



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Pain Without Pills

Chronic pain, the tools that lower it, doctors, and the two plans. Four parts, two group classes.

Topic category (billing anchor)	Relapse Prevention / Coping Skills, with Care Coordination
Clinical focus	Chronic pain as a relapse driver; non-opioid pain management skills, provider disclosure, and flare/medical-event planning as relapse prevention
Evidence base	Pain-neuroscience education · CBT for chronic pain principles · Relapse Prevention · behavioral activation/pacing
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, STRICT medical-scope guardrail, FIRP

Companion file: participant packet (print 4 parts · 8 exercises · 1 vignette · flare plan ·
one per member) medical-event protocol

FACILITATOR GUIDE

MEDICAL-SCOPE GUARDRAIL: THIS SESSION'S HARD LINE

This group never advises on medications, up, down, on, or off. The packet says it and you repeat it at the top of both classes: **"Nothing tonight is medical advice, and nobody changes anything based on this room."** Specifically:

- A member on prescribed opioids right now is not confronted, cornered, or group-processed; the hyperalgesia material is information they take to THEIR prescriber. Offer the counselor-loop conversation individually.
- Every "should I" routes to the doctor, same-day warm handoff where available.
- Suspected unprescribed sourcing (Exercise 5 item 2) gets individual follow-up, not group exploration.
- Validate pain's reality constantly: the volume-knob science must never arrive sounding like "it's in your head," or you'll lose the room in one sentence. Say the inoculation line early: "real pain, adjustable settings."

How to run this session

- **HOPE IS THE PAYLOAD:** the hyperalgesia fact lands as a door, not a scolding. People were prescribed into this; say that plainly, blame nobody in the room.
- **NO PAIN OLYMPICS:** redirect competitive suffering kindly ("every pain in this room is real; let's talk dials"). The livable-day frame replaces the zero-pain test.
- **LINK:** prescription-start stories find each other fast; so do the untried-tool confessions ("breathing nonsense" gets knowing laughs).
- **LAND IT CLINICALLY:** every segment lands on the bind and its door: pain is a relapse driver, and stacked tools plus planned medical events are relapse prevention.

Mixed-functioning group adjustments

- Read everything aloud; the volume-knob drawing on the board carries the science.
- Lower-functioning rooms: run the whole session on the knob, the five-minute dose, the brave sentence, and who-holds-the-bottle.

HOOK SOURCE NOTE: opioid-induced hyperalgesia is established in the pain literature, and functional improvement after opioid tapering is reported in chronic-pain cohorts; present as "often" and "many people," never as a promise. Movement and CBT-based approaches as first-line chronic-pain care reflect current guidelines. Keep all of it directional; the member's own prescriber owns their specifics.

CLASS 1**Parts 1 and 2 (about 2 hours)**

Opening (10 min)

State the medical-scope line, then frame: *"This session is about a real bind: real pain, and a recovery that rules out the famous painkillers. There is a way through it, and most people were never shown it."*

Icebreaker: "Raise a hand if pain was anywhere in your using story." The hands justify the session.

Part 1: How Pain Actually Works (40 to 50 min)

Teach (6 min): acute vs chronic; the stuck alarm and the volume knob (draw it); what turns the knob each way; the hyperalgesia hook delivered as hope; the inoculation line: real pain, adjustable settings.

PLAIN "What turns your pain up, and what turns it down, even a little?"

DEEPER "If the pill was turning the knob up the whole time, what does that re-explain about your worst years?"

- **Exercise 1** (yes/no): item 3 (nobody told me) usually sweeps the room; let the anger at that be heard, then aim it forward.
- **Exercise 2** (pain mapped): go around on the dials, not the diagnoses.

Part 2: What Lowers Pain (50 to 60 min)

Teach (6 min): the right test (livable day), the tool list as printed, pacing and the boom-bust cycle drawn on the board.

- **Exercise 3** (tried-vs-untried audit): the "judged without a trial" line is the honesty moment; collect them aloud with warmth.
- **Hank vignette + Exercise 4:** read aloud. "A five is a life" is the board line. Question 3 converts the room's skepticism into this month's experiments.

Close Class 1 with the talk-it-out questions. Assign: the five-minute dose daily, starting tonight.

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

Opening (10 min)

Check in: who did the five-minute doses, and did any number move? No movement yet is normal; reps first, results follow.

Part 3: Working With Doctors (45 to 55 min)

Teach (5 min or less): the two inherited stories (charmer and dismissed, often both); the brave sentence and its three jobs; counselor in the loop; the standing rule on controlled substances through the doctor only.

- **Exercise 5** (yes/no): item 1 (doctor knows) sets the homework for half the room; item 2 follows the guardrail, individually.
- **Exercise 6** (team setup): brave sentences written and said aloud twice around the room. Rehearsed survives the waiting room.

Part 4: Flares and the Plan (50 to 60 min)

Teach (5 min or less): the thoughts a flare brings and the plan that answers them; the medical-event protocol with its four pieces; the closing truth: analgesia with witnesses is done safely every day; the nightstand bottle is what kills.

- **Exercise 7** (flare plan): all four lines; flare thoughts read aloud ("you can't live like this") so the room hears how generic they are.
- **Exercise 8** (medical-event protocol): completed by everyone, including the currently pain-free; surgeries don't schedule themselves around recoveries. The who-holds-the-bottle line said aloud is the clinical event of the night.
- **Skill of the day:** the five-minute dose continues. Promise the check-in.

Close with the group questions and the summary read aloud.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's relapse-prevention / coping-skills objective, plus today's topic: chronic pain as a relapse driver and non-opioid pain management. **Intervention:** *Provided pain-neuroscience education including central sensitization and opioid-induced hyperalgesia framed toward recovery hope, with medical-scope boundaries maintained; facilitated personal pain mapping focused on modifiable amplifiers; guided an inventory distinguishing tried from untried pain-management strategies and selection of two strategies to combine; facilitated vignette analysis reframing the goal from pain elimination to functional days; linked members' patterns and processed responses.* **Response:** individualize. **Plan:** daily five-minute movement-plus-breath dose; return for Class 2.

Class 2. Focus: same objective, plus today's topic: provider collaboration and high-risk medical-event planning. **Intervention:** *Reviewed daily-dose practice; educated group on recovery-disclosing collaboration with prescribers and rehearsed each member's disclosure statement; guided written flare plans (regulation skill, tool stack, activity pacing, support call) and written medical-event protocols (universal provider disclosure, non-opioid-first requests, third-party medication holding, predetermined stop planning, support notification); routed medication-specific questions to prescribers with counselor coordination; assigned continued daily practice.* **Response:** individualize, including protocol completion; document any sourcing disclosure and follow-up per policy. **Plan:** say the disclosure sentence to the identified provider; continue daily dose; individual follow-up 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. No medical advice is given; land every segment on the substance-use and relapse link.