



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Stress & the Nervous System

A coping-skills and relapse prevention session on the stress response. Four parts, two group classes.

Topic category (billing anchor)	Stress Management / Coping Skills, with Relapse Prevention (stress as a leading relapse driver)
Clinical focus	The stress response and unmanaged stressors as direct drivers of craving and return to use; body-based coping skills as relapse prevention
Evidence base	CBT · DBT-informed distress tolerance and grounding · Relapse Prevention (Marlatt)
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, guardrails, FIRP

Companion file: participant packet (print one per member)

4 parts · 12 exercises · 2 vignettes · skills practiced in session

FACILITATOR GUIDE

How to run this session

- **HOOK:** open each part with the fact, then hand it to the group with a question. Let members react to each other before you teach.
- **LINK:** connect members' answers to each other out loud. Shared body signs ("you get the jaw thing too?") build cohesion fast in this topic.
- **TEACH LIGHT:** teaching blocks run 5 minutes or less. If discussion is alive, shorten teaching, not processing.
- **LAND IT CLINICALLY:** every segment ends tied to craving and relapse risk. The whole session is one argument: the substance was the off-switch, the alarm remains, skills are the new switch.
- **PRACTICE LIVE:** the body skills in Part 4 get done in session, together, with before/after ratings. A described skill is not a taught skill.

Mixed-functioning group adjustments

- Read everything aloud; writing optional; members can talk their answers.
- Both opening questions below have a plain and a deeper version; pick per room.
- The chain mapping in Exercise 8 is the hardest cognitive lift; do one member's chain on the board first as a model.

TRAUMA GUARDRAIL

Stress content pulls trauma stories toward the surface. This group teaches the alarm system; it is not trauma processing. If a member starts into trauma detail, protect them and the room: *"That matters, and it deserves more care than a group pass-around. Let's you and I talk after group. For right now, what does your body do when that memory shows up?"* Ground first, process individually, refer per facility protocol. Never press anyone to share what set their alarm off; the body-sign level is always enough.

HOOK SOURCE NOTE: the sub-second alarm claim reflects standard findings on amygdala response speed (threat reactions begin before conscious processing completes). "Stress is one of the strongest predictors of return to use" reflects a broad relapse-research consensus (stress and cue exposure are the classic induction pathways). Say "researchers keep finding" and move on. Conversation starters, not testimony.

CLASS 1

Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame, spoken plainly: *"This session covers your body's alarm system: what sets it off, and why it has so much power over staying sober."* Icebreaker go-around: "Where does stress live in your body? One body part." Write the parts on the board; point back at them all night.

Part 1: Your Alarm System (40 to 50 min)

Teach (5 min or less): the alarm center, adrenaline and cortisol in plain words, fast-but-dumb, fires before thinking. Land it: for years the substance was the off-switch, and the nervous system learned that deeply.

PLAIN "What does your body do first when something goes wrong?"

DEEPER "When your alarm fires, how long does it take before the thinking you shows back up? What happens in the gap?"

- **Exercise 1** (yes/no set): quick go-around on item 2, "small things set me off more now." Normalize: early recovery runs with the alarm volume turned up.
- **Exercise 2** (body signs): go around on "my earliest warning sign." Link members with the same signs. The earliest sign is the whole game; skills work best there.
- **Exercise 3** (written): volunteers share; keep it at the body level, not the story level.

Part 2: What Sets It Off (50 to 60 min)

Teach (5 min or less): stressor vs stress; the three classic kinds plus the drip. The drip idea lands hard; let members build the list of what pings them.

- **Exercise 4** (sort your stressors): process the "can I change it" column. The can't-change pile is where acceptance work lives; the can-change pile is where problem-solving lives. Mixing them up is where suffering lives.
- **Exercise 5** (the drip): go around on "one drip I could turn down this week." Small commitments, stated aloud.
- **Ray vignette + Exercise 6:** read aloud. Question 3 is the clinical core of Class 1: the beer aisle happened in his body before it happened in his mind. Question 4 personalizes it; expect strong material.

Close Class 1 with the talk-it-out questions. Preview: "Class 2 is about how stress turns into craving, and what actually shuts the alarm off now."

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

Opening (10 min)

Check in: who noticed their earliest warning sign this week? Who turned down their drip item? Billable skill reinforcement, and it teaches that commitments get followed up.

Part 3: Stress and Relapse (45 to 55 min)

Teach (5 min or less): cortisol primes the wanting system; the brain keeps records of its fastest off-switch; the chain (stressor, alarm, tension, reach, craving); H.A.L.T. as shorthand.

PLAIN "When you were using, what did stress have to do with it?"

DEEPER "Your brain remembers its fastest off-switch. What does it offer you first on a bad day, and how long after the stressor does the offer arrive?"

- **Exercise 7** (stressed-for-days signs): link members; these are relapse warning signs wearing stress clothing, and say so.
- **Exercise 8** (stress-to-craving chain): model one on the board first, then members map their own. The "weakest link" line is the payoff; everyone states theirs aloud.
- **Monica vignette + Exercise 9:** read aloud. Question 1 (four minutes of call, nine hours of replay) teaches that the replay, not the event, keeps the alarm on. Question 2 teaches why cravings arrive at night, on the drop.

Part 4: Working With the Alarm (50 to 60 min)

Teach (5 min or less): you can't argue an alarm quiet; the way in is the body. Then stop teaching and practice.

- **Exercise 10 (live practice):** lead five long exhales together, then 5-4-3-2-1 around the room (each member names one thing they see, hear, touch). Collect before/after numbers out loud. Some members will drop two points and be surprised; let that land. If someone's number doesn't move, normalize it: brakes strengthen with reps.
- **Exercise 11** (cope ahead): every member completes all four lines and reads them aloud. A stressor you can see coming is a stressor you can plan for; this is relapse prevention in its purest form.
- **Exercise 12** (who can hear it): if a member can't name two people, that IS the finding; connect them to the group, a sponsor, or staff before they leave.
- **Skill of the day:** long exhale three times daily, stressed or not. Training, not emergency response. Promise a check-in.

Close with the take-it-to-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: the stress response and personal stressors as relapse risk. **Intervention:** *Educated group on the stress response (alarm speed, adrenaline/cortisol) and its link to substance use as an off-switch; facilitated body-sign and early-warning self-inventories; guided stressor sorting across frustrations, pressures, conflicts, and chronic low-grade stressors, including changeable vs unchangeable; facilitated vignette analysis of stress-driven craving; linked members' patterns and processed responses.* **Response:** individualize. **Plan:** track earliest warning sign; reduce one chronic stressor; return for Class 2.

Class 2. Focus: same objective, plus today's topic: the stress-to-craving chain and body-based coping skills. **Intervention:** *Reviewed Class 1 commitments; educated group on stress-primed craving and relapse warning signs; guided each member through mapping a personal stress-to-craving chain and identifying its weakest link; led in-session practice of paced breathing and grounding with pre/post tension ratings; guided a written cope-ahead plan for an anticipated stressor and identification of support contacts; assigned daily skill practice.* **Response:** individualize, including pre/post ratings and skill demonstrated. **Plan:** daily long-exhale practice with report-back; carry out cope-ahead plan; individual follow-up if trauma content surfaced.

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.