The Hours Nobody Plans For



Session 04

Recovery Has to Survive Tuesday. A 60-minute adult group education session about boredom, loneliness, rest, and planning for an ordinary stretch of time.

The work today

Notice a possible need, choose an activity that fits actual energy and access, and prepare one small plan with a fallback and support option.

Progress is progress

A quiet evening does not have to become an impressive evening. A useful choice can be small, unfinished, restful, or shared with someone safe.

Before you lead

Audience and scope

Adults 18+, approximately 4-10 participants. Facilitation requires group skills and competence appropriate to the setting, plus access to safeguarding and emergency procedures. Original education, not a validated treatment or crisis plan.

Prepare outside the hour

Print participant pages 1-8. Prepare slides, pens, a clock, and current local support contacts. Orient new members before the hour. Explain actual privacy limits; group confidentiality cannot be guaranteed.

Access and choice

Offer fiction, writing, drawing, listening, or passing. Read prompts aloud, and offer a scribe with consent. Nobody must share substance details, identify contacts, disclose health information, go outdoors, use a phone, or demonstrate an activity. Adapt for pain, disability, caregiving, work and transport.

The 60-minute run sheet

00-05 / Welcome / slides 1-2

Participant page 1. Explain choices and offer a brief optional check-in.

05-13 / Lee’s evening / slides 3-4

Participant page 2. Read the fictional situation and completed example.

13-23 / Need and fit / slides 5-6

Participant page 3. Work through the activity menu, including rest and access adjustments.

23-38 / Individual work / slides 7-8

Participant pages 4-5. One minute to choose fiction or a personal example, then about seven minutes per page.

38-50 / Rehearsal / slides 9-10

Page 6 pair or solo rehearsal. Page 7 is a creative alternative inside the same block.

50-57 / Make it usable / slide 11

Revisit page 5. Add a fallback, access adjustment, and support option.

57-60 / Close / slide 12

Offer optional page 8 follow-up and a voluntary takeaway.

Opening words

Suggested script

Some hours are crowded. Some are quiet in a way that gets uncomfortable. You can be exhausted and still want something to happen. Today we are planning for one of those stretches. We are not filling every minute or grading anybody’s hobbies.

Agreements

No ranking activities, recovery paths, energy levels or social lives. Ask before suggesting. Do not pressure anyone to reconnect with a person or enter a setting linked to unwanted substance use. Keep personal contacts off the shared screen.

Check-in

Ask: For today’s activity, would fiction, writing, drawing, or listening work best? A pass is welcome. Avoid turning the check-in into a detailed account of past use.

Lee’s evening

Original fictional scenario

It is Tuesday, 7:00 p.m. Lee finished a long shift, ate something, and has ninety minutes before getting ready for bed. The apartment feels quiet. Scrolling is getting old. Someone connected to Lee’s past substance use texts, You around? Lee wants company and something to look forward to. Lee also feels tired. There is no immediate emergency in this fictional example.

Questions

What might Lee need: company, rest, interest, a change of scene, or something else? What do we know, and what are we guessing? What would make a proposed activity realistic after a long shift?

Facilitator stance

Several needs can exist at once. Lee does not have to answer the text. The group should not investigate the sender, debate whether Lee is serious about recovery, or promise that one activity will remove an urge. Lee can use existing recovery supports and plans.

Need before activity

A working check

Ask what you notice, what you might need, and what fits the next stretch of time. This is a reflection prompt, not a diagnosis. Boredom, loneliness, fatigue and distress can overlap.

Why it belongs here

SAMHSA includes meaningful activity and supportive community in its recovery framework. Its coping guidance includes interests, breaks, movement when suitable, and connection. NIAAA describes people, places and times as possible cues for drinking urges. These sources support broad background, not this session’s effectiveness.

What we do not assume

Rest is allowed. People can be busy and lonely, interested and tired, or unsure what they need. Persistent loss of interest, significant mood changes or distress that disrupts daily life deserve appropriate professional attention. Do not diagnose or dismiss them as ordinary boredom.

A menu that can bend

Connection

Low effort: draft a message or ask about a brief call. More capacity: a conversation, a suitable peer group, or a shared activity. No safe contact or phone? Ask a suitable staff member about accessible local options; availability needs checking.

Interest or a small change

Low effort: one song, a few pages, a sketch, or a familiar puzzle. More capacity: cooking, making something, learning a small skill, or a short outing. Use what is available; no purchase or app is required.

Rest or comfortable movement

Low effort: choose a comfortable position or a quiet break. More capacity: an accessible stretch, a walk if safe, or a change of room. Movement is optional and should fit the person’s health and access.

The test

Would I actually try this with today’s energy, money, responsibilities and surroundings? An activity can help a little, help later, or fail to fit. That is information, not a verdict.

A completed evening plan

Lee’s first version

At 7:10, Lee will draft a message to a trusted person: Quiet evening here. Do you have ten minutes for a call around 7:30? Lee will choose a familiar playlist while waiting. The ninety minutes do not all need a schedule.

If nobody answers

Lee will try a few pages of a familiar book or a quiet break, then reassess. Lee can use an existing recovery support plan or seek an appropriate support contact if the situation becomes harder to manage.

Access and limits

If Lee has no phone access, the group can plan around an available activity and a later staff check-in. If caregiving interrupts, shorten the activity or leave it unfinished. No one has to contact the old acquaintance or prove that the plan worked.

Model the reasoning

The plan addresses company and fatigue without promising excitement or a particular mood. Participant page 2 has the short example.

Lead the writing and rehearsal

23-38 / Pages 4-5

Page 4 identifies one stretch of time, a possible need and an obstacle. Page 5 chooses a small option, timing, access adjustment and fallback. Stay with Lee if preferred. Do not insist on filling an entire day.

38-50 / Page 6 pair or solo

Two minutes to choose format. Three minutes each role. Two minutes to revise. Two minutes to reflect. The listener asks: What might get in the way? What would make the first step easier? Offer suggestions only with permission.

Rehearse a specific first step

Practice saying a short request, opening a book to a chosen page, writing the first line of a sketch idea, or describing a comfortable break. No exercise, phone use, contact or performance is required.

Solo access

Write the first step, quietly imagine the setup if useful, and revise an obstacle. Observing or passing remains an option.

Creative alternative: my ordinary hour

Same practice block

Participant page 7 replaces page 6. Sketch, write, or map a stretch of time that includes a small choice, a pause, and an option if plans change. No collage materials or artistic skill required.

Example

7:10: ask about a call. While waiting: music or a few pages. If tired: a quiet break. If the evening becomes harder to manage: use my existing support plan or seek appropriate help.

Reflection

Which part would fit on a low-energy day? What assumes money, transport, privacy or another person’s availability? What could be shortened? Nobody must show the page or turn a difficult hour into a positive story.

Use beyond this room

Keep the page somewhere private and accessible if helpful. A plan can change. Choosing rest or seeking support can be the useful action.

When an activity is not enough

Needs that need real help

Lack of food, safe housing, privacy, transport or support needs practical attention. A hobby does not solve a resource gap. Offer private help identifying suitable services and check availability.

Increasing urges or distress

Use the person’s existing care or recovery support plan where applicable and connect to appropriate qualified support within your role. Do not make a game or distraction the only response to escalating risk. Medical or immediate safety concerns take priority; follow setting procedures.

Unsafe contacts and settings

Do not coach a test visit to a place associated with unwanted use or encourage contact with an unsafe person. An alternative activity should fit the person’s goals and safety. Do not prescribe or change medications or formal care plans.

Persistent difficulties

Offer appropriate professional review when low mood, loss of interest, sleep difficulties or distress persist or interfere with daily life. Avoid claims about how long recovery boredom lasts or when someone’s brain should feel normal.

Close and prepare the pilot

Closing words

What is one option you might try in an ordinary hour? You can pass. It does not have to be exciting. It has to fit well enough to try, and you can change it. Progress is progress. Mile or a Millimeter.

Feedback

Could you find one realistic option? Did the examples fit your energy and access? What felt missing or unrealistic? Check writing time and rehearsal pacing. Do not collect sensitive recovery stories for marketing.

Sources and authorship

SAMHSA: About Recovery; How to Cope. NIAAA: Support Recovery: It’s a Marathon, Not a Sprint. See Sources-and-Review.md for links and scope. Reviewed October 28, 2026. Original activities by Belle Morey / Progress is Progress LLC. No agency endorsement.

Release status

Author-review pilot. Appropriate professional review, local referral checks and a suitable timing and usefulness pilot should precede commercial release. No clinical effectiveness claim. www.progresscounselingprograms.com.