



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Your Story, Your Words

Narrative identity, self-talk editing, and the sized tellings. Four parts, two group classes.

Topic category (billing anchor)	Recovery-Centered Life Skills, with Coping Skills (cognitive work)
Clinical focus	Self-narrative and self-labeling as relapse-relevant cognition; reframing skills; recovery identity consolidation; disclosure boundaries
Evidence base	CBT (cognitive restructuring applied to self-narrative) · MI (change talk, identity language) · recovery identity 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, disclosure guardrail, FIRP

Companion file: participant packet (print one 4 parts · 8 exercises · 1 vignette · three tellings · per member) becoming lines

FACILITATOR GUIDE

How to run this session

- **THIS IS A CLOSER:** this session works best later in a group cycle, when members have material (their own recovery so far) to narrate. It also works as a series finale; the final-telling exercises land harder when the room knows each other.
- **NO FORCED DISCLOSURE:** the packet says it and you enforce it. All the work happens at the frame level; nobody has to share history. Members who want to share will; protect the ones who don't.
- **LINK:** the narrator's voice ("whose voice is it?") is the fastest linker in the packet; half the room will name a parent. Let the matches find each other.
- **WATCH THE LANGUAGE IN THE ROOM:** this session makes the group's own labels audible. If members introduce themselves with hard self-labels mid-session, that's live material; handle it gently and by invitation only.

Mixed-functioning group adjustments

- Read everything aloud. The edit exercises work verbally; a member who doesn't write can say the line and the edit.
- Lower-functioning rooms: run the whole session on three moves: catch the narrator line, say a true kinder one, and practice the two-sentence trailer. Skip nothing else matters.

CLINICAL GUARDRAILS

The honesty test is the safety rail: this is cognitive restructuring, not affirmations. An edit that isn't true gets rejected by the member's own mind and discredits the skill; keep every reframe evidence-bound. **Twelve-step language:** some members' "I'm an addict" is a valued fellowship identity, not a self-attack. Do not pathologize program language; the distinction is whether the label functions as humility-in-community or as a verdict used against the self. Say that distinction out loud. **Trauma content:** story work can surface trauma narratives; the group edits frames, it does not process trauma. Route trauma disclosures to individual sessions warmly and promptly. **Low mood members:** a member who cannot generate any true positive reframe may be depressed, not resistant; note it and follow up individually.

HOOK SOURCE NOTE: the label study is Kelly & Westerhoff (2010); clinicians rated the same vignette more deserving of punishment when the person was described as a "substance abuser" versus "having a substance use disorder." Present as "a study of trained clinicians"; the finding has held up and drove the field's person-first language shift. Recovery identity research (e.g., social identity model of recovery) supports the from/toward shift; keep it directional, not quantified.

CLASS 1**Parts 1 and 2 (about 2 hours)**

Opening (10 min)

Frame: *"Everyone here already tells their story all day, mostly to themselves. Tonight you take the pen back."* Icebreaker: "One word you'd want in your story's next chapter." Board the words; you'll return to them in Part 3.

Part 1: Words Build People (40 to 50 min)

Teach (5 min or less): the clinician-label study, then the mechanism: repeated self-description becomes identity, identity sets behavioral defaults.

PLAIN "What's a name you call yourself that you'd never let anyone call a friend?"

DEEPER "If trained clinicians treat the same facts differently based on two words, what are your own words doing to you?"

- **Exercise 1** (yes/no): item 2 (a label changed how I acted) pulls stories in both directions; take one of each.
- **Exercise 2** (the current write-up): the path-or-verdict distinction is the teach; a verdict closes the case, a path leaves it open. Volunteers only on sharing the line itself.

Part 2: The Daily Narration (50 to 60 min)

Teach (5 min or less): the two editor moves (catch the frame, re-frame with equal truth) and the honesty test. Name the link to the Coping session's thought-checking explicitly.

- **Exercise 3** (edit three lines): work one example on the board first, fact/packaging separation shown live. Then members write; pairs trade one edit for the honesty test.
- **Exercise 4** (yes/no): item 3 (kinder to a newcomer than to myself) is near-universal; the hands make the point without commentary.

Close Class 1 with the talk-it-out questions. "Whose voice is the narrator?" deserves the most time. Assign: catch one narrator line a day; just catch it, editing starts next class.

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

Opening (10 min)

Check in: what did the narrator get caught saying this week? Board the best catches; the room will laugh at how mean the lines are, and the laugh is therapeutic.

Part 3: From and Toward (50 to 60 min)

Teach (5 min or less): FROM identity versus TOWARD identity, and why evidence-bound becoming-lines are the bridge. Honor FROM as the necessary first stage, not a mistake.

- **Exercise 5** (becoming lines): the evidence requirement is the whole exercise; a line without receipts is a wish. Go around on one line plus its evidence.
- **Gail vignette + Exercise 6:** read aloud. Both answers were true; only one introduced who she is now. Twelve-step members may defend the first answer; use the guardrail distinction (fellowship identity versus verdict) and affirm both rooms exist.

Part 4: The Tellings (45 to 55 min)

Teach (5 min or less): the three sized tellings, the right to withhold ("nobody is owed your history"), and the unread last page.

- **Exercise 7** (my three tellings): trailers get practiced OUT LOUD in pairs; saying it to a human is the skill. Two sentences, present tense, then a subject change.
- **Exercise 8** (yes/no): item 2 (my story could carry somebody) sets up service orientation; let members name the room.
- **Skill of the day:** one edit a day, said aloud. Promise the check-in.

Close with the group questions and the summary read aloud. If this is a series finale, end on the boarded next-chapter words from Class 1's icebreaker.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's recovery-skills objective, plus today's topic: self-narrative and self-labeling as relapse-relevant cognition. **Intervention:** *Educated group on the relationship between self-labeling, identity, and behavior, including research on label effects; facilitated identification of each member's habitual self-narrative and its framing (path versus verdict); taught the two-step cognitive reframing skill (separate fact from framing, reframe with accurate alternatives) and guided written practice on three self-statements with peer verification for accuracy; linked members' narration patterns and processed responses.* **Response:** individualize. **Plan:** daily self-talk monitoring; return for Class 2.

Class 2. Focus: same objective, plus today's topic: recovery identity consolidation and disclosure skills. **Intervention:** *Reviewed self-talk monitoring; educated group on avoidance-based versus growth-based recovery identity; guided each member in articulating evidence-based identity statements; facilitated vignette analysis contrasting two accurate self-presentations; taught graduated disclosure skills (full recovery-setting narrative, relationship-sized disclosure, brief boundary statement) with live paired practice of the brief form; assigned daily reframing practice.* **Response:** individualize, including trauma-content routing where it occurred. **Plan:** daily spoken reframe practice; 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. Story work stays at the frame level; trauma processing is routed to individual sessions; no member is required to disclose history.