



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

# Understanding Addiction Today

The modern disease model, the criteria, and the healing timeline. Four parts, two group classes.

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| <b>Topic category (billing anchor)</b> | Alcohol and Drug Education / Relapse Prevention (treatment engagement)                                                                                            |
| <b>Clinical focus</b>                  | Accurate understanding of substance use disorder, self-assessment against criteria, and healing expectations as foundations for engagement and relapse prevention |
| <b>Evidence base</b>                   | Psychoeducation per the chronic-condition model · MI stance · Relapse Prevention framing                                                                          |
| <b>Format</b>                          | One participant packet · two group classes of about 2 hours each · Class 1 = Parts 1–2 · Class 2 = Parts 3–4                                                      |
| <b>Group rules</b>                     | 2 to 12 clients, same time · at least 1 active Medi-Cal beneficiary · no minors mixed with adults                                                                 |

**This file:** facilitator guide

class agendas, scope guardrail, FIRP

**Companion file:** participant packet (print one 4 parts · 8 exercises · 1 vignette · self-assessment per member) · evidence line

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## FACILITATOR GUIDE

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### How to run this session

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- **THE JOB IS THE REFRAME:** character story out, condition story in, with responsibility intact. Keep both halves alive: "the condition explains you; it doesn't excuse you." If the room only hears half, it heard wrong.
- **LINK:** the rulebook material (Part 3) is the linking engine; every member had rules, and hearing each other's rulebooks dissolves shame faster than any lecture.
- **TEACH LIGHT:** the mechanics paragraph and the criteria list carry the science; resist adding more neurobiology on top.
- **LAND IT CLINICALLY:** everything funnels to engagement: because it's a condition, the treatment is time, structure, skills, connection, and medication where it fits, which is exactly what they're doing by being in the room.

### Mixed-functioning group adjustments

- Read everything aloud; writing optional; the criteria checklist can be read item-by-item with hands or private marks.
- Lower-functioning rooms: run the whole session on wanting-more-enjoying-less, the rulebook, and the evidence line. That's the full reframe.

#### SCOPE GUARDRAIL

The criteria checklist (Exercise 3) is psychoeducation and self-reflection, **not diagnosis**. Say it plainly: "your count is information for you and your counselor, not a label from this group." Members who want to argue their count aren't diagnosed in the room either direction; route to individual sessions. Medication stance: shut down "MAT is cheating" crosstalk kindly and completely; the packet's line is the house line. Severity, diagnosis, and level-of-care calls belong to the clinician of record.

**HOOK SOURCE NOTE:** the 10-day vs 100-day scans reference the classic stimulant-recovery imaging series showing partial reward-system recovery over months (the images LIB itself used). Criteria list paraphrases the standard eleven; severity bands (2-3 / 4-5 / 6+) are standard. MOUD mortality benefit (roughly halved for opioid use disorder on methadone or buprenorphine) is well supported; say "cuts death risk" plainly.

#### CLASS 1

### Parts 1 and 2 (about 2 hours)

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### Opening (10 min)

Frame: *"Everyone here got handed an explanation for addiction, and most of them came with shame attached. Tonight we replace it with the one medicine actually uses."* Icebreaker: "One word for the explanation you grew up with." Board the words; they're usually brutal, and the board becomes the before picture.

## Part 1: What Addiction Is (40 to 50 min)

**Teach (5 min or less):** the chronic-condition definition; the mechanics in plain words (reward hit, dial-down, wanting rewired, brakes eroded, stress louder); the 10/100-day scans as visible healing.

**PLAIN** "Did you want it more and enjoy it less near the end?"

**DEEPER** "If it was never about weakness, what was all that shame doing for the people handing it to you?"

- **Exercise 1** (yes/no): item 4 ("just stop" ever worked) gets the laugh that opens the room.
- **Exercise 2** (the inherited explanation): volunteers read theirs; treat each with respect and retire it formally.

## Part 2: The Line (50 to 60 min)

**Teach (5 min or less):** use, misuse, disorder; the criteria are about life, not dose; severity bands; what's not on the list.

- **Exercise 3** (the honest count): private completion, no required disclosure of counts; go around only on "what the count tells me," volunteers. Scope guardrail applies.
- **Exercise 4** (the truest item): volunteers; link matches ("three of you picked 'gave up things that mattered'; talk to each other about that").

**Close Class 1** with the talk-it-out questions, landing on responsibility surviving the reframe.

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

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**Opening (10 min)**

Check in: did the condition framing hold up over the week, or did the old explanation sneak back?

Normalize the sneak-back; old stories have reps.

**Part 3: Loss of Control, Honestly (50 to 60 min)**

**Teach (5 min or less):** erosion, not absence; the rulebook as evidence ("people with control don't need a rulebook for it").

- **Exercise 5** (yes/no): items 1 and 2 by show of hands; the near-universal hands are the destigmatizing moment of the session.
- **Sam vignette + Exercise 6:** read aloud. Collect rulebook entries on the board; the board fills fast and the pattern teaches itself. Question 3 (your version of Sam's sentence) is the session's centerpiece; several members saying their sentence aloud is the clinical event. Never force it.

**Part 4: The Healing Timeline (45 to 55 min)**

**Teach (5 min or less):** the three stretches (reset, flat, steadying); visits vs resets; medication on the timeline, plainly.

- **Exercise 7** (where am I): go around on "what's actually better than 30 days ago." Insist on one real item each; small counts.
- **Exercise 8** (yes/no): item 3 (judged medication use) handled per the guardrail; the honest hands here matter.
- **Skill of the day:** the evidence line, one line daily. Promise the check-in.

**Close** with the group questions and the summary read aloud, ending on the takeaway's last line.

## FIRP scaffold (one note per member, per class)

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**Class 1. Focus:** member's treatment-engagement / relapse-prevention objective, plus today's topic: the chronic-condition model and self-assessment against diagnostic-style criteria. **Intervention:** *Provided psychoeducation on substance use disorder as a chronic brain condition, including tolerance, reward adaptation, and impaired control, with visible-healing imaging evidence; facilitated examination and reframing of internalized shame explanations; guided a private structured self-assessment against standard criteria with reflective processing; linked members' experiences and processed responses.*

**Response:** individualize. **Plan:** observe which explanation (character vs condition) operates during the week; return for Class 2.

**Class 2. Focus:** same objective, plus today's topic: impaired control and realistic healing expectations.

**Intervention:** *Reviewed homework observations; educated group on impaired control as erosion evidenced by self-imposed rule systems; facilitated rulebook self-analysis and vignette processing; educated group on the recovery timeline including post-acute effects, lapse-vs-reset framing, and the role of medications for addiction treatment with stigma correction; guided self-location on the timeline with concrete improvement evidence; assigned daily evidence-line journaling.* **Response:** individualize.

**Plan:** daily evidence line with report-back; route diagnostic or medication questions to the clinician of record; 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. Education segments launch interactive counseling; land every segment on the substance-use and relapse link. This group does not diagnose; severity and diagnosis belong to the clinician of record.