MBK Coaching

FOR THE PEOPLE WHO RUN TREATMENT AND ALUMNI PROGRAMS

A Life Worth Protecting

What treatment starts and recovery coaching continues: Using my lived experience supports others in their recovery and strengthens peer-driven services at your Center



Mary B. Kozik

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WHERE THIS STARTS

The Letter at the Door

> *Treatment helped me stop drinking. It did not automatically teach me how to build and sustain a life I wanted to stay sober for.*

I was working from home the day the letter came. Someone had been sent to put it in my hand, and I read it at my own front door. It was a termination letter. One of the two high-profile jobs I lost in those years ended right there, on my doorstep, in the middle of a working day.

I was devastated. I had spent my whole career raising money for hospitals, a cancer center, a national library and a national charity. I had led teams of up to 21 people. I knew exactly what a letter like that cost. And what did I do? I kept drinking.

By then I had been in and out of inpatient programs. I knew the language of recovery. I could name my triggers. None of it stopped me.

It got worse before it got better. There was a night I was frightened by how much I had drunk, frightened enough to get myself to a hospital ten miles away. Thank God I made it.

I am telling you this first, before my credentials and before the method, because you already know this story. You run a treatment or recovery program. You have watched a client who did everything right in your care go home and do what I did. You have asked yourself, late at night, what you missed. Most of the time you missed nothing. The work you did was good work. Something else was going on.

It took me five years and seven inpatient stays to understand what else was going on. It is the reason this book exists and it fits in one line: The stopping was never the whole job.

WHY I WROTE THIS FOR YOU

Two Careers, One Conversation

My name is Mary Kozik. I am a Peer Recovery Specialist and a Certified John Maxwell Coach in Newport, Rhode Island, and the founder of MBK Coaching. Before coaching, I spent 25 years leading fundraising and advancement teams for national institutions, so I know how a program is run, funded and judged.





I wrote this for the people who run treatment and alumni programs: Executive directors, clinical directors, medical directors, directors of alumni relations and recovery, and the clinicians and social workers who do the daily work. The work you do helps heal the past, stabilize the present and establish a foundation for recovery. I have been on the client side of programs like yours, and I have nothing but respect for what you do.

If you are reading this for yourself, because you are the one protecting your own recovery, you are welcome here too. There is a chapter near the end written to you, and everything in between will make more sense of what you are carrying.

One thing before we start, in the words I use in every letter I send to a center: My work is intended to complement clinical care, not replace it. The seven patterns in these pages are not a universal clinical model. They are what I lived, and what I now watch for in the people I coach.

WHAT YOU'LL FIND IN HERE

Throughout This Playbook, I'll Cover

1. Fifteen years dry and seven relapses
2. The seven hidden challenges that follow a client home, and working with alumni
3. Seven questions that turn insight into a plan
4. Coaching beside clinical care, not instead of it, with the recovery coach as a member of your clinical team
5. One chapter for the person protecting their own recovery, a closing chapter that puts it all together with what's next, and how to reach me

Let's start where it started.

MBK Coaching



MY STORY, PART ONE

Fifteen Years of Dry

I was 36, feeling alone, stuck and in a dark place, and drinking every day. I divorced my husband, my best friend. A regret that took me years to overcome.

I thought a bigger life would fix it. A big job in New York City, the world in the palm of my hand, or so I told myself. Soon I was drinking every day and not wanting to get out of bed, not even to brush my teeth. I would force myself to the gym every morning to sweat it out so I could function for the day. I knew I was about to lose that job, so I quit before it happened, and I moved back to Rhode Island for another six-figure job. The cycle came with me.

It got so bad that my friends held an intervention. It worked, because by then I had reached the point of being sick and tired of being sick and tired. And I actually did quit for the next 15 years!

I would like to tell you life was roses. It was, for a while. I ran development for a hospital in Rhode Island, then for Newport Hospital and Rhode Island Hospital, then for a cancer center, then for the Preservation Society here in Newport. Later came a national library and a national charity. I managed teams of up to 21 people and a $20 million campaign that beat its goal. I was the one on the stage at the gala thanking the donors. From the outside, I looked exactly like someone whose recovery had worked.

I went to the meetings. I had a sponsor and in time I became one. I did the things you are supposed to do, and I did them for a long time.

And I was still sick on the inside. I was what they call a dry drunk. I went from AA to counselor to counselor, and nobody could find the root of it. I was great at covering it up. I think I turned to shopping as my other addiction. I was sponsoring other women in their recovery while feeling, quietly, like an imposter.

During those years I lost both my parents. Their deaths were the beginning of a deeper kind of reflection, and the pain shone a light on something I had never let myself say out loud: I was not happy in my career. It caused me to relapse. That relapse was a cry for help. I could not fake it any longer.

> *Sober in body, but not yet free in spirit.*



MY STORY, PART TWO

Seven Relapses and the Turn

What followed was the hardest stretch of my life, and I will give it to you the way I wrote it to the treatment centers I now work with: “Over the next five years, I experienced seven relapses and multiple treatment stays.” Each stay helped. Each time, I gained insight.

Each time, I understood more. But understanding my past was not the same as knowing how to build my future.

I moved around a lot, thinking that was the answer. Alcohol followed me everywhere. My biggest fear was facing people, because I was sure they could see right through me, and my secrets were eating away at my soul. I vividly remember calling out sick for probably the tenth time in a month. I had been gifted with an amazing job at the Smithsonian, and I went and quit it, because I could no longer even face myself. That was one of the two high-profile jobs I lost. The hand-delivered letter was the other.

It was a time filled with shame, guilt and resentment, all of which I now know was so untrue. I was searching for my inner truth, and I did not yet have the tools to find it without destroying myself in the process.

What I know now is that the relapses were not the whole story either. The more I suffered, the more I was given: The willingness to do what was necessary to face the lies, the shame and the deep, dark secrets I had shoved away and never addressed. If I was ever going to beat this, I needed to be open, honest and willing. I needed to go deep within myself and do the hard work. Every relapse, I discovered more about my true, authentic self.

Near the end of those five years, after I lost yet another job, something shifted. In that devastation I found the John Maxwell coaching program, and with it a dream I had buried: I had always wanted to be a certified coach. The drinking did not stop immediately. But I became a personal growth junkie, reading and attending everything I could to learn about myself, and my faith played a big role. When I began coaching others, I began to understand how much depends on knowing what is really going on inside you.

In that reflection I finally found the root. I had been unhappy in fundraising for a long time, and I had never allowed myself to acknowledge it. Saying it set me free. The darkness became light. I built MBK Coaching, and I was not just filling a void. I was meeting a dream.

Today I am slowly forgiving myself for the past lies and regrets, and I have a stronger and healthier relationship with Mary. I love living a life of freedom. This year I completed my Recovery Peer Support Specialist training at Beacon Hill Training Center, so that the lived experience and the coaching could sit together in the same chair, beside your clinical team.

> *Treatment helped me understand how I had arrived where I was. Transformation began when I learned how to build where I was going.*



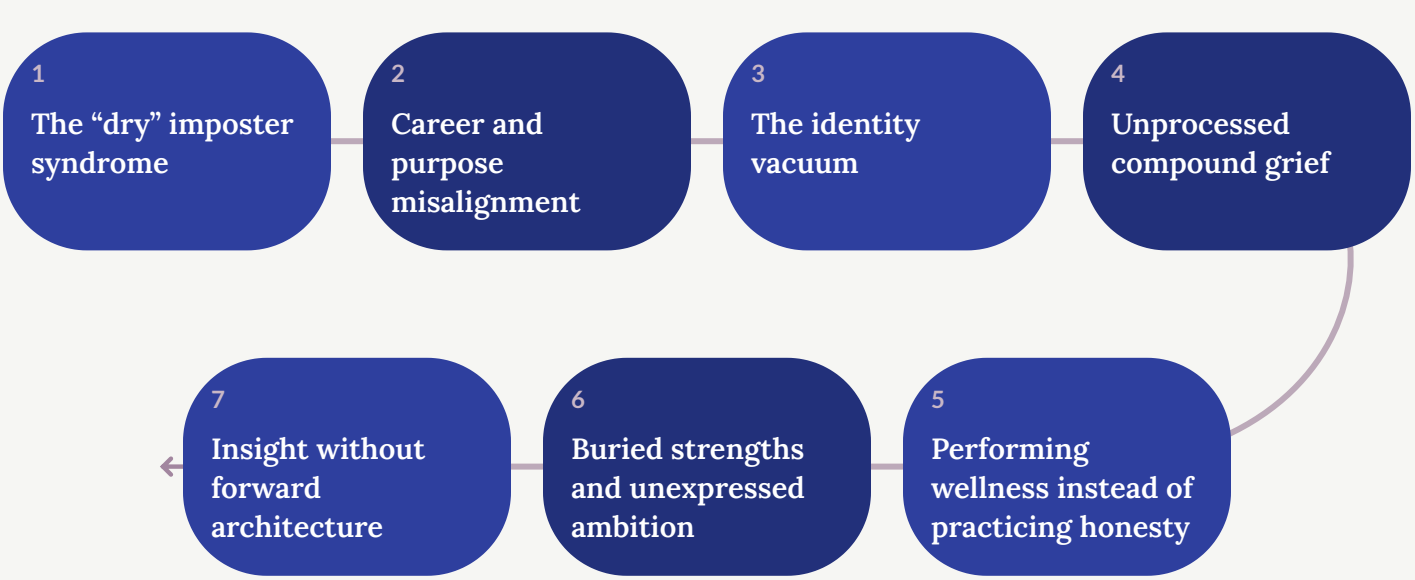
THE METHOD, PART ONE: WORKING WITH ALUMNI

The Seven Hidden Challenges That Follow Your Clients Home

You know the painful question better than I do: Why do some clients engage fully in treatment, understand the concepts, stay sober for months or even years, and relapse anyway? I was one of those clients.

My lasting change began when I recognized the disconnects underneath my repeated relapses, the widening gap between the life I was presenting to the world and the life I was actually living. These are the seven I now watch for in the people I coach. For each one: What your team tends to see in the first weeks after discharge, what the client is actually carrying, and what a recovery coach does about it.

THE SEVEN HIDDEN CHALLENGES, AS A PATH FROM DISCHARGE TO A LIFE WORTH PROTECTING



Every stone is one of the seven challenges, in the order I teach them. A client walks them in their own order, and often more than once.

The "dry" imposter syndrome

For years I attended the meetings, knew the language and sponsored other women, and inside I felt like a fraud waiting to be found out.

Your team sees the star client: Fluent, compliant, grateful. The client carries detachment and a fear that the facade will collapse.

Sobriety can look stable from the outside while the person living it feels deeply disconnected inside. A coach asks, early and plainly, what the client is afraid you would see, and makes it safe to say it out loud.

Career and purpose misalignment

Twice I went back to six-figure jobs I was good at and did not want.

Your team sees a client who is functioning again within weeks. The client carries daily pressure, resentment or self-betrayal at work, and escape begins to feel attractive again. A coach walks the life the client is returning to against the values they just named in your program, before the first bad Monday rather than after it.

The identity vacuum

When the drink and the title both went, I did not know who I was anymore.

Your team sees someone who cannot say what they do for fun or who they are without the job. The client carries the question recovery leaves behind when it removes relationships, roles, routines and a self-image: "If I am no longer that person, who am I?" A coach helps build an answer that is the client's own, one role and one week at a time, so sobriety feels like a beginning rather than an empty space.

Unprocessed compound grief

I lost both my parents while I was sober, and the grief found the pain I had been managing for years.

Your team sees a client who looks stable until a loss arrives. The client carries divorce, death, estrangement, career disruption, financial consequences and the accumulated grief of years lost to addiction, understood intellectually but not fully processed. A coach watches for the loss that was explained but never integrated, and makes room for it before it overwhelms the coping skills your program built.

Performing wellness instead of practicing honesty

I was great at covering it up. Putting on a face that I was doing great while inside I was in great pain became a skill.

Your team sees the model client who learns the language and participates appropriately. The client carries confusion, anger, ambition, grief, shame or fear that gets harder to reveal the better they get at appearing well. Saying the right things is not the same as feeling safe enough to tell the truth. A coach is not grading anyone, and says so, and trades the right answer for the true one.

Buried strengths and unexpressed ambition

Inside, I had always wanted to become a certified coach. That dream sat buried under years of drinking and professional survival, and no plan I was handed ever asked about it.

Your team sees a client whose whole life is organized around what they must stop doing. That focus is necessary, especially early on. The client carries intelligence, creativity, leadership and ambition with nowhere to go, and a life defined by avoidance starts to feel restrictive. A coach asks what the client is for, not only what they are against, and helps them rediscover abilities that addiction left unexplored.

Insight without forward architecture

I could explain my triggers, my trauma and my patterns to anyone. Insight and abstinence, essential as they were, did not give me a new identity, a meaningful direction or a practical plan for rebuilding my life.

Your team sees a client who understands everything and leaves without a plan for Tuesday. The client carries awareness that has not yet become decisions, goals, routines, accountability and meaningful action. A coach builds that structure with them, so they leave knowing not only what to avoid but what they are moving toward. The next chapter is how.



THE METHOD, PART TWO

Seven Questions That Turn Insight Into a Plan

Your program helps a client understand how they arrived where they are. A recovery coach's part begins when the client starts answering forward-looking questions. These are the seven I use, and I do not ask them in one sitting. They are a conversation we return to, and the answers change as the client does. As the recovery coach, I work alongside the client throughout this process.

1. Who am I beyond addiction, diagnosis, career, or relationship status?
2. What values do I want my life to reflect?
3. Does the life I am returning to support my recovery?
4. What strengths have I neglected or hidden?
5. What kind of work, relationships, and contribution feel meaningful?
6. What practical structure will help me move forward?
7. What am I building that makes recovery worth protecting?

Here is how one question becomes a plan. We take a single question, usually the one the client flinches at.

They write the honest answer, not the one that sounds good. We find the one decision hiding inside that answer. We put it on the calendar for this week, small enough to actually happen. Next session we look at what happened, without a grade, and go again. Insight becomes identity, direction and action in steps that size, not in a breakthrough.

THE COMPASS: FROM THE QUESTION TREATMENT ANSWERS TO THE QUESTION COACHING HELPS ANSWER



The seven questions are the points of the compass. The needle only ever swings one way.

The third question is the one I wish someone had asked me after every stay. The honest answer, twice, was no: The life I was returning to did not support my recovery. Nobody had asked, so nobody had helped me change it. When a center builds that question into discharge planning, the first weeks home stop being a surprise.

If your alumni team asks nothing else, ask the third question before discharge and the seventh at every alumni touchpoint after it. A client who can say what they are building has a reason to call you before a relapse instead of after one. A client who cannot say it yet is telling you where the coaching needs to start.

The two client voices in this book are career-coaching clients of mine, and their words are on my website too.

> *"It was through our coaching sessions where I began to share what was holding me back and why it was holding me back. Together we established a small plan to tackle the issues little by little to address the fear, doubt, shame, hurt and began to move forward toward self-discovery."*
>
> Sheilah G., coaching client



THE METHOD, PART THREE

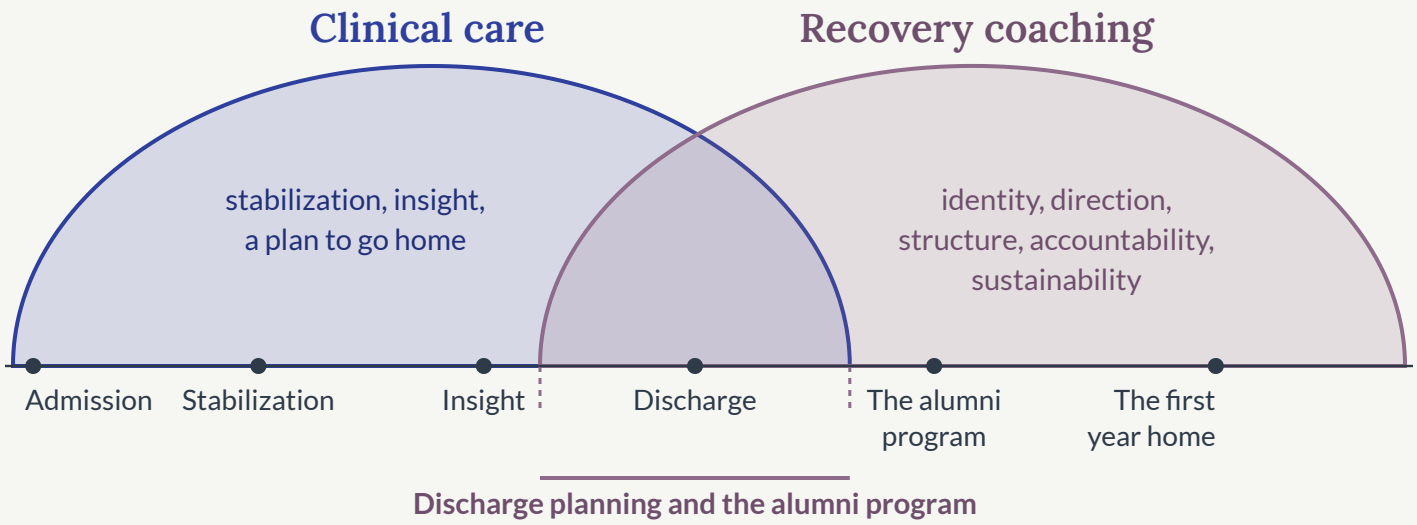
Coaching Beside Clinical Care, Not Instead of It

Let me be plain about where I sit, because a clinical director should be wary of anyone who is not. I am not a clinician.

I do not diagnose and I do not treat. Coaching is not a substitute for treatment, and the goal is not to tell clients that purpose alone prevents relapse. The goal is an honest, practical conversation about the parts of life that sobriety reveals, and help building a future the client wants to protect.

Picture two arcs over one timeline: Admission, stabilization, insight, discharge, the alumni program, the first year home. Where they overlap is where I want to be useful to you.

WHERE A RECOVERY COACH SITS BESIDE YOUR CLINICAL TEAM



Your arc runs from admission to discharge. Mine starts in the last weeks of yours and runs out into the first year home. The overlap is the handover.

In practice, these are the engagement options I offer a center, and each can be tailored for current clients, alumni communities, family programs, professional audiences or continuing-care initiatives:

- Guest talks and keynote presentations
- Interactive client workshops
- Alumni-program events
- Recovery and clinical-education panels
- Purpose- and identity-centered recovery coaching, one-on-one, for the clients and alumni who want it

A guest talk is my story, told the way it is told in this book, followed by the questions. A workshop puts the seven questions in your clients' hands with a pen. An alumni event is the same conversation with the people who have already gone home, which is where it lands hardest. A panel puts lived experience next to clinical education in front of the same room. And one-on-one coaching is the slow, confidential version of all of it, for the client or alumnus who wants a plan and someone to answer to.

What this is not: I do not work in place of your clinicians, and I do not promise outcomes. I add a conversation your clients are often not having anywhere else.

I bring two things to the same conversation. My 25 years of nonprofit leadership means I can sit across from a director and talk about outcomes, budgets and boards in your language. My own recovery, relapses included, means I can sit across from a person in the hardest week of their life without judgment. And your confidentiality rules are mine: What a client tells me stays with me.

FOR THE INDIVIDUAL READER

If You Are the One Protecting Your Recovery

If you are reading this for yourself, I want to say the thing I needed to hear after every one of my stays: The stopping was the beginning, not the finish, and feeling lost after you stop does not mean you are failing. It means the hard part you were never taught has started.

I know what it feels like to give up on life. To survive with a fractured sense of self. I did not know who I was anymore. The shame and regret around me were so thick that I could not see a way out, and I was alone in the secrecy of it, putting on a face that I was doing great. If any of that is you today, you are not broken and you are not unusual. You are at the exact point where coaching starts.

Here is what I would ask you to do this week. Pick one of the seven questions, the one you least want to answer.

Write the honest answer, for nobody but you. Find the one decision inside it and do that one thing before Sunday. Then tell one person the truth you have been performing around. That is the whole first step, and it is enough.

And if you have done something that could harm you or someone else, or you are up all night afraid you will, call your treatment center, your doctor or your local crisis line tonight. Coaching is for the building. It is not the emergency room, and I will always say so.

My mission is to help people who have lost themselves find their way back to the light, reconnecting them with who they really are. Because when you become aligned with yourself, everything changes. Certainty, clarity and direction become the foundation you build the rest on.



> *I understand, because I've lived it.*

PUTTING IT ALL TOGETHER

What's Next: Working with a Recovery Coach

As a member of the Addiction/Clinical Team, I provide non-clinical support to individuals with substance use disorder at your Center.

I serve as a recovery guide and role model in the management of recovery and assist the individual to identify and overcome barriers to recovery, connect the individual with recovery support services and encourage hope, optimism and health. I also provide support with problem solving and advocacy to assist individuals to meet their recovery goals and plans.

As a member of the Addiction/Clinical Team, I engage with them to follow up after discharge and contribute changes and revisions to the treatment plan. There is also an opportunity to work with alumni to further ensure the plan is being sustained.

The seven challenges tell you where a client is still carrying the old life. The seven questions turn each one into a decision. The two arcs tell you when to hand over and when to overlap. None of it replaces what clinicians do. All of it depends on it. Yet a recovery coach plays a vital role in helping guide the client through the transition to sobriety.

> *"Mary has done an amazing job in helping me clarify and identify my vision and purpose. … She is helping me create an action plan that keeps me focused."*
>
> Anne G., coaching client

If you want to put this book to work tomorrow, hand it to whoever runs your treatment and/or alumni program, pick one of the opportunities you see most often in your work and ask me to come and help conduct a presentation, a workshop, a panel discussion, a coaching table talk conversation or small group meetings. Start there. The rest follows. Choose from the following Experience, Strength and Hope opportunities.

Experience, Strength and Hope Opportunities

- Use my lived experience to support others in their recovery and strengthen peer-driven services at your Center. I can lead group recovery sessions on any challenging topic.
- Guide clients in defining personal recovery goals using evidence-based tools and person-centered planning.
- Support and guide clients in carrying out tasks in their recovery plan, including goals related to employment, education and community involvement.
- Provide information, guidance and skill-building to help clients understand their rights and strengthen recovery management.
- Participate in rehabilitative and recovery-oriented interventions to meet client needs and goals.
- Encourage community integration by helping clients build networks, access resources and engage in wellness activities.
- Observe and document client progress through reporting, record updates and required data entry.
- Guide clients through the process of defining personal goals for their recovery plan using existing evidence-based workbooks or person-centered planning tools.

- Support clients to secure information about resources relevant to their wellness.
- Support clients in obtaining services that meet their recovery needs.
- Support clients in dealing with internal and external stress.
- Organize and conduct workshops on topics related to recovery and wellness, including relapse.
- Follow up by telephone or text when a patient is discharged, and continue engagement with patients willing to collaborate as alumni.

My Experience

- Peer with lived addiction experience: Three years and six months of sobriety, after 15 years with a brief relapse, living the values I want my life to reflect.
- Experience facilitating peer-led meetings, groups or activities.
- Experience working in an inpatient medical center setting.
- Experience providing recovery-oriented services for adults with mental health and substance use disorders.
- Experience working with and communicating as part of a multidisciplinary team.
- Recovery Peer Support Specialist Certification from the Beacon Hill Training Center.

The answer to “What kind of life am I ready to build and sustain?” is where a life worth protecting comes from. Nobody protects a life they do not want. The day I could finally answer it for myself, in Newport, doing work I chose, was the day staying sober stopped being the point and started being the way I keep what I built.

All my contact information follows. I look forward to speaking with you.

YOUR NEXT STEP

Let's Have a Confidential Conversation

If you lead a treatment or recovery program and want a partner who complements your clinical team, let's talk. Your first consultation is free. Tell me about your clients, your alumni program and what the first weeks after discharge look like for them, and I will tell you honestly whether a guest talk, a workshop, an alumni event, a panel or one-on-one coaching fits, or whether it does not.

If you are protecting your own recovery, the same door is open, and the conversation is just as confidential.

Book your free first consultation on my website, email me, or call. A new beginning is on your horizon.

Book your free first consultation ›

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MBK Coaching

Mary B. Kozik is the founder of MBK Coaching, LLC, in Newport, Rhode Island. She is a Peer Recovery Specialist (Recovery Peer Support Specialist, Beacon Hill Training Center, 2026) and a Certified John Maxwell Coach.

Before coaching, Mary spent 25 years leading fundraising and advancement for national institutions, among them the Smithsonian Libraries, The Salvation Army, Fox Chase Cancer Center, Lifespan, The Preservation Society of Newport County and The Leukemia and Lymphoma Society. She managed teams of up to 21 people and a $20 million campaign that exceeded its goal.

Today she works with treatment and recovery centers as a speaker, workshop facilitator, panelist and recovery coach, and one-on-one with people protecting their own recovery. Her work complements clinical care. It does not replace it.

Away from work: Her family, anything outdoors (running, walking, exploring) and her cat Hermie.

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