



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Trauma & Recovery

Pattern-level trauma education with steadying skills. Four parts, two group classes.

Topic category (billing anchor)	Coping Skills / Emotional Regulation, with Relapse Prevention
Clinical focus	The trauma-substance link, trauma responses as relapse triggers, and stabilization skills as relapse prevention; routing to trauma-specific treatment
Evidence base	Seeking Safety principles (present-focused, stabilization-first) · grounding/DBT-informed skills · ACE research framing
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, THE CONTAINMENT PROTOCOL, FIRP

Companion file: participant packet (print 4 parts · 8 exercises · 1 vignette · skills practiced live · one per member) the counselor sentence

FACILITATOR GUIDE

THE CONTAINMENT PROTOCOL: THIS SESSION'S PRIME DIRECTIVE

This is psychoeducation and stabilization, **not trauma processing**. The packet promises members they will never be asked for their story; you are the keeper of that promise.

- **State the ground rule first, both classes:** "Nobody tells their story in here. Pattern level only, and that's to protect you, not to silence you."
- **Interrupt disclosures kindly and fast:** *"I'm going to pause you there, and it's because what you're carrying deserves better care than a group pass-around. Pattern level: what does your body do? And let's talk after group."* Then actually talk after group.
- **The "pause" word:** the packet gives members a no-explanation pause word; honor it instantly with a grounding beat for the whole room.
- **Watch for silent activation:** the frozen member, the one who's left the room in their eyes. Ground the whole room ("everybody, feet on the floor, five things you can see"), then individual check before they leave.
- **Both classes end grounded,** every time, no exceptions.
- **Know your referral path cold:** who in your system does trauma work, how members get to them, and 988 for anything darker. Any mandated-report disclosure follows facility protocol.

How to run this session

- **TONE:** slowest session in the series. Longer silences, zero cold-calling, everything invitational.
- **LINK:** link on patterns and skills only ("three of you marked freeze; that's a body strategy, and it worked once"). Never link stories.
- **LAND IT CLINICALLY:** the spine is the medicating link: the substance was the first thing that quieted the body, so steadying skills are direct relapse prevention. Marcus's "yet" is the hope line.

Mixed-functioning group adjustments

- Read everything aloud; the four shapes (fight/flight/freeze/fawn) with gestures work at every level.
- Lower-functioning rooms: run the whole session on the shapes, 5-4-3-2-1 practiced twice, and the text-afterward person.

HOOK SOURCE NOTE: the dose-shaped link is the ACE study (Felitti/Anda; adversity categories and later addiction odds climbing several-fold at 4+ ACEs), replicated widely. Present as "a landmark study, repeated since." Fight/flight/freeze/fawn is clinical shorthand, not a diagnostic system; fine as taught. EMDR, TF-CBT, and Seeking Safety are correctly named evidence-supported approaches.

CLASS 1 Parts 1 and 2 (about 2 hours)

Opening (10 min)

Ground rule first, then frame: *"This session is about how trauma and addiction got linked, and the skills that steady a body carrying history. Nobody's story gets told in here, including by accident, and I'll protect that."* Open with the group grounding practice BEFORE content, so the skill exists in the room before anything stirs.

Part 1: The Link (40 to 50 min)

Teach (5 min or less): trauma defined plainly; the ACE hook; the danger-tuned nervous system; the solution-before-problem reframe; what-happened-to-me vs what's-wrong-with-me.

PLAIN "What was the substance's job in your body? One word is enough."

DEEPER "If the substance was a solution before it was a problem, what's the original problem still asking for?"

- **Exercise 1** (yes/no, no details): private marks or hands, member's choice; no processing of individual yeses.
- **Exercise 2** (the job): one-word go-around, volunteers; board the jobs (quiet, numb, sleep, brave, forget). The board is the thesis.

Part 2: What a Trauma Response Is (50 to 60 min)

Teach (5 min or less): the alarm going off at today's matches with the past; the four shapes plus the quiet versions; the key sentence, said twice: body event, not character flaw.

- **Exercise 3** (my body's moves): go around on shape only, volunteers; link matching shapes.
- **Marcus vignette + Exercise 4:** read aloud, slowly. The raised-voice example is deliberately ordinary; question 3 ("yet") carries the hope. If the room is steady, ask: "what's a match your body makes that others might not guess?" Shapes and matches only, never sources.

Close Class 1 grounded: long exhale together, then the talk-it-out questions, then one more grounding beat. Assign: nothing but noticing, pattern level.

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

Opening (10 min)

Restate the ground rule, ground the room first, then check in: any shapes noticed this week? Pattern level, volunteers.

Part 3: Steadying Skills (55 to 65 min, mostly practice)

Teach (3 min): the skills convince the body now is now; first aid, not therapy; then practice everything live.

- **Exercise 5 (live practice):** 5-4-3-2-1 around the room, long exhale together, then orienting, slowly, with permission to actually look at the exits ("your body scans anyway; tonight we do it on purpose"). Collect before/after numbers.
- **Exercise 6** (steadying plan): all four lines written; name-it-date-it lines said aloud by volunteers. The text-afterward person matters; help anyone without one find one before they leave.

Part 4: Safety and the Path to More Help (40 to 50 min)

Teach (5 min or less): first aid vs repair; name the therapies plainly; stability first, deeper work later, by choice; the counselor sentence as the only ask.

- **Exercise 7** (yes/no): item 3 is private unless volunteered; anyone who volunteers a yes gets a same-day route to their counselor, warmly and concretely.
- **Exercise 8** (the counselor sentence): written by all, shared by none unless they insist; the writing is the intervention.
- **Safety box:** read the 988 box aloud yourself, word for word.
- **Skill of the day:** ground once daily, calm or not. Promise the check-in.

Close grounded, with the summary read aloud, ending on the takeaway.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's coping-skills / relapse-prevention objective, plus today's topic: the trauma-substance link and trauma responses as relapse risk. **Intervention:** *Provided pattern-level psychoeducation on the adversity-addiction link and trauma responses (fight/flight/freeze/fawn) with containment ground rules maintained; opened and closed with group grounding; facilitated pattern-level self-identification of the substance's regulatory function and the member's predominant response shape; facilitated vignette analysis connecting trauma responses to historical use; linked members at the pattern level and processed responses.* **Response:** individualize at pattern level; document any containment redirects and after-group follow-up provided. **Plan:** pattern-level self-observation; return for Class 2.

Class 2. Focus: same objective, plus today's topic: stabilization skills and routing to trauma-specific care. **Intervention:** *Led live practice of grounding, paced breathing, and orienting with pre/post settledness ratings; guided a written personal steadying plan including a rehearsed present-moment statement and an after-the-moment support contact; educated group on trauma-specific treatment options and stability-first sequencing; guided private preparation of a readiness statement for the counselor; reviewed crisis resources including 988; closed with group grounding.* **Response:** individualize, including practice ratings; document any same-day counselor routing. **Plan:** daily grounding practice; counselor follow-up where member flagged readiness; individual follow-up for any activation observed.

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. This group stabilizes and routes; trauma processing itself belongs to trauma-trained clinicians per facility pathway.