



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Building Your Recovery Plan

Warning signs, recovery capital, and the written plan. Four parts, two group classes.

Topic category (billing anchor)	Relapse Prevention / Recovery Support Systems
Clinical focus	Relapse as a staged process with identifiable early warning signs; structured planning, support inventory, and scheduled recovery activity as relapse prevention
Evidence base	Relapse Prevention (Marlatt; warning signs per Gorski tradition) · recovery capital research · 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, linking moves, FIRP

Companion file: participant packet (print one per member)

4 parts · 9 exercises · 1 vignette · the written plan

FACILITATOR GUIDE

How to run this session

- **THIS IS A BUILDING SESSION:** members leave with a written, specific plan or the session didn't happen. Protect the writing time in Class 2 against even good discussion.
- **LINK:** the four-accounts inventory is the matchmaking engine: pair a member broke in People with one rich in it; the group itself is recovery capital, and say so.
- **NO SHAME ON SLIPPED ROUTINES:** Exercise 1 item 3 ("something has quietly slipped") only works if admitting it is treated as the win. Dimmer at ten percent, caught, is the whole model.
- **LAND IT CLINICALLY:** every segment returns to relapse-as-process and the plan as the catch. Andre's six weeks is the spine.

Mixed-functioning group adjustments

- Read everything aloud; writing optional, but the PLAN gets written for everyone, by a peer or by you if needed. Nobody leaves without theirs on paper.
- Lower-functioning rooms: the whole session can run on warning lights + the people list + one week of structure. That's a real plan.

GUARDRAILS

The empty people list. Some members will have zero names for Exercise 6, and the moment can land hard. Pre-frame it: "an empty list is the gap the plan exists to fill, and it starts filling tonight." Connect them before they leave: group members, a meeting buddy, warm-line numbers, staff. **Plan-shaming:** members comparing plan sizes is the group turning recovery into a contest; redirect to "the right plan is the one you'll run."

HOOK SOURCE NOTE: recovery capital is an established research concept (resources supporting sustained recovery: social, physical, human, cultural). The warning-signs tradition runs from Gorski's post-acute work through modern relapse prevention. Present both as "people who study long-term recovery keep finding."

CLASS 1

Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame: "Relapse looks sudden from the outside. Up close it's a six-week process, and tonight we learn to catch it in week one." Icebreaker: "Finish this sentence: a relapse really starts when..." Board the answers; the room usually teaches the lesson itself.

Part 1: Relapse Is a Process (40 to 50 min)

Teach (5 min or less): the small steps, the dimmer-not-switch model, recovery capital in plain terms (the hook).

PLAIN "What small step came before your last close call?"

DEEPER "What's the most responsible-looking decision that was secretly step one of a slide?"

- **Exercise 1** (yes/no): item 3 is the live one; whoever admits a current slip gets the room's respect, modeled by yours first.
- **Exercise 2** (the slide, mapped): volunteers walk theirs; board one full slide; mark the easiest fix point on it.

Part 2: Your Warning Lights (50 to 60 min)

Teach (3 min): warning signs come in order; early ones look like attitude, schedule, mood; craving is a late light, not an early one.

- **Exercise 3** (the panel): go around twice: earliest light, then "the one others see first." The second question quietly recruits the room as each member's early-warning system; name that out loud.
- **Andre vignette + Exercise 4:** read aloud. Week one was responsible (extra shifts); that's the teaching point: slides start in good excuses. Question 3 is the session's most valuable disclosure; collect every member's week-one move.

Close Class 1 with the talk-it-out questions. Assign: watch your own panel for one week; note any light that flickers.

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

Opening (10 min)

Check in: any lights flicker this week? Treat every honest report as the system working.

Part 3: Your Supports, Honestly (50 to 60 min)

Teach (5 min or less): the four accounts (people, structure, health, purpose); everyone's rich somewhere and broke somewhere; relapse finds the broke account.

- **Exercise 5** (the four accounts): go around on the broke account only. Board the pattern; then do the matchmaking: pair broke-with-rich across members, explicitly.
- **Exercise 6** (the people list): handle empty lists per the guardrail, warmly and concretely. A's matter more than count; one real 2 a.m. name beats five C's.

Part 4: The Written Plan (50 to 60 min, protect this time)

Teach (2 min): specific beats vague; days, times, names; then write.

- **Exercise 7** (weekly structure): written, then read aloud. Challenge vagueness kindly ("which meeting, what day?").
- **Exercise 8** (warning-light responses): the if-then pairs are the plan's teeth; each member also names the person authorized to call their lights. That authorization, spoken in group, is the session's strongest clinical moment.
- **Exercise 9** (purpose line): the ninety-day goal gets a real date. Collect them; you'll check at ninety days, and say so.
- **Skill of the day:** run the plan seven days, mark what happened, adjust from evidence next group.

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 objective, plus today's topic: relapse as a staged process and personal early warning signs. **Intervention:** *Educated group on the staged nature of relapse and the recovery-capital framework; facilitated mapping of a personal or observed relapse sequence identifying pre-use decision points; facilitated a structured warning-sign inventory with identification of earliest personal indicators and externally visible indicators; facilitated vignette analysis of a six-week relapse process; linked members' patterns and processed responses.* **Response:** individualize, including any disclosure of currently slipped routines. **Plan:** self-monitor warning signs for one week; return for Class 2.

Class 2. Focus: same objective, plus today's topic: support inventory and the written recovery plan. **Intervention:** *Reviewed self-monitoring; guided a four-domain recovery-capital self-assessment (supports, structure, health, purpose) identifying each member's deficit area, with peer linkage arranged; facilitated an honest support-contact inventory with gap-filling for members lacking reliable contacts; guided completion of a written weekly recovery plan including scheduled recovery activities, high-risk hour coverage, if-then warning-sign responses, an authorized accountability person, and a dated ninety-day goal; assigned a seven-day plan trial with tracking.* **Response:** individualize, including plan specificity and support gaps addressed. **Plan:** run the written plan seven days with tracking; adjust from evidence next session; individual follow-up where support deficits were significant.

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.