

OVERVIEW AND INTRODUCTION

Hello there!

If you are reading this, then you have started a journey to deepen your knowledge and skills so you can effectively coach people who have issues with substance and behavior use and addictions in their recovery to wellness journey.

Let me welcome you to the world of coaching clients with these issues.

I hope that every coach can take this training and that it will deepen and develop their skills as coaches. As you will see below, there is an approximate 1 in 4 to 6 chance that the issues we will cover in these modules are at work in your coaching practice, among your friends and colleagues and in business and organizations that you interact with.

Despite our increased knowledge, significant parts of our society are still impacted by alcoholism, drug addiction, prescription drug addiction, gambling addiction, sex and love addiction and so on. The early signs of these issues in our community are often hard to notice and only become clearly visible when they have developed into chronic problems that threaten to devastate the individuals, their families and communities.

Like almost all human afflictions, if the issue is noticed early on then the chances for constructive management and recovery are much greater. As a coach, we can develop our antenna and knowledge of these issues and become effective in noticing them in our clients which is what I hope these modules will do. From there we can offer coaching that supports them in discovering a self-created road away from a destructive path in a way that only coaches can.

I believe that if coaches learn about these issues, then we can broaden and deepen our ability to be effective with our clients and organizations in respect to these widespread issues; assisting individuals to personal fulfillment, organizations to healthier relationships and behaviors; making a

real contribution to our community.

We can then reach out to people looking for recovery and make our coaching available to them.

I also believe that coaching is the missing link in the recovery process; that many, many people would be helped sooner and more effectively if they could partner with a skilled well informed coach.

I hope too that through this and other modules, you will be inspired to take on recovery and wellness coaching as a niche or specialty permanently as part of your life and work.

It is almost impossible to describe the gift that recovery can be for some people, and to be a part of that as a coach is very, very rewarding. As this niche is also in it's infancy in the coaching world, the capacity for growth is immense. The need is there in our societies and coaches can help meet that need.

Anthony Eldridge Rogers

Founder FRC



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1. The possibility of Recovery and Wellness coaching

Coaching is coming of age and changing lives.

For over 30 years I have been interacting with people in recovery from substance or behaviour use issues ranging from mild misuse to chronic addiction.

I have seen all kinds of treatments develop and mature with various sciences leading the way. We know more about how the brain and body works in relation to these issues than ever before and yet the prospects for long term recovery remain uncertain. Substance and behaviour use and misuse is still a vital social issue and the statistics are astonishing with, as I will set out below, some 1 in 4 to 6 of us in the USA or UK impacted by it.

Whilst appreciating the need and value of all the various approaches to helping people with possible substance use issues or addictions such as psychotherapy, counselling, CBT to name but a few, it is clear to me and my experience that one of the most helpful and valuable tools that we can bring into the arena of tackling individual substance and behaviour use is coaching.

I have seen many views and approaches develop and come and go in popularity and effectiveness. I have spent several thousand hours in therapy and in therapeutic groups of all kinds. I have met and talked with countless people suffering from addiction or substance misuse issues and I have been to the funerals of many of them. I personally know several dozen people who have made long term recovery from drug misuse and I also know many who have not and who still lead lives without clear purpose, self understanding and fulfilment.

I have sat with and tried to assist many hundreds of these people. In some cases I may have been of no help at all and in others we have together managed to find a way for them out of their condition and into a more fulfilling life.

Through all of this I felt something was missing in the range of different disciplines that were available to interact with someone who has a substance or behaviour use issue. What was missing

took years for me to realise but in the end I did and it was startlingly simple. What was missing was a different point of departure. In almost all disciplines the point of departure was one rooted in a medical illness model.

In almost all cases the primary point of departure for the person with a substance use issue is that they are ill and needed treatment to get better. Those with fully developed addictions are taught that they are sick and will stay that way for the rest of their lives and that recovery is about making sure you don't go back there. Living in continual fear of returning from where they came, many peoples' recoveries are riddled with anxiety, feelings of shame and a deep seated suspicion of the idea of personal brilliance and fulfilment lest it lead to arrogance, compliancy and a return to the annihilation of addiction.

Unable to embrace the real purpose of recovery, people recovering from addictions and substance and behaviour use issues often live lives of slow burning depression and emptiness behind facades of social respectability.

In 2006 I discovered coaching as a taught methodology and it is the recovery and wellness coaching that is, in my view, the missing piece of the jigsaw. Coaching can alter and shape the speed and way in which people respond to and embrace their issues with substance use and dependence. It is also a perfect and brilliant intervention tool for organisations and companies who find substance and behaviour use in their employees.

And it is the turnaround tool for those in recovery assisting them in shifting to a wellness model of recovery and to fulfilling their personal potential.

The wellness model of coaching is an antidote to all those earnest disciplines that tempt us to think of ourselves as always broken and ill and lost. It speaks to our highest selves in the midst of our self-perceived failures and offers us a way to step into the world of our best potential realised, our dreams fulfilled and our values lived in spite of the issue of our addictions and our histories.

It is no mean feat to be a coach who holds this space for another human being. But it is only coaching that sets out to hold such a space as a taught discipline.

For those whose lives have taken them deep into the experience of addictions or substance use there is only too much awareness of what this journey has cost both themselves and others. The price is often almost unbearably high. To come back from that place is indeed a miraculous journey and once they have marshalled themselves, repaired their bodies a little and minded their commitments to a recovery, then they best be partnered with someone who will hold the light, their light of their brilliant selves, their highest possibility and their enduring strength.

It is my view that the person most likely to be able to understand this will be someone who is skilled at being a recovery to wellness coach and in partnership with a coach people can recover and lead purposeful, powerful, fulfilling lives.

a. Why this matters for all coaches.

As I have mentioned and will go into later, based on reasonable statistical fact, you will come across this issue in your coaching practice whether you are aware of it or not. If your practices mirror these statistics, then it is possible that somewhere between 1 in 4 to 6 or so of your clients will be (in a variety of ways) affected by this issue.

And it is likely that 1 in 4 to 6 of coaches will also been impacted by this issue. We are not immune to it because we are coaches!

Examples in your practice might be; a woman whose husband drinks too much. A client whose son is taking drugs, a client with a boss who is using prescription drugs, a sibling who is using alcohol and so on. It can be a problem with the boss, co-worker, husband or wife, son or daughter, best friend, father or mother, grandfather or grandmother. Either way, it is to some degree a factor in that person's life and whether they bring it to your coaching session or not and is a contributing factor to the experience of their lives whether they realize it or not.

Of course organizations and companies are also affected by this issue; some companies even have a company culture of substance use. At a company in Cape Town, South Africa drugs were taken recreationally along with free alcohol supplied by the company on a regular weekly basis.

This behavior was encouraged as part of the corporate social life. Several of these young people developed issues in their lives from this use. In this case, it was the advertising business which is fairly well known for this phenomenon but this pattern is repeated all over the world.

If you are coaching in an organization, being able to notice and understand the dynamics that are at play within the groups interpersonal relationships will help you understand the factors that are influencing the coaching environment. This is one of the topics in our Executive and Organizational Coaching Module.

2. Why coaches will benefit from deepening their knowledge & understanding of these issues.

From time to time the same questions come up in my conversations with coaches. Some of these enquiries are. “Don’t we all at some time deny things because it is too hard to deal with them?”, “Isn’t the whole world somewhat addicted to something? Success, money, power?”

There is more than a grain of truth in these questions and it cuts to the heart of who we are as human beings. For are we not all built to pleasure ourselves, to avoid to some greater or lesser degree the pains of life? And isn’t it universally tempting to run away from certain experiences in our lives rather than face them? And who wishes to really see themselves as they are?

In here then lies the gift of these issues for they seem to be the stuff of the human condition itself.

By deepening your knowledge of these issues you are deepening your knowledge and terrain of the human condition in all its dynamic aspects. In addictions out of control, lies our deepest shadow, of self destruction and death. In the recovery to a full and realized life lies the redemption and the gift of life resurrected anew yet related always to the existence of that shadow.

Whose life does not contain these deep symbols and meanings? Is not success itself an attempt to soar higher and farther than others have been or that we think we can? I leave this to you to decide, but will finish this piece by saying that there are few better teachings about yourself, others

and what it is to be human than by studying the phenomena of the descent into addiction and rise again to recovery.

3. How substance and behavior use and addiction impacts on coaching, people & systems.

The greatest hindrance to any kind of coaching that involves these issues is related to one of the key phenomenon of substance or behaviour misuse and addiction, defensiveness.

With surprising speed, people who are using substances or behavior will start to develop a system of defenses about this use. The exact mechanisms are still unclear and the subject of ongoing research.

The impact of this on a coach's work with a client can be, at first, subtle and hard to notice. This is partly due to the fact that the client themselves will most likely be unaware of it, especially in its early stages. Further, as most people use defences, (either consciously or unconsciously) in order to manage their emotions and influence relationships, the defenses that appear in the course of developing substance use and addictions can seem as 'normal' responses to life management.

As the frequency and difficulties of substance or behavior use increases for the client, the defences tend to increase as well, a fact that most people find hard to understand as it appears counter intuitive.

In this program I have set out what I call the "Hidden" client concept. The Hidden client develops within a person and is allied to the client's' substance use or dependant behaviour / addiction. While similar to a saboteur or gremlin it is fundamentally different. Using this concept in coaching with our clients helps the client and you the coach interact with this defended aspect as well as integrate it consciously into the coaching agreement. This is covered in depth in a later section.

The issue of defensiveness is relevant to groups as well, be it a family, small business, company or organizational division. Again, counter intuitively, people close to someone with substance use or

behavior use issues often develop protective behaviors or defend the behavior, using or emotional lives of the using person. Spouses will excuse and protect their partners, minimizing reality, making the bizarre and exceptional seemingly everyday. Co-workers will excuse bad behavior, cover up and protect people at work despite it not being in anyone's best interest to do so. In short, substance and behavior use and addictions seem to bring forth bafflingly, seemingly illogical and counter intuitive behaviors when viewed from outside.

4. The impact of substance use and addiction on individuals.

The impact depends on the degree. Many many people maintain low impact substance or behavior use habits for a long period of time, e.g. once a week hangovers. When and if the use increases and if that increase is accompanied with escalating negative consequences then the person may be developing a dependency or addiction. If the substance or behaviour use and associated consequences spiral out of control then the condition may be said to have become chronic and the effects and consequences can lead to disability, institutionalization, prison or death.

There is of course an impact on a person's emotional and spiritual life as the substance or behavior use or addiction alters and interferes with key relationships and cognitive and emotional functioning. In the early stages of use, these effects may be subtle and very hard to discern, but the traces are usually there from the early stages.

The use of substances also has different trajectories in different people over time and there are those who functionally use for years without any significant negative impact. Conversely, other people find themselves drawn quickly into a whirlwind descent into loss of control of their lives and worlds as the desire to use and their ability to recognize and find a recovery overwhelms them. These people require urgent and comprehensive intervention if they are to recover.

5. Implications for families, friends and the impact on systems (family groups, working environments etc)

Impact on families and friends and the relationship systems in the person's life depends again on the degree of use and associated issues that are appearing in the person's life. At one end, it can be a low level disruption of a key relationship or number of relationships, both in and out of the home. More severely, it can lead to severe disruption, violence, both physical and verbal, damage to children, economic prospects, illegal activities and damage to companies and co-workers. It can lead to the total breakdown of families and the bankrupting of small business in which the person has an interest or even controlling stake.

As described in detail later in the training the systems or relationships in which the using person is present will adopt various tactics to manage the relationships to the using person and to so survive the impact, circumstantial and emotional, that the using person's behavior is having. Groups of people will do the same. Often much of this management and compensation is unconscious in so far as it is not consciously planned but is rather responsive in short periods of time.

If these networks of relationships and groups are to manage the issue and survive healthily then a more strategic and planned approach to the issue is required. In business settings this can often be triggered only when the using problem manifests to such an extent that there is going to be clear negative impact on the bottom line and the overall business's health. Unfortunately by the time this occurs it is often the case that the problem has been a factor for some time. The impact of the problem has been one of slow attrition of relationship quality as well as business functioning and the overall impact on the business has in fact been much greater than the perceived current effect that the company has come to notice.

The same applies to family systems where a low level of substance or behavior use is tolerated by the system unless it oversteps certain boundaries. Once it does it can trigger a curtailment of the using behavior that returns the system to the previous stasis, until it occurs again. Severe disruptions can precipitate a deeper look at the family situation leading to intervention and a plan for recovery for all the members affected.

6. Substance and behaviour use and addiction

There are many reasons why people use substances and behaviors in ways that turn out to be, in the long term, negative for them, their loved ones, friends and communities. It seems some people are capable of becoming addicted to almost anything! So when we talk about substance use, misuse, dependency and addictions, we are talking about the use of many different substances and behaviors. Food can become addictive, as can gambling, sex, exercise, and so on. Those of course are in addition to the more commonly known addictions such as: alcohol, street drugs and prescription drugs.

The use of alcohol, drugs, prescription, non prescription and illegal drugs is widespread in most of our world societies. Some of these uses are built into certain cultural rituals and long standing beliefs, and as such do not fall into the main theme of these modules. In western and, northern hemisphere societies, as you most likely know, the use of alcohol and a variety of drugs is fairly widespread. In the case of alcohol, it is considered a natural and normal part of everyday life. In the far and near east and in Muslim countries, the use of alcohol is officially forbidden, although is used clandestinely by certain groups and communities as are various different drugs.

Whatever the society, it has become clear that there are a significant number of people for who drugs of one kind or another have become an issue.

So what do we mean by an issue? We mean that the use of and the results of substance or behaviors (e.g. gambling, sex etc) use has started to degrade the users quality of life and negatively impact their family and friends. As a consequence of this, there is of course a wider impact on society as a whole through the associated crime, medical costs and absenteeism from the workplace, universities and schools.

Some facts

In 2014, over 23.1 million people in the USA needed treatment for a substance use disorder. This is the figure published by the [2014 National Survey on Drug Use and Health](#)

What might the impact of this be in general on the larger community? If we were to assume that an

average of two other people close to each person receiving treatment (this could be spouse, child, lover, friend, co-worker, parent) were impacted directly by the persons substance use, then conservatively, that number becomes over 69 million people in the USA who are being impacted in some way by this substance use.

The 23 million people receiving treatment added to 46 million that this issue is affecting. This represents approximately 22.50% of the population of the USA! If the average was three people, then this would be a staggering 27%! .This is equal to between 1 in 4.5 and 1 in 3.65 people in the USA. This is an astonishing figure. These figures do not of course take into account the number of people who are very close to but have not yet been included in statistics around substance misuse and use or have not sought or been registered for treatment. The astonishing figure could climb even further. Then, if we removed young children below 9 years of age from the total the percentage climbs even further.

In the UK, the data is much the same. It is estimated that almost 10 million people are either addicted or being impacted by addictions, which is almost 1 in 6 people in the country. These figures come from www.centreforsocialjustice.org.uk from a 2012 report.

We have used the USA and UK statistics for the purposes of this training but we could look at these figures across many developed countries and find similar results. There are of course variations; for instance, northern Europe seems to have higher rates of adolescent binge drinking than southern Europe. These variations often are expressions of different cultural approaches and attitudes to recreational drinking and drug use as well as the way in which families and communities function. Nevertheless the issues of substance and behavior use are common to most societies.

7. Why people use drugs, alcohol, sex, gambling, work and other behaviors

Recent decades have produced a dazzling amount of new information on both a behavioral, bio chemical and physical level and we know more about the forces acting upon these matters than

ever before. What has become clearer is that there are many different factors that interplay in an individual that influence the development (or not) of substance or behavior use that develops into misuse, dependency and/or addiction.

a. Genetic disposition

There is huge amount of research going into possible genetic components influencing the issue, there is some evidence to. However, as social and environmental factors also linked to the family of origin are considered influences as well, it is clear that to be able to point to one single clear cause is far from possible at the time of this writing and certainly there is no single genetic 'cause' that has yet been identified.

b. For social and cultural reasons

As mentioned above, the circumstances in which we are raised and live will affect our attitudes toward drugs and alcohol. Peer group pressures on young people can be key in pushing them into experimentation. Why some continue on to develop problems is unclear and the answer lies in other areas. There is also accepted drug and alcohol use in many societies where it is part of a pleasurable, recreational environment.

c. In response to bio chemical factors

Again there is much research in this aspect. Findings point to the fact that various states of the bio chemical workings of the body and mind can contribute to the increase of the use of alcohol and drugs. This would also cover recent findings about how the human brains reward functioning can function differently in addictive people.

d. As a crisis coping strategy

Bereavement, family breakdown, sudden trauma and any number of shock traumas and stresses as well as ongoing lesser stresses can all be drivers contributing toward a person's use of

substances or behaviors to manage them. Doctors even prescribe drugs for this reason when patients present with PSDT or other stress related conditions, and is deemed appropriate by the medical community.

e. To self medicate an illness or ongoing condition

A person may self medicate themselves in order to manage chronic physical pain, depression, PSDT etc. In this way they are in effect acting as their own doctors. They may develop substance use / misuse / dependency issues as a knock on effect of this self medication and the dependency may continue after the underlying trigger giving rise to the self medication has been resolved.

f. To self manage

A person may also use chemicals to manage bumps in the road of their life that would not fall into post traumatic stress or similar condition as it would not be that severe. It may be general emotional management, a way to compensate for shyness and so on; effectively a response to some of the low level anxieties of life and certain dispositions of personality and character.

g. They are addictive

A person is using drugs, alcohol, chemical or a behavior as part of their condition of addiction. Note that we are not using the disease concept of addiction here. The issue of whether all addictions can be described as a disease is still contested. For the purposes of this coaching training we do not need to be committed to any specific model of addiction as we are concerned primarily with the issue of management and recovery if so required by our clients.

h. Combined response to a mix of the above

The complexity of understanding the behaviors and causative factors surrounding substance use and addictions is driven by the fact that there are often several components driving the condition and associated substance and behavior use.

8. What is addiction?

How to define addiction is an ongoing and contested area of medicine. Here is the definition according to The [American Society of Addiction Medicine](#):

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in the individual pursuing reward and/or relief by substance use and other behaviors. The addiction is characterized by impairment in behavioral control, craving, inability to consistently abstain, and diminished recognition of significant problems with one’s behaviors and interpersonal relationships.

Like other chronic diseases, addiction involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”

This definition is not absolute and there are various different viewpoints about how one arrives at a universal definition that fits all known experiences across different cultures. Cultural norms vary and will effect how that culture evaluates and describes, for instance alcohol use or drug use behavior. The subject is complex. For the purposes of this training and for the issues of coaching people who are experiencing negative outcomes from their substance or behavior use it is not necessary that we are equipped with a definitive definition.

What is more valuable is that we develop and gain an understanding of the many different and types of influences that may be at work in a person’s life and culture. Gaining an understanding of this is of more value than looking for a specific definition.

As mentioned earlier there is also dissent around the idea of addiction being classifiable as a disease across all addiction types.

As also mentioned earlier and important to repeat here, it is not the job of the coach to make diagnosis or subscribe to any particular model or absolute definition. As the process of recovery coaching is client led and not a treatment it is more relevant how the client interacts with the

information available rather than whether you as their coach hold a particular view. The intricacies of this are dealt with in later sections of this module.

9. What is recovery?

The word is usually used to describe a person who is in a self-described process they identify as recovery. They are most likely following a planned approach designed to assist them in counteracting the effects and consequences of substance or behavior use and addiction.

Recovery has no absolute form in so far as there are many different paths that people describe as recovery and which may have varying results according to how a person perceives recovery outcomes.

Rigid adherence to certain ideas about what constitutes recovery, for example total abstinence, is not necessary for coaching a client with these issues. We look rather at client integration, fulfillment, life quality, self-reflective ability, how at choice they are, how empowered they are within their values and so on.

Ascertaining recovery in any one instance is a nuanced and multi faceted issue.

We will be looking at this in more depth in this module.

Intentions of module

Recovery to Wellness Coaches are not experts in the medical aspects of or the varieties of treatments and approaches for people in a recovery process. It is vital though that coaches understand the key aspects of the development of dependency, misuse and addiction, the current treatment interventions and recovery pathways and systems of care.

It is important that you understand that when it comes to the prevalent and fashions of treatment approaches that this varies from country to country and region to region. This module will not make

your own particular regional preferences or interests known to you and this is something you should undertake within the area you are working.

It should be clearly stated though that the coach's role is primarily concerned with recovery to wellness journeys for our clients and not in delivering treatment. Treatments should be left to treatment providers. Coaches can and it is advised that they align themselves with a variety of treatment resources where those treatment resources share the same core values. There is a case for coaches providing information for clients where permission has been sought and given and such information may include treatment services. This should be done so without the coach's bias or interference in choice.

The module then will link your coaching experience to the key aspects of working with people in this specialty. This is important as recovery from a dependency or addiction usually does not follow a straight line, involves moving through a variety of stages of change and requires considerable dexterity courage and commitment from the coach. The opportunities for being triggered, intimidated, over empathizing and under coaching in this specialty are many. We will look at this too in the teleclasses.

[Coaching approach](#)

Coaching is a different discipline to other assisting professions and approaches. It is solely concerned with the strengths, assets and abilities of the person being coached and assisting in their identification and effective use in service of the clients agendas. In this context it is often mistakenly assumed that people starting recovery from the types of problems in this specialty are deficit in these aspects. Observation, experience and an ability to remove ourselves from primed responses will allow coaches to see the fallacy of these assumptions. This is not to say that there are not often severe challenges facing people in these areas that they are ill-equipped for but nevertheless coaches serve these clients best by fiercely resisting the urge to provide such equipment and resources from their own knowledge and experience.

[Grouping of topics](#)

The FRC provides a standalone module that is concerned solely with gambling and risk taking as well as a module that is concerned with eating, weight and associated conditions.

It is a complex area as many of these topics and experiences are linked. Alcohol consumption and gambling for instance as well as eating and prescription drugs and so on.

We should not let ourselves be distracted from a key fact. That once a recovery process is underway the similarities of what the day to day life of a recovering person involves and what they as human beings are concerned with, is almost universally identical. It is precisely this similarity that coaches can understand as the common human thread that binds different clients in this and the other specialties.

This module then combine several behaviour and substance (as well as alcohol) into a group where our recovery to wellness focus and is well served irrespective of the actual substance of or behaviour

Peerness

In earlier modules we have looked at the idea of peerness. This specialty is one where both the benefits and barriers presented by peeress are seen clearly.

The FRC believes that the primary goal of our training programmers is first and foremost to train, support and develop great coaches who are capable of being real vital assets to their clients. This is the case whether the coach has personal lived experience of addiction or a dependency that they would classify as problematic or not. In the same way we are seeking to move the peerness conversation to the wider terrain of compassionate understanding of human emotional and spiritual experience rather than on the detail of the use of a certain drug or behaviour.

All long term recovery in this specialty seems to leave this peer detail behind after some time has passed. Having said that we should not overlook the real value of a peerness in detail in earlier stages of recovery.

Recovery process and the Wellness process

When a coach starts working with a person at the beginning of their recovery process the skills, approaches and contexts are widely different to those that will be required as the process changes. Coaches will often be alarmed at the apparent instability of the process. This is to be expected. It is necessarily an unstable process precisely because so much is wanting and needing to change.

Stability develops as the change process becomes more fluid and seamless for the client as they develop their own self-knowledge and efficacy in changing themselves through selection of change tools, thinking constructs, allies and resources.

The apparent stability is a different type of environment where the focus of the client's life will often be as much as about deepening their humanity and human experience of this life as problem solving or building material and social outcomes. Motivation direction and drivers change.

Wherever the client is the question always present is the same. What tools do they have in their resources to meet life's challenges? What allies to they have? What expertise about themselves have they built and got to know that can assist them in ongoing feelings of life fulfillment and purpose?

At the beginning of the process these questions will be in the background as your client works out the next small steps, often to stay alive. This is not to say that meaning is not utterly significant to them as it is to others, it is just that there is a time and place to bring the light directly onto this deeper question.

In the recovery process coaching might seem painfully slow (to you). It might seem that nothing is going on. (to you) Coaches need patience. Tiny steps, changes to tiny habits will be great wins for your clients. They will slowly but surely develop efficacy and effectiveness and eventually amaze you!

Enjoy this module.