



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Medications in Recovery

MAT/MOUD facts, myths, and stigma skills. Four parts, two group classes.

Topic category (billing anchor)	Alcohol and Drug Education / Treatment Engagement, with Relapse Prevention
Clinical focus	Accurate medication knowledge and stigma reduction supporting treatment retention, engagement, and survival; stigma-driven medication discontinuation as a relapse and mortality risk
Evidence base	MOUD mortality evidence · psychoeducation launching counseling · 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, scope guardrail, FIRP

Companion file: participant packet (print one per member)

4 parts · 8 exercises · 1 vignette · myth audit · personal lane

FACILITATOR GUIDE

How to run this session

- **THE HOUSE POSITION IS STATED, NOT DEBATED:** medications as prescribed are treatment, full stop, consistent with DHCS and the medical consensus. The group examines myths; it does not vote on pharmacology.
- **NOBODY'S STATUS GETS OUTED:** members on medication may or may not disclose; design every exercise so participation reveals nothing. If someone discloses, protect it ("that stays in this room") and thank them plainly.
- **LINK:** the where-I-learned-the-myth material connects the room; almost everyone inherited the same three myths from the same three sources.
- **LAND IT CLINICALLY:** the mortality fact is the spine; stigma-driven discontinuation kills people, which makes this session relapse prevention at the life-and-death end.

Mixed-functioning group adjustments

- Read everything aloud; the thermostat/normal-not-high frame carries the pharmacology at every level.
- Lower-functioning rooms: run the whole session on normal-vs-high, the three myths with their answers, and the death-in-half fact.

SCOPE AND CONFLICT GUARDRAILS

Scope: this group educates and reduces stigma; it never recommends, starts, stops, or adjusts anyone's medication. Every "should I" question routes to the prescriber, same-day warm handoff where possible. **Conflict:** expect a true believer in the room, possibly with long clean time, repeating the myths with conviction. Honor the recovery, correct the fact, once, kindly, with the house line: "that belief has a body count, and in this room the medicine gets the respect the evidence earned." Do not host a debate. **Disclosure pressure:** if the room starts asking who's on what, shut it down: medication status is medical information, period.

HOOK SOURCE NOTE: the mortality finding (all-cause and overdose mortality roughly halved for people with OUD retained on methadone or buprenorphine versus no medication) is among the most robust results in addiction medicine, replicated across cohorts and meta-analyses. Say "roughly in half, across decades of studies." Buprenorphine ceiling effect and naltrexone's antagonist profile are standard pharmacology.

CLASS 1

Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame: *"Tonight we take the most judged treatment in recovery and put the actual facts on the table. Nobody gets asked what they take. Everybody leaves knowing what's true."* Icebreaker: "First thing you ever heard about methadone or Suboxone, one sentence, no names." Board them; the board is usually a myth museum, and say so with a smile.

Part 1: What the Medications Do (45 to 55 min)

Teach (6 min): the thermostat frame; each medication in one breath (steady / steady-with-ceiling-and-block / pure blocker / the two alcohol options); stable dose = normal, not high; then the mortality hook, delivered standing still.

PLAIN "What's the difference between high and normal, in your own body's memory?"

DEEPER "If a medication gets someone to normal and the myths cost them their life, who's accountable for the myths?"

- **Exercise 1** (yes/no): item 3 (someone alive because of these) by show of hands if the room can hold it.
- **Exercise 2** (high vs normal in your words): volunteers read theirs; the best definitions go on the board.

Part 2: The Myths, Examined (45 to 55 min)

Teach (5 min or less): walk the three myths with their answers as printed; insulin line, urine-panel line, methadone-line-at-5:30 line.

- **Exercise 3** (myth audit): go around on "where I learned the one I believed hardest." Sources repeat (a parent, a program, TV); link them.
- **Exercise 4** (the two-sentence answer): volunteers read; the room refines them together. These sentences are take-home equipment.

Close Class 1 with the talk-it-out questions. Assign: notice the myths in the wild this week; where do they show up?

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

Opening (10 min)

Check in: where did the myths show up this week? Normalize finding them in your own head; reps retire them.

Part 3: Stigma and the Rooms (50 to 60 min)

Teach (5 min or less): honor the mutual-help world explicitly, then name the tension plainly as printed; "I'm in recovery" is a complete sentence; sponsors don't prescribe; medication-friendly meetings exist.

- **Exercise 5** (yes/no): item 2 (I've judged someone) is the honesty moment; model it yourself first if it's true.
- **Rosa vignette + Exercise 6:** read aloud. Question 3's one-sentence answer gets written by everyone and read by volunteers; the best ones go on the board. The move is keep-the-doctor-change-the-room; make sure the room says it, not you.

Part 4: Making It Personal (45 to 55 min)

Teach (5 min or less): the three lanes and their moves; prescriber routing available today; pressure-to-quit belongs out loud; the not-for-me lane's one job (don't repeat the myths).

- **Exercise 7** (my lane): lanes stated voluntarily or kept private; next steps written by all. Same-day warm handoff for anyone in the considering lane.
- **Exercise 8** (the ashamed friend): read several aloud; this is the empathy rep that outlasts the session.
- **Skill of the day:** retire one myth out loud. Promise the check-in.

Close with the group questions and the summary read aloud, ending on the takeaway's last line.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's treatment-engagement / relapse-prevention objective, plus today's topic: medication-assisted treatment facts and myth examination. **Intervention:** *Provided psychoeducation on MOUD and alcohol-treatment medications including mechanism distinctions and the mortality-reduction evidence; facilitated examination of the origins of medication myths and guided construction of factual counter-statements; maintained disclosure-neutral participation; linked members' inherited beliefs and processed responses.* **Response:** individualize without documenting unprompted medication status beyond the member's own disclosure. **Plan:** observe myth occurrences during the week; return for Class 2.

Class 2. Focus: same objective, plus today's topic: stigma navigation and personal application. **Intervention:** *Reviewed observations; educated group on navigating medication stigma within mutual-help settings and family systems, including disclosure boundaries and the scope line between peer support and medical advice; facilitated vignette analysis of stigma-driven discontinuation risk; guided each member through identifying their lane and a concrete next step with prescriber routing arranged where requested; rehearsed supportive responses to a disclosing peer; assigned one out-loud myth correction.* **Response:** individualize. **Plan:** execute lane step; prescriber appointment where arranged; individual follow-up where discontinuation pressure was disclosed.

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. Education launches interactive counseling; this group never advises on individual medication decisions; prescriber questions get routed same-day.