



Sleep and Recovery

The repair shift your sobriety runs on · Recovery in Focus · Session Packet

Sleep is when the brain does its maintenance: filing the day's memories, flushing waste chemistry, rebalancing the mood and reward systems, and resetting the stress response. Miss the shift and everything this series teaches gets harder to run: the alarm fires faster, the wanting system gets louder, judgment thins out, and the skills you've practiced become harder to reach. Sleep science puts a number on it that belongs in a recovery packet: after about twenty hours awake, a person performs roughly like someone legally drunk. Tired isn't just unpleasant. Tired is impaired.

And recovery and sleep have a complicated history. Substances wreck sleep architecture even when they knock you out: sedated is not slept, and many people haven't had natural sleep in years. Early sobriety often makes it worse before better, insomnia, vivid dreams, strange hours, and that stretch is exactly when bad sleep raises craving. The old equation ran both directions: used because couldn't sleep, couldn't sleep because used. This session breaks the loop with the tools that actually work: an honest audit of your sleep, the rebuild plan clinicians use (it beats pills for the long run), and a plan for the hard nights, including the 2 a.m. thoughts that only ever show up at 2 a.m.

What is in this session?

This session has four parts, usually covered over two group meetings:

CLASS 1 1. What Sleep Does for Sobriety 2. The Audit

CLASS 2 3. The Rebuild 4. Hard Nights

After this session you will be able to

- Explain why bad sleep raises craving and relapse risk on its own
- Audit your actual sleep honestly, including what substances did to it
- Run the rebuild plan: the five levers that fix most sleep over weeks
- Handle a hard night without a substance and without panic

What will be asked of you?

You'll be asked to tell the truth about your nights, including the phone's role in them, and to pick levers you'll actually pull. Fair warning the packet makes now: early-recovery sleep often heals slower than people want. The plan works. It works in weeks, not days.

Part 1: What Sleep Does for Sobriety

WAIT, REALLY?

After about **twenty hours awake**, reaction time and judgment test out roughly like being legally intoxicated. Nobody would run recovery drunk on purpose. Running it exhausted is closer to that than anyone admits.

The recovery stakes, specifically: short sleep turns up the stress alarm (the Stress session's whole machinery, louder). It turns up the wanting system, and cravings hit harder on tired days: tired is its own trigger. It drains the brain's braking system, the exact equipment you use to ride out an urge. And it feeds the relapse emotions: irritability, hopelessness, "what's the point." Treatment wisdom has always listed Tired in H.A.L.T. for a reason. Sleep is not a wellness extra added on top of recovery. Recovery is built on top of sleep.

EXERCISE 1

Answer yes or no:

1. My cravings and worst moods cluster on tired days. ☐ Yes ☐ No
2. I used substances to sleep at some point. ☐ Yes ☐ No
3. Sobriety changed my sleep, for worse or strange, at least at first. ☐ Yes ☐ No
4. I've made a bad decision I can honestly blame on exhaustion. ☐ Yes ☐ No

EXERCISE 2

What did substances do to your sleep, honestly? (Knocked out isn't slept. What were your nights actually like, using and early sober?)

Part 2: The Audit

EXERCISE 3: MY REAL NIGHTS

What time I actually get in bed: _____ Actually asleep around: _____

Wake-ups per night, typically: _____ Up for the day at: _____

Honest nightly total: _____ hours How I feel at 10 a.m. (0-10): _____

EXERCISE 4: THE SABOTEUR LIST

Check everything currently working against your sleep:

- | | |
|---|--|
| ☐ Phone in bed / scrolling until sleep | ☐ Racing thoughts / replaying the day |
| ☐ Caffeine or energy drinks after noon | ☐ Bedroom doubles as everything room |
| ☐ Nicotine close to bedtime | ☐ Vivid dreams or nightmares |
| ☐ No regular bedtime, hours drift | ☐ Pain or restless body |
| ☐ Napping long or late | ☐ Shift work or chaotic schedule |
| ☐ TV on to fall asleep | ☐ Other: _____ |

My two biggest, honestly: _____

Pete

Pete, four months sober, tells his counselor he's "fine except tired." Unpacked, fine-except-tired means: in bed at 11, phone until 1, asleep by 2, up at 6:30 for work, double energy drink by 8, edgy by noon, skipping the 7 p.m. meeting because he's wrecked, scrolling in bed by 11 to unwind from the day the scrolling helped wreck. The week he finally reports a craving spike that came "out of nowhere," his counselor draws the whole loop on one sticky note: 4 hours of sleep, 2 energy drinks, 0 meetings. The craving had not come out of nowhere. It came straight off the sticky note.

EXERCISE 5

1. Trace Pete's loop: where does it feed itself? _____

2. Which single lever would break the most links at once?

3. What does your sticky note say? (Hours, caffeine, what's getting skipped.)

End of Class 1. Talk it out:

- What's your honest nightly number, and what does 10 a.m. feel like on it?
- Which saboteur are you most attached to defending?

Part 3: The Rebuild

Sleep medicine's actual first-line treatment for chronic bad sleep isn't a pill; it's behavior, and it outperforms medication over the long run. Five levers carry most of it:

- **Anchor the wake time.** Same wake-up every day, weekends included. The wake anchor sets the whole clock; bedtime follows it in a week or two.
- **Protect the last hour.** The hour before bed: dim, boring, screenless. Boring is the active ingredient. (Phones in bed are the biggest modern sleep saboteur; the charger lives outside the bedroom.)
- **Bed is for sleep.** Not scrolling, not worrying, not Netflix. If you're awake past twenty minutes, get up, sit somewhere dim and dull, return sleepy. It feels backwards and it retrains the bed.
- **Move the chemicals.** Caffeine ends at noon (it lingers far longer than it feels). Nicotine is a stimulant; late vaping is a saboteur. Big meals and hard exercise end a few hours out.
- **Daylight and movement, daily.** Morning light and any real movement set the clock from the other end.

EXERCISE 6: MY TWO LEVERS

The lever that targets my biggest saboteur: _____

My second lever: _____

My anchored wake time, seven days a week: _____

Where my phone sleeps starting this week: _____

EXERCISE 7

Answer yes or no:

1. I can commit to the wake anchor for fourteen days as an experiment. ☐ Yes
☐ No
2. The screenless runway is realistic for me, with a plan for what replaces the phone.
☐ Yes ☐ No
3. If sleep stays broken after honest weeks of this, I'll tell my counselor or doctor instead of toughing it out. ☐ Yes ☐ No

Part 4: Hard Nights

Even on the rebuild, hard nights still come, and hard nights are dangerous in recovery: 2 a.m. is when using pitches itself as a sleep aid, and when every problem in your life seems to show up at once. Three rules for the hard night. **Don't fight in bed:** twenty minutes awake means up, dim, and dull until sleepy; wrestling in bed trains the bed for wrestling. **Don't trust 2 a.m. thinking:** name it ("that's a 2 a.m. thought"), park it on paper for the morning version of you, who is smarter. **Don't make it a catastrophe:** one bad night costs a rough day, nothing more, and the panic about sleep wrecks more sleep than the noise outside ever did. And the standing rule above all of them: no substance is a sleep aid for you, and no borrowed pill from a friend is either, no matter how harmless the friend says it is. Anything sedating goes through your doctor, who knows your history.

EXERCISE 8: MY HARD-NIGHT CARD

Fill it in; this is the card you run at 2 a.m.:

Past 20 minutes awake, I get up and go: _____

My dim, dull activity (no screens): _____

My line for 2 a.m. thoughts: _____

Where the notepad lives for parked thoughts: _____

EXERCISE 9

What has 2 a.m. tried to sell you lately? Write one 2 a.m. thought, then the morning answer to it.

The 2 a.m. thought: _____

The morning answer: _____

SKILL OF THE DAY: FOURTEEN-DAY WAKE ANCHOR

One lever, run honestly: same wake time for fourteen days, weekends included, and the phone sleeping outside the bedroom. Track nothing else. Most people's whole clock moves inside two weeks. Report back next group.

Take it to the group

- What did "knocked out isn't slept" explain about your using years?
- Which lever are you pulling, and which saboteur fought back when you chose it?
- What does your 2 a.m. voice pitch, and what's the morning answer?
- Tired is in H.A.L.T. for a reason. When did tired nearly cost you your recovery?

Session summary

Sleep is the repair shift sobriety runs on: short sleep turns up the alarm and the wanting system and thins the brakes, which makes tired its own relapse risk. Substances never gave real sleep, and early recovery heals it slowly, in weeks. This session you audited your real nights, named the saboteurs, chose two rebuild levers anchored on a fixed wake time, and wrote the hard-night card so a sleepless 2 a.m. stops turning into thoughts of using as a sleep aid.

Words used in this session

- **Sleep architecture:** the natural stages of real sleep. Sedation flattens it; knocked out is not slept.
- **The wake anchor:** one fixed wake-up time, seven days a week. The lever that moves the whole clock.
- **The runway:** the last dim, boring, screenless hour before bed. Boring is the active ingredient.
- **2 a.m. thinking:** the untrustworthy night version of your mind. Name it, park it on paper, let the morning answer it.

Takeaway: Guard the repair shift like your recovery depends on it, because it does. Anchor the wake time, bore yourself to sleep on purpose, and don't let a sleepless night talk you into anything; hard nights pass, and using makes the next one worse.
