Recovery Has to Survive Tuesday



Session 01

A Hard Day Didn't Erase Everything

The pilot

A 60-minute adult educational group session. Facilitator guide, participant pages, and editable slides. Created for review and pilot use by Belle Morey and Progress is Progress LLC.

The work today

Describe one event without turning it into your whole identity. Name its impact. Choose one useful next action and the support it needs.

Progress is progress

Mile or a Millimeter. The next step can be small and still have a real purpose.

Before you lead

Audience and scope

Adults 18 and older in a recovery education or support setting. Facilitators should have training appropriate to their role, group facilitation skills, and access to their organization's safeguarding and crisis procedures. This session is original education, not a validated treatment protocol or a substitute for individual care.

Group size and materials

Designed for approximately 4-10 participants. Prepare participant pages 1-8, pens, the 12 slides, a visible clock, and current local support contacts. For larger groups, use individual writing and voluntary pairs rather than a full round of sharing.

Preparation outside the 60 minutes

Orient new members to privacy, participation choices, and available support before the session. Confirm the room or virtual platform, emergency response arrangements, an available support contact, and what happens if a participant needs private help. Do not promise group confidentiality you cannot guarantee.

Readiness to participate

If a person appears medically unwell or cannot participate safely, follow your organization's procedures and seek appropriate clinical or emergency help. The worksheet is not a screening tool. Do not ask participants to prove sobriety or disclose substance details to the group.

The 60-minute run sheet

00-05 / Welcome / slides 1-2

Explain participation options. Offer a one-word check-in or a pass. Participant page 1.

05-13 / Everyday scenario / slides 3-4

Read Alex's story. Ask what happened and what Alex is telling themself. Use the fictional example throughout if preferred. Participant page 2.

13-23 / Teaching and worked example / slides 5-6

Distinguish facts, impact, and a next action. Explain that a return to substance use may need care or a treatment adjustment. Do not minimize medical risk.

23-38 / Individual activity / slides 7-8

Participants use pages 3-5. Read prompts aloud. Offer quiet help or a scribe with consent. Spend about five minutes per page.

38-50 / Practice / slides 9-10

Offer voluntary pairs, solo script writing, or the creative option on page 7. Use page 6 for the practice. The creative option replaces practice time, not extra time.

50-57 / One next step / slide 11

Return to page 5. Add a support contact and a fallback. Invite voluntary brief sharing without advice giving.

57-60 / Closing / slide 12

Name one useful thing or pass. Introduce the optional follow-up on page 8 and available support. No public promises or forced celebration.

Opening words and group agreements

Suggested opening

A hard day can make your mind write a whole verdict about you. Today we are going to slow that down enough to work with what actually happened. You do not have to tell us your hardest story. You can work with the example, write privately, or pass.

Participation choices

You can speak, write, draw, use the example, or listen. Ask before giving someone advice. Nobody needs to explain a pass. You can step out; agree in advance how the facilitator will check whether support is needed.

Privacy and its limits

Ask participants not to share others' identifying details outside the group or make recordings. Explain the actual confidentiality and reporting limits of your role and setting in plain language. Do not claim that a group agreement guarantees privacy.

Check-in

Ask: What is one word for how you are arriving? Add: You can say pass. Keep the round brief. Avoid asking how many days anyone has or whether someone has slipped.

Optional orientation sentence

This group can support a next step. Emergencies and individual care needs need the appropriate help outside this exercise.

The scenario and first discussion

Alex's Tuesday / fictional

Alex has made it to work on time for two weeks. Today a bus is canceled. Alex arrives late, receives a warning, and misses a planned support call while trying to sort out the shift. At home, Alex thinks: I always ruin everything. Why bother trying? Alex is tempted to stop answering messages. No immediate emergency is present in this example.

Discussion prompts

What do we actually know? What has Alex added as a prediction or label? What impact needs attention even if Alex stops calling themself a failure? Give participants a moment to think before inviting responses.

Possible observations

The canceled bus affected transport. Alex arrived late and received a warning. Two weeks of showing up still happened. Missing the call is a practical problem to address. We do not know what the employer or support person will do next.

Alternative example involving use

If appropriate to your group, substitute: Alex used a substance after a period of working toward a recovery goal and now wants to avoid the care team. Do not discuss amounts or methods. Address immediate medical and dependent-care needs first. Once safe, the next action may be reconnecting with a qualified provider. Participation does not require this example.

Debrief direction

Ask what information or support would change the plan. Avoid blaming Alex for transport barriers or suggesting that positive thinking supplies a working bus.

A setback has facts, impact, and choices

The fact

A fact describes what happened: I missed the call. A global verdict says who you are: I am hopeless. A feeling can be real without the verdict being a complete description of you.

The impact

Someone may have been hurt, a responsibility missed, or a care plan interrupted. A kind response can still include accountability. Ask what needs attention, rather than using shame as the plan.

The next action

Choose something within reach: contact a support person, clarify a missed responsibility, ask about another appointment, or arrange practical help. Other people can decline a request. A useful plan includes that possibility.

When substance use is involved

Recurrence does not by itself mean recovery or treatment has failed. It can signal that treatment or support needs adjusting. A return to use can carry serious medical risk. Do not ask participants to manage withdrawal, change medication, or assess overdose risk with this worksheet. Seek qualified care. [S1, S2]

Words to keep

You can take responsibility for what happened without making it the whole story of who you are. The action still matters. Your previous effort still happened.

The completed example

Facts

My bus was canceled. I was late to work and missed the call I had planned.

What my mind added

I always ruin everything. Nobody will want to help me now.

Impact needing attention

The work warning is real. The missed call means I did not get the support I planned.

One next action

At lunch tomorrow, I will message the support person and ask whether another time is available. I can ask about transport options rather than promising a ride I do not have.

Words Alex can send

I missed our call today. I want to reconnect. Do you have another time this week?

If that does not work

If they are unavailable, I will ask about the next opening and contact another support option. I can also ask my employer what transport-related communication they expect.

Facilitator note

Ask which parts fit the facts. A useful answer can be smaller than the example. The objective is a realistic next action, not getting every person to agree with one plan.

Support the individual activity

Page 3 / Facts and the story

Invite participants to choose an ordinary setback or use Alex. They need not record illegal acts, identifying details, or trauma. Help turn always and never into a description of one event.

Page 4 / Impact and care

Ask what needs attention now and what can wait. Include children, other dependents, medical needs, and practical responsibilities. If the person indicates immediate risk, pause the activity and use your procedures.

Page 5 / One useful next step

Ask what, when, and what support. A step can be asking for help. Check affordability, transport, access, energy, and existing duties. Do not mistake a lack of resources for a lack of motivation.

If someone is stuck

Offer: Would it help to use the example? Could we make the action smaller? Is the problem that the next step needs something you do not currently have? Ask permission before writing an answer for someone.

If someone says nothing counts

Try: I am not asking you to feel proud right now. What is one action that would make the next hour or day more manageable? Accept an uncertain answer. Do not debate their worth in front of the group.

Practice that does not become advice hour

Offer a choice

Participants can work with a partner, write alone, or use the creative page. Nobody needs to disclose a personal event. Provide the fictional case as a shared starting point.

Partner practice / 12 minutes total

Two minutes: explain roles. Three minutes: speaker one uses the page 6 script and listener reflects. Three minutes: switch. Two minutes: each person revises their sentence. Two minutes: optional debrief. Keep personal details brief.

Listener role

Ask: Would you like me to listen or help think through options? Reflect what you heard. Ask one clarifying question. Do not diagnose, compare stories, demand details, or promise an outcome.

Example exchange

Speaker: I missed the appointment, and I want another one. Can you sit with me while I send the message? Listener: You want help taking the first step. I have ten minutes now. Would that help?

Debrief

What wording sounded like you? What made the request easier to understand? What could you say if the person cannot help? Avoid asking which participant did the exercise best.

Creative option: the next line

Purpose

Offer another way to separate an event from a global label. Participants use their own words. This is an optional writing or drawing activity, not music therapy.

Timing within the practice block

Two minutes to introduce the page. Five minutes to write or draw. Three minutes to choose one usable action. Two minutes for optional sharing or quiet reflection. Do not add this on top of the pair activity.

The activity

Write the harsh sentence your mind offers, or use: I messed up, so why try? Under it, write a more complete line that includes a fact and a possible action. It does not need to rhyme, sound positive, or mention recovery. Participants can sketch the contrast instead.

Original example

Old line: I missed the call. I am done. Next line: I missed the call. I can ask for another time. Action: send one message at lunch tomorrow.

Facilitation boundaries

No performance, singing, or reading aloud is required. Do not use commercial lyrics, artist biographies, or recordings in this pilot. Ask what action the person wants to carry forward. Avoid interpreting someone's art.

When the group needs a different response

Immediate concern

If someone reports imminent danger, suspected overdose, serious medical symptoms, or urgent lack of dependent care, stop the exercise and activate the appropriate response. In the U.S., medical emergencies require 911. For suicidal crisis or emotional distress, call or text 988. This session is not a crisis assessment or safety plan.

Practical preparation

Before the group, identify the response lead, available private support, emergency contacts, and your role's reporting obligations. For virtual groups, follow your organization's protocol for participant location, emergency response, privacy, and disconnection. Do not announce private information to the group.

If a participant starts describing trauma

Thank them for trusting the group. Offer a pause and private support rather than asking for more detail. Say: You do not need to give us the whole story to get support. Check what is appropriate under your procedures.

If someone minimizes harm

Say: Your progress matters, and this impact still needs attention. What would addressing it look like? Do not pressure a harmed person to forgive, resume contact, or provide reassurance.

If someone shames another participant

Interrupt respectfully: We can discuss an action without labeling a person. Return to the agreed way of participating. If the group cannot continue safely, follow your setting's procedures.

Access, closing, and pilot review

Access options

Read prompts aloud. Offer larger print, private writing, drawing, a scribe with consent, and extra processing time. Keep eyes-open options and avoid compulsory body scans. Do not require a phone, internet access, public speaking, or sharing private information.

Seven-minute next-step close

Ask participants to revisit page 5. Is the action specific? Does it require something unavailable? What is the fallback? Invite one sentence or a pass. Respect a decision to seek individual support instead.

Final three minutes

Ask: What is one useful thing you are taking with you? Offer page 8 as an optional check-in before the next session. Re-state how participants can access support in your setting. Do not promise availability you do not provide.

Facilitator pilot notes

After the session, record timing, unclear wording, access barriers, and any activity that did not work as expected. Seek voluntary feedback about usefulness and comfort. Avoid collecting participants' personal stories for marketing. This pilot does not establish clinical effectiveness.

Sources and ownership

[S1] SAMHSA, About Recovery: samhsa.gov/substance-use/recovery/about. [S2] SAMHSA TIP 65, Chapter 1: ncbi.nlm.nih.gov/sites/books/NBK601486/. General principles only. Original scenarios and activities are not validated measures. Resources checked October 28, 2026. No source organization endorses this pilot. Copyright 2026 Progress is Progress LLC. Author-review pilot. No affiliation with IGNTD or another branded program is claimed.