



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Hard Emotions

Depression, guilt & fear in recovery. Four parts, two group classes.

Topic category (billing anchor)	Emotional Regulation, with Relapse Prevention and Co-occurring Awareness
Clinical focus	Depression, guilt/shame, and fear as self-medication drivers and relapse risks; emotional identification and disclosure skills as relapse prevention
Evidence base	CBT · affect labeling research · Relapse Prevention (Marlatt) · MI stance
Format	One participant packet · two group classes of about 2 hours each · Class 1 = Parts 1–2 · Class 2 = Parts 3–4
Group rules	2 to 12 clients, same time · at least 1 active Medi-Cal beneficiary · no minors mixed with adults

This file: facilitator guide class agendas, SAFETY PROTOCOL, linking moves, FIRP

Companion file: participant packet (print one per member) 4 parts · 10 exercises · 2 vignettes · daily weather report skill

FACILITATOR GUIDE

SAFETY PROTOCOL: READ BEFORE EVERY RUN OF THIS SESSION

This session deliberately touches depression and dark thoughts, which means it functions as an informal screen. Your jobs, in order:

- **Set the norm at the top of Class 1:** "If anything in this packet stops being about the past and starts being about today, you tell me before you leave. That's the deal in this room." The packet says the same thing in print.
- **Watch Exercise 3's last item** ("dark thoughts that scare me"). Anyone who checks it, or alludes to it, gets a same-day individual check-in and your facility's risk protocol. Do not assess suicidality in front of the group.
- **Know your handoffs cold** before class: facility crisis protocol, on-call clinician, and 988 (call or text). Have them written down, not remembered.
- **Keep group at the pattern level.** Normalize dark thoughts as a symptom that passes with help; do not let the group process any member's active ideation live. Contain, affirm the disclosure, move to individual follow-up.

How to run this session

- **TONE:** this is the gentlest session in the series. Slower pace, longer silences, no forced shares anywhere. Volunteers only, every exercise.
- **LINK:** the co-occurring hook does heavy lifting: half the room has carried this quietly. When one member names depression plainly, link the nods out loud.
- **LAND IT CLINICALLY:** every segment ties to use: self-medication on the way in, the thaw on the way out, shame as the relapse engine, honesty as the exit. Jess's chain (flat, "what's the point," craving) and Vic's (slip, hiding, spiral) are the spines.
- **MEDICATION STANCE:** the packet states it and you reinforce it: antidepressants taken as prescribed are not a relapse and support sobriety. Shut down any "meds are a crutch" crosstalk kindly and completely.

Mixed-functioning group adjustments

- Read everything aloud; writing optional. The weather-report sentence frame ("Today I feel ___ because ___") works at every functioning level; lean on it harder in lower-functioning rooms.
- The guilt/shame distinction is the key cognitive move; use the two sentences on the board ("I did a bad thing" / "I am a bad thing") and keep pointing at them.

HOOK SOURCE NOTE: "roughly half" reflects national co-occurrence findings (about half of people with SUD experience a co-occurring mental health condition across their lifetime). Guilt/shame directions reflect shame research (shame-proneness associates with hiding and worse outcomes; guilt-proneness with repair). Affect labeling reducing amygdala response is established. Say "roughly" and move on.

CLASS 1**Parts 1 and 2 (about 2 hours)****Opening (10 min)**

Set the safety norm (see protocol box), then frame: *"The substance's main job for a lot of us was turning feelings off. This session covers what happens when they come back on."* Icebreaker, volunteers only: "One feeling that got louder when you got sober."

Part 1: The Thaw (35 to 45 min)

Teach (5 min or less): the switch was never selective; postponed is not canceled; early-recovery brain chemistry flattens mood on its own for a while; weather vs climate as the session's frame.

PLAIN "What feeling surprised you most when it came back?"

DEEPER "You did the right thing and felt worse. What did you make that mean about yourself at the time?"

- **Exercise 1** (yes/no): item 2 is the linking moment; half the room has felt worse sober and never said it aloud. Normalize hard.
- **Exercise 2** (what came back): "joy can be scary too" gets a laugh and then a real conversation; feelings of all kinds got numbed.

Part 2: Sadness vs. Depression (55 to 65 min)

Teach (5 min or less): weather vs climate made clinical: most of the day, most days, two weeks or more, with the symptom list. Depression is treatable; medication is not mood-altering and supports sobriety.

- **Exercise 3** (weather or climate): members complete privately; nobody reports their checks to the group. You say once, plainly: "several checks means a conversation with your counselor this week; the last box means today, with me, before you leave." Then watch who finds you.
- **Safety box:** read it aloud yourself, word for word, including 988. Reading it aloud gives every member permission to use it later.
- **Jess vignette + Exercise 4:** read aloud. Question 3 is the clinical core: depression removes the point of recovery, and "at least using felt like something" is how it recruits. Question 4 (write Jess the sentence) produces the exact words members need for themselves; collect several aloud.

Close Class 1 with the talk-it-out questions. Assign: one honest answer to "how are you" this week, to anyone.

CLASS 2**Parts 3 and 4 (about 2 hours)**

Opening (10 min)

Check in: who gave one honest "how are you" answer, and what happened? Then re-state the safety norm in one sentence; it holds for Class 2 as well.

Part 3: Guilt and Shame (55 to 65 min)

Teach (5 min or less): the two sentences on the board. Guilt points at repair; shame points at hiding; the substance is the fastest hiding place ever built. The therapeutic move is conversion: shame back into guilt, guilt into repair.

PLAIN "What's the difference between feeling bad about something you did and feeling like you're bad?"

DEEPER "Whose voice does your shame use? It's usually somebody specific."

- **Exercise 5** (yes/no): item 2 ("things I haven't told anyone") is show-of-hands only, no stories. The hands going up IS the intervention; secrecy loses power when it's visibly universal.
- **Exercise 6** (the conversion): model one on the board first. Volunteers share the guilt version and the repair only, never the shame version if they don't want.
- **Vic vignette + Exercise 7:** read aloud. Question 1 is the series' most protective lesson: the hiding outcosts the slip. Pre-teaching this before anyone slips is relapse insurance; say that plainly.

Part 4: Fear and the Daily Report (40 to 50 min)

Teach (5 min or less): fear wears disguises (procrastination, isolation, control, "I'm fine"); naming shrinks it, with the affect-labeling research in one plain sentence.

- **Exercise 8** (fear list): go around on "the back-room fear," volunteers only. Link matches out loud.
- **Exercise 9** (weather report): practice live: each willing member gives one "Today I feel ___ because ___" to the group. This rehearsal is the session's deliverable.
- **Exercise 10** (the plan): all four lines written by everyone; the last line (dark thoughts plan) is written even by members who feel fine today. A plan written on a good day is there on a bad one.
- **Skill of the day:** one weather report daily, to one person. Promise the check-in.

Close with the take-it-to-the-group questions and the summary, read aloud, ending on the packet's last line about asking.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's emotional-regulation / relapse-prevention objective, plus today's topic: returning emotions and depression as relapse risks in recovery. **Intervention:** *Educated group on emotional rebound in early recovery and co-occurring prevalence; facilitated self-inventories of returning emotions; taught the clinical distinction between transient sadness and depressive symptoms, including when to seek assessment and the role of non-mood-altering medication; reviewed crisis resources including 988; facilitated vignette analysis of the depression-to-craving pathway; linked members' experiences and processed responses.* **Response:** individualize; document any risk disclosure and the same-day individual follow-up per protocol. **Plan:** one honest status disclosure this week; counselor follow-up where symptom screen indicated; return for Class 2.

Class 2. Focus: same objective, plus today's topic: shame as a relapse driver and disclosure skills. **Intervention:** *Reviewed disclosure homework; educated group on the guilt/shame distinction and shame's role in concealment and relapse; guided written conversion of shame statements into repairable guilt statements; facilitated vignette analysis demonstrating that concealment after a slip outweighs the slip itself; led live rehearsal of daily emotional disclosure ("weather report"); guided a written plan including supports and a crisis step; assigned daily practice.* **Response:** individualize, including rehearsal participation. **Plan:** daily weather report with report-back; identified repair step; individual follow-up or referral where indicated.

COMPLIANCE NOTES: 2 to 12 clients, same time; at least one active Medi-Cal beneficiary; no one 17 or under mixed with adults (outside a certified school site). Facilitator: licensed/registered clinician or certified/registered AOD counselor, in scope. Participant list each class; one note per member per class with attendance plus that member's specific response, provider-signed, finalized within 3 business days (service day counts as day 0), tied to that member's problem list or objective. Land every segment on the substance-use and relapse link; this group educates on co-occurring symptoms and routes to assessment, it does not diagnose.