THE RECOVERY DESK

PREMIUM EDITION

30 Ready-to-Run Recovery Group Sessions

Flexible, low-preparation psychoeducational groups

Expanded guided resource

73 pages • original tools plus premium guided practice

Worked examples • reusable plans • scripts • evidence transparency

PRINTABLE • CHOICE-BASED • PRACTICAL

START HERE

How to use this premium edition

The original 30 Ready-to-Run Recovery Group Sessions resource is preserved and followed by 8 new guided-practice pages tailored to flexible, low-preparation psychoeducational groups.

Choose, do not complete

Start with the page that matches the present moment. Skip, pause or return later.

Use it with support

Bring a page to a counsellor, peer worker, healthcare professional, supervisor or trusted person when appropriate.

Test personal fit

Notice what changed. Keep, adapt, combine or replace an exercise rather than treating it as a rule.

Know the limit

This resource offers education and reflection. It cannot diagnose, provide emergency care or replace individualized treatment.

Safety comes before completing a page

For immediate danger, overdose, severe withdrawal or a medical emergency, call 911. In Canada, call or text 988 for suicide crisis support.

Before you begin

PURPOSE

This original educational resource combines plain-language information with fictional examples and guided reflection. It is not an evaluated or clinically validated intervention, and it does not guarantee an outcome.

YOUR CHOICE

You can skip questions, use a hypothetical example, write privately, and ask for support. Personal safety, culture, language, disability access, and practical realities matter more than completing every page.

SAFETY AND SCOPE

If there is immediate danger or a suspected overdose, call 911 in Canada or your local emergency number. For suicide crisis support in Canada, call or text 988. For medical, withdrawal, medication, legal, or individual treatment questions, consult a qualified professional.

FOR FACILITATORS

Use within your role, training, organizational policy, and supervision. Obtain informed participation; do not force disclosure or group-based trauma processing. Follow local risk and incident-response procedures.

GROUP 01 Urge timeline

PURPOSE

Map cue, bodily change, choice point and response using a fictional low-intensity example.

MATERIALS AND SUGGESTED TIMING

Paper and pens; optional whiteboard. 0-5 min: agreements and voluntary check-in. 5-12 min: introduce the topic with a fictional example. 12-33 min: activity. 33-43 min: optional discussion. 43-50 min: one small next step and support reminder.

OPENING WORDS

"You may speak, write, observe, or pass. Avoid graphic descriptions and identifying details about other people. We can pause and arrange private follow-up if someone needs more support."

ACTIVITY

Map cue, bodily change, choice point and response using a fictional low-intensity example. Offer a fictional example first. Invite each person to choose one low-intensity or hypothetical situation, complete the activity privately or with a partner by choice, and mark one next-step option.

FACILITATOR DEBRIEF

What felt practical? What might make the strategy harder? Which version might work when energy is low? What kind of support could help? Invite passing and avoid treating responses as a clinical assessment.

ADAPTATIONS AND SAFETY

For one participant, complete the exercise side by side. For low cognitive load, offer two options and one question. Pause and follow local procedures for severe withdrawal, medical concern, significant impairment, immediate risk or conflict. Do not conduct trauma processing in this group.

Participant page: Urge timeline

What part of today's activity stood out to me?

How could this idea apply to a fictional or real situation?

What is one action I might choose?

Who or what could help me take that step?