

Academic Paper

Architects of Recovery from Alcohol Misuse: Narrative Exploration of Coaching Employed Professionals

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Abstract

Recovery coaching is a lesser-recognised support service to individuals who pursue recovery from addiction. This narrative inquiry research explored the experiences of recovery coaches working with employed professionals in recovery from alcohol misuse. Findings indicate that recovery coaches work in the field of recovery, not addiction and that they were credentialed by their skills as a coach. Recovery coaching may be a useful service to professionals in recovery. Insight into perspectives of coaches regarding goals, processes, challenges and outcomes of recovery provides enhanced understanding of how coaching can facilitate employed professionals to become architects of their own recovery.

Keywords

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Introduction

When I entered treatment for alcohol dependency on 17 December 2009, my sobriety date, I was a senior director at an international investment bank. I arrived at the facility with the full support of my employers, and an immaculate employment record. Completing the programme eight weeks later I was relieved of my command in a business that I had been instrumental in building. Reflecting on that time, both parties suffered from a lack of knowledge of what recovery meant. For my employers, the risk of relapse was too high, whereas I felt that if I had been a successful investment banker in spite of my alcohol misuse, I could perform much better in recovery. Nine years of sobriety later I no longer describe myself as abstinent, or a recovering alcoholic. I describe myself as being in recovery.

This account serves as a backdrop to this article reporting on a study following a narrative inquiry research design: I happened upon recovery coaching during my own search for more from my recovery. Having gone through clinical treatment and 'done my time' in Alcoholics Anonymous (AA), I wanted to explore other modalities. This linked me to the field of coaching, training as a coach and researcher and an interest in investigating how coaching might be applied to recovery.

The terms, "abstinence" (stop using one's drug of choice) and recovery (staying stopped) have traditionally been used interchangeably. The literature refers to two dominant approaches to recovery (White, 2010) focused on clinical addiction treatment services and recovery mutual aid societies due to the predominant philosophy of the disease model of addiction reflecting systemic applications of professional and experiential knowledge (Borkman, 1976). Research has focused on the efficacy of clinical intervention, rehabilitation and mutual self-support groups that focus on life-saving ways to urge people to stop using alcohol or drugs (White, 2010). The reality is that abstinence and recovery mean two different things. Abstinence is seen as a state and recovery, a process (Laudet, 2007). Abstinence is easy to define – recovery is not. Not much research has focused on exploring the experiences of those involved in the process of sustainable, long-term recovery (Laudet, 2007).

The recent focus on recovery means there is a need to reposition substance dependence as a chronic condition requiring long-term care strategies (McLellan, Lewis, O'Brien, & Kleber, 2000) and a new approach to research on recovery to implement better service delivery. Research could thus be repositioned sociologically as opposed to medically and be aligned with the experiences of people who have felt the pain of active addiction and the liberation of recovery (Best, Beckwith, Haslam, Haslam, Jetten, Mawson & Lubman, 2016). This change of direction in research appears to challenge the disease model and is a response to the evidence that while substance use disorder affects all levels of society, the degree, consequences and the ability to overcome substance use disorder are divergent within society (Cloud & Granfield, 2008). Grounded in the varieties of recovery experience are the calls to define recovery more clearly, to provide a platform for more effective research and to deliver better services to those affected (Betty Ford Institute Consensus Panel, 2007). The research that follows focuses on the varieties of recovery experience that is another form of experiential knowledge.

Recovery is a voluntary process, of which sobriety is one factor (Betty Ford Institute Consensus Panel, 2007). Distinct from abstinence, recovery is experienced as the work of change (Laudet, 2007). The social-models of philosophy of recovery management (Room, 1998) provide an alternative to the clinical model and mutual-self support groups (White, 2010) and positions the individual at the centre of recovery (Andresen, Oades, & Caputi, 2011; Deane et al., 2014). The focus has moved from competing expert definitions to environments of the individuals concerned and the assets available to them (Farrugia & Fraser, 2017). Recovery capital is the measurable sum of all assets found to have led to sustainable recovery according to research on the varieties of recovery experience (Burns & Marks, 2013; Cloud & Granfield, 2008; Room, 1998).

The deployment of a recovery management philosophy is termed, Recovery-Oriented Systems of Care, which encompasses all recovery services available. These services are united in the goal of seeking recovery using the varied paths that are the realities of people in recovery (Kaskutas, Bjorkman, Laudet, Ritter, Witbrodt, Subbaraman, Stunz, & Bond, 2014). At their centre is the individual, emerging not simply as the focus of services, but with a say in their own recovery. A recovery coach is a guide through this complex system, described as a peer in recovery (White, 2010), working for profit with willing individuals. Coaching is concerned with transformation (Stone Zander & Zander, 2002) and recovery is experienced as transformation (Kaskutas et al., 2014; Laudet, 2007). However, the literature, whilst touching on the benefits of recovery coaching (Reif, Braude, Lyman, Dougherty, Daniels, Ghose, Salim, & Delphin-Rittmon, 2014), only describes how recovery coaching differs from sponsorship or addictions counselling. What is absent is the contribution that coaching makes to the work of recovery. The shift in attention towards recovery as a process rather than an outcome (McLellan et al., 2000) requiring chronic care strategies, has led

to a philosophy of recovery management that suggests many paths to sustainable recovery and that the individual should be part of this dialogue. These paths include support services and one such service is “recovery coaching”, about which little is known. Whilst growing as a recovery management service, Reif et al. (2014) and White (2004) contend that recovery coaching is under-researched.

Therefore, the aim of this article is to report on a narrative inquiry study undertaken to explore the stories and experiences of recovery coaches working with professionals in recovery. The objectives of the research were to describe the coaching goals, processes, challenges and outcomes of coaching employed professionals in recovery. The focus on what can be learnt from those involved in the process will contribute to the relatively new approach to recovery theory as opposed to testing well known traditional disease based theories or theories of other professions or contexts. Narratives of recovery coaches provides insight into coaching as a support service to the recovery industry and highlights ways that coaching can facilitate employed professions to become architects of their own recovery.

Research Methodology

Research on recovery coaching is scarce; hence, a narrative inquiry was deemed suitable for studying the experiences of recovery coaches as a starting point for further research. The research followed a qualitative, inductive approach and specifically a narrative inquiry that is concerned with exploring human experience (Clandinin, 2006; Reissman, 2008). Although an autoethnographic approach was considered due to my experience in recovery, a narrative approach was followed to allow a free flow of conversations amongst a broader sample with varying stories. The benefits of my insider perspective would have contributed to the the active role of the researcher in the creation of these stories that the narrative inquiry demands (Reissman, 2008) The narrative inquiry was chosen due to the methodological similarities between a narrative inquiry and coaching, such as presence, attention, co-creating a dialogue and active listening. My position as investigator, recovery coach and recovering professional might be perceived as a limitation. Due caution regarding bias was addressed through use of reflective journaling and supervision (Babbie & Mouton, 2010).

The unit of analysis was the experiences of recovery coaches and purposeful sampling was adopted to select ten coaches based on the inclusion criteria of certified recovery coaches, with at least a year’s experience of coaching employed professionals in recovery from alcohol misuse. No measures of dependence or diagnoses were required. I chose to research alcohol dependence, due to my own experience of alcohol misuse and long-term recovery, and because the use of alcohol is legal. Employed professionals referred to those employed in paid work as a specific angle chosen due to the evidence that paid employment plays a core role in recovery (Burns & Marks, 2013; Cloud & Granfield, 2008; Room, 1998).

Coach respondents were sourced from the Foundation for Recovery and Wellness Coaching that offered recovery coach training. A general letter explaining the purpose of the research was sent out to affiliated coaches in this foundation. Seven coaches returned the signed consent forms agreed to under the ethical clearance process. Three recovery coaches felt they did not have the necessary experience required. The start of each interview was designed to make the coaches feel relaxed by creating an environment that was conducive to storytelling. The opening question asked each coach to explore their experiences, including the goals, processes, challenges and outcomes. The purpose of the interview was provided at the start and then the coaches were free to explore their experiences. Further questions were asked as the story developed, turning points were explored, extended accounts welcomed. The interviews lasting between 50 and 110 minutes were digitally recorded. I transcribed the interviews as I view transcription to be deeply interpretive and

not a technical process to be delegated (Reissman, 2008). Member checking was done where participants checked their own transcripts before analysis.

A case-centred approach to data analysis was followed thus keeping the story intact and generating theory from the case as prescribed by the narrative inquiry design (Reissman, 2008). Data analysis was based on the work of Blom and Nygren (2010) and the first step was a naïve reading entailing a cognitive process to generate a raw understanding of each text. Every transcript was then summarised as a standalone narrative, and each summary compiled into a naïve collective understanding of all the transcripts.

The second step was a structural analysis, in which each text is deconstructed, restructured and analysed resulting in codes that were aggregated into new totalities. Codes were generated on what was said (“What” codes) followed by a “Who-Where-Why” code and completed by deriving a “Reflective” code (Blom & Nygren, 2010). “What” codes were common across the material, but each “Who-Where-Why” and its derivative “Reflective” codes were unique to each quotation. A narrative structural analysis preserves the integrity of each story and derives the three types of utterance meaning, namely semantic, reference backwards or behind, and reference forward or ahead (Blom & Nygren, 2010). These codes were placed together into a totality of codes representing all new interpreted entities and was comprised of 277 quotations, 124 “What” codes, and 277 “Who-Where-Why” and 277 “Reflective” codes. The top five “What” codes for each transcript, ranked by a relative number of quotations per interview (representing over 80% of all codes for each transcript) were then tabulated. The codes from all the stories were assembled into a totality of codes.

The third step was comprehension, a dialectical process of interpretation that results in a new story as material output. This understanding is presented through a comparison of the dominant “What” codes from each interview and the objectives of exploring the goals, processes, challenges and outcomes experienced by recovery coaches. The final step was appropriation, being the cognitive and emotional product of analysis by a reader. The limitation of using one interview per participant to generate a narrative inhibited storytelling that could have occurred in several interviews (Reissman, 2008).

Findings and Discussion

After obtaining a naïve understanding of the collective narrative experiences of coaches, structural analysis allowed the selection of four of the seven recovery coaching stories that are reported in this article. Selection of these four stories was based on the top codes discovered during the structural analysis phase and each narrative illustrates four principles for recovery coaching:

- goals as enablers of movement towards a client’s recovery goals
- establishing a relationship as foundational to recovery coaching;
- awareness of systemic challenges to recovery coaching; and
- helping clients define their outcomes in recovery.

The summated naïve understanding of experiences reflect these principles. Recovery was portrayed as developmental, a journey, a maturing process over time. The recovery coaches were experienced in addiction and recovery through their work or their own recovery, or both. Seeking out coaching, and choosing to train as a recovery coach, was the result of wanting more from their own recovery and seeking complementary processes to serve alongside therapy and counselling. There was a theme of exploration of what recovery meant for all those interviewed.

Recovery coaching was a client-centred programme that allowed movement forward bound with a peer in a relationship of trust. The dominant narrative was one of movement: a process of moving forward, empowered by a relationship of equals, driven by purpose and goals. Clients, as experts

in their own lives, were called upon to direct their agendas and define their own recovery: through a process of raising awareness and taking responsibility, rather than being trapped in judgement and blame, or waiting in fear to be told what to do by experts and mentors. Coaches found that clients simply wished to tell their story, to be heard and to be able move forward. The cooperative, collaborative, co-creative and non-confrontational nature of coaching permitted this.

Recovery coaching was a process to facilitate the excavation of purpose. The idea that recovery might be imagining, choosing and planning to lead a life of meaning, was far more complex than abstinence. Coaching skills included listening, using powerful questions, reframing, the use of metaphor and perspective, empathy, compassion and the suspension of judgement. Coaching models varied, adapted to the needs of the client. The processes of coaching, such as models, goals and action plans, facilitated this forward thinking. Goals of clients seeking recovery coaching were typically of a financial and relationship nature, or the fear of not drinking in social situations. These smaller goals tended to be engulfed by the larger goal that emerged, such as that of leading a life of meaning and purpose that alcohol had destroyed, towards reclaiming what had been lost and moving onward to a new future.

Recovery coaching challenges were diverse. There was the tendency to try and rescue clients from overwork, of not setting clear boundaries and the systemic challenges of working with recovering professionals and their employers. Solutions involved the need for watertight contracting, which is a core facet of professional coaching.

Recovery coaches saw their work not in the field of addiction, but in the arena of recovery. Recovery was seen to be about possibility, purpose and potential, and that each client had the potential to choose a way forward in recovery. Clients were capable, whole and resourceful and complementing, rather than at odds with existing recovery support services. Above all, running as a rich theme through the combined narrative, was the idea that recovery was not abstinence but it was far more. Recovery coaching placed the client at the centre of their recovery plan, coaching was simply a tool to help clients achieve a new life in recovery. Effectiveness of recovery coaching lies in the perspectives, processes and purpose of coaching, which facilitate movement towards a desired goal, and as such, was one service among many available to people seeking recovery.

Goals as enablers of movement towards a client's recovery goals: Pat's story

Pat's narrative illustrates goals that were the means to enact movement towards recovery. Pat's recovery was initiated in treatment and AA, and led to her training as a life coach. She wondered how coaching could be applied to recovery:

...there was a lot of: "living in the past", let us call it that, and a lot of "this is what brought me here and this is why I am here", and I found that again this was all personal experience, and that everything lacked the forward nature that I was looking for.

Recovery coaching acknowledges the present and sets a course for a chosen future. This idea of movement towards desired goals is fundamental to transforming the coachee's thinking as they participate in their recovery journey and determine their goals. Goals are integral to the coaching process that is defined by the client-driven approach while the coach holds the client accountable for working to reach her goals (Cox, 2015; Stokes, Clutterbuck & Megginson, 2014). This approach is likely to be a different approach for people who have come from a disease model of addiction. She described the work of a recovery coach:

Well what is a recovery coach? Do you teach the 12 steps? It is like: No, I don't. I help people set goals on how they want to move forward in their lives. Well then, "you are a business coach!", people tell me. I am a coach who works with people with a history of substance abuse.

I am just really helping people to find their own way out of the dogma, and everybody telling addicts how recovery works.

Pat's experiences place her at the watershed of the debate on abstinence and recovery, that abstinence is a state and that it metaphorically belongs to the acute, clinical model that recommends cessation of substance use (McLellan et al., 2000). The literature suggests that better outcomes may be achieved if there was a distinction between abstinence (a state) and recovery (a process), and acceptance of this may allow the movement from one to the other (White, 2010). A coaching process is aligned with the process of recovery. Movement is the hallmark of Pat's narrative.

To catalyse this movement, Pat created an environment of empathy, compassion and acceptance. It was, however, a dynamic process. At the start of an intervention, she would ask a question: "Who do you want to be moving forward?" Initially clients found this question was hard to answer, particularly if they had come through treatment and therapy and had become the object of scrutiny. Pat felt the clinical work was essential for many to uncover what their addiction was all about. The questions remained, but what then? Coaching changed the subject matter as illustrated by Pat: "Now they are part of the dialogue rather than the topic of the dialogue."

Coaching conversations are a series of open questions and co-created dialogue. The coach is a facilitator of a process to assist with applying the clients' own expertise towards realistic and desirable change. Recovery coaching makes that same assumption, namely that the client is capable of enacting change in her life. Another form of knowledge in recovery is the self-knowledge of the individual. Coaching provides a process that addresses the change of focus in recovery management involving the input of the individual in her recovery journey.

The pursuit of recovery was the goal of recovery coaching – but it was the client's goals that were central to the coaching process. In Pat's experience, this role focus may be the catalyst for coachee self-efficacy as the expert in a recovery coaching relationship is the client, not the coach. What Pat invoked was participation, so that clients could explore what works for them.

Which is what I love about the coaching relationship because it is not about advice and it is not about judgement and it is not about telling our clients what to do. ...I am not the expert here, they are the experts in their lives, and I definitely believe that is where the power of coaching lies.

By providing a secure environment and the use of open questions, Pat encourages clients to find out what works for them in their recovery. The clients become a part of the recovery dialogue, free to set their own goals and define their recovery vision and action plan. Coaching is the building of self-belief through a raised awareness and the taking of responsibility (de Haan, Culpin & Curd, 2011). In recovery coaching, the focus of attention changes from being told how to "stay abstinent" to how to "do recovery" by experts with the language of helplessness inherent in the disease model of addiction. Clients responded to the change of approach.

Oh my word! This is incredible! Why wasn't I ever introduced to this before! Because instead of people telling me over and repeatedly what I should be doing, people are giving me an opportunity, or the coaching is giving me an opportunity, to work out what it is that works for me!

In Pat's experience, recovery coaching worked well with employed professionals who identified with its business-like goal-centred approach. However, she felt it was less successful with young adults. Therefore, it appears that recovery coaching may be more suitable for various types of peoples. In her mind, coaching is another stage in a continuum of care, that of movement towards goals of recovery. Pat valued working in a multi-disciplinary and multi-dimensional team. She positioned recovery coaching as one support service within recovery management (Laudet & Humphreys, 2013; Reif et al., 2014; White, 2010). Common short-term goals were harm reduction, moderation

management, avoiding treatment, working on finances and rebuilding relationships. Her clients decided on these agendas, but above all, by invoking her clients' participation in their own recovery, clients experienced movement.

The message of Pat's story is that the goal-centred, participatory nature of coaching is the foundation of its effectiveness in a recovery context, and notably that such a goal-centred approach may be effective with employed professionals and mature adults. The literature describes recovery coaches as credentialed by their experience in recovery (Reif et al., 2014; White, 2010). The evidence from Pat's experience suggests that recovery coaches are primarily credentialed by their skills as a coach.

Fundamental to understanding how recovery coaching differs from other addiction and recovery services in which the relationship is between a mentor and a mentee, a coaching relationship is between two peers. This is not a semantic shift but one that may motivate consideration of self-awareness and responsibility that offers both coach and coachee a process to be an integral part of recovery.

Establishing a relationship as foundational to recovery coaching: Paddy's story

The foundation and power of any coaching process is the relationship between the coach and the client (Ladyshevsky, 2017; de Haan et al. 2011). Structural analysis of all the texts placed the "What" code relating to the coaching relationship as the most discussed theme. Paddy's narrative illustrates the positive experience of coaching and the relationship between coach and client as the defining foundation of a recovery coaching process. His discovery of recovery coaching started with a desire to know more about recovery outside the rooms of AA.

I think that was a big part of my search: I wanted to do the Recovery Assistant's course because I wanted to know more about recovery because I felt this couldn't be recovery. I can't just be coming to these AA rooms for the rest of my life! The rooms are supposed to teach me how to deal with life, but I have found out, and I may be completely wrong, my whole thought process was that they create life within the rooms, and what is the outside life? You have to keep on coming back.

Paddy's desire to seek more from his recovery dovetails with the literature that describes recovery as a journey of exploration and change (Laudet, 2007). He contrasts the security and support of AA in the early stages of sobriety with his need to recover in his natural environment.

I have always wondered what if you could skip that traumatic part and go straight to the positive of coaching...I was just flabbergasted because it was such a positive experience, compared to the medical side, where you are forcing people to come up with things from their past, and it is pretty traumatic, and I would not like to say destructive, and I know it is necessary in those cases.

Paddy wanted to discover what this positivity he had experienced in coaching entailed. He stated: "You have got to listen, this is what I learned, and these are the three principles for me: you listen well, you never ask why, and just be supportive." This environment could only be created through the relationship between coach and client:

The relationship is everything. It is about 100% trust, you have got it, it is not so much about you trusting the person you are coaching I think that all comes out: that person trusting you, that is imperative.

Establishing trust might mean sharing one's recovery story, just as coaches may contract to share their own experiences where appropriate:

And if you understand the vulnerability and the fear in the person you are coaching – it is just pure fear – that takes a lot of time. A lot of that relationship was building trust. You are often told “don't divulge your own story unless asked”, all the little guidelines, but you have to divulge – I had to divulge – lots of my story, some of the gruesome stuff so that he would then feel, “Ok ... there is trust here”. It took a long time to build the trust.

Paddy's purpose in his recovery coaching approach was simply to listen.

All you have to do is sit, listen, prompt, be positive, be supportive, the story comes out. It could not be simpler! You know a lot more than that as a coach, but you do not have to bring that to the client, it is that simple! You just sit and just bring that to the table that is what they want. They want to be heard, they want to tell their story.

The Rogerian client-centred approach focuses on the client at the centre of the process within a secure relationship (Stout-Rostron, 2009; Roger, 1961). This relationship is effective in building self-belief. An illustration was given by Paddy who would not consider judging a client who was relapsing on the journey to recovery, as it is after all, the client's journey. Here is an apparent distinction between abstinence and recovery. A relationship of trust meant unconditional support and suspension of judgement. Paddy related his work with one client (an employed professional in recovery from alcohol) that shed light not only on recovery coaching and relationship, but also on the arguments around the definition of recovery that dominate the literature. He commented: “I didn't have a problem with him using. He was recovering; he was recovering while he was smoking it up every day, throwing back a bottle of whatever he was drinking! And a bottle of whisky!”

Taking a client-centred approach, Paddy supported his client through this process, seeing recovery as a process, which, in all likelihood, would involve abstinence at some stage. However, the goal of recovery coaching was not abstinence; it was supporting the client in the search of their recovery. The recovery coach did not need to debate the merits of abstinence before recovery. This debate is not required as it may not be in the service of the client at that time.

Well, abstinence is not recovery. Abstinence leads to the road to recovery, but this is what I was trying to do – to get recovery to lead to abstinence. I think this is what I tried with this guy – to let the recovery lead to the abstinence, and then take it forward into the recovery part, and then hopefully from the recovery path into wellness.

At the core of Paddy's experience was placing the client at the centre of the process through relationship and on the nature of recovery. In a client-focused model, clients define their path of recovery, and may be seeking recovery, or deemed to be in recovery, without being definitively abstinent. This is a different approach to clinical treatment and AA focused on abstinence and length of sobriety. Recovery coaching builds on the idea that recovery and abstinence are not the same (McLellan et al., 2000; Laudet, 2007). The singular goal is recovery by any means, and that recovery may be self-determined and self-directed (Center for Substance Abuse Treatment, 2007). What may be needed on this journey of recovery is a supportive relationship with a recovery coach, possibly (though not necessarily) a peer in recovery (White, 2010), who can listen and let the client tell their story. Paddy summarised the power of the relationship “I never gave up on him, and he never gave up on the process”.

Paddy's unconditional support and non-directive manner motivated his clients to engage with the coaching process. Recovery coaching is a process that binds coach and client to a robust two-way commitment to the process of recovery. Recovery coaching, in this context, honours the goal of recovery management being recovery by any means (Laudet & Humphreys, 2013), through deployment of its most powerful perspective, “relationship”.

Awareness of systemic challenges to recovery coaching: Bob's story

Bob's narrative was about the challenges of working as a recovery coach with employed professionals and their organisations. He reported that organisations were often mired in bureaucracy and poorly equipped to deal with alcohol-related problems. Bob felt that this was a leadership issue, but it was treated in a crisis management manner. As a recovery coach in the business arena, Bob was usually called in to fix a problem that was far more complex.

The challenge is you have somebody that goes into the workplace and comes from a sales environment, which has a strong drinking culture, and that person goes off to treatment, and they then go back to the workplace, and have to work a complete abstinence-based programme in the work environment where there is this big drinking culture. That is going to put a lot of strain not only on the coachee but the system as a whole.

The complexity of the system added an important dimension to the work of a recovery coach and needed to be understood. Firstly, there were the procedures, demands, expectations and duties of the employer. Secondly, there was the systemic impact of the employee's alcohol problems in the working environment, relating to performance, customers and teammates. Thirdly, there was the potential return of the employee to work after an intervention, for example treatment, and the expectations that the organisation had of its recovering professional. Bob asked questions of organisational policy that do hold ethical implications.

What are your expectations? What is going to happen if there is a relapse? How does the organisation want to engage with this person? What kind of organisation is it? Can you tolerate relapse as an organisation? In the banking world you can. In the mining world, where someone is operating industrial equipment, you just cannot from a health and safety point of view for those people around you in that organisation.

Fourthly, both parties had to be prepared that the employee might choose to leave or the employer would not be equipped to reintegrate the recovering employee. In both cases, institutional capital was lost, and transition and succession planning were required.

In Bob's experience, at the heart of this challenge were two competing cultures. Both cultures needed to work together for the sustainable outcome of 'recovery'. Recovery coaching provides a methodology and seeks to bridge that cultural divide.

Recovery coaching is positioned as a support service within recovery management. In itself it is a multi-disciplinary, coordinated and open-minded approach that works towards recovery by any path available (Laudet & Humphreys, 2013; White, 2010). Bob's narrative placed professional recovery coaching into its greater systemic context and revealed challenges inherent in such a system. Bob felt that better outcomes for recovering professionals and their organisations lay in dialogue. Firstly, organisations needed to understand the conflicting cultures and ways to support their employees to be better prepared for work-related issues including alcohol misuse. This aspect was particularly important in industries where a drinking culture thrived. Bob felt that this was a leadership issue, not a crisis-management function. Alcohol misuse and recovery were realities that needed to be faced by responsible employers. Bob felt that, "The challenge that organisations have is that nobody knows how to start the dialogue."

Secondly, coaching is positioned as a valuable service in this context. Coaching for recovery might take place prior to, during or after treatment. Indeed, organisations and individuals would be able to view coaching as a viable alternative to treatment. Bob was adamant about the pejorative status that treatment inflicted on many professionals - an observation confirming the views of Laudet (2007). Coaching might pre-empt the need for treatment, thus bypassing any pejorative status.

Bob emphasized that recovery coaching needed to handle the interested parties correctly through contracting and establish precise measures of success for all parties concerned, and without fear that these goals may diverge during the process. Both organisation and employee had to prepare for the possibility of either parties seeking a separation. Three way contracting between the employee, coach and coachee helped Bob navigate the complexities of coaching.

So what I find is that as long as you have got the original contract that is always the anchor that you can go back to for reference on how you are doing.

Executive recovery coaching manages the professional interests of all parties in a non-pathological and constructive manner. Bob's experiences of coaching employed professionals in recovery from alcohol suggest that recovery coaching may be executive coaching with a twist and have an important role to play in the workforce within the new paradigm of recovery management as proposed by El-Guebal (2012). The professional seeking recovery is seen as creative, resourceful and whole, but also the organisation must be supportive of beneficial change in its employees.

Added attention to contracting around outcomes and success is required. As noted by Stout-Rostron (2009), awareness of challenges requires vigilant and effective contracting related to the boundaries for managing the coach and client relationship. A more enlightened and developmental definition of recovery that would benefit both parties is required. Furthermore, recovery coaching may have a role to play prior to clinical intervention, rather than being a tool for crisis management. Further exploration of these systemic challenges might reposition recovery coaching in this context as "executive coaching for recovering professionals".

In summary, effectiveness of any recovery coaching intervention is dependent on the management of interested parties, thereby harnessing the recovery capital available from supportive, interested third parties. Coaching provides a process to manage this complexity.

Helping clients define their outcomes in recovery: Jack's story

Experiences of recovery coaches were not filled with evidence of positive outcomes. The overarching theme of Jack's narrative was that recovery coaching might lead to effective outcomes, once the person seeking help was able to explore what recovery meant to them. The recovery coaching process served to catalyse this shift in thinking. Recovery was not a prescribed outcome. What may be needed for coaching to be effective is for a coachee to define their outcome in recovery.

Jack found that many of his clients arrived disillusioned – metaphorically trapped in their new sobriety. Treatment and therapy were often necessary, and life-saving clinical approaches followed that may have led to sobriety. Yet Jack found at that point, that his clients from professional backgrounds remained stuck in the static language of addiction and unable to step forward with their newfound abstinence into recovery. Jack's narrative was one about movement away from that language. Recovery coaching was effective when it enabled clients to imagine their tailor-made recovery and to define their outcome. Jack followed the approach of Laudet (2007) who asks: "What does recovery mean to you?" and of Laudet and White (2010) who ask of people in recovery, "What are your priorities right now?"

The centre of Jack's understanding of recovery was that coaching does not just complement clinical approaches. It is a natural progression of those services. Therapy, counselling, treatment and recovery coaching are all part of a continuum of care.

... with the counselling and therapy process, clients are able to identify ... contributing practice towards their past need to experiment or use. And with the coaching phase, they then discover

that there are actually other options available to them...for the first time really figure out what they want to do with their lives.

Jack was pointing to the developmental, self-determined and self-directed nature of recovery (Center for Substance Abuse Treatment, 2007) and the correlation between the decreased need for their substance of choice and experiencing a better quality of life (Laudet, 2007); a life of their choosing and not a life prescribed to them. As coaches honour the agenda of the individual, they become the architects of their own recovery. Jack saw one route to recovery was daring to imagine what a better life looked like, freed from the shackles of being told what to do to attain recovery. There are parallels here with solutions-focused coaching and the imagining of a future perfect (Jackson & McKergow, 2007).

Experience in addiction (learned or experiential) was useful in serving to build empathy between coach and client. Jack added that empathy was the greatest virtue a recovery coach required. He referred to reducing intimidation by noting:

to confront the addict with the fact that they can never use again is very intimidating and that can become a reservation for some. So, to get their ideas, stimulate the thinking for them that they are working this process, and getting them to a place of less and less need for the drug of choice or for the behaviour by which they can never actually fulfil that quality of life.

In his experience, the main fear of his clients seeking recovery was the impact socially of having to stop drinking. He recommended recovery coaches cease using the term “no need for the drug of choice”. Instead, he worked on redefining recovery as discovering “a new quality of life”. This change of perspective could then precipitate movement towards the goal of recovery.

Jack’s aim was to raise awareness and help clients shift from what they are losing through sobriety to what they might gain through a life in recovery, “This is not what I HAVE to do to stay in recovery, this is what I GET to do in recovery.” Becoming more self-aware, discarding preconceived ideas of recovery, his clients were able to take responsibility for their recovery. A growth in awareness and responsibility leads to a growth in self-belief, which is the purpose of all coaching (Whitmore, 2009). In Jack’s experience, self-belief in their role in their own recovery was empowerment:

And that changes the whole paradigm of what responsibility really is all about.... you nurture that whole view, and their real belief about their real abilities, what their real dreams really are, and that is what recovery is all about at the end of the day. And you teach them how to nurture that themselves.

The barrier to a successful outcome was an inability to define recovery. Jack’s experiences return to the core of the debate in the literature: how can we define recovery? Jack’s answer lay in the gift of one’s addiction.

Very often we actually get to the stage where they discover the gift within their addiction. But although a lot of pain, a lot trauma and a lot of destruction went with the addiction, they discover in many ways that the addiction pointed out to them what it is that they are really looking for.... Whatever it may be. And I attribute that to the coaching approach that helps addicts “do discovery”.

Jack made a strong case that to discover more about recovery, we need to look to the experiences of those who have discovered their better quality of life after addiction as proposed by Kaskutas et al. (2014) and Laudet (2007). However, Jack’s experience highlights that clients need to understand that they can plot their own recovery path only when they redefine what recovery means to them.

Metaphorically, Jack sees his clients as trapped in the pathological language of the disease model of addiction, based in the two worlds of the medical model and of mutual self-support groups (White, 2010). Recovery management seeks to bridge these worlds (White, 2010). Jack refers to recovery changing the focus of attention to the client who imagines (or reimagines) a better quality of life, with less and less need for their drug of choice. A side effect was abstinence. What is critical to be able to plan a life in recovery, is that the client must first be empowered to imagine what recovery means to them. They need to move forward from the addiction language of professional and experiential knowledge towards their own language. Recovery coaching is an empowering process and asks a simple question of the client: "If you were able to imagine your recovery, what would it look like?" They become the architects of their own recovery. This empowering perspective of recovery coaching serves to further motivate change.

Conclusions

To discover more about recovery, it is vital to explore the experiences of those who have discovered their better quality of life after addiction. The narratives of recovery coaches working with professionals in recovery identified four main principles for coaching: goals as enablers of movement towards a client's recovery goals; establishing a relationship as foundational to recovery coaching; awareness of systemic challenges to recovery coaching and helping clients define their outcomes in recovery.

There are various implications for practice for coaching and recovery management. For those in recovery management, awareness of the role of coaching as one of the recovery interventions is needed as it focuses on release and severs dependence compared to other interventions from the disease model of addiction and abstinence. There is a need for formal training and credentialising for recovery coaching. There should be a clear identification of need and appropriate referral for clients as coaching is not necessarily suited to all age groups and individuals at specific stages in recovery.

Furthermore, there needs to be an understanding of the conflicting cultures in organisations and treatment interventions to provide focused interventions to address and bridge the culture clashes for those in recovery. Awareness programmes are needed for organisations to facilitate wellness of professionals in recovery.

The implications for the coaching profession include incorporating a code of conduct for recovery coaches with clear guidelines for contracting, ethical issues and professional boundaries. In addition, supervision should be available for recovery coaches for support and for continuing professional development. Recovery coaches need to be primarily skilled as coaches not mainly due to their experiences in recovery and their focus should be on empowering those in recovery as partners who are part of the dialogue and not the topic of discussion. Focus needs to fall on the language used and facilitating self-awareness and self-responsibility. Furthermore, coaching could facilitate individuals to become the architects of their own recovery, those defining their own goals within an empowering trusting relationship.

Further research could focus on exploration of contracting and ethical issues in recovery coaching. The focus of this study was on professional in recovery in the executive context. Research could also explore experiences of recovery coaching with different age groups and in different contexts. Combining these perspectives, processes and purpose, coaching takes the ideas of recovery management a step further. The recovery coach is not simply a guide within the complexity of recovery support services or a champion and mentor by virtue of an experience in recovery. A recovery coach is a structured thinking partner, an equal. This shift in perspective is in contrast to the pathological language of the disease model of addiction and may inspire some to seek a

bountiful new life in recovery. The individual seeking recovery becomes not only a participant in the dialogue of her recovery but is invited to be an architect of her recovery.

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