



RISE

PROFESSIONAL RECOVERY COACH PROGRAM

Recovery Coaching Toolkit

Strengths-based Approaches, Skills and Competencies

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Adapted for use by NET Institute

Presented By:



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And finally, I give thanks to our Creator for the time He has given me on this earth, and for the privilege of sharing these pages with you.

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)

PURPOSE OF THIS HANDBOOK

“You may be disappointed if you fail, but doomed if you don’t try.”

The previous page’s *Life’s Lessons in Five Easy Chapters* by Portia Nelson describes the plight of every recovering person who has ever taken a detour in life through alcoholism or drugs and is looking at a second shot at a better life. In part, it is what gave me the impetus for writing this handbook.

It is hard to quit using. Really hard. It is twice as hard to make it through recovery once one has gone through treatment. It is the mental struggle of recovery that is the most difficult and is something that recovering clients cannot do on their own without a little self-knowledge, appropriate training, and support, but through the magic of Recovery Coaching recovering persons start their sober life on a solid footing; a clean slate. The benefits of recovery coaching are limitless.

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. This handbook has been developed to address this new paradigm shift in that treatment continuum. It is intended for peer and professional coaches alike who are at various stages of experience and skill development, but wish to master the fundamental building blocks needed to change lives through recovery coaching. It is critical to have mastered the basic elements outlined in this handbook in order to understand how to make interpersonal alliances with clients and when to make cognitive adjustments in their thinking.

This recovery coaching toolkit is not intended to be taken as a comprehensive training guide. Instead, it provides an overview of effective strength-based coaching principles used in Starting Point’s twelve module training program entitled: *Whole Life Recovery*, which is grounded on universal cultural principles, and addresses the mental, emotional, physical, social, and spiritual states of being that, when integrated and kept in balance (a fundamental part of recovery), provides us with the recovery capital needed, thus making us more resilient against this cunning, baffling, and powerful enemy that is addiction.

This toolkit lays the foundation for the core belief that there are many pathways to making a full recovery and that, once sober, the solutions to the many challenges facing a client in recovery are within themselves. This handbook will illustrate this notion through evidence-based models that demonstrate how a Recovery Coach serving as a guide and partner to clients, can through a clients own strengths, bring solutions to the forefront.

A Word about Wording

In a handbook like this, there are always concerns about how to refer to a client in recovery and the terminology related to drugs and alcohol. Given that this handbook is designed to address a range of helping situations, and given that we are dealing with such a diverse group of individuals seeking aftercare services, we have chosen to replace labels such as alcoholic or addict with more positive ones such as client, recovering individual, person, and recoveree. For alcoholism or addiction, we use the term “substance use disorders” (SUDs) popularized by current researchers. Also, you may notice the use of gender-specific language. I have used the male pronoun generically to avoid the awkward and redundant use of him or her, him or her.

I have also taken the liberty of interchangeably using the words Creator, Higher Power, Great Spirit and God, not because I am a confused writer, but because most of these terms all refer to the same monotheistic deity, regardless of Western religious traditions. I also want to be respectful of Eastern religions and any indigenous religions in which multiple deities make up their belief system. Please use the appropriate term of respect as per your client’s belief system or comfort-level.

I am not a therapist, I don't do assessments nor do I "treat" anyone. I am 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 YOU place on regaining what was (or is being) lost through drugs or alcohol. This is what I am prepared to do for you, and you for yourself.

(Anonymous)

LET'S DO SOMETHING DIFFERENT

"If it works, do more of it. If it doesn't work, stop doing it."

Addiction treatment outcomes seem to be always measured in months or years after patients terminate a formal treatment program. This is often done without the clients receiving any recovery follow-up or support. Our professional expectation is that they'll just show up at the front door of a 12-step program upon the first week of release or at the very least, attempt to recover on their own.

In other forms of treatment protocol for diabetes, cancer, eating disorders, asthma, hypertension, cardiac disease or even for a hip replacement, the prescribed treatment is always evaluated for effectiveness only after the patient has remained in some form of aftercare treatment, maintenance program or physical rehabilitation for a significant period of time. It would be unconscionable for doctors to dismiss a patient from care for the above named conditions without some kind of follow-up or maintenance, and foolish then for anyone to expect someone so unsupported to maintain their recovery on their own for more than a few weeks. Yet this is consistently the case in the substance use treatment field.

Last year, I was diagnosed and received treatment for diabetes. Within two weeks, I began receiving follow-up phone calls from diabetic specialists and received helpful information in the mail. I was given a personalized diet and exercise plan, and was taught all about diabetic triggers: pie, soft drinks, fried foods, red meat, whole milk, and butter to name a few; all of which are considered Miracle Grow for diabetes. I was even given a great cookbook that I still use today.

On the other hand, a young family member who was in treatment for substance abuse and addiction, did not receive one follow-up interview upon his release; not one aftercare brochure, or at the very least, not even a phone call from a treatment intern. He did attend a few A.A. meetings from a list provided to him where, as he put it, "...I sat in a circle with people twice my age who were recovering from old-school addictions." He then stopped attending and took a job at a plant nursery, hoping that hard work would help him leave his nightmare behind.

What is the point of this story? It is well known that the brain takes months, even years to recover from regular intoxicant use. Keeping someone in a cocooned and controlled environment helps the treatment outcome, of course. But how can any professional make intelligent recovery conclusions based merely on a client being released with no follow-up or aftercare maintenance?

If someone were to study success rates of various residential treatment programs, wouldn't anyone think that program success would be highly correlated with length of treatment, quality of follow-up, and the type of aftercare received?

Thanks to the aftercare provided by some great diabetes professionals, my diabetes is now under control, and with proper maintenance, it may never return. My young family member's addiction did.

Maybe it's time we tried something different

This handbook lays the foundation for the core belief that there are many pathways to making a full recovery and that, once sober, the solutions to the many challenges facing a client in recovery are within themselves. This handbook will illustrate this notion through evidence-based models that demonstrate how a recovery coach can, through a clients own strengths, bring solutions to the forefront.

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 cultish and focused on moral issues. In many cases, these programs have been found to be more disempowering than helpful and seem to have taken on the characteristics of a very expensive revolving door. Something more is needed.

Building Recovery Capital

Recovery capital is defined as the breadth and depth of internal and external resources available to clients recovering from any compulsive or AOD disorder and which can be drawn upon to initiate and sustain their recovery journey. It is about professionals like us who provide aftercare services to promote the importance of getting healthier in every area by addressing all life elements of a person's life: physical, mental, emotional, social and spiritual. Increases in recovery capital can spark turning points that end addiction careers, take control, trigger recovery initiation, elevate coping abilities, and find a new path and move toward it. That is what Whole Life Recovery in recovery coaching is about. (Cloud & Granfield, in press; Laudet, Morgan, & White, 2006).

WHOLE LIFE RECOVERY: A Master Plan for Life

“Reconnection is the antidote to relapsing”

Starting Point has incorporated Whole Life Recovery (WLR) in its work with clients. WLR recognizes that many Eastern and Western traditions emphasize five life elements which are critical to recovery and which include the physical, mental, emotional social and spiritual aspects of wellness that must be kept in balance if we are to experience a lasting, healthy lifestyle. The combination of the five life elements is synergistic and works to revitalize and balance the body. This synergy provides us with contentment, fulfillment, and a sense of wholeness, wellness and happiness.

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

How Whole Life Recovery works

In WLR, life is about moving forward and being in constant change. When relating this concept to sobriety, the recovering individual is said to also be in a state of change; ever evolving from a state of active addiction to a state of physical, mental, intellectual and spiritual wellness.

WLR teaches that we are all a part of *one* natural system and that an individual’s life is whole when it is in harmony with that system. It is the combination of these five life elements that work together to revitalize and balance a recovering individual’s body and life’s energies. People who exhibit these five life elements are referred to as *whole* beings.

Imagine for a moment that our body is like an automobile with four tires and a steering wheel. The tires and the steering wheel represent five life elements needed to guide us on life’s journey, in this case, sobriety.



Physical



Mental



Emotional



Social



Spiritual



Just like in an automobile, in order to ensure a safe journey ahead, we must keep our tires in check and balanced and our hands on the wheel at all times. In life, we must heal, develop, learn to make better choices and keep all life elements in check and well-balanced if we are to experience a positive recovery journey and a well-balanced life.

Balance is the Challenge

Since the first initial stages of substance abuse treatment are typically spent explaining the relapse cycle and how patterns of relapse are formed in the mind by our attitudes and thought processes. The initial stages of recovery coaching then can include a discussion regarding the Whole Life Recovery and the five life elements that form the foundation for sobriety. Full recovery is not just about staying off addictive substances. As stated in this handbook, it is about building up recovery capital in all five life elements and maintaining the strength to maintain sobriety and make positive lifestyle changes. And to recovering clients, that is the scary part, but it doesn't have to be. It becomes critical that the recovery coach introduce this concept in a manner that clients can easily understand. I'm not real good with analogies, but I have found them useful when explaining concepts that may seem murky or too sophisticated to understand. A good example is how I use the automobile analogy to explain the WLR concept to our clients.

Building Recovery Capital in Our Five Life Elements

- The **physical**. The physical element refers to the physical body (brain included); the biological aspect of addiction and 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 by taking back their good health and maintaining stability through physical care. 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 to think and reason, and consists of our thoughts, beliefs, and values. It is the foundation with which recovery coaching is built. In living a drug-induced lifestyle, the recovering person's mind became hijacked by drugs of choice which distorted his thinking capabilities. You could say that his recovery capital had become depleted and was kept in a perpetual state of confusion. His thinking became irrational and choices became limited. Couple 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. Our recovery has become depleted.

Through recovery coaching, clients are taught numerous ways of building recovery capital by challenging their distorted thinking patterns and beliefs, and to make reality checks until challenging and fact-checking becomes habit. As minds become clearer, 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 always maintains a look toward the future and how to build a better life. This element will be discussed in detail as we proceed.

- The **emotional** element is about feeling and experiencing life in deep ways. It is the part of us that seeks meaningful contact with others. In living a drug-induced lifestyle, the recovering individual gave up on or avoided all contact with those he valued and loved. Waking hours were spent courting the obsession most loved: alcohol or drugs. The truth became blurred or lost as lies and false justifications were made. Lying, cheating, stealing and distorting the truth became a necessary part of the addictive process. The slippery slope to relapse always seems to begin with some form of dishonesty and self-deception. Fresh out of treatment (or jail), many recovering clients find themselves in a transition mode and burdened by the guilt and shame caused by their using behaviors and have no means or direction as to how to forgive themselves and pursue 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*; attitude adjustment. As our values and attitudes change, we change; and by changing, we build up recovery capital that



strengthens and transforms us as we better able to forgive ourselves and begin asking those we hurt when we were living the using life for forgiveness. Through recovery coaching, clients can once again begin rebuild their self-confidence and work at regaining the trust of those they had once lost through alcohol and drugs.

- The **Social** element consists of activities that promote wellness within the client's circle: family & others. We usually begin using substances with other people and become part of social culture that has as its foundation addictive behaviors. Recovery is about moving into a new mental state; a new neighborhood if you will that has in it a culture of new shared values that are positive and support sobriety and enhances well-being. It is about building caring relationships with others and engaging in activities that promote social capital.
- The **spiritual** element is one's steering wheel and is the domain of our soul that steers us in the right direction much like our moral compass. It is (or should be) a part of who we are. It is that place that extends beyond time and space; the "who am I and why am I here" part of life. It is not necessarily a religion, but it can be. It is a spiritual centeredness within us that says that we are a small part of some *thing* greater than us; that we belong. While living the drug-induced lifestyle, the addicted person became disconnected from his Higher Power; the Great Spirit; God and lost his purpose in life. The A.A. folks refer to it as being *spiritually bankrupt*; a loss of connection to one's Higher Power. Spiritually bankrupt people have, in essence, lost their moral compass, and as a result of their poor choices, will soon veer off the path and wind up in a ditch.

Now that you're sober...

Now sober and in recovery, clients can be encouraged and taught to see things a bit clearer and that life can make sense once again. Through recovery coaching, clients can begin to discover the joy that sobriety brings. They discover they are capable of and truly deserving to experience happiness. Clients can be taught to risk a little and discover their inner path. It doesn't have to be a religious experience, but it often is. What is important is that clients can be encouraged to try performing little acts of kindness and have it be alright because the response from those acts alone can make one feel good internally. It is discovering the power of gratitude that changes self-pity into a newfound peace. It is about regaining or rebuilding their moral character once again through the practice of humility, tolerance, forgiveness, responsibility, harmony, and concern for others. Persons, who are spiritually grounded and have incorporated spirituality in their sober journey, seem to recover from their addictive disorders faster and maintain their sobriety for longer periods.

So, if *disconnection* from all five life elements and a purpose-for-being was a problem while addicted, then shouldn't *reconnection* be the solution now that one is sober? Intellectual and spiritual thinkers across all traditions have always stated that life is about moving forward not backward, and that in order for humans to live productive lives, the totality of mind, body, social, emotional, and spirit must be nurtured, appreciated and kept in balance in the context of the moment. So if a person has disconnected himself from these five life elements through addiction or other compulsive means, then it makes sense to try and regain what was lost in that disconnection; to become whole once again. Once our clients are out of residential treatment or incarceration and are making strong commitments to remaining sober, they are offered opportunities to make purpose-driven choices and not only regain what was lost through addiction, but to exceed that. For the recovering individual the past is pretty much over and a better future is constantly evolving before him. And isn't that the essence of recovery?

At Starting Point we teach that reconnection is the antidote to relapsing, and that all five life elements have aspects of connection and form the foundation of recovery. One cannot be excluded from the other. They come together as one, each supporting and enhancing each other as we move forward down the road of sobriety. Whole Life Recovery and how one can build-up recovery capital are discussed in detail in ***section seven*** of the handbook.

SECTION ONE

Recovery coaches will learn to:

- ◆ Understand and describe the role & importance of Recovery Coaching in the 21st century.
- ◆ Develop an understanding Whole Life Recovery and how it can serve as a master plan for life.
- ◆ Understand and discuss data-driven successes of recovery coaching.
- ◆ Describe the basic characteristics of a Recovery Coach.
- ◆ Understand and describe the barriers to recovery.

RECOVERY COACHING: Antidote to Relapsing

“Recovery Coaching is to the 21st century what counseling was to the 20th century.”

William White, writer and addiction counselor is quoted as saying, “New service roles seem to always sprout from the soil of unmet needs.” Today, that unmet need is affordable and effective aftercare; and the new service is **Recovery Coaching**. Private and public monies for treatment are drying up. Add that to the revolving door that relapsing has become, and those in the treatment field are beginning to look at other, more effective, resources for long-term recovery support. Today there is a national shift in favor of recovery coaching as a method of aftercare support and a necessary adjunct to treatment.

What is Recovery Coaching?

Recovery coaching is a strengths-based, process that supports clients in removing any and all barriers in their present condition that are preventing them from achieving for themselves a solid foundation for continuing on, and extending their sober journey. This is done through a process of self-evaluation, challenging one’s irrational thinking and beliefs, developing a more realistic life plan, and taking action on that plan.

Recovery coaching is said to be more educative than therapeutic; solution-focused rather than problem-focused and, for many clients, it can be short-term, usually six to twelve weeks, although it is recommended that clients participate during the first twelve crucial months of recovery.

Recovery coaching is not a one-size-fits-all model nor does it assess or provide treatment or proselytize any spiritual belief. It is designed to complement, not replace therapy or treatment and is of the belief 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 twelve 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, recovering clients found themselves deeply enmeshed in a culture of addiction, their lives turned upside down and deeply affected by the poor choices they had made. Now that they’re 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. Supportive of these tenets, the Substance Abuse and Mental Health Services Administration (SAMHSA) released its working definition of recovery in December of 2011 and listed access to community-based aftercare and community resources as one of four dimensions supporting a life of recovery.

This initial 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 a life of possibilities (joy, good health, inner peace) that is different from their previous using lifestyle (pain, loss, waste, tragedy). But they are also beginning to feel doubtful about their ability to sustain their sobriety and that maybe, sobriety and willpower alone may not be enough to get them through the tough times. This is understandable as any recovering alcoholic or addict will tell you, “*Some of us tend to mess up anything that is good.*” Recovery coaching helps clients sort through those self-defeating thoughts and beliefs.

What is a Recovery Coach?

The Recovery Coach is a professional who works in collaboration with recovering clients in identifying barriers that stand between the client and his or her recovery goals, and then helping them develop an action plan for meeting those goals. The Recovery Coach helps clients identify their strengths and assets as part of the coaching process by utilizing various techniques such as the ones contained in this book (reflective listening, cognitive restructuring, open-ended questioning) to challenge a client’s faulty thinking about self and life, and develop an action plan that can move the client in a positive, forward direction. The coach also connects clients with community support groups, services and resources that help remove barriers and strengthen the clients’ ties to the recovery community. In providing these services, the recovery coach is creating in clients a sense of hope, confidence, and empowerment in clients that result in a positive perception of self and others; a *can-do* approach to life’s challenges. Recovery coaches teach clients a new way to live, regardless of the obstacles before them. To use a sports analogy, a recovery coach is one who plays tennis on the same side of the net with a client. It is about providing help, coping skills, hope and strength to clients as triggers and obstacles are being lobbed at them.

What Is A Barrier?

A barrier or obstacle (both used interchangeably throughout) is anything internal or external that prevents a client from getting from point **A** to Point **B**. In recovery coaching terms, point A is where the client is currently at today, and point B is where the client wants to be from a recovery-related point of view. Point B is measured in terms of days, weeks, or years. The role of Recovery Coaches is to teach and coach their clients on how to move forward in meeting those goals.

An **external** barrier could be anything from housing needs, employment, transportation, or any link to resources that can help the client transition successfully. An **internal** barrier falls in the area of emotional, mental or spiritual challenges and how clients can meet those challenges head on by setting goals that are realistic, measurable, and achievable. Recovery coaches utilize a wide range of resources to help clients remove 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 the pros and cons of each. The Recovery Coach plays an important role in matching the client with the proper resources that are best suited for the client's individual needs.

A Model of Hope and Strength

The first twelve months of recovery are a time when recovering individuals are the most prone for a relapse event. Few people know that the notion to relapse begins in the mind and how external factors and internal dialog are interpreted by persons with substance use disorders as they struggle to regain their sobriety. It is during this period that two major internal obstacles to maintaining sobriety get in the way of the recovering individual: *shame* and *self-doubt*.

The first barrier or obstacle is the shame and stigma that is felt by being regarded as moral failures 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 individual address those affects through a process of identifying and confronting those cognitive distortions, a true recovery is difficult to achieve.

The second barrier is *self-doubt* and an inability to believe that the recovering individuals deserve 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 (denial, dishonesty, isolation, blaming exterior circumstances, etc). Some may feel there is no solid basis for staying sober so they revert to drinking and drug using, old habits which are familiar and which have previously been as natural and necessary to those in recovery as breathing. Recovery coaching removes those obstacles and replaces them with strength and hope.

In recovery coaching, clients are taught how to become their own rescuers. The coach's role is to help clients explore an array of options to help solve their own problems. The recovery coach helps clients work through their current condition; thoughts, feelings and behaviors. The intent is to identify and remove those obstacles that stand in the way of achieving a greater future. (See: *Earnie Larsen. Now That You're Sober. 2010. Terence T. Gorski. Staying Sober. 2009.*)

Recovery coaching is also about helping clients envision and create the type of life they deserve, thus making the physical, social and financial investment they have made in staying sober a lasting and worthwhile one. Recovery coaching believes that everyone deserves to be happy and that people are not powerless, but do have the strength within to maintain long-term sobriety.

RECOVERY COACHING: A Paradigm Shift

“Quitting is a moment in time. It is not recovery.”

The first ninety days of the first year of recovery are the most critical. There are two things in life that can quickly create sweaty palms and they are *commitment* and *change*. Change is a scary thing to recovering individuals, indeed, to all of us. Compound that fear and anxiety with the fact that in the initial stages of abstinence, recovering individuals must begin to examine an array of options, one of which is having to consider making major physical and social lifestyle changes all at once.

Change-Talk: The First Ninety days

People who are in their initial stages of abstinence with much of their recovery capital severely depleted still do not have the confidence or skills to fully self-manage their lives. They are faced with the heavy load of having to deal with transitional fears and beliefs that might not have been fully addressed in treatment and which may still require a period of restructuring. (Remember that treatment facilities as a rule only have a maximum of 28 days with a client and operates on its own agenda and not the clients’.) Those in the recovery coaching field call it *residual cognitive dissonance*, a term coined by the CBT (Cognitive Behavioral Therapy) folks meaning there is a lot of mental baggage that still needs to be examined, challenged and resolved.

In recovery coaching we find these types of clients grasping at past or present, real or imagined disappointments as a justification for NOT moving forward. They claim they could win their battles if it weren’t for all the physical and mental barriers that are conspiring against them. They find themselves thrashing about for solutions, but they can’t connect with anything solid and as a result place themselves at greater risk of relapsing.

Recovery coaching is a much-needed service that helps clients work through their initial stages of recovery as they find solutions to removing the barriers that prevent them from reaching their goals. Recovery coaches guide clients through a process of shifting their perception from limited, *either-or* choices in their recovery to an array of *these-those* choices as they rebuild recovery capital thus opening for clients a world of options and opportunities.

As clients learn to change the language that once shaped how they thought about solving problems (denial language, blaming, using substances as a default solution), they can now change the language that shapes how they think about solutions. Recovery coaching is about *change-talk* and *solution-building*, and will be discussed in detail in subsequent sections.

Chalk-Talk Exercise 1

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)



Chalk-Talk Exercise 2

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?

SECTION TWO

Recovery coaches will learn to:

- ◆ Understand that Recovery Coaching is a data-driven, evidence-based system.
- ◆ Identify and describe the basic aftercare models and their Characteristics.
- ◆ Identify the difference between 12-Step programs, Counseling and Recovery Coaching.
- ◆ Identify and describe the coaching model components.
- ◆ Identify components of the recovery coaching delivery style.
- ◆ Outline and discuss the skills a recovery coach uses to establish a coach-client relationship.

RECOVERY COACHING: An Evidence-Based System

"We've got the math, they've got the myth."

Whenever I ask aftercare treatment providers for evidence that their programs work, the only evidence they can produce is anecdotal at best: "...because our clients like what we do and we get lots of referrals." Really?

Like it or not, measurement of behavioral outcomes are now an essential part of treatment effectiveness in the 21st century. More important, it is also a form of accountability to clients who have made a great financial and personal investment to recover. Practitioners of recovery coaching admit they don't have all the answers, but we do assert that we are far ahead of the archaic models that are currently out there, and our data proves it.

The following is a snapshot of the effectiveness of recovery coaching to date:

- A 2010 Hazelden pilot study showed that three out of four persons sustained their recovery longer through a system of following-up on their clients' progress and by using a recovery coach. (*Hazelden Connection Pilot Study, 2010.*)
- An in-house study of clients who graduated from a thirty-day treatment program at the Canadian Royal Ottawa Hospital AOD unit was performed, with clients monitored over periods of six, twelve, and twenty-four month intervals. The intent was to test the outcomes that follow-up and aftercare had on length of recovery. They found that clients who continued to receive weekly and bi-weekly follow-up in the form of phone calls, emails, coaching sessions, or home visits either did not relapse or experienced longer periods of sobriety. They also discovered that of those clients in the study that relapsed, their relapses were shorter and the consequences of their relapses tended to be less severe.

(Royal Ottawa Hospital in-house study, 2003).

- A 2004 study on prison-based substance abuse treatment and aftercare in the Delaware Department of Corrections concluded that within the criminal justice setting, treatment for substance abuse may not only reduce recidivism rates, but may also be cost-effective to the state in the long run. This conclusion, published in the *Journal of Quantitative Criminology* outlines how a combination of work-release supported by follow-up and coaching inmates on rational thinking techniques, resulted in fewer inmate infractions, and reduced drug use by inmates in the study.

The report went on to outline that the study did not take into account any spin-off benefits such as access to long-term employment when an inmate is released, reduced dependence on social welfare programs, costs of health consequences of drug use, and reduced cost of recidivism expenses associated with re-incarceration.

- DePaul University, in partnership with the National Institute on Drug Abuse (NIDA), is currently completing a study of 300 inmates who are in the pre-release stages of incarceration. The goal is to study more closely the role played by post-release aftercare in the outcomes of criminal offenders who, prior to being released, received empirically-based behavioral strategies. The aim of this project is important from a public health perspective, as there may be treatment matching, case management, and financing factors that could positively impact or enhance the cost-effectiveness of community-based substance abuse treatment for offenders leaving prison.

One can conclude from these encouraging reports and studies that individuals who receive follow-up care participate more in their own aftercare and engage in recovery coaching, spend less time struggling with sobriety, make better life choices, and have a greater over-all chance at managing their lives in constructive and sober ways.

What's the point of this discussion? The age of evidence-based programming and accountability is fast approaching, and in many cases is already here, which is all the more reason to begin developing an early evaluative mindset. Recovery coaching is a young profession and is being plagued by the same questions that faced the emerging profession of addiction counseling thirty-five years ago: *Does the data support the practice?*

Just like other aftercare models, recovery coaching still bases its effectiveness on the anecdotal reports from people who believe in what they have experienced. And that's not a bad thing, but if we want coaching to be viewed as a legitimate profession and a field of study with solid academic credentials, we need more and better research to demonstrate the evidence-based effectiveness of our work.

To begin:

- Systematically request client feedback on your coaching and solicit suggestions that enable you to improve.
- Find ways to measure how your clients are changing and share this with other professionals in the field.
- Conduct before-and-after testing and comparisons.
- Document the ways in which coaching brings changes in skills, attitudes, or performance.



- Compare people who are coached with those who did not get coaching. What was the length of sobriety for each group before relapsing?

Recovery coaching must begin to develop an evaluative mindset. When we can confirm empirically that what we are doing works, our clients benefit, we benefit as coaches, and the recovery coaching field benefits because it has objective evidence that shows that what we are collectively doing, works.

Different Strokes for Different Folks

“What was may no longer fit.”

Alcoholism and addiction are problems that defy easy solutions. To quote a Bob Dylan song, “The times they are a-changing.” We are dealing with a new age population that finds itself in different cognitive and psychic places. They are more complex human beings. They are younger; more educated, and are spread up and down the cultural and socio-economic scale. Traditional models of the past may not be as effective for a number of this population. But one thing we can all agree on is that whatever has the power to save people from addiction is a welcomed tool.

New Age, New Clients

Most everyone is affected by addiction. It is an equal opportunity destroyer. Many who have been temporarily destroyed by this insidious disease may have jobs, families, or own businesses. They may have been active, productive members of society, meeting deadlines, attending school, making life commitments, holding down jobs until things became overwhelming, and, for a variety of reasons, lost control of their lives and turned to alcohol or drugs. Others used substances because they liked and enjoyed how it altered their personality (increasing pleasure; reducing pain) until they found themselves in a downward spiraling free-fall that may have ruined a family, an opportunity for education, or a career.

Clearly, this new age population comes to aftercare with a different orientation than past generations. In their adjustment to a complex world, they seem to be dealing with greater stressors than their predecessors. The point is that their addiction is not who they are, but what they have become because of it. Traditional approaches may not have an effect on this generation. As a result, clients in these situations avoid shame and blame forms of aftercare and seem to respond best to models that are based on common-sense principles, and which are more empathetic and life-affirming. They don’t need to be told that they are crazy or immoral. They are simply living in fear of reusing, and the tools needed to maintain sobriety just seem impossible to find.

That is why the first and most important step to a successful recovery is to participate in a program that addresses cognition and self-awareness and provides some form of follow-up as clients make the transition back to their community and adjust themselves to a regular, drug-free routine. This adjustment could take weeks for some; months for others. But one thing is for sure, it is during this critical period that clients will need to take the time to think about identifying and challenging their irrational thinking and mistaken beliefs about their lives and the world around them, and begin taking action to make lasting changes in their new found sobriety.

Finding the Right Tools

No one particular aftercare support group is going to be perfect. But as the A.A. saying goes, “An addict by himself is bad company.” While safely cocooned in treatment, recovering clients become used to a predictable structure, and a regular schedule of activities and duties. But treatment environments seldom mimic real life. Once they graduate, they are faced with having to develop major lifestyle changes and begin building new relationships that will support their sobriety.

Once these issues are addressed, the process of recovery can begin, be it through Twelve Step, additional therapy, counseling or some other form of aftercare maintenance. No program will ever cure substance abuse, but as previously stated, recovering persons who utilize aftercare help in any form have a greater propensity for recovery success.

The question of what type of aftercare is the best fit for a client is threefold:

- 1) Which model is capable of maintaining a solid foundation for lasting recovery?
- 2) Which model builds upon what was taught in treatment so that once out, the client can springboard onto other life goals that can make their investment in treatment and recovery worthwhile?
- 3) If a program’s goal is to increase abstinence, does the program have the data that supports increased abstinence?

Let's make a few brief comparisons

| | | |
|--|---|---|
| <p>12-Step programs</p> <ul style="list-style-type: none"> . Personally invested in the Steps and sponsor-sponsee relationship. Non-Therapeutic . Guidance in incorporating 12-steps in daily living. . Not a substitute for counseling or coaching. . Usually works with people active in recovery. | <p>Counseling/Therapy</p> <ul style="list-style-type: none"> . Professional investment. . Therapeutic . Focuses on relief of emotional and psychological pain. . Not a substitute for sponsorship. . Works with a variety of clients in psychological pain or trauma. | <p>Recovery Coaching</p> <ul style="list-style-type: none"> . Professional investment . Non-therapeutic . Focuses on increasing clients' motivation to reach identified goals. . Not a substitute for therapy, counseling, or sponsorship. . Does not work with trauma, but removing barriers to recovery and normalizing feelings. |
|--|---|---|

Counseling and Therapy

For recovering clients who may still be experiencing lingering psychological pain and feel a need to resolve past traumas, continued therapy or counseling might be the answer. Both of these operate from a pathological/medical/clinical paradigm and are about looking back and finding the root causes of emotional pain and suffering. The goal is to explore the underlying cause of a client's pain and fixing the problem, usually through psychotherapeutic, treatment-based solutions.

Addiction however, cannot be *fixed* and it doesn't fully go away with therapy and counseling. While the client and therapist are sitting comfortably in a room exploring past traumas, addiction is patiently waiting out in the hallway for the client to return so it can strike once again. The point is that therapeutic solutions can be disempowering to a client in that therapeutic models can be too pathology-focused and have a tendency to keep clients mired in the past. Rarely do these programs offer options or include a plan or a movement toward future learning and goal development.

Worse, if the treatment becomes unproductive or fails, it is usually the client who is to blame and not the therapist or the therapeutic approach. To blame others for our failures or our program's limitations is the highest form of denial and professional malpractice committed by professionals, plain and simple.



Twelve Step Programs

To hardcore 12-steppers, this may sound like I'm organizing a march against a citadel of well-fortified principles. I'm not. These are merely observations gathered from former participants and critics alike.

Is the Twelve Step paradigm appropriate for everyone? That's a tough question. Twelve Steps was originally developed by Alcoholics Anonymous (A.A.) seventy years ago. It is often described as a spiritually-based program that uses a set of twelve guiding principles or 'steps' to help clients work through their sobriety, and uses the concept of sponsor-ponsee partnership to help recovering persons work through their sobriety. Both the sponsor and sponsee are members of an exclusive club who have paid the highest dues possible to join: alcoholism and addiction. In a sense, both are there to support each other's sobriety with the one with the most time in the program serving as sponsor.

What critics see limiting about 12-step programs and disempowering to clients is that 12-step is often the default referral mechanism initiated by the court system; and because it is the first intervention or treatment option recommended, it immediately becomes associated with punishment by many referred clients. Some recovering clients adjust to it, but many don't. They may attend court-mandated meetings week in, week out where they are made to submit to a Higher Power, memorize steps, and admit helplessness to a group of strangers, while all the time their minds are still doing time. Veterans in treatment or recovery also point to the 12-step philosophy as being too dogmatic, and find it difficult to admit weakness to a group of strangers.

There is also the 'rock bottom' myth one has to deal with. If one fails the program or relapses, it is NOT because the program failed, but because the client had not hit rock bottom or didn't adhere to the steps. Remember that we are dealing with a disease that can be fatal. Why must we wait until one hits rock bottom to intervene? It should become obvious by now that compulsive disorders occur physically within the brain (cognition) and have little correlation between 'hitting rock bottom' and admitting defeat, while accepting the intervention of a spiritual entity to attain abstinence and long-term sobriety.

Still, the 12-step system seems to work for those who apply themselves to the principles outlined. I once asked a colleague in A.A. how the program works and his response was: "It works just fine." For some people struggling with recovery, a Twelve Step program can provide the strength and hope needed through the shared experiences of people who have been there. Like the song *The Night they Tore old Dixie Down* by The Band sang back in the seventies, "Just take what you need and leave the rest."

Recovery Coaching

Today's clients seeking treatment are busy and don't respond well to cookie cutter, 'shame and blame' programs. They need to be assured that they are neither crazy nor morally deficient or 'bad' just because they are chemically dependent. All people, recovering persons especially, need to feel that they are understood and respected. That said, for chemically dependent people who feel they don't need the circular discussions attributed to therapy, and are not quite ready for spiritual experiences, recovery coaching works for them.

The International Coach Federation (ICF) defines coaching as: "...an ongoing relationship which focuses on clients taking action toward 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 feedback. The coaching process helps clients achieve both professional and personal goals faster and with more ease than would be possible otherwise." (*International Coach Federation. 2004*)

Recovery coaching takes from ICF principles and applies them to substance use disorders by defining recovery coaching as: "A solution-focused process which helps clients remove personal and environmental obstacles to recovery." It differs from other treatment/aftercare philosophies in that it doesn't believe in a single exclusive path to achieving or maintaining sobriety. Although recovery coaching does not discount the existence of a Higher Power nor the important part fellowship plays in recovery, it doesn't spend an inordinate amount of client time memorizing *Steps* or, like in therapy, excavating past traumas while hugging a box of Kleenex.

Professionals in the recovery coaching field are also very aware of the ethical boundaries that exist between treatment, therapy, counseling and coaching, and are careful not to cross them. Recovery coaching merely adds a new dimension of support to the work that has already been done by other professionals.

Strengths-Based Principles

The strengths-based approach to recovery coaching emphasizes a person's self-determination and strengths. Strengths-based coaching is client led, with a focus on present abilities and assets that people bring to a problem or crisis and applying them to future outcomes. Strengths-based coaching is based on two principles:

- 1) Every client has unique, individual strengths, abilities and assets that can be used in their recovery process. It does not take a psychoanalytical or a spiritual approach in helping clients. The approach is of the belief that every client has the inner strength and power to be his or her own rescuer.

- 2) Clients become 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 appropriated resources in their community that can move their recovery in a forward motion.

The coach and client work in collaboration to make these two principles happen, but it is the client who chooses which strengths or resources to tap into or reject. The clients 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 goals they have chosen for themselves.

In a nutshell, Strengths-based recovery coaching is:

- Action oriented with a focus on the present and the future.
- Short-term, but critically important during the first twelve months of recovery. It works when there is a strong desire to willingly work towards a *sober lifestyle*.
- Based on collaboration rather than a professional-patient relationship, which is usually more one-sided.
- Transitional and goal-oriented: “Where are you now and where do you wish to be tomorrow?” It works when clients take control of and responsibility for their future.
- Solution-focused. Helps clients become their own rescuers.
- Practical and non-clinical. Does not focus on past traumas.
- Accepting of clients’ present situation.
- Educational. Teaches clients how to question their faulty thinking patterns, to self-counsel, and to implement a doable/realistic plan.

It is not recovery coaching if a coach:

- Argues that the client has a problem and needs to change.
- Offers direct advice or prescribes solutions to the problem without the client’s permission or without actively encouraging the client to make his or her own choices.
- Uses an authoritative/expert stance leaving the client in a passive role.
- Does most of the talking, or functions as a unidirectional information delivery system.
- Imposes a diagnostic label to a problem.
- Behaves in a punitive or coercive manner.

Recovery Coaching Delivery Style

“Different strokes for different folks.”

Recovery coaching also differs from other philosophies in its delivery style. It uses the process inquiry (questioning techniques) in pointing out cognitive discrepancies in what clients are expressing in their coaching sessions. Through this process, clients are encouraged to consider an array of solutions or options to solving their current challenges. Recovery coaching believes that change is enhanced when clients can step back and analyze discrepancies between their current thinking and their ideal or desired behavior.

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 AHA! moment that Miller and Rollnick refer to as a “A movement from ambivalence to action” (Miller & Rollnick, 2011). These techniques will be discussed in greater detail in subsequent sections of this handbook.

At the risk of dating myself, the recovery coaching delivery style has often been compared to, and referred to as the Columbo approach by coaching practitioners. You may recall that in the "Colombo" TV series, Peter Falk played a detective who had a sense of what had really occurred but used a somewhat bumbling, unassuming Socratic style of questioning his prime suspect, strategically posing questions and making reflections to piece together a picture of what really happened. As the pieces began to fall into place, the object of Colombo's investigation would often reveal the real story.

In recovery coaching, this questioning style is more client-empowering in that the more a coach expresses an empathetic, yet directive form of questioning, the more clients interact, and the greater their ability to see how capable they are and how much change they can accomplish with just a little encouragement.

Through this approach, a client’s well-being is always the leading principle. It recognizes that within each client symptom there is some strength and views clients as whole individuals, and not as moral failures or as broken pieces in need of fixing. The recovery coaching mantra could easily be: “You have options and are accountable only to yourself. Regardless of what you have been through, you have the strength and the power within to change the outcomes.”

Stepping Out of the Box

The Substance Abuse and Mental Health Services (SAMHSA) recognizes that there are many different pathways to recovery. The operative question, then, ought to be identifying which models or philosophies bring fresh, unique ideas to a stale, “this is the way we’ve always done it” traditional field? We must 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 re-arrange thinking errors, strengthen resiliency, and instill in their clients hope for a better future.

You are now ready to help people in recovery create a new life. The clients you will serve face many obstacles. Your over-riding goal will be to instill in clients a belief that everyone deserves happiness, and that they have the power within to achieve it.

Establishing the Coach-Client Relationship

You are now the collaborative partner and cheerleader for your clients. You will be required to guide your clients to form a healthy and trusting relationship with you. We will talk more about this as we go, but for now just know that the person receiving your services will should develop a sense of security and not only recognize, but feel they are valued and respected. Coaches always establish a healthy relationship with their clients through collaborative participation and identifying past and present successes and using that information to address current barriers and obstacles that block their successful recovery.

That process is called Strengths-based Coaching and includes forming a healthy and positive connection with clients. The process is comprised of **Engaging** clients to comfortably express their feelings and share how they feel about things. Coaches provide clients with **Encouragement** to take safe risks in setting goals and the support needed to begin exploring all options and possibilities. Coaches also **Empower** clients to feel comfortable in exploring next steps and setting achievable goals and action plans. The fourth E is **Evaluation**; evaluating the progress that is being made by both the coach and the client in terms staying on course as both move forward. By coaches showing that they care about their clients and believing that clients have the inner capacity to move towards a positive change in behavior or outlook, they are instilling a sense of hope in the future and boosting their client’ morale and self-confidence.

The **4E’s** highlighted above will be discussed in greater detail in sections that follow. For now just know that as recovery coaches, we cannot force our clients to change. We can only show them the way and invite them to change. Their future is up to them. In essence, that is the nature of Recovery Coaching.

SECTION THREE

Recovery coaches will learn to:

- ◆ Identify and discuss Personal traits of a Recovery Coach.
- ◆ Identify and discuss Professional traits and competencies of a Recovery Coach.
- ◆ Identify and discuss Community-based Competencies of a Recovery Coach.
- ◆ Identify and discuss 8 basic strategies for establishing a positive Coach-Client Relationship.

RECOVERY COACHING: Professional Traits and Competencies

"I can only give you everything."

It has already been said that a great recovery coach is one who can play tennis on the same side of the net as his client; meaning that a coach has to be right there with the client when the going gets tough. Recovery coaching is about empowering clients to take action, and requires specific qualities from coaches who will be affecting the quality of change in their clients.

Though professional traits vary from coach to coach, there are some common qualities inherent in all coaches that play a critical role in affecting a client's recovery process. First, let me say up front that the old 'been there, done that' assumption that a coach who has had alcohol and addiction issues is of greater benefit to the coaching process may work in peer-coaching situations or in mentor-mentee arrangements, but may not work in professional coaching relationships, unless it is backed up with an array of core competencies.

Personal Core Competencies:

- Having an open mind regarding and acceptance of the many paths to recovery.
- The ability to establish empathy with clients.
- The ability to work with diverse populations, cultural backgrounds and community settings.
- Comfort in working independently across disciplines.
- Ability to focus on and reinforce positive strengths and behaviors in their clients.
- A high level of energy and commitment to the coaching process.

Core Professional Competencies

There are certain similarities among recovering clients that require a variety of approaches by coaches. For example, it is not uncommon for clients in recovery to follow the same patterns of thinking, emotional reactions, behaviors and life situations that have consistently caused them to relapse: denial, self-doubt, irrational thinking, counterproductive attitudes, etc.

The following core coaching competencies support a greater understanding of the professional skills required of recovery coaches:

- A familiarization with chemical use, addiction, and mental health issues and symptoms.
- A familiarization of the relapse process, its challenges and possible solutions.
- Cognitive Behavioral Therapy (CBT) or Cognitive Restructuring: the art of changing irrational thinking.

- Motivational Interviewing: person-centered method of getting clients to weigh the pros and cons of their behaviors and come to logical conclusions.
- The Stages of Change Theory: getting clients to move from a position of ambivalence to one of change.
- Solution-focused Questioning: asking coping and solution-focused questions that empower a client to envision a preferred and doable future.
- Anger avoidance while in recovery: Avoiding anger triggers and dealing effectively with the frustrations brought on by the mere nature of sobriety.

Community-Focused Competencies

- Knowledge of cultural and gender-specific community resources for social support.
- Access to resources: food shelves, clothing, shelter and affordable housing.
- Knowledge of and access to community systems that support recovery: affordable housing, education, employment, mental health services, and legal advocacy, interventionists, counseling services and food shelves.
- Faith based organizations that support recovery.
- Resources for training, education and employment.

(Sources: David Loveland, Ph.D. Manual for Recovery Coaching and Personal Recovery Plan Development, (1996); Terence T. Gorski, Staying Sober (1986); CENAPS; International Coach Federation and Recovery Coaching International.)

It's All about Relationships

"The world is good-natured to people who are good natured."

The most important and difficult task of recovery coaching is the interaction between coach and client. Engaging, encouraging and empowering clients comprise the bulk of a coach's work and are perhaps the most impactful activities coaches engage in. The active coaching sessions represent three fourths of the program; the remaining fourth are the materials that are provided to clients. Printed materials and provocative videos do little to change behavior. In studies by treatment and coaching experts (*Wampold & Bhati, 2004, R.J. Chapman, 2003, et al*), the key element in a coaching relationship is *the chemistry between coach and client*.

The persona of the coach can be of greater significance to the coaching process and can be the central ingredient for creating a bond and effecting change in clients. Just as dynamic teachers facilitate greater student achievement, dynamic coaches will achieve better results with their clients than others. Genuine curiosity, focused listening, passion, and an excitement about the opportunity to work together create a spark that makes people want to work with a coach.

In his studies, Chapman characterized successful counselors, trainers, and coaches as having six key common traits:

1. Empathetic Listener – the ability to reflect back the emotions clients are expressing so that clients feel they are being heard, and understood.
2. Extraversion – associated with warmth, assertiveness, and higher levels of positive emotion.
3. Openness to experience – individuals who exhibit a wider range of experiences are more curious about the world. Those who value a wider range of client experiences and positions are more likely to develop trusting relationships with their clients.
4. Observant – being able to identify thinking patterns in clients by listening to inflections in voice and body language.
5. Emotionally-balanced – open and participative in give-and-take relationships.
6. Conscientiousness – the ability to demonstrate competency, order, and responsibility to the task at hand inspires confidence in clients.

There could be other characteristics, I'm certain, but the bond that occurs between the coaches and their clients is of vital importance to the change process. In their interaction with clients, coaches tend to focus their energies on building group-trust and synergy.

What follows are some suggestions that have worked in building a trusting coaching relationship:

- Always begin and end your sessions on time. Accept clients at their starting point. Some groups will not fully come together at first. It is not your fault. Relax and do your best. Remember: it is frank, open, and honest discussions that will accomplish the most good.
- Always speak in a friendly, supportive manner, as an authoritative manner may be interpreted as a potential threat. Threats and directives almost always convey a message of impending consequences. Just keep it loose, but competent: “Thank you for being here. Tell me a little bit about yourself? What are the top three challenges you feel you are facing right now?” Then you can follow up with: “This is what I can do as your coach...” Or, “This is what you can expect from me...”
- Don’t preach. If you get preachy, the group will mentally disconnect. Remember all clients who have been in treatment or in the legal system have already been preached to ad nauseam and it doesn’t work anyway.
- Don’t get too technical or it will put everyone to sleep. Practice translating psycho-babble and technical terms into language 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; move forward and begin thinking about change, but don’t become confrontational. Your clients have had their buttons pushed way too many times before.
- Develop an awareness of cultural beliefs and biases. (To be discussed in detail in subsequent sections.) Values differ among cultures and have a significant impact on interaction. Various cultures, genders, and lifestyles may see life through a totally different lens and the interpretation of what is seen and heard can alter client behavior. Just be aware of these dynamics as they can negatively impact the coaching and client recovery.

(Sources: Arredondo, P. 1996; Wampold & Bhati, 2004, R.J. Chapman, 2003, et al Guiliene Kraft, Ph.D. 2006; Stoltzfus, T. 2008.)

Resilience and Survivor's Strengths

In all my years of working with gang-active and juvenile justice populations, I have learned that many clients are very resilient and have the ability to cope successfully in the face of significant adversity or risk. Most survivors of addictions or high risk behaviors have experienced near death experiences and have lived to tell about it. Make note of this as these experiences can be a huge source of strength in these clients' recovery. Honor their strengths and struggles. Acknowledge the difficulties they have endured and complement them on how well they dealt with the situation.



SECTION FOUR

Recovery coaches will learn to:

- ◆ Understand, define, and describe Strengths-based Coaching.
- ◆ Understand and provide examples of the 4E process in recovery coaching.
- ◆ Provide examples of strengths-focused questioning.
- ◆ Provide examples of questioning that coaches provide to help clients create a doable future.
- ◆ Understand and articulate the “Focused-Listening” Concept.
- ◆ Provide examples of how Coaches use focused listening when coaching clients.

STRENGTH-BASED COACHING: Motivating Clients

"The most successful people are those who are good at plan B."

Recovery is not defined by abstinence, but rather as a way of life that includes recognizing self-deluding patterns of beliefs, having the self-determination and strength within to challenge them, and adopting new ways of living to the point that self-defeating habits no longer become an issue. In essence, that is the basis from which strength-based coaching evolves.

As clients grow into different stages of recovery, they will get stuck in some physical or mental areas and will need the help from the coach in moving forward. Strength-based coaching diverges from traditional models in that it seeks to uncover the positive strengths and inherent skills in clients that can ultimately empower them to challenge their current faulty thinking and behaviors and devise a plan for a more doable future. It focuses more on the coach and client collaborating in identifying past and present successes and using them to address current challenges and obstacles blocking a successful recovery. (Miller & Rollnick, 1996)

Strength-based Coaching Revisited: The 4E's

- **Engagement** is a coaching skill used to form a strong connection with clients. Clients need to feel safe and respected when it comes time for them to begin questioning and challenging their own motives. When clients begins to share their deepest secrets with a recovery coach, they need to feel confident that there is someone there that cares about them, is willing to listen and who can provide a better insight into how to help them.
- **Encouraging** the clients to forge ahead in their progress. By showing that you care and believe that clients can indeed change, you are helping instill a sense of self-worth and confidence one's ability to take risks and create the needed change on their own.
- **Empowering** the client to seek out solutions and develop an action plan to make change happen. Empowerment means that the client is recognized as the person who makes the decisions about their life and is supported in working on the goals the client has set for himself or herself. It is the coach's role to clarify those goals and helping the client evaluate those goals in terms of are the goals reasonable and doable.
- **Evaluating** the progress the client and the coach are making in reaching the client's goals.

To clients, empowerment can be a mind-blowing experience because they haven't fully experienced it in the past. The 4E process is important in recovery coaching in that the process helps clients discover their personal strengths and assets that have been lost or forgotten through substance use or were never nurtured in the first place. Combining the 4E's with *success-inducing assignments* or activities will shift a client's focus from a powerless or deficit perspective of life ("I'm a user and a loser") to a strength-focused perspective ("I'm a winner and I can do this recovery thing").

The strength-based coaching approach focuses on two basic principles:

- 1) Every client has unique, individual qualities, skills and abilities that can be used as part of their recovery process. Focusing on client's strengths encourages their aspirations and leads to growth and greater accomplishments;
- 2) Clients are capable of self-determination and becoming active participants in their own recovery when they become empowered by the coaching process to do so. The client is the director and re-writer of his own life script and as such has the right to make decisions that can lead to success or mistakes to learn from.

(The Pennsylvania Child Welfare Training Program: Engaging Clients from a Strength-Based, Solution- Focused Perspective; 1998. Miller & Rollnick. 1996)

Strength-Focused Questioning

Below are a few examples of empowering clients through focused Questioning: empower clients:

“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)

Remember, the role of the recovery coach is not just about preventing old behaviors from returning, but to also focus on helping clients move forward in building a new life for themselves. Be enthusiastic and positive as you build on the clients' strengths as they create those small steps that can empower them to take bigger ones. In time, those small steps will become huge leaps and bounds.



Focused Listening

A wise tenet goes something like this: *“To acquire knowledge one must study. To acquire wisdom one must listen and observe.”*

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 is 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 feel 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

- Zone in on 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.



More Focused Listening and Solution-Based Questions:

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.

- 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 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 their agenda, not yours and they decide if it is time to move on.

More solution-focused questioning and their practical uses are discussed in detail in Section Three. For now, just know that focused listening is always about whom, what, where, and when; NEVER about why.

Facilitating the Group Process

“God grant me the serenity to accept the people I cannot change.”

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’re harder to fix when they do. But if done with great skill and care, group coaching has greater advantages than a one-on-one coaching relationship.

For example, group coaching reduces feelings of social isolation of its members by affirming the ‘we are all in this together’ notion and comforting to persons with similar problems. Often, people who are struggling with recovery feel as if they are all alone, isolated, different than the rest, unworthy and less capable of dealing with impending recovery issues. By being together, group members are encouraged to examine their beliefs from each other’s perspective and can better inspire each other in the progress they are making while providing support during the tough moments they will encounter. The group process is also a great form of group accountability in that the group members provide each other with feedback that serves to point out discrepancies in what is being shared.

Today’s recovering clients have the tendency to identify better with a coaching style that focuses more on the client’s perspective of a problem. This tenet is further supported by Miller and Rollnick in their studies, suggesting that coaches who focus strictly on the clients’ perspectives rather than their own professional biases make greater gains with clients. It is important for recovery coaches to avoid directing clients toward conclusions that can elicit resistance. Instead, coaches try to evoke clients’ own interests in the change process and steer all communications toward a commitment to a specific action(s) that can lead clients toward a goal. (*Miller & Rollnick, 2012*).

Although the attributes of an effective recovery coach are not strikingly different from attributes of coaches working with other populations, some of the variations make a big difference. In recovery coaching for example, it is necessary for coaches to be responsive and affirming to the group, rather than distant or judgmental.

Setting a Tone of Professionalism

As was previously stated, coaching groups can be the hardest task for any recovery coach. Some clients get their oxygen from showboating in groups while others clam up because of the fear inherent in the group process. Below are some useful tips that coaches can use to ensure that a tone is set for professionalism, and consistency (they 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. Do this in five seconds and one could say you have excellent coaching skills. Listening skills are essential to any coaching program. Like golf, recovery coaching is a mental game.

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 clear 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, and the group members' faith, trust in themselves.

Empathy – 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 and to a group is often the antidote to loneliness and feelings of estrangement that often seem to permeate through a newly recovered client's being.

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 in the presence of *Energy Vampires* and having to roll with the resistance that is being generated.

(Sources: Benjamin Chapman. 1994; Cepeda, L.M. 1996; Miller, W. R., & Rollnick, S. 2009-12)

De-fanging the energy vampires. Dr. Bruce Goldberg, author of *Search for Grace*, writes that Energy vampires are persons whose sole purpose is to drain the energy of those unprotected people around them. What better place than a group setting for energy vampires to practice their craft. Fortunately you don't always find them in your sessions, but it is good to be aware of who they are and what they are capable of doing to the inexperienced recovery coach.

Energy vampires may have been ordered to attend the coaching sessions, by the court system, a divorce lawyer, or anyone in some form of authority and may be resistant to change. I have noticed that most have had some form of higher education and understand basic psycho-social theory or have been in several group sessions as a result of their addiction history and have adopted the role of resident expert (Been there; done that.)

Then there are other types of energy vampires who by the nature of the title I have given them need little or no explanation: the whiner, the comic, the needy vampire, and the drama queen (or king). None of them have any consideration for you or the group. Their mission is to focus on their problem and monopolize the attention of the room. This group can suck the energy out of the room in five minutes. Try to go with the flow by remaining calm and ask my magnificent seven phrases that work at de-fanging energy vampires:

1. *"That's interesting. Why would you say that?"*
2. *"That's interesting. Why would you ask that?"*
3. *"That's interesting. Why would you do that?"*
4. *"That's interesting. If we could deliver what you need, what would that look like?"*
5. *That sounds interesting, but could you hold that thought until a little later in the meeting after we have heard from the other members?"*
6. *"That's interesting, see me at the break and let's talk about how we can work together to..."*
7. When all has failed, end with, *"Thank you for sharing."*

During your recovery coaching sessions it is a good thing to avoid giving energy vampires the groups' life blood. You begin by limiting your eye contact with them or reminding them of the group rules you have set up. Always remain calm and detached. Don't let energy vampires' negative energy consume you.

Find a good time during the coffee break to invite the vampire to stay or leave. Example: shake the energy vampire's hand and simply state: *"I sense that you may not have attended recovery coaching voluntarily, am I correct? Perhaps if you stuck around a few more time you may get something out of it. What do you say?"* Then give him/her an assuring smile then quietly walk away. (No shaming, no power play, only inclusion.) You're the "pro" in this scenario and have no ax to grind.



Chalk-Talk in Recovery Groups

These are tips I learned the hard way. Recovery coaching has found that *chalk-talk* as created by the late Father Joseph C. Martin, a Roman Catholic priest, who was a recovering alcoholic and renowned speaker/educator on the issues of alcoholism and drug addiction has great benefits with persons in recovery. Today we have whiteboards or we use poster paper to paste our presentations on walls. Whatever you use, it is still a great method of getting your key points across to a group (or individual). But to use this method well, you need to know these six principles which I learned the hard way starting out:

1. **You are an actor** whether you like it or not so prepare to get animated. Make eye contact; scan the room when speaking by shifting your gaze from left to right. Better yet, walk around the room as you're speaking making sure that your voice is heard even everyone. Vary your voice to emphasize your point. Let your points sink in using long pauses.
2. **Begin with the end in mind.** I always like to ask myself this question before each chalk-talk: "What is my ultimate goal. What do I want to accomplish?"
3. **K.I.S.S.** Acronym for: Keep It Simple Stupid. If you have more than 5 sheets of poster paper or are short of whiteboard space then you need to print the information as handouts.
4. **Do not talk and write at the same time.** When you talk, don't write. When you write, don't talk. Chalk is "old school" so use colored markers (but you knew that).
5. **Never write with your students looking at your back.** As much as possible, write with your shoulder perpendicular to the whiteboard. if you have your back to the audience and someone doesn't like your presentation they'll throw a shoe at you, or sneak out. (Recovering people are not above expressing quality in strange ways.)
6. **End on a positive note:** Summarize what was presented, engage your clients by asking questions, evaluate for progress (did they get it? If not, repeat it).

Culture-Centered Perspectives

“The greater the diversity, the greater the perfection.”

Here’s a quick gut check. How do you feel about homosexuals, African Americans, Hispanics, Jews, Muslims, the homeless, illegal immigrants, dreadlocks, tattoos, piercings, inter-racial or same-sex marriage, persons with HIV, or the handicapped? These are just a few of the many kinds of people you will likely be working with.

Were the feelings conjured up in your head as you read the last sentence culturally biased? **Cultural bias** is the phenomenon of interpreting and judging phenomena by standards inherent to one's own culture. The phenomenon is sometimes considered a problem central to social and human sciences. Whether we admit it or not, the assumptions we make about the clients we serve often spill over in our interactions with clients in subtle, and sometimes not so subtle, ways. The growing increase in racial and cultural diversity in treatment and aftercare has made culture competence a necessary standard in the behavioral sciences, and has become an ethical challenge for practitioners.

Working Definitions

Culture bias- The interpreting and judging by standards inherent in one’s own culture.

Ethnocentricity- A belief in the intrinsic superiority of a nation, culture, or group to which one belongs. In treatment and aftercare, it is belief that dominant culture approaches are universally applicable.

Xenophobia- The irrational or unreasoned fear of what is perceived to be different.

Professional cultural competence – a set of congruent behaviors, attitudes, and policies that come together in a system or among professionals that enables effective work in transcultural settings.

Attitude - A willingness to adapt to the needs of clients, and to meet those needs in objective, non-judgmental ways.

Numerous biases exist, concerning cultural norms for color, physical handicaps, mate selection, sexual or religious preferences, concepts of justice, language, and other cultural taboos. The behavioral sciences, especially have had a history of protecting the status quo against change, and have been slow to respond to the evidence of culture bias. At least this has been the perception of many practicing minority professionals and others in the cultural competence movement (*NAMI, Multicultural Action Center, et al*).

Bias and ethnocentricity in recovery coaching is no different than in the other behavioral sciences in that xenophobic attitudes almost always influence the treatment outcomes of clients of

diverse backgrounds. As an illustrative example from my urban professional experiences, it is difficult to coach less-acculturated Hispanic or Muslim clients, for example, to open up in group settings and expose what might be perceived as weaknesses or shortcomings (due to ingrained beliefs surrounding gender roles, a clear patriarchal family hierarchy or religious beliefs). We sadly coach clients of diverse cultures using concepts and assumptions from our own world view and then wonder why coaching did not work for these populations.

Because of the nature of ethnocentricity (*judging another culture solely by the values and standards of one's own culture*) modern-day psychodynamic approaches may not be as congruent with these populations as cognitive approaches. I have discovered that once psychodynamic concepts are repackaged in a manner that clients can understand and clients' cultural beliefs and values are taken into account, chances will increase that those clients will become better empowered to participate.

Biases and ethnocentricity can often contribute to our inability to meet the needs of diverse clients as they work at developing effective recovery and life plans for themselves. However, due to the nature of the Recovery Coaching philosophy clients of diverse backgrounds seem to be more accepting of this unique process, as it seems practical, easy to understand, and more aligned with their values. We must begin to examine our own attitudes and assumptions about diverse cultures, and set those biases aside in our role as change agents. Below is a Lakota tale that pretty much encapsulates this whole notion of acceptance.

A Lakota grandfather was teaching his grandson about life. As they sat at the bank of 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?*" His grandfather commented:

"A fight is going on inside of every person; me and you," he said to the boy. "It is a terrible fight and 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, empathy, generosity, truth compassion and faith."

The grandson thought about it for a moment and then asked, "*Which wolf will win, grandfather?*"

The grandfather paused and replied, "*The one you feed.*"

Trans-cultural Coaching Techniques

How does one become culturally aware in substance abuse services and subsequent aftercare programs? As a result of rapidly changing demographics in this country, and as professionals in the new business of aftercare and recovery coaching, we need to explore effective and appropriate ways of serving clients of diverse backgrounds.

For example, how does one communicate effectively with clients of other cultures about sensitive issues such as sexuality, drug use, and personal violence in family relationships? How does one incorporate a client's life experience in our work in order to find the underlying causes of their behavior, which may be guarded or not be readily apparent, and how do we empower them to move from a position of deficit to one of self-empowerment?

Interviewing skills and rapport building are paramount when working with diverse populations as the wrong comments or tone could make clients retreat into their self-protective behaviors and possibly dismantle the coaching process.

Culturally-aware coaches always begin by respecting their clients' rights and cultural self-determination. They devise ways of fusing their behavioral techniques with clients' cultural values. It is important to understand that family and community in most cultures are seen as highly important institutions and for some, God-given gifts that need protecting. Be aware of the family hierarchy, for example. Physical contact should be kept to a minimum, except for brief handshakes.

Culturally aware coaches refrain from imposing direction and judgment or using a voice of authority with clients, as doing so creates barriers that may impair the coaching relationship (*Miller & Rollnick, 1991*).

Taking a course or mini-workshop on cultural diversity is an ideal first step in understanding your clients. It is also important for our mental well-being to not become discouraged as we maneuver through any new cultural territory. Remember that cultural competence is a life-long developmental process and we are always learning.

Establishing a Cultural Coach-Client Relationship

Coaching across cultures can be challenging, but not impossible, to do. For example, in our effort to learn and understand as much as possible about our clients we tend to muddy the coaching process by asking irrelevant and sometimes inappropriate questions: “Where are you from? What tribe do you belong? Do you call yourself Latino, Chicano, Hispanic?” “Did you know I am 1/4th (add race/culture) on my father’s side?”

We must take the time and pause and listen carefully to what our clients are saying. Less acculturated clients 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. That is because they are not as interested in your credentials, as in trying to locate your world view as a coach and how it applies to how you will help them (“Who are you to tell me why I should listen to you?”).

The goal of a recovery coach is to build trust and hope

Building rapport is even more paramount in trans-cultural coaching.

- Engage clients in a warm, respectful manner. Don’t interrogate.
- Be aware of family hierarchy.
- Don’t stereotype.
- Avoid the one-size-fits-all theory of counseling/12-step/therapy.
- Refrain from imposing direction or using an authoritative voice.
- Respect clients’ rights and cultural self-determination.
- Reflect empathy, not sympathy. (*Been there, done that* doesn’t work.)
- Avoid using humor until you have been given non-verbal permission.
- Seek to understand clients’ goals from their cultural perspective.
- Be aware of levels of multiculturalism in family constellation. (1st generation, etc)
- Become aware of the impact xenophobia, and poverty, has had on the family.

Examples of my professional experiences working across cultures:

Most of my cross-cultural experiences in counseling or coaching have included assessing clients' internal dialogue: *"As we engage in this coaching process, tell me which perspectives, life experiences, and values you are coming from that tell me that you have a sufficient understanding of me and my culture to help?"* In preparation, I always try to gather enough information on my clients to help me do my job:

- ◆ What is the client's dominant language?
- ◆ What is his/her cultural communication style?
- ◆ What is the family hierarchy and roles (patriarchal or matriarchal)?
- ◆ What are the gender roles?
- ◆ What is their spiritual base?
- ◆ Is alcohol or drugs used in their religious or social rituals?
- ◆ What are (or have been) their traditional healthcare practices?

Take the First Steps in Acceptance

- Be a genuine person: “hi, how are you doing?” “How can I best serve you today?” Engage clients in a warm and respectful manner. Always communicate respect through the best reflective listening you can muster. Express optimism at all times.
- Enroll in a local workshop/training on culture-specific characteristics/issues so as to increase your knowledge base.
- Avoid addressing clients in a too informal manner. Less acculturated clients expect a more formal, but relaxed relationship with people they do not know well. In time, and if the process works for them, you will be given non-verbal cues as to whether or not to take on a less formal attitude.
- Try dressing business casual. People in the helping professions are still viewed as authority figures and business or formal wear may represent a threat to the client and a sign of superiority or disapproval of the clients’ current condition.
- Reflect empathy, but do not disclose your past compulsive behaviors (drinking or drug issues) or if you are or have been in recovery. The old been-there-done-that may work with more acculturated and sophisticated clients, but does little to create self-awareness in less acculturated cultures.
- Avoid using humor with persons of color until you have been given non-verbal 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 or revelations the client has made are unimportant.
- Do not fall into the trap of giving solutions. Authority figures are expected to direct and tell people what to do. Because 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 clients that the answers/solutions are within them and your role is not to give direction, but to guide them in the direction of their goals.
- In coaching sessions where families are involved, be very aware of who is the final authority in the family. Do not assume that the male figure is the one in charge. In some cases you may want to engage the father first before other family members. It is very likely that the father may be the final authority in the family, but one incorrect

assumption may destroy the whole coaching process. In some cases it is the female who interacts, while the father sits quietly observing. In cases like this, I always ask for directions from the family. Use your own judgment at all times. One wrong assumption and you may be looked upon as arrogant or disrespectful.

- Seek an understanding of the client’s goal from his or her perspective first. Listen for clues as to possible influences of cultural and spiritual beliefs.
- Determine the impact that xenophobia, poverty and acculturation have had on the family. Many clients have survived several barriers to get here:
 - ◊ The struggle of just getting to the U.S.
 - ◊ Adjusting and forging new lives in a new and alien environment
 - ◊ Having to cope with the stressors of xenophobic attitudes, rejection, exploitation and racism that up to now have made substance abuse almost a necessity.
- Determine the level of multiculturalism within the family constellation. Discuss the appropriate hierarchy in your clients’ culture/ethnicity, family, or community (only to determine the role of the male/female clients in the coaching process). Parents may hold on to rigid cultural values, but their children may straddle both the American and home culture.
- When possible and appropriate, try to learn a bit of the cultural identity of the clients: Somali or Ethiopian (there those that confuse the two) ;African-American or person of color. Do not go around doing what is referred in urban language as “ghetto handshakes” just to show that you’re “hip.” There are African Americans who may feel offended when greeted in that manner. Then there is the Hispanic, Latino, Chicano, Mexican, Mexican-American cultural Question. What do you refer yourself as? As for me, I don’t like to use the word “Hispanic. I just don’t like anything with the word *panic* in it. (joke) There is also body language to consider. In Native American cultures, for example, a firm handshake or the use of direct eye contact may be interpreted as a sign of aggression. Oh yes, never tell Native American clients that you are 1/8th Indian (six generations removed) just to improve relationships. That will quickly shut down the coaching process.

There are numerous cultural nuances in recovery coaching, and they all have individual meanings and importance to the clients you will be serving. Always pause, think, and ask yourself: “how is this information going to help (or impact) the coaching process. For example, substance abuse might be in conflict with the clients’ personal identity and values; it might conflict with the values



of the community's spiritual or religious beliefs or the family structure. It is important to know in advance how substance use plays in the roles of family, religious groups and the community. Drinking at weddings, baptismal and Quincienra (sweet fifteen) are very common religious activities in some celebrations in Hispanic celebrations, for example.)

- Become proactive in the community you serve and combine forces with other local agencies and organizations.
- Work at fusing your scientific approaches with the client's sophistication level and language.
- Become aware of lifestyle, cultural, ethnic networks within the treatment process: community reinforcement support (extended family networks, faith-based principles, motivational interviewing, holism, fellowship-based programs, the Medicine Wheel, 12-step), and the roles and stressors of being from a patriarchal or matriarchal society.

Empathy and cultural understanding are learnable skills for understanding a client's meaning in a coaching relationship. It is about building a trusting relationship between coach and client.

It becomes clear that by the suggestions provided, we are experiencing a paradigm shift from the traditional therapeutic service delivery models of 20th century to today's continuum of service models. For too long, linguistic and differing cultural expectations between clients and service provider reactions based on stereotypes have limited the quality of care for individuals and their families.

Of course, no professional can ever know all that is relevant about every cultural group, but the keys to cultural competence are: respect for differences, an understanding of diverse points of view, and a willingness to consider and incorporate differences in your work across cultures.

Now that we are rapidly becoming a pluralistic society, cultural competence should be a standing ethical commitment in all areas of health and human services by mere virtue of how different cultural groups are defining health, illness, and health care, for themselves, especially in the context of substance abuse.

(Sources: Thompson, M., Ellis, R., & Wildavsky, A. 1990; Sue, D.W., & Sue, D. 2003; NAMI. National Alliance on Mental Illness; 2004. Evidence-practices and Multicultural Mental Health. 2001.)
Alliance on Mental Illness; 2004. Evidence-practices and Multicultural Mental Health. 2001.)

SECTION FIVE

Recovery coaches will learn to:

- ◆ Understand and define solutions-focused coaching.
- ◆ Understand and apply the Seven (7) Stages of Change principles to Recovery Coaching.
- ◆ Understand and apply the Motivational Interviewing model to Recovery Coaching.
Understand and give examples of Motivational Interviewing.
- ◆ Apply solution-focused questioning to coaching role.

The Stages of Change Model

“Recovery coaches help people accept themselves unconditionally.”

Change comes slowly to people struggling in recovery. It is a process that takes time and commitment. It is built on multiple capacities, strengths, resources, coping abilities, inherent values and is highly personalized for each individual. Because recovery is non-linear (doesn't follow simple sequential steps) and involves setbacks, part of recovery coaching is to foster resilience for all individuals involved in making critical life changes.

Researchers have identified stages individuals go through when they're faced with making life changes and have applied their findings to persons with substance use disorders. Not everyone in recovery may be ready for change, and if they are, it can happen at different stages.

The “Stages of Change” model, developed by Dr. James Prochaska and Carol DiClemente at the University of Rhode Island, helps explain the steps individuals go through, acknowledging that change is not always made of smooth, sequential of events. To tell a client to sit through one of your coaching sessions and expect them to begin making immediate changes because of your dynamic influence is rather naïve and, for sure, counterproductive. The devil is in the details.

Recovery coaches are change agents; skilled at surveying their audience, accessing which clients are at various levels of change and why the Stages of Change model is an important tool in the coaching process. It is a therapeutic term for getting clients to resolve their ambivalence and begin moving forward in their recovery.

Clients will come for help at different levels of commitment. Some have been court-ordered to attend aftercare or face jail time, while others have been threatened by a divorce lawyer to get their act together. And there are those who are coming to find ways of repairing what they have done to themselves and their families. Last, but not least, there are those who will come looking to you for answers (or permission); don't fall into that trap.

The following is Prochaska's overview of the stages of change, with illustrative strength-based questions, that can be helpful in coaching your clients:

Pre-contemplation – Denial stage: Clients may be ambivalent 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 (“I don't have a problem...!”). Just go with the flow and try to approach clients from a position of cooperation rather than resistance: “You must have a good reason to not want to participate; stick around, you may pick up something you'll find helpful.” It is a good idea that during a break, you ask for progress feedback, “How are you doing with all this?” or “Am I giving you what you need?”

Contemplation – The client is thinking about participating, but is at the teeter-totter stage: “Should I or shouldn’t I? Maybe I am using too much, but I’m not sure... but even if I am, I am not sure if I’m ready to do anything about it.” Wait the client out. Soon you will be working as a team. Change is a fluid process and stability, well, that’s just an illusion.

Preparation – The client likes what is happening and is getting ready to participate: “Hell, I’ve got to do something anyway. It can’t hurt. I can’t go home empty-handed.” Relax. Only a small change is needed for the client to begin to accept more change.

Action – 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...” or “Awesome! How did you do it?” and “What did you do differently?”

Maintenance – The client likes the results of the program and is practicing maintaining new behaviors. It is about clients getting into a solid, sober routine every day.

Relapse – This is the “Oh, oh!” stage. Clients may have gotten sloppy with their program or begin to feel so confident in their recovery that they took a chance and relapsed: “I’ve been sober for three months...I’m entitled, it’s the holidays.” Or “I can handle just one hit off a pipe.” It may be that clients did not follow through on maintaining the new behaviors or the skills leading up to the new behaviors were done sporadically (practice creates habit).

They may now see themselves as moral failures: “I failed, so I might as well continue drinking or using. What’s the use?” Remind clients that relapsing is like falling off a bike. Help them to analyze why they fell off and encourage them to learn from it and get back on the program. Relapse is a natural occurrence of the change process.

Transcendence– This is the final stage and where everyone is striving to get to: the “I can live without it” stage. This is the place where your clients will be able to understand their past addiction and view it in a new light. This is the stage of transcendence to a new life. Not only are bad habits no longer an integral part of clients’ lives, but returning to them would seem atypical, abnormal. The client is said to have transcended their old habits and no longer need the old behaviors to sustain themselves.

The idea behind the Stages of Change model is that behavior change does not happen in one step. Rather, people tend to progress through different stages to reach successful change. Also, each of us progresses through the stages at our own rate.

So expecting behavior change by simply telling a client who is in the contemplative stage that he or she must go to a certain number of AA meetings in a certain time period is rather naive (and perhaps counterproductive) because the client may not be ready to change.

Clients must decide for themselves when a stage is completed and when it is time to move on to the next stage. Moreover, this decision must come from the inside them not and not from the coach. The Stages of Change model teaches that it's the clients' task to articulate and resolve their own ambivalence. Long term change cannot be externally imposed. Everything the coach does is based on the client's recovery agenda..

For the sake of clarity, I have learned to abide by four rules when coaching clients:

- 1) Determine the client's goals
- 2) Resist the advising reflex, referring to the coach's urge to advise or fix problems for the client. This coaching mistake reduces the likelihood of client change
- 3) Understand the client's motivation
- 4) Practice the 4E's: Engage, Encourage, Empower and evaluate (for progress) 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.

(Sources: Prochaska, J., Norcross, J., & DiClemente, C. 1995)

The Art of Self-Change

It is important to note that up until now, your clients have experienced great failure at self-change and may become demoralized by another change notion that may place them at risk of another failure. Take it slow.

Remind clients that the reason they failed in the past may have been due to their trying recovery on their own without support, or that their goals were set too high or were unrealistic to begin with.

Try to communicate a sense of hope to your clients; that with your help, they can rediscover their strength and that change is now possible.

Again, an effective coach does this by working as a co-investigator alongside the client and asking motivational questions that elicit change-talk.

The goal is to have clients begin articulating their aspirations or goals and exploring an array of options available to them.

Below are examples of the types of motivational questions that can empower clients and elicit change-talk:

“I had a client who... How could his success apply to your situation?”

“What is already going well and doesn’t need to change?”

“Can you name some assets or good qualities about yourself that...”

“Name two things thus far that have given you the strength to...”

“What needs doing to make that happen?”

“How will you do that, exactly?”

“What do you see as a next step?”

(Sources: Prochaska, J. & DiClemente, C. 1995; William Miller and Stephen Rollnick. 2002. Fredrike Bannink, 2004).

Motivational Interviewing: Change Happens

“Experience, when examined, teaches awareness, understanding and empowerment.”

Today’s definition of Motivational Interviewing is: “...a collaborative person-centered form of conversing and guiding to elicit and strengthen a client’s motivation to change.”

It complements the Stages of Change model we previously discussed. Motivational Interviewing is a method of helping clients weigh the pros and cons of life’s challenges; connecting the dots, and then coming to logical conclusions regarding their behaviors. Motivational Interviewing (M.I.) was first developed by Drs. William Miller and Steven Rollnick in their work with problem drinkers who were resistant and needed help in moving from a position of ambivalence to one of change.

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

There is very little evidence that people will change if give them reams of information, show them snazzy media presentations of the consequences of their behaviors, offer advice, and then make them feel guilty and humiliated enough to want to change. In the real world it just doesn’t work.

Today’s twenty-first century recovering clients may be ambivalent about changing and may not be impressed with videos of recovering guest speakers sharing the trials and tribulations or binders filled with colorful handouts. As one recovering college student succinctly put it, *“I don’t want to be placed in a mental or immoral category and I don’t want to waste my time sitting in a circle with strangers. What I need are tools that can help me deal more effectively with changing aspect of my life.”*

What today’s clients respond best to is action and interaction, and to practice and implement new behaviors that can be of use the very next day.

Getting clients to open up and consider any kind of change can take some time and a lot of work, but it can be made easier through engaging clients in conversation and drawing out ideas that cause clients to consider changing the way they look at their recovery process and life. It is about a coach putting the pen down, removing the notepad off his lap and actively listening to a client, eye ball to eye ball, and asking the right questions. This is not a revolutionary principle on the surface, but wait. The work is just beginning.

Motivational interviewing (M.I.), as taught by Miller and Rollnick outlines four principles that recovery coaches use to help clients move from a position of ambivalence to one of change:

1. **Expressing Empathy**- the act of understanding someone else's emotions. Recovery coaches use a technique known as "active listening" to show that the coach understands what a client is trying to express. The coach mirrors or paraphrases a 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, he is letting the client know that the coach has listened to what the client said. This gives the client a sense of being heard. In addition, paraphrasing client's feelings lets the client know that the coach understands what the client is feeling.
2. **Challenging Discrepancies**- the act of promoting change in clients by helping them become aware of and challenging discrepancies of what is being said (or was said) and their current situation or behavior. By teaching clients how to challenge their irrational or faulty thinking, and how their current behavior is blocking progress in accomplish their goals, the coach is helping them think deeper about their behaviors.
3. **Rolling with Resistance**- This skill is used when clients refuse to consider change or are not ready to change just yet (ambivalence). A coach's communication to the client that he understands the client's position (empathy) may be more effective than arguing. People, recovering clients especially, don't like being pushed into doing things they are not ready to do. It's always better to wait them out and eventually draw them to you without doing things that will alienate them.
4. **Supporting self-efficacy**- this skill is about helping clients identify attainable goals that can be accomplished on their own. It gives clients a sense of accomplishment, confidence to continue and a hope for a better tomorrow. Affirmation is just one method of reinforcing a client's strengths and accomplishments.

Motivational Interviewing, then, is a respectful, non-judgmental, non-confrontational technique of engaging or drawing out ideas from clients who are ambivalent or stuck in the change process. The method is designed to quickly establish rapport, short-circuit any client resistance, and elicit from clients what M.I. practitioners call *change-talk* or *commitment language*.

For example, *change talk* can be elicited by asking the client open-ended questions such as, "How does the problem interfere with things that you would like to do?" In M.I., readiness to change is a result of the quality of interaction between the coach and his clients.

While there are many variations in technique, basically the spirit of M.I. as described by the literature can be characterized by eight points:

- 1) Motivation to change is elicited from the client, and is not imposed from the coach or any other outside force.
- 2) The coach is an empathetic, co-investigator alongside the client.
- 3) The client is an active participant in the change process.
- 4) The process promotes self-acceptance on the part of the client.
- 5) It's the client's task to articulate and resolve his or her own ambivalence.
- 6) Direct persuasion is not an effective method for resolving ambivalence.
- 7) The coaching style is generally calm and designed to elicit information.
- 8) The coach gives direct feedback, but is never confrontational. The coach merely challenges clients to examine and resolve their own ambivalence.

Highlights:

- M.I. involves collaboration not confrontation; evocation not education; autonomy not authority, and exploration instead of explanation.
- M.I. can be direct, but in the spirit of being very interested in, and concerned about the client's own perspective while all the time nudging the client along in the direction of change.
- M.I. focuses on goal setting and problem solving.
- M.I. points out discrepancies between clients' goals and their behaviors through collaborative guidance.
- Clients identify the behavior they want to change.
- Coaches help clients list the benefits of change.
- Realistic and attainable goals are set.
- Only solution-focused questions are asked.

The essential belief which underpins Motivational Interviewing according to Miller and Rollnick is that the clients are the experts of their situations and are more likely to make changes if they are empowered to work things out for themselves rather than being told what to do by someone else. The goal of the coach is to help clients connect the dots and acknowledging their ability to succeed.

Motivational Interviewing Techniques

“Enlightenment is the power of connecting seemingly unconnected dots.”

Drs. William R. Miller & Stephen Rollnick, founders of Motivational Interviewing, describe Motivational Interviewing (M.I.) as being based on three key concepts:

- 1) Collaboration between the recovery coach and the client, rather than a directive counseling approach
- 2) It is a drawing out of options and solutions from clients as opposed to imposing them onto clients
- 3) Client autonomy: a client’s decision to change.

According to M.I. 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. I say fear because it has been my experience that much of what is troubling clients is their fear of exposure and a fear to change from who they once were to who they are now becoming (“What if I get rejected because I’ve changed?”).

These troubled clients have been wearing masks for so long and are now expected to remove them and expose themselves to the world. Don’t get me wrong, 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 recovery coaching.

About Trust

Trust is an important component of M.I. Fear is a constant cloud over recovering clients’ 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 a fear of non-validation as they go through extremes just to prove their self-worth.

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 the client to retreat or revert to past defense mechanisms for fear of being exposed.

M.I. has to proceed slowly and be non-confrontational. It has to happen in collaboration with clients and it must be done respectfully while keeping in mind that the client is always in charge of the change process.

About Truth

Truth is the other key element in M.I. someone said, “The truth will set you free. But first it will piss you off.” Truth is not a popular commodity with clients in recovery. Terence Gorski in his book *Staying Sober* describes relapse and recovery as having an intimate relationship and that both must be addressed openly and honestly. Gorski 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 recovery.

It is very easy for clients to take delusional thinking into recovery, making life miserable for themselves and those loved ones around them. Not because they’re 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, 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 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 and embarrassed about. It is not surprising, then, that a coach will encounter a bit of resistance in the M.I. process and finds that more cognitive work may still be needed in trust-building to get clients to a point of feeling comfortable in confronting certain truths about themselves and their beliefs.

When supported by empathy and respect, 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 coach that will ultimately make the most gains with their clients.

(Read Terrance Gorski’s and Abraham Twerski’s materials on addictive thinking and behaviors; NIDA: Relationships in Recovery).

Connecting the Dots in M.I.

As previously discussed, M.I. is a collaborative style of interacting with clients. Rather than coercing them to change, M.I. taps into clients' strengths, talents and resilience and helps them recognize the discrepancy between their current behavior and their desired goal. It quickly allows the clients to connect the dots and become their own initiators and creators of the change they feel is needed. It is client-centered with a focus on respect, collaboration and building rapport.

M.I. is non-confrontational and does not impose ideas, opinions or gives advice to clients. Instead, a coach works at helping clients cut through their own BS by drawing out thoughts and ideas from clients.

Clients come to an awakening on their own as they connect the dots thus reducing the fear, shame and self-reproach the clients may have brought to the coaching session and makes them feel empowered to press on and continue their self-exploration.

What is important about M.I. is that it promotes confidence and self-acceptance.

Below is a list of techniques that coaches can use and which have been found effective with clients in connecting the dots and creating their own change:

Ask permission. The technique of asking for permission communicates respect for clients. Also, clients are more likely to move toward change when asked, rather than being lectured or told to change:

“Do you mind if we talk a bit more about that?”

“Do you mind expanding on that a little more so that we can all understand it?”

“Interesting. Is this a good time to put our heads together and explore some possibilities?”

Practice change-talk. Change-talk is a method for eliciting reasons for changing by giving clients a voice in their own decision to change:

“What would you like to see different about your current situation?”

“What do you think will happen if you don't (or do) change?”

“What would your life be like in three years if...?”

“On a scale of 1 to 10, how are you really doing?”

“What would it take to get you from __ to 10?”

Explore importance and confidence. Exploring the notion of importance/confidence with a client or group have dual utility:

- 1) They provide information about how a client views the importance of changing
- 2) It gives the client a voice in their need, desire, to change

“How would your life be different if...?”

“What would need to happen for you to...?”

“What would it take for you to move from ___ to ___?”

Open-ended questioning. Open-ended questioning allows for a richer, deeper conversation that builds empathy with the client:

“Fascinating. Tell us more why you like...?”

“What happened since we last met?”

“What makes you think it might be time to change?”

“What happens when you behave that way?”

“What’s different about quitting this time?”

Reflective listening. Fastest way to express empathy:

“It sounds like, maybe you...”

“So on the one hand you say..., but on the other...”

“What I hear you saying is.... Am I right?”

“It seems as if...”

“I get the sense that you...”

Been there, done that. This helps a client to feel that they are not alone:

“That can happen to a lot of people when...”

“Many people report feeling as you do.”

“I understand. I’ve read where people in recovery...”

“How many in this room have experienced similar...?”

The bumbling detective approach. This is a technique used by the detective in the old Colombo television series:

- “Let me see if I understand this. You are coughing your lungs out and are always out of breath, and you are saying cigarettes are not the cause of your problem, then...”

- “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 doctor has prescribed. How will that help you attend your daughter’s graduation?”
- “Wait. Can we pause for a minute? Earlier you told us that you were..., but now you’re saying... How does that work?”
- “Let’s walk through this together once more. You say...”

Expressing self-efficacy or competence. This gives voice to the changes (or progress) a client or group has already made:

- “It sounds like you’ve really been making progress. Tell us about it.”
- “So you’ve cut down on your drugging. Tell us how you’ve been able to do that?”
- “Awesome! How is that working for you?”

Go with the flow. Some clients may be resistant to change at first. Just go with the flow. People don’t like to feel they are being pushed into making a decision. Show some empathy when this happens. It is easier than arguing with the client. It is the recovery coach’s role to support and move when the client is ready.

Client: “But I can’t quit using. I mean, all of my friends use.”

Coach: “Oh, I see. So you really couldn’t quit using because then you’d be too different to fit in with your friends.”

Exception Questions. Exception questions focus on who, what, when and where as they relate to client goals.

- “Are there times when the problem does not happen or is less serious? When? How does this happen?”
- “Have there been times in the last couple of weeks when the problem did not happen or was less severe?”
- “How was it that you were able to make this exception happen?”
- “What was different about that day?”
- “If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing different on that day, what would he say? What else?”

Coping questions. Coping questions attempt to help clients shift their focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.

- “What have you found that is helpful in managing this situation?”



- “Considering how depressed and overwhelmed this makes you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?”
- “You say that you’re not sure that you can continue working on your goals. What is it that has helped you to work on them up to now?”

Challenging a client’s thinking:

Client: “I just can’t deal with...”

Coach: “Okay, but if you could, how would you deal with it?”

Client: “I don’t know.”

Coach: “All right, but if you did know, what might that look like?”

Provoking Extremes:

Coach: “Okay, suppose you don’t change, what then?”

Client: “My wife would leave me.”

Coach: “Would that be the end of the world, or is there a way to prevent that from happening?”

Flashback Questioning

Asking the client to go back in time to the worse moment of their addiction: “Go back to the time you first realized that enough was enough. What were you experiencing that brought you to that realization? Why couldn’t you come to that realization the first time you used, or the second or the fourteenth time? Is reliving that experience worth relapsing?”

Exploring ‘Goals vs. Values’

“What do you want out of life?” Ask clients what they consider to be their most important values and then explore how their behavior(s) interfere with reaching their goals. This is important prior clients designing their action plan.

Menu Options

“Out of all these potential solutions you have listed, give three you are certain could work.” Menu options refer to the identification of several actions versus one. Emphasis is placed on the client’s willingness to pursue and commit to two or more of the menu actions.

Using the 'Readiness Ruler'

"On a scale from one to ten, ten being the best chance to commit to a change, which number best reflects how ready you are to change?"

'Nudging' Questions

- "Are you ready to commit to that step?"
- "You know exactly what needs doing, don't you?"
- "Is there anything you need to change about that step?"
- "Listen to what you just said? Let's revisit it."
- "Sounds like you're waffling. What could you choose to do or not do...I just need to hear a clearer answer?"
- "What will you do? By when? What will be your next step?"
- "What will your life look like by our next meeting if you took just one of those steps?"

Action steps that don't get done are worse than no steps at all. They sap the confidence and energy of the clients and make it less likely that any future contemplated steps will succeed. Recovery coaches always nudge clients in a forward motion towards solutions-thinking to ensure that the steps clients have contemplated are doable and have a high likelihood of success.

(Sources: Berg, I.K., & Miller, S.D. 1992; Fredrike Bannink. 2006; Cepeda, L.M. (2006); Bunker, B.B. 2000)

Solutions-Focused Questioning Skills

“Problem-focused talk generates problems. Solutions-focused talk generates solutions.”

Clients are looking for answers to the question, “Now that I’m sober, what’s next?” and hope that you will provide them with answers. It’s not that they’re lazy. It’s that they have spent an inordinate amount of time being blamed, shamed, and told what they ought to do and not do. Many have never been encouraged to take action on their own behalf and become their own rescuers. While cocooned in a treatment setting, clients may have learned a few basic relapse prevention or recovery skills, but are now out in the real world, where the risks have quadrupled, and are suddenly feeling intimidated by the standards and challenges of the sober world.

Take time out of each session to remind clients that recovery coaches do not give answers, but that they collaboratively explore solutions and serve as guides in helping clients identify and achieve the goals they have set for themselves.

Solution-focused questioning is a powerful tool for defining the relationship between coach and clients. When a coach advises, he becomes the expert and takes on a role of superiority, at least in knowledge. But when coaches interact with their clients and ask them for their ideas relating to the challenges they are facing, coaches are then viewed not so much as experts, but as understanding, but knowledgeable partners.

Why Questioning is important

The client is the expert on himself or herself. Because they are the experts, questioning tends to create a form of buy-in on the part of the client. They become motivated and empowered to want to talk more about themselves and their problem. Asking the right kinds of questions also creates authenticity between the coach and the person being coached and is the quickest way to build trust and transparency.

Creating Buy-in and Empowerment

Clients often come to us with questions they already know the answers to. They just don’t have the confidence to get out and do it; an important factor in recovery change. They are just waiting for a professional to give them permission to do it. That’s understandable as they can either blame or praise the professional for the results (aka: therapist dependency). As previously discussed, some recovery clients still have a lingering habit of lying to themselves (and others). We must have our BS detectors on at all times.

Solid questions have to be asked to place the onus of responsibility on the client. Strength-based questioning is a good method of creating buy-in and empowers people to open up in more honest



ways. When a coach begins to ask solid questions or an opinion of a client, he is sending a message that says, “You are the main player in this change process (not me) and you are the one that has to decide.” Strength-focused questioning, then, invites clients to buy into the process, and blocks coach dependency. It empowers clients to do things they never thought they were capable of doing. It moves them toward taking responsibility for their own change.

Maintaining an Empowerment Mood

Here are some additional tips that coaches can use to maintain a solution-focused or empowerment mood during their coaching sessions:

- **Ask goal questions.** Focus on the objectives clients want to reach at each session or if with a group, what the group is wishing to accomplish over several sessions. Regardless, make sure you have a clear and specific process goal from the start or you’ll lose sight of your progress: “What do you most want to talk about in this session?” Or, “What do you want to get out of our time together?”
- **Let go of your agenda.** It is not about you. New coaches always seem to be looking for that Holy Grail of questions; that one question that will change a client’s behavior forever. Forget about it. Just keep asking the simple questions and see where they lead. You’ll often notice that the client will decide where to take your questioning.
- **Watch your ‘W’s.** Always ask who, what, when and where questions, but never “why.”
- **Never play therapist.** Do not diagnose or label the client’s state of mind. Instead ask, “Interesting. Tell me more.”
- **Don’t be afraid to interrupt.** You heard me right. Being too timid to interrupt or too afraid to refocus the discussion often slows the progress. Some clients can talk forever every time an open question is asked. Beware of TMI, too much information as it can blur your and the clients’ focus. Part of your job is to manage the coaching process, so when you see clients bird-hopping all over the place, you need to interject with a question that brings the conversation back to focus: “You seem to be pretty good at expressing yourself. Do you mind if I interrupt occasionally to keep us on track and make the best use of our time?”
- **Never ask closed questions.** Closed questions can only be answered with yes or no and lead nowhere. Consider this approach, “Talk to me about another approach you could take to ____?” To “How else could you approach that?”
- **Ask permission** to expand an idea or to continue to the next phase of a topic: “How does that work?” or “Can I take what you just described to the next level?” Since there is no therapeutic formula here, always follow your curiosity and you’ll be surprised where it leads.

- **Never blame or shame** clients for their situation or you'll surely set yourself up for a confrontation or a walk-out.
- **Speak the language the client understands**, but don't speak down to them either. Never use high-end sophisticated terms or words. If you do catch yourself being too sophisticated then bring it down a notch by downplaying what those terms mean: "Don't worry about that concept for now. It just means... and I'll break it down as we go. For now it is just important that you understand that..." In some cases I find that I have to explain the term right off, and then move on.

No Pain, No Gain

Clients know their options, but are often afraid to act on them. Recovery coaching is a game of "no pain, no gain", in that clients have to do all the heavy lifting and become their own rescuers. It is through their inner strength that they will become creative and capable of exploring options and coming up with their own solutions to their problems.

As previously stated, clients are the resident experts on themselves and have all the answers about their issues and the challenges they face. Through *solution-focused questioning*, the coach only has to help clients bring those options and solutions out into the open and then lead the client toward a plan of action.

Solution-focused questioning respectfully assumes that clients can become empowered to play an active role in their change process. Given the proper coaching, guidance, and support, they can begin to tap into their own potential and begin taking control and responsibility for their progress.

However, there are clients who are not ready, or are fearful of sharing their hopes and dreams. With this group, it is always better to resist the temptation to fill the silence between the questions you ask, and a client's response. That brief moment of silence gives the client the respect and permission to think and reflect.

Questions that Elicit Change-Talk

I am of the belief that when someone has written something better than you, you should share it and not try reinventing the wheel. In this case, Tony Stoltzfus, family and relationship coach, author of *Coaching Questions*; and Fredrike Bannink, the German clinical psychologist and author of numerous publications on solution-focused therapy, lay out over 500 examples of solution-focused questions that I find useful for coaches in eliciting change talk in clients.

Listed below are some examples to fit substance use prevention coaching:

I. 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?”

II. 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?”

III. 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?”

IV. 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...?”

V. 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?”

“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.

IV. 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.

Change Plan Worksheet

1. The changes I want to make or continue making are:

2. The reasons why I want to make these changes are:

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

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

5. The way they can help me are:

6. Some things that could interfere with my plan are:

7. I will know my plan is working when:

8. What will I do if my plan does not work:



THE ART OF QUESTIONING

“Judge a man by his questions not by his answers.”

Solutions-focused questions are a really effective way of moving a client towards a solution rather than dwelling on the issue or the causes of the problem. Solutions-focused questioning is compatible with recovery coaching in that it does not focus on the past, but instead, focuses on the present and helps clients create their version of a future. It empowers client to think, to analyze, and create answers that will cause them to act.

The coach uses a method termed: *respectful curiosity*. This method communicates a feeling of equality in the coaching relationship; a peer, if you will. It invites clients to envision their preferred future and begin exploring options and addressing movement toward a goal. It doesn't matter that these moves may come in small increments. What is important is that exploration is occurring.

To support this process, questions are asked about the client's strengths, their view of the future, and personal or community resources needed to make their vision happen. With guidance from the coach, the client begins to construct that vision of what that future might look like.

Below are fifty solution-focused questions excerpted from Fredrike Bannink's *1000 Solution-focused Questions* that have been adapted for use in recovery coaching:

Follow Your Curiosity:

1. “In a perfect world, what would you like to achieve?”
2. “What do you want to take from this session that can help you?”
3. “Where do you want to go from here?”
4. “If you had the choice of just one miracle, what would it be?”
5. “What would that miracle look like?”
6. “What would be different in your life if you would...?”
7. “How would things look like if your problem was solved?”
8. “What positive things will take the place of the problem?”
9. “How do you think that is a problem for your spouse, friend, others?”
10. “What would you like to see different as a result of ...?”
11. “How will you know when you have reached your goal?”
12. “How would important people (wife, partner, colleagues) in your life know you have reached your goal?”
13. “What would you like to see more of?”
14. “What have you done to make that possible?”
15. “Who would be the people who would know that a miracle had occurred?”

16. "If you had 24 hours to live, what would you regret not having done?"
17. "What do you see yourself doing differently when your problem has gone away?"
18. "How will you do that exactly?"
19. "How did you know what was needed?"
20. "How is that new for you?"
21. "How has moving from -- to -- given you hope?"
22. "Suppose you could change as a result of these sessions, what would be different about your life then?"
23. "What has changed since the last session?"
24. "What is better already?"
25. "What were you doing to make things better?"
26. "What do you need to do to assure that it happens again in the future?"
27. "What are you doing differently now?"
28. "How did you find the courage to...?"
29. "What gave you the strength to...?"
30. "How did you succeed in doing that?"
31. "What gave you the sense that it was the right time to...?"
32. "When was the last time you had success at...?"
33. "When did you become aware you had those qualities?"
34. "When did other people become aware that you have those qualities?"
35. "In which situations are those qualities most noticeable?"
36. "Name five things that you're doing well and do not need to change?"
37. "How can you do more of the things that do not need to change?"
38. "What is easy for you to do that impresses others?"
39. "If a deceased loved one could see how you live your life now, what would he or she say about you?"
40. "On a scale of 1-10, ten being best, how are you doing?"
41. "Explain what you are doing to increase that score."
42. "What needs to change in order to get you to ten?"
43. "What would a point higher on your scale look like?"
44. "In your opinion, what would be a small step forward look like?"
45. "What would be so bad if you...?"
46. "What would be the worst that could happen if...?"
47. "Suppose I am a fly on the wall. What would I see you doing?"
48. "On a scale of 1-10 what are your chances of finding a solution to...?"
49. "How do you plan to achieve that?"
50. "What is driving you to put in the hard work now?"

The "Yes, but..." - "Yes, and..." Paradigm

According to the International Transactional Analysis Association, adults enjoy playing out the games they learned in childhood. The “Yes, but” game is one of them. Never get caught up in the “Yes, but” game with clients. Remember that the coach has already made a Berneian agreement (from Eric Berne’s *I’m Okay, You’re Okay*) by both client and therapist to pursue specific changes that the client desires.

To linger too long on this type of gamesmanship is counter-productive to the healing process. Yes, but-ers are geniuses at coming up with excuses for inaction. When used by clients, “Yes, but” is always an indirect form of “No,” or a display of resistance (“I really don’t want to do that.”). It produces obstacles to progress and sucks all the energy from the coaching process.

Instead, practice using the “Yes, and...” approach to generate more and better points of view. The “Yes and...” paradigm facilitates a continuation of strength-focused dialogue and opens the door to more options and possibilities:

Client: *“Yes, but if I quit I’m afraid I’ll be rejected.”*

Coach: *“Yes, and...?”*

Client: *“But that would make me hang out alone, no friends.”*

Coach: *“Yes, and what would be so bad about that?”*

Client: *“Then I would probably be forced to move in with my family.”*

Coach: *“Yes, and...”*

Client: *“But that would be pure hell...”*

Coach: **Yes and how can we begin to explore more acceptable solutions?**

Notice the “we” (collaboration)? Now the discussion can now continue to grow as more possibilities become exposed.

SECTION SIX

Recovery coaches will learn to:

- ◆ Understand and describe Cognitive Restructuring and its relationship to Cognitive Behavior Therapy (CBT).
- ◆ Understand and discuss the origin and function of Cognitive Distortions.
- ◆ Discuss the characteristics of negative mindsets.
- ◆ Give examples of negative mindsets or “stinking thinking”.
- ◆ Understand and discuss the principles of how CBT works.
- ◆ Understand and describe The Function of Cognitive Restructuring.
- ◆ Understand and discuss the principles of Self-Talk Analysis.
- ◆ Understand and give details on how to apply Self-Talk Logic and Reasoning in the coaching setting.

COGNITIVE RESTRUCTURING

“Relax; you are not your thoughts...or maybe you are.”

Alcohol and drugs are mind-altering substances. We all know that. But just because clients in recovery stop using, does not mean that they are now clean and sober. As was previously noted, the first year abstaining from an addiction is the most difficult. Loss of both control and perspective are not uncommon occurrences in a recovering individual.

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 resulting challenges in a logical manner, only then will they be able to better self-manage and maintain stability. This is where *Cognitive Restructuring* (CR) plays an important role in recovery.

Relapse, or any other compulsive behavior, begins in the brain. Believe it or not, when we talk to ourselves, the brain listens. CR explores the notion of rational vs. irrational thinking and 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.

Cognitive Restructuring Defined

Cognitive restructuring is a set of techniques for becoming more aware of our thoughts and for modifying them when they are distorted or are not useful. This approach does not involve distorting reality in a positive direction 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 adapts the principles of Cognitive Behavior Therapy (CBT) Pioneered by Drs. 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 a guide to how we will respond to people and events. Unfortunately, sometimes our interpretations, evaluations, and underlying beliefs thoughts contain distortions, errors, or biases, or are not very useful or helpful. This results in unnecessary suffering and often causes us to react in ways that are not in our best interest.

Unfortunately, sometimes those interpretations, evaluations, and underlying beliefs may contain distortions, errors, or biases which at times 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 A.A. folks call it *stinky 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.

Cognitive Distortions

The term “cognitive distortion” refers to errors in thinking or patterns of thought that are biased in some way. They may include: 1) interpretations that are not very accurate and which selectively filter the available evidence, 2) evaluations that are harsh and unfair, and 3) expectations for oneself and for 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.

Origin and Function of Cognitive Distortions

The literature points to past programming and childhood developmental experiences as two of the main causes of cognitive distortions. Learned habits and observations of how parents, peers, or significant others viewed and coped with difficult life experiences and how these thinking errors often protected one from failure or harm. (“...*that didn’t work for me before, therefore I won’t risk it.*”) This self-defeating thinking often justified inaction or protection from possible failure.

Short-term and shortcut solutions were sought and practiced until they became a 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, 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.

Identifying Cognitive Distortions

We’ve already learned from previous chapters that in their first crucial year of recovery, clients may not be in full control of things happening around them and need help in learning how to change the way they look at themselves and their world. They are mired in what Terence T. Gorski, in his work with addiction recovery, refers to as addictive thinking and feelings. This is totally different than logical thinking in that an addictive thinker does not reach conclusions based on reason and evidence of facts, but on needs, feelings and immediacy: “*I’m feeling nervous; this has happened to me before; I need a drink (or a drug), and I need it now.*” The client then builds a 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've abstained for period in treatment or counseling. People in A.A. refer to this mode as *stinkin' thinkin'*. Over the using months or years, these cognitive distortions have become automatic automatic and reliable, to the using client, and at times helpful in avoiding taking risks, action or responsibility for their behaviors.

Some of their distortions may have a grain of truth, but for the most part they are inaccurate, sometimes toxic, but certainly non-useful in a person's recovery process. Over the using months or years, these cognitive distortions have become automatic, reliable, go-to responses, and at times helpful in avoiding taking action or responsibility. In recovery, these cognitive distortions still linger, unchallenged and unresolved. Challenging them can be like opening a fresh wound and tends to generate uncomfortable or negative feelings, which in turn generates the same old self-defeating urges and actions which all along have been based on fear, shame and hostility...relapse. As recovery coaches it becomes crucial that we proceed slowly and carefully exposing cognitive distortions.

Dealing with Cognitive Distortions

There are a series of negative mindsets outlined in the CBT literature that A.A. participants and treatment professionals accurately refer to as *stinky thinking* and which can easily sabotage a client's progress. Whether you wish to call them stinky thinking, *cognitive distortions* or *unreasonable life rules*, they come to us automatically and almost always make lives a living hell. Although some negative automatic thoughts are true, many are either untrue or have just a grain of truth in them.

Here are a few examples of *cognitive* distortions that occur spontaneously and which almost always invite helplessness and hopelessness in recovering clients:

All-or-Nothing

Thinking that things are black or white, never grey, e.g., if your performance falls short of perfect, you see yourself as a total failure.

Overgeneralization

Seeing a single, negative event as a never-ending pattern, e.g. *"I'm always messing things up. I never get anything right. I Might as well give up, I'll only relapse again."*

Perfectionist

Having rigid rules for self-guidance; *must-thinking* or having a precise, fixed idea of how oneself or others should behave, and overestimating how bad it is when these expectations are not met, *"I must do this, because that is the way I was raised."* Or, *"My kids must do this, because that is what I was taught."*

Personalization & Self Blamers

Holding oneself personally responsible for events that aren't (or aren't entirely) under one's control: *"It's my fault that we didn't get to the concert on time. I always screw things up."* The self-blamer always winds up taking all the hits, but getting a sick payoff from wallowing in the guilt generated.

Disqualifying the Positive

Rejecting positive experiences by insisting that they don't count or they weren't earned. In this way the person continues to see everything as negative even when their everyday experiences contradict this: *"Sure, I was just lucky this time."*

Jumping to Conclusions

Making negative interpretations even though there is no definite facts that convincingly support the interpretation.

Mind Reading

Thinking that someone is reacting negatively to you and no effort is made to fact-check it.

The Fortune-Teller

Always anticipating things will turn out badly and that the prediction is an already established fact. *"Why bother, I'll only spoil the event."*

Magnifying or Minimizing

When the importance of things is exaggerated or minimized: such as when a serious error is made, but a claim is made, *"It's no big thing,"* or *"It wasn't meant to be,"* but the person continues to feel guilty about it.

Emotional Reasoning

The belief that our negative emotions reflect the way that things really are: *"I feel it, therefore it must be."*

"Should, Must, Ought To" Statements

This is when people try to motivate themselves with a series of should and 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. When we tell others they "should" do something, and they don't, our first response is feelings of frustration and resentment: *"I should (must) do this or my kids (or significant other) won't like me."*

Overgeneralization

Making sweeping negative conclusions that go far beyond the real or current situation, *“I really blew the interview. I don't have what it takes to succeed in that position.”*

(Sources: Challenges, Inc. 1998. Berg, J.S. Cognitive Therapy Basics.1996. The Beck Institute, 2003. David Burns: The Revolution of Thought, 1998. Nelson Binggeli: CBT Techniques, 2009. David Burns: The Feeling Good Handbook, 1999.)

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, and its benefits will continue throughout a client's recovery process that will improve other areas of life not related to addiction or recovery.

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: (1) Identifying the thoughts or beliefs that are influencing the disturbing emotion; (2) Evaluating them for their accuracy and usefulness using logic and evidence; and 3) modifying or replacing the thoughts with ones that are more accurate and useful. CR is not to be interpreted as a branch of “positive thinking.” It is more accurate to say that CR is more about balanced or realistic thinking; the ability to put things in their proper perspective. The primary function of CR is to help clients recognize and dispute cognitive distortions or irrational thinking habits and replace them with more accurate or rational ones.

Through a process of questioning, weighing the pros and cons, reasoning & logic, and other practical techniques, CR helps clients to step back and take a hard look at cognitive gaps in their thinking and beliefs. As their realities become clearer, clients are then taught to uses logic and reasoning to challenge those irrational thoughts and can begin to consciously restructure a new way of perceiving themselves and the world as it relates to maintaining a sober lifestyle.

The role of the recovery coach is crucial to the CR process. It is the coach's job to help recovering clients become rational thinkers. Through a process of reason and evidence for and against an issue (the challenges of functioning in a sober world, for example) the coach encourages and helps the clients replace their distorted thought patterns with more accurate, and functional ones. Clients are then supported in constructing a more rational recovery action plan that can help them transition and self-manage their lives in a sober environment without the use of substances.

In my work with juvenile delinquents in the juvenile justice system, we run across irrational thinkers on a daily basis. For example, a young person in our “early-release” program was preparing for the ACT test for college but kept getting low scores on the practice exam. His reply to his low scores went something like this: “Why bother. I’m stupid. Only people with rich parents succeed in college. I’m going to fail the real exam anyway. These were nothing more than automatic negative thoughts built over the years of failure in this young person’s life and very common among most, if not all persons in recovery.

Cognitive Restructuring helps clients examine the evidence for our beliefs, to see if they are fully justified and if not, then learn to moderate them in an appropriate manner. Coaches do this by asking the client if he can find any counter examples to the claim that only rich people succeed in life, of which there are many: (Mohamad Ali, Colin Powell, Oprah Winfrey, author J.K Rowling, to name a few). This helps the person develop more empowering thoughts than the prior extreme negative thoughts. Now don’t get me wrong. Cognitive restructuring is NOT about positive thinking. It is more accurate to say that cognitive restructuring is about developing “balanced” or “realistic thinking” or just putting things in their proper perspective. Simply put, distorted or exaggerated thinking tends to put people in problematic situations both practically and emotionally. CR helps people think in more constructive, realistic, and flexible ways.

CR also contains Homework assignments. Yes, you heard me right. Recovery coaches Using CR will assign homework tasks to clients to use between coaching sessions. These come in all forms from analyzing a particular situation or trying out specific coping strategies so as to test what works and what doesn’t and begin implementing the desired changes in behavior.

The Cognitive Restructuring Process

Cognitive restructuring teaches that we must not automatically trust the contents of our thoughts and beliefs. Stress-related behaviors & compulsive disorders are initiated by perceptions and can be:

- 1. NEGATIVE OR TOXIC**
- 2. POSITIVE OR EMPOWERING**
- 3. NEUTRAL OR BALANCED**

Cognitive restructuring is a process of learning to identify and dispute irrational or maladaptive thoughts and replacing them with more balanced and realistic ones. We do this by becoming aware of what has transpired or was said and then challenging the negative inner dialog, toxic thought or self-defeating belief that is being processed. Once challenged, one can then modify or change the behavior to a more neutral or positive one.

Cognitive Restructuring: The ABCDE Model

The approach to CR has been formulated in a basic A-B-C-D-E structure outlined in Cognitive Behavior Therapy (CBT) literature, and is based on the belief that all stressful states are a result of, and often maintained by biased and distorted ways of thinking and believing. CBT pioneer, Albert Ellis called these “automatic, irrational thoughts and beliefs.” They are automatic in that they have been rehearsed and practice so many times in the life of a client that they have now become habitual, and ingrained at the lowest level of conscious awareness.

They are irrational because it makes a person feel worse than is necessary, and causes them to do things that make their situation painfully worse, not better. The recovery coach’s role, then, is to help clients identify and challenge clients’ irrational beliefs or cognitive distortions, and restructure them through a system of evidence and logic.

It is important to note that CR doesn’t focus on how clients’ pessimistic thoughts came about or the underlying issues that brought about such thoughts. CR’s aim is to help clients extinguish those distressing thoughts and create newer, more neutral or positive ones that can create change.

The first step in the recovery process is to focus on introducing clients to the A-B-C components of emotional distress:

- A)** Adversity or an activating event: 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 the meeting and...”)
- B)** Belief system: Consists of automatic, irrational thoughts and beliefs regarding the event that happened in A, above (“I relapsed and disappointed everyone; I’m hopeless; I’m a failure, and so I might as well keep using.”).
- C)** Consequence: Describes the actions or reactions a person takes as a result of the event(s) that occurred in A above and how they were interpreted at B. (depression, aggression, isolation, and relapse).

Challenging Faulty Thinking

Once clients are taught to understand the basic A-B-C’s of Cognitive Restructuring, the recovery coach can introduce the last 2 steps, D and E: The disputing (D) or challenging contradicting statements made in clients’ minds and the options available that can result in rational thinking and Effecting proper change (E). This is done through the application of logic and reason, solution-focused questioning or through a process known as Self-talk Analysis.

D) Disputing our beliefs: This is the “Says who!” section of cognitive restructuring where clients are guided through a process of self-talk and cost-benefit analysis to dispute their maladaptive thoughts and their faulty belief system discussed at B above (“Says who? Where is the evidence that says I’m a loser? 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 also where clients are taught to explore better options and rational alternatives. Below are a few illustrative examples of CR questions clients can be encouraged to ask themselves:

“What is going through my mind as I am feeling this emotion?”

“What am I afraid might happen?”

“If this is true, then what does that say about me as a person?”

“Is there a better alternative to this problem?”

“If this is true, then what is the worst thing that could happen?”

“What if I decide to change? What do I stand to lose, and is it worth the work I’ve put in to staying sober?”

E) Effecting Change: Based on the conclusions made at D above, clients can begin a process of self-talk that can re-program their thinking and adopt new, self-empowering behaviors. Focusing on the positive or constructive aspects of a problematic situation or experience can lead to more neutral or emotions which lead to different (more positive or neutral) actions or outcomes. Here are a few examples positive self-talk:

“I can do this project if I take it one step at a time.”

“I’m making pretty good progress.”

“I’ll make a list of supporters I can count on too...”

People give up because they spend too much time looking at how far they yet have to go, rather than looking back and see how far they've come. A recovery coach uses cognitive restructuring techniques to encourage clients to explore counter examples to the claims being made in B above (*I’m a loser*), and if there are ways to moderate that claim (*Yes, I make mistakes now and then, but I’m learning from them, and that doesn’t make me a loser.*)

That statement is more accurate and empowering than the original negative thought. Modifying faulty thinking makes clients feel more motivated to continue on the road of recovery knowing that they have the proper tools to question their stinkin’ thinkin’ when it raises its ugly head. Finally, it is helpful to remember that it may have taken a lifetime to develop these patterns of thought, and it will take time and hard work to change them.

Top Five Mistakes Made in Cognitive Restructuring

1. Asking “closed” questions – avoid asking questions that can be answered with a simple “yes” or “no”. There are coaches who prefer to take the easy route by asking questions that can quickly serve the coaches agenda (moving forward, ending on time, etc). Instead convert (or restate) close questions to “open” ones: “Can you list two ways you can do that and still keep evenings open for family?” or “Tell me another way to approach that?”
2. Rambling questions: When I first began coaching I was guilty of asking the same question three different ways, thus confusing the client as to which question to answer first. I did this because I wasn’t really sure of the question I wanted to ask so with sweaty palms and parched lips I would “shotgun” my clients with three or four questions in a row. Stop! Don’t do what I did. Think, and formulate your question before asking it. It’s okay to pause and think. Just trust the process as you aren’t looking for the perfect question. You just want to help the client move along. A good continuation question could be, “You mentioned earlier that... . Tell me more about that.” In coaching always use connecting leaders such as: “What’s going on here..., “expand on that?” Or “Tell me more?” Today, and through hard work, I consider myself the “master” of asking.
3. Refusing to interpret where appropriate. What? That’s right, you heard it here first. One of your jobs as coach is to manage the coaching process, so when you see a client bird-hopping all over the place, it is perfectly appropriate to interrupt and bring things back into focus.
4. Rhetorical questioning- Although formed in a rhetorical form, this type of questioning can often be biased, emotional, judgmental or is based on your own personal opinion. Always eliminate rhetorical questioning from your coaching style as this is a good indicator of personal bias towards the client. Some examples of rhetorical questioning include:
 - a. “What were you thinking!?”
 - b. “Isn’t that a cop out?”
 - c. “Are you really going to throw you marriage away just for...?”
5. Why questions. “Why questions only make clients clam up. Why questions challenge a client’s motive and are really asking a client to justify or defend his or her position. Use “what” instead:
 - a. Change, “Why did you...? to “What led you to...?”
 - b. Change, “Why can’t you just talk to him about...?” to “What do you need to talk to him about that?”
 - c. Change, “Why are you feeling down about...” to “What is causing you to feel...”

Cognitive Restructuring Techniques

1. **Modeling:** conducting role playing exercises.
2. **Cognitive Rehearsal:** Coach asks client to “rehearse” positive outcomes or thoughts.
3. **Validity Testing:** Weighing the “pros” and “cons” and offer objective evidence.
4. **Journaling:** Maintaining a journal or diary.
5. **Guided discovery:** Guiding and coaching a client through stage **D** of CBT.
6. **Homework:** Set of practical assignments to be completed by client such as practicing new techniques, listening to audio tapes, articles, books.

From *problem-focused* questioning to *solutions-focused* questions:

- “What is the problem?” to “What would you like to achieve.”
- “What is hindering you?” to “What progress have you made so far?”
- “What is the main issue?” to “What would it mean to achieve success?”
- “How long have you been experiencing this problem?” to “When in the past have you achieved a positive outcome?”
- “Who is to blame?” to “who can help you?”

Exercise: With a partner, make up & practice converting problem-focused questions to solutions-focused questions, by each of you asking a series of questions and then reversing the process.

Self-Talk Analysis

"It's not who you are that holds you back, it's who you think you're not."

Self-talk therapy, also known as *self-counseling*, can be used to treat several types of compulsive disorders and can be easily taught to clients in recovery. It immediately places clients in a position to become their own rescuers. Although Albert Ellis (of RET fame) and Aaron Beck take credit for self-talk therapy, it began with Buddha: *"We are what we think, and all that we are arises from our thoughts."*

Self-talk, 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. The technique provides relatively quick results and places clients in an active role in their own recovery which is the aim of recovery coaching. Self-talk is well-accepted because it makes good common sense; it is non-intrusive and can be done alone. It is based on the belief that when we say something to ourselves, the brain listens and files it away for future reference. This is referred to in the behavioral sciences as Neuro-Linguistic Programming (NLP), but for purposes of Cognitive Restructuring, the term means *self-programming* or as my students say, "Psyching yourself out."

Simply put, how we think about a situation or event will determine our feelings and emotions and later, our behaviors and actions. In early addiction recovery, clients' thoughts are often not in line with how 98% of the sober population views the world; the remaining two percent are living in an alternative reality. This is the cognitive dissonance concept previously discussed.

Self-talk can be either productive or self-sabotaging and in each case follows a specific sequence of steps:

- 1) The stimulus (that triggers an emotion)
- 2) Self-talk (the inner dialog to determine what the stimulus means) and
- 3) Emotion/reaction or consequence that occurs as a result of self-talk.

The content of our self-talk will almost always decide how we will feel or react to stimulus. When we give ourselves repeated negative messages we lose control and set ourselves up as victims. Illustrative examples include:

- ✓ Pessimistic about the future.
- ✓ Bitterness about the past.
- ✓ Overly critical of own behavior
- ✓ Resenting other (sober) people.
- ✓ Feeling they are worse off than anyone.
- ✓ Inner voice finds reason to criticize.

Consequences of Negative Self-talk

- Self-doubt
- Anxiety
- Symptoms of depression
- Unable to make maintain meaningful relationships.
- Little or no gain of serenity/inner peace
- Urges to pick up the addiction
- *Relapse*

But when self-talk is consistently practiced in positive ways, we are setting up predetermined rules or short-cuts for ourselves so that in reoccurring situations we can respond more quickly to unwanted stimulus.

A good example:

One person is on the way to a meeting in a different part of town, but is held up at a long stop light. He gets angry and shrieks, *"I'm going to be late! This is awful! Why does this always happen to me?"* Another person caught in the same traffic jam uses that time wisely as she checks her GPS at the light and thinks, *"This is a good time to check and see if I'm heading in the right direction!"* or *"Maybe I'll call ahead and..."*

What we have here is the same situation, but with two different reactions. One lost control of his thoughts (self-sabotaging talk) and right away went into "victim" mode, while the other had significant control over her thoughts and reactions.

Self-talk is a unique way of giving clients control over their thoughts where they previously had none or thought they were victim to them.

Benefits of Self-Talk

Self-talk is the most inexpensive form of self-therapy. It saves us a lot of money, which we will otherwise have to spend on counselors and psychologists. Self-talk enables us to use our own innate abilities to manage and control our lives.

Self-talk is rewarding in a number of ways. It gives you ample opportunity to become self-reliant, enhances your self-esteem, and your confidence in yourself. Through this technique, you will be able to learn more about yourself and appreciate yourself for what you are. Self-talk leads to self-awareness, something that is vital for your success in life.

During self-talk, 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 that emerging matter, more often than not, has valuable information and answers too many of life's problems.

Applying Self-Talk to Everyday Reasoning

Below are ten self-talk questions that can be used when challenging unrealistic expectations and dispute irrational thinking:

“What is really going on here?”

“Who owns this problem?”

“How important is the big picture?”

“Who or what else is involved in this problem?”

“Is my interpretation of this thought based on objective reality?”

“Are these thoughts helping me to reach my long- and short-term goals?”

“Are these thoughts helping me to protect my life and my health?”

“What are the costs of thinking this way? What are the benefits?”

“Are these thoughts helping me to feel the way I really want to feel?”

“Are these thoughts helping me to appropriately interact with those who are important to me?”

Questions coaches can ask to challenge irrational thinking:

“How reliable is the evidence supporting (or refuting) your belief?”

“Do you think that other people consider your evidence convincing? Irrational? A little extreme?”

“What would be the worst that could happen if...?”

“Could you convince a jury that your statement is true?”

“What could be some of the errors in your thinking?”

“How did you arrive at your conclusions?”

“What is the best alternative in changing this situation?”

“Just because one or two people have said it, does that make it true?”

“Are there others that think you’re....? (Two clowns don’t make a circus.)”

“What is your definition of failure, acceptance, success, worthlessness?”

“What other choices do you have? What are your options?”

Options Questions

Option questions are designed to help clients think creatively in developing potential solutions. An effective coach always lets the client do all the heavy lifting in thinking things through instead of offering solutions and suggestions. Some options questions include:

“What could you begin doing about this problem?”

“Who do you know that could help you...?”

“What other resources do you have that could help you...?”

“What have you seen others do that may work for you?”

Checking for Motivation

It is always good to assess a client’s readiness to move forward on a plan:

“On a scale of one to ten, how likely is it that you will...?”

“How can we modify that step to move it from a six to a ten?”

“Are there any obstacles we still need to address in order to...”

Action Questions-*Looking at all the angles*

“Let’s turn that into an action step: what will you do by next month?”

“Which of these three options look doable for next week?”

“You mentioned that you could do_____. What will you commit to doing?”

“What are the pros and cons in pursuing the option you have selected?”

“What is your gut telling you at this moment?”

“What is the big payoff in making this decision?”

Note: (highlight this) Make sure clients do all the work! Keep nudging them to creatively think of (realistic and doable) options.

Managing Anger in Recovery

"You will not be punished for your anger. You will be punished by it."

My son's and I enjoy fishing (sometimes too much) and we always have a chance to sit quietly and talk. On one sunny day on the lake, the topic of anger came up as one of my son's was angry at his school chum over some vague issue. I related the story of anger as akin to being stuck on a giant fish hook. "On that same fish hook is the person that hurt you," I said. "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 the hook is to allow the person who offended you off first." Feeling like a Ninja philosopher (and noticing the rolling of their eyes) I continued, "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 first letting those that hurt us off first."

I use this tale with recovery clients often. Working with recovering clients in managing their anger can be a bit more challenging than the usual run-of-the-mill anger management we do with the general public. 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 vent or express dislike for people and situations.
- They avoid exploring the source of their anger.
- They seek revenge.
- They become so cut off from their anger that they render themselves 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 substance abuse and anger, both should be addressed simultaneously (in treatment or aftercare).

The Connection between Substance Abuse and Anger

Recovering clients come to us chronically angry and not knowing fully why. To begin with, there are both internal and external barriers occurring all at once in a recovering person's life. Imagine for one moment coming out of a residential treatment facility or jail and having to face job loss, unable to qualify for housing, loss of college tuition or financial aid, and a probation officer looking over your shoulder as you pee in a cup to prove that you're *clean*. Imagine a demanding spouse ordering, "Well, now that you're home and sober, fix the electrical short in the basement, take me to church, find a job, mow the lawn, and don't forget your AA meetings" (where you sit in a circle with strangers hugging a box of Kleenex and confessing what an immoral monster you have been). Then pile on those barriers the internal challenges: shame, guilt, depression,

burnout, loneliness, paranoia, and chronic anger over your inability to cope. Is it any wonder that one begins to consider *using* two weeks after graduating from treatment?

Most people in recovery seldom make the connection between anger and substance use. Therefore they don't take the initiative to seek help for their anger issues. But what they don't realize is that their anger is the underlying source of their addiction. This is where recovery coaching is of great benefit. Recovery coaches help clients see how anger plays into the addiction or relapse cycle process. Recovery coaches do not view their clients as angry people in need of fixing. I teach my coaches to see their role as stepping stones that clients can use to move closer to change. Our job is to help clients identify anger triggers that often lead to relapse episodes and begin exploring techniques and alternatives for avoiding or managing potentially toxic situations. Recovery coaching is the best place to begin sorting out their feelings:

- Feelings of guilt: over the pain they have caused friends and loved ones.
- Feelings of shame: over what others are thinking.
- Feelings of loneliness: over being isolated, dropped, and left out in the cold.
- Feelings of Fear: over possible relapse.

Chalk-Talk and Walking the Talk

Recovery coaching is hot on chalk-talks, role playing and homework assignments that clients can use to practice their new behaviors at home or in the workplace. Recovery coaching is of the beliefs that if you want to change someone's behavior, change yours first and the annoying factors that were before you will begin to diminish. Another way to get clients to identify their anger triggers is to use the method of fact-checking their mistaken beliefs and attitudes regarding their current situation and the causes or nature of the anger that may be preventing constructive communication. Solutions-based questioning is another good tool for fact-checking thinking errors. In this technique (as in all) the coach walks clients through a process of analyzing if the anger is real or imagined (a product of past conditioning) and if the anger merely a cover-up for fear, shame or guilt. We then go through a process of weighing the pros and cons or cost and benefits of displaying anger vs. just letting go. For some recovering people, anger left untreated can result in relapse. Therefore it is important to be aware of signs of anger and become better prepared to cope with the feelings associated with anger.

Anger Triggers

In my work with the juvenile justice system our young felons get heavily into anger triggers and the things that upset them. The following mini-lecture works best with this population and you are welcome to use all or part of it in your work.

Things that upset us are called "anger triggers". A trigger is like an electric shock that makes a person reacts. One might feel a rush of adrenaline, tense muscles or feeling upset. Anger triggers are learned through past experiences taught by our parents, social settings, and negative experiences accumulated over time and which can become automatic. Those triggers are our first response to anger. But our first response isn't always the best response: like hitting a candy machine because it took your dollar, only to experience a broken hand. The issue here is that every time we react automatically to anger provoking situations then we are not in charge; someone else is. In this example, the trigger (loss of a dollar in the candy machine) was in charge. Automatic triggers in one's life have a tendency to turn us into puppets. Every time someone or something pulls our string or pushes our button, we react verbally or physically. You then revert to what you know best: drinking, thugging and drugging. And now the cycle is repeated.

Techniques for Managing Anger

1. Identify any cognitive distortions in your own head.
2. Recognize if you are *really* feeling angry or is your anger a cover-up for fear, shame or guilt.
3. Analyze the costs and benefits of being angry vs. 'letting it go.'
4. Express feelings in a safe environment.
5. Practice using "I" statements.
6. Express your anger in person (tweeting, email, texting, or skypeing do not count).
7. Listen intently to the other person's side of the story.
8. Replace 'hot thoughts' with 'cool thoughts'.
9. Practice a quick form of gaining control before meeting with the offender such as counting to 10, taking a walk.

Solutions-Focused Questions used with Clients

- "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? Lets 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?”

A recovery coach helps Clients:

- Identify the mistaken attitudes (ABC model of Cognitive Restructuring)
- Investigating the nature of the anger that is preventing neutral or constructive communication. (learned experiences)
- Learn the appropriate modes of expressing legitimate anger (“I” statements, fact-checking).
- Practice forgiveness: Clean up any messes.

H.A.L.T.: A Self-Care Tool

The first rule of recovery is that you must change your life. I first came across the acronym H.A.L.T. when I was working as a counselor in a chemical dependency treatment center in Los Angeles twenty years ago. H.A.L.T. stands for Hungry, Angry, Lonely, and Tired. Each one of these four physical or emotional conditions, if not taken care of, leaves an individual vulnerable for relapse. I have found H.A.L.T. helpful in teaching my clients each of the physical or emotional conditions that must be addressed in maintaining a safe recovery journey. Below is a detailed description of each condition in order for you to get the most out of this self-care tool.

Hunger, of course, describes the most obvious physical condition of lack of food. So I will not belabor this point here. But hunger can also point toward emotional needs: hunger for attention, for comfort, for understanding, or for companionship. It is very important that we have others in our lives who can give us their loving care.

Anger, is a little bit more complex and the solution perhaps a bit more challenging for some people. Here is the good news: there is nothing wrong with the feeling of anger! But here is the bad news: most of us have never learned how to express anger constructively. The way we express anger often takes hugely destructive forms. We either turn anger against ourselves or against others. Get your anger out, but do in non-defensive ways. You're in recovery now, but not everyone is going to be your best friend. Few will care that you are doing something about living sober.

Loneliness. Refers to isolating oneself. Being alone is a sure path to relapse. Building a new life is not an easy thing. We often have to deal with the left over problems from our past and go through mood swings, depression, and self-loathing in our sober journey. Begin building your own sober community or join one. If you're into A.A., find a sponsor, join a support group, a club (biking, jogging, mediation) Just don't find yourself alone.

Tiredness. We all have a tendency to ignore tiredness at times. But what few people know is that tiredness makes a person weak and a weak person more susceptible to feelings of exhaustion, depression, and prone to cravings until (you guessed it) relapse occurs. Reward yourself with something that turns off the self-defeating chatter in your head.

Finally, you must know that however bad your situation might be or how you are feeling, there is NO excuse good enough for returning to drinking and drugging. I give thanks to the people in Alcoholics Anonymous, where I think this acronym initially emerged, for using their experience to benefit us all.

The Art of Forgiveness

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. This is what I call the “mopping up” process. Obviously, our anger left a mess behind and someone has to clean up any unresolved anger issues or our relationship with our friends and loved ones will continue to fester and like a cancer, rise again. It even contaminates our relationship with ourselves where we make our own lives miserable instead of happy and full.

Going through the treatment process to become whole again must have taken tremendous commitment, time, energy, and determination on the part of our clients. Through your coaching and guidance they will have received an entire recovery toolkit of handy strategies and techniques to implement on their recovery journey. But one important aspect of recovery has been overlooked: *forgiveness*. In A.A. forgiveness is considered a critical component of recovery. Religious thinkers too, hold forgiveness in the highest regard; even requiring it as a means of achieving a state of grace or salvation.

Our clients, though sober, are probably suffering from the baggage of the great harm they have done to themselves and their loved ones, not to mention the financial damage that may have permanently strained valued relationships. They have come to you for aftercare, but may be still harboring resentment over certain things in life (real or imagined) they still see as inappropriate, cruel, or just plain unfair and have not learned quite how to forgive themselves and others. In recovery, forgiving is about reaching a state of mind, that is finding peace within and not having to revisit old wounds. With forgiveness firmly in place, our clients can begin to explore future goals with peace of mind and a new found energy.

What Forgiveness is not

Forgiveness is not about pardoning or offering leniency. It is not about burying your head in the sand and pretending that the incident did not happen. Forgiveness is also not a quick fix to make things right or ignoring the transgression and moving on without some resolution. And it certainly not about accepting the transgression and think God or some other entity will punish them.

The trick to reaching a state of forgiveness is to first let go of resentment. Resentment is the accumulation of the real or imagined wrongs we all carry around as extra baggage. In our resentment bag we store a lot of past issues which are logged away in our resentment ledger. We teach our clients how to travel light in life, with only one carry-on case and to ditch the resentment ledger. Recovery coaches can also teach clients to implement the *cost-benefit* analysis that we talked about in the chapter on Cognitive Restructuring. Through chalk-talk exercises we have clients assess their resentment baggage and discuss the rewards or penalties

of holding on to resentment. Looking at resentment in this way makes it easier to separate trivial from substantial resentments.

Eight Steps to for Granting the Gift of Forgiveness

1. Keep cool, while acknowledging the anger caused by the offense.
2. Confront your resentment privately.
3. Avoid Revenge.
4. Listen intently and consider the offender's perspective.
5. Let go of your ledger of grievances/resentments.
6. Extend good will (does the cost outweigh the benefits of this relationship?)
7. Bind the wounds. Accept the hurt, but once expressed, move on if you can.
8. Walk away graciously.

Anymore than that, the problem is the offender's to resolve. Remember that once you've gone through eight steps, your efforts for a peaceful settlement are over. Once you've lightened the load by asking for or giving forgiveness, you don't ever have to go down that road with the same person again. You've done your job and can now let go. Letting go of any accumulated resentment will have a tendency to lift your spirits and will be better able to speed up your recovery. And here is an important note: You'll probably sleep better since you won't be rehashing old wounds in your subconscious. You've I always try to remind clients that forgiveness is a self-serving gift to us, and not the offenders.

SECTION SEVEN

Recovery coaches will learn to:

- ◆ Understand the importance of having a whole life balance in recovery.
- ◆ Apply the five Life Elements outlined in Whole Life Recovery and apply them to personal recovery and life planning.
- ◆ Understand and apply the principles of setting S.M.A.R.T. life goals.

WHOLE LIFE RECOVERY: Setting Life Goals

Physical



Mental



Emotional



Social



Spiritual



Building Recovery Capital

It bears repeating: Recovery capital is defined as the breadth and depth of internal and external resources available to clients recovering from any compulsive or AOD disorder. These resources can be drawn upon to initiate and sustain one's recovery journey. Increases in recovery capital in all five life elements can spark turning points that end addiction careers, trigger recovery initiation, elevate coping abilities, and enhance quality of life in long-term recovery

What Happens If We Get A Flat Tire?

Keeping with the aforementioned analogy, getting a flat tire (relapsing) is not the end of our journey. It can happen to anyone anywhere along their sober path. Every relapse can be traced back to a neglect of one or more of these life elements. Gone unchecked, the effects of neglect can be multi-dimensional and can take its toll on all five life elements. But like as was previously stated, setbacks are going to happen. Recovery coaching views setbacks as learning experiences; a time for practicing new skills, not something to retreat from and be ashamed. Setbacks are viewed as opportunities for clients to analyze and understand what went wrong and how things might be handled better the next time a setback occurs.

Remember that recovery is learning to live all over again. Not only that, one must learn to do it in all five life areas of one's life, and that is a tough order. It is little wonder that people in recovery relapse during their first year, and why each life element must be monitored, healed and kept in balance if one expects to stay focused on a sober journey. As my father used to say at each gas station along our family trips, *"We can't take chances. We must periodically stop and kick the*

tires as we travel on the road.” Below are some suggestions that we provide to clients in recovery who are committed to maintain a balanced lifestyle:

- 1) **Physical** – Don’t burn yourself out trying to do everything at once. Avoid exhaustion and get enough rest. Follow a healthy and consistent food plan. Exercise moderately and consistently. Take naps when you can.
- 2) **Mental** – Don’t get yourself in self-defeating mind trips. Avoid rationalizing or minimizing your recovery journey. Learn ways to stimulate yourself intellectually. Read up on recovery. Take a class at the local college; tutor kids; volunteer. Just don’t let yourself get bored.
- 3) **Emotional** – When troubled or unsure as to how your recovery is going, ask for help. Don’t bottle up your feelings and let them build up inside you. Join a support group and use it to express your feelings and emotions. Most importantly, avoid people (family included) who don’t support your recovery journey.
- 4) **Social** – Begin to reconnect with those you have hurt or brought sadness and pain. Change the old acquaintances for new sober ones. Be a giver, not a taker. Use things not people. Be patient as you begin to earn back trust from others.
- 5) **Spiritual** – Pray or meditate. This is a good time to begin building recovery capital for the challenging times ahead. There is no greater time than in recovery where you will need the guidance of a Higher Power. Do something good each day for someone less fortunate. Practice at developing an attitude of gratitude. Volunteer at a food bank. Any act of kindness will always come back to you. It’s funny how we become what we practice.

Setting Life Goals

In order to make progress in recovery one needs to have what is called a *transformation of character*; an attitude adjustment. As our values change, we change and we become transformed and better able to regain the trust of those we hurt.

Now that we’ve gotten clients to identify areas in their lives that need help, it is important to help them develop an action plan. Action plans should always be done collaboratively. They must contain short and long term goals. They should be realistic, measurable and achievable. Goals should be about something the client himself or herself want to achieve. To that regard, in applying Whole Life Recovery, to coaching, we are helping clients set goals in the five life areas. The purpose of goals when developing an action plan is two-fold:

- 1) To strengthen and apply a person’s strengths to developing a realistic and achievable action plan.

- 2) To identify which barriers need to be identified and removed so that our action plans can be comfortably met.

Again, the goal setting and action planning processes are collaborative. It is critical that the clients play a major part in identifying their own goals. No one knows us better than we know ourselves so by allowing clients to reconnect with their *selves* the coach is helping to empower them in taking control of their own recovery and ultimately their destiny.

Setting S.M.A.R.T. Goals

There is great importance in setting goals in recovery coaching. First, it keeps everyone focused on the “prize”, and second, it is a declaration of a specific future the client is shooting for. The S.M.A.R.T. format of setting goals (developed by Drs. Sharon T. Wilburn and Kenneth Wilburn of the University of Florida; the U.S. Department of Health and Human Services, Center for Disease Control) and is one of the most widely used goal-setting tools: **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-specific. You can begin walking your clients through the S.M.A.R.T. process when the Whole Life Recovery lecture has been completed.

“If you don’t like what you have been getting, then change what you have been doing.”

Chalk -Talk 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 see 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:



Client Motivations in Goal-Setting

The basis of recovery coaching is founded on the principle that clients are the experts in their own lives and our job as coaches is to guide them in a forward direction toward any goals clients might set. That said, below is some tips to guide you when setting goals and developing action plans with clients:

- 1) Clients are motivated to change only if they think that the change will benefit them. Coaches need to concentrate in guiding clients in developing realistic, measurable, and achievable goals and action plans. Otherwise clients will set aside those goals in the “too hard” bin of their closet.
- 2) Clients will not consider adopting new behaviors if the old behaviors (good or bad) are still working for them.
- 3) Clients are more willing to consider new or alternative behaviors if the alternative behaviors are equally or more beneficial than the original behaviors. The client may find yoga or exercising more relaxing than drinking, for example.
- 4) Clients need to be convinced of their own ability to change. Coaches do what they can to support self-confidence and client faith in themselves.

Motivational Questions to Ask Clients in the Five Life Elements

“Rank your satisfaction with each of the five life elements from one to ten?”

“What stands out to you as you look at the rankings of each life element?”

“Talk about your highest and lowest scores?”

“Which life element(s) are you most motivated to work on?”

Begin the Healing

1. What does recovery mean to you?

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

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

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

5. Now that you're in recovery, which of the 5 life areas do you wish to focus your energies on?



CHALK-TALK Activity

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 CHALK-TALK activity that can clients identify what these 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:



CHALK-TALK Activity Continued

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. In doing these chalk-talk 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.

Chalk-Talk about 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?



SECTION EIGHT

Recovery coaches will learn to:

- ◆ Understand the importance of establishing professional boundaries.
- ◆ Understand the difference between ethical and legal issues and the fine line that separates both.
- ◆ Understand and define the term dual relationship, and the potentially damaging effect it can have on the coach-client professional relationship.

Laws and Ethics: What's the Difference?

"If you can't solve the problem, at least manage it."

There is a big difference between the law and ethics. An action can be unethical, for example, but not illegal. However, most actions that are illegal are also unethical. Even if unethical actions may not be illegal, they can still get you into a lot of legal hot water.

Word travels fast among professionals and their clients, and those professionals believed or 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.

For example, accepting a gift from a client is not illegal, but now the relationship has shifted from a professional to a personal relationship. Now the door has been opened to bending rules and making exceptions for that client, which can have serious consequences both ethically and professionally.

You can become educated on the law and professional ethics. Most universities teach both in their professional programs. But no one can teach you good judgment. Each professional association has a published Code of Ethics, applicable to licensed individuals practicing within their state.

At this moment, recovery coaching doesn't have a code of ethics, but coaches must still learn to use proper judgment and ethical practices within their own professional guidelines and adhere to certain codes of conduct. It becomes our duty to remain objective and professional in all of our dealings with clients.

The primary focus should be on always assisting clients with their recovery-related needs and goals, and never our own.

The Law Is the Law

HIPPA Confidentiality: CRF

Disclosure release, transfer, provision of access to, or divulging in information in any other manner outside the entity (CFR cite 2.11) a communication of patient information or patient identifying information, the affirmative verification of another person's communication of patient identifying information, or the communication of any information from the record of a patient who has been identified.

What is HIPPA?

HIPPA is the Health Insurance Portability and Accountability Act of 1996. HIPPA is a law that applies to any professional healthcare providers in any state in the U.S. and is the national standard of electronic healthcare transactions and nationally identifies for service providers, health plans and employers. Although it is good practice to protect client privacy, it is important to obtain written client permission when releasing information about the client to other professionals such as a licensed psychologist or counselor, the court system, school social workers, or probation officers. Violations of federal confidentiality laws may lead to loss of license, civil lawsuits, and criminal prosecution with a maximum penalty of ten years in prison and \$25,000.00 in fines.

Other Mandatory Duties to 42CFR

Duty to warn and protect (Tarasoff case; 1976): Duty to warn and protect refers to the responsibility of a counselor or therapist to breach confidentiality if a client or other identifiable person is in clear or imminent danger.

Mandatory abuse reporting (Minors and Elderly): You must report any client that you know has abused a minor or elderly person.

Mandatory report of medical emergencies to medical personnel: Pertains to a client showing up with visible signs of physical violence, (marks around arms or throat or wounds of any kind.).

Note: Any exceptions to the above laws should be immediately discussed with a supervisor or an attorney prior to breaking confidentiality with a client.

The Role of Ethics in Recovery Coaching

“Success without integrity is still failure.”

Ethics is the study of moral standards and how they affect human conduct. It is a system of moral principles that decide and govern what is considered to be appropriate conduct for an individual or group of people. Ethical dilemmas occur where there are gray areas between right or wrong. There are professionals who stay over a weekend on a business trip at a beach resort for a (well-earned) vacation. Naturally, they might have paid for the vacation as part of the trip, but where does the airfare fall? This is where we need to exercise good ethics.

In some instances, to some people, there can be more than one right or wrong answer to a moral dilemma. Several religions disagree with homosexuality for example, but there are others who don't. Some coaches may find themselves having to help recovering clients resolve issues relating to same-sex relationships and marriage. How does a coach who disagrees with these realities guide these clients through their dilemma? Give it some thought.

Ethical Guidelines

A coach does not fix problems, but empowers clients to do so themselves through understanding and maintaining proper boundaries. The relationship between a recovery coach and a client is one of teacher-learner or giver-receiver of services and, if you notice carefully, the terms are always separated by a dash, meaning that lines are not to be crossed.

When clients come to a coaching session, many are often stuck in a negative psychic place or are encountering mental barriers that are getting in the way of maintaining their sobriety. They are 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 a 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 very common in all 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 signal misunderstood is never the client's fault. It is always presumed that the recovery coach knows right from wrong and must take all responsibility for maintaining a professional relationship with clients.

Tips on Ethics

- Social contact is to be limited. Always meet in an appropriate setting.
- Sexual or other intimate relationships are always prohibited.
- Never take sides on moral or ethical issues.
- Do not bring your personal or professional issues into the coaching relationship.
- Minimal self-disclosure is always the best practice.
- Afford clients the dignity of risk and their right to fail.
- Assist clients in their efforts to grow beyond their current situation.
- Money or gifts are never to be exchanged or accepted.
- Do not do for clients what clients can do for themselves.
- Respect the rights of clients to use self-determination and to make decisions that they consider to be in their own best interest.
- Relate to all clients with empathy and understanding.
- Speak the truth.
- Be worthy of trust, and work consistently within the bounds of a known moral universe.
- Always nurture and support a relationship of equals.
- Seek treatment for yourself when you feel you need it.

(Source: NAADAC Code of Ethics; American Health Counselor's Association; Sober Network.)

Issues Relating to E-Coaching and Teleconferencing

E-Coaching is a process involving any type of electronic communication as an alternative to face-to-face meetings. There are pros and cons to this type of communications. First, and more importantly, most insurance companies (which are still mired in the 20th century) do not consider E-counseling, E-therapy, or E-coaching as an approved form of helping clients. Skype however, is rapidly being considered as an approved form of communicating with clients. Skype brings clients to the Coaches office. Skype and in-person communication allows the coach to pick subtle cues such as body language, tone, and makes it easier to read the clients' meaning. Teleconferencing, on the other hand, is more counterproductive in that the coach cannot see what the client on the other end is doing while the session is being conducted or is distracted (making coffee while talking, etc). Remember that recovery coaching is about listening and observing. I find it helpful to make at least one or two calls at the beginning of a coaching session to thank, remind, and reinforce a little of what was discussed in the orientation. But after that, forget about it.

One good advantage of Skype coaching is that sessions can be held in the clients' comfort zone: the home. When a client communicates from home, he or she is better able to open up to personal information that he or she would be hesitant to reveal in a crowded room with strangers. Good bad or indifferent, E-coaching is rapidly becoming acceptable as another important tool used to reach out to people in recovery who might otherwise never receive help.

About E-mail

E-mail and text messaging are rapidly becoming tools between coaching sessions. Most everyone carries a handheld communications device of some sort; and they all have email and text capabilities. It's portable and quick to use. In today's world, land lines are practically obsolete. If a client has a problem or fearing a relapse, both of you can quickly engage in a brief conversation, offer support, and provide guidance within seconds.

First Day, First Session(s)

Questions asked during the first interview are twofold: 1) to help the client articulate his needs and his goals; and 2) to screen for client and coach safety. Some clients may express experiences related to violence and a coach has to determine if the client is worth taking on. You do not ask these questions in a stilted, wooden manner, but instead the coach can disperse them throughout the orientation interview:

- How can I (we) be of help to you?
- What do you expect to get from this session?
- If you were cured of or modified your habit how would that look?
- Which drugs are you currently using?
- Which is your drug of choice?
- How has that been working for you?
- How does your drug of choice help you cope in a healthy way?
- Share 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: family, work, school?
- How do you see your drug use as a (or NOT) a problem.
- Briefly outline for me your goals and aspirations?

The Introduction Speech

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 YOU place on regaining what was (or is being) lost through drugs or alcohol This is what I am prepared to do for you and you for yourself."

Outlining the Recovery Coaching Benefits

It is important to articulate to a client from the very beginning what Recovery Coaching is and isn't and the role of you as the client's coach.

We are not a counseling or therapeutic organization. We are an aftercare recovery coaching facility. For example, if you went in for a hip replacement you would see a real doctor that specializes on hip replacements. When you have had your hip replaced you would then go to an aftercare, physical therapy program where you will learn the basic skills walking, proper exercise, diet and so forth. That is similar to what we do. You have been in treatment and are now ready for some type of aftercare. Recovery coaching helps you prepare for a life of sobriety through some skills you will be taught and through stepping back and look at some behaviors and thinking habits that may not be working for you.

- My role is to take you where you are and where you want to be.
- We will explore internal and external barriers that get in the way of a full recovery and devise options that can personally work for you.
- I will outline and help you explore community support systems that can remove those barriers.
- I will help you identify any erroneous thinking you may have and modify it.
- I will provide you support and accountability for your own wellness (home study reinforcement, Skype self-reporting, hot-line access.)
- Together, we will explore self-discipline strategies that can help you maintain your sobriety. (You must do all the work.)
- Together, will construct a personal relapse prevention plan that you can use when you experience triggers and urges.

How does that sound? Do you feel that you would like to participate?

Structuring the Relationship

Now that you've sold them client, what's next? Establishing rapport is critical to the first client encounter. Show care and concern about client as a "person". Be sincere and genuine. It is always a good idea to only take brief notes as too much writing disrupts the flow of conversation. Be patient with clients who may fear sharing personal at their first meeting. Always listen intently. Turn your "*what am I going to say next*" switch off. Remember the Three C's: Engagement, Encouragement and Empowerment.

Always begin with a warm handshake as you introduce yourself. Once introductions have been completed, begin by asking the client, "What is causing you concern (problem) and how is it affecting you?" Ask client to talk about his concern like a story: a beginning, middle and end, then ask to articulate his or her goals and aspirations. It might be a good thing to follow-up with the client discussing his or her expectations regarding coaching and future outcomes.

Orientation Discussion

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 them and is what you are doing 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 an 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 going to put up with..."
- "What is...costing you?"
- "How does that behavior affect ...?" (job, family, marriage, 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?" "Many others have been through what you're going through."
- 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. A recovery coaching colleague once told me that 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": "When will you take action?" "What steps will you take?" "What's stopping you?" "What's kind of support do you need to help you?" "Where would you like to end up by the end of this sessions?"

Chalk-talk: Lifestyle Evaluation

Upon entering aftercare from a drug or alcohol addiction, there are many changes clients need to make in their lives. Negative patterns have been established in their lives from months or years of abuse and neglect. Below are a series of questions clients can begin answering and discussing with you on a one-on-one session or as part of a group exercise.

About Triggers

In relapse prevention, a *trigger* is anything, anyone, time periods and emotional states that have been associated with your past drug use. Triggers often stimulate thoughts and cravings for alcohol or drug use and place you at risk of relapsing. It is a simple formula: Triggers = Using thoughts = Cravings = relapse. This is also decision-time; identifying places, things and people that can set a person up for a relapsing condition.

Take a look at the following questions about your life. While you are completing this assignment, be completely honest. Honesty is the best way to reveal your negative thoughts and behavior patterns so that you can begin to make some healthy changes.

People

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

2. Who in your life is associated with your addiction?

3. How could you begin to communicate with these people that you are sober and need to steer clear of them?

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

5. Where could you find sober relationships at?



Places

1. List the places you need to stay away from?

2. Why do you need to stay away?

3. What are some healthy places you could visit?

4. Why is it important to change the places in your life?

Things

1. Name any type of drug paraphernalia that you need to get rid of?

2. Name things you have still hung on to that remind you of drinking and drugging?

3. List the things that you will have to change in order to reduce the triggers that you will face?

4. Why is it important to change the things related to your addiction?



Thoughts

1. List the negative attitudes or thoughts related to your recovery?

2. Why is it important to change the way you think?

Before you can change a destructive or dysfunctional behavior, you must first change your destructive or dysfunctional thinking habits that have been engrained over your using months or years. We are going to teach you how to recognize those triggers and learn how to combat them. Why? Because the real world can be overwhelming when in recovery and can often trigger a powerful craving or urge to use. Bailing out at the first sign of trouble and heading for the hills is the easy way out and solves nothing. Your goal is to recognize those triggers and hit the “pause” button in your brain, step back, and beginning analyzing and challenging those maladaptive thoughts that once worked for you, but today are useless to your recovery journey. That is what recovery coaching is all about and that is what we (I) will help you do as your coach. Are you ready?



Group Agreements

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're harder to fix when they do. But if done with great skill and care, group coaching has greater advantages than a one-on-one coaching relationship. Below are some ground rules that can help make the coaching process run smoothly:

1. It is important to arrive on time.
2. Turn off all electronic devices.
3. Any client coming to class under the influence of alcohol or drugs will not be admitted.
4. The recovery coach will set times for break.
5. No food (coffee okay) or tobacco (in any form) in class.
6. Only one person speaks at a time.
7. No interruptions.
8. Always discuss behaviors NEVER personalities, race, culture, gender preferences.
9. Weigh in...Speak up if something is not working for you.
10. All persons must attend all sessions to earn a Certificate of Completion.
11. Right of refusal. You can't be forced to participate when things get too personal.
12. Give feedback, but keep it respectful. State your feelings and use "I" statements when practical.
13. Communicate your decision to the coach/group if wish to leave the program for whatever reason.
14. Maintain confidentiality. What is said in the group stays in the group.

Group Agenda

Recovery coaching requires commitment from the individual or the group:

1. Come prepared to all meetings. (you may be called upon to comment or react to what transpired at the last meeting)
2. Report on your homework assignment (anger mgt.; forgiveness exercise, using “I” statements, etc)
3. Don’t preach just because you’re doing great and don’t give advice.
4. Come prepared to express to the coach/group what you want to work on during that session.
5. Participate in the closure exercise: What did you learn today? What is the primary problem you will work on this week? What progress are you making?
6. Always rate your level of progress to the coach/group: “This week I feel...”

SECTION NINE

Recovery Coaches Will Learn To:

- ◆ The difference between *enabling* and *codependent*.
- ◆ To teach families of recovering clients the skills of setting boundaries.
- ◆ To teach families of recovering clients how to regain their power.

THEY CAN'T BE LOVED INTO SOBRIETY

Coaching Families of Addicted Teens and Young Adults

Quality aftercare recovery coaching programs do not isolate the client from their friends and family – quite the opposite. The focus should always be on heavily supporting clients by positive family involvement. The support that a family provides to a recovering person is essential to that person's success. Quality aftercare programs provide educational programs for family members, such as supportive and dynamic recovery workshops such as "Relapse Education", and "Enabling" and other sessions for family involvement.

Although this chapter focuses on families and parents of teens, the materials and techniques can be applied across all age groups and family types. You are welcome to use this chapter in its entirety as you coach families and parents of addicted loved ones.

Oh no, not our kid!

The first response that comes to mind when a family discovers that their loved one suffers from an addiction is, "*Oh no, what did we do to cause this?*" Do you really think you were the cause of your loved one's addiction? This is especially true with parents of teens. As parents we are often guilty of thinking that every negative issue our kids face is somehow our fault. But how can that be? As caring parents, we have done our best to provide a loving home environment, a good education, and the financial means for our children to live well and enjoy life. If you are a parent of a child suffering from drug addiction, the first thing you must accept is that it is not your fault. Our kids grow and change and are capable of making choices on their own. It's foolish to take the rap for what your teen has chosen to do. You are no more the cause of your teen's addiction than you are the cause for any of his successes. But if it makes you feel better, guilt and enabling are often inseparable and reside in a package called *parent*. If you happen to be one of the thousands of parents whose lives have been seriously put on hold by alcohol or drugs and are fighting the battle of your life, then this chapter is for you.

Living with an addict or alcoholic is not easy. It's downright challenging, exasperating, depressing and, yes, life changing. Addiction is a complex medical, genetic, psychological and social problem with multiple reasons behind it; a discussion best left to experts in the field. I just wish to point out to parents that whatever has transpired in your child's life thus far has had very little to do with outside elements. Though the medical, psycho-social elements are real in that some people are predisposed to addictions, but for the majority of our kids in this nation, using alcohol and drugs is a choice, but unfortunately addiction is not. And until something healthier and more positive comes along, they will continue to seek out drugs as their default coping mechanism and our addicted youth will continue to enter that proverbial revolving door called *treatment*.

Enabling and Codependency: A fine line

Enabling refers to the process by which family members or other relationships allow an addicted person to continue their addictive behaviors by failing to recognize the problem, not setting appropriate boundaries and covering up a trail of messes the addict has left behind.

Codependency refers to a psychological condition (or need) in a relationship in which a person with a substance use disorder is controlled or manipulated by a loved one, who all the time places a low priority on their own needs while being preoccupied with the needs of the addicted person.



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 your loved one has left behind.

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

1. Yes No Have you ever 'called in sick' for your loved one?
2. Yes No Have you ever made excuses for your loved one's behavior?
3. Yes No Have you ever lied to anyone about your loved one's behavior?
4. Yes No Have you ever bailed your loved one out of jail?
5. Yes No Have you ever paid for his or her legal fees?
6. Yes No Have you ever paid bills your loved one's bills?
7. Yes No Have you ever 'loaned' your addicted loved one money?
8. Yes No Have you ever given out one chance after another?
9. Yes No Are you ever finishing jobs others are failing to complete?
10. Yes No Have your secrets comprised your relationships others?
11. Yes No Have you often considered just walking out on your family?

(Source: Al-Anon, National)

Enabling: Impediments to Recovery

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 chemically dependent person is being shielded by the enabler from the negative consequences of his use. The purpose in life of a chemically dependent person is to continue using. The purpose in life of the enabler is to protect the user from consequences, but not knowing that he is simply facilitating the addict’s continued use. The enabler typically tries to hold things together in the name of love, until the anger and frustration mounts. The enabler continues to walk on eggshells so as to not to anger the white elephant in the room, making 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? Below are some common mistakes made by parents exhibiting enabling behaviors?

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 unaccountable 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 protested?).*
6. Have you ever paid for his rent deposit? *(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?)*

Things Enablers Say

- *"This the LAST time."*
- *"He's different. He's only a recreational user."*
- *"Leave him alone. He'll grow out of it."*
- *"It's only a teenage phase."*
- *"I'd rather he drank at home."*

Name some excuses you have heard enablers make:



Signs of Codependent Behaviors

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?

| | | | |
|-----|-----|----|--|
| 1. | Yes | No | Have you ever lost time from work due to helping your addicted loved one? |
| 2. | Yes | No | Have your relationships suffered due to your loved one’s addiction? |
| 3. | Yes | No | Have you set boundaries and then backed down (or out)? |
| 4. | Yes | No | Do you control financial situations that belong to your loved one? |
| 5. | Yes | No | Have you ever felt remorse after giving in to a situation? |
| 6. | Yes | No | Do you feel guilty playing the good guy/bad guy role with your addicted loved one? |
| 7. | Yes | No | Have you ever borrowed money to finance your addict’s needs? |
| 8. | Yes | No | Do you feel guilty or reluctant to purchase things for yourself? |
| 9. | Yes | No | Has this problem caused you to take less care of yourself? |
| 10. | Yes | No | Have you ever dragged leftover pain into current discussions? |
| 11. | Yes | No | Does your addicted relationship caused you to lose sleep? |
| 12. | Yes | No | Have you accepted some blame for your loved one’s behavior? |
| 13. | Yes | No | Have you ever considered self-destruction as a result of this? |

RECLAIM YOUR POWER

"It's a family affair; it's a family affair." (Sly and the Family Stone)

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, 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 as a family once again. I want to repeat my earlier statement with conviction that your loved one isn't *crazy, immoral* or *bad* and that it's possible he can regain his life. But it's all comes down to how you react to the illness. You must begin to set solid boundaries and stick to them. You cannot help your loved one if you cannot communicate your expectations effectively. Don't become a doormat for your loved one. Instead, begin to reclaim your power, happiness, and life. The following action steps can place you on the right path:

Action Steps

1. Be honest with yourself about your loved one's addiction. Educate yourself and learn the facts by obtaining reliable information from experts in the field or from local support groups that address addiction issues. The more you learn about addiction, the sooner you will understand your loved one's struggle with substances and be in a better position to help.
2. Realize this was not your fault. But you have learned that already.
3. Don't try to fix this problem on your own. Often parents who are blaming themselves for their loved one's addiction will, out of shame, try to fix the problem not knowing that addiction cannot be fixed. Sometimes we are too close to the problem and too emotional to see things objectively. Seek wise counsel immediately.
4. Practice detachment. Chaos, drama and addiction are all first cousins. Part of coping with an addicted loved one is insulating yourself from the problem. Because addicts are manipulative thinkers the addiction will swallow you up like quicksand along with your loved one.
5. Give yourself a break. Care for yourself first. You can't help other members of your family if you have been driven to poor mental and physical health by your loved one's addiction. Don't let other family members take a back seat to your loved one's addiction.
6. Take walks with your spouse. Give it a name: *walk and talk*. It worked for us and maybe it can work for you. If the anger persists, or if you are still feeling emotionally paralyzed, get professional help.

7. Become an ally to your spouse. Take care of your relationship. Relationships can be destroyed when a loved one becomes addicted. Don't fold up your tent and abandon your responsibilities to yourself and your spouse.
8. Don't try to analyze the problem or blame yourself, events, or others. Things are as they are. There may not be any underlying causes. Looking for answers to unanswerable questions can quickly get exhausting, unhealthy, and totally counterproductive.
9. Stop the anger-pity teeter totter reaction to the problem. As parents, we first get angry at our addicted loved one, and then we make threats. We then preach, lecture, and make more angry threats. And when the anger subsides, we feel pity for the loved one. This is very painful for both the loved one and the family. An addicted person is not motivated to take positive action through pity, love, guilt and intimidation.
10. Set boundaries and stand firm. Say what you mean and mean what you say; but don't say it mean.
11. Never allow yourself to become codependent. You are a supporter, not an enabler. You can't allow your loved one to get away with manipulation: saying he can't do things when he can, and not taking responsibility for his own life. Let him use the same energy he used to find drugs to figuring things out on his own.
12. Avoid playing the blame game with your spouse as this is counterproductive and harmful to the relationship.
13. Protect your prescription medication. Keep it locked up or hidden, at the very least.
14. Get with your Creator. You will not find a situation greater than the one you're in now where you will need a link to a Higher Power.

(Sources: Beverly Conyers, Al-Anon, AA, Angelyn Miller)

THE FEAR OF SETTING BOUNDARIES

“Enabling is not a selfless act. It is a selfish one and it is not love.” (Shannon, in recovery)

Take a good look at yours and the sick nature of what you are doing in the name of love. Do you really think you have been rescuing your teen out of concern or unconditional love? This is not a pleasant message to deliver, but it is one you need to hear. You really have been rescuing out of *FEAR* and not love. But before you put this book down and use it as a coaster, listen up. People do bizarre things for their addicted ones, 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 to you. Then there is the fear that if you set strict standards or evict him from your home, you may lose him to the streets or that he may be injured or worse. Here are few fears enabling parent’s experience:

- Fear of cutting off the relationship with their loved one. What relationship?
- Fear of losing one’s loved one to the streets. (*Maybe that’s where he needs to be.*) Right now your loved has little interest in warm sheets and those great BLTs you make for him. Homelessness is the result of the choices he has made. And he will live that way until *he* makes a decision to change. You cannot give him a place to sleep as long as he continues to live the using life.
- Fear of displeasing the white elephant in the room. Confronting an addicted loved one about his problem almost always results in verbal abuse from the addict and mental anguish for the parent. You need to stop this form of abuse and begin taking a stand.
- Fear that his friends will abandon him. News flash: they already have. He has wronged many people and they don’t want a stoner or a drunk around them. They’re moving on to greater things (college, work, etc).
- Fear that your loved one will wind up in jail for a drug related crime. Symptoms of drug use almost always include illegal behavior. Face up to it. If your teen committed a crime, he must do the time. This could be his moment of clarity; his rock bottom. Don’t bail him out.
- Fear that your loved one will turn to prostitution. That might be a choice, but a choice made by the addicted person alone. There is 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, physical abuse or even death for the drug of choice.

- Fear of suicidal threats (*"If you don't loan me the money, I'll..."*). Never take a suicidal threat lightly. Hopefully, when your loved one threatens you with suicide that 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 will jump out of their skin. Still, handle this one with caution.

Setting Boundaries

If what you have just read sounds familiar, then it probably is. Setting boundaries is one of the hardest things parents can do, but its one sure way of taking control of what is essentially a no-win situation.

There is a difference between rules and boundaries. Rules are easy to set. Just state your rule and every reasonable person in the room follows. But the challenge is in the term reasonable. You see, it can easily be assumed that most everyone is reasonable, but what about the addict? Like I described in early chapters, the chemically-altered brain as a rule has poor reasoning capabilities. It's as if a metaphorical switch has shut off that portion of the brain that controls reasoning capabilities. Highlight this one: All addicts and alcoholics lie and rarely respond to reason.

Boundaries are not rules. Boundaries are designed to structure a relationship when rules do not apply or are not relevant to one party. Boundaries are a delineation of where one stands and where one is not willing to go in a relationship and are set with sound and reasoned thought.

The purpose of setting boundaries is to take care of *yourself*. Learning how to set boundaries is a vital part of learning how to respect ourselves; 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 are afraid to begin breaking old patterns and adopting new ones, then we can never expect them to change their behaviors. We have then made the choice to remain in a toxic environment, and never break away from the ensnaring net called codependency. And that is a sad option.

Traps to Avoid

1. Don't let boundaries inconvenience or hurt you. Setting boundaries should require some manner of creativity so that it doesn't hurt you more than it hurts your teen. Grounding a kid into next year, for example, is also grounding yourself by having to supervise him at all times, thus robbing other members of the family of their quality time with you.
2. Don't be drill sergeant: The primary role of a drill sergeant is to ensure submission. Drill sergeants often communicate by using threats, punishment, and ridicule such as: *"What is wrong with you? How long are you going to be a stoner?"* The message your kid gets from this type of abuse is that it's not safe to come to you for help or support because more than likely he will be ridiculed and demeaned.
3. Seeking revenge: Naturally, your loved one's addiction has upset the whole family constellation and you're beyond angry. Don't play the "get even" card: *"Let's give him a taste of his own medicine."* 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 love.
4. Making idle threats or promises: Desperate parents are often in the practice of threatening or promising: *"If you don't stop using..."* or *"If you bring us four negative U.A.s (urine analysis) you can have your car back."* Both methods often fail because first, addicted people don't respond to threats. Remember that you have logged in a history of rescuing and covering up his drug use. Who's going to believe you now? It's almost too late. Second, parents 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 kid will do is to try to negotiate you out: *"But I got 3 out of four negative U.A.s. isn't that enough?"*
5. Shaming: When your child makes a mistake he may feel guilty. But when he feels he is a mistake, he feels shame. A good example of this is using de-humanizing language, name-calling or making threats of physical abuse (*I'm going to beat you into next Sunday if..."*) and humiliating him in front of friends or family members (*Here comes Rasta man...!*).
6. Don't accommodate the disease. This refers to being held hostage by someone else's addiction. Examples of accommodation include: adjusting your work schedule to supervise your loved one; not taking trips with your spouse for fear of not being available for the addict; going to early shows and dinner so as to return home before

anything happens to the house; and not inviting guests over for fear that he might cause embarrassment to himself or you.

7. Repeating or over-emphasizing consequences: Over-emphasizing consequences takes away from the positive aspects of treatment or recovery.

Action Steps

1. Don't allow your addicted loved one to blame you for his addiction. This nothing more than common manipulation. Unless you have personally injected him with chemicals or put a pipe in his mouth and lighting it, you are in no way at fault.
2. Don't give cash to an addict. He'll just spend it on drugs.
3. It is never a good idea to give an addict anything of great value. It'll just wind up at a pawn shop.
4. Do not do anything for an addict that he cannot do for himself when clean and sober. Doing so makes you a codependent.
5. Hesitate before believing what an addict is saying. It is better to maintain a *show me* posture.
6. Don't rescue; walk away with respect. Conduct yourself with integrity.
7. Make "NO" your favorite word.
8. Don't get engaged in yelling matches or emotionally charged conversations.
9. Let your loved one experience the embarrassment, shame, guilt and consequences of his behavior.
10. Don't get caught up in the drama. Addiction and drama seem too often go hand-in-hand.
11. Don't think that because you are the one that your loved one calls on the phone the most means he loves you. Addicts need money and you may be the easy mark he goes after and not your spouse who is harder to draw money from.
12. Listen respectfully to your addicted loved one. You just may be the only stable and rational person in their life right now. You may be his only lifeline now, and in the future.

Take Care of Number One

Getting angry can be healthy and perfectly normal in situations like this, but don't dwell on it. You must first take care of yourself during this trying period. If you don't take care of yourself first, how do you expect to take care of those around you who are also being affected by this crisis? An airplane analogy comes to mind. Picture yourself on an airplane with the flight attendant instructing you to put on your oxygen mask first before helping others. It's a no-brainer. If you don't put on your oxygen mask first before doing anything else, then neither you nor the person next to you may survive the emergency. But if you take care of yourself first, you will be in a better position to take care of others who are still around and desperately need your help.

Responsible parents try to focus on their health and sanity first. Then they can focus on the needs of the other family members. Below are ten action steps that were shared with us that will increase the likelihood that you'll address your crisis in a rational and healthy manner:

1. Remain positive and in good spirits each time you speak with your loved one. You have every right to be in good spirits.
2. Keep reminding your loved one that there is help and when he chooses to accept it, you can take him there, and in some cases (considering the age and size of the child, for example) you may just have to put him in your car and take him to get the help he needs whether he wants to or not.
3. If violence is an issue, there are treatment facilities that will personally come and take your teen from your home on your behalf. In the long run he will thank you.
4. Focus on the three R's: Regroup (meet regularly as a family unit with other family members), Reassess (discuss how each is coping) and Rebuild (do fun and positive things). Never forget the needs of other family members.
5. Try not to argue over finances. Treatment can be very expensive and can quickly splinter a family.
6. Support each other as spouses by not allowing your loved one's addiction to weaken the relationship. Make it known that this is only temporary and you have not given up on each other.
7. Walk, run, swim, garden...just keep moving. Then do it some more. To quote Dr. Phil, "*No dog ever peed on a moving car.*" Jog or take walks together. It's amazing how quickly exercising frees up the mind, and when the endorphins kick in, it causes one or both spouses to become a bit more reasonable in discussions relating to their crisis.

8. Read, meditate or pray. Better yet, do all three. Free your imprisoned mind. Ask your Creator (or personal Higher Power) to keep your loved one safe and your family sane. Then give thanks for any blessing that comes your way.

9. Find a trusted and unbiased ear that can support you unconditionally. You may need to talk to someone who will let you vent and allow the painful details of the crisis to pour out e.g., what happened, your thoughts on why it happened, and how the crisis is affecting you.

10. Don't take your family crisis to work. Leave your baggage in the parking lot. A person in crisis tends to make mistakes when stressed out and tired. You will only turn a (possibly) pleasant workplace into a stress-filled one. Besides, 75% of your coworkers don't really care about your problems, and the other 25% are glad you have them.

(Sources: Alcoholics Anonymous, Al-Anon/Alateen, the generous people at the National Institute on Drug Abuse for Teens and the works of Beverly Conyers and Melodie Beattie.)

Evicting a Loved one from Your Home

The time may come when you have to say to your loved one: “Get on the bus Gus!” I am not a strong advocate of booting loved ones from their home. While addiction and refusing treatment may warrant kicking your teenager out, this is not something that should ever be entered into lightly, or without great consideration for the consequences. Still one must do what is necessary to regain some order in one’s life. Below is a list of possible reasons for your loved one to make arrangements to find another place to live:

Get on the Bus, Gus...

1. 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’s, then he has overstayed his welcome.
2. Undue stress. If his addiction is causing you more visits to the doctor, increased doses in your medications, and feelings of sadness and depression most of the time, then it’s time to place him on the “adios” program.
3. If your property is being destroyed or has turned into Swiss cheese from all the holes in your doors and walls, he’s got to go.
4. Personal property is missing. Addicts need money to feed their habit. The obvious place to find cash, jewelry, and credit cards is in your home.
5. Your loved one is a bad influence on other family members. Stoners love to be around other stoners and will seek out and recruit siblings or other relatives.
6. You can no longer keep up with the lies. Addicts lie and make promises they just can’t keep; plain and simple. How many times has he announced that this is the last time he will use?
7. You’re facing financial consequences because the cost of keeping up with your loved one’s addiction is going through the roof: jail costs, bail bonds, getting the car out of impound lots, and replacing lost cell phones because you feel it’s important to know where your teen is at all times. Really?!
8. 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 the boy has got to go.
9. You’ve become weary from tripping over drug paraphernalia and booze bottles in the home after repeated discussions against it.
10. His refusal to go into treatment. As long as you keep providing food and shelter, he’s not going anywhere, and why should he?

Stop feeling guilty. Changing the course of events is hard, but necessary. Removing your loved one from your home is never a pleasant task. It works against your parental instincts (to house and protect). Just know that they’re not going to die and they can always return after they have taken steps (and verifiable evidence) to get help. Still there are no guarantees. Good Luck.

Relapse Prevention Talking Points

More likely than not, relapse is going to happen. The recovery coach always begins the first lessons talking to recovering clients and families about how the client got to aftercare. Topics such as relapse, slips and cravings become tantamount in clients' and their family's minds. 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 a chalk-talk discussion around the topic. Here is an example that I use and you are welcome to adopt it in your work with clients.

Recovery Does Not Occur Overnight

In alcohol or drug treatment, relapse is defined as returning to a specific behavior after a period of abstinence (stopping) from that particular behavior – most often drug or alcohol abuse.

Recovering from an addiction takes time. There are outside influences and contributing factors, warning signs that recovering individuals and families can identify that indicate they might be in danger of returning to the destructive patterns of substance abuse.

Clients did not develop their addiction overnight and it will not go away that quickly either. It is important to remember that there may be slips and relapses during a client's recovery journey. Assure your clients that this is normal, but that it doesn't have to happen given the right support and having the proper tools to take action.

We have already discussed in this Recovery Toolkit that the tendency for clients to put themselves down is always there. This, we learned, is called *stinky thinking*. We have also learned that the more positive messages we place in our heads, the better your clients will feel about themselves. This is the stage where the coach can reach out to families and begin talking about this phenomenon in a manner that reduces their anxiety. It is a good idea to give parents an overview lesson of Cognitive Restructuring and negative thinking habits recovering clients have adopted and how families can challenge them in a positive way. This can help families identify and prevent slip-ups, cravings and thoughts of relapsing: "*Hey now, you're stinky thinking...*" or "*Stop it. Aren't you over-reacting? Let's look at it another way.*" On a personal note, that is how my wonderful wife watches my diabetic habits and warns me about the sweets I began to crave (and how easily I can slip up) when we're shopping.

Slips and Cravings

A trigger is anything or anyone that has been associated with one's past drug or alcohol use. Triggers include people, places or things. No matter how hard people work a program of recovery, there's always a chance that there will be slip-ups and cravings caused by triggers. It is important that people recognize those triggers, hit the pause button in their brain and begin analyzing and combating them. Having a well thought out plan of action that can help cope with these situations can be extremely beneficial. It is always good to be prepared for emergencies at all times.

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. Because clients may still be relying 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 aftercare, or relapse prevention training. The recovering addicts' brain still wants to direct the body to return to the same old safe and familiar addictive behaviors and defenses that worked for them in the past; that comfort zone: addiction. They don't care if those familiar behaviors are helpful or harmful; it is just what he or she knows and trusts.

Terence Gorski calls these behaviors: "*The addicted brain at work.*" The recovering client then begins to fall victim to a series of untruths that lead him back to drinking or drugging: This is not my fault; I'm not worthy; It's too much pressure; I can't control myself; using is the only thing that brings me comfort and peace; I don't have a choice so what's the use. And the cycle is repeated.

Types of Triggers

Terence Gorski in his work with addiction and relapse prevention describes triggers as being made up of high risk and low risk triggers:

High-risk – refers to situations and places that involve triggers that are highly associated with alcohol and drug use. This may include: hanging out with using relationships; visiting places where alcohol or drugs are used (bars, parties, some sporting events). They say in AA that if you hang around a barbershop long enough, you're going to get a haircut.

Low-risk – refers to situations and places that are usually not associated with alcohol or drug use and could be external such as social gatherings, weddings, or internal such as feelings of isolation, irritation, and anger.

Examples of Relapse Triggers

There hundreds of relapse triggers lurking around every corner that places recovering individuals at great risk of relapsing. Addictive chemicals are both insidious and cunning because while recovering persons think they are controlling its use, they are at great risk at any time of having their financial, social, personal, family and spiritual lives unravel at a moment's notice. As a recovery person, one must be doubly vigilant. Here are six examples of some key risk factors that place recovering persons at great risk of a relapse:

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 stop hanging in places where drug and alcohol use were in full bloom.
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 can turn into monumental issues for the recovering individual.
3. A strong belief that one will never drink or use again. Fresh out of treatment, a breath of fresh air and a new life will seem like a love affair to recovering persons. They have proudly convinced themselves that they have beaten the disease and are not giving this insidious and cunning 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 have not fully made the connection between anger and addiction and vice versa. They will lash out at others who the recovery person feels are not supporting their sobriety or by the demands of having to suddenly take on responsibilities that are normal to a sober person. As a recovery coach, it is a good thing to keep reminding families that their loved one's anger may be just a cover-up for fear that they make fall back to square one (relapse) or shame, self-loathing and guilt over the harm the clients have done to those they love and having to face them once again.
5. Isolation in recovery is the worse place for a recovering person to be. Sitting alone in the dark listening to Pink Floyd and other *stoner* tunes while turning one's emotions inward, will surely open the door to relapse.
6. Not keeping busy provides too much time to think destructive thoughts. Instead of drinking and drugging: Read, take walks, jog, learn to play an instrument, join a bike club, take salsa lessons (as I did) and there are hundreds of other things recovery clients can do. Dr. Phil McGraw of television fame has a saying he shares with those in recovery: "*a dog has never peed on a moving car.*" Think about it.

This chalk-talk exercise needs repeating: Recovering from an addiction takes time. This is a good time to hit that pause button and have the family participants in your group take some time to begin creating their own list of things that they feel may cause their loved ones to experience a slip-up in their recovery and how they can help:

1. _____

2. _____

3. _____

4. _____

5. _____

(Sources: Marlene Miller, Terence Gorski, Earnie Larsen)



Chalk-Talk Exercise: Prevention Planning

Relapse does not have to be an expensive revolving door. Preventing relapse only requires an awareness of our inner struggles and taking action on those persons and things that are most likely to cause us problems while in recovery. Remember that your clients are the only person that can keep themselves clean, but with support of family the 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 relapse. This worksheet, discussed in partnership with families will help them 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 are many other principals that may be incorporated into a relapse prevention plan of course, but these are just a few of the more critical components recovery coaches can share with families. The most important thing for a family with a loved one in aftercare is the understanding of one simple truth: relapse is inevitable if no one takes steps to prevent it.

Relapse Prevention Action Plan That Clients and Families Can Share

These are some warning signs and relapse factors to watch out for.

1. _____
2. _____
3. _____
4. _____
5. _____

These are four people I can contact should I begin to relapse:

1. _____
2. _____
3. _____
4. _____



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 your clients can be instructed to type these out and share the exercise with others they can trust in supporting their sobriety. AA says that being prepared for a relapse is the best way to prevent one.



Try Al-Anon

Alcohol and drug addiction are both considered “family diseases,” and family involvement with people combating drug and alcohol addiction requires awareness, education and support. Attendance at Al-Anon meetings during and after the formal inpatient or outpatient addiction therapy session is of vital importance to a speedy recovery. Additionally, while these meetings help individuals to understand the disease and how to support someone they care about, they also assist friends and family with their own emotional support during what is most often an incredibly trying and stressful time. By continuing to attend Al Anon and Nar Anon meetings, friends and family of an addicted individual can continue to stay out of the destructive cycle of enabling and codependency and fully realize the benefits of addiction therapy.

(Sources for Relapse Prevention: Al-Anon, David Scheff, NIDA)

About The Author

“When the going gets, weird the weird turn pro.”

Who am I to be writing this handbook? I am a two-sided coin. On one side, there is a behaviorist who has been pursuing the issues of reducing the recidivism rates of criminally-prone youth, and preventing relapse in young men and women who have substance use disorders. I am a practicing recovery coach and have been professionally educated and trained in behavioral theory and in coaching others for success. On the other side of that coin, is a humble, recovering co-dependent who for several years was addicted to an addict. To use a quote from author Hunter H. Thompson, “When the going gets weird, the weird turn pro.”

I have coached, explained, pushed, pulled, and coaxed young people in their time of despair. I have failed with some and succeeded with others. But, in the whole process, I knew that at those times especially, there was a great need for a voice of common sense that could stand by them and provide them with direction. It wasn’t called recovery coaching then, but today, I know that’s what it was.

My initial steps towards counseling and cognitive analytical approaches began while working on my undergraduate degree and volunteering at a counseling clinic to help pay my student loans. I began to see and understand the important changes that something as basic as telephone counseling brought about in people’s lives. I realized that I wanted to become professionally involved in that process.

While studying for my Master’s degree in Counseling and Psychology, I was incredibly fortunate to have studied under Dr. Marilyn Bates and Dr. David Keirsey who are renowned in their field. I was also fortunate to be exposed to such great lecturers as Albert Ellis, Aaron T. Beck and others who pioneered the idea that our thoughts caused our feelings and behaviors, and not external elements of life.

These influences allowed me the benefit of applying integrative approaches to helping those at risk and led me to the doorstep of several coach-learner models considered revolutionary at the time, but have today evolved into best-practice components of recovery coaching.

This initially led me to varied experiences in volunteer and statutory agencies such as public education, JTPA employment programs, juvenile justice system, and higher education, during which I worked with many different groups of people in many different challenging situations. I then earned a Ph.D. in Health and Human Services with a focus on Continued Community Care.

Out of my doctoral work came the recognition of a need for evidence-based programming that could give the treatment field and professionals affiliated with the justice system, and excellent care resource. From that recognition, Starting Point evolved.

Today, as founder and president of Starting Point, I continue to help people in recovery realize for themselves a full and rewarding drug-free life. I love what I do and I will never stop doing it.

Member and Affiliate of:

Sober Network: Trainer of Trainers

Recovery Coach Network: Recovery Coach Trainer; counselor

Recovery Coach International: member

National Association of Alcoholism and Drug Abuse Counselors (NAADAC): member



About Starting Point

Starting Point offers clients in their first year of recovery a strengths-based support mechanism that is founded on the principle that every individual has the internal resources and inherent capacity to transform their lives.

We empower our clients to build on their successes and find ways to stop the relapse cycle.

Our program offers a comprehensive six-point plan that includes:

- Managing irrational, addictive thinking and beliefs.
- Managing addictive feelings.
- Managing self-defeating addictive behaviors.
- Managing anger in recovery.
- Developing a personal relapse prevention plan.
- Whole Life Recovery: Creating a sober-for-life standard of living.

Client Training Format

- Intake interview to set goals, and outline program expectations.
- 25-hour (3 1/2-day) client commitment.
- A combination of in-class and home-study model.
- Behavioral assignments are practiced in real live situations.
- A certificate of completion provided upon training completion.
- 18 week post-training one-one-one sessions.

Client Training Topics

- Self-deception, justification, and faulty thinking.
- Straight thinking: managing addictive thinking and feelings.
- Negative subconscious scripting.
- Solution-based thinking.
- Restructuring self-sabotaging thoughts and behaviors.
- Recognizing relapse triggers and implementing solution-based strategies.
- Lightening Up: managing anger while in recovery
- Responsible life skills: Stepping away from the revolving door.
- Developing a personal relapse prevention plan.
- Life-style modification: living a healthy, purposeful life.

STARTING POINT helps everyone in recovery who feels they lack direction or have a fear of recovery success. We provide the skills needed to tear down the external and internal walls that prevent recovery persons from meeting their own needs and goals.

We teach self-empowerment and self-reliance as our clients learn to properly manage their personal affairs and address the socialization challenges of re-entering a sober world.

Our coaching program works because it is easy for clients to understand; it makes sense, and it gets immediate results.



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