message.”

This is important because violations of federal confidentiality law about a client’s substance abuse, addiction or treatment is very serious and may lead to loss of credentials, civil law suits and
criminal prosecution. Federal laws of confidentiality restrict us from confirming or denying any information about the clients we work with without written consent.

Do’s and Don’ts
When you are approached by anyone, professional or otherwise regarding giving information about a client, you must say, “I am sorry I can’t speak to you about (fill in the blank) until I receive a signed release/consent from him.” and that’s all. Do not provide any information until you have clearance from your client. Tips on documentation: Keep It Simple - and this just means that anything you write, anything you document, keep it simple and to the point. When providing client information, do not give any more information than you need to give to satisfy the inquiry. Be objective and descriptive answering inquiries with clear, precise information. Be comprehensive and answer all inquiries completely. All documentation must be retrievable, and all records kept in a secure, safe place. If using hard copy filing cabinets, they should be locked and secured. When using electronic file storage, secure passwords and access rights should be in place. Don’t ever use white out. If you have something to erase or remove, you are going to have to re-type it. Avoid using third party information or hearsay. Stick to the facts of what you are encountering with the client personally.

Do not include in the documentation any personal or moral judgments, and avoid irrelevant details. Also avoid crossing out information and then initialing it, it doesn’t work; it has to be re-typed and re-done. This provides both professional clarity and a safeguard for you in the case of litigation.

Terms of Service & Release of Information Forms
Since we have been talking about documentation, we will briefly look at two types of forms you used in a Professional Recovery Coaching business. Students enrolled in the Certified Professional Recovery Coach Program come from many different States and countries so we recommend that you consult an attorney in your area to learn about special legal details that may apply to you. Professional Coaching is not regulated in many places so there will not be rules or statutes in place. That said, there is certain basic information you may choose to include. The information below is for educational purposes only. We do not have the legal expertise to create legal documents for such a wide variety of geographical areas.

Terms of Service or a Coaching Agreement. This document clearly defines what you will and will not do in terms of serving the client in the coaching relationship. It includes clarification on payment, meeting times, confidentiality, expectations of service, client accountability and responsibility in the process, and conditions for success. This is a binding contract and we urge you to seek advice for other types of forms you may select for your practice.

Let’s take a moment to review the important elements in each document. In the Terms of Service example, first the client is making the choice to seek out your services, it’s voluntary. You will
want to make clear what the service fees are and who is responsible for payment. Set up cancellation guidelines for when the client may need to miss an appointment. Emphasize that results depend fully on the client’s active participation, and that there are no guarantees on positive outcomes.

Inform clients that their information will be kept confidential in accordance with state and federal law and list the reasons for any potential breaches of that confidentiality. And finally, list the rights the client has to be informed of steps involved in receiving services, to have records kept confidential, to be treated humanely and protected from harm, to make informed decisions and to contact and consult with any counsel or practitioner of their choosing at their own expense. Have the client read and then make sure they understand and then sign and date.

Another form you will need to keep on hand is an Authorization to Release Confidential Information. On this form the client will specifically identify the person or agency to which you both agree you will release their information with their consent. It must be signed and dated by the client.

Be sure to discuss with your clients who they want you to call on their behalf if they need the help of a counselor or therapist or other supportive person at their own expense.

**Codes of Ethics Examples**

We have included in the course Handbook, the Confidentiality and Non-Disclosure Agreement you signed online when you enrolled in the Certified Professional Recovery Coach Program. Please take time to read and review it now that you have covered this segment on Ethics (find below in Worksheet section). We have also included the Code of Ethics for both the IAPRC and the ICF (International Coach Federation). Additionally, you may download in this segment the IAC Code of Ethics (International Association of Coaching) for further information.

**Summary**

Learning clear ethical guidelines will help us maintain proper boundaries as coaches and ensure there are no ethical or legal breaches in our interactions with clients, with sponsoring organizations, and with the larger community.

If you are considering starting your own Professional Recovery Coaching business, we recommend that you read *Law and Ethics in Coaching: How to Solve - and Avoid – Difficult Problems in Your Practice* by Williams and Anderson, 2005. This book is available on Amazon.com and provides important instruction on ethical professional practices, and legal issues involved with starting your own practice. You can decide if or how you want to implement their recommendations. Our goal in this short course is to make you aware of some of the issues and discussions in the expanding profession of Coaching.
Activities:
1) Please read the two ICF Sample Coaching Agreements below. The first example would be for a coach being paid for their services in a business or corporate setting, or when a client’s family member is paying for coaching services. The second example may be sufficient for many coaching situations.

*Note: The ICF and the IAPRC are NOT offering legal advice regarding Coaching Agreements. It is the responsibility of every coach to seek out legal advice in their city, state or nation related to written coaching agreements, licensing a business, or insurance.*

2) Please review the Code of Ethics for the IAPRC and the International Coach Federation (ICF) included below. The Code of Ethics for the International Association of Coaching (IAC) is available for download within your online course.

3) Please also review the IAPRC Non-Disclosure Agreement.
Transcultural Awareness

In this segment we will discuss transcultural awareness in the context of the coaching relationship. Awareness is identified as a main competency in intercultural and transcultural coaching. It includes building awareness in both the client and the coach about their own personal values and ethics. Let’s begin with a quick gut check. How do you feel about African Americans? Latinos, Hispanics, Jews, Muslims, the homeless, illegal migrants? What about people with dreadlocks, tattoos, or piercings? How about those in inter-racial marriage or same sex marriage, or persons with HIV or the handicapped? How might these people feel about you as their Professional Recovery Coach?

These are just a few of the many people you might be working with in the future if you are working in an aftercare setting. What feeling comes to the surface as I read the introduction? Was it related to thoughts that are culturally biased? Culture bias is a phenomenon of interpreting and judging other people and cultures by the standards of one’s own culture. Whether we admit it or not, the assumptions we make about the clients we serve can often spill over in our interactions in subtle and not so subtle ways. The growing increase in racial and cultural diversity in treatment and after care has made cultural competence, cultural humility, or at least cultural awareness a necessary standard in the behavioral sciences and has become an ethical challenge for practitioners in various settings.

You Will Learn
Trans-cultural awareness and the acknowledgment of class, gender and sexual diversity are critically important dimensions of addiction services and behavioral health, including aftercare and Recovery Support Services. In this segment we are going to help you develop an understanding of culture bias, ethnocentricity and xenophobia. You will come to understand how culture bias, ethnocentricity, and xenophobia differ, and how culture bias affects the recovery coaching process. You will learn how cultural dynamics can empower or dis-empower clients in the coaching process as well as identify cross-cultural coaching techniques.

Managing Your Own Biases
A Lakota Indian Legend tells a great story about managing your own biases. A grandfather was teaching his grandson about life as they sat at the bank of a river waiting to catch the fish that would bless their dinner table. The grandson asked, “Grandfather, why is there so much pain and violence in the world?” The grandfather paused and commented to his grandson, “A fight is going on inside of every person, me and you,” he said to the boy, “and it is a terrible fight. It is between two wolves; one is evil and represents anger, envy, sorrow, greed, arrogance, bias, resentment, false pride and superiority. The other is a good wolf and represents joy, peace, love, hope, inclusion, serenity, humility, kindness, benevolence, empathies, generosity, truth, compassion and
faith.” The grandson thought about it for a moment and then asked, “Grandfather which wolf will win?” The grandfather paused and replied, “The one you feed.”

Working Definitions
Let’s review a few working definitions when dealing with cultural competence.

- **Culture bias** is interpretation and **judging** based on standards inherent in one’s own culture.
- **Ethnocentrism** is the belief in the intrinsic superiority of a nation, culture or group to which one belongs. In addiction services and aftercare, it is a belief that dominant culture approaches are universally applicable.
- **Xenophobia** is the irrational or unreasoned fear of what is perceived to be different.
- **Professional Cultural Competence** is a set of congruent behaviors, attitudes and policies that come together in a system, or among professionals that enable effective work in transcultural situations.
- **Attitude** is nothing more than a willingness to adapt to the needs of clients and to meet those needs in objective and non-judgmental ways.

Developing cultural competence as a profession is going to become more critical in the 21st century as more people of various cultures, beliefs and lifestyles are going to enter addiction services and Recovery Oriented Systems of Care. These clients will also enter 12 Step programs and various types of aftercare and also seek out Professional Recovery Coaching.

Gathering Information
With Transcultural clients you will want to gather as much information as you can, for example what is the dominant language of the clients? What is the cultural communication style? In some cultures the father sits quietly, but he is the decision maker nonetheless. Talk about the family hierarchy and roles in a patriarchal or matriarchal society. What are the gender roles for male and female? What are their religious or spiritual beliefs? Spirituality is very critical because sometimes alcohol or drugs are used in the religious or social rituals. What are the traditional health practices in their culture? Some cultures use shamans or what some in Latino/Spanish speaking island countries call kurandelos.

Establishing Cultural Relationships
Coaching across cultures can be challenging but not impossible. For example in our effort to learn and understand as much as possible about our clients we can make the mistake of asking irrelevant and sometimes inappropriate questions such as: “Where are you from?” “What tribe do you belong to?” “Do you call yourself Latino, Chicano, or Hispanic?” “Do you know that I am ¼ _________?” and then you add your race. We must take time and pause and listen carefully to what our clients are saying. Less acculturated clients for example, like to check us out first. They almost always ask questions about you as a person and less about who you are as a professional. They are often...
less interested in your credentials and more keen to determine your world view as a Professional Recovery Coach and how it’s going to apply to them in the context of the Coaching relationship. Mentally they may say to themselves, “Who are you to tell me I should listen to you, much less tell you my personal goals?” So the goal of the Professional Recovery Coach is to first build trust and then hope for the client. Building rapport is paramount when you are dealing with transcultural clients. Here are some tips in establishing the coaching relationship:

Begin to engage clients in a warm and respectful manner. Don’t interrogate. Be aware of the family hierarchy when other family members are present. A good example is that the parent who is speaking is not necessarily the decision maker. So although most of the conversations take place with the mother, the father may be the ultimate one who decides. This could be reversed in other cultures.

**Stereotypes versus Seeking Insight**

Don’t stereotype and avoid the one size fits all approach. Refrain from imposing direction or using an authoritative voice. Respect the client’s rights and self-determination. Seek to understand the client’s goals from their cultural perspective. Be aware of levels of multiculturalism. For example, are they first generation immigrants? Second generation, third? Are children straddled over 2 cultures such as the family’s culture of origin and the new culture of America or another country?

These situations can present a problem for the parents because their children are becoming more and more acculturated and they feel they are losing more and more control over the family structure. Respecting the client’s goals within their family and cultural context becomes very important.

Become aware of the impact of xenophobia and poverty on the family. Empathy and cultural understanding are learnable skills in understanding a client’s meaning in a coaching relationship. It’s about building a trusting relationship between coach and client.

**More Ways to Establish Cultural Relationships**

Important tips: avoid acting cool just to fit in, avoid using urban language or claiming that you are one sixteenth Cherokee or greeting with a ghetto handshake or a fist bump. Be aware of cultural nuances because everything that is said has some kind of cultural meaning. Be aware that in certain cultures the woman is the gate keeper but the husband, who may be sitting quietly, must be acknowledged as playing an important role in the process.

**Discover Your Community**

Become proactive by attending the cultural events of the community you serve. Be seen, be known, be respected and be respectful. If someone at a community event offers you a plate of something to eat that you don’t recognize, eat it anyway. Become aware and visit cultural and ethnic networks...
in the community, such as faith-based, medicine wheel, white bison (American Indian concepts), and other networks. These experiences can help you to: 1) develop a more focused referral list of Recovery Support Services and helping professionals, and 2) become a more empathetic listener which contributes to making the coaching process a success. In a worst-case scenario, get yourself to a workshop on cultural competence, but don’t be hard on yourself if you are not informed in this area, especially if you are relocating to a new city with different ethnic groups and networks. Cultural awareness and competence is a personal lifelong journey that can be nurtured and cultivated.

First Steps in Acceptance
In transcultural coaching, there must be a level of accepting and being accepted. As a Professional Recovery Coach, you will want to reach out and show acceptance and respect from the beginning. Start by just being a genuine person. Addressing clients in a friendly, yet not too informal manner is helpful. “How are you today?” “How can I best serve you today?” Try to engage the clients in a warm and respectful manner. Always communicate respect with reflective listening, and express optimism at all times. Less acculturated clients may expect a more formal but relaxed relationship with people they do not know well, but in time if the process works for them, you will be given nonverbal cues as to whether or not to take on a less formal attitude.

Guidelines for Dress, Humor and Body Language
Try dressing in casual business attire. People in the helping professions are still viewed as authority figures by other cultures so business or formal wear may represent a threat to the client and a sign of superiority or disapproval of the client’s current condition. Also, try to reflect empathy but do not disclose your past compulsive behavior such as drinking or drug issues. If you are or have been in recovery, the old “been there done that” approach may work with more acculturated and sophisticated clients but does very little to create self-awareness in less acculturated cultures. Avoid using humor with until you have been given nonverbal permission to do so. Humor, when used to take the client’s mind off an emotional subject or threatening problem, may communicate that the statements they are making or revelations they have made are not important. There is also body language to consider. In some cultures, for example, a firm handshake or the use of direct eye contact may be interpreted as a sign of aggression. There are numerous cultural nuances you will need to look for and be aware of including how close or far apart you stand.

More Helpful Steps
It is also important to try and seek an understanding of the client’s goals from their cultural perspective first. Listen for clues as to possible influences of cultural and spiritual beliefs. Try to determine the impact that xenophobia, poverty and acculturation has had on the individual and their family. Many of our clients have survived multiple intense challenges and barriers including the struggle to get into the United States (or another country). Adjusting to and forging new lives in a different alien environment are daunting tasks in themselves.
Many transcultural clients have had to cope with the stresses of xenophobic attitudes, rejection, exploitation and racism that up to now have made substance abuse almost a necessity of survival. When possible and appropriate, determine the level of multiculturalism within the family constellation and how long they have been in the current country. As you learn a bit of the cultural identity of your clients, be mindful not to offend them with cultural assumptions. Reflective listening is very important in helping a client feel like they have been heard.

Always pause and think to ask yourself, how is this information I’m going to get helpful for the coaching process? If we will learn to take a delight in the essential differences and diversity among clients, we will not only broaden our ability to work with clients across cultures – but will enjoy the process and gain new perspective.

Do not fall into the trap of giving solutions. Authority figures are expected to direct and tell people what to do. You will be viewed as the authority figure at first. Less acculturated clients will expect you to tell them what to do in their recovery efforts. Keep reminding your clients that the answers and solutions are within them, and that your role is only to guide them in the direction of their goals. Use of solution focused questions will help clients begin the process of identifying their own goals.

**Summary**

In this segment we have explored ethical concerns related to developing an understanding of how culture bias can impact the coaching process. Cultural dynamics can empower or dis-empower the process. We have learned the ethical mandate and importance of considering differences between people of varying backgrounds and cultures. We have also reviewed some transcultural coaching techniques that will advance the recovery coaching process.

**No Self-Discovery Worksheets for this segment.**
First Client Sessions - Individual and Group Settings

Professional Recovery Coaching: Different Settings
Professional Recovery Coaching and Professional Coaching can take place in two different settings. First is one on one with clients in person or by telephone or other electronic means. Typically, clients have had a complimentary session with you. They are motivated on some level to engage with you and have entered into a financial agreement with a time commitment. Other courses in this series emphasize skills and activities for initiating the coaching relationship with individuals.

Professional Recovery Coaches and Recovery Support Specialists may also be employed to coach groups of people in aftercare programs or in different types of Recovery Support Services. Clients in group settings who are mandated or required by authorities to attend may be ambivalent or negative about the coaching process.

In this segment we will provide guidance on how to establish the coaching relationship in one on one coaching and in a group setting that includes orientation, setting expectations and goal setting. In the first couple of sessions you will set the tone for the new client/coach relationship. We are going to teach you how to outline to clients the benefits of Recovery Coaching. You will learn how to ask the proper kinds of problem and clarification questions as you work with individuals. You will also learn how to articulate group expectations and develop group agendas for your own group sessions that are not part of an addiction recovery program.

Defining the Relationship
When a client first walks through the door you will want to make them feel welcome, sit down, greet and make introductions. Then once you get to know a little bit about each other’s background, you will want to establish with the client that you are not a therapist, you don’t do assessments nor do you treat anyone. Make this clear up front. For example, you may also say: “I'm a recovery coach, as a coach I will maintain a professional but collaborative relationship that will focus on your strengths and abilities to conquer or cope with whatever is preventing you from meeting your goals. Our relationship will be unlike any other professional relationship in that it is not based on any psychotherapeutic or spiritual principles. Our relationship will be based on trust, experience, mutuality and on the importance that you place on regaining what was (or is being) lost through drugs or alcohol. This is what I'm prepared to do for you and I will support you in doing what you need to do for yourself.”

Once you have given the clients an overview of what they can expect from you and discuss what their expectations are as well, then you can outline the benefits of Recovery Coaching. You will want to address the role you play as a Professional Recovery Coach, and outline what you are going to do together as you work collaboratively to support the healing and recovery process.
Outlining Benefits to Clients
In outlining the benefits of Recovery Coaching for clients you will want to communicate the following ideas: “My role as a Recovery Coach is to help clarify where you are, as well as where you want to be. We will explore internal and external barriers that get in the way of your recovery and devise options that can personally work for you. I will also outline and help you explore community support systems that can help remove barriers.”

Let clients know how very important a role their community can play in the healing and recovery process. You will also want to tell clients that you are going to assist them in identifying any thinking errors they may have and ways to modify them. Many of our clients come to Recovery Coaching with some cognitive dissonance, so it’s our job to get them to question their erroneous thinking. You will also want to tell clients: “I will provide you with support and accountability for your own wellness. (This may include home study reinforcement, Skype self-reporting or hotline access.) Together, coach and client will explore self-discipline strategies that can help clients maintain sobriety. However, the client must do all the heavy lifting. Let them know, “I’m here to help you, but you must do the work, and together we are going to construct a personal relapse prevention plan that you can use when you experience triggers and urges.”

General Orientation Techniques
During client orientation you will want to begin to engage your client in buying into the program, and you do this by establishing a rapport. First impressions are critical so you will want to begin by showing care and concern about the client as a person. Be sincere be genuine, reflect empathy with comments such as, “Oh I see, that must be terrible, tell me more about that.” Take brief notes as doing so can easily disrupt the flow of conversation. You don’t want to be writing an essay in your note book – just write brief notes that can trigger some thoughts or some follow up issues that you want to revisit. Be patient with clients who fear sharing at their first meetings. Many of our clients come to us with some fear; some clients think they may not be able to make it through to sustained sobriety or recovery. They are checking you out; they are making sure that you are a person they can open up to who will be able to help them get through their impulses.

LISTEN!
Listen intently. Resist the urge to think about what you are going to say next while the client is sharing. Really give your clients a chance and listen to what they are saying. You are their confidant and will need to practice the four E’s: engage, encourage, empower and evaluate for progress. In order for clients to participate in creating their own change, they and they alone must do all the heavy lifting and become their own rescuers. The decision to change must come from them.


**Structuring the Relationship**
You always want to begin with a brief introduction of yourself and your background. You want to begin establishing rapport by being sincere and genuine and by listening. Focus your listening on what the client is saying. Ask the leading question, “What is causing your concern or the problem and how is it affecting you?” “How is it affecting the work place and how is it affecting your family?” Ask clients to articulate their goals and aspirations. You will also want to discuss the client’s expectations regarding this and subsequent sessions.

At the beginning of the sessions as you structure the relationship, it is important to begin discussing what recovery coaching is all about and what it isn’t. For example, explain that the coach’s role is to respect the client’s rights to help themselves as well as their right to determine what is or isn’t the best course of action. Explain to the client that as the coach you will simply work together with him or her to identify their strengths and weaknesses and then use coaching skills to help them create an action plan based on their wants and needs.

After that you begin to discuss the legal aspects, such as payment arrangements (are you going to use insurance, cash or credit?). Then you talk about HIPPA and confidentiality laws that say that you cannot disclose anything to anyone without their written permission. You may also want to discuss the issue of e-coaching because it is becoming a very popular method of Professional Recovery Coaching. Talk about the times you will be available, the standards that you are going to adhere to and other payment issues. Begin to discuss how you can help the client resolve problems. Suggest to the client what you think might be the first steps at the next meeting and discuss possible directions or concerns. Then you begin to bring closure to the session by recapping everything that was said and everything that was heard so that there is clarity on both sides

**Orientation Questions**
Here are some examples of some questions you can ask as you are listening, processing and responding to what the client is saying. You don’t want to drill them with a list of questions, but you can use some of these throughout your first sessions. “How can I be of help to you? What do you expect to get from this session? If you were cured today or modified your habit, how would that look? Which drugs are you currently using? And which is your drug of choice? And how is that working for you? How does your drug of choice help you cope in healthy ways? Share with me the reasons for your use. What have been the legal consequences of your alcohol or drug use? Explain how your drug use has interfered with your family, your work or with school? How do you see your drug use? Is it a problem or not a problem? And then last, you always want to ask them to briefly outline their goals and aspirations.

**All Your Problems Are Related to Addiction**
There are various orientation discussions and different tasks you start off with in your first or second session. Begin with “All of your problems can be related to addiction. That’s right, all of
them are related to addiction, let me show you how. You began drinking and drugging to deal with your problems. Your problem was caused by your addiction. And your problem was complicated by your addiction. And your problem continues to increase your risk of relapse. Take a few minutes and discuss those assertions.

Then you will want to outline a plan for the client. “Look, there is still hope and here is what we are going to do. This is what we are going to do together. We are going to identify those problems and relate them to your addictive behaviors. We are going to discuss together how you are trying to solve or manage them and how that is working for you. We are going to look at ways you can begin challenging your addictive thinking. And together we will devise a personalized plan of action to prevent or at least cope with the problems that may arise while you are in recovery.” See how that works, it’s an excellent little sample orientation discussion that you can use and enhance in any way you wish.

**Why Ask?**

Once again, you can see that we are using the enquiry method of getting the client to a position of change. Why do we ask questions? Basically, we ask the client because he (or she) is the expert on himself. The coach only has very little information to go on, so asking questions makes the coach more aware of what the problem or situation is as it relates to substance abuse. Asking also creates buy-in from the client. It empowers clients and places them in a responsible position to participate in their own healing. Asking questions and really listening creates authenticity and mutual trust.

**Problem ID and Clarification**

Another good method Professional Recovery Coaches use is to begin to identify the problem and get further clarification about what is going on in a client’s head. Sometimes you have to be direct, but you have to be direct in a positive respectful manner because that’s essential to the Recovery Coaching process. You can begin by asking the key question, “What is the problem?” or “What is the concern?” or “How is it affecting you or others?” “What has led up to this?” and “What are you or others doing to cause or complicate the problem?” “Why are you interested in solving the problem now, why didn’t you try to solve it a month ago, two months ago, or last year?” “Describe the problem as if it were a story, with a beginning, middle and end.” “Does the problem create any urges for you such as relapse, suicide, or running away?” and so forth. “Begin to describe how this problem may happen again in the future if it’s not solved.”

**In the Questions Are the Answers**

Here are some questions that will really shed light in several areas. Ask questions about the problem, “You said earlier you had difficulty with substance abuse and alcohol, can you tell me more about that?” And then there are questions relating to thoughts, “When you experience that problem, what do you tend to think?” And then questions relating to feelings, “When you think
that way, how does it make you feel?” Then there are questions regarding urges, “When you feel that way what do you have the urge to do?” Ask about actions, “When you feel that urge what do you actually do?”

There are questions related to relationships, “In doing …, how does it affect your relationships?” And then there is clarification on whether the problem or the solutions that he or she has tried are working or not. “How do these actions get you what you want?” And then we get to change movement or change thinking by saying, “Share with me another way to cope with the problem or situation?” These types of questions put the client in a position of responsibility, of having to respond and get closer, and get in touch with their true feelings.

**Clarifying Questions**

So, the first sessions with the client are spent on clarifying questions. It might seem over done or overdoing on the part of the client but these are necessary questions to get to the core issues. You can begin by asking “how much is this problem affecting your personal happiness and how much longer are you going to put up with it?” “What is the situation or addiction costing you, and how does this behavior affect you? How does it affect your job, your family, your marriage?” Also, “how much does your behavior and your problem take away from your spouse, your son, your daughter, or your job?” “What would you like to change about your situation?” And last, “what effect or effects does drinking and drugging have on your relationship with _________?” and then you list the names that come up in the interviewing sessions.

**Empowering Questions**

Whenever you ask the client difficult or hard-hitting questions, it is good to follow up with questions that either put the client at ease or empower the client to want to pursue things further. “If you want to get along better with _________ (say the name) what approach might be more effective?” “You know many others who have been through what you are going through. How have you handled this sort of thing in the past?” And “How do you think you and I might work together through this problem?”

**Consequence and Alternatives Questions**

Then there are the consequence and alternatives types of questions. Clients need to explore consequences and possible alternatives if they are going to come to any logical conclusion. An example of a consequence type question is, “What is the worst or best that could happen?” Or you can ask, “What’s the most likely thing that will happen if you pursue this line of thinking?” Or you can ask, “Who will be affected the most from any decision you make about this situation?” Then you can explore some options questions. “What have you done in the past to help solve this problem?” “What was helpful? What was not? What seems to make things worse?” “Name five ideas that could help you solve this problem. Of your five ideas, name two that you are certain would solve your problem.” “Which idea did you choose?”
Then the dance can begin. “What are you willing to do to……?” “When will you take action? What steps will you take? What’s stopping you?” and “What kind of support do you need to help you?”

Group Agreements
Let’s talk a little bit about group coaching. I previously stated that group coaching can be more challenging than one on one coaching especially in the substance use recovery coaching arena. There are more ways for things to go wrong and they are harder to fix when you are doing group coaching. But if done with great skill and care, group coaching has greater advantages than a one on one coaching relationship because of 1) role modeling and 2) being encouraged by seeing other people make progress and succeed. Below are some grounding rules that can help make the coaching process run smoothly.

Number one, it is important to arrive on time. Turn off all your electronic devices. Any client coming to class under the influence of alcohol or drugs will not be admitted. The recovery coach will set the time for the break. Food or tobacco is not allowed in any form in class. Coffee is okay. Only one person speaks at a time and there are no interruptions. Always discuss behaviors, never personality, race, culture or gender. Ask participants to weigh in when they can and speak up if something is not working for them.

Group Agreements (cont’d)
All persons must attend all sessions to earn a certificate of completion. Participants have the right of refusal, of course, and cannot be forced to participate when things get too personal. Always be available to give feedback to other participants, but keep that feedback respectful, state your feelings and use “I” statements when possible. If a participant wishes to leave the group or program for any reason they should communicate their decision to the Recovery Coach and to the group. At all times everyone must maintain confidentiality; what is said in the group, stays in the group. Participants should always come to meetings prepared to be called upon to comment or react to what transpired in the last meeting.

Recovery Coaching requires commitment from the individual or the group, so we always want to alert our group participants to come prepared. We want the clients to report on their homework assignment, anger management, and forgiveness exercise, and they must use “I” statements when reporting on their homework assignments. Remind participants not to preach just because they are doing great and not to give advice to other participants. Participants should come prepared to express to the coach or group what they want to work on during that session and should be prepared to participate in the closure exercise. Ask participants, “What did you learn today, what is the primary problem you will work on this week?” and “What progress are you making in your coaching sessions?” Remind participants to rate their level of progress to the coach or the group by making statements like ‘this week I feel sad’ or ‘this week I feel fulfilled’ or ‘this week I feel
like I have conquered some of my demons’ and so forth. It’s important to always have clients rate their level of progress at the end of each session. They can also use a scale from 1 to 10 to express how they felt at the beginning of the session and then again at the end to see the change.

Setting a Tone of Professionalism

Coaching groups can be the hardest task for any Professional Recovery Coach. Some clients get their oxygen from showboating in groups while others clam up because of the fear inherent in the group process. The following are useful tips for coaches to ensure that a tone is set for professionalism and consistency (these can also apply to one-on-one counseling).

- **Consistency.** Provide an atmosphere of consistency. Having things predictable is helpful to clients living in the emotionally turbulent world of recovery. Always try to sit in the same place in the group. Maintain clear and consistent boundaries, such as specific start and end times, smoke breaks, ground rules for speaking and sharing, and of course, cell phone policy.

- **Active listening.** Talk less, listen more, analyze what is being said, and then act. Listening skills are essential to any coaching program.

- **Self-confidence.** Recovery Coaches know their stuff. Because coaches operate on a tight wire of a client’s certainty and uncertainty, they cannot rely on formulas or supply easy answers to clients’ complex problems. Instead, coaches have to model the consistency that comes from self-confidence while remaining attentive to each client’s experience. Self-confidence has a grounding effect on participants and models stability for and to the group.

- **Spontaneity.** Effective coaches are creative and flexible. They know when and how to admit a mistake instead of trying to preserve an image of perfection. When a coach admits an error, clients learn that no one is perfect; that they and others can feel comfortable making mistakes and still maintain positive relationships within the group.

- **Integrity.** It is inevitable that ethical issues will arise. Coaches should be familiar with pertinent laws and regulations. They need to be anchored by clearly internalized standards of conduct within the group and always remain ethical within the parameters of their profession.

- **Trust.** Coaches should be able to trust others. Without this capacity, it is difficult to accomplish the objectives of the group process, or help the group members to have faith or trust in themselves.

- **Empathy and Group Identity.** One of the cornerstones of successful coaching is the ability to create a sense of identity; a camaraderie among the group. It helps individual members feel less alone. Identity of one’s self in the context of the group is often the antidote to loneliness and feelings of estrangement that often seem to permeate through the being of a newly recovered person.

- **Collaboration.** Try to encourage a nonjudgmental, collaborative relationship. Collaboration builds trust and empowerment.
• **Humor.** Coaches need to be able to use humor appropriately, which means that it is used only in support of therapeutic goals and never to minimize a sensitive issue, disguise hostility, or wound anyone. Humor also works when you have clients who are not cooperating and you have to roll with the resistance they are generating.

**Relapse Awareness Review**
Here are some things clients can ask themselves each day to stay on track during these early weeks and months of sobriety. They can then post these somewhere at home where they will see it daily and mentally review each point.

Review your warning signs, “What am I going to do about my symptoms today?” Then review your love of self, what can I do today to love myself more? And then review your love of others, what can I do today to love others? Review your sleeping patterns, am I getting enough rest? What is keeping me awake? Then you can review your nutrition and exercise plan. Am I getting enough exercise, am I eating well? And then clients can begin to review their total recovery plan, how am I doing? Remember that planning is not doing - only doing is doing. And then you can talk about connecting with your Higher Power. “How do I connect with my higher power, do I pray, do I meditate, do I try to develop an attitude of gratitude?” Have clients post their list anywhere that they spend some time focusing on the day’s agenda.

**Summary**
Let’s summarize the material we have covered in this segment pertaining to First Sessions for individual coaching versus coaching groups in a program or as independent groups you set up. You have learned how to structure the coaching relationship from the very first day and covered things you can do to make first sessions go smoothly. We taught you how to conduct a welcoming orientation, and how to structure that orientation so it moves forward in a very positive manner. We reviewed the importance of asking questions. Asking always empowers clients. We learned how to ask clients problem and clarification questions so we can gather more information to better assist the client. We discussed the responsibilities of group coaching.

**Self-Discovery Worksheets for this segment:** Students should complete worksheets personally to experience the process and then use with another person or with a practice client.

- Coach-Client Orientation Guidelines
- Daily Review for Relapse Prevention
Self- Discovery Worksheet
Coach-Client Orientation Guidelines

Once you have structured the relationship and discussed fees and meeting times, it is time to begin the orientation discussion where the coach outlines his or her qualifications that can convince the client that he or she picked the right person for the job: “Let’s take a hard look at where you are today. I don’t have all the information yet to support my assertion, but from what I’ve heard thus far, all of your problems can be related to addiction. You began drinking and drugging to deal with your problems. Your problem was caused by your addiction. Your problem was complicated by your addiction. And your problem continues to increase your risk of a relapse. So I am very happy that you had the sense to seek help. Here’s what we will do together: We’re going to identify those problems and relate them to your addictive thinking and behaviors. We’re going to discuss how you have been trying to solve or manage those behaviors and whether or not that’s working for you. We’re going to look at ways you can began challenging your addictive thinking. And finally, we are going to work together at devising a personalized plan of action to prevent you, or at least help you cope with the problems that may arise while in recovery.”

Problem Identification and Clarification

Directness in a positive manner is essential to the process:
- “What is the problem or concern and how is it affecting you or others?”
- “What has led up to this?”
- “What are you (or others) doing to cause or complicate the problem?”
- “Why are you interested in solving the problem now?” (instead of the last time it happened)
- “Describe the problem as if were a story with a beginning, middle and end?”
- “Does this problem create any urges?” (relapse, suicide, running away, etc.)
- “Describe how this problem may happen in the future if it is not solved?”

Clarification Questioning:
- About a problem: “You said you had difficulty with…Tell me more about it.”
- Thoughts: “When you experience that problem, what do you tend to think?”
- Feelings: “When you think that way, how does it make you feel?”
- Urges: “When you feel that way, what do you have the urge to do?”
- Actions: “When you feel that urge, what do you actually do?”
- Relationships: “In doing so, how does it affect your relationships?”
- Whether it’s working: “How do these actions get you what you want?”
- Change what you’re doing: “Share with me another way to cope with the problem/situation.”
• “How much is...affecting your personal happiness?”
• “How much longer are you going to put up with...?”
• “What is...costing you?”
• “How does that behavior affect ...?” (job, family, marriage, spiritual life, etc.)
• “How much does that take away from...?” (spouse, son, daughter, etc.)
• “What would you like to change about your situation?”
• “What effect(s) does drinking and drugging have on your relationship with...?”

Empowering Questions
• “If you want to get along better with..., what approach might be more effective?”
• “Do you know other people who have been through what you’re going through?”
• “Do you know any people who are now in recovery?”
• “How have you handled this sort of thing in the past? Would that work today?”
• “How do you think you and I might work through this problem together?”

Consequence & Alternative Questioning
• “…What is the worst (or best) that could happen?”
• “What’s the most likely thing that will probably happen?”
• “Who will be affected the most from any decision you make?”

Options Questioning
• “What have you done in the past to help solve this problem?”
• “What was helpful?” “What was not?” “What seemed to make things worse?”
• “Name me five ideas that could help you solve this problem?”
• “Of your five ideas, name two that you are certain would solve your problem?”
• “Which idea would you choose?”

Now the *dance* can begin. The initial back and forth of Motivational Interviewing and focused-questioning is very much like learning the steps to a dance. Once learned, you can begin “the dance”: “What are you willing to do about......? “What steps will you take?” “What’s stopping you?” “What kind of support do you need to help you?” “Where would you like to end up by the end of this session?”
Self-Discovery Worksheet
Daily Review for Relapse Prevention

In the first weeks of coaching, clients can use this type of relapse prevention self-talk by answering the following questions daily. Post them somewhere that you will see them each day.

- **Review your warning signs**: What am I going to do about my symptoms today?

- **Review your love of self**: What can I do today to love myself more?

- **Review your love of others**: What can I do today to love others?

- **Review your sleeping patterns**: Am I getting enough rest? What is keeping me wake?

- **Review nutrition and exercise plan**: Am I getting enough exercise? Am I eating well?

- **Review total recovery plan**: “How am I doing? (Planning is not doing, only doing is doing.)

- **Connect with your Higher Power**: Pray, meditate, develop an attitude of gratitude.

(Source: Earnie Larsen: Now That You’re Sober)
Bibliographic References


International Association of Coaching Code of Ethics. (2011)


Sample Coaching Agreement #1

To all coaches: The following is a generic sample agreement for you to use as a guideline in creating a contract that represents your legal relationship with your client(s). You will find standard clauses covering all angles to protect you and your clients. Once you have drafted your version, we recommend you show it to your lawyer for a final stamp of approval.

GENERIC SAMPLE LIFE COACHING AGREEMENT

Agreement between: name, company, address (Coach—identify coaching qualifications, certificate, credential etc.) and (Client) whereby Coach agrees to provide Coaching Services for Client focusing on the following topics/results/outcomes/goals attached to this agreement.

Description: Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential.

Responsibilities:
1. Coach agrees to maintain the ethics and standards of behavior set by the International Coach Federation “(ICF)”: www.coachfederation.org/ethics
2. Client is responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results. As such, the Client agrees that the Coach is not and will not be liable for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.
3. Client understands that coaching is not to be used as a substitute for professional advice by legal, mental, medical or other qualified professionals and will seek independent professional guidance for such matters. If Client is currently under the care of a mental health professional, Coach will recommend that Client inform the mental health care provider.
4. Client agrees to communicate honestly, be open to feedback and assistance and create the time and energy to participate fully in the program.

Services: The parties agree to engage in a ___ month Coaching Program through (describe method(s), e.g., in-person, internet, telephone) meetings. Coach will be available to Client by e-mail and voicemail in between scheduled meetings as defined by the Coach (describe those terms here); Coach may also be available for additional time, per client’s request on a prorated basis rate of ________ (for example, reviewing documents, reading or writing reports, engaging in other client related services outside of coaching hours).

Schedule & Fees: This coaching agreement is valid as of 00/00/0000. The fee is _______ (amount in advance if applicable) and/or ________ (amount) per month based on (frequency of meetings such as # of meetings per/ wk, month, etc.). The calls/meetings shall be ________ (length of call or meeting for example 30, 45, 60, 90, 120 minutes). If rates change before this agreement has been signed and dated, the prevailing rates will apply.

Procedure: The time of the coaching meetings and/or location will be determined by Coach and Client based on a mutually agreed upon time. The Client will initiate all scheduled calls and will call the Coach at the following number for all scheduled meetings xxxxxx. If the Coach will be at any other number for a scheduled call, Client will be notified prior to the scheduled appointment time.

Confidentiality: This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound to confidentiality by the ICF Code of Ethics but is not considered a legally confidential relationship (like in Medicine or Law). The Coach agrees not to disclose any information pertaining to the Client without the Client’s written consent. The Coach will not disclose the
Client’s name as a reference without the Client’s consent. Confidential information does not include information that: (a) was in the Coach’s possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client’s industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client’s confidential information; or (e) that the Coach is required by law to disclose.

**Release of Information:** (optional based upon specific situation)
1) The Coach engages in training and continuing education pursuing and/or maintaining ICF (International Coach Federation) Credentials. That process requires the names and contact information of all Clients for possible verification by the ICF. By signing this agreement, you agree to have only your name, contact information and start and end dates of coaching shared with ICF staff members and/or other parties involved in this process for the sole purpose of verifying the coaching relationship, no personal notes will be shared.

Client Agrees ____________________ Client Refuses ____________________

According to the ethics of our profession, topics may be anonymously and hypothetically shared with other coaching professionals for training, supervision, mentoring, evaluation, further coach professional development and/or consultation purposes.

**Cancellation Policy:** Client agrees that it is the Client’s responsibility to notify the Coach ___ (number of) hours in advance of the scheduled calls/meetings. Coach reserves the right to bill Client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.

**Termination:** Either the Client or the Coach may terminate this agreement at any time with ___ weeks written notice.

**Limited Liability:** Except as expressly provided in this agreement, the Coach makes no guarantees or warranties, express or implied. In no event will the Coach be liable to the Client for consequential or special damages. Notwithstanding any damages that the Client may incur, the Coach’s entire liability under this agreement, and the Client’s exclusive remedy, will be limited to the amount paid by the Client to the Coach under this agreement for all services rendered up until the termination date.

This is the entire agreement of the parties, and reflects a complete understanding of the parties with respect to the subject matter. This agreement supersedes all prior written and oral representations.

If a dispute arises out of this agreement that cannot be resolved by mutual consent, the Client and Coach agree to attempt to mediate in good faith for up to (certain amount of time such as 30 days) after notice given. If the dispute is not resolved, and in the event of legal action, the prevailing party shall be entitled to recover attorney’s fees and court costs from the other party.

Thank you!

Please sign both copies and return one copy of this Client Agreement prior to the first scheduled coaching meeting. Retain one copy for your records and mail the other to:

Name and address
Client:
Name/Title:
Signature: ___________________________ Date: ________________________
If appropriate:
Coach/ for __________ (company name)
Name/Title: Coach and title
Signature: ___________________________ Date: ________________________
Sample Coaching Agreement #2

Sample Coaching Agreement – Sample Only. Not intended to be only type of agreement.

Coach’s Address:
To my client: Please review, adjust, sign where indicated, and return to me at the above address.

NAME ___________________________________________________________________

INITIAL TERM ______ MONTHS, FROM _____________ THROUGH _______________

FEE $_______ PER MONTH, $ ___________ FOR THE PROJECT

SESSION DAY ___________________            SESSION TIME _____________________

NUMBER OF SESSIONS PER MONTH __________________

DURATION _____________________ (length of scheduled session)

REFERRED BY: ______________________________________________

GROUND RULES:
1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME.  
2. CLIENT PAYS COACHING FEES IN ADVANCE  
3. CLIENT PAYS FOR LONG-DISTANCE CHARGES, IF ANY.

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.

2. I understand that “coaching” is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.

4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.

5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.

6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.

7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.

8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

I have read and agree to the above.

______________________________    ____________________
Client Signature                        Date:
IAPRC Code of Ethics

International Association of Professional Recovery Coaches

Code of Ethics

As a Certified Professional Coach, I will administer my duties and responsibilities to my clients according to a Code of Professional Ethics. Specifically, I will:

1. Practice professional standards of conduct in all my coaching relationships including using a signed agreement with clients that defines the financial obligations and responsibilities of each party.

2. Not represent myself as a counselor or therapist, but will make appropriate referrals to such services as needed.

3. Guard all client information as confidential.

4. Treat all clients with the utmost dignity, respect and positive regard, viewing them as creative, resourceful and able to make authentic choices in their lives.

5. Be fully aware and respectful of my client’s best interests during all coaching sessions and between sessions.

6. Expect success from my clients no matter what their starting point or history.

7. Safeguard the coaching relationship to ensure the client receives the highest quality services possible.

8. Coach my clients in a safe and nurturing environment where they do not fear judgement, criticism or failure.

9. Partner with my clients to design and achieve their desired future by setting goals that are followed by appropriate actions, including celebrating success.

10. Utilize all of my professional skill and experience to serve every client I coach.
ICF Code of Ethics

The ICF Code of Ethics is composed of five main parts:

Introduction

Key Definitions

ICF Core Values and Ethical Principles

Ethical Standards

Pledge

1. Introduction

The ICF Code of Ethics describes the core values of the International Coach Federation (ICF Core Values), and ethical principles and ethical standards of behavior for all ICF Professionals (see definitions). Meeting these ICF ethical standards of behavior is the first of the ICF core coaching competencies (ICF Core Competencies). That is “Demonstrates ethical practice: understands and consistently applies coaching ethics and standards.”

The ICF Code of Ethics serves to uphold the integrity of ICF and the global coaching profession by:

Setting standards of conduct consistent with ICF core values and ethical principles.

Guiding ethical reflection, education, and decision-making

Adjudicating and preserving ICF coach standards through the ICF Ethical Conduct Review (ECR) process

Providing the basis for ICF ethics training in ICF-accredited programs

The ICF Code of Ethics applies when ICF Professionals represent themselves as such, in any kind of coaching-related interaction. This is regardless of whether a coaching Relationship (see definitions) has been established. This Code articulates the ethical obligations of ICF Professionals who are acting in their different roles as coach, coach supervisor, mentor coach, trainer or student coach-in-training, or serving in an ICF Leadership role, as well as Support Personnel (see definitions).

Although the Ethical Conduct Review (ECR) process is only applicable to ICF Professionals, as is the Pledge, the ICF Staff are also committed to ethical conduct and the Core Values and Ethical Principles that underpin this ICF code of ethics.
The challenge of working ethically means that members will inevitably encounter situations that require responses to unexpected issues, resolution of dilemmas and solutions to problems. This Code of Ethics is intended to assist those persons subject to the Code by directing them to the variety of ethical factors that may need to be taken into consideration and helping to identify alternative ways of approaching ethical behavior.

ICF Professionals who accept the Code of Ethics strive to be ethical, even when doing so involves making difficult decisions or acting courageously.

2. Key Definitions

“Client”—the individual or team/group being coached, the coach being mentored or supervised, or the coach or the student coach being trained.

“Coaching”—partnering with Clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

“Coaching Relationship”—a relationship that is established by the ICF Professional and the Client(s)/Sponsor(s) under an agreement or a contract that defines the responsibilities and expectations of each party.

“Code”—ICF Code of Ethics

“Confidentiality”—protection of any information obtained around the coaching engagement unless consent to release is given.

“Conflict of Interest”—a situation in which an ICF Professional is involved in multiple interests where serving one interest could work against or be in conflict with another. This could be financial, personal or otherwise.

“Equality”—a situation in which all people experience inclusion, access to resources and opportunity, regardless of their race, ethnicity, national origin, color, gender, sexual orientation, gender identity, age, religion, immigration status, mental or physical disability, and other areas of human difference.

“ICF Professional”—individuals who represent themselves as an ICF Member or ICF Credential-holder, in roles including but not limited to Coach, Coach Supervisor, Mentor Coach, Coach Trainer, and Student of Coaching

“ICF Staff”—the ICF support personnel who are contracted by the managing company that provides professional management and administrative services on behalf of ICF.

“Internal Coach”—an individual who is employed within an organization and coaches either part-time or full-time the employees of that organization.
“Sponsor”—the entity (including its representatives) paying for and/or arranging or defining the coaching services to be provided.

“Support Personnel”—the people who work for ICF Professionals in support of their Clients.

“Systemic equality”—gender equality, race equality and other forms of equality that are institutionalized in the ethics, core values, policies, structures, and cultures of communities, organizations, nations and society.

3. ICF Core Values and Ethical Principles

The ICF Code of Ethics is based on the ICF Core Values and the actions that flow from them. All values are equally important and support one another. These values are aspirational and should be used as a way to understand and interpret the standards. All ICF Professionals are expected to showcase and propagate these Values in all their interactions.

4. Ethical Standards

The following ethical standards are applied to the professional activities of ICF Professionals:

Section I—Responsibility to Clients

As an ICF Professional, I:

1. Explain and ensure that, prior to or at the initial meeting, my coaching Client(s) and Sponsor(s) understand the nature and potential value of coaching, the nature and limits of confidentiality, financial arrangements, and any other terms of the coaching agreement.

2. Create an agreement/contract regarding the roles, responsibilities and rights of all parties involved with my Client(s) and Sponsor(s) prior to the commencement of services.

3. Maintain the strictest levels of confidentiality with all parties as agreed upon. I am aware of and agree to comply with all applicable laws that pertain to personal data and communications.

4. Have a clear understanding about how information is exchanged among all parties involved during all coaching interactions.

5. Have a clear understanding with both Clients and Sponsors or interested parties about the conditions under which information will not be kept confidential (e.g., illegal activity, if required by law, pursuant to valid court order or subpoena; imminent or likely risk of danger to self or to others; etc.). Where I reasonably believe one of the above circumstances is applicable, I may need to inform appropriate authorities.

6. When working as an Internal Coach, manage conflicts of interest or potential conflicts of interest
with my coaching Clients and Sponsor(s) through coaching agreement(s) and ongoing dialogue. This should include addressing organizational roles, responsibilities, relationships, records, confidentiality and other reporting requirements.

7. Maintain, store and dispose of any records, including electronic files and communications, created during my professional interactions in a manner that promotes confidentiality, security and privacy and complies with any applicable laws and agreements. Furthermore, I seek to make proper use of emerging and growing technological developments that are being used in coaching services (technology-assisted coaching services) and be aware how various ethical standards apply to them.

8. Remain alert to indications that there might be a shift in the value received from the coaching relationship. If so, make a change in the relationship or encourage the Client(s)/Sponsor(s) to seek another coach, seek another professional or use a different resource.

9. Respect all parties’ right to terminate the coaching relationship at any point for any reason during the coaching process subject to the provisions of the agreement.

10. Am sensitive to the implications of having multiple contracts and relationships with the same Client(s) and Sponsor(s) at the same time in order to avoid conflict of interest situations.

11. Am aware of and actively manage any power or status difference between the Client and me that may be caused by cultural, relational, psychological or contextual issues.

12. Disclose to my Clients the potential receipt of compensation, and other benefits I may receive for referring my Clients to third parties.

13. Assure consistent quality of coaching regardless of the amount or form of agreed compensation in any relationship.

Section II—Responsibility to Practice and Performance

As an ICF Professional, I:

14. Adhere to the ICF Code of Ethics in all my interactions. When I become aware of a possible breach of the Code by myself or I recognize unethical behavior in another ICF Professional, I respectfully raise the matter with those involved. If this does not resolve the matter, I refer it to a formal authority (e.g., ICF Global) for resolution.


16. Commit to excellence through continued personal, professional and ethical development.

17. Recognize my personal limitations or circumstances that may impair, conflict with or interfere with my coaching performance or my professional coaching relationships. I will reach out for support
17. To determine the action to be taken and, if necessary, promptly seek relevant professional guidance. This may include suspending or terminating my coaching relationship(s).

18. Resolve any conflict of interest or potential conflict of interest by working through the issue with relevant parties, seeking professional assistance, or suspending temporarily or ending the professional relationship.

19. Maintain the privacy of ICF Members and use the ICF Member contact information (email addresses, telephone numbers, and so on) only as authorized by ICF or the ICF Member.

Section III—Responsibility to Professionalism

As an ICF Professional, I:

20. Identify accurately my coaching qualifications, my level of coaching competency, expertise, experience, training, certifications and ICF Credentials.

21. Make verbal and written statements that are true and accurate about what I offer as an ICF Professional, what is offered by ICF, the coaching profession, and the potential value of coaching.

22. Communicate and create awareness with those who need to be informed of the ethical responsibilities established by this Code.

23. Hold responsibility for being aware of and setting clear, appropriate and culturally sensitive boundaries that govern interactions, physical or otherwise.

24. Do not participate in any sexual or romantic engagement with Client(s) or Sponsor(s). I will be ever mindful of the level of intimacy appropriate for the relationship. I take the appropriate action to address the issue or cancel the coaching engagement.

Section IV—Responsibility to Society

As an ICF Professional, I:

25. Avoid discrimination by maintaining fairness and equality in all activities and operations, while respecting local rules and cultural practices. This includes, but is not limited to, discrimination on the basis of age, race, gender expression, ethnicity, sexual orientation, religion, national origin, disability or military status.

26. Recognize and honor the contributions and intellectual property of others, only claiming ownership of my own material. I understand that a breach of this standard may subject me to legal remedy by a third party.

27. Am honest and work within recognized scientific standards, applicable subject guidelines and
boundaries of my competence when conducting and reporting research.

28. Am aware of my and my clients' impact on society. I adhere to the philosophy of “doing good,” versus “avoiding bad.”

5. The Pledge of Ethics of the ICF Professional

As an ICF Professional, in accordance with the Standards of the ICF Code of Ethics, I acknowledge and agree to fulfill my ethical and legal obligations to my coaching Client(s), Sponsor(s), colleagues and to the public at large.

If I breach any part of the ICF Code of Ethics, I agree that the ICF in its sole discretion may hold me accountable for so doing. I further agree that my accountability to the ICF for any breach may include sanctions, such as mandatory additional coach training or other education or loss of my ICF Membership and/or my ICF Credentials.

Updated by ICF as of January 2020.
IAPRC Non-Disclosure Agreement

The International Association of Professional Recovery Coaches (IAPRC), NET Institute Center for Addiction and Recovery Education (NET Institute), and She Recovers, LLC Confidentiality and Non-Disclosure Agreement: To preserve the confidentiality of all IAPRC, NET Institute, and She Recovers LLC copyrighted materials and trade secrets (PRC / CPRC / CPC / SRCD Programs, etc.), I promise, I will not disclose under any circumstances this information to others.

I also affirm that I will not utilize the knowledge from this course to intentionally harm others. I will not hold IAPRC, NET Institute, or She Recovers LLC liable for any negative effects stemming from the misuse of the teaching and principles in these programs and courses.

I understand that the training materials and course content in the Professional Recovery Coach Programs, Life Coaching Essentials Program, and She Recovers Coach Designation are provided through the IAPRC and NET Institute and She Recovers LLC for the purpose of professional coach training.

Further, I understand that the above-referenced training materials and content information do not prepare me to evaluate or diagnose or treat substance abuse or mental health disorders; provide clinical treatment services, counseling or therapy. I understand that clients are free to reject any advice, suggestions or requests made by the coach at any time. I will operate within the boundaries of professional coaching which include referring clients to other addiction treatment or mental health service providers.

I understand that I must successfully complete all coursework, assignments, learning activities, exams, as well as end of course evaluations and surveys personally and pay all financial obligations prior to receiving my Professional Recovery Coach (PRC), Certified Professional Recovery Coach (CPRC), Certified Professional Coach (CPC) or She Recovers Coach Designation (SRCD) credential.
Core Competencies- ICF

The following eleven core coaching competencies were developed to support greater understanding about the skills and approaches used within today's coaching profession as defined by the International Coach Federation. They will also support you in calibrating the level of alignment between the coach-specific training expected and the training you have experienced.

The ICF defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. The Core Competencies are grouped into four clusters according to those that fit together logically based on common ways of looking at the competencies in each group. The groupings and individual competencies are not weighted—they do not represent any kind of priority in that they are all core or critical for any competent coach to demonstrate.

A. Setting the Foundation
1. Meeting Ethical Guidelines and Professional Standards
2. Establishing the Coaching Agreement

B. Co-creating the Relationship
3. Establishing Trust and Intimacy with the Client
4. Coaching Presence

C. Communicating Effectively
5. Active Listening
6. Powerful Questioning
7. Direct Communication

D. Facilitating Learning and Results
8. Creating Awareness
9. Designing Actions
10. Planning and Goal Setting
11. Managing Progress and Accountability

A. Setting the Foundation

1. Meeting Ethical Guidelines and Professional Standards—Understanding of coaching ethics and standards and ability to apply them appropriately in all coaching situations.

   1. Understands and exhibits in own behaviors the ICF Standards of Conduct (see list, Part III of ICF Code of Ethics).
   2. Understands and follows all ICF Ethical Guidelines (see list).
3. Clearly communicates the distinctions between coaching, consulting, psychotherapy and other support professions.
4. Refers client to another support professional as needed, knowing when this is needed and the available resources.

2. Establishing the Coaching Agreement—Ability to understand what is required in the specific coaching interaction and to come to agreement with the prospective and new client about the coaching process and relationship.

   1. Understands and effectively discusses with the client the guidelines and specific parameters of the coaching relationship (e.g., logistics, fees, scheduling, inclusion of others if appropriate).
   2. Reaches agreement about what is appropriate in the relationship and what is not, what is and is not being offered, and about the client's and coach's responsibilities.
   3. Determines whether there is an effective match between his/her coaching method and the needs of the prospective client.

B. Co-Creating the Relationship

3. Establishing Trust and Intimacy with the Client—Ability to create a safe, supportive environment that produces ongoing mutual respect and trust.

   1. Shows genuine concern for the client's welfare and future.
   2. Continuously demonstrates personal integrity, honesty and sincerity.
   3. Establishes clear agreements and keeps promises.
   4. Demonstrates respect for client's perceptions, learning style, personal being.
   5. Provides ongoing support for and champions new behaviors and actions, including those involving risk taking and fear of failure.
   6. Asks permission to coach client in sensitive, new areas.

4. Coaching Presence — ability to be fully conscious and create spontaneous relationship with the client, employing a style that is open, flexible and confident.

   1. Is present and flexible during the coaching process, dancing in the moment.
   2. Accesses own intuition and trusts one's inner knowing—"goes with the gut."
   3. Is open to not knowing and takes risks.
   4. Sees many ways to work with the client and chooses in the moment what is most effective.
   5. Uses humor effectively to create lightness and energy.
   6. Confidently shifts perspectives and experiments with new possibilities for own action.
   7. Demonstrates confidence in working with strong emotions and can self-manage and not be overwhelmed or enmeshed by client's emotions.
C. Communicating Effectively

5. Active Listening—Ability to focus completely on what the client is saying and is not saying, to understand the meaning of what is said in the context of the client's desires, and to support client self-expression.

1. Attends to the client and the client's agenda and not to the coach's agenda for the client.
2. Hears the client's concerns, goals, values and beliefs about what is and is not possible.
3. Distinguishes between the words, the tone of voice, and the body language.
4. Summarizes, paraphrases, reiterates, and mirrors back what client has said to ensure clarity and understanding.
5. Encourages, accepts, explores and reinforces the client's expression of feelings, perceptions, concerns, beliefs, suggestions, etc.
6. Integrates and builds on client's ideas and suggestions.
7. "Bottom-lines" or understands the essence of the client's communication and helps the client get there rather than engaging in long, descriptive stories.
8. Allows the client to vent or "clear" the situation without judgment or attachment in order to move on to next steps.

6. Powerful Questioning—Ability to ask questions that reveal the information needed for maximum benefit to the coaching relationship and the client.

1. Asks questions that reflect active listening and an understanding of the client's perspective.
2. Asks questions that evoke discovery, insight, commitment or action (e.g., those that challenge the client's assumptions).
3. Asks open-ended questions that create greater clarity, possibility or new learning.
4. Asks questions that move the client toward what they desire, not questions that ask for the client to justify or look backward.

7. Direct Communication—Ability to communicate effectively during coaching sessions, and to use language that has the greatest positive impact on the client.

1. Is clear, articulate and direct in sharing and providing feedback.
2. Reframes and articulates to help the client understand from another perspective what he/she wants or is uncertain about.
3. Clearly states coaching objectives, meeting agenda, and purpose of techniques or exercises.
4. Uses language appropriate and respectful to the client (e.g., non-sexist, non-racist, non-technical, non-jargon).
5. Uses metaphor and analogy to help to illustrate a point or paint a verbal picture.
D. Facilitating Learning and Results

8. Creating Awareness—Ability to integrate and accurately evaluate multiple sources of information and to make interpretations that help the client to gain awareness and thereby achieve agreed-upon results.

1. Goes beyond what is said in assessing client's concerns, not getting hooked by the client's description.
2. Invokes inquiry for greater understanding, awareness, and clarity.
3. Identifies for the client his/her underlying concerns; typical and fixed ways of perceiving himself/herself and the world; differences between the facts and the interpretation; and disparities between thoughts, feelings, and action.
4. Helps clients to discover for themselves the new thoughts, beliefs, perceptions, emotions, moods, etc. that strengthen their ability to take action and achieve what is important to them.
5. Communicates broader perspectives to clients and inspires commitment to shift their viewpoints and find new possibilities for action.
6. Helps clients to see the different, interrelated factors that affect them and their behaviors (e.g., thoughts, emotions, body, and background).
7. Expresses insights to clients in ways that are useful and meaningful for the client.
8. Identifies major strengths vs. major areas for learning and growth, and what is most important to address during coaching.
9. Asks the client to distinguish between trivial and significant issues, situational vs. recurring behaviors, when detecting a separation between what is being stated and what is being done.

9. Designing Actions—Ability to create with the client opportunities for ongoing learning, during coaching and in work/life situations, and for taking new actions that will most effectively lead to agreed-upon coaching results.

1. Brainstorms and assists the client to define actions that will enable the client to demonstrate, practice, and deepen new learning.
2. Helps the client to focus on and systematically explore specific concerns and opportunities that are central to agreed-upon coaching goals.
3. Engages the client to explore alternative ideas and solutions, to evaluate options, and to make related decisions.
4. Promotes active experimentation and self-discovery, where the client applies what has been discussed and learned during sessions immediately afterward in his/her work or life setting.
5. Celebrates client successes and capabilities for future growth.
6. Challenges client's assumptions and perspectives to provoke new ideas and find new possibilities for action.
7. Advocates or brings forward points of view that are aligned with client goals and, without attachment, engages the client to consider them.
8. Helps the client "Do It Now" during the coaching session, providing immediate support.
9. Encourages stretches and challenges but also a comfortable pace of learning.

10. Planning and Goal Setting—Ability to develop and maintain an effective coaching plan with the client.

1. Consolidates collected information and establishes a coaching plan and development goals with the client that address concerns and major areas for learning and development.
2. Creates a plan with results that are attainable, measurable, specific, and have target dates.
3. Makes plan adjustments as warranted by the coaching process and by changes in the situation.
4. Helps the client identify and access different resources for learning (e.g., books, other professionals).
5. Identifies and targets early successes that are important to the client.

11. Managing Progress and Accountability—Ability to hold attention on what is important for the client, and to leave responsibility with the client to take action.

1. Clearly requests of the client actions that will move the client toward his/her stated goals.
2. Demonstrates follow-through by asking the client about those actions that the client committed to during the previous session(s).
3. Acknowledges the client for what they have done, not done, learned or become aware of since the previous coaching session(s).
4. Effectively prepares, organizes, and reviews with client information obtained during sessions.
5. Keeps the client on track between sessions by holding attention on the coaching plan and outcomes, agreed-upon courses of action, and topics for future session(s).
6. Focuses on the coaching plan but is also open to adjusting behaviors and actions based on the coaching process and shifts in direction during sessions.
7. Is able to move back and forth between the big picture of where the client is heading, setting a context for what is being discussed and where the client wishes to go.
8. Promotes client's self-discipline and holds the client accountable for what they say they are going to do, for the results of an intended action, or for a specific plan with related time frames.
9. Develops the client's ability to make decisions, address key concerns, and develop himself/herself (to get feedback, to determine priorities and set the pace of learning, to reflect on and learn from experiences).
10. Positively confronts the client with the fact that he/she did not take agreed-upon actions.