RECOVERY IN FOCUS

RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Know Your Substances

Drug-class education, today's supply, and personal risk facts. Four parts, two group classes.

Topic category (billing anchor)	Alcohol and Drug Education / Relapse Prevention, with Overdose Safety
Clinical focus	Accurate substance and supply knowledge, personal use-pattern analysis, and lost-tolerance education as direct relapse prevention and overdose protection
Evidence base	Psychoeducation launching interactive counseling · Relapse Prevention · harm-reduction-informed, abstinence-compatible
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, no-war-stories protocol, FIRP
Companion file: participant packet (print one per member)	4 parts · 8 exercises · 1 vignette · personal chart · risk facts

FACILITATOR GUIDE

How to run this session

- **NO WAR STORIES, ENFORCED:** this session has the highest euphoric-recall risk in the series. The ground rule is in the packet; you state it at the top of both classes and redirect instantly: "*Stay with what it did, not how it felt.*" Mechanics, crash, withdrawal: yes. The high: never.
- **EDUCATION LAUNCHES COUNSELING:** every teach block pivots to "and in YOUR life?" within five minutes. This is how a drug-education topic stays billable group counseling rather than a lecture.
- **LINK:** pattern matches (upper-downer loops, the swap) and shared losses to fentanyl connect this room fast; handle the grief that surfaces with care.
- **LAND IT CLINICALLY:** the whole session funnels to the Part 4 risk facts and the lost-tolerance warning. Danny's "I took my usual" is the spine.

Mixed-functioning group adjustments

- Read everything aloud; keep the class map at the plain-words level printed; resist pharmacology depth even when asked (route detail questions to individual sessions).
- Lower-functioning rooms: the whole session can run on My Chart, the withdrawal-danger flip, and the three Part 4 takeaways.

SAFETY AND SCOPE GUARDRAILS

Detox routing: if any member indicates current heavy alcohol or benzo use they intend to stop abruptly, interrupt gently and route to medical detox counsel the same day; cold-turkey sedative withdrawal is the one genuinely dangerous plan this session might accidentally inspire. **Grief:** fentanyl has taken someone from most rooms; let losses be named, don't let the session become a memorial; offer individual follow-up. **Harm-reduction framing:** naloxone and supply facts are presented as staying-alive information fully compatible with abstinence goals; shut down "that's enabling" crosstalk with the smoke-detector line. This group educates; dosing, taper, and medical questions go to medical staff.

HOOK SOURCE NOTE: the counterfeit-pill figure reflects DEA lab testing announcements (recent years: six-plus of every ten tested fake prescription pills contained a potentially lethal fentanyl dose); say "more than half" and move on. The withdrawal-danger flip (opioid miserable-not-lethal vs alcohol/benzo potentially lethal) is standard medicine. Xylazine (non-opioid, naloxone-resistant) is current and worth naming plainly. Potency comparisons ("dozens of times stronger") are intentionally round.

CLASS 1 Parts 1 and 2 (about 2 hours)

Opening (10 min)

State the no-war-stories rule, then frame: "*Tonight is drug education, the version adults in recovery actually need: what your class does, what stopping it does, and what the street supply has become.*" Icebreaker: "One word for your substance's job." (Energy. Numb. Sleep. Brave.) Board the jobs; they return in Part 2.

Part 1: The Classes (45 to 55 min)

Teach (5 min or less): the class map as printed, ending on the withdrawal-danger flip (the hook). Watch the room when the flip lands; someone always learned it the hard way.

PLAIN "What surprised you on that map?"

DEEPER "Knowing the crash was coming every time, what made the trade feel worth it on the way in?"

- **Exercise 1** (yes/no): item 2 (second substance managing the first) previews Part 2's patterns.
- **Exercise 2** (my chart): completed like a chart, shared voluntarily by column, never as narrative. The "job" column gets the richest discussion; link matching jobs.

Part 2: Your Drug, Your Pattern (40 to 50 min)

Teach (3 min): the three combination patterns and the way back each one leaves open.

- **Exercise 3** (my pattern): go around on "the way back my pattern leaves open." This is trigger identification delivered as education; say so in your note.
- **Exercise 4** (yes/no): item 1 ("doesn't really count") is the confession that matters; collect the doesn't-count list on the board without names.

Close Class 1 with the talk-it-out questions. Preview Class 2 honestly: "Next class is the supply talk. It's heavy, and it's the most important hour in this packet."

CLASS 2 Parts 3 and 4 (about 2 hours)

Opening (10 min)

Restate the no-war-stories rule and add the grief note: "we'll likely touch losses tonight; name them as they come, and we'll hold them without camping there."

Part 3: Today's Supply (50 to 60 min)

Teach (5 min or less): fentanyl's spread, counterfeits (the hook), xylazine, stimulant contamination, and the one-sentence upshot. Then lost tolerance, stated twice.

- **Exercise 5** (yes/no): item 2 (personal fentanyl loss) by show of hands if the room can hold it; the hands are the argument.
- **Danny vignette + Exercise 6:** read aloud. "I took my usual" is the sentence to put on the board. Question 3 (who still believes they know their dose) often surfaces worry about people outside the room; that worry is tomorrow's naloxone conversation, and say so.

Part 4: What This Means for Your Recovery (45 to 55 min)

Teach (5 min or less): the three takeaways: risk facts spoken, naloxone as smoke detector (free or low-cost at California pharmacies without a prescription), no secret substances.

- **Exercise 7** (my risk facts): every line completed; risk facts said out loud around the room. The naloxone line gets logistics help on the spot: where, how, this week.
- **Exercise 8** (the sentence for Danny): volunteers read theirs; the best ones go on the board next to "I took my usual."
- **Skill of the day:** say your facts to one person. Promise the check-in.

Close with the group questions and the summary read aloud.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's relapse-prevention objective, plus today's topic: drug-class effects, withdrawal risks, and personal use-pattern analysis. **Intervention:** *Provided structured drug-class education including comparative withdrawal risk, pivoting each segment to members' own histories; facilitated completion of a personal substance chart (function, comedown, cessation experience) and identification of combination patterns and the return-to-use risks they create; enforced anti-euphoric-recall ground rules; linked members' patterns and processed responses.* **Response:** individualize, including any undisclosed-substance acknowledgment. **Plan:** name any "doesn't count" substance to the counselor; return for Class 2.

Class 2. Focus: same objective, plus today's topic: current-supply risks, lost tolerance, and overdose protection. **Intervention:** *Educated group on fentanyl prevalence, counterfeit pills, adulterants, and post-abstinence tolerance loss as overdose risk; facilitated vignette analysis of a lost-tolerance overdose; guided each member through stating personal risk facts including class-specific dangers and naloxone access planning; processed grief disclosures with individual follow-up arranged; assigned spoken risk-facts practice.* **Response:** individualize, including naloxone plan and any detox-routing need. **Plan:** obtain/locate naloxone where applicable; say risk facts to one support; medical routing where current sedative use was disclosed; individual follow-up for grief content.

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. Education launches interactive counseling throughout; land every segment on the substance-use and relapse link.