The Vermont Association for Mental Health & Addiction Recovery

Strengthening Vermont's Health and Happiness
since 1939

The Certified Vermont Recovery Coach Academy Curriculum

This curriculum is the product of over tens years of generous investment by the Alcohol and Drug Abuse Programs of the Vermont Department of Health. Thank you!

Our History of Certifying Peer and Recovery Coaches in Vermont

Thanks to many years of strategic grants from the Department of Health ADAP, the Vermont Recovery Coach Academy has been training Vermonters to become Certified Recovery Coaches for more than 10 years. To date, we have trained **over 340 coaches**. Our coaches include peer workers, clinicians, social workers, community leaders, and other individuals dedicated to helping support Vermonters in recovery from substance use disorder.

Our Recovery Coach Academy is a comprehensive, cutting-edge, and interactive training designed to equip participants with the basic tools, skills and resources vital to becoming an effective recovery coach. Participants receive over 40 hours of intensive certified training prior to the certification exam. This training is rooted in our ground-breaking recovery coaching curriculum that offers an integrated focus on mental health and addiction recovery for peer support.

These recovery coaches help remove personal and environmental obstacles to recovery, forge links the newly recovered person to the recovery community, and serve as a personal guide and mentor in the management of personal and family recovery.

Our Philosophy

The Vermont Recovery Coach Academy is a workforce development training. Its goal is to strengthen Vermont's trained and certified peer and ally workforce in the fields of addiction and mental health, and to thereby provide a valuable service for people in recovery. Short-term recovery is essential for successful long-term recovery, and long-term recovery is the answer to preventing relapse and ensuring treatment is effective and sustainable. Recovery coaches play a crucial role in supporting people in maintaining their recovery and helping them find strategies to achieve their goals.

The Vermont Recovery Coach Academy is an **evidence-based** training program. Our curriculum is adapted from training modules have been demonstrated to be effective and approved by partners and funders such as SAMHSA and the Vermont Department of Health. The content and claims in the informational subject matter about neurology, mental health, and substance use conditions is taken only from reputable professional and scientific sources.

The Vermont Recovery Coach Academy supports and trains its participants in all paths to recovery, from Medication-Assisted Recovery to 12-Step and faith-based programs to cognitive behavioral therapy. The work of a recovery coach is to support and help one's client maintain their own recovery and not to give preference to any one path over others.

The Vermont Recovery Coach Academy's code of ethics treats recovery coaches as professionals who occupy a place in the recovery continuum distinct from either clinicians or sponsors. As professional recovery workers, graduating coaches are required to abide by all of the ethical rules and guidelines laid out in the training and provided to the coaches. This code is intended to protect the coach, and coach's organization, and the people they serve.

Lead Trainer

Peter Espenshade, MA is an individual in long-term recovery. He was named the President of VAMHAR in 2013. VAMHAR was founded in 1939 and has grown to become the state's largest public health organization. As Executive Director, Mr. Espenshade oversees an organization with a broad spectrum of services all focused on advocating for and treating substance use disorders and mental health conditions. Through data, policy, public education, and grants, Mr. Espenshade and the team advance our mission to celebrate the power of recovery and of community. He has, or is, directing grants from SAMHSA, NIMH, The State of Vermont, and major family foundations.

Previously, Mr. Espenshade served as Vice President for Philanthropy at the Vermont Community Foundation. In this capacity, he was the principal philanthropic advisor on health and health education issues. Mr. Espenshade has received numerous awards in recognition of his work, including the National e-Town award, the Corren Award, the American Library Association Prize, and the Berkeley Prize. He is an active guest speaker and has presented papers and talks at Oxford University, Yale University, The University of Nantes, and the University of Vermont. Mr. Espenshade earned his bachelor's degree from Drew University and master's degree from Yale University.

Mr. Espenshade has recently revised the attached curriculum to reflect current research and best practices. This curriculum is the product of over a decade of excellent work and information from the State of Vermont ADAP; the Vermont Recovery Network; CCAR; SAMHSA; the Surgeon General of the United States; NIMH; UVM Medical School; Patty McCarthy-Metcalf; Jo Romano; Hanna Rose; Rita Johnson; Dan Osman; Peter Mallary; Brittany Kirvan; Angelica Selinger; and countless other leaders in the recovery movement.

Introduction
The Vermont Recovery Coach Certification Principles
Ethics, Conduct ,and Standards

I. The Vermont Recovery Coach Professional Oath

A. I will do no harm. I will celebrate and support all paths to recovery. I will abide by the ethical codes of recovery coaching. I will listen, motivate, and support others in their recovery and their plans for their future. My work as a recovery coach is about addressing the needs and developing the strengths of those I am lucky enough to serve.

II. Certification

A. A participant shall be considered a Certified Recovery Coach (CRC) in the state of Vermont for five (5) years after successful completion of the Vermont Recovery Coach Academy.
B. A Vermont Certified Recovery Coach's certification may be revoked before this time only by a decision of the Vermont Association for Mental Health and Addiction: Friends of Recovery Board, if such a decision is made after a review of violations of the ethical code of conduct by the coach.
C. A Vermont Recovery Coach's certification will be renewed if the coach acquires eight (8) hours of approved Continuing Education credits through eligible trainings and/or conferences on the subjects of peer services and coaching.

III. Fundamental Ethics and Boundaries

A. The primary responsibility of recovery coaches is to safely help individuals achieve their own needs, wants, and goals. Vermont Certified Recovery Coaches will be guided by the principle of self-determination for all.
B. Vermont Certified Recovery Coaches will maintain high standards of personal conduct. They will also conduct themselves in a manner that fosters their own recovery.
C. Vermont Certified Recovery Coaches will openly share with consumers and colleagues their recovery stories and will likewise be able to identify and describe the supports that promote their recovery.

D. While an individual is working or volunteering as a recovery coach, it is a best-practice for the individual to work on maintaining their own recovery with a recovery coach of their own.

E. Do not administer any medication legal or illegal that would impair the ability of practicing the code of conduct or boundaries.

F. Understand and comply with all mandated reporting requirements.

G. Work only in a stable state of mind. If you are experiencing a high stress situation in your own life you should delay your work until you are in a stable place yourself.

H. Do not continue working with a participant who consistently crosses boundaries or exhibits any sexual or other harassment behaviors.

I. Bring all serious issues in question to supervisor before taking any action.

J. Organizations should have policies in place to protect coaches and participants to avoid future confusion or complications.

K. Vermont Certified Recovery Coaches will, at all times, respect the rights and dignity of those they serve.

IV. Standards

A. A Vermont Certified Recovery Coach shall not perform services outside of his or her own area of training, expertise, competence or scope of education and training.

B. A Vermont Certified Recovery Coach shall obtain an appropriate consultation or suggest an appropriate referral when the participant issue is beyond their area of training, expertise, competence or service.

C. A Vermont Certified Recovery Coach should not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief or affiliation, psychiatric or psychological impairment, height, weight or physical disability.

D. A Vermont Certified Recovery Coach will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.

E. A Vermont Certified Recovery Coach should seek timely assistance for any psychoactive substance abuse or dependence, psychiatric or

psychological impairment, emotional distress, or for any other physical health related condition or adversity that interferes with his or her own professional functioning. Where any such condition exists and impedes his or her ability to function competently, a coach must move to an inactive status for as long as necessary or determined length of time by the Organization.

F. Vermont Certified Recovery Coaches should comply with all terms and conditions and limitations of any certification, training, or certificate they hold.

G. Vermont Certified Recovery Coaches should not engage in conduct that does not meet generally accepted standards of practice.

H. A Vermont Certified Recovery Coach shall not reveal confidential information obtained as a result of the peer relationship without prior written consent from the recipient of services, except as authorized or required by law.

I. A Vermont Certified Recovery Coach shall not permit publications of photographs, disclosure of participants' names or any records, or the nature of services being provided without securing all releases from the participant (and/or parent or legal guardian if participant is under the age of 18) unless required by law.

J. A Vermont Certified Recovery Coach shall not discontinue service to a participant, nor shall he or she abandon the participant, without facilitating an appropriate closure of services for the participant or facilitating an appropriate referral to another coach or professional for future services.

K. Vermont Certified Recovery Coaches shall not enter into dual relationships or commitments that conflict with the interests of those they serve.

L. Vermont Certified Recovery Coaches shall not serve in their capacity as a recovery coach for a family member, intimate partner or professional colleague.

V. Unlawful Conduct

A. After beginning this work, a Vermont Certified Recovery Coach shall not be convicted of any crime relating to the individual's ability to provide the service as determined by the organization.

B. A Vermont Certified Recovery Coach shall not be convicted of any crime that involves the possession, sale or use of any controlled substance or psychoactive substance.

VI. Sexual Misconduct

A. Vermont Certified Recovery Coaches under no circumstances shall engage in sexual activities or sexual conduct with participants, whether such contact is consensual or forced.

B. Vermont Certified Recovery Coaches shall not engage in sexual activities or sexual contact with participant's relatives or other individuals who whom the participant maintains a close personal relationship when there is a risk of exploitation or potential harm to the participant or coach.

C. Vermont Certified Recovery Coaches shall not engage in sexual activities or sexual contact with former recipients when there is risk of exploitation or potential harm to the recipient or coach.

D. A Vermont Certified Recovery Coach shall not provide services to individuals with whom they have had a prior sexual or romantic relationship.

VII. Fraud Related Conduct

A. Vermont Certified Recovery Coaches shall not use misrepresentation in professional qualifications, education, certification, accreditation, affiliations, employment experience or the falsification of references.

B. A Vermont Certified Recovery Coach shall not use a title or document which states a qualification that does not exist and to which they are not entitled.

C. A Vermont Certified Recovery Coach shall not provide the service under a false name.

D. A Vermont Certified Recovery Coach shall not partake in the creation of any false, fraudulent, deceptive or misleading advertisement of service.

VIII. Exploitation of Clients

A. A Vermont Certified Recovery Coach shall not develop, implement, condone, or maintain exploitative relationships with individuals and/or family members.

B. A Vermont Certified Recovery Coach shall not misappropriate property from participants and/or family members.

C. A Vermont Certified Recovery Coach shall not enter into a relationship with an individual that involves financial gain to the coach or to a third party resulting from the promotion of sale of services outside of the service relationship.

D. A Vermont Certified Recovery Coach shall not promote to a participant, for the coaches personal gain, any treatment, procedure, product or service.

E. A Vermont Certified Recovery Coach shall not accept any gifts/favors/free services of substantial (as determined by organization) monetary value, or gifts that impair the integrity or efficacy of the service relationship.

F. A Vermont Certified Recovery Coach shall not accept fees or gratuities for services from a person who is entitled to such services through an institution and/or organization by which the coach is employed.

IX. Record Keeping

A. Vermont Certified Recovery Coaches shall keep timely and accurate records consistent with current standards of best practices or by organizational standards. All records must be kept in a double locked system to maintain confidentiality.

X. Assisting Unqualified/Unlicensed Practice

A. A Vermont Certified Recovery Coach shall not refer participants to a person or service that he or she knows or should have known is not qualified by training, experience, certification or license to perform the delegated professional responsibility.

XI. Confidentiality

A. Vermont Certified Recovery Coaches will make every effort to protect the confidentiality of each participant.

XII. Cooperation with Investigation/Reporting Violations

A. Vermont Certified Recovery Coaches should cooperate in any investigation conducted pursuant to the Ethical Code of Conduct of their organization.

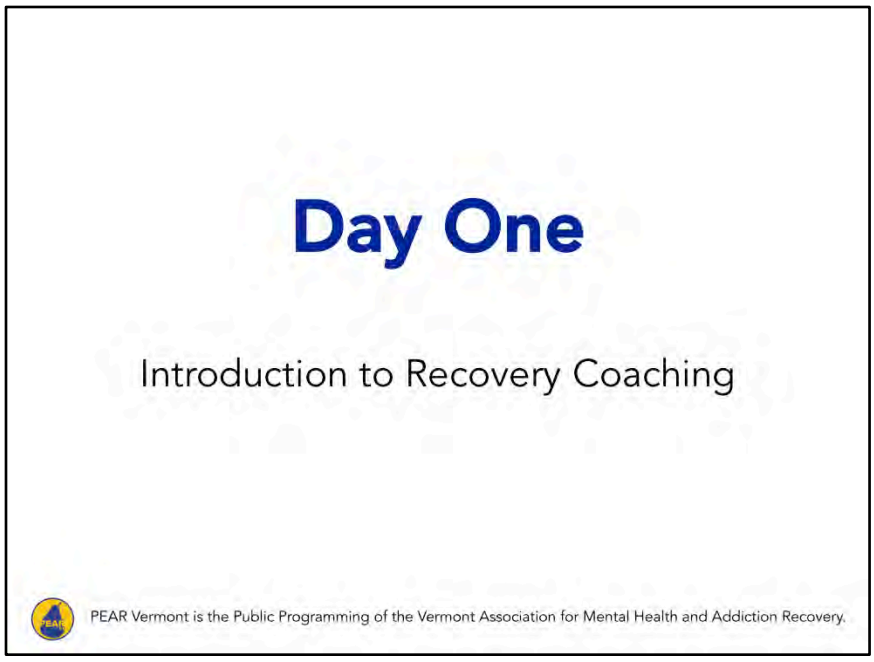
B. A Vermont Certified Recovery Coach shall report violations of conduct of other Vermont coaches to the appropriate disciplinary authority.

Welcome To

THE VERMONT RECOVERY COACH ACADEMY

PEAR Vermont
People Education Advocacy Recovery

The Public Programming of the Vermont Association for Mental Health & Addiction Recovery



Trainer Notes:

Trainer will review the morning topics with the group. Each module is to be conducted in the timeframe listed as to stay on track for all the training modules.

Day 1: Props and Equipment Needed

- Three Types of Hats
- 5 large sticky pads and markers
- Name Tags
- Projector and Screen
- Extra Pens

Day One Agenda

a. Welcome and Introductions
b. Ground Rules and Expectations
c. Team Exercise
d. Past, Present and Future of Recovery Coaching
e. The Five Pillars of a Recovery Coach
f. Recovery Coach Roles and Responsibilities
g. Addiction is a Physical Health Condition
h. Process Addictions
i. Stages of Change, Addiction and Recovery
j. Introduction of Motivational Interviewing
k. Opening an Initial Session
l. Supervision

PEAR Vermont is the Public Programming of the Vermont Association for Mental Health and Addiction Recovery.

DAY 1 – A

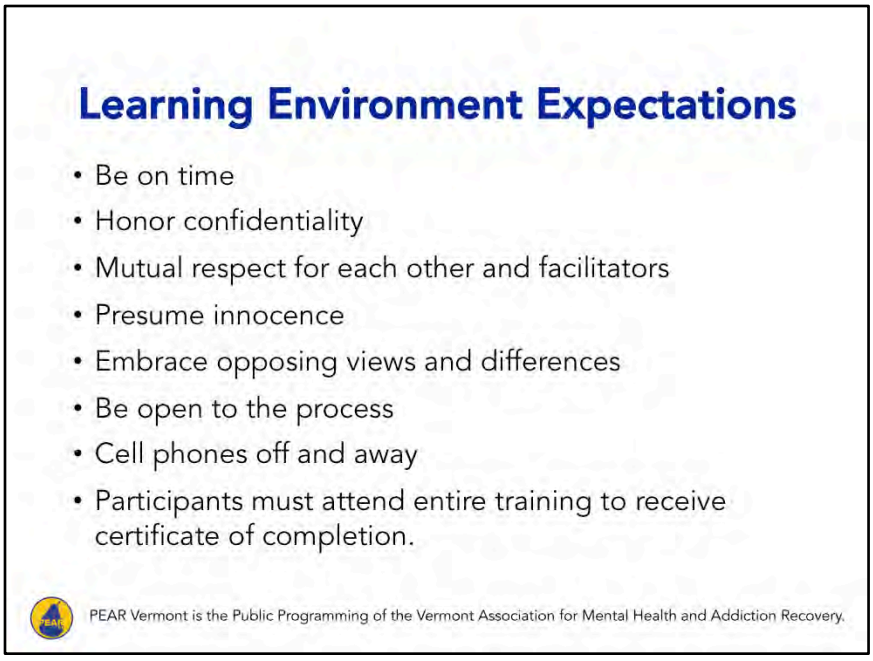
Welcome and Introductions

PEAR Vermont is the Public Programming of the Vermont Association for Mental Health and Addiction Recovery.

DAY 1 – B

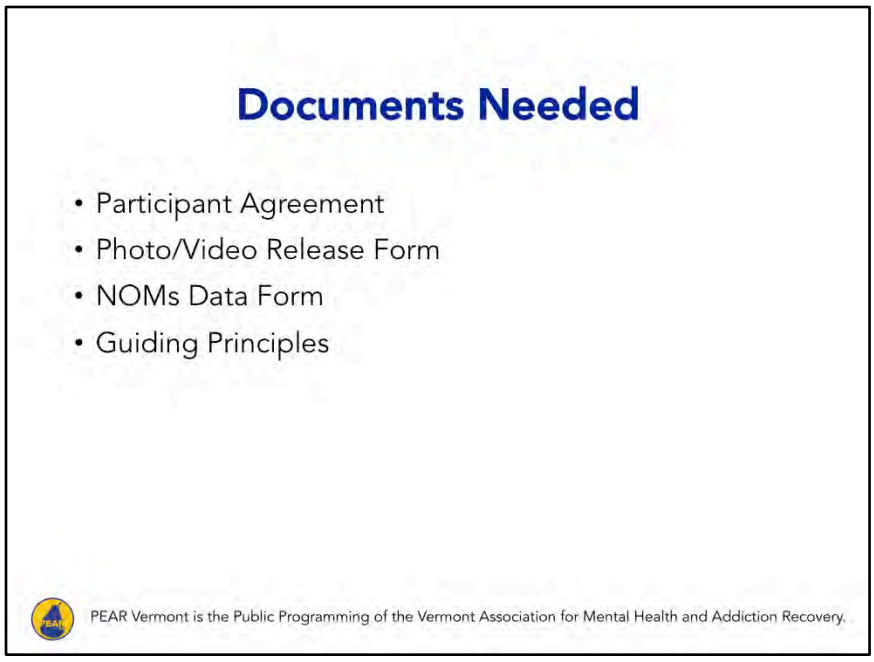
Ground Rules and Expectations

PEAR Vermont is the Public Programming of the Vermont Association for Mental Health and Addiction Recovery.



Trainer Notes:

Once the learning environment expectations are reviewed and understood the trainer will ask the group if anything else needs to be added. The additions will be recorded on a large white paper to be hung up in a visible place for the entire training. Every morning the trainer should inquire if there need to be any additions or changes



Trainer Notes:

The participant agreement, photo release form and guiding principles are in the left hand pocket of the participant binders. You can hand out the others as you go through the material or preload into binders in this order. Have them read and sign the first two forms right after the introduction and learning environment agreement.

DAY 1 – C

Team Exercise

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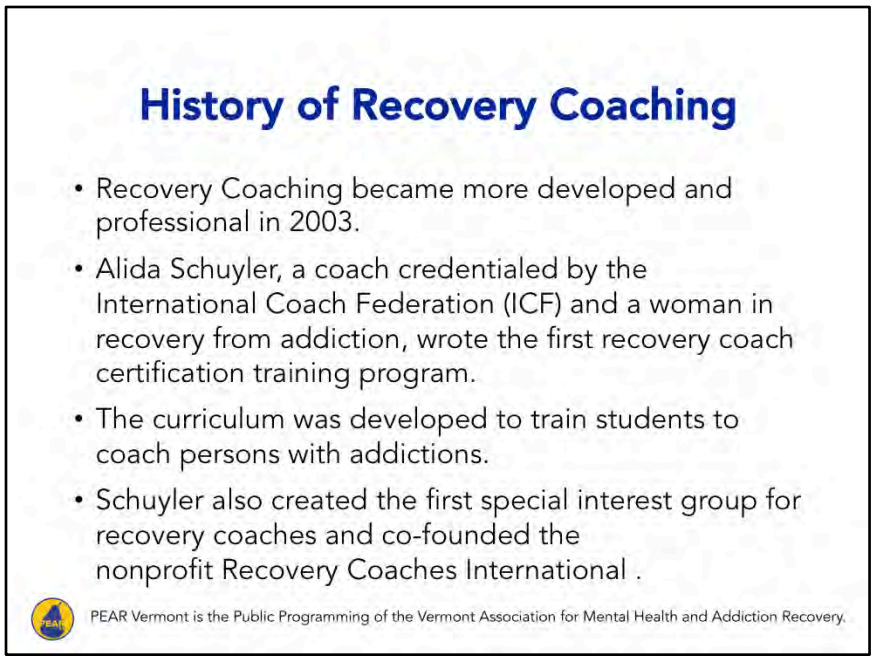
Trainer Notes:

1. Have participants pair off.
2. Set a timer for 1-minute.
3. One partner will tell the other partner who they are for the entire minute, starting with "I am…"
4. Reset timer; have partners switch; repeat step 3.

DAY 1 – D

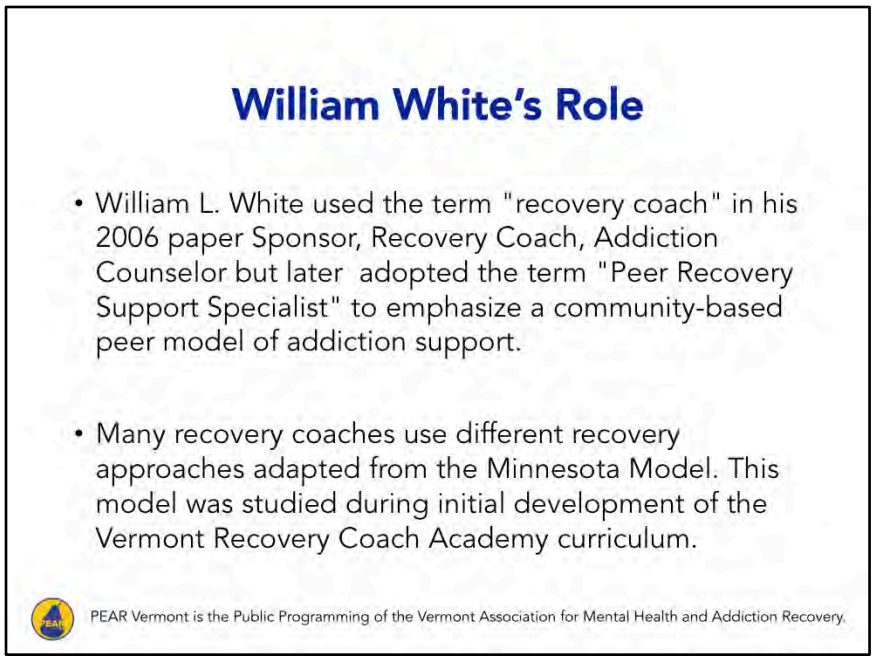
Past, Present and Future of Recovery Coaching

PEAR Vermont is the Public Programming of the Vermont Association for Mental Health and Addiction Recovery.



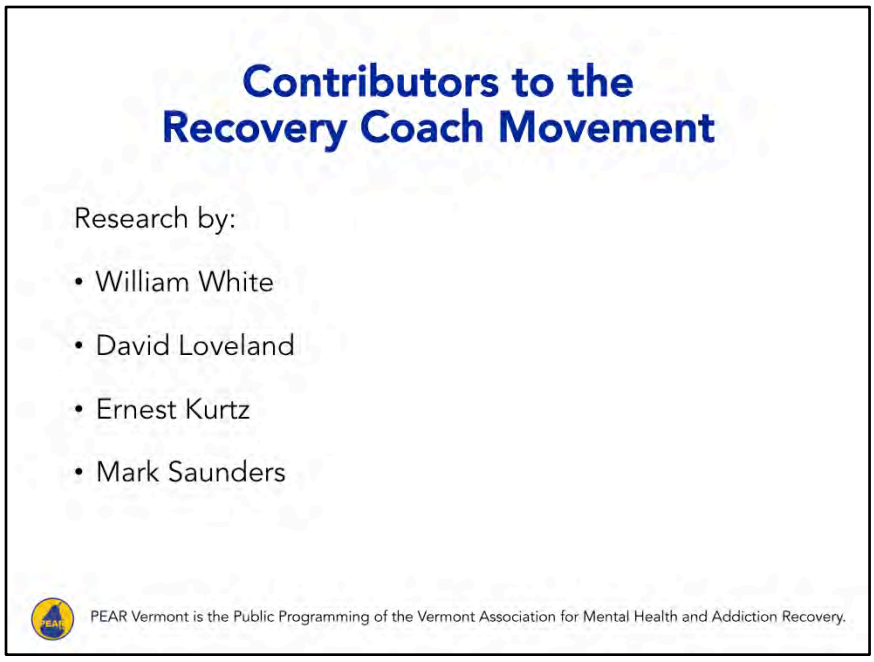
Trainer Notes:

- Emphasize that this is still a fairly new movement in the recovery world.
- Emphasize that the participants are now moving into a PROFESSIONAL arena



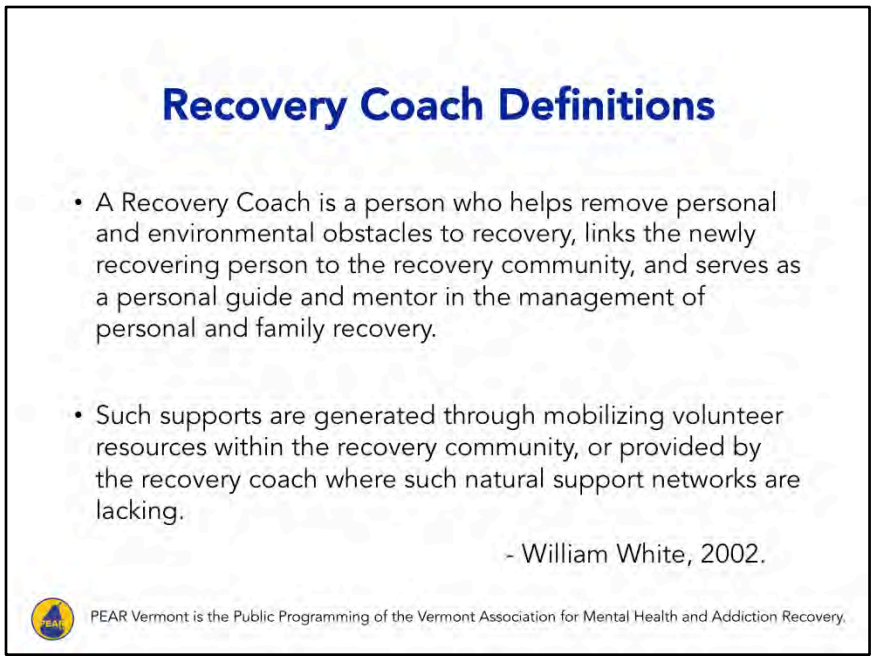
Trainer Notes:

Encourage the participants to read Whites papers on coaching. There is extremely helpful information in all of his documents. They can be downloaded for free.



Trainer Notes:

This slide is to give proper credit to the major contributors to which is now a international movement.

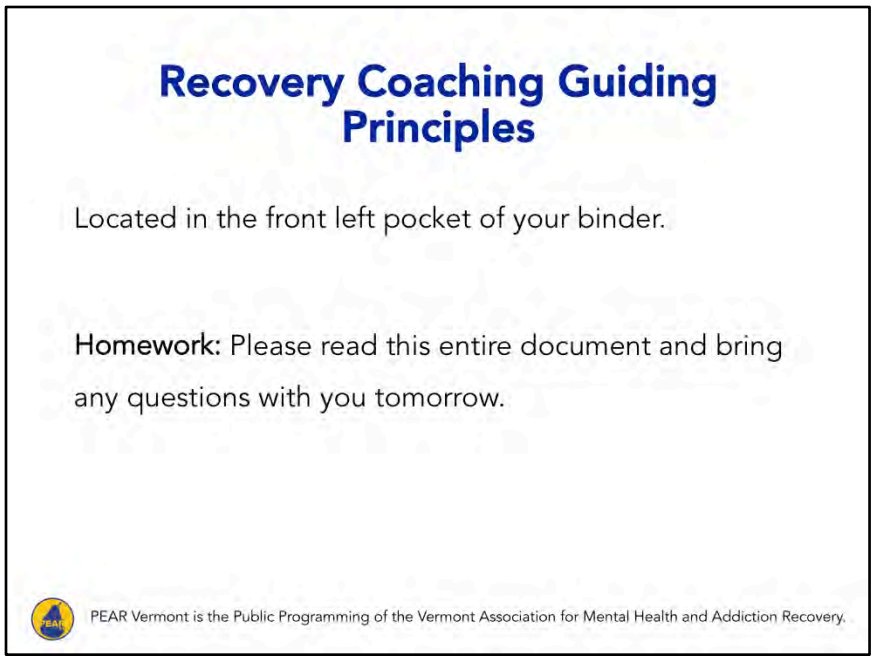


Trainer Notes:

After everyone reads this slide, ask the group what key words stand out for them and record them on a white board. This will lead into an exercise coming up in the next few slides.

Before going to the next slide, ask the group what they believe a coach to be. Record these on a separate white board.

This will give the trainer a good analysis of what the groups understanding of coaching is and what modules will really need to be focused on. For example, if someone says “sponsor” the trainer will really need to explain the differences.



Trainer Notes:

This is document can be found in the front left pocket of their training binders. Have the participants briefly peruse through the document.

This will be their homework for day one. They will need to read entire document and bring any questions forth for the second day opening.

DAY 2 – E

The Five Pillars of a Recovery Coach

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Trainer Notes:

Read aloud to group.

DAY 1 – F

Recovery Coach Roles and Responsibilities

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Trainer Notes:

Many participants are not versed in MI. Assure them at this point that motivational interviewing will be explained and practiced throughout the entire training**.**

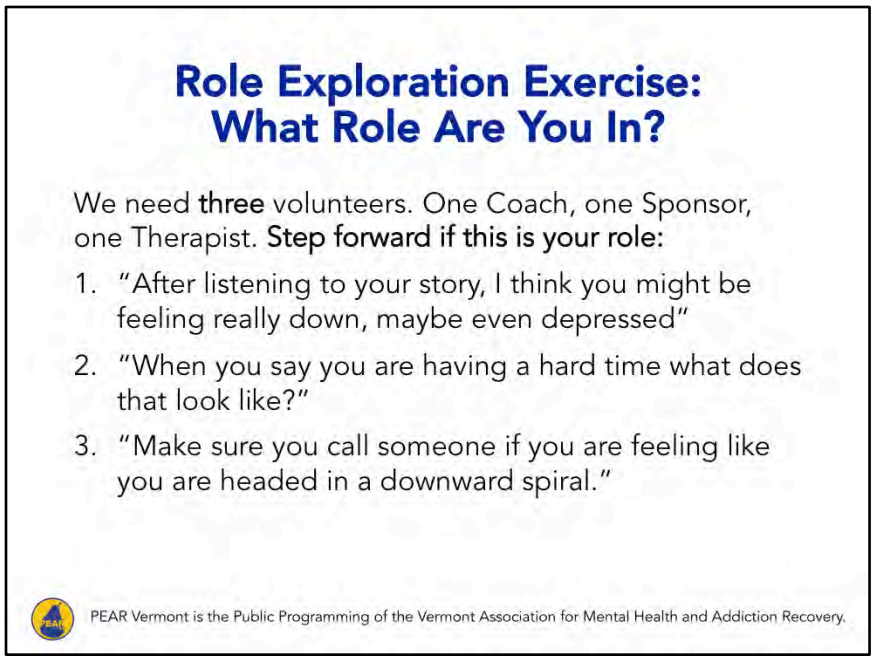
MI is the backbone to coaching.

Trainer Notes:

Often participants come to the academy with a long term history or knowledge of a 12-step program.

There will be pushback on day one. It will take up to day three to move through this obstacle.

Key instruction is to continue to remind them that this is about the person they are coaching. We are not asking them to change their personal recovery program.



Trainer Notes:

Have three different kinds of hats for props. (Don't need hats).

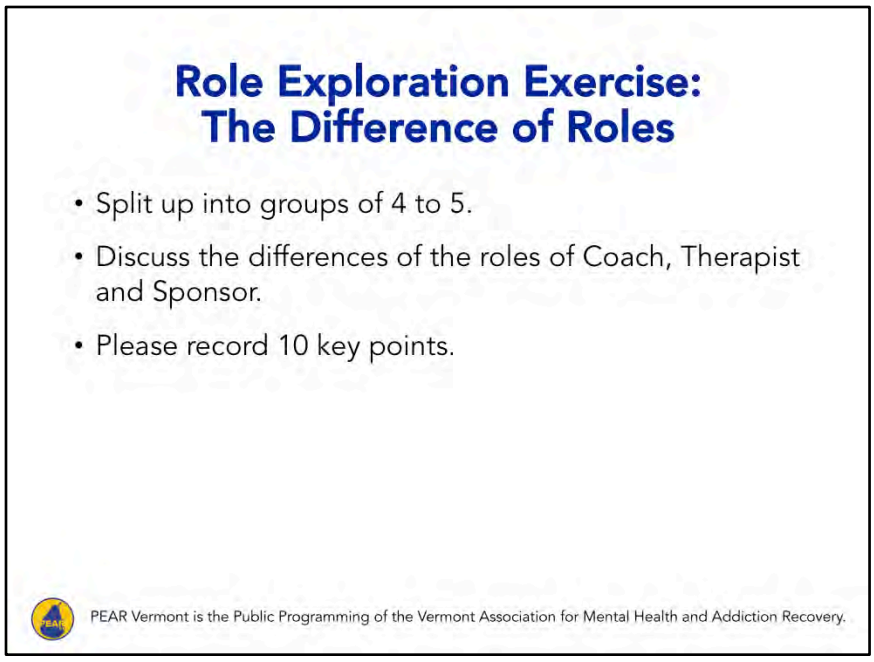
Ask for three volunteers to come to the front of the room. Assign each hat / participant with a different role: Coach, Sponsor and Therapist.

Give examples of conversation and ask the group what hat needs to step forward. This experiential exercise is helpful in landing the differences in all three roles.

Examples of conversation:

1. "After listening to your story, I think you might be feeling really down, maybe even depressed"
2. "When you say you are having a hard time what does that look like?"
3. "Make sure you call someone if you are feeling like you are headed in a downward spiral"

These three examples are about the same thing but the approach is different. Answers:



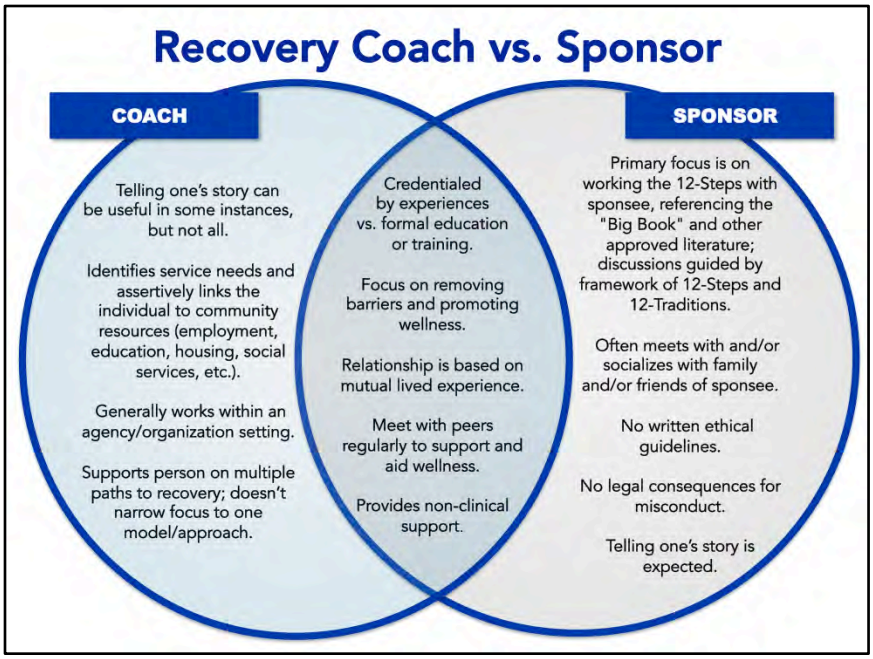
Trainer Notes:

- Have the group split up into groups of 4-5. Give each group a large sticky note board and marker. Ask the group to have a discussion on the differences of the roles and to record 10 key points. Ask one member of each small group to scribe and another to report out to the full group when done.

- Allow for seven minutes of discussion. Have the reporter report out from each group. Watch for any errors on role differentials. Before you bring up any errors or misconceptions ask the group to review each report and make comments. This exercise is the beginning of the group working together and creating a bond. This also is an opportunity for them to use their active listening skills.

- In full group, discuss the importance of being clear in the role of a recovery coach.

- Touch on messaging about the role as coach and the usefulness of an elevator speech about coaching.

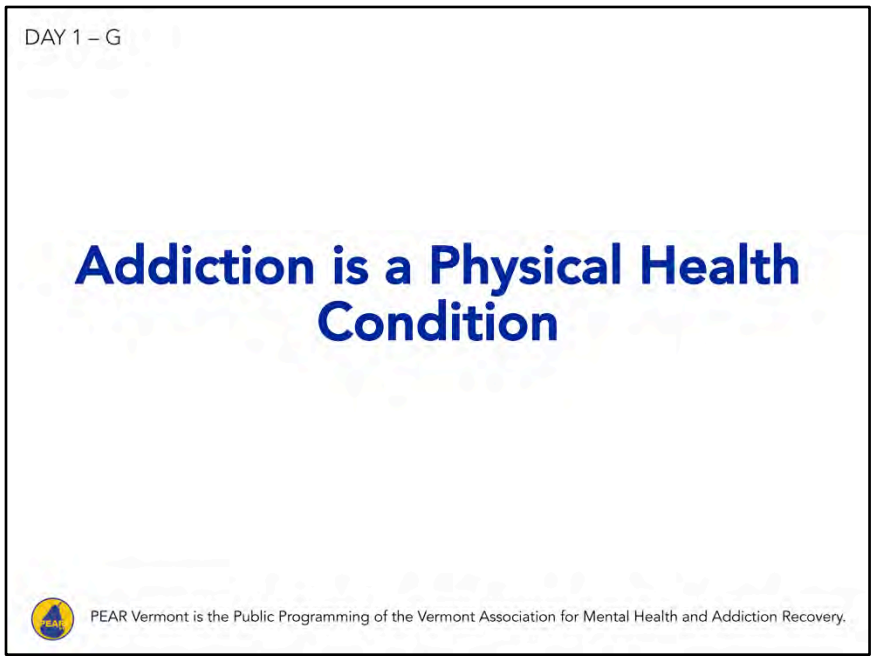


Trainer Notes

This is a diagram that they will have in their manuals for future reference.

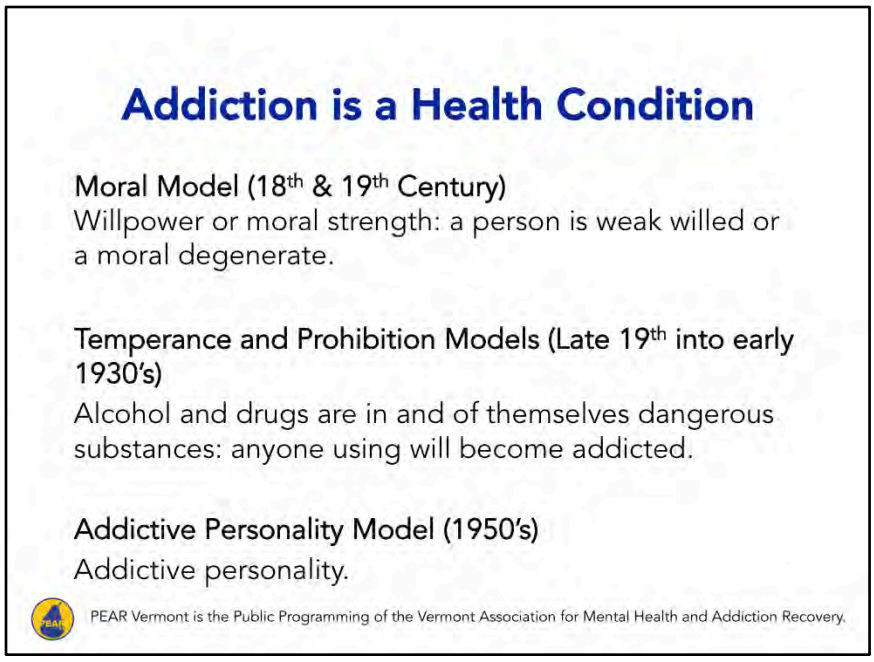
Trainer Notes:

Once the group has come back together, ask for any additional thoughts or questions before moving on to the next module.



Trainer Notes:

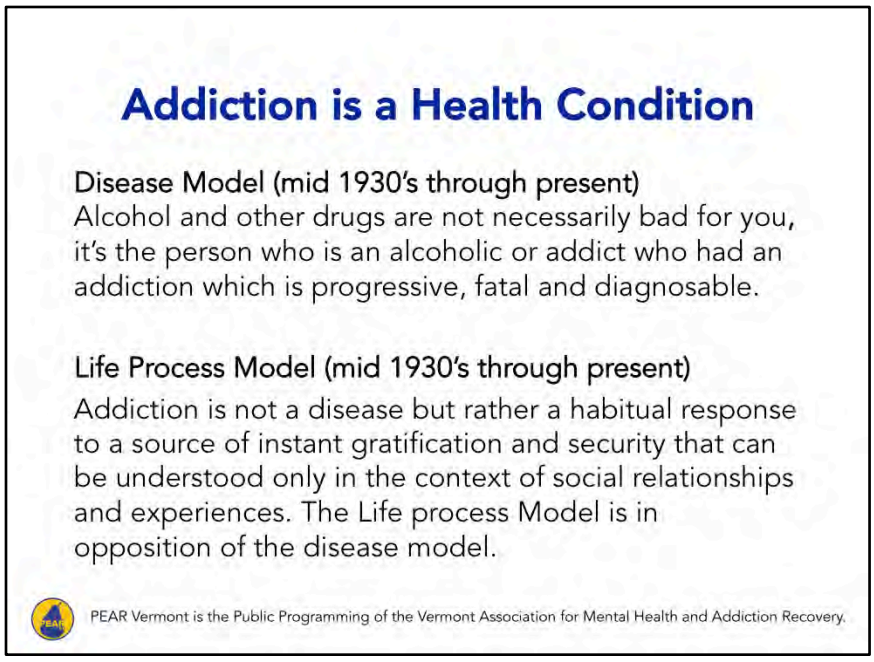
- Transition into this module by asking for a raise of hands on who believes that addiction is a brain disease.
- This will give you a quick survey on any variances in the group.
- Remain neutral as the trainer and acknowledge the variances.
- There will be more than one mindset within the group. Don't be tempted to argue any points made. There will be an organic shift of thinking as the week goes on.



Trainer Notes:

- The next two slides identify the different models and views on addiction throughout history.

- You don't have to spend too much time on this portion of the module. It is a good example of how we, as human beings, fall into group mindsets until someone or a group challenge those mindsets. Just as we all believed that the world was flat at one point in history.



Trainer Notes:

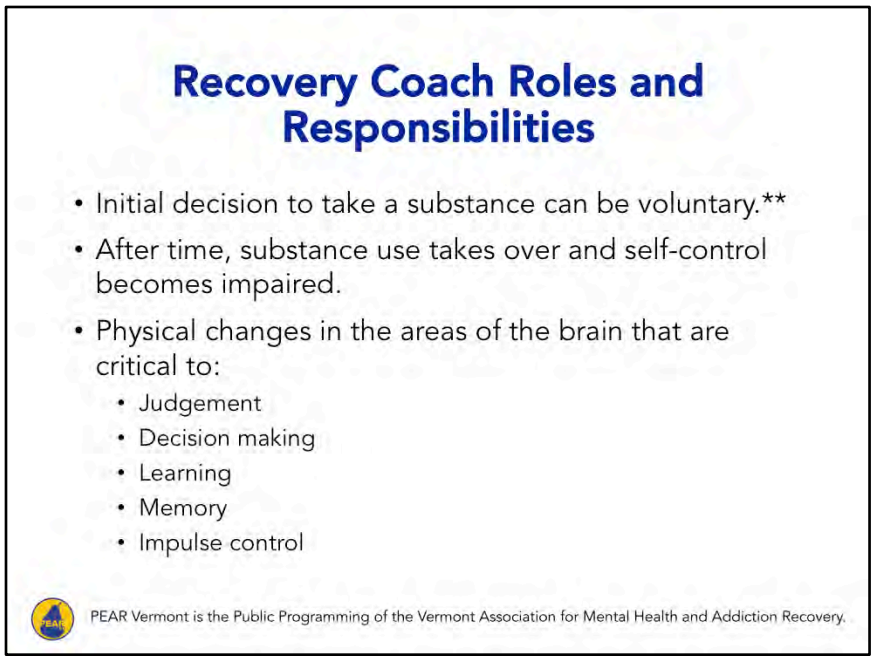
- **Key point:** There are still two very distinct schools of thought around addiction even with pet scans and other scientific breakthroughs. It is because of these different viewpoints stigma still occurs.

- Have the group comment on the history before moving on.

Trainer Notes:

Examples of each reason

- People try alcohol or a drug and it makes them feel good so they continue to use the substance.
- People try alcohol or a drug and they feel better than they did before. Example: someone in emotional or physical pain takes and opioid and it takes the pain away.
- People take drugs that enhance performance to do things better, faster, stronger or more focused.
- People take drugs or drink because they are curious. Youth and Young adults often fall into this category which is dangerous for many reasons including a brain structure that is not fully developed.



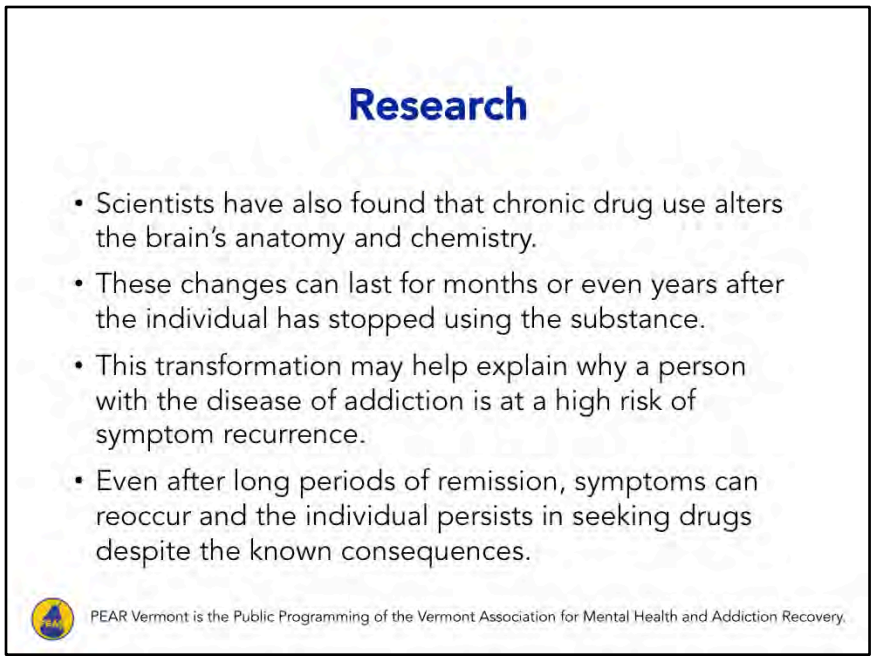
Trainer Notes:

Initial use can be voluntary or not. Ask the group what situation would be an example of involuntary initial use of a substance before giving any examples.

Examples:
- Pain killers after surgery.
- Drugs given without the person knowing they are taking them.
- Involuntary hospitalization and medication.

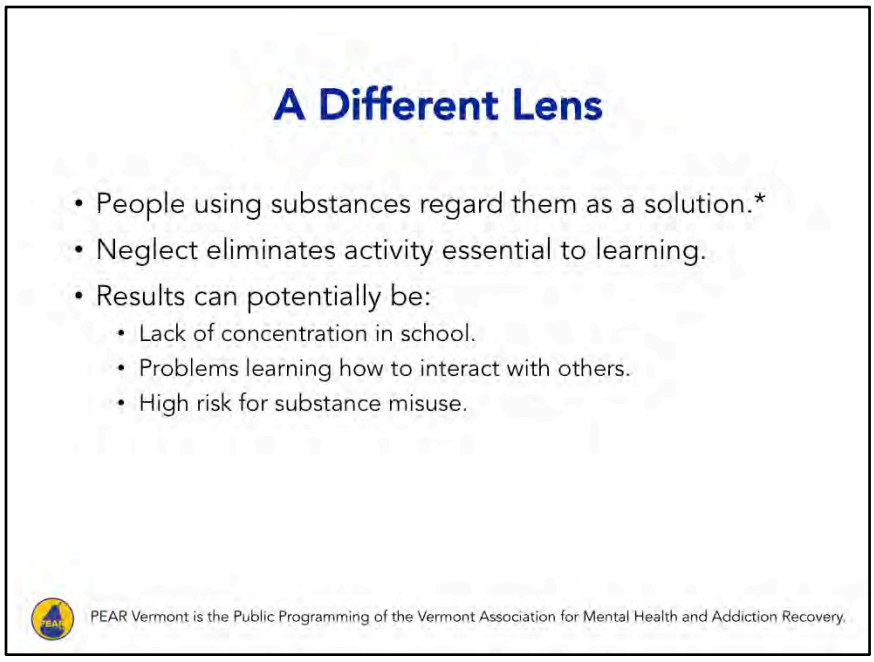
Medications (and street drugs) are so powerful today that they are taking over much faster. Some of the designer drugs available can have someone addicted the very first time they try it.

The physical changes in the brain identified on this slide, are all areas that are needed to make logical choices. If they are all effected in a negative way it makes the power and ability of choice decline and unavailable to the person.



Trainer Notes

This is just an informational slide for the participants to review.

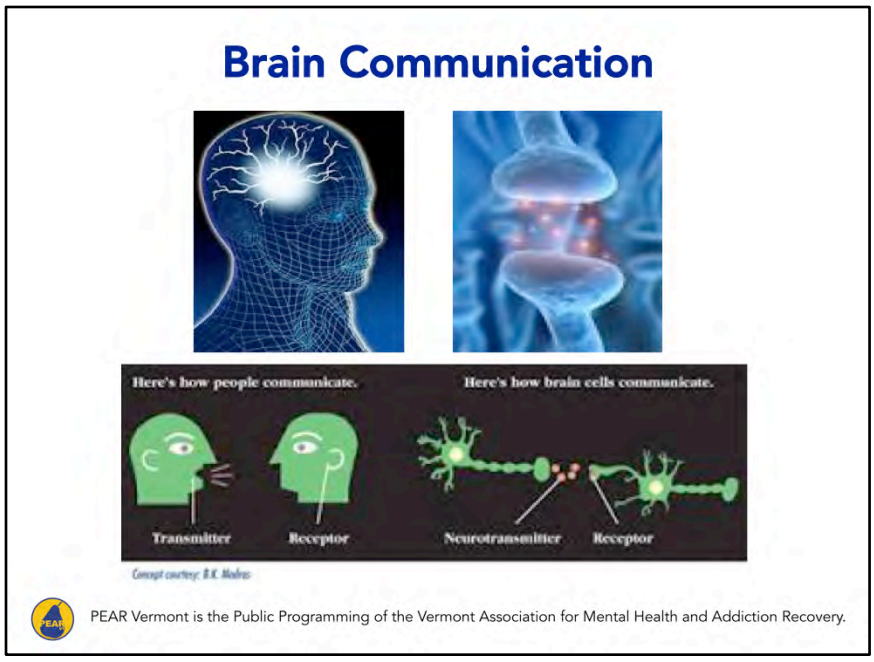


Trainer Notes:

- As coaches, we need to look at people through a wider lens. We need to see beyond behavior and try to understand the whole person. We have to take into consideration (without diagnosis or suggestions) that many people with the disease of addiction may also have experienced some trauma early in life.

- Many people use substances and regard them as a solution to whatever they are facing in life. More often than not, individuals may have experienced some type of trauma and have no idea what it can do to the structure of the brain.

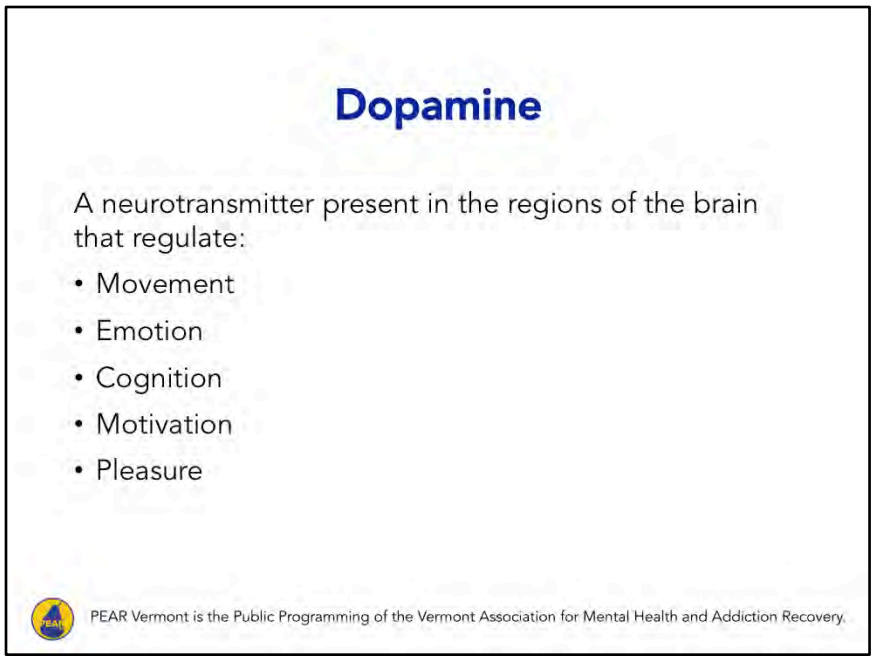
    - Child neglect for example eliminates the activity in the brain that is essential to learning. Results from trauma can lead to all sorts of issues including learning, social interactions and high risk behaviors including substance use.



XXX Trainer Notes:

Use the below analogy to make the concept of brain communication easy to understand:

- When we speak, someone else hears. We are the transmitter and they are the receiver.
- The brain sends messages in electrical impulses in the same way. The are sent by neurotransmitters.
- The neurotransmitter attaches to a specialized site on the receiving cell a receptor. Kind of like a key and lock.
- Each receptor will forward the appropriate message on after interacting with the right kind of transmitter.



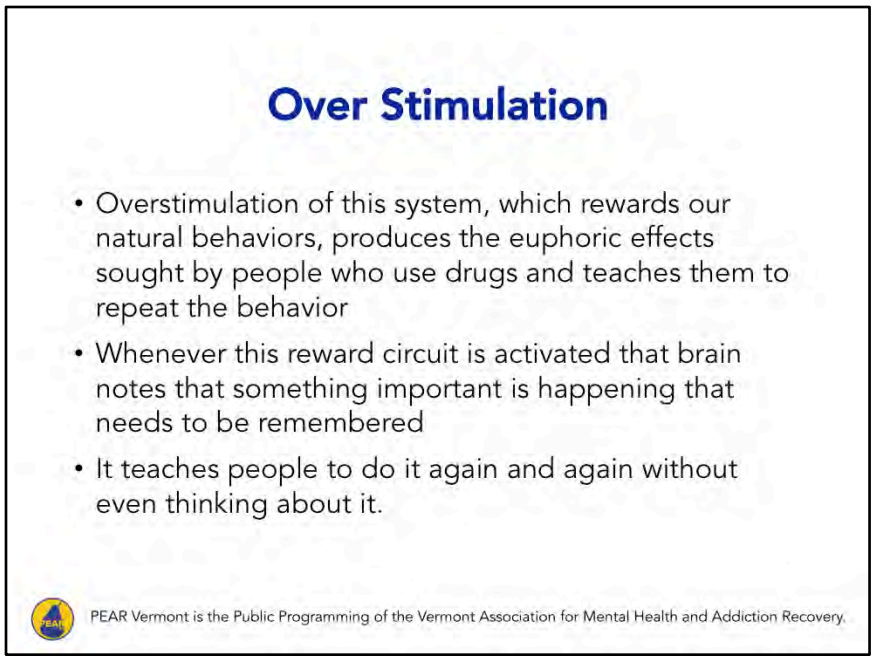
Trainer Notes:

Give example below first.

Running a mile can create more dopamine in your brain. This is why people are motivated to exercise more once they are involved in an exercise program. They always feel better after they move. They are happier, they can think clearer, they are motivated to repeat the process, and they feel pleasure.

Substances create high level dopamine rushes.

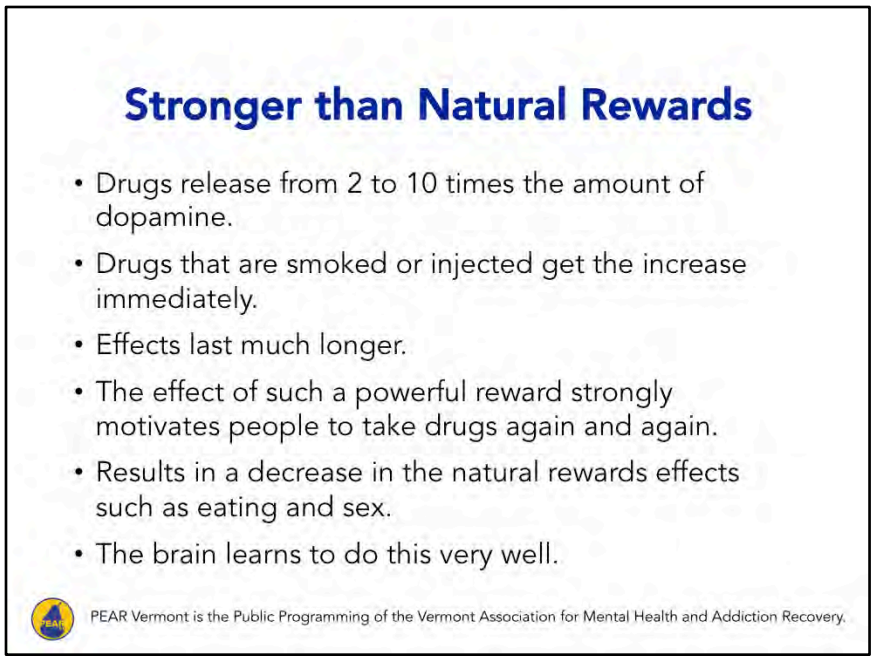
Ask the Group
"What happens to your emotions when you drink too much?"
"How well can you walk if you drink too much?"
"How motivated would you feel if you smoked a lot of pot?"



Trainer Notes:

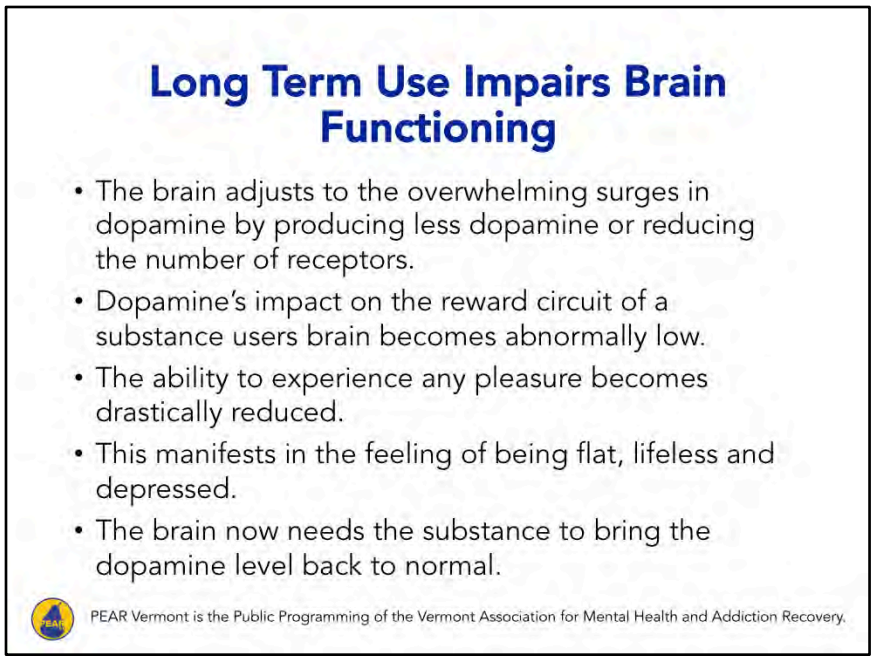
- Go back to the example of eating or exercise. We learn to continue that healthy behavior without even thinking about it.

- Drugs stimulate that same circuit so the drug user learns to use drugs in the same way with a much more powerful message.



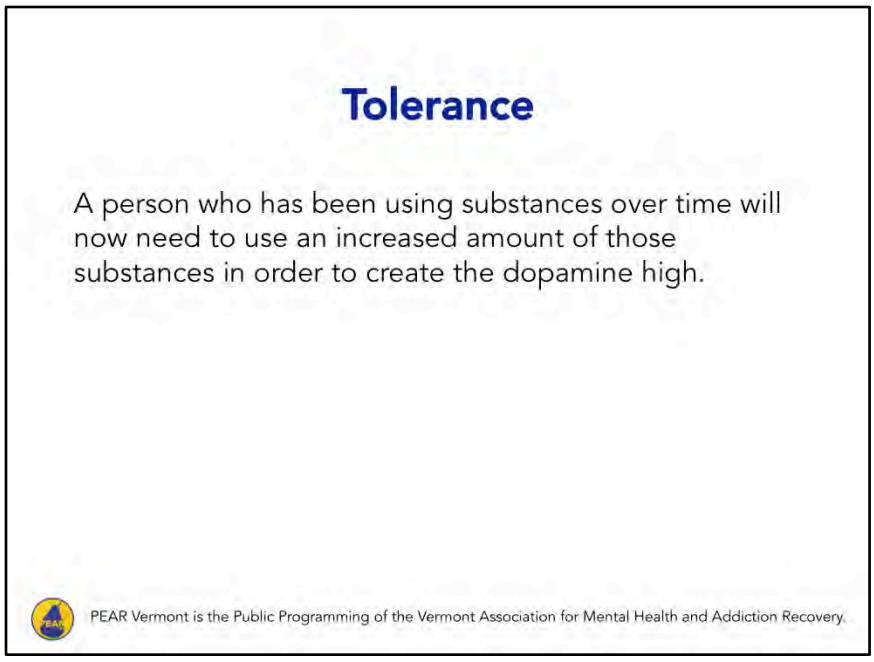
Trainer Notes:

- Much higher percentage of dopamine is released.
- IV drug users are able to get the release immediately.
- This feeling is so intense individuals are motivated to do the drug again and again.
- Often people in early recovery feel very flat and nothing natural gives them much pleasure. This is due to the overstimulation of dopamine over a period of time. It is also a motivation to use again.



Trainer Notes:

Our brains are incredible and they remember important events such as a dopamine flood. The brain wants this repeated over and over.



Trainer Notes:

- And here lies the nature of addiction.
- Having to use more and more of the substance in order to get high.
- The body and brain adjust to the levels so the individual needs to use more even to feel the same.

Long Term Effects

- Intense impulses to take substances
- Cognitive impairment
- Memory
- Erodes self control
- Erodes ability to make sound decisions
- Stroke
- HIV/AIDS
- Hepatitis B and C
- Lung Disease
- Obesity
- Cancer
- Cardio Vascular Disease

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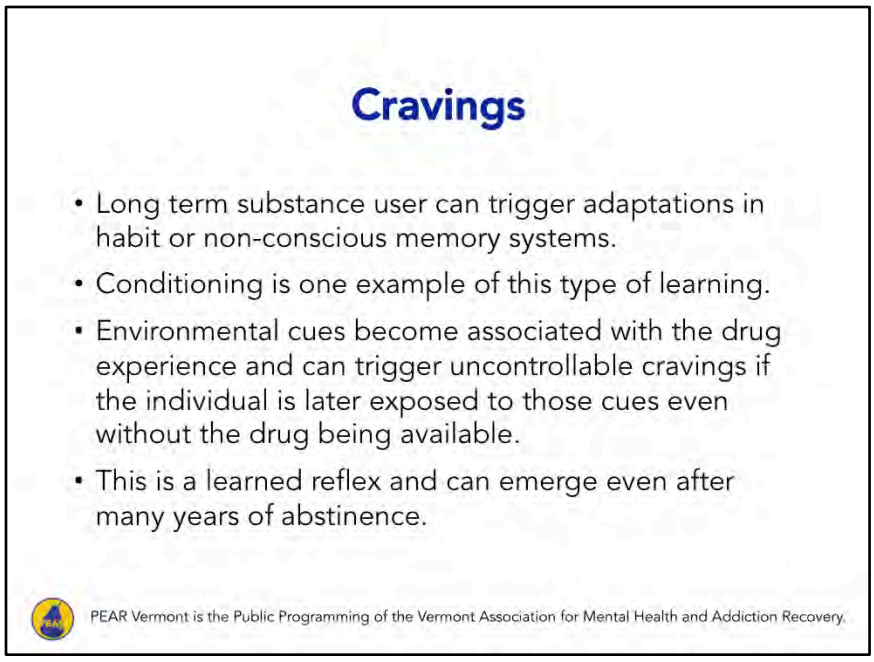
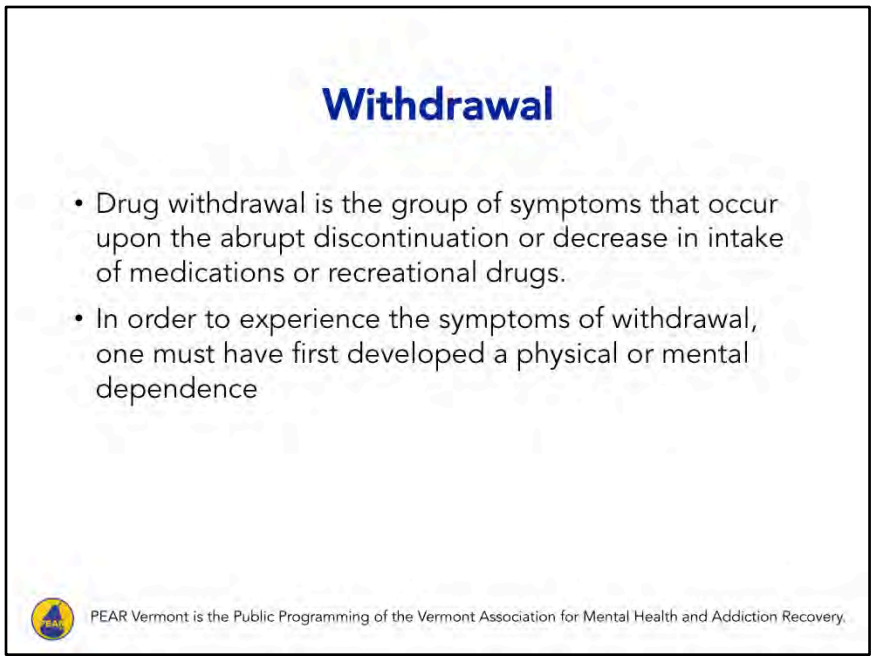


Trainer Notes:

- Use an example of someone who has been abstinent for 10 years and returns to their hometown and visits a house where they used to use substances.

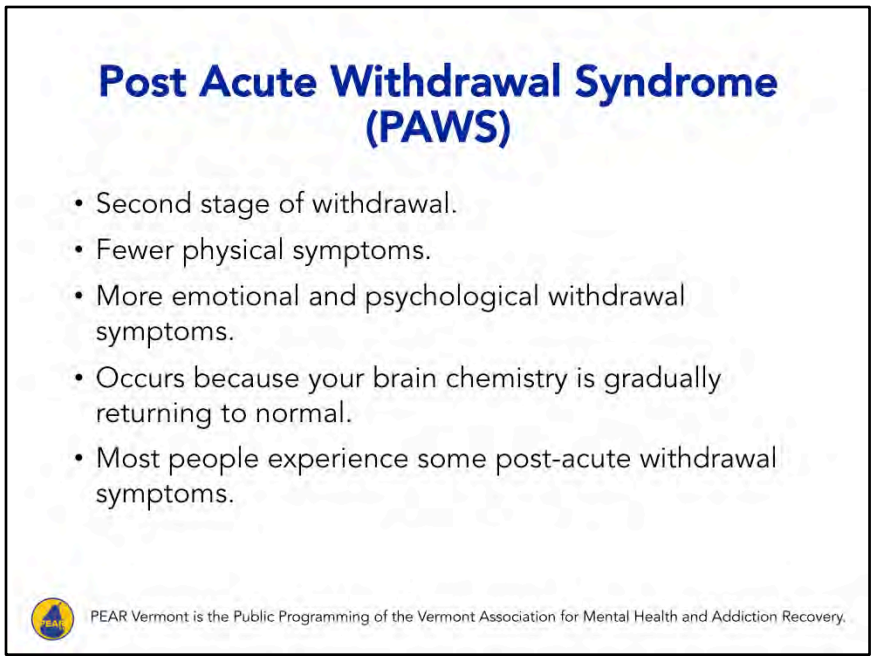
- Just a visual cue, smell, sound or circumstance can set off a craving as if someone had just stopped using 2 days prior.



Trainer Notes:

You can use the following as an analogy:

Withdrawal occurs because your brain works like a spring when it comes to **addiction**.
Drugs and alcohol are brain depressants that push down the spring



Trainer Notes:

Not many people have knowledge of or understand PAWS.

We highly recommend that you research post acute withdrawal syndrome and get a firm understanding by the middle of the week.

We can have a discussion about it during the session.

Dangers of Early Use

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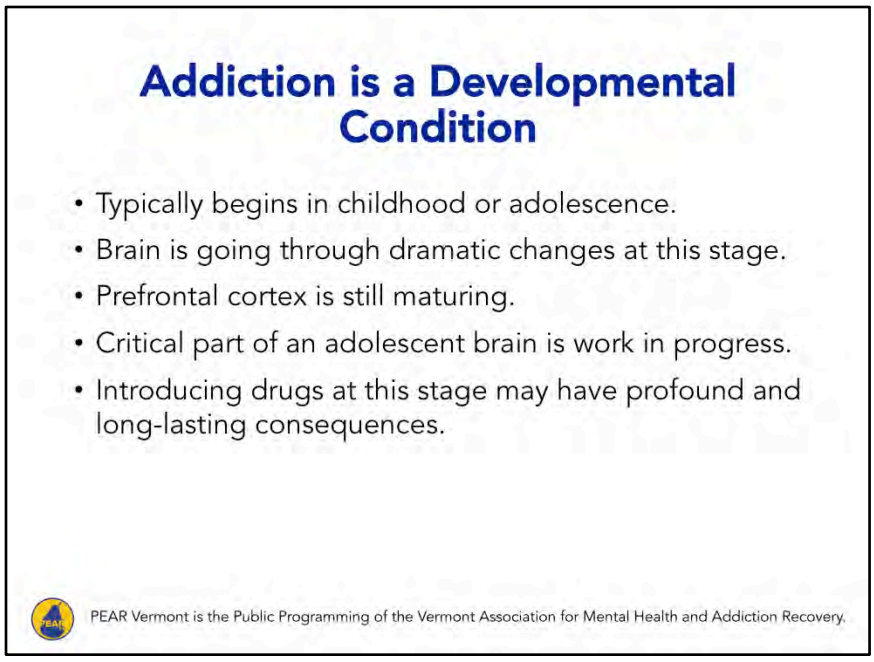

Trainer Notes:

- National drug surveys indicate that children are using drugs by age 12.
- Brains are very different in a young person and much more vulnerable to addiction until the age of 25.
- Tweens and teens have a tendency for impulse control problems due to a process developing in their brain (myelination process).
- Myelination: This process takes place when a substance called myelin, which is made up of fatty lipids and proteins, accumulates around nerve cells, or neurons.
- The prefrontal cortex is the last part of the brain to go through this process so their logic and reasoning is not fully developed; frontal lobe doesn't reach maturity until about the age of 25.
- This is why a teenager is more likely to say okay if offered a substance.
- Often young people with addiction have co-occurring disorders such as depression, anxiety, ADD and Bi-polar disorder.
- Brain scans can now determine whether problem behaviors are a normal part of growing up or a result of an underlying brain dysfunction.
- When use begins under the age of 15, teens are damaging circuits that are not fully formed. Anything that disrupts the myelination process can potentially

DAY 1 – H

Process Addictions

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DAY 1 – H

Educational Video(s)

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Trainer Notes:

DAY 1 – I

Stages of Change, Addiction and Recovery

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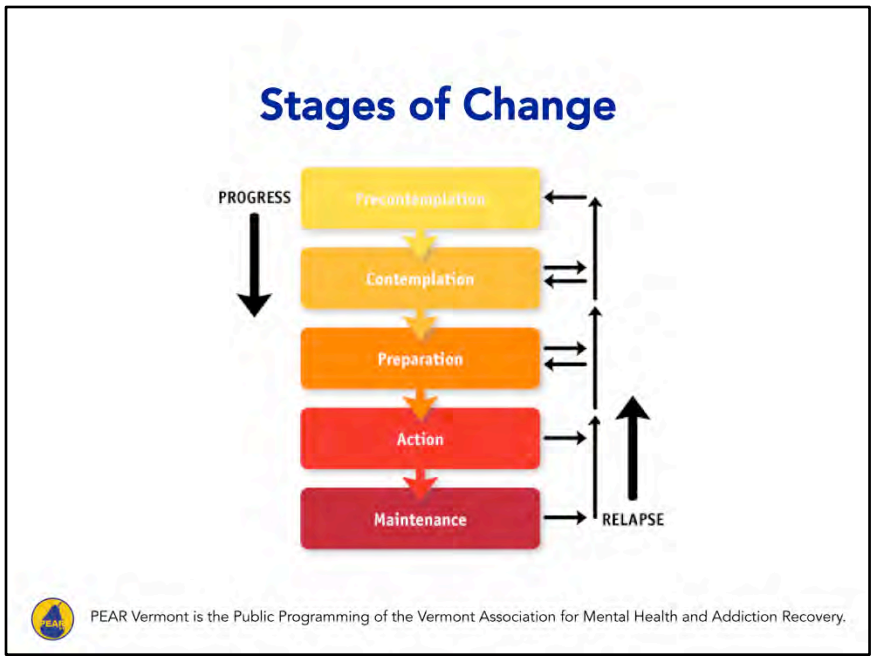


Trainer Notes:

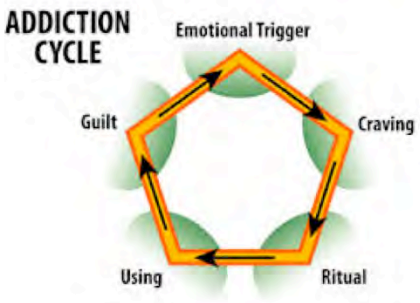
As we all know, not everyone fits in a particular box or does stages in perfect order. The stage of change model, however, does reflect common and researched patterns of human behavior around addiction and co-occurring conditions.

The Stages of Change Model was originally developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island when they were studying how smokers were able to give up their habits of addiction.

The concept of the Stages of Change Model is that behavior **change does not happen in one step.**

Rather, people tend to progress through different stages on their way to successful change. Also, **each of us progress through the stages at our own rate.** For example: telling someone that they need to go to a certain amount of AA meetings in a certain time period is rather naïve (and often counterproductive) because they are just not ready to change.

Stages of Addiction



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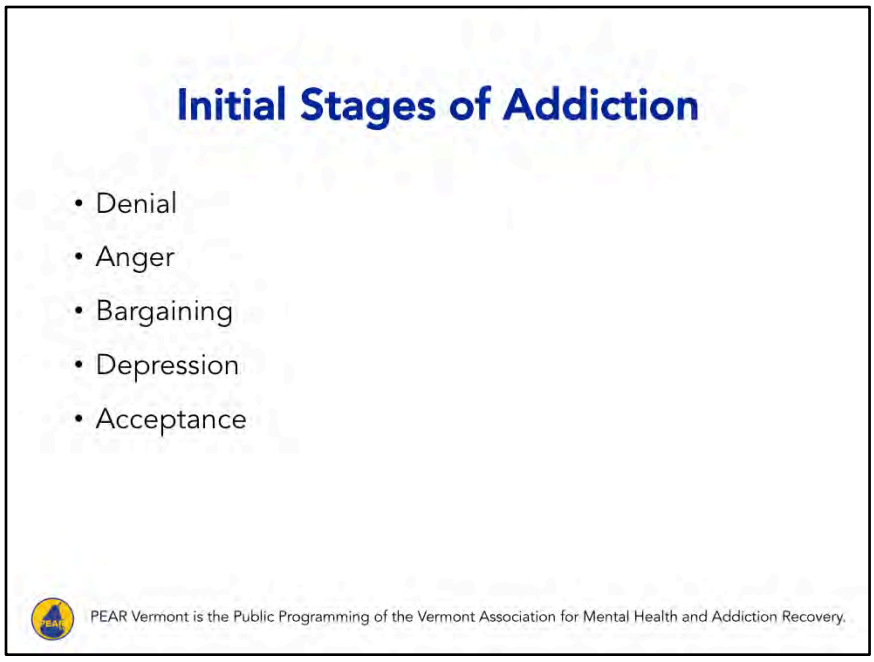

Trainer Notes:

Denial: At first, one would deny the fact that he or she might be suffering from the disease of addiction and would make excuses to cover for his or her acts. One would hide it from his or her family and make it seem like everything's perfectly normal.

Anger: When confronted or asked about the symptoms of his or her addiction, one tends to be defensive and would argue to justify his or her actions. An individual may even block out some family and friends and try to resolve the problem on his or her own.

Bargaining: Seeing how his or her condition is affecting one's career, relationships, and personal life, an addict may promise not to do it again, but falls to the bad habit anyway.

Depression: Unable to finally put a stop to the habit that's been causing a strain on one's family and personal life, the person may feel that he or she has no choice or control over things. He or she then falls into depression.

DAY 1 – J

Introduction of Motivational Interviewing

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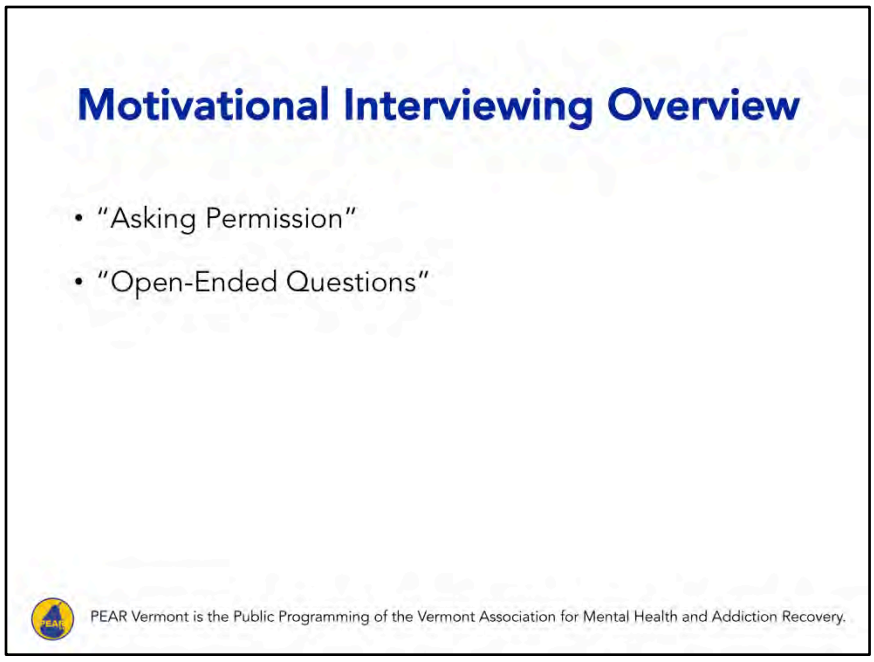

Trainer Notes:

This will be their first introduction to motivational interviewing which is **the backbone of coaching.**

Asking permission:

Anytime a coach is working with someone they want to make sure they ask permission first before either asking a question or offering multiple options.

Open-Ended Questions:

These are questions that can not be answered in a few words or less.

DAY 1 – K

Opening an Initial Session

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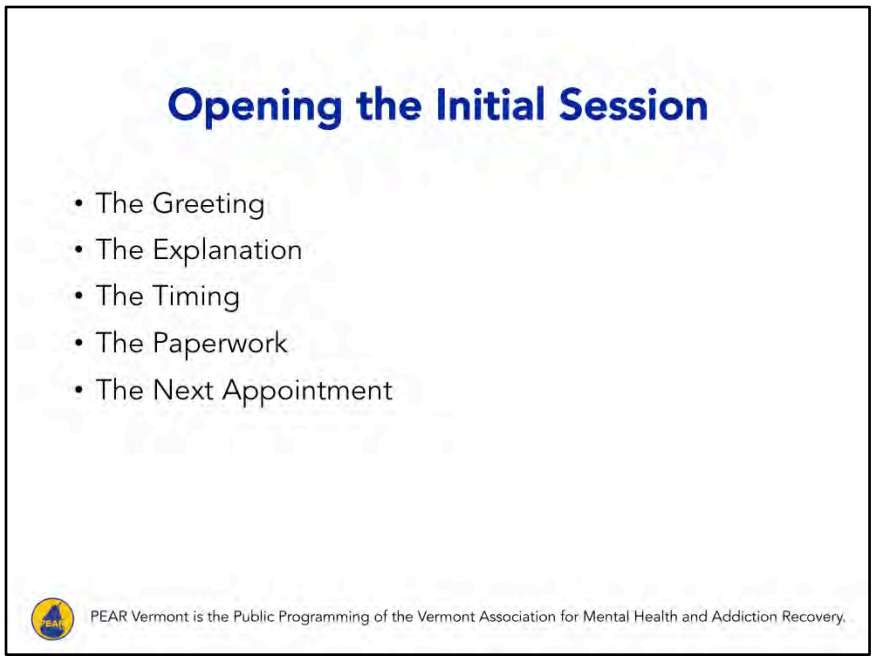


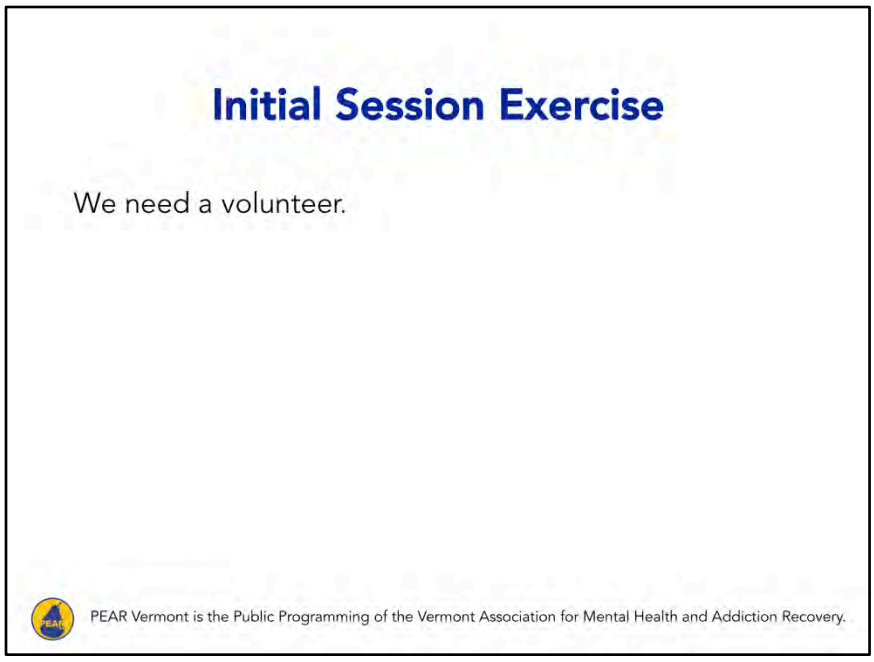
Trainer Notes:

1) The greeting: Match the person's energy. If they are amped up and nervous, stand up and be in their high energy. Don't ask them to sit down and relax. This will only increase their energy. If they are shy, quiet or look scared to be there, match that energy by being quiet, mirror their stance and see if they want to sit down. Always give choice on where they want to sit

2) The explanation: Ask the person you will be coaching what brought them there. If they say they are not sure ask them if they would like to know more about coaching.

3) The timing: Ask them how much time they have. You do not have to do an hour-long coaching session. This may be too long for a lot of people. Honor their time.

4) The paperwork: There is minimal paperwork in coaching. Notes are not allowed. Coaches are not therapists and do not keep files on people. Coaching is just a conversation. People feel very uncomfortable when people write things down. You are not active listening if you are writing. Check with your home organization on what is required for documentation.



Trainer Notes:

- Ask for a volunteer from the group and have them come to the front of the room.
- Ask them to be the person who is coming to be coached.
- Let them act out whoever they want to be.
- Demonstrate the whole process of opening the initial session the wrong way and then the right way.
- This is another facilitation skill that helps adults to learn and store information. Have fun with this. Be ridiculous.
- Once you have completed both demonstrations have the group pair off and have them practice this.
- Allow for 3-minutes for each person.

DAY 1 – L

Supervision
Coaches Need Coaches

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What to Ask For

- Regular meeting times.
- Venue to share hard details.
- Clear explanations.
- Availability for questions and problem solving.
- Availability to shadow other coaches.
- Regular and informative coach meetings.
- Agreement to be able to take a leave if feeling signs of compassion fatigue.

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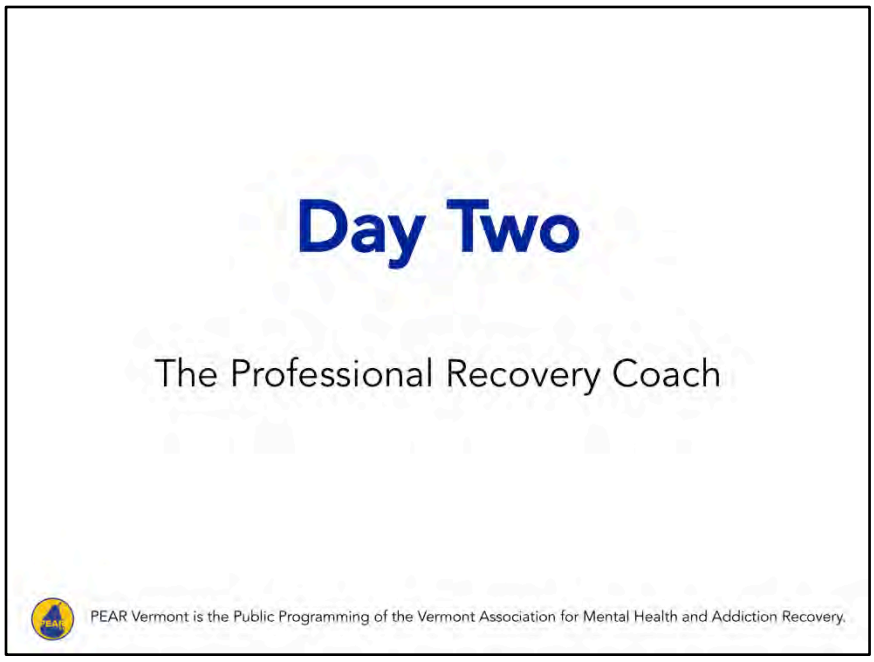

Trainer Notes:

Trainer will review the morning topics with the group. Each module is to be conducted in the timeframe listed as to stay on track for all the training modules.

Day 2: Props and Equipment Needed

- Projector and Screen
- Large sticky pads and markers

Recap of yesterday
Video clip all of me
The Five Pillars
Extra Credit video clip https://www.youtube.com/watch?v=Q6W5IrZH7tc
Your Homework
Body language: https://www.youtube.com/watch?v=Ks-_Mh1QhMc
Go to starting a session

DAY 2 – A

Day One Review and Discussion

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Day One Review

- Past, Present and Future of Recovery Coaching
- Recovery Coach Roles and Responsibilities
- Addiction is a Physical Health Condition
- Process Addictions
- Stages of Change, Addiction and Recovery
- Introduction of Motivational Interviewing
- Opening an Initial Session

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DAY 2 – B

The Five Pillars of a Recovery Coach

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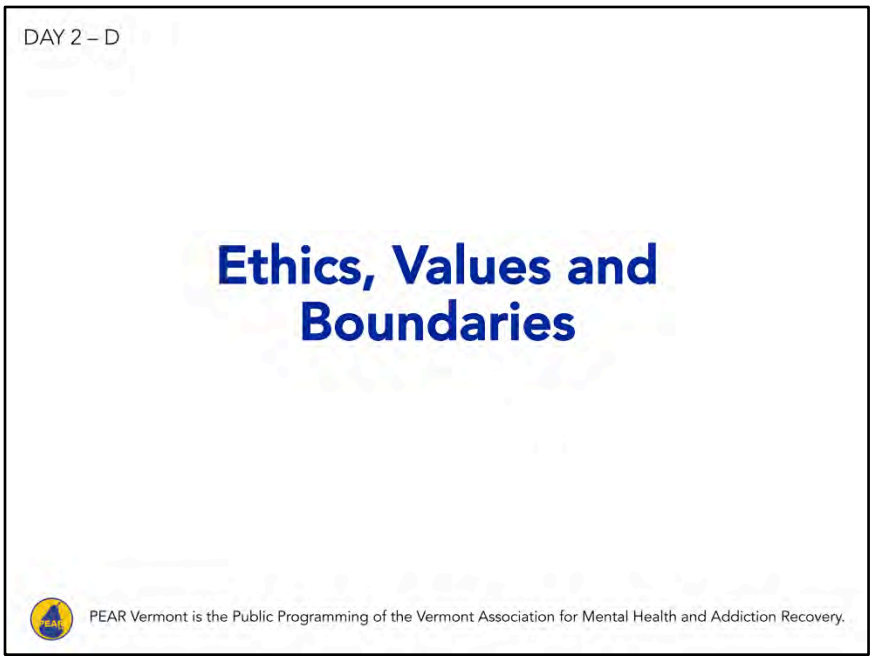
Trainer Notes:

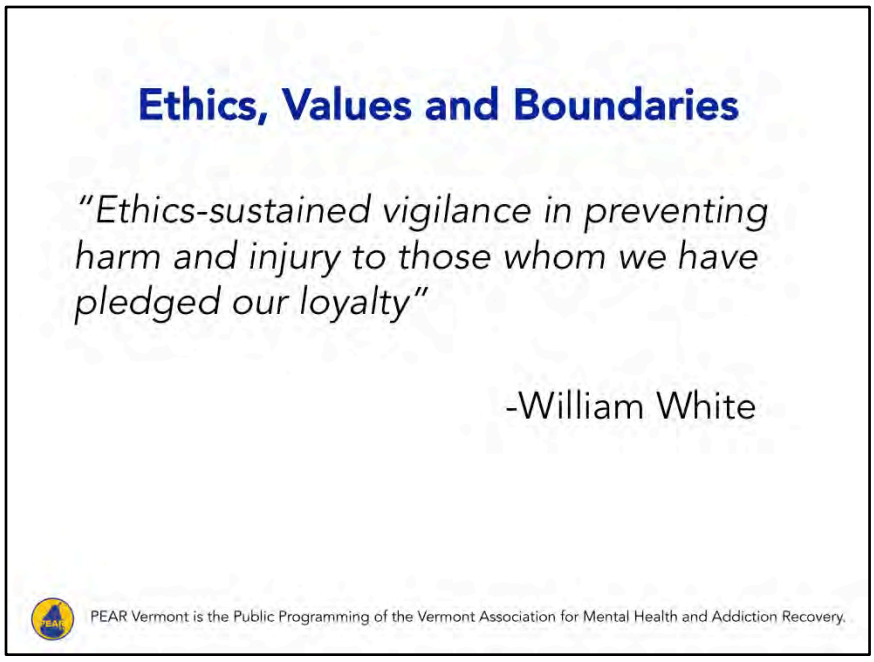
Read aloud together!



Trainer Notes:

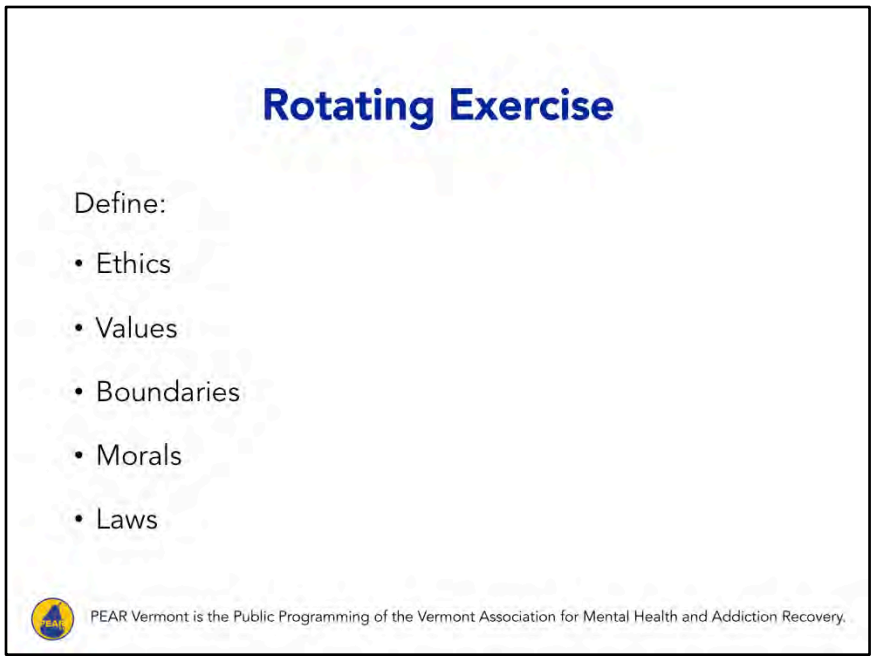
Explain to the participants that today is the most academic day of the academy. Ethics and professional boundaries are key elements to a successful recovery coach program and they are designed to not only protect those being coached but those coaching and their organization.

The ethics that will be presented in this module are specific to coaching and adapted from social work ethical codes of conduct. William White was a leader in creating a coaching code of ethics. Research was also done for this module from models in Australia and the UK.



Trainer Notes:

Key Point: As mentioned in day one of the training, the participants are moving into a professional role. Those coming to be coached are vulnerable and the coaches now have a role differential (not a power differential). They have to follow the code of ethics diligently to protect all from harm.



Trainer Notes:

Label sheets from giant sticky pad with each of these words.

Have attendees break up into 4-5 groups.

Have groups each start at a separate word.

Have groups spend 1-2 minutes at each word, writing down definitions/descriptions.

Definitions

Ethics:

A system of moral principles governing the appropriate conduct for a person or group.

Examples:

Coaches will keep all information confidential.

Coaches will not coach engage in a romantic relationship with the individual they are coaching.

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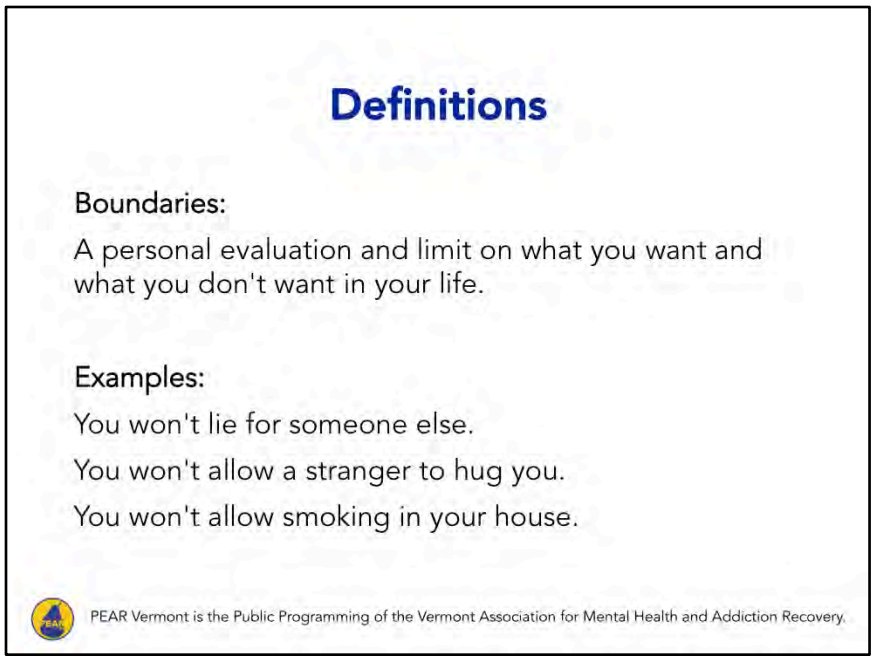
Definitions

Values:

Types of beliefs a person has regarding distinguishing between right and wrong and good and bad.

Examples:

Honesty, compassion, courage, integrity, fairness and respect.



Trainer Notes:

After reviewing these three slides ask the participants if they have any questions before moving on to the next slide.

DAY 2 – E

Ethical Dilemmas

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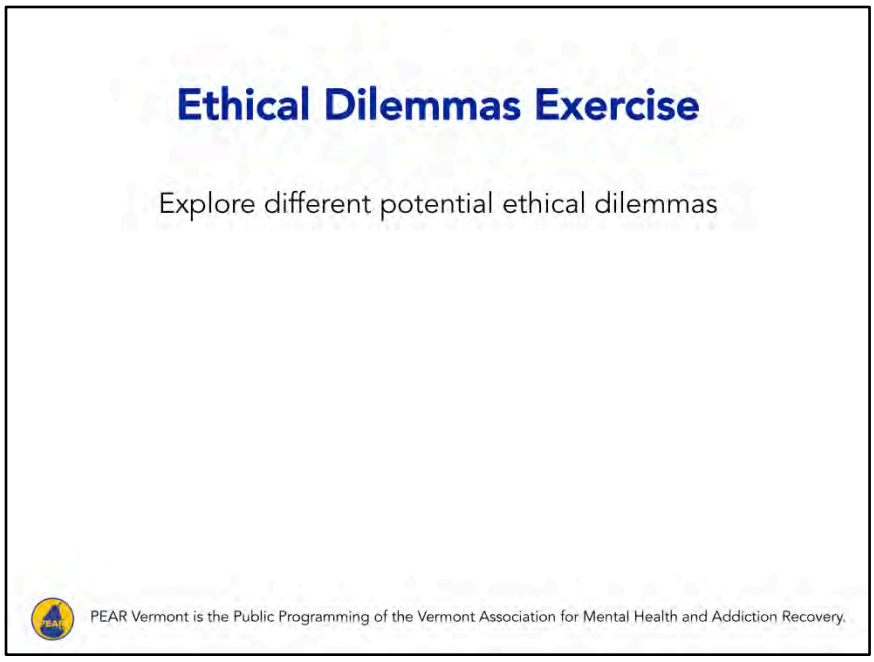

Items Needed:

Rope (helpful to create line to stand on)
List of Ethical Dilemmas Below

Directions:

Have everyone line up in center of room, one behind another.
Assign each side of the rope with either “Ethical” or “Unethical.”
As you read the following dilemmas, have participants step to either side of the rope, or to stay on the rope if they feel both ways about the dilemma.

Questions for this exercise:

1. Accepting gifts from those you work with.
2. Giving gifts to those you work with.
3. Lending money to those you work with.
4. Accepting money from those you work with.
5. Giving hugs to those you work with.

What is an Ethical Arena?

A place or scene of activity, debate or conflict.

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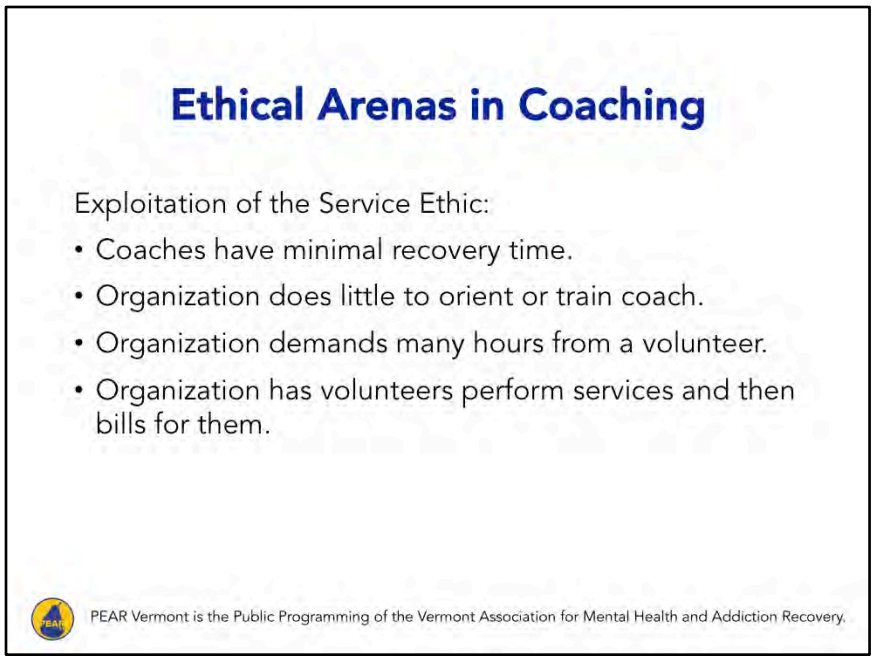
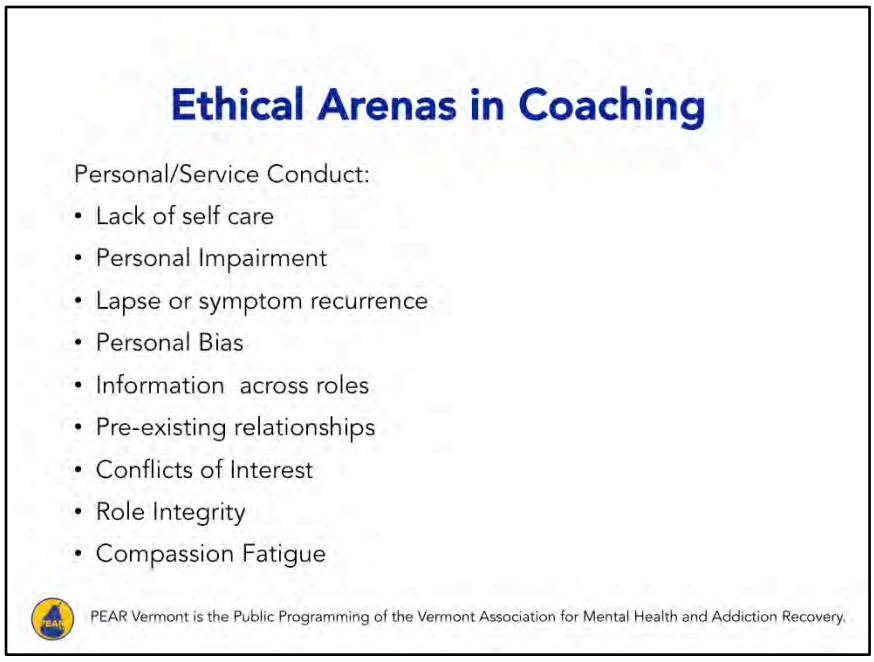


Trainer Notes:

After reviewing this slide, ask the participants why these could be harmful for the coaching program.

If the coach has minimal recovery time they may become over-involved with the person they are coaching and break codes of ethics or could use coaching as part of their recovery program and end up with symptom recurrence.

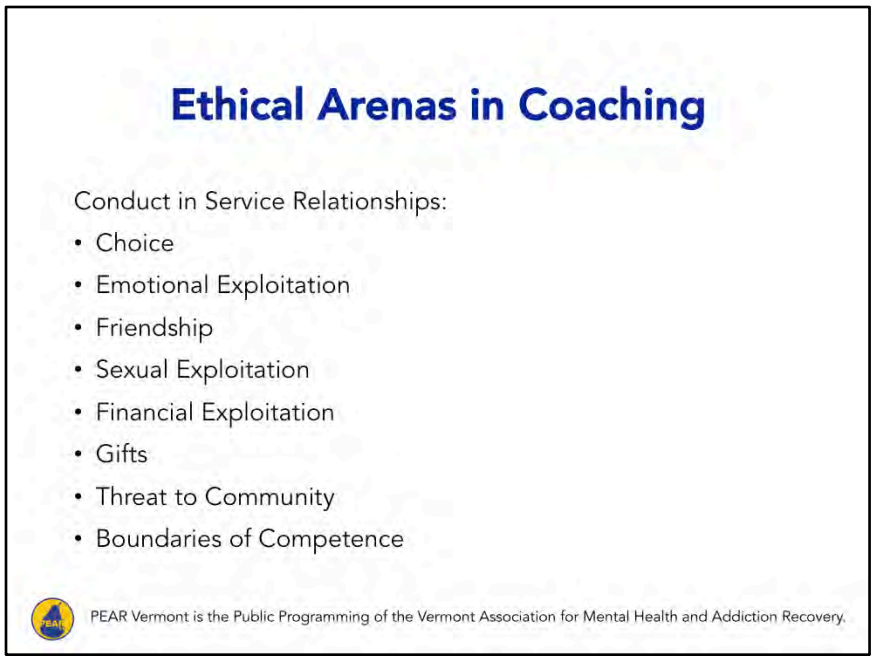
The organization does not give proper training or



Trainer Notes:

After reviewing this slide, ask the participants why these could be harmful for the coaching program.

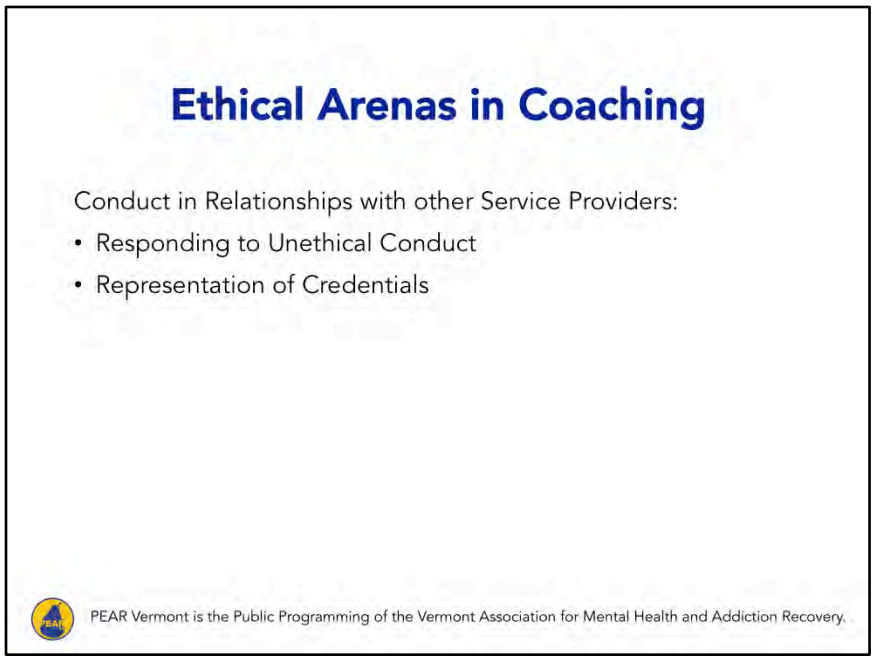
- Lack of self care = possible problems with the coach mentally and physically.
- Personal Impairment = not good role modeling and lack of clarity when coaching.
- Lapse or symptom recurrence = not in a place to assist others, needs to step down coaching until feeling grounded in their own recovery.



Trainer Notes:

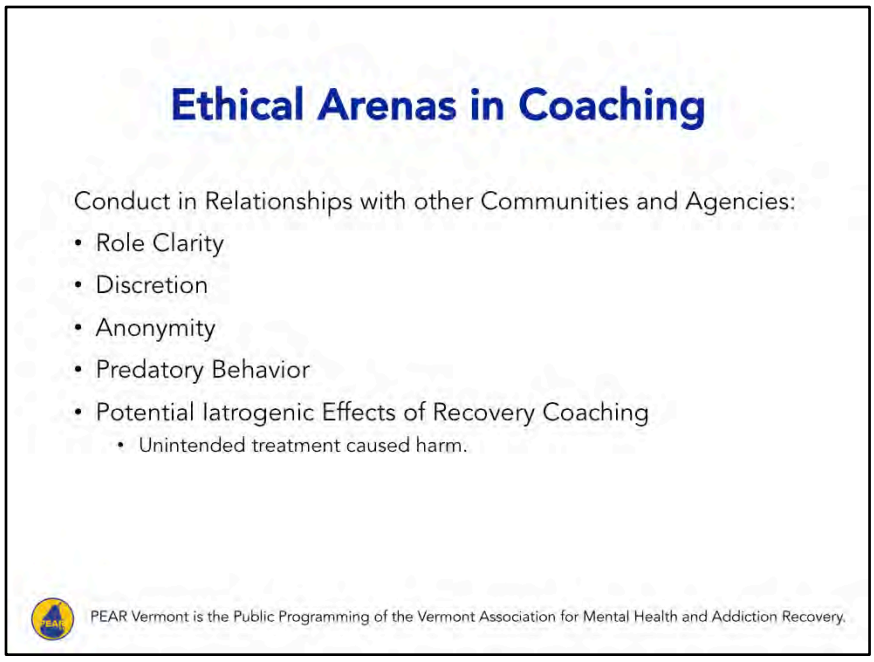
After reviewing this slide, ask the participants why these could be harmful for the coaching program.

- Choice = does not allow for choice in options or pathways to recovery.
- Emotional exploitation = suggests or alludes to anything that creates conflict in the person being coached emotional well being.
- Friendship = crosses the coach role-a breach in ethical code of conduct-confusing for the person being



Trainer Notes:

- Coach does not respond to unethical conduct brought up in coaching by other service providers. In this case, any questions should be brought to their supervisor and together they can handle the issue.
- Coach misrepresents themselves as more than a recovery coach.



Trainer Notes:

Role Clarity = being unclear or misrepresenting your role to other community partners.
Discretion = offering suggestions that could be potentially harmful to person being coached (i.e.- suggesting meetings to a woman who has a history of being vulnerable to predatory men where you know first hand that the meeting you suggested has that going on or suggesting an agency that is not strength based toward those with the disease of addiction.)
Anonymity = breaking confidentiality without a release

DAY 2 – E

Ethics: Advanced Terminology

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The Four Terms of Ethics

- Iatrogenic
- Fiduciary
- Boundary Management
- Multi-Party Vulnerability

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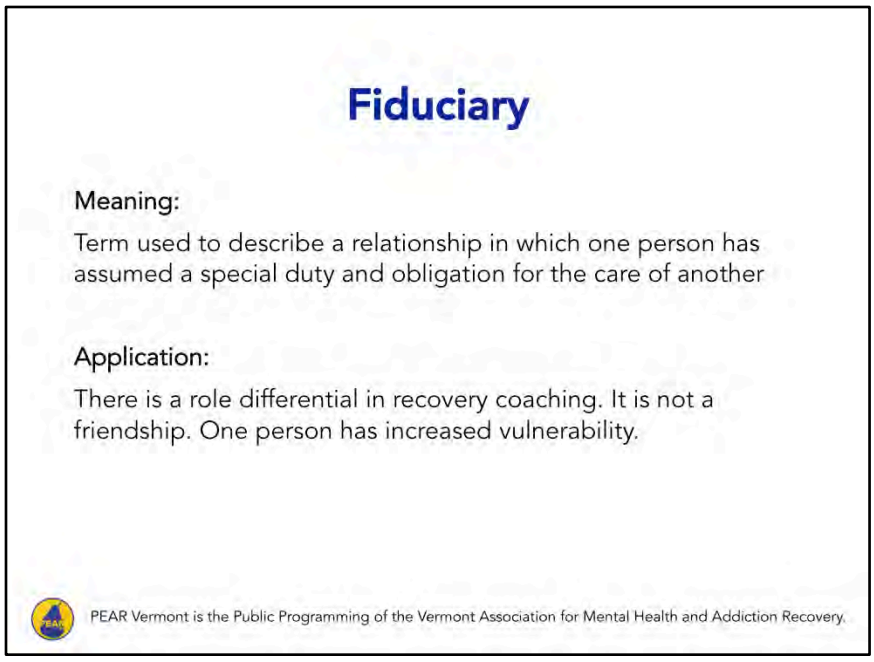
Trainer Notes:

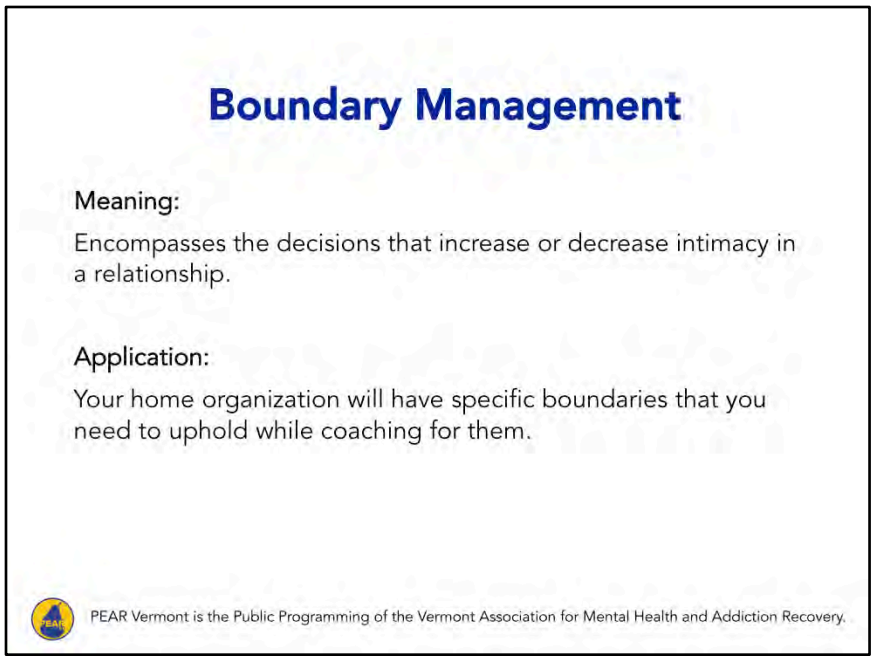
Definition: Resulting from the activity of a health care pr ovider or institution; said of any adverse condition in a p atient resulting from
treatment by a physician, nurse or allied health professio nal.

Application in coaching: Anything a coach does that he or she thinks is helpful but actually creates harm for the person being coached.



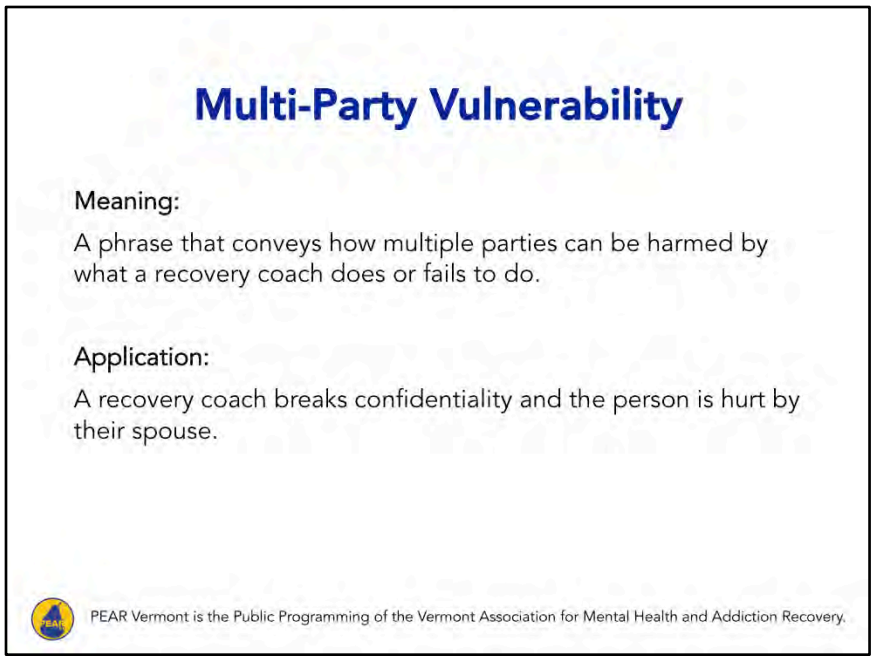
Trainer Notes:

This term is often used in the financial world. If someone gives a family member a power of attorney, that family member has a fiduciary responsibility to that person. In the bigger sense, coaches now have a fiduciary responsibility to those they coach. Within their role they now have a special duty and obligation to the person they coach. Once they have a title, volunteer or paid there is now a role differential.



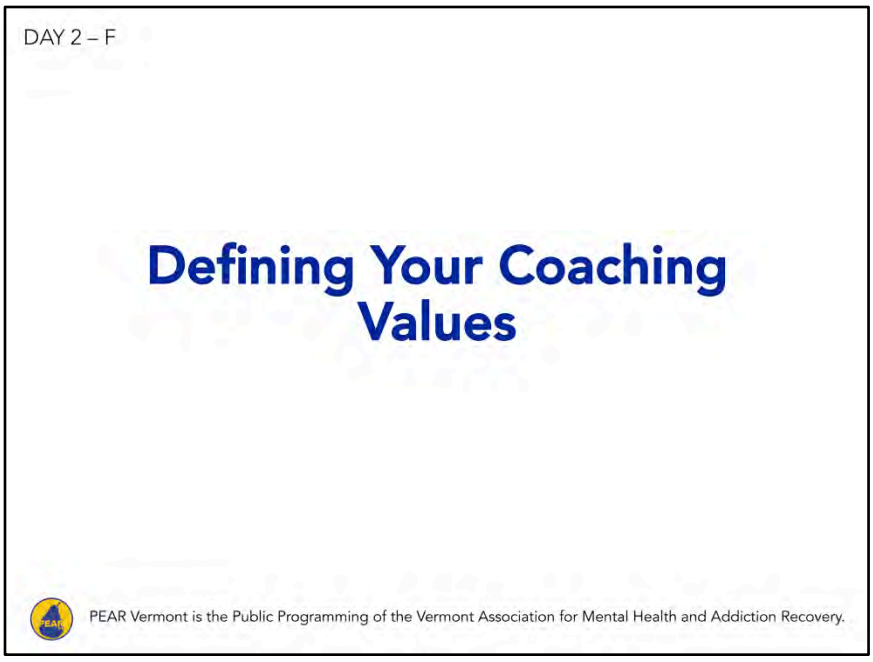
Trainer Notes:

The coach is the one responsible for managing boundaries. The home organization will have specific boundaries within their code of ethics and policies. For example, a recovery center may have a boundary around driving someone to appointments. Due to insurance and safety this may be against the rules. You as the coach, must abide by that rule even if it doesn't feel right to you. Policies are often created because there has been an issue in the past or there is good reason to have it. When you return to your organization, sit down with



Trainer Notes:

The coach will need to think through everything they say or do (or not do) when coaching. This is why we use the Motivational Interviewing approach. Asking questions is safe. This allows for people to come up with their own solutions with the coach helping them bring forward what they already have inside of them. Making specific suggestions can be dangerous as the coach does not know who could be harmed. In the application mentioned, if the coach mentions a relationship problem to someone outside of the coaching relationship it could



Trainer Notes:

This next series of slides are the core coaching values needed for successful and meaningful coaching. Recovery coaches need to adhere to each and every value listed here. There has been much work done to create these values. Go through the slide series, stopping at each one to ask the participants if they have any questions.

Service: Hope

Carry hope to:

Individuals, Families and Communities

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Capability: Bring the Best Out in People

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Credibility: Walk What You Talk

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Honesty: Separate Fact From Opinion

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Fidelity: Do Your Very Best to Keep Your Word

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Humility: Work Within Your Limitations and Your Role

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Loyalty: Offer Multiple Chances

Respect: Express Compassion and Accept Imperfection

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Tolerance: Learn About Diverse Paths of Recovery

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Autonomy: Recovery is Voluntary, It Must Be Chosen Not Forced

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Discretion: Respect Privacy and Don't Gossip

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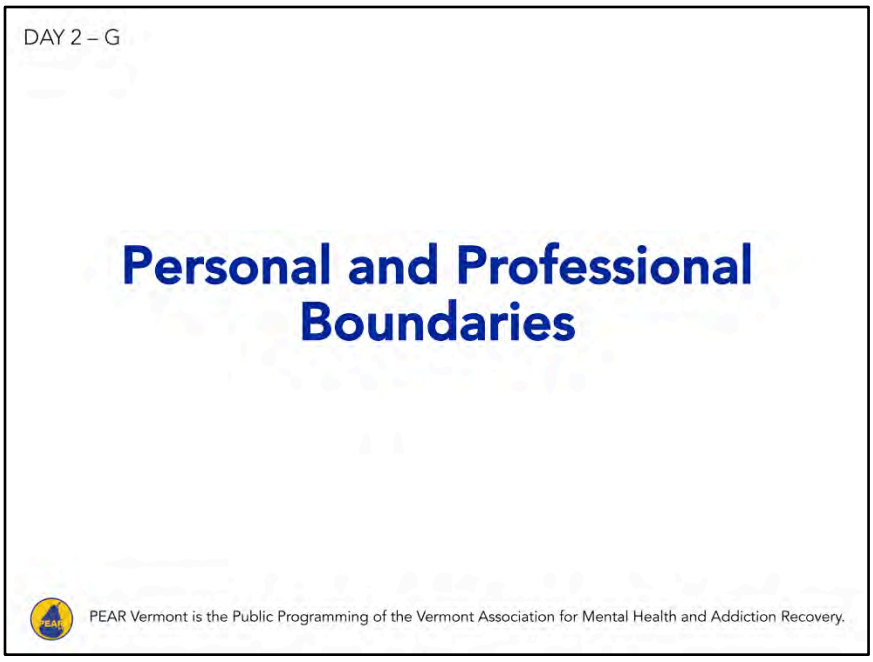
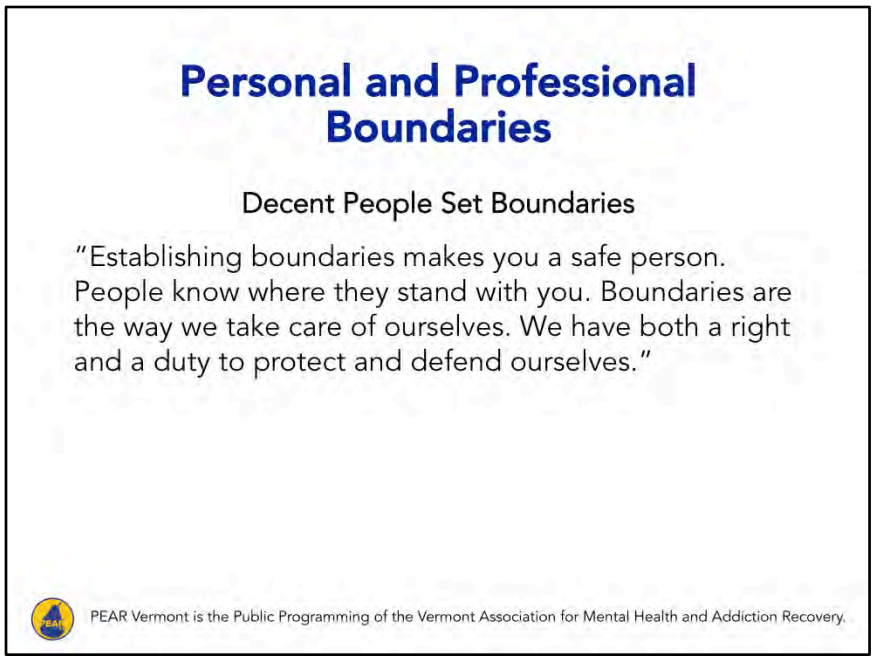


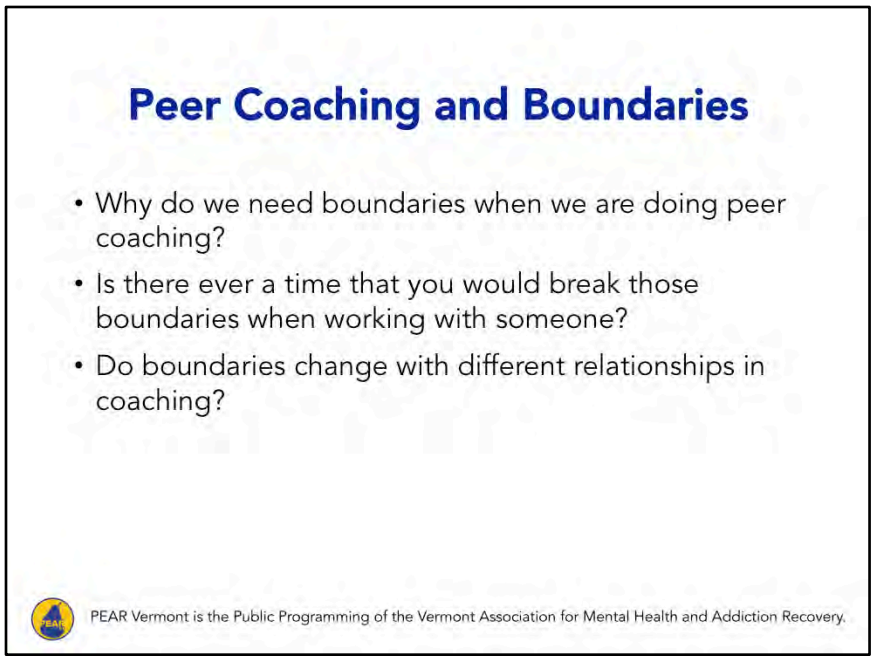
Trainer Notes:

Review of professional boundaries specific to recovery coaching.
Emphasize that they may differ from personal boundaries.



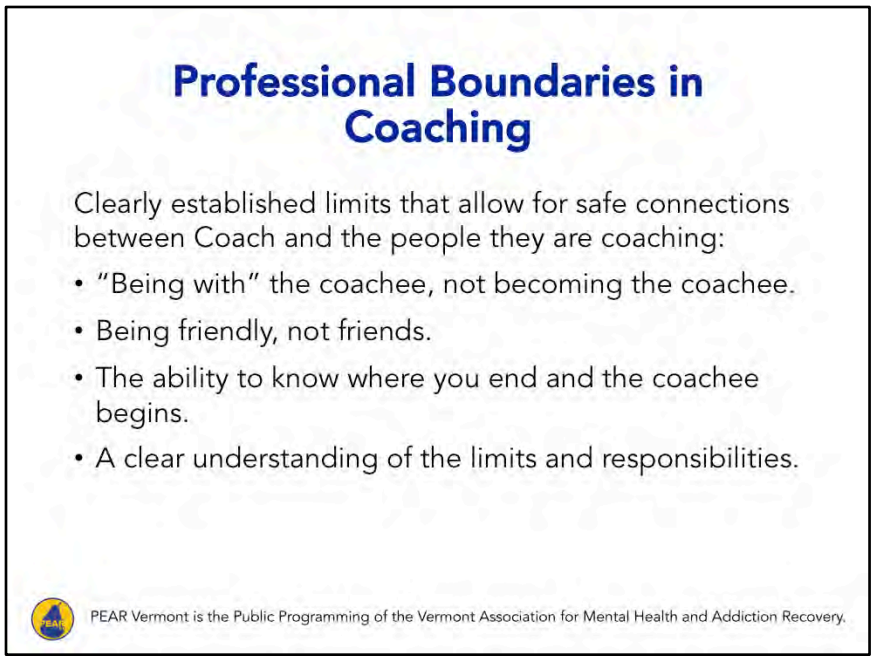
Trainer Note:

Excellent quote to have the group reflect on.



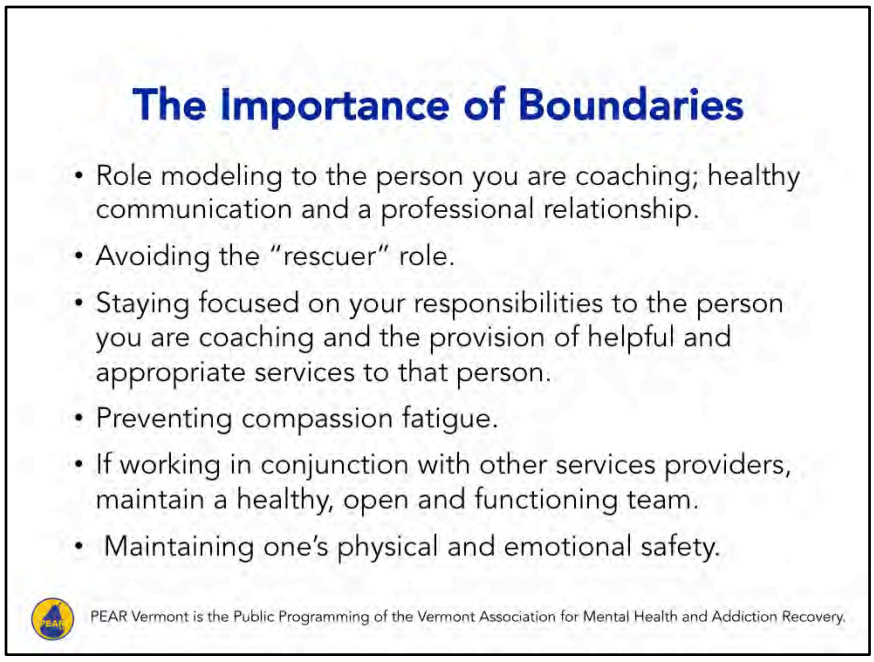
Trainer Notes:

Ask the group for their answers on these three questions. This will give you a quick assessment on what material that was delivered in day two landed. Do this in group popcorn style.



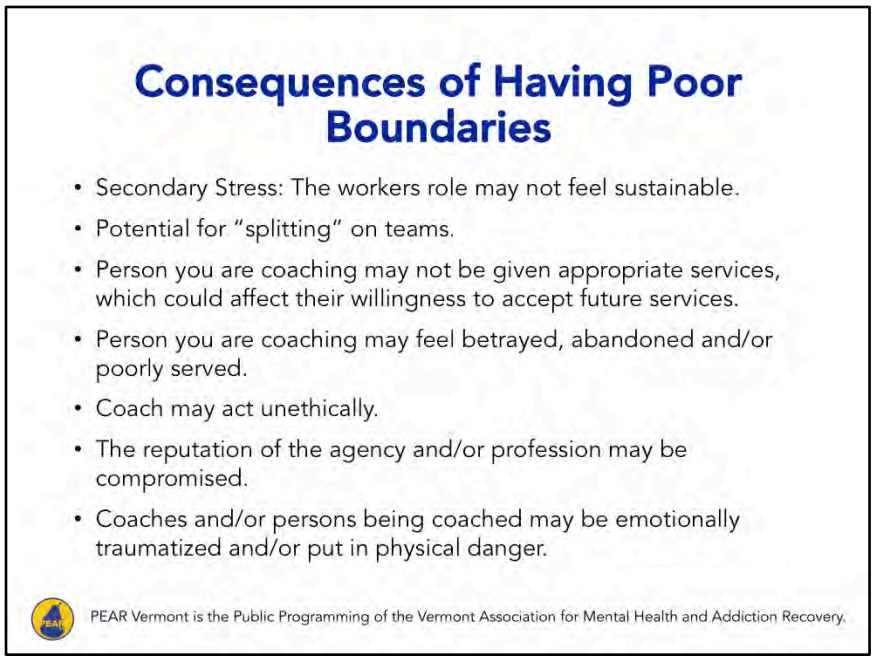
Trainer Notes:

Review the slide



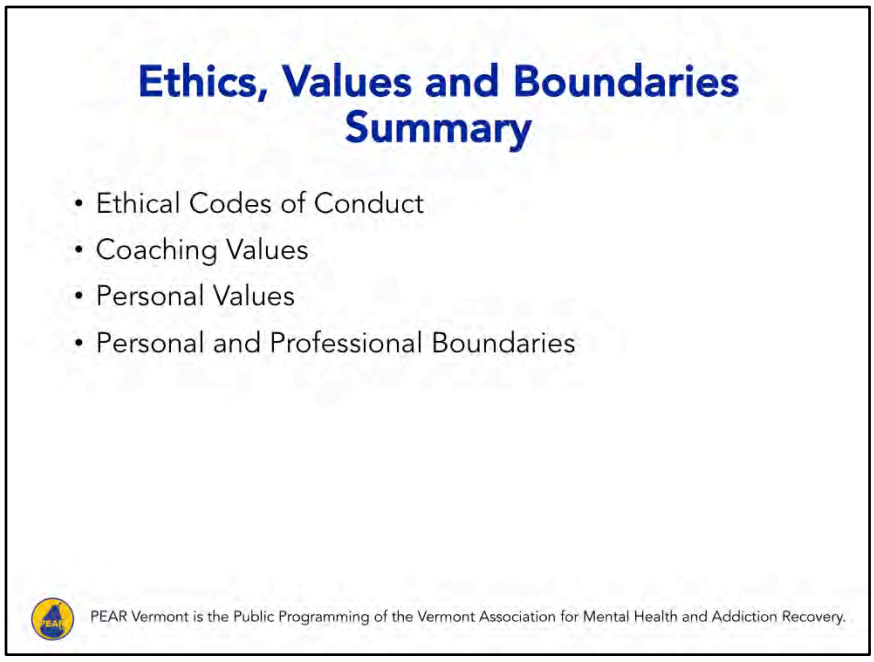
Trainer Notes:

Review the slide



Trainer Notes:

Review the slide and ask the group if they can think of any other consequences. Write additional consequences on a sticky pad.



Trainer Notes:

Use this time to summarize and answer any questions the group may have before break and moving on to the next activity.

DAY 2 – H

Multiple Paths to Recovery

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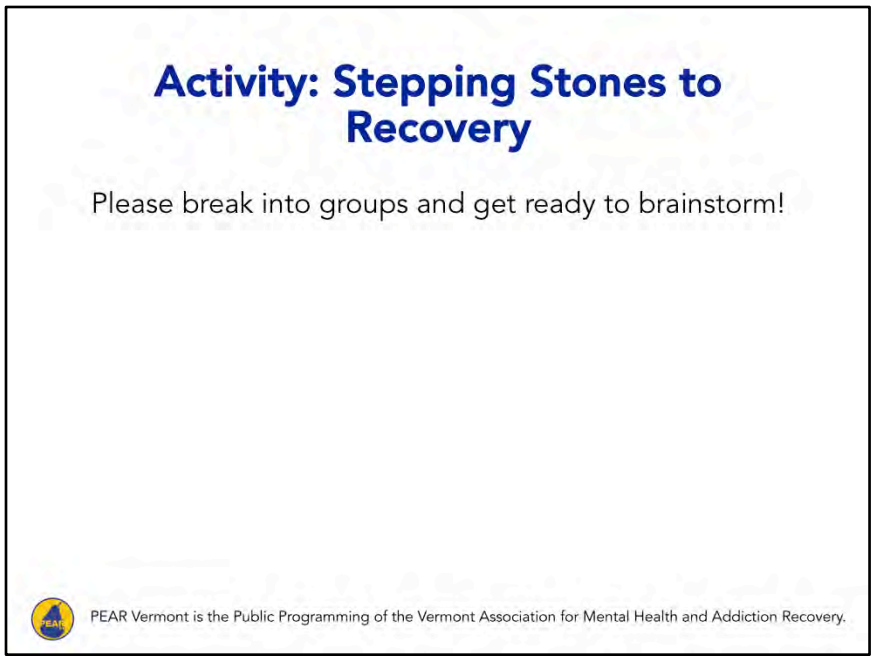

Trainer Notes:

Materials:
Plenty of “stones” cut out of construction paper.
Markers

Directions:

Have participants break into 3-5 groups.
Have each group brainstorm multiple pathways to recovery, writing one path on each stone.
The possibilities are endless.

Multiple Paths to Recovery

Group Discussion

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DAY 2 – I

Senior Substance Use and Misuse

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U.S. Census: The Greying of America States by Oldest Median Age

Maine: 43.5 years old

Vermont: 42.3 years old

New Hampshire: 42 years old

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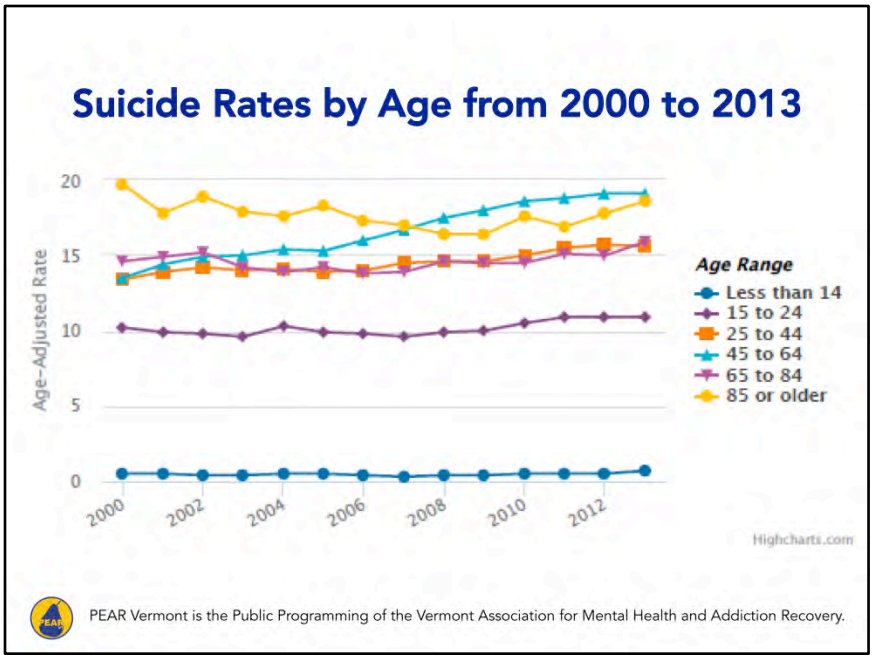
Trainer Notes:

Statistics from National Council on Alcoholism and Drug Dependence (NCADD).


Suicide Rates by Age from 2000 to 2013
Age-Adjusted Rate
20
15
10
5
0
2000
2002
2004
2006
2008
2010
2012
Age Range
Less than 14
15 to 24
25 to 44
45 to 64
65 to 84
85 or older
Highcharts.com
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Charles Gurney, LICSW, LADC

Substance Abuse and Aging Coordinator
Department of Disabilities, Aging & Independent Living and
Department of Health, ADAP division

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Day Three

Motivational Interviewing and Harm Reduction

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Day Three Agenda

a. Review Day Two
b. The Five Pillars of a Recovery Coach
c. Motivational Interviewing
d. Body Language Techniques
e. Practice Coaching: Motivational Interviewing Roleplay
f. Harm Reduction Approach: The Basics
g. Closing a Session
h. Toolkit, Resources and Networks

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DAY 3 – A

Review Day Two and Discussion

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Day Two Review

- Ethics, Values and Boundaries
- Multiple Paths to Recovery

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DAY 3 – B

The Five Pillars

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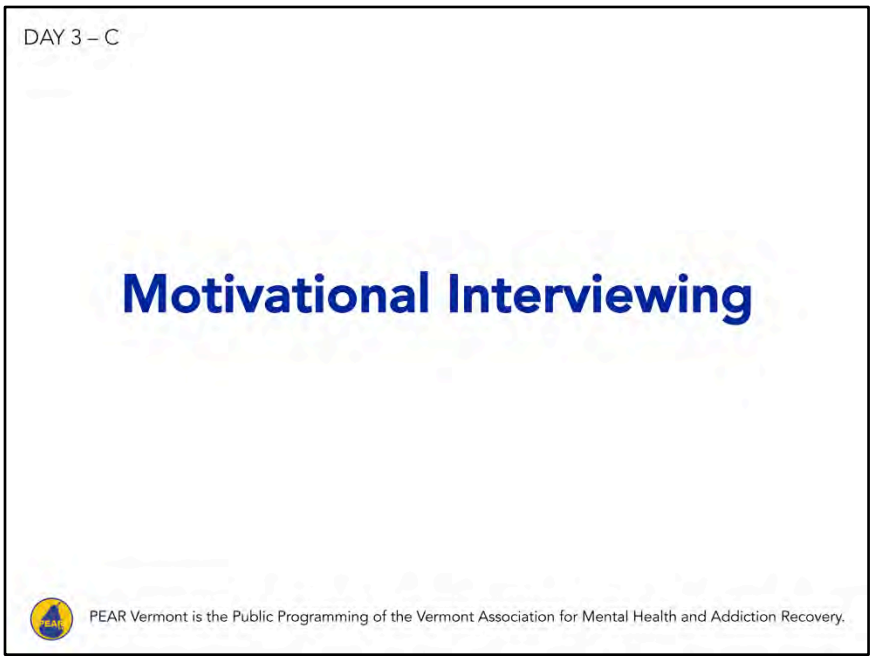
Trainer Notes:

Read aloud together!

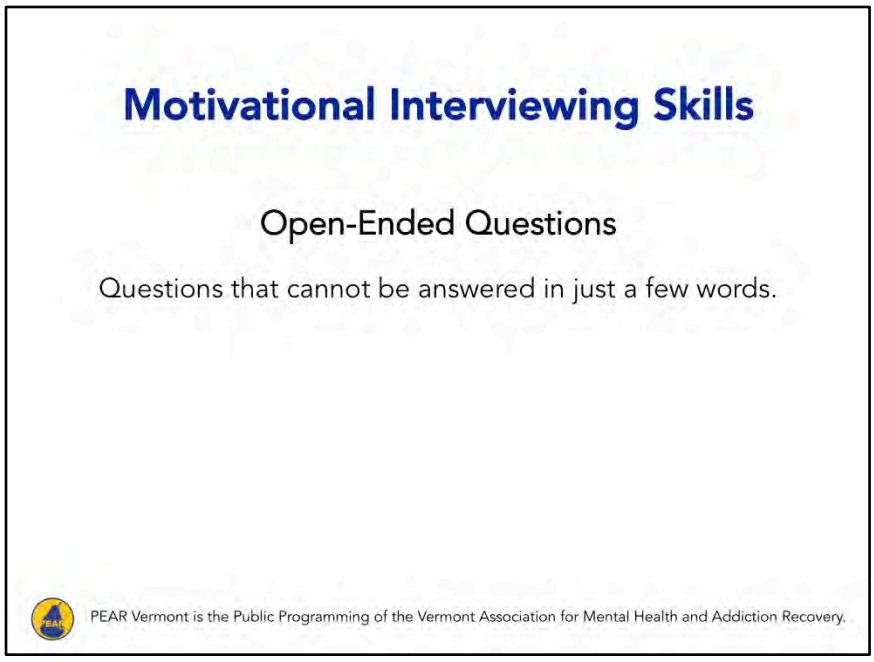


Trainer Notes:

A quick overview was given on Day One. Motivational interviewing is **the backbone of coaching.**

Trainer Notes:

Do a quick review on open ended questions and give them the two documents regarding MI (or preload into the participant binders).



Trainer Notes:

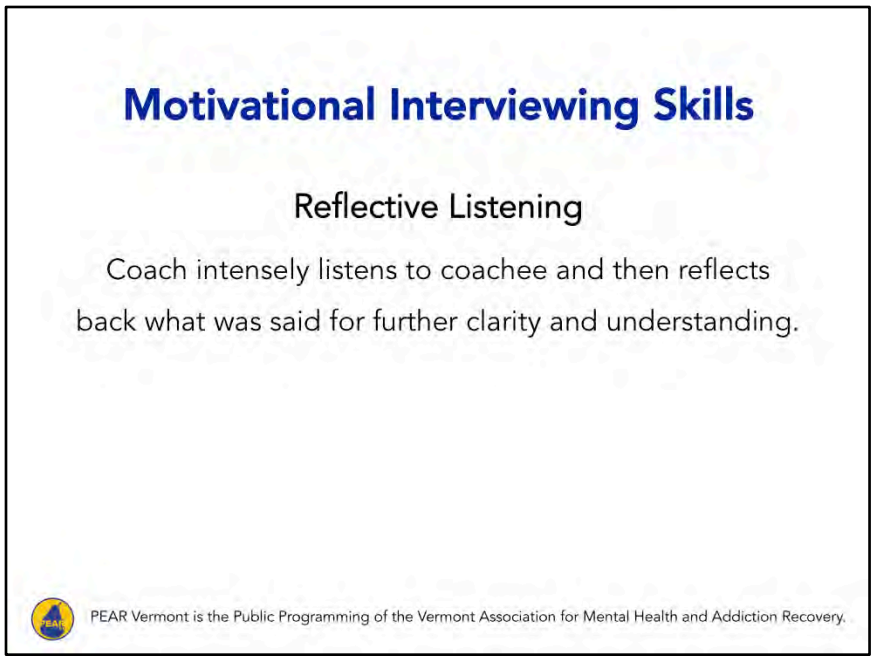
Open-Ended Questions: Questions that cannot be answered in a few words or less.

You bring value to your prospects, clients, and yourself through the **questions** you **ask** -- but only if they're good **questions**.

Trainer Notes:

Affirmations: Statements that recognize the individual's strengths.

These help the individual see themselves in a more positive light. These may help the individual feel that change is possible. In order for these to work, they have to be sincere and genuine. The affirmations involve reframing behaviors or concerns as evidence of the individual's positive qualities.



Trainer Notes:

Reflective Listening: This is the most crucial skill in Motivational Interviewing.

It has two purposes. The first purpose is to "bring to life" expressing empathy. By careful listening and appropriate reflective responses, the individual comes to feel that the coach understands the issues from their perspective.

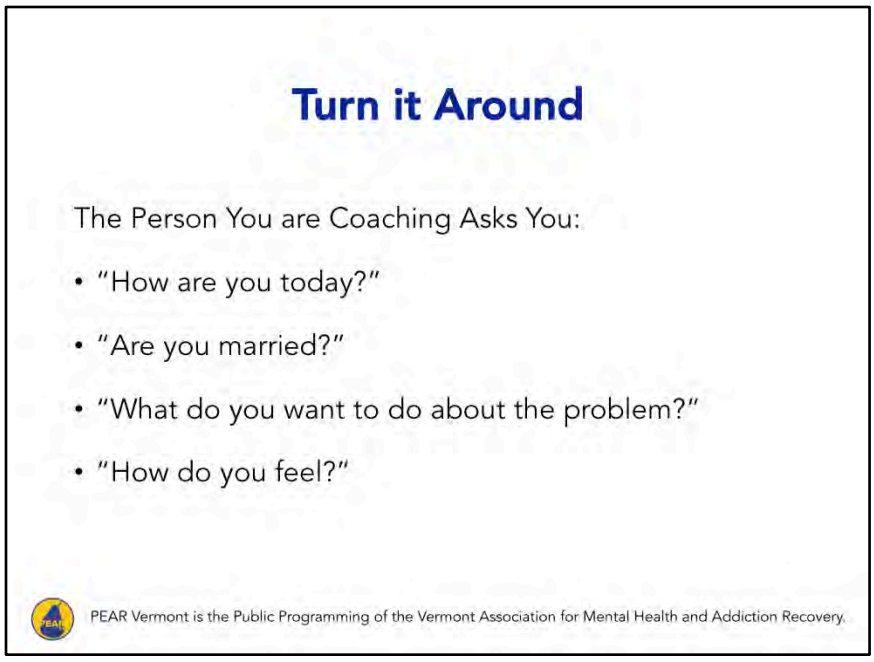
The second purpose is to use reflective listening as a core intervention toward guiding the individual toward change. This is done by the coach focusing on the negative aspects of the issue and the positives of making change. Some reflections are more helpful at times of "resistance" while others are more appropriate when the individual offers statements more indicative of commitment to change.

Trainer Notes:

Summaries: These are a special type of reflective listening, when the coach recaps what has happened in the coaching session.

Summaries communicate interest, understanding and call attention to important elements of change. They may be useful to help the individual to shift attention or direction and help the individual "move on". Coaches can strategically select what information should be included and what can be minimized or excluded.

We will go over more on how to close a session on Day Five.



Trainer Notes:
Have the full group offer suggestions popcorn style on turning these closed questions around.

Replacement Examples:

What has been the best part of your day today?

Who are all the people that make up your family?

What are three ideas you have thought about in solving this problem?

What are some of the feeling you are having right now? Describe to me what they look like.

DAY 3 – D

Body Language Techniques

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Body Language Techniques

Your body language conveys 90% of your message.
Convey positive messages.

- Don't Fidget
- Eye Contact
- Gaze Don't Glare
- Actively Listen

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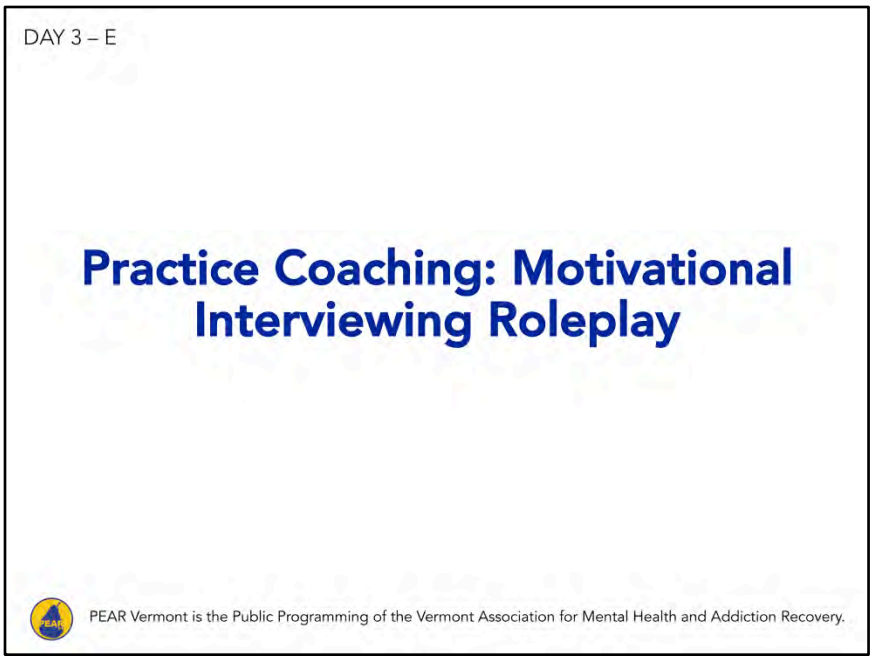

Trainer Notes:

Once you have introduced motivational interviewing skills, have the group split up into groups of three. Have one person be the coach, one be the coach-ee and one observer.

Each person will spend 5 minutes in these roles and then rotate so by the end of the practice everyone has had a turn being all three.

Gather the group back together once everyone has had a chance to play all three roles. **Group Discussion on what they experienced.**

DAY 3 – F

Harm Reduction Approach: The Basics

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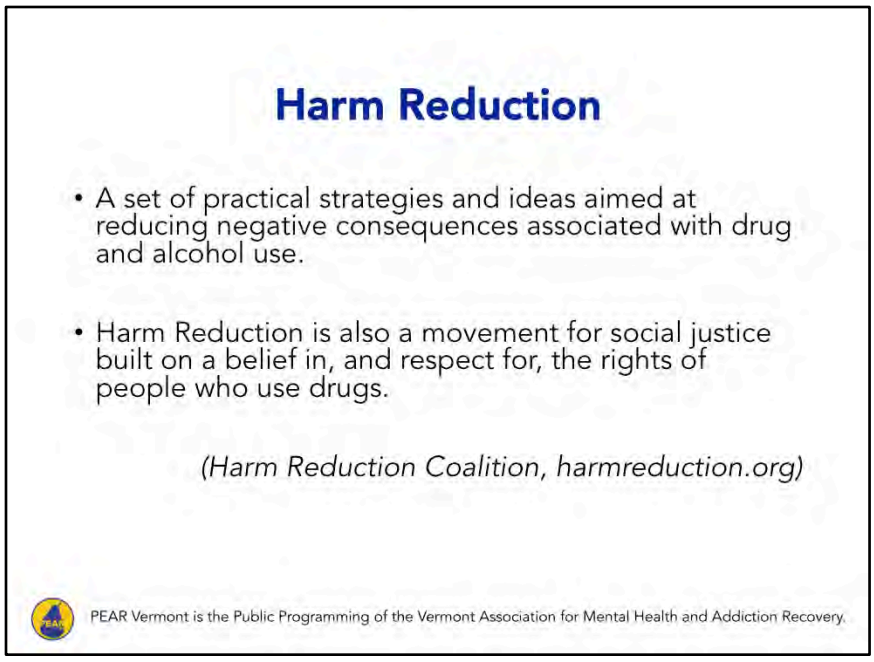


Trainer Notes:

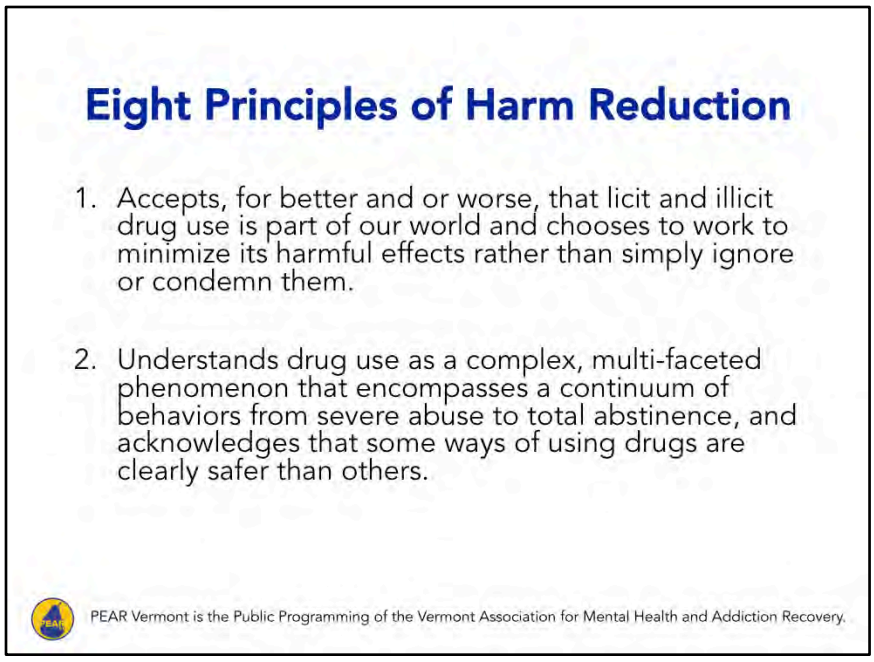
History:
Started in Merseyside, England in the mid-1980's.
Increasing awareness of the connection between injecting drug use and rise of HIV and Hepatitis.
Needle exchanges began.
Methadone Maintenance.
Sexual Health Education Programs.
British Columbia Harm Reduction Strategies and Services (HRSS) committee provided a structure to facilitate coordination of evidence based harm reduction strategies and services. Remember, harm reduction works in cooperation with treatment, prevention, and enforcement. The four pillars work together.

There is great evidence that harm reduction works. (Ex. decrease in STDs, HIV and Hepatitis.)
Harm reduction has never been fully defined.
Can be applied to other issues such as alcohol abuse, smoking, diet, exercise.
Common sense.

The Learning Curve

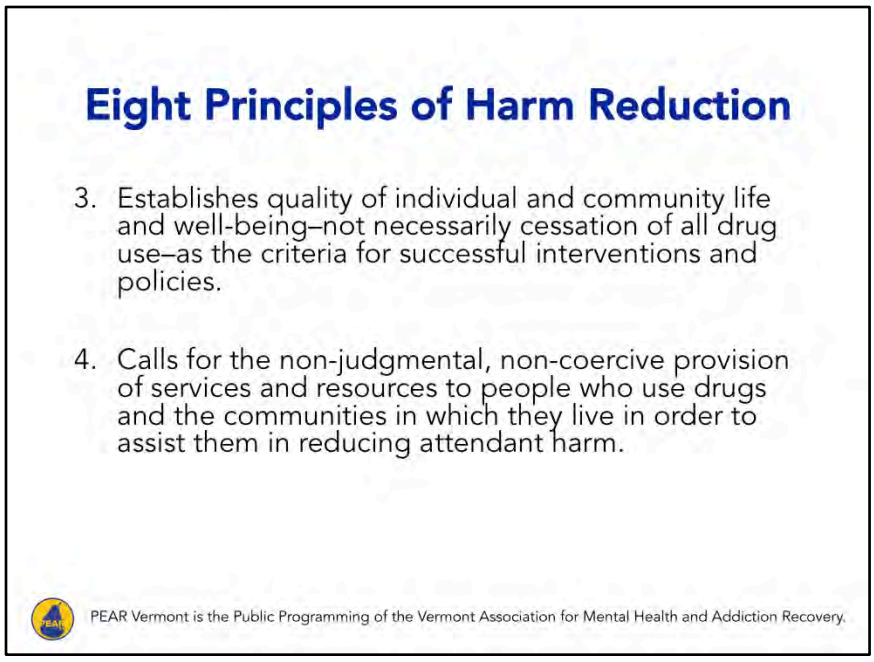
If a person is not willing to give up his or her drug use, we should assist them in reducing harm to himself or herself and others.

(Bunning1993)



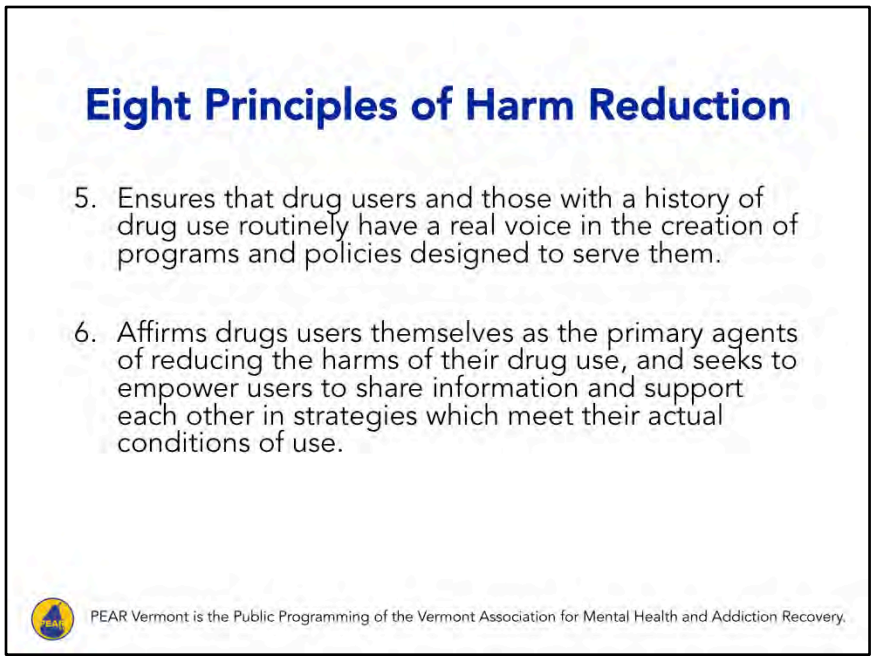
Trainer Notes:

Go through each principle and discuss its meaning. Keep reemphasizing that if they are in a current program that is abstinence that is EXCELLENT. We are talking about the people that have not been successful with that or need another model to be successful.



Trainer Notes:

Go through each principle and discuss its meaning. Keep reemphasizing that if they are in a current program that is abstinence that is AWESOME. We are talking about the people that have not been successful with that or need another model to be successful.



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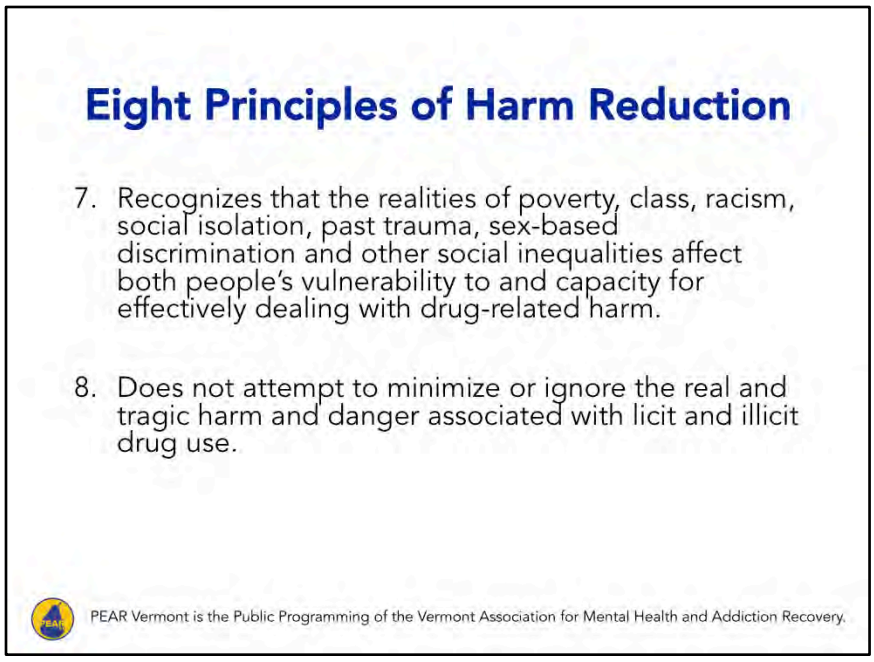

Trainer Notes:

Go through each principle and discuss its meaning. Keep reemphasizing that if they are in a current program that is abstinence that is AWESOME. We are talking about the people that have not been successful with that or need another model to be successful.

Trainer Notes:

1. This is rooted in the belief that drug users have to hit "rock bottom" before they are able to escape from a pattern of addiction and that harm reduction actually "protects" them from this experience. Harm reduction is often the first link or only link to the health and social service system. For those who do not want to quit, cannot quit or regress back to drug use harm reduction can effectively prevent HIV, Hepatitis and other drug related harms. Harm reduction also will increase the possibility of drug users will re-engage with a broader society, lead productive lives and quit using drugs. This would be instead of contracting and transmitting disease and succumbing to overdose or death.

2. Based on the notion that "harm reduction sends out the wrong signal" and undermines primary prevention efforts. Some people actually feel that if we help drug users "stay alive", reduce their exposure to risk and become healthier may encourage non drug users to regard drug use as safe and want to now use drugs. This viewpoint totally underestimates the complexity of factors that drape over peoples decision to do drugs in the first place. It is black and white thinking allowing no room for people to take small integral steps toward a healthier life. It is as if saying that if

Harm Reduction Approach is Needed

- Traditional Programs such as 12-Step approaches are wonderful.
- They work really well for some people.
- The success rate is not as high as people may think.
- 60%-95% of people who enter such programs drop out or fail to maintain abstinence.
- We need to fill the gap.

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What About Alcohol?

- Harm reduction strategies do work with individuals who are unable or unwilling to abstain from alcohol.
- Small changes can make big differences in reducing the chances of having alcohol related problems.
- Harm reduction recognizes that most drinkers have no wish to harm or kill themselves or others.

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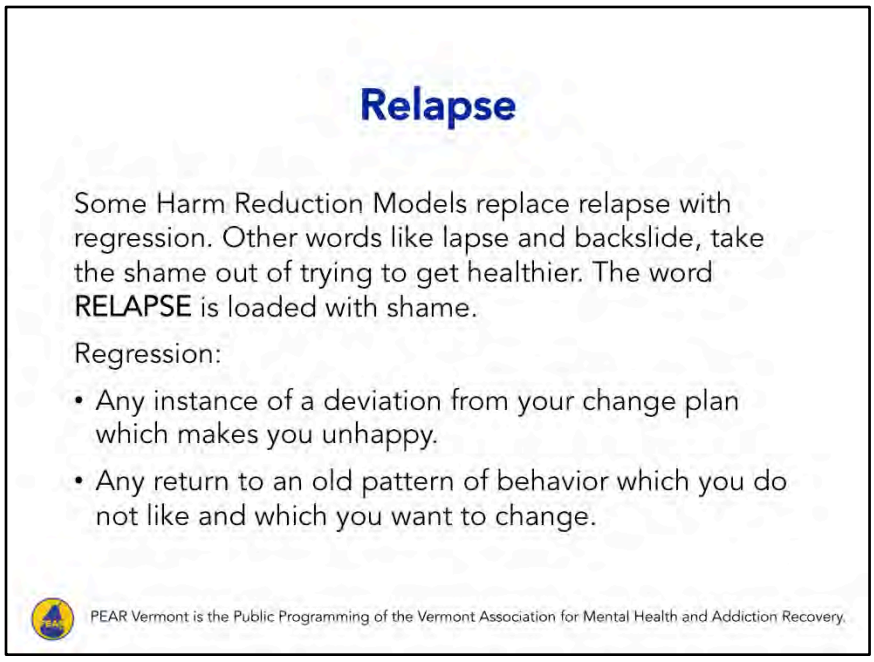
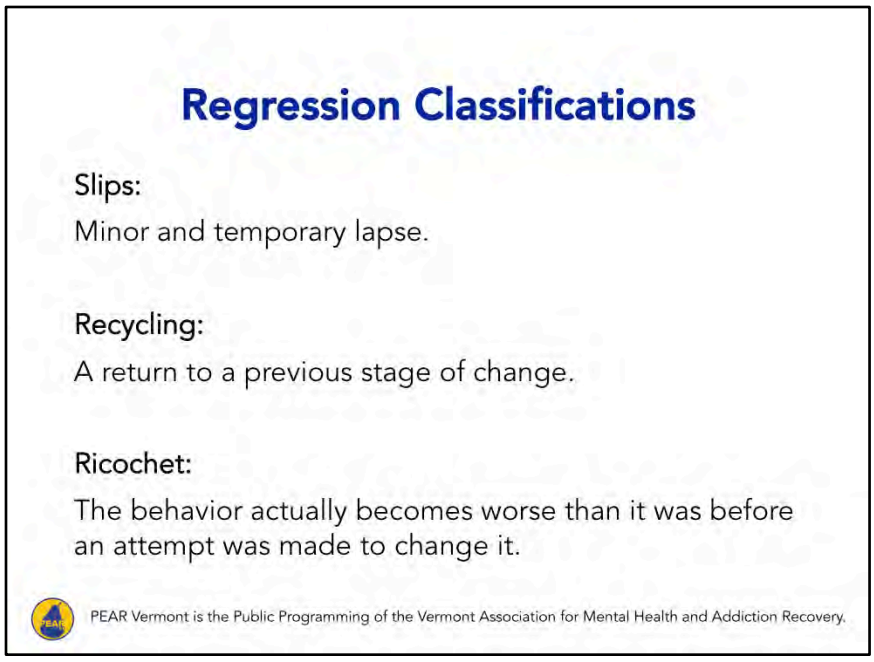


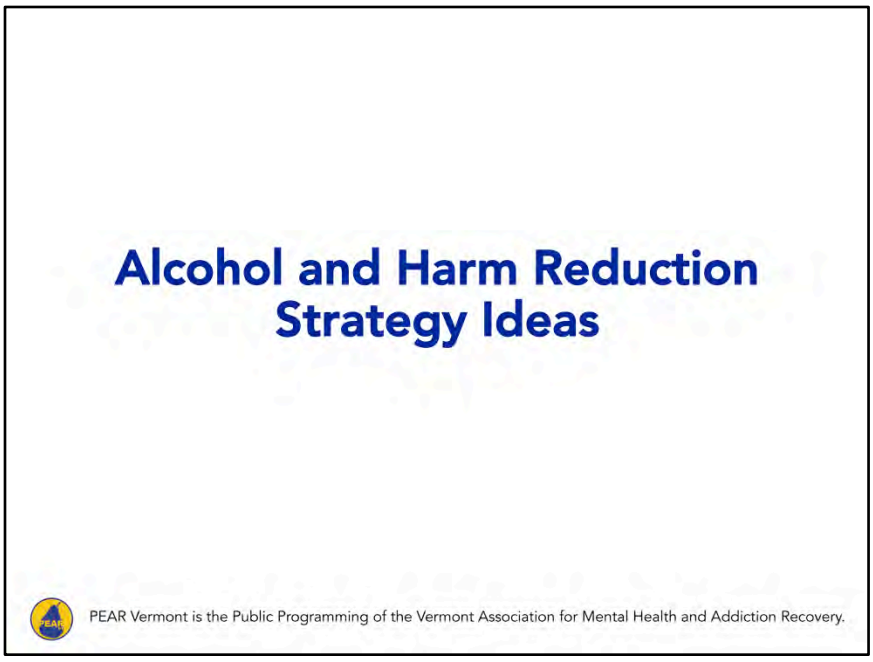
Trainer Notes:

Talk about how shame based relapse can be for some. Talk about the idea that they have to start all over. Talk about the mindset that can happen when someone has a slip. What are the results of that particular mindset. Have we considered a co-occurring issue? Were they using alcohol to self medicate? Did they have a horrible loss and not enough support around them? New to recovery? Other ideas.



Trainer Notes:

Give them the handout: Stages of Change**.**
Should already be in binder under Day 1.



Trainer Notes:

Go over handout from the HAMS website. Give proper credit. Natural lead into the Hams slide.

HAMS: Harm Reduction, Abstinence and Moderation Support

- A support and informational group for anyone who wants to change their drinking habits for the better.
- 17 elements to HAMS.
- Offers information and support via a chat room, an email group, a Facebook group and live meetings.
- HAMS book available.
- Articles and literature can be reproduced.

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Goals in Reducing Harm Associated with Abuse

- Check yourself for any stigma or discrimination regarding abuse.
- Educate yourself on resources for abuse victims.
- Refer to resources with expertise in this area.
- Increase the access to those resources.
- Educate yourself on legal resources.
- Provide support without pushing agenda.

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Working with Individuals

- With motivational interviewing techniques and active listening, listen for the whole picture.
- Understand the organizations structure and policies regarding access if still using.
- Be friendly.
- Always thank them for coming in.
- Always thank them for their honesty.

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How Can We Help?

Working with individuals:

- Educate and support individuals to be experts in their own lives.
- No matter what your own path or belief system around drug and alcohol is do not show disapproval of active drug use.
- Watch for personal and organizational stigma and discrimination issues.

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What Steps Can We Take?

- Educate ourselves on safer using practices.
- Educate ourselves on safer sex practices.
- Cultural awareness on marginalized populations.
- Transgender issues and hormone injections.
- Awareness on health issues.
- Find resources that are specific to harm reduction.

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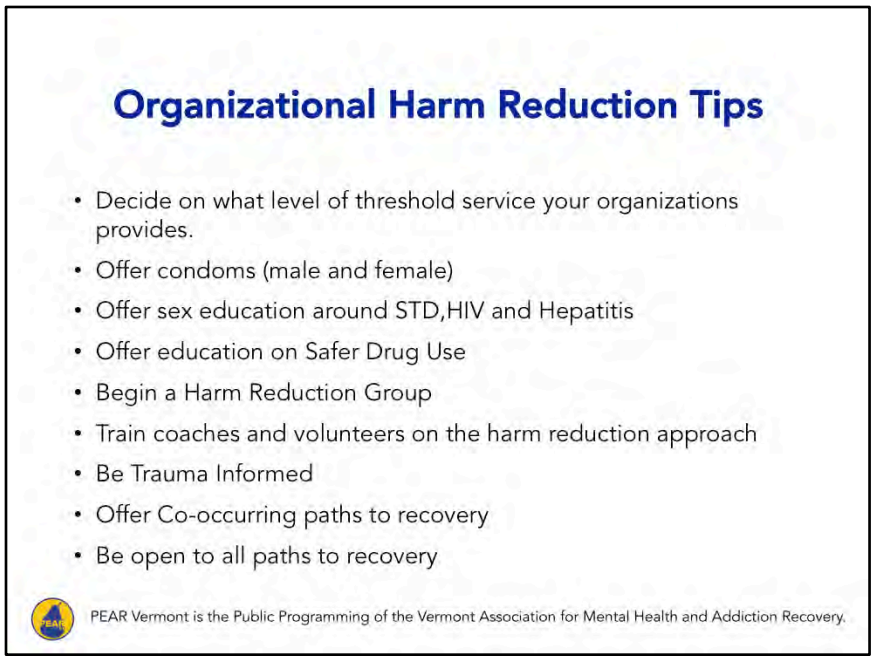

Trainer Notes:

Low Threshold Service: do not require abstinence. They work towards engaging participants who actively use drugs while reducing drug related harm.
Do you have a low threshold service within in a higher threshold organization?
Examples: Allow people to be coached before they are abstinent, hold harm reduction groups, have medication assisted treatment/MMT services or groups.
Resources to other low threshold groups: Pathways to housing example
MMT may be thought of as a long term treatment for heroin addiction as insulin is a long term treatment for diabetes. Are we still making it a moral issue?

DAY 3 – G

Closing a Session

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Closing a Session

- Summarizing
- Body language techniques
- Asking for the next appointment
- Closing coaching with client

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Practice Coaching

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DAY 3 – H

Toolkit, Resources, and Networks

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Your Toolkit

- Standards and Ethics
- Participant Agreement or Contract or….
- Your dedicated professional communication line
- Your explicit network
- Your explicit Supervisor, Manager, Coach of Coach
- Your tools: from tea to kleenex.
- Your space.
- Your brand.
- Your own private Montana: http://mtpeernetwork.org/wp-content/uploads/2014/03/Peer-Support-Toolkit-Final-Edition.pdf

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Your Toolkit

- https://vtrecoverynetwork.org/PDF/Recovery_Coaching_Agreement.pdf
- http://nextgencounseling.com/wp-content/uploads/image/2013/10/Adult-Recovery-Coaching-Welcome-Packet.pdf

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Establishing Your Coaching Resource Base and Networks

- Research the resources in your area.
- Create a book or electronic resource guide.
- Connect with local resources and discuss all programming.
- Visit local resources to make connections with staff.
- Review resource book every quarter; update information.
- Be aware of any new programming or resources available.

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Resource Ideas

- Local Hospital Numbers
- 211
- Local Homeless Shelters
- Local Detox/Rehabilitation Centers
- Intensive Outpatient Programs
- Economic Services
- Mental Health Agencies

Resource Ideas

- Meditation Centers
- Area Churches
- Local Gyms
- Dental Programs
- Clothing and Supply Resources
- Emergency Cash Resources
- Hotlines & Warmlines
- Vocational center/ Employment Center
- Job Training Programs

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Resource Ideas

- Local Support Groups
- 12-Step Meetings
- Job Resources
- Job Training Programs
- Housing Programs
- Nutritional Resources
- Family Resources
- Transportation Resources
- Online Resources

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Resource Ideas

- Medication Assisted Treatment Clinics
- Smoking Cessation Programs
- Safe Sex Programs
- Domestic Violence Programs
- LGBTQIA Programing
- Veteran Programing
- Youth Resources
- Smart Recovery
- Celebrate Recovery
- Co-Occurring Groups

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Referrals

- Where does your organizations find coachees?
- What can you do to help your organization?
- What is the system to refer coachees to other services?
- What can you do to help your organization?

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Day Four

Trauma Informed Care

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Day Four Agenda

a. Review Day Three
b. The Five Pillars of a Recovery Coach
c. Trauma
d. Understanding and Acknowledging Compassion Fatigue
e. Motivational Interviewing: Putting Skills Into Action
f. Nutrition and Recovery
g. Leadership
h. Graduation

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DAY 4 – A

Day Three Review and Discussion

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Day Three Review

a. Motivational Interviewing
b. Harm Reduction Approach: The Basics

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DAY 4 – B

The Five Pillars

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Trainer Notes:

Read aloud together!

DAY 4 – C

Trauma

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What is Trauma?

Immediate or lasting adverse effects of exposure to potentially traumatic events.

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Individuals at Higher Risk

- Personal History of Trauma
- New to the Field
- Extreme Stress Outside of the Workplace
- People in Early Recovery
- People with Shaky Boundaries
- People Who Have Been in the Field for a Long Time
- Over Achievers

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Two Types of Trauma

Single Blow Trauma:
A one time traumatic event.

Repeated (Complex) Trauma:
Repeated and prolonged over a span of time

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Single Blow Trauma

Natural Disasters: Fires, hurricanes, tornadoes, earthquakes, floods.

Technological Disasters: Chemical spills, plane crashes, car crashes, nuclear reactor failures, and dam breaks.

Criminal Violence: Robbery, aggravated assault, rape, and homicide.

Examples of Complex Trauma

- Combat
- Physical, Sexual, Verbal and Emotional Abuse Over an Extended Period of Time
- Generational Poverty
- Alcohol and Drug Addiction
- Long-Term Incarceration
- Long-Term Psychiatric Hospitalization
- Other

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Symptoms of Complex Trauma

- Inability to cope with the stresses of everyday life.
- Unable to trust and grasp the benefit from relationships.
- Inability to manage strong emotions.
- Memory problems (or loss of).
- Attention difficulties.
- Effects thinking and behavior.
- Creates hypervigilance.
- Altering to neurophysiological makeup.

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Trauma Informed Recovery Coaching

Recovery Coaches need to have a basic understanding of Repeated (Complex) Trauma and its effects.

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Facts and Statistics of Trauma

- Everyone suffers trauma at some time.
- One in two people will be exposed to life threatening traumatic event in their lifetime.
- Usually the person recovers after some time and the trauma fades to a memory.
- Sometimes the body cannot heal the trauma and there are long-term changes in the brain.

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Facts and Statistics of Trauma

- 7% of Americans have had or will have PTSD.
- Women are 2X more likely as men to develop PTSD.
- $44 billon a year is spent in medical and related costs.
- Many people in the Western world take a "blame the victim" approach to avoid dealing with the mental illness.

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Trauma and the Brain

- A typical "hot" action protects the brain through disassociation.
- Stops the horror of the event.
- Sets off stress hormones that can raise the following:
  - Blood Sugar
  - Blood Pressure
  - Heart Rate
  - Interferes With Digestion
- The body enters into a state of hypervigilance.

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The Limbic System

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The Limbic System

- Set of brain structures wrapped around the center.
- Center is the oldest part of the brain (reptilian brain).
- Fight or Flight or Freeze happens here.
- Limbic System functions include:
  - Emotions
  - Behavior
  - Motivation
  - Short and Long Term Memory

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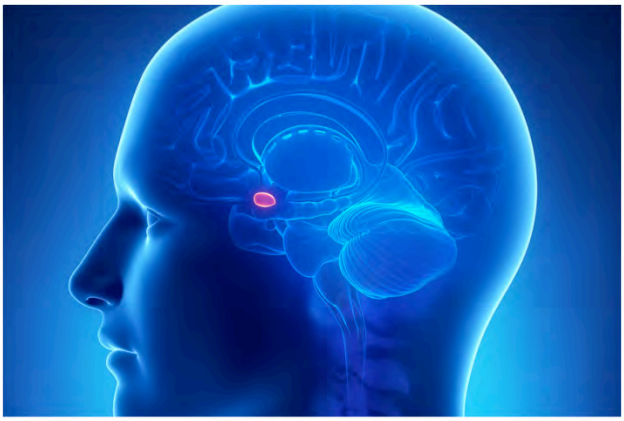
Amygdala



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Amygdala

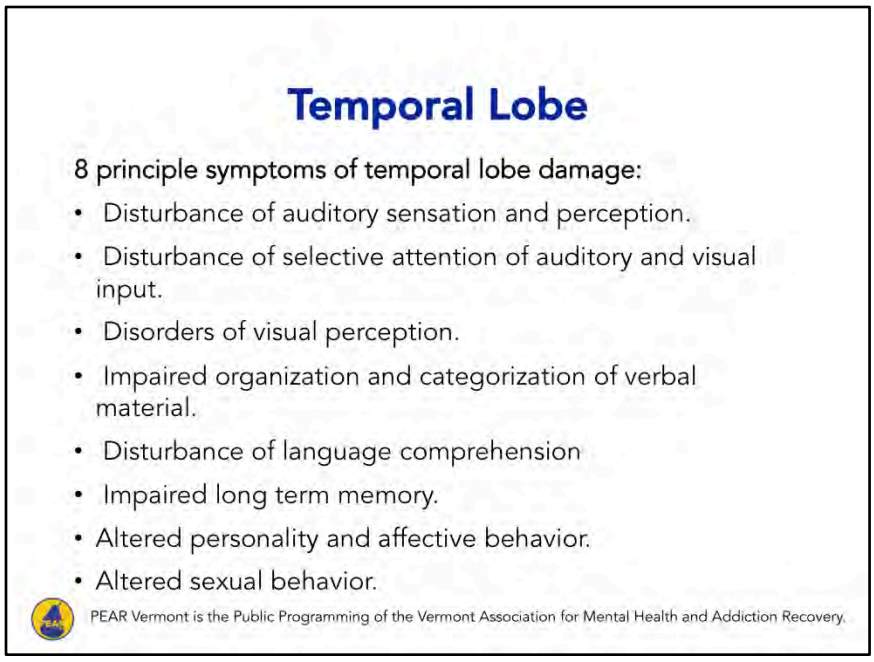
- Hot: It reacts to un-integrated and fragmented fear. It is direct, quick, inflexible, highly emotional and instinctual.
- Gets involved in the hippocampus process.
- Mediates emotional content.
- It constantly asks questions like "is this dangerous?", "Do I like this?" or "Do I need to trigger stress hormones or not?"
- It asks the hippocampus to check the database for past instances of the event.
- It integrates information from internal chemistry, external events and memories; attaches the emotions; and decides an action.

Hippocampus

Hippocampus

- Cool, unemotional and neutral; "The Thinker."
- Checks memory banks for past information that might help a decision to be made.
- Brings together memory elements from all the sensory areas.
- Stores them in short term memory until you stop thinking about it and then moves them to long term storage.
- Without this functioning, normally you would never be able to live in the present.

Temporal Lobe



Trainer Notes:

Impulsivity is the inclination to act upon sudden urges or desires without considering potential consequences. Sometimes people describe impulsivity as living in the present moment without regard to the future. Compulsivity is a behavior that an individual feels driven to perform to relieve anxiety. Once a person performs the compulsive behavior, the anxiety goes away and restores comfort. Thus, the presence of these behavioral characteristics in addicted persons indicates that changes to the prefrontal cortex have occurred. Unfortunately, these changes also make the discontinuation of drug use more difficult.

Addiction is a process that coordinates the transition from impulsive to compulsive behavior. Impulsivity occurs during the early stages of addiction. During this phase, people impulsively act on powerful urges to experience the pleasure of their addiction. Anxiety is not associated with the urges during these early stages. Instead, addiction reflects acting on impulsive desire to receive immediate pleasure from the drug or activity. People are not considering the future consequences.

As addiction progresses a shift begins to occur. At this point, the compulsive aspect of

Prefrontal Cortex

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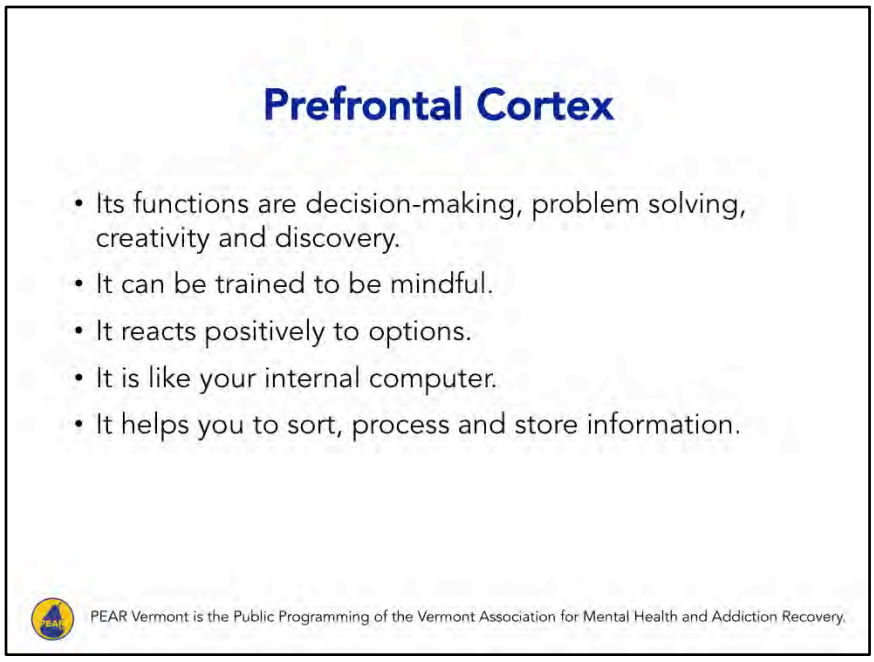


Trainer Notes:

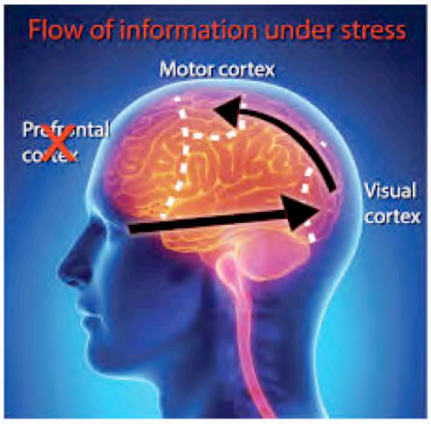
The prefrontal cortex enables us to make rational, sound decisions. It also helps us to override impulsive urges. If acted upon, these impulses urges can cause us to act without thinking. This is usually not in our best interest. For instance, suppose I've had a bad day at work. I may have an impulsive urge to tell my boss exactly what I think of her. To act on this impulse is not in my best interest. Fortunately, my prefrontal cortex is functioning quite well. I still have my job!

Obviously, this ability to inhibit impulses is very helpful. It enables us to function well in society. It protects us from harm by allowing us to consider the consequences of our actions. However, when the pre-frontal cortex is not functioning correctly, the opposite occurs. Addiction causes changes to the prefrontal cortex. These changes account for two characteristics of addiction: impulsivity and compulsivity. Another way to describe the pre-frontal cortex is to think of it as a braking system. The pre-frontal cortex acts as the brain's brakes. It sends out signals to inhibit particular behaviors or actions. When addiction damages this brain area, it limits the brain's ability to control other behavioral systems as well. Imagine how difficult it would be to operate a car without brakes. At this point, we might say the brain is "high-jacked"

Trauma can Interrupt this Process

- If something diverts or interrupts this process, there is a failed signal transmission of information from one part of the brain to another.
- Some are minor; you may not even notice.
- In other cases, it may cause a massive failure of the system.

Brain Under Stress



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Symptoms of a Failed Transmission

- Loss of Memory
- Misperception of Reality
- Inability to Perceive Reality
- Reactions out of Proportion to Situation
- Unable to Think Through Logic and Reason

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Potential Effects of Trauma

- Trauma breaks normal processing.
- Trauma is danger and the amygdala determines that danger exists.
- The brain triggers "fight" or "flight" response.
- The "hot" drive for survival takes over.
- The brain is now in the middle of a dangerous event.
- It does not look "outside" therefore not subject to rational control.
- The "cool" system is disabled or put far in the background.

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Understanding Hypervigilance

A constant state of vigilance or arousal which wears a person down physically, mentally, emotionally.

A specific cluster of PTSD symptoms:

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Feeling constantly "on guard" from danger.
- Easily startled; jumpy.

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The 90/10 Response

- 90% of the emotions come from the past and 10% of the present.
- An individual in the hyper arousal state is already heightened in emotion.
- A trigger will create a 0-60 explosion in a matter of seconds.
- The individual reacts with intense emotion to one facet of a current situation that bears similarity to a past situation in which trauma occurred.

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Chain Response

- Initial physiological response to the extreme stress of a traumatic event.
- Lack of soothing or comforting following the event.
- Development of capacity to regulate extreme stress not present.
- Repetition leaves the individual in constant state of hypervigilance (arousal).

When Trauma moves into Post Traumatic Stress Disorder

- If trauma is prolonged, extreme or repetitive, it can physically injure the brain.
- The amygdala stays in the alert stage for so long is actually gets "stuck" there. The amygdala grows larger.
- The hippocampus gets underutilized and is not able to put things in order in the database so you may confuse today with five years ago.
- The longer the vigilant state lasts, the higher chances of permanent damage.

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Trauma and PTSD are Real

- The injury is real.
- The injury is physical.
- It is not confusion, misdirected thinking or a sign of a weak character.
- It is not a case of "just get over it."

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Children's Brains

- Enter hyper alert phase as part of learning process.
- Absorb amazing amount of info in a short time.
- Learn the difference between self and environment.
- Learn the difference between self and actions.
- Amygdala busy processing all that new information.
- Amygdala busy storing experiences, rules and language.

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Trauma Help

- Talk Therapy
- Pharmacotherapy
- Cognitive Behavioral Therapy
- Diverse but Related Techniques
- Cognitive Restructuring
- Exposure Therapy
- Eye Movement Desensitization and Reprocessing

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What Can We Do as Coaches?

- Remember that your body language conveys 90% of your message. Convey positive messages.
- Avoid unstable physical environments when coaching.
- Avoid hostile environments.
- Avoid long sessions.
- Offer baby steps for success.
- Acknowledge, accept and accommodate just like any other disability.

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Additional Coaching Tips

- Let the person position themselves in the room you are coaching in.
- Keep the office well lit.
- Never ask that they close their eyes.
- Offer alternatives to sitting in a closed room.
- Keep your voice low and calm; avoid physical touch without permission; move slowly, no sudden movements.
- Keep the session simple; cut short if needed.
- Be patient, compassionate and understanding.
- Offer grounding techniques.

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DAY 4 – D

Understanding and Acknowledging Compassion Fatigue

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What are your formative experiences around "work"?

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"The expectation that we can be immersed in suffering and loss daily and not be touched by it is unrealistic as expecting to be able to walk through water without getting wet."

- Rachel N. Remen, MD

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Darfur is a region in Sudan, Africa that had a population of approximately 6 million people prior to 2003.

In 2003, two rebel groups, Sudan Liberation Army/Movement (SLA/M) and the Justice and Equality Movement (JEM) launched a full-scale rebellion against the Sudanese government for reasons of ongoing economic marginalization and insecurity.

The Sudanese government responded to the rebellion with the Arab militia (aka Janjaweed) with violent attacks on villages throughout the country. Since beginning in 2003, an estimated 400,000 people have died directly or indirectly from the attacks.

A genocide is the deliberate and systematic extermination of a national, racial, political, or cultural group. The violence in Darfur is considered a genocide because it is racially-based. The Arab Sudanese displaced and murdered the Black Sudanese.

In September 2004, US Secretary of State Colin Powell deemed the Darfur conflict a genocide and called it the worst humanitarian crisis of the 21st century. This is the

Fatigue

Extreme tiredness, typically resulting from mental or physical exertion or illness.

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Trauma

A deeply distressing or disturbing experience.

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There are three things we are going to cover today:

You Will Learn Nothing You Do Not Know

1. Remember how to **recognize**.
2. Remember **boundaries**.
3. Remember how to **help**.

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What is Burnout?

Job burnout is a special type of job stress; a state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work.

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Clinical Questions About Burnout

- Have you become cynical or critical at work?
- Do you drag yourself to work and have trouble getting started once you arrive?
- Have you become irritable or impatient with co-workers, customers or clients?
- Do you lack the energy to be consistently productive?
- Do you lack satisfaction from your achievements?
- Do you feel disillusioned about your job?
- Are you using food, drugs or alcohol to feel better or to simply not feel?
- Have your sleep habits or appetite changed?
- Are you troubled by unexplained headaches, backaches or other physical complaints?

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Secondary Traumatic Stress Disorder

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

Contagion: When this phenomenon spreads throughout an organization

Symptoms of PTSD

- Reliving the event.
- Avoiding situations that remind you of the event.
- Feeling numb.
- Feeling "keyed-up."

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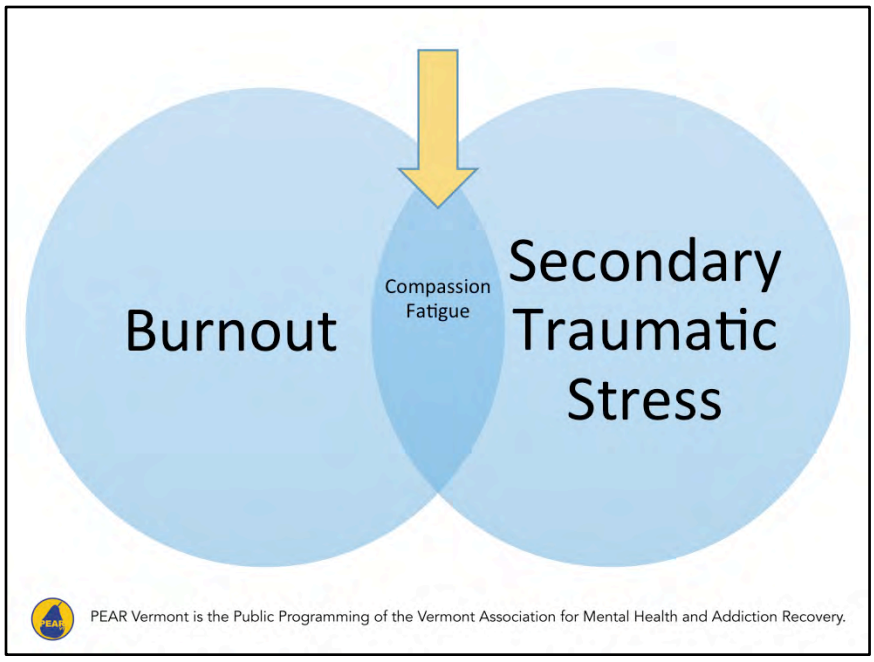
Burnout
Compassion Fatigue
Secondary Traumatic Stress
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The Ouroboros

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DAY 4 – E

Motivational Interviewing: Putting Skills Into Action

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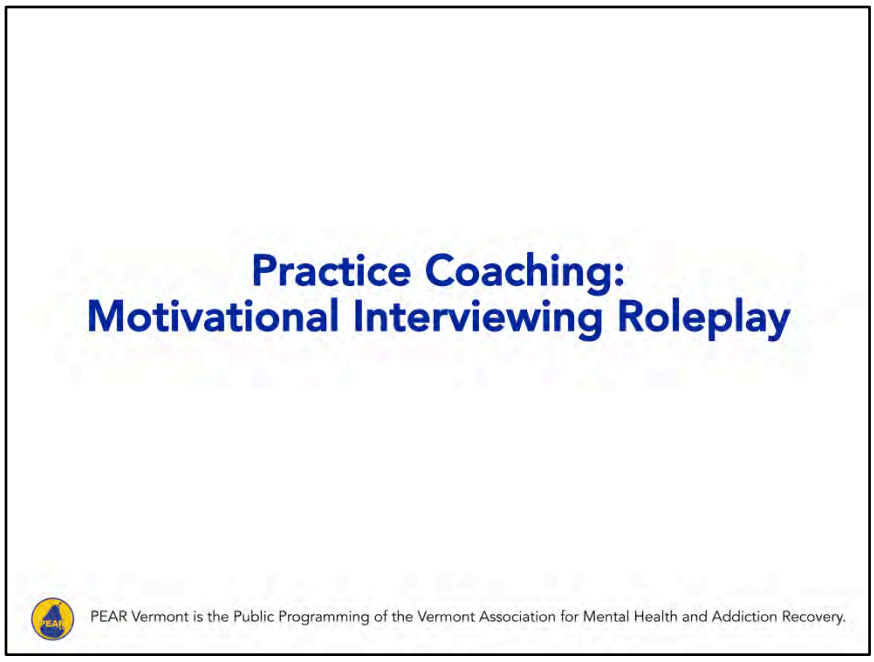
Trainer Notes:

These topics are a review from Days 1 and 3.

Ask the class to define each of these, using examples where necessary.



Trainer Notes:

This activity took place on Day 3. Try to have people who haven't worked together yet, work together.

Once you have reviewed motivational interviewing skills, have the group split up into groups of three. Have one person be the coach, one be the coach-ee and one observer.

Each person will spend 5-10 minutes in these roles and then rotate so by the end of the practice everyone has had a turn being all three.

Gather the group back together once everyone has had a chance to play all three roles. **Group Discussion on what they experienced, strength-based observations and critical feedback.**

DAY 4 – F

Nutrition and Recovery

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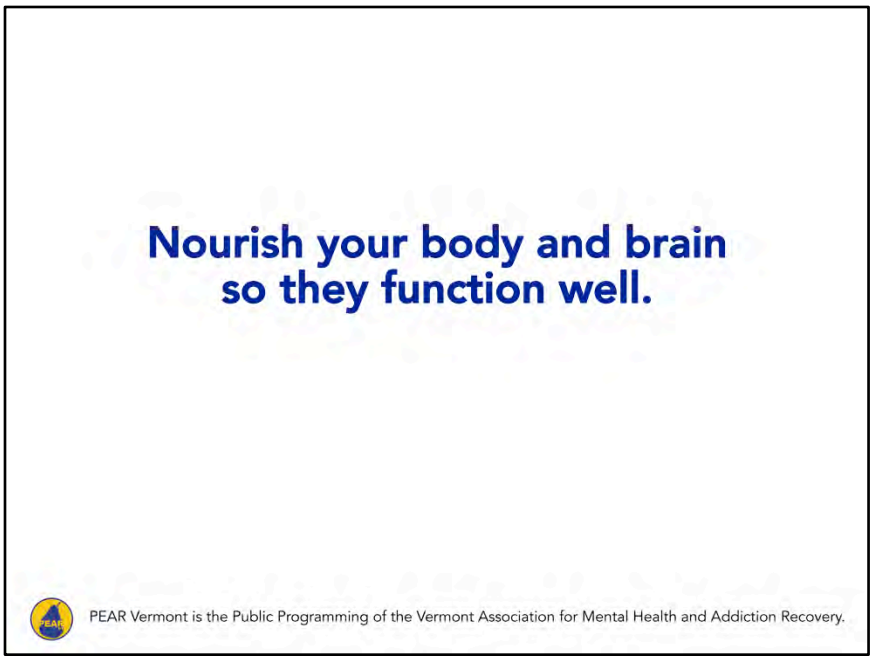
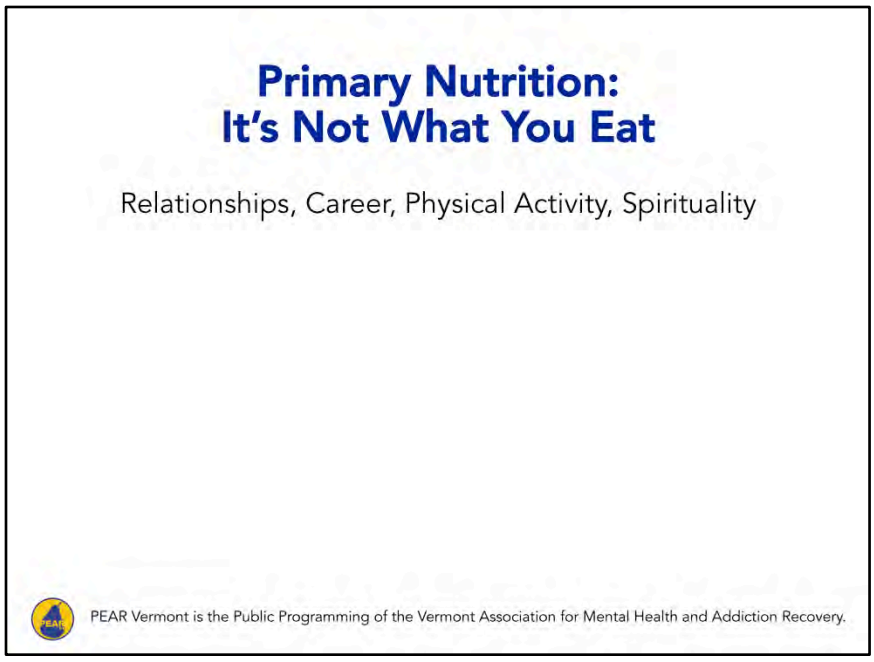


Trainer Notes:



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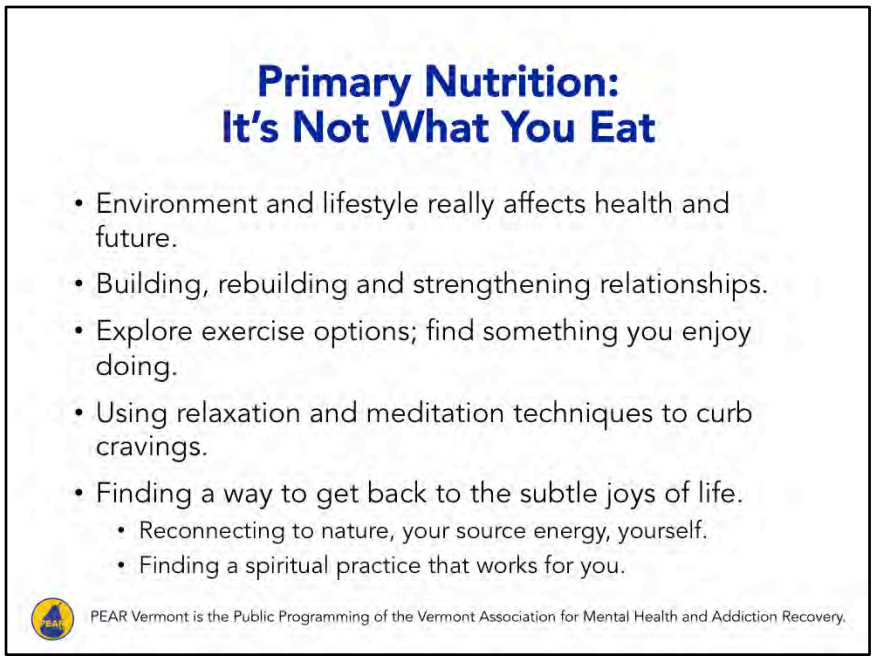
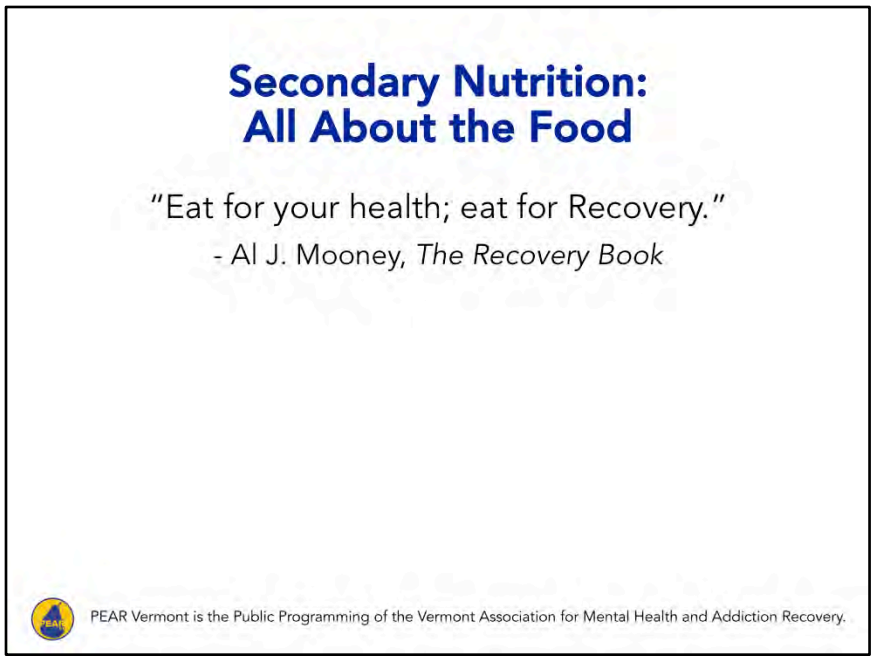


Trainer Notes:

Spiritual Practices: Religion/Church, Meditation, breathing techniques, laughing, being in nature, singing, chanting (mantras), reading an uplifting book, eating or drinking something nutritious and delicious, spreading love, gratitude and compassion, and endless possibilities!

Find what YOU love to do, create your own list, and place it around your home as a reminder. Have fun. Play!



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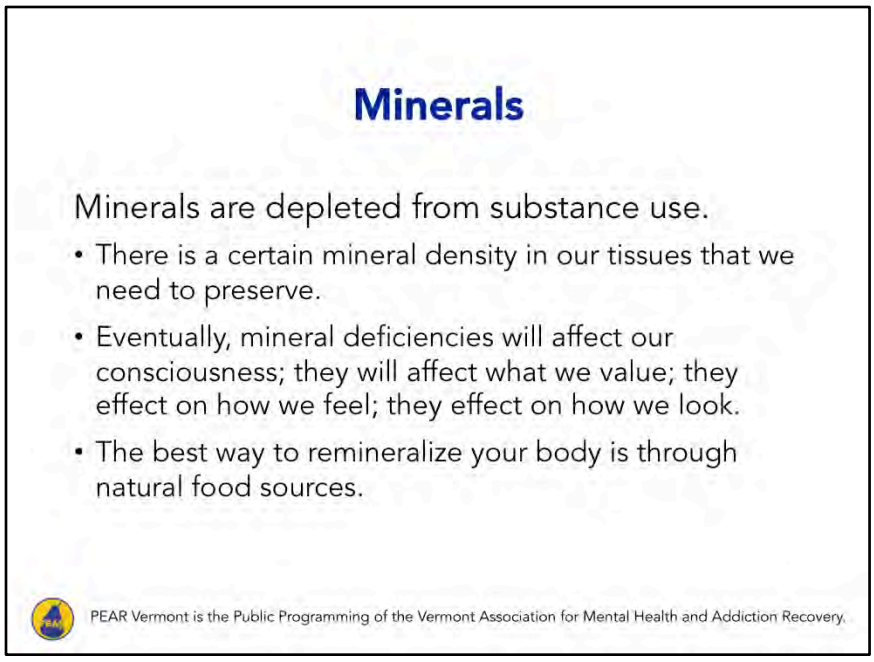

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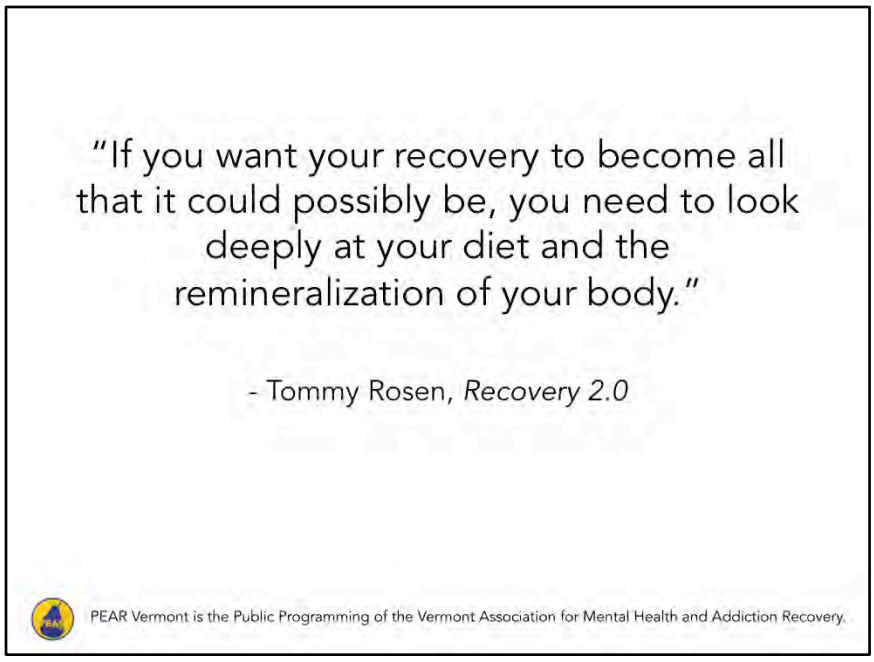

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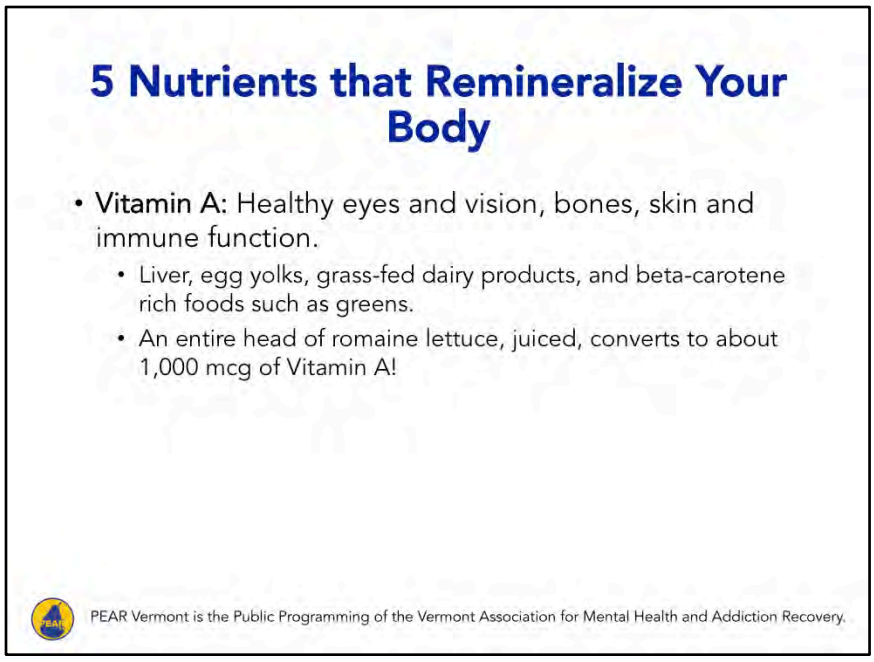

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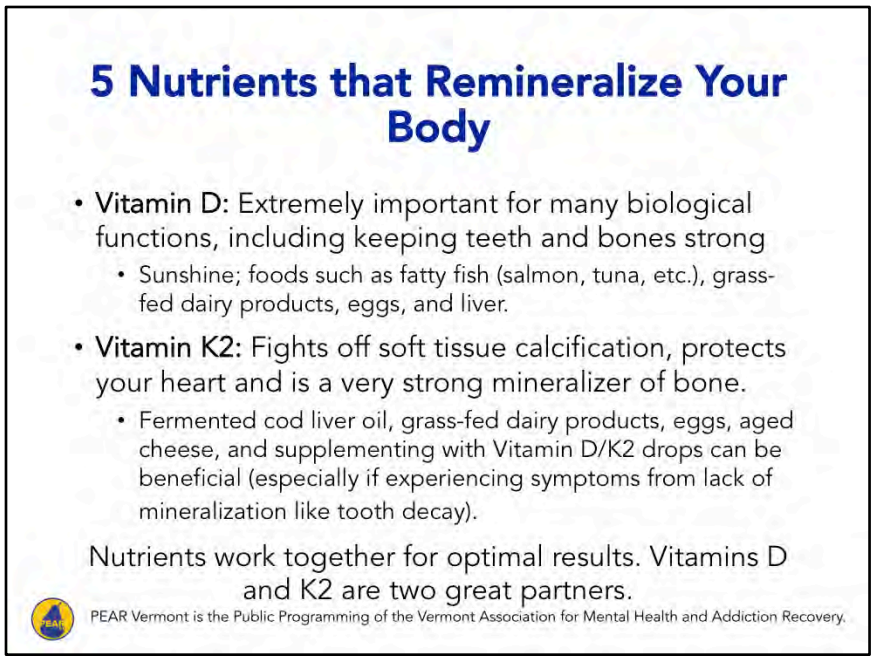

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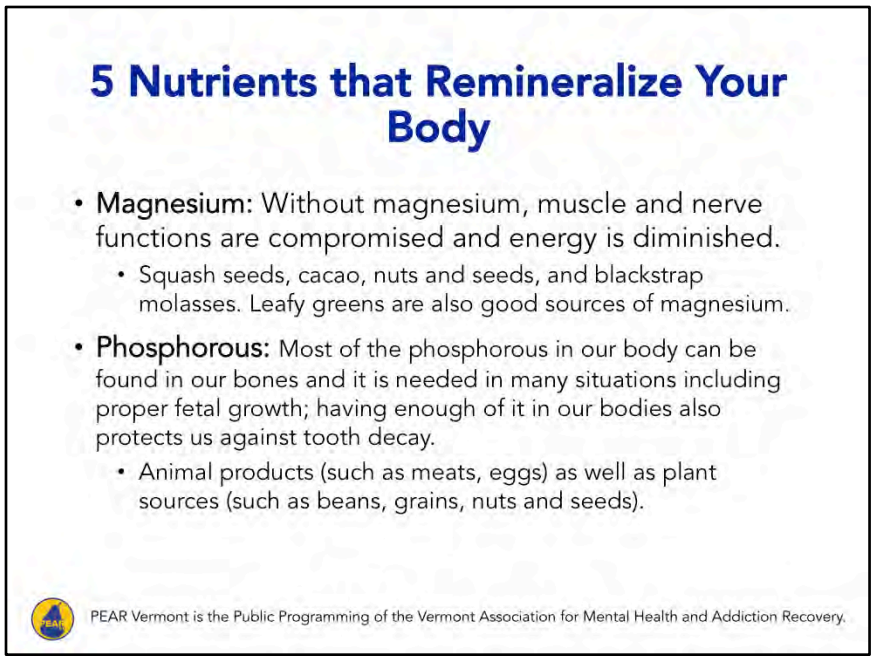

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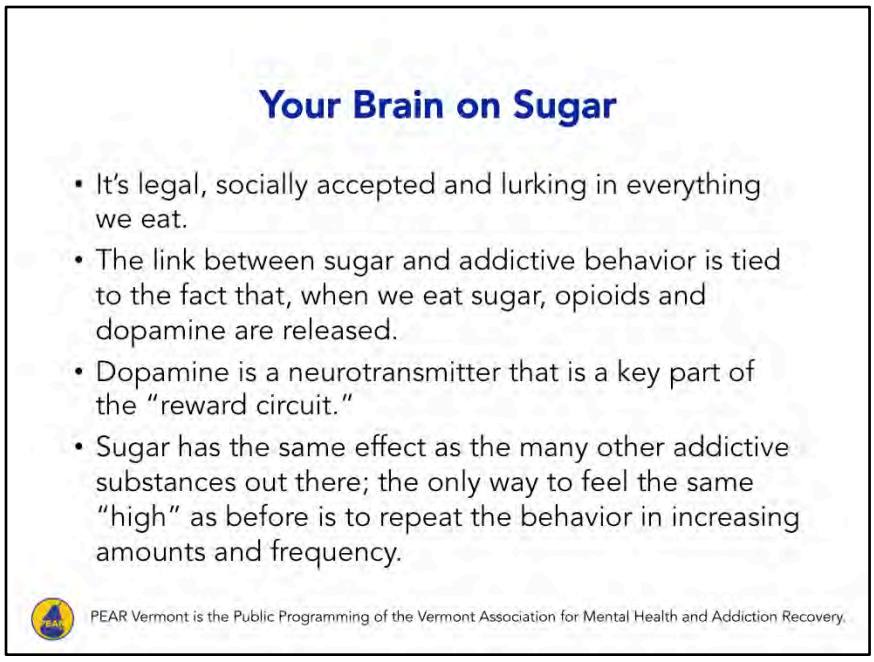

Trainer Notes:

Sugar Vs. Cocaine

Brain Reward Center

RED: High dopamine; normal pleasure and interest.

YELLOW: Medium dopamine; difficulty feeling joy or pleasure.

GREEN: Low dopamine; lack of pleasure.

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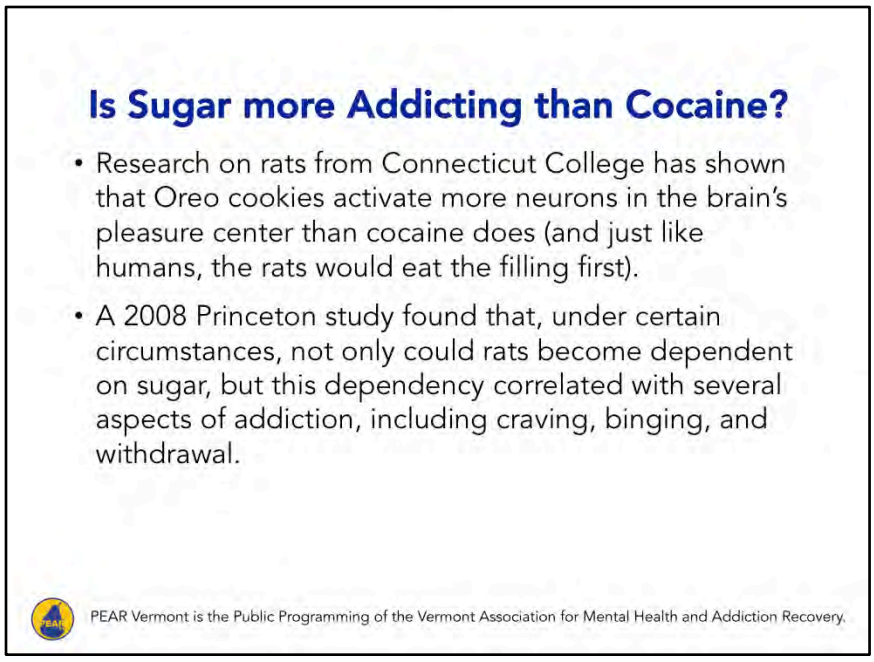
Trainer Notes:



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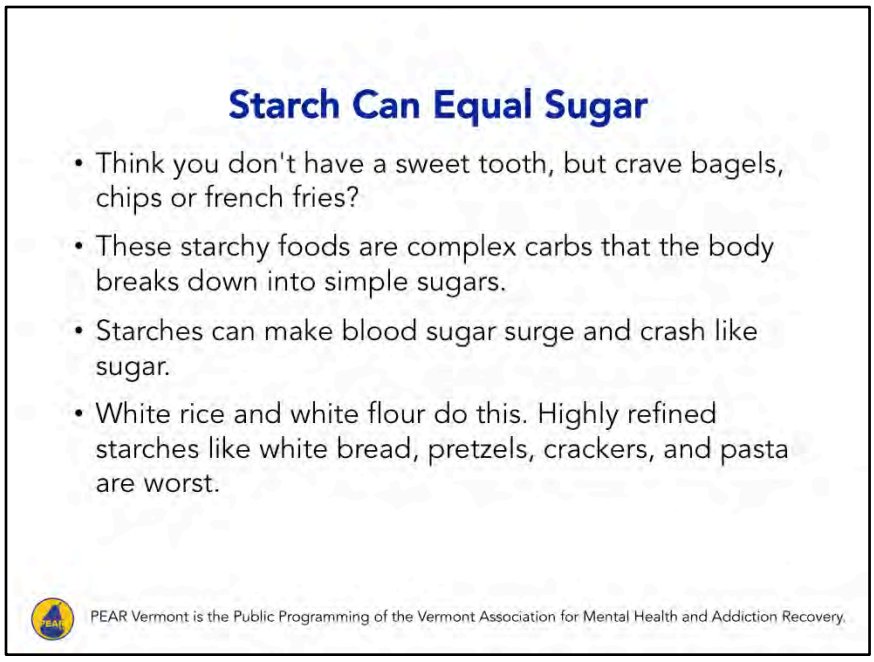
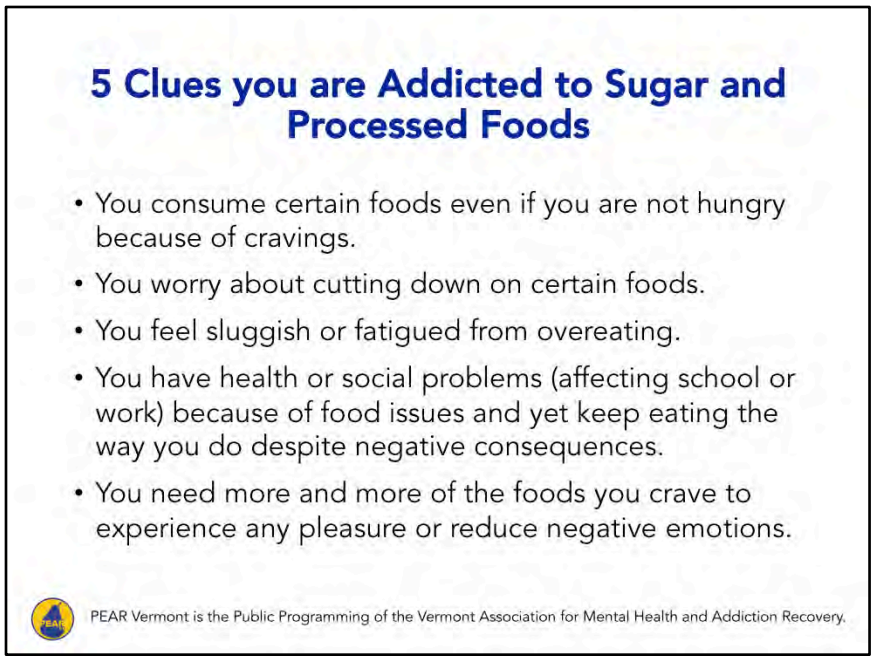


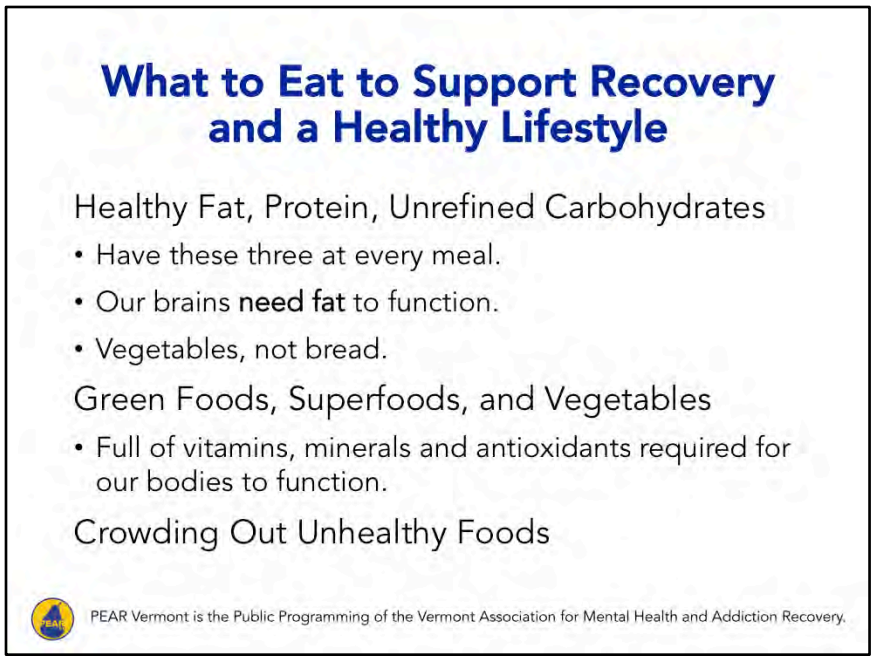
Trainer Notes:

From: http://www.webmd.com/diet/ss/slideshow-sugar-addiction



Trainer Notes:

From Dr. Mark Hyman: http://drhyman.com/blog/2013/06/27/5-clues-you-are-addicted-to-sugar/



Trainer Notes:

DAY 4 – G

Leadership

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Be a Leader in the Recovery Movement

As a recovery coach you will not only help individuals, but can also play a role in leading the **recovery movement**.

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Ways to get Involved as a Leader in Recovery

- Build strong networks and valuable resources.
- Take one of our powerful Say It! trainings.
- Join us for Recovery Day at the State House.
- Join our Speaker's Bureau.
- Stay abreast of the national scene.
- Represent recovery in the medical, social and faith based communities.
- Stay professional and critical

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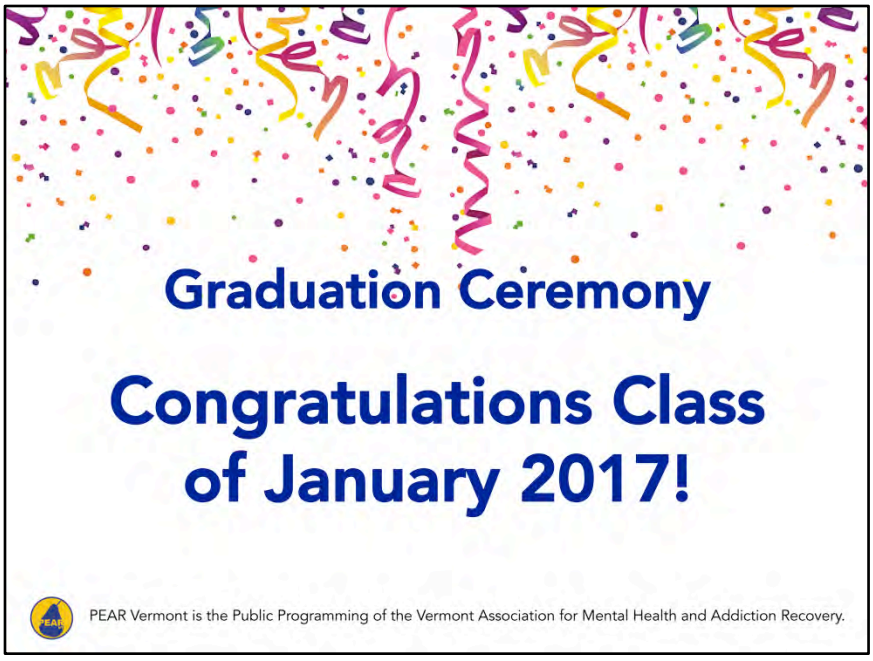
Graduation Ceremony
Congratulations Class of January 2017!
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