

EARTH BE WELL



How do you feel stressed?

How do you feel supported?

How can nature be your teacher?

How can nature give you
gifts that you want
to provide to yourself?

NATURE-BASED WELLNESS EXPERIENCES WITH KATHERINE KOTTARAS



My mission is to provide inspirational interactions with nature on the road to well-being.

Nature-based mindfulness is a holistic approach to healing and growth where interactions with nature are offered to help people deal with stress.

We are part of ecosystems, and we have the internal capacity for growth, connection, balance, and peace.

Offerings include Wellness Walks, Seasonal Wellness Groups and Workshops, and Individual Coaching

Find out more: earthbewellwithkatherine.weebly.com



Introductory Client Packet

(All personal information is confidential and will be treated appropriately.)

Contact Information

Full name _____

Name you prefer to be called _____

Preferred pronouns _____

Cell phone _____

Okay to text? Yes No Preferred hours of contact _____

E-mail address _____

Employment Information

Occupation (what you do to earn a living) _____

Employer name _____

Personal Information

Date of birth _____

Marital status _____ Significant other's name _____

Number of children _____

Name(s) and age(s) of child(ren)

Coaching Agreement

Client Name _____

This agreement, between coach _____ and the above-named client, will begin on _____ and will continue for seven weeks.

The services to be provided by the coach to the client are video-based via Zoom, as designed jointly with the client, and includes (1) 30-60 minute discovery session (to be conducted during Week #2) as well as (6) 20-minute continued coaching sessions (to be conducted from Week #3-Week #8). These sessions will be recorded for submission and review to KIN6077-1 SU20 - Advanced Health and Wellness Coaching at Point Loma Nazarene University. Beyond the scope of this class, the coach promises the client that all information provided to the coach will be kept strictly confidential. The client agrees that it is the Client's responsibility to notify the Coach 3 hours in advance of the scheduled calls/meetings. For the purposes of learning as a "coach in training," these sessions are provided free of charge.

Coach-Client Relationship

Coaching is partnership (defined as an alliance, not a legal business partnership) between the coach and the client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. Coaching, which is not advice, therapy, or counseling, may address specific personal health and wellness goals in the client's life. Throughout the working relationship, the coach will engage in direct and personal conversations. The client can count on the coach to be honest and straightforward in asking questions and making requests. The client understands that the power of the coaching relationship can be granted only by the client, and the client agrees to do just that: have the coaching relationship be powerful. If the client believes the coaching is not working as desired, the client will communicate that belief and take action to return the power to the coaching relationship.

- The coach agrees to maintain the ethics and standards of behavior established by the International Coach Federation "(ICF)" (*Coachfederation.org/ethics*). It is recommended that the client review the ICF Code of Ethics and the applicable standards of behavior.
- The client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the coach. As such, the client agrees that the coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the coach. The client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.
- The client further acknowledges that he/she may terminate or discontinue the coaching relationship at any time.

- The client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client's responsibility.
- The client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the client's exclusive responsibility to seek such independent professional guidance as needed. If client is currently under the care of a mental health professional, it is recommended that the client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the client and the coach.

Our signatures on this agreement indicate full understanding of an agreement with the information outlined above.

_____ Client Date
Client

_____ Client Date
Coach

Adapted from Co-Active Training Institute/ Coaching Federation

Initial Questions

To prepare for our first meeting, please take time to ponder and then answer the following questions. They are intended to begin the process of inquiry, reflection, learning, and forward movement.

Areas of Wellness

Which areas of wellness you want to work on? For the areas you choose yes, indicate the priority level, your level of confidence in achieving the goal, and any other pertinent information you would like to share.

Life satisfaction **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Increase energy **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Physical activity **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Eating habits **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Manage stress **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Improve one or more health conditions **Yes** **No**

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

Other area(s) not listed here? **Yes** **No**

**(You might refer to the Six Dimensions of Wellness Exercise
attached in the packet below)**

If yes, please detail: _____

Priority Level (1 = high priority, 2 = medium priority, 3 = low priority): _____

Confidence Level (1 = very confident, 2 = fairly confident, 3 = not confident): _____

Thoughts or comments:

About Your Life

1. What are you proud of?
2. What is the compliment or acknowledgement you hear most often about yourself?
3. What dream of yours, if any, is still unfulfilled?
4. What words describe you at your best?
5. What words describe you when you are at less than your best?
6. What activities have meaning and heart for you?

About Coaching You

1. What will make this coaching relationship rewarding for you?
2. What approaches encourage or motivate you?
3. What else would you like me to know about you?

Wholeness Reflection Exercise

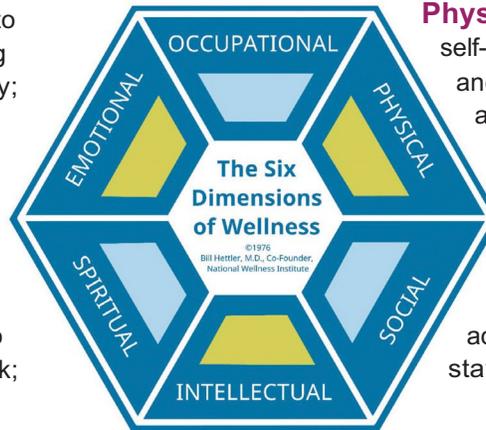
Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.

STEP 1 Review the Six Dimensions of Wellness (See full description at NationalWellness.org/6Dimensions)

Spiritual: sense of purpose; connecting to a higher power; meaning in life; knowing one's values; awareness of life as a journey; tolerance; integrity

Emotional: acceptance of feelings; management of emotions and stress; ability to center; resilience; attuned to others emotions

Occupational: financial health; ability to share gifts, talents, and skills through work; satisfying career; sense of achievement



Physical: regular exercise; healthy nutritional habits; self-care; monitoring vital signs; sense of vitality and energy; avoidance of alcohol, drug misuse, and tobacco use; connection to nature

Social: positive connections; encouraging community; giving and receiving social support; intimacy; compassion; love

Intellectual: creativity; stimulating mental activities; learning; reading; problem-solving; staying current with events you enjoy

STEP 2 Assess Your Current Energy Investment

In which dimensions of wellness are you investing the most — and least — energy right now? Color in each of the bars below to indicate how much time and energy you have positively invested in each of the six dimensions *this week*.

	None	Just Enough	A Lot
Spiritual			
Emotional			
Occupational			
Physical			
Social			
Intellectual			

STEP 3 Create Your Ideal Vision of Wholeness

Imagine you have **only 30** "energy blocks" to devote across the six dimensions. Fill in a total of 30 blocks below to indicate how your ideal self would distribute those blocks across the dimensions. Devote a minimum of 1 and a maximum of 10 energy blocks to each dimension.

	1	2	3	4	5	6	7	8	9	10
Spiritual										
Emotional										
Occupational										
Physical										
Social										
Intellectual										

STEP 4 Reflect on Your Vision: Reconciliation, Rebalance, Values, Inspiration

Compare your actual energy habits and investments from Step 2 with the ideal vision in Step 3. What do you notice? What would you like to improve upon, feel, or be (if anything)? Accept whatever you notice as a possibility. As you do so, reflect on the different values listed below. Is there any value or group of values that you need to identify, align with, celebrate, or re-assert in your life that can be helpful to you right now? Check off up to five values. Can you think of others not on this list? What inspires you?

- | | | | | | | |
|---------------------------------------|---|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Transformation | <input type="checkbox"/> Social Good | <input type="checkbox"/> Challenge | <input type="checkbox"/> Boldness | <input type="checkbox"/> Stability | <input type="checkbox"/> Popularity |
| <input type="checkbox"/> Family | <input type="checkbox"/> Legacy | <input type="checkbox"/> Beauty | <input type="checkbox"/> Fun | <input type="checkbox"/> Influence | <input type="checkbox"/> Service | <input type="checkbox"/> Pleasure |
| <input type="checkbox"/> Security | <input type="checkbox"/> Growth | <input type="checkbox"/> Success | <input type="checkbox"/> Curiosity | <input type="checkbox"/> Power | <input type="checkbox"/> Friendship | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Peace | <input type="checkbox"/> Exploration | <input type="checkbox"/> Wholeness | <input type="checkbox"/> Justice | <input type="checkbox"/> Freedom | <input type="checkbox"/> Recognition | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Love | <input type="checkbox"/> Community | <input type="checkbox"/> Achievement | <input type="checkbox"/> Reputation | <input type="checkbox"/> Creativity | <input type="checkbox"/> Intimacy | <input type="checkbox"/> Gratitude |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Unity | <input type="checkbox"/> Nature | <input type="checkbox"/> Wisdom | <input type="checkbox"/> Status | <input type="checkbox"/> Respect | <input type="checkbox"/> Adventure |

NWI Dimensions of Life

Occupational

Emotional

Physical

Spiritual

Social

Intellectual

Write a number between 1 and 10 in each triangle above to indicate how satisfied you are in each dimension of your life. The higher the number you give a dimension, the happier you are in this dimension. When you have them all marked, draw a line across each triangle at that number to form a new outline of the hexagon.

Is your life well-balanced or is it unbalanced?

Which dimensions need the most attention?

Which dimensions would you most like to address?