

# COACHING A CLIENT WITHIN A HEALTH SPECIALITY

## INTRODUCTION

This coaching manual is written to cover two coaching situations.

First, where you the coach are transitioning to include recovery and wellness coaching with an existing client and second, where you are starting with a new client who has come to you in part because you have the recovery and wellness speciality.

In practice we have found that coaches with recovery and wellness skills rarely exclusively coach people who only come to them for recovery and wellness coaching. Coaches then must both be prepared to bring the issue of health into an existing coaching relationship as well as to begin with it included.

The two scenarios share much common ground.

## Contents

### Before we start

Develop relationships with referral sources.

Get a support team.

### Working with an existing client

Commit to coaching further with the client

Commit to coaching further with the client alongside other professionals

End the coaching with the client and refer them

End coaching with the client with no referral

### Guidelines

Start from the compassionate place.

Be ready & willing to have your judgements really tested.

Resist all temptations to label your client.

Don't take sides.

Get a thick skin. Or thicker.

Your unique role.

### Clients' ability to be coached

Limiting client options.

Increased client fear & anxiety.

Shame, guilt & secrecy.

Low self esteem

Intervention.

Coaches as Interventionists

### Designing / Redesigning the relationship

#### Boundaries

No disrespect.

No covering.

Money & payment.

#### Permissions

Non negotiables.

#### Commitments.

Confidentiality.

Non judgement.

Compassion.

To stay the course.

### Referring to other Practitioners or Services

#### Referring a client.

When your client wants you to

When you think that your client might benefit from another resource

When you wish to make coaching conditional on a referral

If you think that the client may be at risk, or may be a risk to themselves or others, i.e. when you need to for Ethical reasons

[Beware of rescuing](#)

[Setting up the referral](#)

[Coaching Style](#)

[Defences - teaching the client.](#)

[Teaching the client about Saboteurs](#)

[Managing a break in the coaching.](#)

[Where to next?](#)

[The 'bottom'.](#)

[Anger](#)

[Strategize with the client for their recovery plan.](#)

[What is key when the client chooses a recovery course of action](#)

[Accountability.](#)

[Patience.](#)

[Clients don't always recover.](#)

[Relapse](#)

[What to do if the coaching relationship is breaking down.](#)

[Other Options](#)

[End the coaching with the client and refer them](#)

[End coaching with the client with no referral](#)

[In Conclusion .](#)

## **Before we start**

There are a few suggested steps that would be recommended before you step into coaching a client who has health challenges. They are;

### **Develop relationships with referral sources.**

As a coach you do not of course offer any form of treatment for illness or health conditions. Your client may wish, and your coaching with them may well lead them, to want to find such treatment. Also it may become necessary and desirable for your client to seek other services that are not treatment related but that are relevant to increasing their support network, their sense of wellbeing and their desire for change and fulfilment. These may be complementary services that your client wishes to engage with as a way to broaden their understanding and success of their lives and recovery.

Should your client want to be referred, or should you decide you want to refer them then you will need practitioners to whom you can refer them should it be asked of you. This may cover quite a wide range of therapies, disciplines, treatments and practitioners. This is always going to be a moveable list that changes over time.

Starting this list and having at least a basic set of referral sources going in to the sessions with your clients builds a sense of containment and support for you.

### **Get a support team.**

This is a team of one or more people who support you or to whom you can turn to for advice if you feel you become stuck, want or need to investigate your own perspectives or want to talk a client situation through with. It can be other coaches and of course ought to be a coach supervisor who has recovery and wellness knowledge.

## **Working with an existing client**

**Where a health challenge has been introduced into your coaching relationship with your client either by you or by them you will have four options.**

### **1. Commit to coaching further with the client**

This will involve re-designing the relationship or coaching agreement. It may also involve a break in the coaching.

### **2. Commit to coaching further with the client alongside other professionals**

This will involve re-designing the relationship or coaching agreement and referring them to other practitioners or professionals. It may also involve a break in the coaching.

### **3. End the coaching with the client and refer them**

This will involve a closure session and an optional referral process.

### **4. End coaching with the client with no referral**

This will involve a closure session without a referral process.

## **Let's begin with the following**

### **Options 1 and 2**

**1 Commit to coaching further with the client and**

**2 Commit to coaching further with the client alongside other professionals**

So you will carry on coaching! Good for you!

Your client has a health issue, maybe more than one.

Whatever the health issue is, the coaching perspective is:

This information will need to be integrated into the relationship you have designed with your client.

It is of course a significant event for them to make known their health issues. Don't be fooled by a seemingly calm exterior, this is most likely a defence and they will be grappling with quite a few issues inside themselves. At this point, the client may even be in a crisis.

Coaching a client with a health issue and including it consciously changes the coaching relationship, sometimes extremely, and it is unlikely you will ever be able to go back to the coaching relationship you had.

So be ready and willing to shift your understanding and expectations of this person in light of what they are grappling with and stay this course.

So, before we go to the design or redesign of the coaching relationship or relationship, we have some guidelines which are good to keep at the forefront of your mind always.

## **1. Guidelines**

I have found it useful to contemplate the following before starting or continuing with a relationship with a client who has serious health issues. As you move along in the coaching, it can be helpful to revisit this as necessary to bring you back to a clear, centred and neutral space if so required.

### **a. Start from the compassionate place.**

Of course I know you are all compassionate coaches, but I say this because down the line you may well find your ability and willingness to hold this client in the centre of your compassion challenged. Things may happen and the client may suffer or do things that you do not approve of or like or even think are fair to themselves and others. This applies particularly where you can see self-destructive behaviour that the client is struggling to change (e.g. substance misuse, overeating, gambling, overwork etc.)

Having a deep compassion will help you stay with them through these difficult places. This person cannot help what is happening to them as a result of their behaviours because as of yet they have not been able to develop conscious control over them, even though it will be tempting to believe otherwise.

To be very, very clear here, we are **not** saying that the client is **not** responsible for their behaviour and decisions, or the impact they have on themselves and others. They are responsible and we will always be looking to stand alongside them supporting that accountability. But despite this fact, there may be times when they lose a round or more with their behaviour change objectives and there will often be much trial and error.

Through awareness, understanding of what is happening to them, what their options are to deal with it and with the assistance of a great coach, (you!) they **CAN** change their thinking, behaviour and attitude to their experience of their health challenge.

Right now though, this issue is just breaking into the coaching and we don't know how, if or when the client will ever achieve this.

This is challenging, for a popular point of view still widely subscribed to is that it is all a matter of willpower, and if you do these kind of things then you are just weak. If only it was as easy as telling people to "*Be strong and stop it and all will be okay*". I would not be writing this and you would most likely not be reading this today.

I like to think of it like this, and it can be helpful to do this just before I see a client with these issues.

Ask yourself how you would want to react to a client who you just discovered had a dreaded illness, something serious, life threatening and possibly incurable? How would that information shift your point of view?

**b. Be ready & willing to have your judgements really tested.**

Out of control behavioural health challenges have little or no respect for people or values and clients may well bring to your sessions events and behaviours that you may struggle to cope

and be with. You may want to judge this client as bad, or wrong, weak or unintelligent. This is natural.

And certainly in the early recovery stages there will be stop start and trial and error.

This slow burn phase can be seductive as the cost to the clients' life may be incremental and hard to put a finger on. Like putting on a few ounces a year makes for a 10 lb weight increase over 20 years.

Too often the development of a problem is overlooked until it appears to become chronic and very difficult in a short period of time. For instance; your client may be a non-using heroin addict. You may not even know this. They may suddenly return to using heroin and in a short time they may be drawn into a life altering spiral leading to ill health, crime, prostitution and so on. It can happen surprisingly fast as the grip of the dependence overwhelms the authentic person.

If you find yourself with a client in this situation, and you won't be judgemental of them, then you will be able to be of service to them as they hopefully plot their way to a recovery path.

**c. Resist all temptations to label your client.**

As a coach, you are not a doctor or other kind of professional, although it is of course possible that you are a doctor as well as a coach. The coaching position is this:

You are a coach who is there to coach your client to his/her biggest, best most fulfilling life. The powerful place is to be with the client in whatever state of consciousness about themselves they are in at that time. So resist all temptations to label them even if they are labelling themselves.

**d. Don't take sides.**

Specifically, I am talking about taking sides with one point of view or perspective that the client brings against another. If there is a position to be taken, let it be the pure one of the clients' possibility.

If your client is flip flopping the best and most productive response is curiosity. *"So let me, see last week you seemed to think that you were an alcoholic John and this week something has changed. Tell me about that."*



So what you are not doing is getting caught up on the end point but rather bringing attention to shift process itself. Often the client will express some justification or other. Again don't be drawn into a debate or the story.

Sometimes the client will cast themselves in the role of victim. This is alluring and again it's tempting to be drawn into this energetic space and end up siding with them.

If you have seen and known your client when they are not in a victim space, then placing your attention there will bring that energy into the space.

Then again tough and painful events can happen to people. In some behavioural health challenges women are especially vulnerable, if they use drugs and alcohol socially, and it not uncommon for sexual exploitation and manipulation as well as violence to be set against a background of substance use. This may of course be perfectly consensual but sometimes it's not. It is important to be able then, to empathize without taking sides in these situations.

**e. Get a thick skin. Or thicker.**

Sometimes, depending on the circumstance and the health challenge your client may well lie to you. It is not personal; they may well lie to themselves too. It is part of the process. (Client's without these challenging health issues sometimes lie to themselves and their coaches; it's one of the ways we humans show up!). They may also really test you to see just at what point you are going to dump them just like others might have done or are doing or are threatening to do. This will depend on the client, the health challenge and their circumstances.

The testing might be designed to see if you really are a safe place for their current condition and this safety you offer is something not to be easily accepted.

In some circumstances they may also attempt to manipulate you as well. This can occur when working with such health challenges as mental health, substance misuse, dependent eating, work alcoholism etc. Values can get ignored or run over and anyone is fair game including you. Sounds tough and it can be

Note here: Let's be clear about abuse. I am NOT saying that you should tolerate it or accept it. In the coaching relationship we design we will be making sure we set out our boundaries around what you will and will not accept. The point I am making here is, realize that the client may

well do things that are likely to hook you. The degrees to which you can realize that this is NOT about you and can stay unhooked and well and clearly boundaried the better and more use you are going to be.

**f. Your unique role.**

Many behavioural health conditions are often described as “the great removers”. In the end they can and often will take everything from a person. Depending on the particular challenge it can be relationships and jobs, money and security, eventually even sanity, functioning, freedom and life itself. Along the way, it can trash a person’s values and leave devastation in its wake.

The person may start to lose things and most importantly people. Their families may often reject them and their friends may desert them too.

Eventually you can find that you, the coach, are the only person left not judging this human being in what may be their titanic fight.

If, from the start we can keep a fierce grip on the authentic person that is inside our client and if we can hang onto that connection for the duration, we may well be the last person that the client has. Almost everyone else, and society at large will have judged them and found them wanting.

If we don’t, if we dig in our heels and refuse to roll out an illness model or a moral model or indeed any kind of model onto our client, then we are performing a high service indeed. If we stay focused to this client’s highest self, then it may just be that this focus will be a light at the end of the clients’ dark journey.

This may not be for you. If it is, it’s a tough journey to take as a coach. Often this commitment to the clients’ potential, when everyone else, including the client, has lost belief in it, will be your only reward.

**2. Clients’ ability to be coached**

Before we start looking at the redesign of the relationship or coaching agreement, we need to pause and consider the client further and ask this question:

How does the presence of problematic health challenge impact on the clients' ability to change and be successfully coached?

There are four main impacts;

### **Limiting client options.**

Health challenges can effectively create “no go” areas, parts of the clients' life that only they know about. Unable to talk about it directly, the client has a large chunk of who they are effectively out of reach in the coaching sessions. Thus, they have fewer options. The client may not consciously know they are hiding things for they may be hidden from themselves. This is defensiveness worked on themselves. Once the client becomes aware that they are hiding things then a considerable amount of their energy will be spent in making sure that these no go areas are avoided. This reduces the room available for the client and the coach to explore.

### **Increased client fear & anxiety.**

This can have both a motivational effect as well as a de energising effect. Higher levels of fear and anxiety need to be managed and if they are too high will reduce some functioning and the ability to proceed with certain agreements and tasks agreed to in the coaching.

### **Shame, guilt & secrecy.**

Many health challenges generate and are linked to strong negative emotions. Disclosure becomes difficult in some circumstances. They may be contravening their own values which they may wish to hide from others. So this may become a factor in the coaching.

### **Low self esteem**

Low self-esteem closes down the space and connection in the coaching. Pretty much all of the previous ways we have mentioned will have the accumulative effect of reducing the client's esteem of themselves. Clients can feel the strong feelings mentioned above and this can lessen their self-esteem. Leading to self-berating and increase in negative self-talk. The challenge is to work to keep this aspect of the clients' self in proportion to other resourceful and positive parts of their self.

### **Intervention.**

People with certain kinds of health challenges are often under pressure from others to "do something!"

This can often be such a loud clamour and the only focus of all those around the person. It can drown out common sense, compassion and ethics.

The something that can sometimes be done is sometimes called intervention.

Structured intervention can take many forms and it is not important to go into them all here. Broadly speaking interventions are often necessarily confrontational and include ultimatums with consequences although this may not always be the case.

### **Coaches as Interventionists**

Coaches, due to the position that coaching takes are not best suited to any type of confrontational intervention or process.

It is not recommended for coaches to be directly involved in them. They usually backfire and the opportunity for the coach to create a coaching relationship with a client can and usually is lost. You become yet another person in most likely the long line of people who are trying to make the client do something.

I would though advocate that coaching is one of the best resources to which an intervention might lead. People leveraged into some kind action based on intervention are much like hostile witnesses brought to court against their wishes. They know they have to be there but have not come of their own volition. It is very unlikely that treatments will in the first instance be effective due to this resistance and recovery built on this premise is not really recovery.

Can it change into a sustainable recovery chosen by the individual themselves free of guilt, shame and coercion? Maybe but I have yet to see this work well in large numbers of cases.

I believe that a good coaching conversation is much more likely to open the door to more co-operative engagement by a person coming out of an intervention or not. If the coach can establish a real non-judgemental space and can engage the client in the world of possibility as a response to world of negative consequences that they are experiencing, then there is a chance.

If the coach is seen as part of the intervention team then it raises too many ethical and boundary issues and ought to be avoided.

### **Designing / Redesigning the relationship**

So now you are about to have a session with a client where their health challenge ( or challenges) are to be a key part of the coaching work you will do together. The first focus of the session will be to design (if this is a new client) or redesign the relationship or coaching agreement.

Most coaches have their own way of doing this, so please integrate these suggestions as you wish and make them fit your own approach and style. I suggest you keep clear short bullet point notes on what is agreed to so you can write it down later. I tell the client I am doing this and why.

I divide the relationship or agreement into 7 areas;

## **Boundaries, Money & Payment, Permissions, Non negotiables, Commitments, Referring, Style.**

### **a. Boundaries**

#### **No disrespect.**

In a worst case scenario, we could mean no physicality or threats of physical assault. No verbal assaults either. In practice, the vast majority of people will not be getting to this stage. If they do, most likely they will be headed for some kind of other treatment programme or practitioner.

It is very important though to get the issue of where the boundaries are laid out for clarity sake, and to up the ante a little within the coaching relationship. There may be stormy weather ahead, and what will serve the client best will be a strong consistent container.

It is also important to not be too dramatic about this. If the client is someone with a drinking problem but on the day you see them they are in a good mood and behaving as their usual self, then telling them that you will not accept them being violent or abusive may seem like you are stating something that is not about them (and in some way you *are* not saying something about them) that they will reject. It is most likely real overkill and not necessary.

Exceptions to this would of course be a client who was quite impacted by their substance use and possibly already had a known history of violence or abusive behaviour.

Whatever the health challenge you need to set the boundaries appropriate to the health challenge.

Here is a suggested approach that can be used in circumstances that warrant it.

I go about it by saying that I want to re-affirm to them that my coaching style and attitude is based on mutual respect, and that if they agree we will make sure that we keep it that way. I won't be rude to you and you try not to be rude to me, is how I put it. This keeps it about **us** and not about them. This may not be necessary though with an existing client as they will already know this about you but I feel it is worth repeating.

The next topic applies only to coaching someone where substance misuse is the health challenge)

### **No covering.**

Sometimes it can get complicated for a client. They may be running strange schedules and may from time to time be saying different things to different people. Sometimes, relatives or the workplace may call you to check up on something about the client. This may be quite innocently done, but in fact stems from a sense that there is some concealment going on around the client.

I usually make sure that my clients know that my commitment to them is 100% solid, but that I do not wish to be drawn into any issues with other people they are in a relationship with. I make it clear to them that if asked, I will always be pointing the questioner back to the client for the information they are looking for.

This includes any sponsored or workplace instigated coaching. Regardless of who is paying or who has a vested interest in the coaching of the client, I won't cover for the client.

### **Money & payment.**

If your client's coaching is being funded through their workplace or medical insurance, then your fees will be secure. If not, and the client is paying for your services themselves, then I usually make sure I have very clear payment boundaries. These are up to you. There may come a time when the choice for the client will be between a coaching session, food, a drink, drugs or gambling etc. You may have created a very strong relationship with that client and yet, they don't choose a session with you over the other choices.

Often the coaching approach I hear used is that if a client gets coaching for low cost or free then they won't value it. I am not sure I agree with this approach generally, but it certainly won't work as a paradigm to describe the way a client views coaching with you.

If a client who has been paying you for coaching stops or decides they would rather spend that money on something or someone else, and wants to end the coaching with you, it does not per se mean they now stopped valuing your coaching relationship. It indicates that a number of factors have arisen for the client. This is of course going to be a coaching topic with that client.

A good way around this that I use with my coaching is to ask all my clients to pay for 4 to 6 sessions in advance. This is the case regardless of what the fee levels are.

Here is my approach;

### **Client's coaching is being funded by medical insurance or workplace**

Obviously this is the least problematic, as the coaching fees are paid by a third party.

### **Clients are being funded by relative, partner or friend**

This is often the scenario where parents are funding coaching for their son or daughter.

Partners will sometimes fund their significant other.

In both instances, I create monthly in advance scenarios for payment. Please note that the issues of others paying for a client's coaching and how it is relevant in coaching is covered later.

### **Clients are funding themselves**

If your client is employed or runs their own business and are reasonably successful economically, then the issue of fees is usually ok unless their circumstances change. In this scenario I will stick to the 4 to 6 sessions in advance scenario.

If your client is less stable financially, I still insist on pre-payment of 4 to 6 sessions. .

In order to reduce the risk that the client tries to cancel the sessions as a way to raise some quick cash, I make the sessions refundable only after 45 days from the end of the period for which they have pre-paid. This slows down considerably the client's likelihood of fixing a problem or using issues by leveraging unused coaching sessions into cash. This does not occur often.

### **Clients have no money**

Do I coach someone for free? No. I will, at my own discretion offer a structure that is effectively delayed payment coaching. This is of course, up to all of us to determine and decide how we want to address this.

Whatever the final scenario, in the designing of the relationship or agreement, the issue of money needs to be included, made clear and written into your agreement.

## **Permissions**



Ask for and usually get various clear permissions. This is important. If something comes up in a session that is delicate or which will test the strength of the coaching relationship, referring to these permissions before jumping in can assist you in keeping both you and the client reminded of your coaching agreement, and what you have both agreed is acceptable within it.

### **To challenge.**

I always make this clear. I ask the client whether if I think they are in a place that might benefit them by being challenged, can do that? I then ask them how they like to be challenged around this issue.

Here, I am also covering some challenging ground that may become necessary in this type of coaching situation. Challenging a client to be their biggest self or largest life is of course a key part of the coach's kit.

This is something I only do with the *clients' prior permission*. In this part of designing the relationship, I am preparing the ground for the client so that we have some agreement about how we will work with this idea of challenge before we come across it in the heat of a session.

### **To teach/train.**

I get the clients permission to offer them information that may be helpful to them as they tackle their substance or behaviour use issues. This can be books on all sorts of topics, not only related to a particular health challenge. I encourage clients to learn as much as they can about themselves, their humanity and encourage their curiosity about who they are and where they are going in their lives..

For instance, I consider it crucial to have the client brought up to speed on defences and how they work (see **Defences – Client Handout** here). I tell the client I may wish to offer them information from time to time, and we will pause the coaching for me to impart this information. In effect, I am training/teaching them something at that point. When we are finished, we can move back to a coaching stance.

### **To offer to refer to other professional contacts.**

I let the client know that if I consider it to be useful; I may suggest they get some support or assistance from another professional, practitioner or treatment. This might be a therapist, counsellor or so on. I ask for their permission to make such suggestions. I also tell them that I may talk to these other professional contacts about a referral but only with the clients' prior permission.

### **Non negotiables.**

Non-negotiables are just that. I only have this one. Advise them that you have a legal duty and obligation to report it if you become aware that the client intends to or may unintentionally harm themselves or others. How this is to be done is subject to the laws of the jurisdiction in which you practice as a coach. Make it clear that this is non-negotiable, meaning there are no circumstances in which you would agree to not taking the requisite action required by law and to protect them or others.

### **Commitments.**

At this delicate stage of the coaching, it is helpful that there are various reinforcements put in place. These are in the form of commitments that I discuss with the client and we agree upon.

The objective here is to prepare the ground for greater trust. By now, if you've been through the previous items we've been talking about, the space of the coaching may well be feeling clear and strong, in other words bounded. This is good, but it may also have raised the clients' tension level as the container strengthens. This is a calling forth of its own and inside this container we need to find a few touchstones to do with trust.

We talk about my commitment to them and their commitment to the coaching. (This is not about money, which I cover in a separate part of the session).

I tell the client that they can expect the following from me.

### **Confidentiality.**

I offer the client complete confidentiality. I frame this by using examples, most of which I intuit from what I am reading of the client. If they are in a relationship, I will use examples like infidelity, dishonesty and so on. I will make it clear that I am big, strong and un-shockable, (which in fact I am) and that they are welcome to bring anything they like into the space. It will stay in the room with us and never ever leave unless they explicitly give me permission. I make it clear that this applies to any other party or person who may have had some involvement in setting up the coaching, (their workplace or spouse etc).

Exceptions to this are of course anything that I am obliged to legally report and depending where you are living and practicing coaching, this is up to you to know. I make sure I tell them this again.

### **Non judgement.**

Following on from this is non judgement. I give them a clear message that despite what they bring, I will not judge them. Clients who are wrestling with behavioural health challenges are usually really good at judging themselves negatively, so they don't need me doing it as well. If I do find myself as their coach being triggered into judgment self management will be applied by me to manage it.

### **Compassion.**

I reiterate that I understand what they are going through. I will talk about my work with other clients and people in their situation.

The important thing is to back up the non-judgment and confidentiality with a feeling of deep caring for this client and the journey they are on. If you can't compassionately connect with them, then it would be good to think about not working with this client.

Before I do this session, I sometimes will mentally review a client and make a quick list of what I really like about them. This keeps me focused and makes the expression of this deep compassion and caring genuine, which it has to be, as far as I am concerned. With a new client

there will have been a session before this one and I will have already been able to connect with something about the client that resonates or connects with me in a positive way.

### **To stay the course.**

I tell the client that providing we don't run into any of the no go areas or problems that we have set out in the boundaries and disrespect areas earlier, I will stay the course with them as long as they want me to.

I am not going to bail. This is important as well and by placing this here in the designed relationship, we can refer back to it when it does get tough. This is as much for you as the client, for it can be very challenging to coach someone in this situation and you may find yourself wanting to throw in the towel.

At this point having covered what I am committing to, I ask them if there is anything else they would like me to commit to. We deal with this as it comes up.

Then it's their turn. I ask them what they are willing to commit to. As we go along I try to articulate what they say as clearly as possible.

**Referring scenarios have been covered in section R16 of the Recovery Module but is repeated here as a refresher.**

### **Referring to other Practitioners or Services**

As we have mentioned previously, coaches do not offer any form of treatment for healthcare challenges. They are of course a powerful ally and resource for people engaging in changing aspects of their lives to meet the challenges that life has brought them.

We recommend, and see it as best practice, for coaches to have a system of referral covering as wide a range of support and services as possible. This best practice forms part of the coaching professionals' ethics and responsibilities.

Recovery and Wellness coaching is set in a framework of multi-disciplinary approaches to, and therapies for a number of healthcare challenges that are both aggravated and can be recovered from in part or, in some cases entirely through behaviour and lifestyles change by the person experiencing the challenge.

Coaches need to be aware of the approaches within the specialty they wish to coach in (i.e. Diabetes, Substance Misuse etc.) as well as have relationships with practitioners ( both medical and non-medical ) connected with the specialty.

As a client develops and carries out a recovery to wellness plan so some of these complementary treatments, therapies and / or other resources may be a desired and / or urgent part of that plan.

This is especially so where the client is in need of services that fall into the lower part of the curve of the “Where Recovery and Wellness coaching Fits” diagram and where there may be crisis, loss of control and severe or total reduction of client choice.

So if your client is not in some kind of recovery then they may wish, and your coaching relationship may well lead them to want to find some kind of treatment as part of initiating / developing their recovery process.

It may also be that it becomes desirable for your client to seek other services that are not treatment related but that are relevant to increasing their support network, their sense of wellbeing and their desire for change, recovery and wellness.

These may be complementary services that your client wishes to engage with as a way to support their lives and recovery.

Bearing this in mind it is advisable to have the widest set of possible options within your own knowledge base.

So, having decided to establish or build relationships with other professionals and services to whom you can refer your clients, it is advisable to check whether some of these professionals are aligned with the work you do as a recovery and wellness coach.

As recovery and wellness coaching is often perceived as a cutting edge 'new' approach, (which in some respects it is) it is likely that few professionals will in fact have any clear idea what recovery and wellness coaching is. Furthermore, there may well be those who have a definition of coaching generally that is not aligned with recovery and wellness coaching.

It is therefore advisable that you do some educating as you go along.

If you are working alongside other professionals in a particular sector then be sure to develop and maintain open lines of communication with them about recovery and wellness coaching, share information and success stories (whilst maintaining client confidentiality).

### **Referring a client.**

Your client may need assistance and support from a source in addition to you. You are the coach and part of working with this client is assisting them in finding out how they are going to integrate and manage the issues relating to their health challenge.

So when do you offer or agree to refer? There are four scenarios.

- 1. When your client wants you to**
- 2. When you think that your client might benefit from another resource**
- 3. When you wish to make coaching conditional on a referral**
- 4. If you deem that your client may be at risk, or may be a risk to themselves or others**

Let's start with the first.

#### **When your client wants you to**

Your client may bring it up in a coaching session. It may be expressed directly or you may pick it up indirectly. Either way, reflect back to your client what you are hearing.

Ask the client if they feel that they would like to see another type of person or practitioner or look into any kind of treatment, therapy or support in the context of their recovery to wellness.

Tread a little carefully here and be sure to remain neutral. Sometimes clients are on a ‘fishing expedition’ to see if they can flush out an agenda from the coach. Avoid then pouncing on *their* suggestion like you have just been waiting for it to show up!

Appearing to be too invested in the idea of some other service can elicit a suspicion that you, the coach, have your own agenda for them.

If you notice that you do have your own agenda, then your client will be best served by your “self-management” of that agenda and you will put it to the side so that it does not get in the way.

Ask the client what, if anything, they have in mind. If they are unsure and want more information, then this can become a piece of homework for them once you have explored it together. If they do think they want some other kind of support, information etc, then get them to brainstorm and establish options and ideas. Exclude nothing, however “out there” it may seem to you and especially if it’s your client’s idea.

It may include one or more of the following; medical doctor, rehabilitation clinic, counsellor, nutritional consultant, psychotherapist, addiction counsellor, Yoga / Pilates classes, teacher, CBT practitioner, priest, meditation teacher and/or group, vicar, Rabbi, church group and so on.

Any kind of physical, emotional, spiritual, psychological practitioner or facility is an option. Once you have a list then ask your client to make some choices around the list in relation to the underlying reason they express as to why they want to consider some other forms of support. If you and the client have a recovery to wellness plan then ask them to consider the options in light of that plan. If you do not have a plan yet, this might be a great place to ask your client if they would like to create one. Whatever the scenario this new space opening up is valuable and you can keep this within your coaching relationship going forward.

The next scenario is:

### **When you think that your client might benefit from another resource**

At some point in the coaching it may become apparent that the client is in need of services and support that you as a coach do not offer.

If you genuinely feel that the client could benefit from some other assistance, then ask permission to offer a suggestion. ***If your client agrees that you can, then go ahead.***

Make sure that you set out your reasons and how what you are offering to refer them to is different to coaching. Unless you plan to make such a referral a condition of your coaching this client (see 3. below) then do not push the client in any way but rather let them sit with it.

Most likely your client will want to consider it and may want more information.

Setting out positively what another discipline might support them in is the main focus of any explanation. Doing some research and getting more information might be a good piece of homework to request from your client.

These first two scenarios are relatively simple. The next is less so.

### **When you wish to make coaching conditional on a referral**

Sometimes clients have psychological and emotional issues that go beyond the scope of coaching alone. It is important to understand that when you decide that this is the case then you will want to refer the client to other support systems.

It may be that you decide that you want to make it a condition of continuing or starting coaching, that a client seeks some assistance in some other field. It is absolutely acceptable to do this,



provided you understand the impact this may have on the coaching relationship and this is something you may wish to bring into the coaching relationship at some future time.

If you think that the client may need specialist advice and support, then tell them so and why, explain that you are willing to continue coaching them provided they seek other support. Ask them if they are willing to accept this as a condition of the coaching.

It is important to contextualize this. Explain clearly what coaching does and doesn't do, what it offers and how this sometimes means that it is not the most appropriate course to follow on its own.

If they ask you to suggest a practitioner, then do so if you have one that you want to offer. It is fine if they prefer to find one themselves.

If they agree then integrate this into your coach–client relationship agreement.

Now we come to the last scenario.

**If you think that the client may be at risk, or may be a risk to themselves or others, i.e. when you need to for Ethical reasons**

If this is the case, then whether you are going to carry on coaching or not, your concern needs to be brought to the client's' attention and then, if the client is not open to or willing to get help, you would need to notify the relevant professionals and/or organizations'.

If you are working within an organization then it will be required to follow and match the organizations' policies and procedures.

If you are working alone then your responsibility is to comply with the relevant laws under which you practice as a coach.

Let's move on now to a general point related to referring.

## **Beware of rescuing**

It can get a little confusing; insisting on a referral for a client can be tantamount to diagnosing them. For example, if you have not run a proper evaluation and diagnostic test with them, (whilst stepping out of your role as a coach), and if you tell your client that unless they check themselves into treatment or other facility for a condition you think they have then you will be unable to coach them, you are effectively telling them that you are diagnosing them. You should never be diagnosing a client as a coach even if you have the expertise. It is almost impossible to create a clear coaching relationship with someone once you have made such a diagnosis.

Clients can easily obtain diagnosis from appropriate practitioners and you can coach them to do that if they so wish.

A better approach, should you have high levels of concern, would be to ask the client if they have ever wondered about their health or the issue you think you can see and make a request that they investigate it more with someone who has the expertise.

The key aim here is to communicate your real concern for their welfare, be it physical, emotional or psychological. This could be a specialist, doctor or other professional who will run their professions diagnostic tests. If, for instance, you are asked by your client whether you think they have a certain problem resist the temptation to offer your opinion.

If they agree to go to see someone as a condition of the coaching, then you at least have all your coaching options open when they come back.

If you would like to get them to start thinking about aspects of their behaviour and health then there are various self-appraisals that you can offer them which they can go through. You can then be curious with them about their results.

There are many reasons why a person suffers health challenges. Until the coach is well acquainted with the client's life and circumstances, they really cannot say what is driving their condition and more importantly, it is not the Coach's' primary goal.

The main goal is the client's understanding of it. As we know there are many reasons that may be driving the situation and the real win is for the client themselves to become curious and informed about themselves.

The coach may have a hunch, but that hunch is best used in service of the client by utilizing coaching techniques to get the client and coach curious about what makes the client tick in this area and why.

Getting the client interested in why they are the way they are is more empowering and spacious for them than being told. So avoid subtly rescuing the client, avoid the temptation to get drawn into a place where you as the coach think you 'know' what is going on for them and the insights they could have, which you then try to point towards or get them to 'see'.

And finally...

### **Setting up the referral**

This is straightforward; it's best if it is the client's' decision as to how to make the referral except of course if you have decided that there are clear threats to the clients or someone else's wellbeing and action needs to be taken right away.

In this scenario there may be a clear need to refer and the coach acts on this need even if this means that the client does not make the decision for the referral to be made. This may include making quick direct contact with the practitioner in your network when the situation is urgent and there is no time to set up a written introduction. It is though always best to follow up such quick action in writing confirming what has taken place.

If this is not the case, then the coach can prepare a letter for the person the client needs to contact. It is advisable that this letter be written with the client present or written and sent to them via email or post for their approval and agreement.

It is very important to frame the relationship with the other practitioner clearly. Avoid offering opinions on diagnosis of any condition. Request that the recommended practitioner make their own professional assessment in partnership with your client.

***Ensure the practitioner is clear about the role of a recovery and wellness coach.*** Explain that you, the coach, and your client have agreed that another practitioner may be of some assistance to the client in some aspect which the client and practitioner will determine.

Explain that you will either continue with the coaching or will be taking a break, whichever has been agreed with the client.

Offer to let the practitioner have more information about the role and purpose of recovery and wellness coaching, which as mentioned previously many professionals are still unclear about.

Equipped with the letter, the client can then proceed with contacting and working with the new practitioner if that is what they decide to do. Whether the referral is part of the client's agreed action with accountability is determined in the coaching session. Whatever the decision, keep checking in with the client around it.

Sometimes clients change their minds; don't like their interaction with the referral person or organization or after connecting with them decide that they want to look at other options. This sizing up of options is an important part of the client's process and the coach needs to keep a neutral and curious agenda around their choices. Always pointing to learning, self-knowledge and integration for the client.

Finally, many other practitioners within the field are more than one agenda. There may be explicit or implicit pressure to 'sell' some treatment and / or services to your client.

This cannot be avoided in all circumstances but you can reduce the risk of this happening by choosing people you have in your referral list carefully making sure they understand your work and that they are familiar with recovery and wellness orientation.

## **Coaching Style**

Last but not least in this design of your coach / client relationship is the question of style. This is really about finding out how your client will best be served, according to them. This includes how you express yourself to them, how you set the tone and space of the coaching and how you manage your interactions with them.

This is of course familiar to you already, so the only part here is to look at the style issue in the context of the particular health challenge. As mentioned earlier, we will be offering to tell our client about the Hidden client. If the client identifies the Hidden client in themselves and you both agree to work within this concept alongside other gremlins and saboteurs, then we can then undertake further designing about how you the coach can interact with the Hidden client.

So, sorting out styles at this point is positive and prepares the ground for returning to it later.

### **Finally – write it down**

So, finally, it is not only a great idea to write this all down, but in my view essential. Create a simple document which sets out what you have covered and agreed to with your client. Sign it yourself and have them sign it. You won't have time in the session itself so prep the paperwork and quickly review and sign it at the beginning of the next session.

## **Defences - teaching the client.**

Defences are one of the most challenging aspects to deal with and the concept was introduced in R11 of the Recovery Module. Teaching the client about this concept is key. Having already obtained their permission to stop coaching and offer them things to learn which may be

useful in the coaching, an important first offering is about defences. This topic applies to many of the behavioural health challenges we are working with and that people are looking to change.

So, the first teaching/information item I offer them is a hand-out on defences. You can give them a hand-out at the end of the re-design of the relationship session. I like to give it in writing. It gives them time to read it at their own pace and you can also make it a homework request! Get some accountability going around it, and thus you will increase the chance that the topic gets into the client's consciousness. (the handout is available in section R11)

The topic and idea of defensiveness is universal and often the clients' reaction is that they do in fact seem to know about it already. This is not surprising of course as all humans have defences as an active accompaniment of their way of reacting to the world and events. It has even entered popular culture as something humorous called Denial.

A huge irony usually crops up in the process of teaching my clients about defences. Often the client, after hearing about the phenomenon of defences will say, "Oh that's not me!" so they are in defended about being defended!

Sometimes they will recognize it in others easily not in themselves. It can be interesting to ask them if they think they know anyone who is 'in defence'. Usually they will find someone they know. Asking them if they think they might deny things in this way, from time to time, is also useful. I would keep it playful and light at this point.

If a client is adamant that defences do not apply to them, do NOT be put off. To me, good coaching is about not getting caught on the outcome so if a client does not seem to take on board what you are saying about being defended, don't get caught up on that. Think of yourself as a gardener. The seed is planted, when the time is right it will grow.

So, give them a hand-out and then go through it with them. Don't spend too much time on this but make sure they register the key points. They can keep the hand-out and take it home. You can do this either at the re-design session or at the next session.

Now that the topic is familiar, referring to it in the coaching can be used as a way to draw your client's attention to the issue of the way they are showing up around their health.

You can check in with your client. Ask them if they recall the hand-out and your conversation about defences. If they do, then ask them if they think that defences might be at play in the conversation you are having.

Keep it light and don't press it if you meet a flat rebuttal. You have watered the seed and that is enough. The client will ponder this and it will bear fruit eventually. Try to use this technique over simple things at first rather than in large dramatic highly charged situations.

It is enough that the client is aware that you know about defences and have it on your radar. If they stay in the coaching after this, then this shows trust of you and that although they are aware that you know, they consider it worthwhile to stay working with you.

Of course if your client is very defended about all or part of the way they live and their behaviour, then at a certain point a shift in the client's' willingness and ability to notice and witness it will be necessary. How long you as a coach persist with a client who is in fully defended is up to you and your stamina, but I always give it some time as there are several reasons why a client may initially deny they are defended, and it can take time for a client to move from one position to another.

If a client's behavioural problem is unstable, i.e. increasing, and the consequences for them are becoming more impactful in negative ways, then defensiveness is likely to increase as the desire to avoid the problems associated with the behaviour.

The authentic client's awareness of the concept of defensiveness and the ability to articulate to themselves when they know they are or have been in it are key to their future ability to manage the escalating problems they may be facing.

A final point to consider is this. Imagine you have a client who knows about defences, (you have been through the hand-out together and talked about it), who insists he or she is not defended, and they have an escalating substance or behaviour use issue, what questions might we ask about their relationship to you and the coaching?

- Why are they still in the coaching relationship with you?
- Is it that they want to acknowledge defences but are not ready to?
- Or, are they waiting for something they need?
- Is it a trust issue? Try really revisiting the non-judgemental space in yourself. Are you holding some judgements about this issue? Are you really ready to go down the road with this client? Stand in the fire with them?

The two most powerful coaching tools to combat defences are:

Championing and calling forth your authentic client.

Both of these approaches shine light on the clients' possibility and strengths. Generally, the client who is defended will tend to either fight or flee. They will fight to deny the defences and the facts, or they will attempt to flee from discovery.

You cannot neutralise defences directly.

Genuine, authentic client centred understanding and management of defensiveness is rooted in building up of self-esteem, reduction and management of fear and the will to live life to the fullest.

Calling your client forth and championing them into that space is the most humane and loving way to help defences become known and managed.

You can never restate your desire to stand by them, restate your non-judgmental position on the issue or your willingness to help and listen to them enough. Doing this regularly and then calling them forth into the coaching relationship is one of the most powerful ways to engage with a client.

### **Teaching the client about Saboteurs**

Teaching our clients about the saboteur is a vital part of the coaching process. If working with a new client I recommend teaching them about saboteurs in general and letting them get familiar with their own particular 'voices' etc.

### **Managing a break in the coaching.**

Sometimes a break in the coaching relationship is appropriate and/or required.

Possible reasons for this are:



- The client decides to pursue some treatment that makes coaching with you impracticable and inappropriate (for instance going into a residential rehab program).
- The client wishes to reflect on continuing the coaching relationship.
- You, and/or your client, consider it a worthwhile course of action to take.

The clients' desire for a break ought not to be interpreted in any particular way at the time it comes up. The client will be working through some things as a result of your previous sessions and you cannot know what these are or how deeply this is happening until they open up at some point and you can talk about it. So the fruits of this lie in the future and cannot be ascertained at this point.

### **Where to next?**

So let us review for a moment where you might be at this point in the coaching with your client;

- You have re-designed the relationship.
- You've dealt with the keys issue of boundaries, money, commitments and so on.
- You may have agreed on a referral for the client that they have decided to look into.
- Your client has agreed to let you offer them information about certain things and this includes information about defences.
- You have given them the hand-outs on this and possibly other topics and they have considered them. Your client may or may not be in some stage of being defended.
- If they are using substance or behaviour in a problematic way, then it is now a question of time.

By this point you and your client have covered a lot of ground together, new ground containing seeds of information and many more possibilities for them..

This is in itself a great and significant shift.

It is well to remember that the clients come to coaching to get something more of what they want. This may have been presented as less of something they didn't want (the problem) but in the coaching you will have discovered with them what it is they do want.

This then is great time to go to that place again with them. Revisit the world that they inhabit in their future that they wish to create in their now. This will revitalize the coaching and make for a shift back to the positive creative possibilities that exist for them.

Wherever they are with their health challenge is where they are. You can't change that and which direction they decide to head in is usually undetermined at this point.

They will start a journey where as they go along they will uncover more and more information about what makes them tick. They will be dealing either successfully with the parts of themselves that are causing them difficulty or they will be still working that out. Neither of you yet knows if they will move from where they are towards a more problematic state that may end up in a worsening of their life or indeed if they will find recovery. What we do know is that they now have more information and insight into what they are facing in their lives, and more options to engage with you their coach on how to interact with it.

At the root of all approaches to health challenges there is one key to which only the client has access: The key is the person's willingness. The so called breaking down of defensiveness is no more than a shift in a person's willingness to accept some truths about the facts of their lives and their contribution and part in creating those truths.

If your client shows this, then they are in better space than those who resist the acceptance of where they are in their lives.

The opening up of willingness is an internal shift only the client can make. What those around and working with them can do is create an environment in which that shift may be more likely to occur. This then is the space you have been creating within your actions in redesigning the relationship, offering teaching and information. You, of course, have no idea when or if ever the client will take the steps towards a conscious recovery journey, whatever that looks like.

In the coaching frame the most powerful space we can offer people as they are travelling a road towards possible recovery is the wide open strong loving and unshakeably neutral non-judgemental space that lies at the heart of a great coaching relationship.

If there is anything other than our client that we as coaches need to place our attention on it is this space and our presence in it.

At this point then we pick up all our coaching tools and kit and stand ready for the next step the client will take with us standing by their side, ready for what is to come.

So what now? Ask the client what they want coaching on.

### **The ‘bottom’.**

As previously stated we have no idea what a client will do around their health challenges. If they do decide to take some action, then we also don't know when that will be.

What we do know about many behavioural health problems is., ***if left unaddressed, unmanaged and/or untreated by the person who is experiencing it, it is almost certainly going to get worse.***

If your client's health challenge worsens, i.e they are experience increasing amounts of life disturbance, negativity and loss of functioning, causing emotional or other distress to themselves and others, then this is a sign that the clients health is developing into a more problematic stage.

It may have been somewhat problematic when you began including it in the coaching but it can often be the case that the progress of the increase can plateau and stall for a while.

If it is getting worse then your client may be heading for a confrontation with their emotions and circumstances. This is often called the “Bottom” which donates a landing against a hard surface that can stop you in your tracks or even injure or kill you.

There can be several non-fatal Bottoms for people. (One metaphor that can be useful is of the ocean floor reaching out from the shoreline that descends in a series of steps or bottoms on its way to the deep, each successive bottom deeper and darker and under more pressure than the previous)

The Bottom is different for everyone but is a place that the client comes to in their lives as a consequence of their life choices (not that they will necessarily frame them as choices) that confronts them with the consequences of the road they have travelled so far and of some aspect of their behaviour in particular.

At the Bottom there is often a moment of clarity for the client born of the extreme breakdown of circumstances, feelings and relationships that may be occurring.

This is a complex place that contains powerful feelings and themes and a large capacity for learning and self-illumination as well as a large capacity for self-harm and shame.

The particular circumstances at the Bottom are different for everyone. For some it may be the loss of a key relationship; a spouse that leaves. It can be a job lost or a friendship ended. It can be serious illness and the threat of death. It can be combinations of one or more of these. Whatever the particular circumstances this is a potential turning point for the client.

And this is a key place for the coach to be with the client and not try to fix them. Often clients will reach out for advice and help. “What should I do?” They may ask. At this point the coach acknowledges the client’s experience and feelings. This is key. Do not be tempted to find a solution for them. By all means have some ideas on standby for them, preferably ideas that you brainstormed together when you designed the relationship and when you looked at referral options. Wait though until the client casts around for ideas as to what to do.

At the Bottom the client may, for the first time, realize that they need a plan. A recovery plan that will help them out of the place they have arrived at and which will offer them a road back to a life they want.

At this point the client is most likely scared and angry and sad with the strongest drivers in their situation their fear, guilt and shame and anger. The desire to move away from these feelings will drive their actions and decisions at this time. This is part of their motivational direction. See R5 – Recovery Module

## **Anger**

A word here about the value of anger.

The anger emotion and energy is potentially one of the most useful tools that your client can harness to assist them in the journey back from the darkness of their personal rock bottom. Anger, a much maligned emotion, is a vital transforming force. It can ignite like a bright jewel in the darkness of despair. Turned back from the shadows of blame, revenge and destruction and aligned with compassion, integrity and vision it transforms into deep determination leading to clarity and action and love. If your client is angry this is very positive. Key is what your client will do with this energy.

What can be done is to use it to develop movement from meaning.

### **Strategize with the client for their recovery plan.**

If the client seems to want a plan for recovery then the first step you the coach take is to ask the client if this is something they would like you, their coach, to work with them on.

Gaining their conscious focus on the fact that they now are in a team with you and you are going to bring your resources to assist them can be a steadying influence. It also has the effect of adding some accountability into the situation. If you invest with them in a plan then they are developing accountability as well.

### **What is key when the client chooses a recovery course of action**

Clients can quite possibly choose many different recovery routes. As a coach it is not for us to push or recommend any particular method or treatment. In other words, we avoid telling our clients how to recover and what they need to do it.

As a coach then the following are key:

- The coaching position is outside of all direct treatments or therapies or other components that may be available to and chosen by the client.
- As coaches we journey with our client as they make their recovery to wellness choices, coaching them to engage with the plans they chose and create and assisting them in adjusting it as required. We are then, **permanently client sided**, during the process of the clients' recovery journey **whatever that journey looks like**.
- The client may go off say to receive treatment. The coach will leave them at the door and the client takes the treatment programme. Afterwards the coach continues with the client whether the treatment is considered by the client (or the treatment facility) to be successful or not.
- We hold the biggest picture we can for our client and as they integrate their recovery plans so we keep them mindful of the bigger agenda that exists for them. Coaches hold the focus

for the client's biggest life over and above recovery from any health challenge they may experience.

Sometimes clients go all around the houses before they find a plan that works. It is not though for us to point out the folly of a particular course of action. The bottom line for the client is, is it working? Clearly if it isn't then we will want see how we can help our clients understand that it isn't working, what their part is in it and what they need to change in order to move on. In other words we keep our focus on forward movement and open up the learning.

Ultimately long term recovery depends on personal fulfilment and maturation into a realized meaningful life, a well life. Recovery then is a component of a person's journey into their full life and as such is both a focal point but not the end in itself.

So the coach's task is to help their client connect to their biggest life agenda and personal meaning whilst taking action that deepens their connection to this big agenda. By integrating the chosen plan of recovery, help them process doubts, difficulties and help them to fulfil its promise the coach holds a torch for the clients' highest possibility, an end to fear and an arrival at personal actualisation and brilliance.

### **Accountability.**

Accountability is of course a powerful driver of the clients' desire to transform. By being in action they are changing their experiences and the view from and of their lives and so they have the opportunity to learn about themselves.

So accountability as a learning lever for our clients is key. And with these kind of issues on the table it is also can become one of the rockiest areas of the coaching relationship. So keep accountability simple and clear. Clients with these issues can benefit from small wins early on in the redesigned relationship. I would usually aim to give at least one small assignment to a client who is looking at a health challenge every session for several sessions. These assignments would be simple facts to learn relevant to the health challenge etc. Obviously this depends if the client is willing to engage with it.

Accountability though can be a negative trap for a client who is in a rough unreliable condition. If they are a little out of control, then they may struggle to keep accountability. They may tend to over commit to compensate for failure to actually do the assignment they agreed to.

As it is undesirable to develop a culture of collapsed promises with the client, which can push them into shame which gets in the way, it is best to shift to assignments that the client sets themselves. This then they commit to accounting to you for but the assignment was their choice.

It is likely that if you have built a strong container for the client then accountability will be a place of real testing for you both. There is after all only so much learning to be had for a client who never does their coaching assignments. At a certain point you the coach will have to out your hand up and call the commitment of the client into the arena.

### **Patience.**

You are coaching someone who is in the midst of a life changing event affecting their whole being. They may not make it. Be patient, compassionate and self-confident. Keep the container tight and yourself clear.

This journey is one of the toughest a human being can take with another.

### **Clients don't always recover.**

It is unclear why some people do manage to bring about change and why some don't given similar circumstances. Some cite social pressures and cultural and environmental influences, other point to inadequacies in the treatment approaches and programmes. We do know what influences behaviour change but those influences are not absolute. If they were we would be able to get anyone to change their behaviour.

Whatever the reasons, the fact remains that clients who you coach whom are experiencing these issues may not ever be able to deal with them in a way that improves the quality and experience of their lives.

In addition, many people do manage to make a start on a recovery plan only to relapse.

As coaches you are not of course in a place with the client to make a decision or take a view as to whether they can or cannot make a recovery. Coaching, well intended and well done, will always be a potential asset to a client who is willing to engage with it even if they are unable to avoid a descent into a more destructive and difficult stage of health.

It is of course tempting to think we know what constitutes recovery for a person. And at one end of the scale it is easy to identify the extreme effects of health challenges that clearly we would want to have remedied for the person concerned as well as their family and community.

The subtler and long lasting experience of recovery is what happens for the client in the rest of their life. Once health and general functioning is restored, employment and career stabilised and new healthier relationships established it can be easy to mistake these appearances and facts as representing a sufficient defence against further problems. They do of course provide a different set of circumstantial goals against which the client will reevaluate their desire to take up the old behaviour but it is not necessarily enough.

For these clients as indeed for any person looking to redraw the experience of their lives and to find deeper meaning and fulfilment then coaching is a vital tool.

Deep fulfilment and meaning is the ground into which all the changes of our lives are connected. Not that we resist temptations for what we will lose but rather we brush them aside as unimportant distractions as we experience our own meaning.

This is in my view the area where a coach and a recovery to wellness coach in particular can really be a significant factor in maintaining and deepening a person's recovery and life.

On the way to working with those clients there will most likely be many who do not make it to recovery either short or long term.

It is not in a coach's power to change that and all we can do is give of our best highest energy and remember that while we have the universal spirit within us we do not have the power to take another human's journey. We can walk beside but not in another's footprints as they walk. We leave it to the individual's life journey.

## **Relapse**



It is rare indeed the client who has a behavioural health who does not in some way relapse as they work their way through a recovery journey. Relapse can devastate a client. In it, though, will lie great learning and insight if only they can quickly move past the shame, guilt, anger and grief that arises.

When coaching a client in this phase, whilst being with them in their feelings, you can, when the time is right, point them to the learning through asking the right powerful questions.

A relapse is rarely a spontaneous event but usually stems from an inability to integrate self-knowledge about what can trigger the behaviour as well as from emotions unacknowledged, shared and felt. Once the client has gained some appreciation of how they arrived at the relapse then this can be integrated to their recovery plan.

### **What to do if the coaching relationship is breaking down.**

It is up to every coach to know how long they are willing to plug away at a coaching relationship and it is challenging when the client seems to not be making progress.

If a client is at that stage where they know they have a health issue and we have incorporated this into our coaching relationship, redesigned the relationship and so on then the place to look is where the client is in their willingness and commitment to finding personal meaning.

As long as the client is making efforts to either find a meaningful recovery path or has found it and moved along it then I consider that the coaching relationship is intact.

If I feel that this is not the case I will talk to the client about it and sometimes give them an option to take a break from coaching while leaving my door open.

I prefer to be prompt about this rather than let things drag on. A coaching relationship can experience many breaks and different patterns. I am coaching clients now that have come back after a few months, even more than a year. I firmly believe that the coaching relationship lives on in the client and you even if you do not sit and have sessions together part of the coaching is internalised.

You may want to set up some agreement with yourself as to how long you will sit with a client who is not in action about their health challenge.

The breakdown of trust with a client is also another place to look. It is not about your trust of them but their trust of you. If they don't have enough it may be impossible to work with them. If this comes up then an investigation of trust with the client can yield insight and benefit and rebuild their

trust in you. If though it cannot be rebuilt or the client is unwilling then it is unlikely that the coaching will be effective.

### **Other Options**

#### **End the coaching with the client and refer them**

or

#### **End coaching with the client with no referral**

The last two options available to the coach are fairly simple. If you decide to end the coaching with a client then it is best to arrange a closure session. In this session the issue of referring the client can be raised and if the client seems to want this to be investigated then you can take them through the referral steps outlined earlier in this module.

If not then end the session in your own way that you are used to doing with your clients.

### **In Conclusion**

I hope that by this point in these modules you have a sense of how you might understand and tackle it as a coach and even feel some confidence in doing so!

It is my experience and observation that people can be helped in the early stages of the development of behavioural health challenges that will reduce the likelihood that they will develop chronic conditions or do serious damage to themselves and those close to them.

Usually medical model interventions are brought in much later in the timeline of a client's interaction with difficult behavioural health and in many cases a different kind of interaction with the client might well have been able to assist them in travelling a less difficult path to recovery.

Unencumbered by the baggage of having to make a diagnosis or find the client ill coaches can hold a completely different and unique space for a person that is both supportive, constructive, actualised and focussed on transformation and change in service of the person's highest potential.