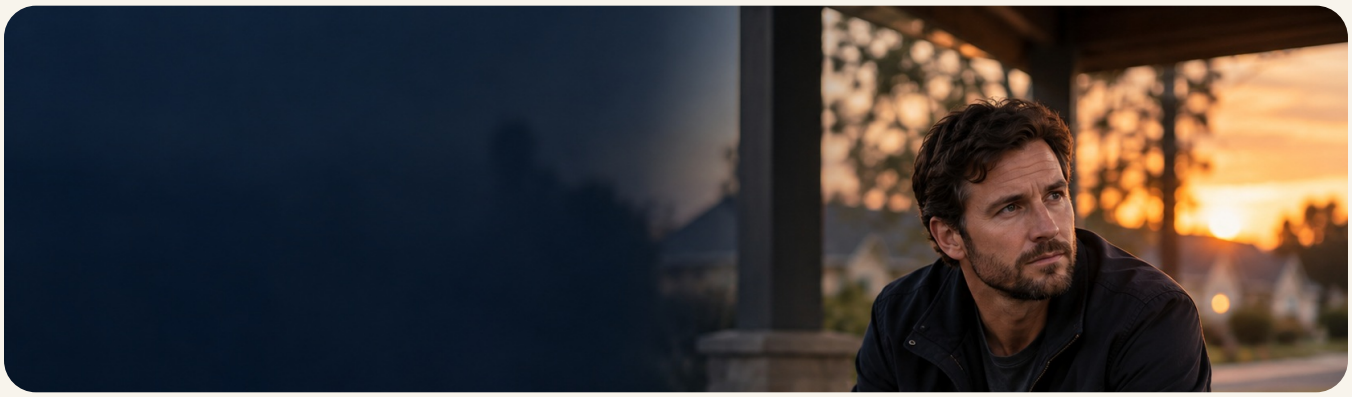
When the Urge Shows Up



Session 07

A 60-minute adult education session about noticing an urge, choosing support, and preparing a next action.

The work today

Use a fictional situation to notice a cue, identify a safer next action and rehearse a specific request for help.

Progress is progress

Asking for support earlier can count even while the urge or problem is still present.

Before you lead

Audience and scope

Adults 18+, approximately 4-10 participants. Facilitators need group skills, competence appropriate to their role, and access to safeguarding and emergency procedures. This is original recovery education, not a validated treatment, diagnosis, crisis service or substitute for individual care.

Preparation outside the hour

Read the guide and notes. Print participant pages 1-8, prepare slides, pens and a clock, and verify local support contacts. Orient new members beforehand. Explain the setting’s privacy limits; group confidentiality cannot be guaranteed. Know how to offer private support.

Participation and access

Offer fiction, private writing, drawing, listening or passing. Read prompts aloud and offer a scribe with consent. No personal history, diagnosis, substance details, contact, movement, performance or completed worksheet is required. Adapt for language, disability, energy, caregiving and resources.

Topic-specific preparation

Work from the low-detail fictional example. Recalling personal cues can itself be difficult. Do not invite vivid substance-use stories, exposure exercises, or descriptions of procurement or use. Know how to offer private clinical or recovery support.

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 / Fictional situation / slides 3-4

Participant page 2. Read the example and discuss the stated questions. Avoid a round of personal histories.

13-23 / Teaching and model / slides 5-6

Use the low-detail observation activity on page 3 and model the completed request on page 2. No personal trigger inventory.

23-38 / Individual work / slides 7-8

Participant pages 3-5, about five minutes per page. Read prompts and offer private help with consent.

38-50 / Rehearsal / slides 9-10

Page 6 pair or solo practice. Page 7 is a creative alternative within the same block. Two minutes setup, three minutes each role, two minutes revision, two minutes reflection.

50-57 / Actual-week step / slide 11

Revisit page 5. Add timing, access, support and a fallback. No public promise or pledge.

57-60 / Close / slide 12

Offer optional page 8 follow-up and a voluntary takeaway or pass. State actual continuing support and its limits.

Opening words

Suggested script

An urge can show up in the middle of a regular day. You do not have to turn it into a confession or prove that you can handle it alone. Today we are practicing what you could notice, what support you could reach for, and one next action. You can stay with the fictional example the whole time.

Group agreements

No substance details, ranking urges, advice about detox or medication, or testing willpower. Ask before suggesting. Nobody must describe a personal trigger, sit through increasing distress, or wait for help to finish the activity.

Check-in

Ask: Would listening, writing or using the example work best today? Passing is welcome. Avoid asking people to rate or disclose current urges publicly.

Rowan’s difficult afternoon

Original fictional scenario

After an upsetting phone call, Rowan notices an urge to use. Rowan thinks, I should be able to handle this myself. A planned support contact is not due until tomorrow. Rowan has an existing recovery support plan but has not looked at it today. No medical emergency is described in this fictional example.

Questions

What can Rowan notice without judging it? What might be one useful next action? What does the existing support plan offer? What if the first contact is unavailable?

Facilitator stance

The group cannot assess Rowan’s medical situation from this story. Focus on support and choices, not proving that an urge will disappear. Do not ask anyone to recreate the upsetting call or imagine substance use.

Notice, choose, connect

Notice without the verdict

Use a few plain words: An urge is here. I feel unsettled. Noticing is information for a next action, not a recovery score or a promise about what will happen.

Choose a next action that fits

Check an existing care or recovery support plan. Consider a safer setting, a suitable ordinary activity, or appropriate support. A worksheet is one aid; it should not delay needed help.

Connect and have a fallback

Make a specific request and prepare another appropriate contact or route if unavailable. An activity may help someone get through a moment, but it does not replace assessment, care or practical resources.

A completed example

A first response

Rowan opens the existing support plan and chooses its suggested contact. Rowan says: I am having a difficult urge and could use support now. Are you available, or can you help me identify another option?

If the first contact is unavailable

Rowan uses the plan’s alternate contact or seeks appropriate qualified support. Rowan may choose a familiar neutral activity while arranging help, only if that fits the situation. There is no required waiting period.

What we can learn

The useful step is earlier connection and a specific request. We do not promise an urge’s length, intensity or outcome, and we do not change Rowan’s treatment plan.

Lead the individual pages

Page 3 / The moment and the message

Identify plain observations and the judgment in Rowan’s thought. Personal cue inventories are not required.

Page 4 / My options, without a test

Choose appropriate options within the person’s existing plan. Offer a neutral example or a pass if the topic becomes difficult.

Page 5 / A request with a fallback

Write a specific request and an appropriate alternate route. Do not promise a response or a set time for an urge to pass.

Support without taking over

Ask permission before suggesting. Keep unresolved needs visible. A resource gap or an unfinished page needs curiosity and appropriate practical support, not a lecture about motivation. Participants may stay with the fictional example.

Practice without a performance

12-minute sequence

Two minutes to choose pair or solo; three minutes each role; two minutes to revise; two minutes to reflect. Partners use fiction. The creative alternative replaces this practice, not extra time.

Speaker role

Use the fictional situation to ask for support with a clear current need. No substance details or real call.

Listener role

Ask whether the need is clear and what route could be used if unavailable. Do not simulate a crisis or act as an emergency responder.

Solo option

Write the request, read quietly and add a fallback. You may observe instead.

The next-action card

Same practice block

Within the 12-minute practice block, create a low-detail next-action card with observation, action, support and fallback. Use fiction if preferred.

Example

Notice: I am having a difficult urge. Action: consult my existing support plan. Support: use its contact option. Fallback: another appropriate route if unavailable.

Reflection

Is the action specific? Does the card assume a person is always available? Does it direct me to support when needed?

Privacy and choice

No one must show the page, read aloud, send a message, revisit a distressing memory or complete the activity. Offer the fictional example, neutral drawing, observation or a pass.

When more support is needed

If someone needs support now

Offer a private connection to appropriate clinical or recovery support and follow setting procedures. Do not make someone wait through an exercise. Immediate medical or safety needs take priority.

Clinical limits

This is not intoxication assessment, withdrawal management, overdose care, exposure treatment or medication advice. Do not advise changing treatment or stopping prescribed medication. Existing care plans remain in place.

Reduce unnecessary activation

Keep examples low detail. Stop cue-focused discussion if distress increases. Offer grounding through ordinary surroundings if the person wants it, fiction, a quiet break, or private support. No closed eyes, breath work or personal recall is required.

Close and prepare the pilot

Closing words

What is one way you could ask for support sooner? You can pass. The useful step can be reaching for help before you have the perfect words. Progress is progress. Mile or a Millimeter.

Voluntary feedback

Was the activity understandable? Could you find a realistic next action or question? What felt uncomfortable, inaccessible or unrealistic? Check timing and access. Do not collect sensitive personal stories for marketing or treat feedback as evidence of clinical effectiveness.

Sources and authorship

Broad background sources are listed in Sources-and-Review.md and relevant slide notes. Reviewed October 28, 2026. Original scenarios, scripts and learning sequence by Belle Morey / Progress is Progress LLC. No agency endorsement.

Release status

Author-review pilot. Belle’s review, appropriate professional review, local response and referral checks, and a suitable timing and usefulness pilot should precede commercial release. www.progresscounselingprograms.com.