



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Sleep and Recovery

Sleep as relapse prevention: the audit, the rebuild, the hard nights. Four parts, two group classes.

Topic category (billing anchor)	Coping Skills / Relapse Prevention
Clinical focus	Sleep disruption as a craving and relapse driver; behavioral sleep rebuilding and hard-night planning as relapse prevention
Evidence base	CBT-I principles (behavioral sleep medicine, first-line) · Relapse Prevention · sleep-deprivation impairment research
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, medical-routing guardrail, FIRP

Companion file: participant packet (print one per member) 4 parts · 9 exercises · 1 vignette · rebuild plan · hard-night card

FACILITATOR GUIDE

How to run this session

- **SET HONEST EXPECTATIONS EARLY:** early-recovery sleep heals in weeks, sometimes months; promising fast fixes burns credibility. The levers work; the timeline is real.
- **LINK:** the saboteur list is the matchmaking engine; phone-in-bed and caffeine-after-noon will claim most of the room, and the shared sheepishness builds the warmth this topic needs.
- **WALK-IN NOTE (\$A10):** the session opens on sleep-as-recovery-equipment, not phone hygiene; the phone arrives inside the saboteur list where it belongs.
- **LAND IT CLINICALLY:** every segment lands on tired-as-trigger: louder alarm, louder wanting, thinner brakes. Pete's sticky note (4 hours, 2 energy drinks, 0 meetings) is the spine.

Mixed-functioning group adjustments

- Read everything aloud; the audit numbers can be collected verbally.
- Lower-functioning rooms: run the whole session on the audit, the wake anchor, the phone's new bedroom, and the hard-night card.

MEDICAL-ROUTING GUARDRAILS

Route, don't treat: loud snoring with gasps (apnea territory), chronic pain wrecking sleep, nightmares that look like trauma (route toward the Trauma session pathway and individual care), and any sleep medication question go to medical staff; this group changes behavior, not prescriptions. **Sedative-seeking:** "can't I just take something" gets the standing rule from the packet, kindly: anything sedating goes through the doctor who knows your history. **Shift workers:** the anchor principle still applies to their schedule's shape; help them adapt it rather than exempting them.

HOOK SOURCE NOTE: the twenty-hours-awake comparison is the classic Dawson & Reid finding (sustained wakefulness producing impairment comparable to legal intoxication levels); say "about twenty hours" and move on. CBT-I outperforming medication long-term is the established sleep-medicine position. Sleep loss elevating craving and negative affect is well replicated.

CLASS 1 Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame: "This session is about sleep: what it does for sobriety, what's stealing yours, and how to rebuild it without a substance." Icebreaker: "Hands up: who had real, natural sleep during their using years?" The

missing hands open the session.

Part 1: What Sleep Does for Sobriety (35 to 45 min)

Teach (5 min or less): the maintenance-shift jobs; the twenty-hour hook; the four recovery stakes (alarm, wanting, brakes, relapse emotions); Tired's seat in H.A.L.T.

PLAIN "What are you like after a bad night, honestly?"

DEEPER "Which came first in your story: the broken sleep or the using? Can you even tell anymore?"

- **Exercise 1** (yes/no): item 1 (cravings cluster on tired days) is the thesis; hands up makes it the room's finding, not yours.
- **Exercise 2** (what substances did to sleep): volunteers; "knocked out isn't slept" will get nods; let members say why in their own words.

Part 2: The Audit (50 to 60 min)

Teach (2 min): honest numbers beat good intentions; then audit quietly.

- **Exercise 3** (real nights): collect honest totals around the room; board the range. No judgment on low numbers; the range itself teaches.
- **Exercise 4** (saboteur list): go around on the two biggest; link the matches, and let the phone-in-bed majority see itself.
- **Pete vignette + Exercise 5:** read aloud. The sticky note is the device: have each member write their own three-number note (hours, caffeine, what got skipped). Question 2's answer is usually the phone or the anchor; let the room find it.

Close Class 1 with the talk-it-out questions. Assign: just count hours honestly for a week, no fixing yet. Data first.

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

Opening (10 min)

Check in: what did the honest week of counting show? Numbers only, no shame; the data sets up the levers.

Part 3: The Rebuild (55 to 65 min)

Teach (6 min): behavior beats pills long-term (say it as sleep medicine's own position); the five levers, with the wake anchor crowned as the one that moves the clock.

- **Exercise 6** (my two levers): read aloud around the room, with the anchored wake time stated as a clock time and the phone's new sleeping place named. Challenge soft answers kindly ("earlier" isn't a time").
- **Exercise 7** (yes/no): item 3 (tell the doctor instead of toughing it out) is the routing commitment; note takers for anyone already describing apnea signs or chronic pain per the guardrail.

Part 4: Hard Nights (40 to 50 min)

Teach (5 min or less): the three hard-night rules (don't fight in bed, don't trust 2 a.m. thinking, don't catastrophize one night) and the standing rule on sedatives through the doctor only.

- **Exercise 8** (hard-night card): written by all, read by volunteers; the 2 a.m. line gets rehearsed out loud twice.
- **Exercise 9** (2 a.m. thought and morning answer): volunteers share pairs; the room improves the morning answers together. This exercise quietly teaches thought-checking on top of sleep.
- **Skill of the day:** the fourteen-day wake anchor plus the exiled phone. One lever, run honestly. Promise the check-in at both upcoming groups.

Close with the group questions and the summary read aloud.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's coping-skills / relapse-prevention objective, plus today's topic: sleep disruption as a craving and relapse driver. **Intervention:** *Educated group on sleep's role in stress regulation, craving intensity, and impulse control, including impairment comparable to intoxication under extended wakefulness; facilitated an honest sleep audit and saboteur inventory including substance effects on sleep architecture; facilitated vignette analysis of the fatigue-craving loop; linked members' patterns and processed responses.* **Response:** individualize. **Plan:** seven days of honest sleep tracking without intervention; return for Class 2.

Class 2. Focus: same objective, plus today's topic: behavioral sleep rebuilding and nighttime relapse-risk planning. **Intervention:** *Reviewed tracking data; educated group on first-line behavioral sleep principles and guided selection of two personal levers anchored on a fixed wake time with device-removal planning; guided a written hard-night protocol including stimulus-control steps, a rehearsed response to nighttime cognitions, and the medical-route rule for any sedating substance; routed members with apnea or pain indicators to medical staff; assigned a fourteen-day wake-anchor trial.* **Response:** individualize, including lever specificity. **Plan:** run the fourteen-day anchor with report-back; medical follow-up where routed.

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.