SINGLE-FACILITATOR LICENCE

Recovery Group Facilitator Toolkit

Twenty-four original, ready-to-run group plans for addiction recovery, withdrawal management, stabilization, and community settings.

Low-preparation outlines with objectives, materials, timing, scripts, discussion prompts, adaptations, safety notes, reproducible participant handouts, and facilitator reflection pages.

THE RECOVERY DESK

Practical tools for recovery

Before you begin

Use these pages at your own pace. You may pause, skip a question, or complete a page with a trusted support person.

Safety first

- If you may hurt yourself or someone else, call 911. In Canada, call or text 988 for suicide crisis support.
- Call 911 for overdose, severe withdrawal, chest pain, trouble breathing, seizure, severe confusion, or if someone cannot be awakened.
- Do not stop prescribed medication or make withdrawal decisions based on this workbook. Speak with a qualified health professional.

What this resource is

- General education and structured reflection for recovery planning.
- A way to prepare questions, notice patterns, and organize practical next steps.

What it is not

- Medical advice, diagnosis, individualized therapy, legal advice, or emergency care.
- A guarantee of abstinence, safety, or treatment outcome.

Licence

- Recovery Group Facilitator Toolkit is an original educational resource from The Recovery Desk.
- A single purchaser may print participant handouts for groups or clients they personally facilitate. Organization-wide sharing requires a separate licence.
- The file may not be resold, posted online, placed in a shared resource drive, altered for resale, or distributed as a competing product.

Facilitation foundations

Use professional judgment, organizational policy, and the scope of your role. These plans do not replace clinical assessment, supervision, or emergency procedures.

Before group

- Review current acuity, withdrawal status, cognitive load, language needs, accessibility, and interpersonal risk.
- Know the emergency, overdose, suicide-risk, violence-risk, medication, and documentation procedures for your setting.
- Offer choice: speaking, writing, observing, taking a break, or declining an activity.
- Prepare local referral information and a private follow-up pathway.

During group

- Use plain language, one instruction at a time, and examples that do not require personal disclosure.
- Redirect graphic use stories, advice-giving, cross-talk, shaming, and monopolizing with respect and clarity.
- Do not force grounding, eye closing, touch, breath work, disclosure, apology, or trauma processing.
- Distinguish education and peer reflection from individualized therapy.

After group

- Offer brief follow-up to anyone who became activated or disclosed risk.
- Document according to policy and only at the level necessary for care and safety.
- Review what to keep, shorten, adapt, or bring to supervision.

A repeatable 50-minute structure

Every plan can be shortened or extended. The structure reduces preparation and helps participants know what to expect.

Suggested timing

- 0-5 minutes: welcome, purpose, choice, and group agreements.
- 5-10 minutes: low-pressure check-in or orientation.
- 10-18 minutes: brief teaching with one clear model.
- 18-35 minutes: activity or private worksheet.
- 35-45 minutes: voluntary discussion and application.
- 45-50 minutes: summary, one next step, and support reminder.

Useful opening language

- You can participate by speaking, writing, listening, or taking a break.
- Please avoid detailed descriptions that could be triggering. Focus on patterns, effects, choices, and supports.
- If something raises a safety concern, staff may need to follow up privately according to our role and policy.

Group preparation page

Complete this before the session and adjust for the people who are actually present.

Purpose and one achievable outcome

What should participants understand, practise, or leave with?

Current group needs

Acuity, withdrawal, attention, language, literacy, culture, conflict, accessibility, and safety.

My opening and boundaries

What will I say about choice, confidentiality limits, triggering detail, and breaks?

Follow-up pathway

Who is available and what happens if someone discloses risk or needs individual support?

My personal evidence check

A tool earns a place in your plan by being safe, usable, and helpful in your real context.

What I tried

Name the page, skill, plan, or conversation and the situation in which you used it.

What changed

Intensity, access, time, connection, safety, clarity, or the next action—before and after.

What I will do next

Keep, adapt, combine, stop, or bring to an appropriate professional.

Evidence and source notes

This resource is evidence-informed, not a substitute for assessment or a promise of outcome. Sources were selected for authority, relevance, and direct connection to the workbook methods.

Core references

- SAMHSA. TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment (2019). store.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003
- SAMHSA. TIP 41: Substance Abuse Treatment: Group Therapy (2005). store.samhsa.gov/product/tip-41-substance-abuse-treatment-group-therapy/sma15-3991
- SAMHSA. TIP 57: Trauma-Informed Care in Behavioral Health Services (2014). store.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816
- SAMHSA. TIP 63: Medications for Opioid Use Disorder (2021). library.samhsa.gov/product/tip-63-medications-opioid-use-disorder/pep21-02-01-002
- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide, third edition (2018). nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition

Research and safety references

- Bowen S, et al. Relative efficacy of mindfulness-based relapse prevention, standard relapse prevention, and treatment as usual. JAMA Psychiatry. 2014;71(5):547-556. doi:10.1001/jamapsychiatry.2013.4546
- World Health Organization. Community management of opioid overdose (2014). who.int/publications/i/item/9789241548816
- Health Canada. Naloxone (updated 2026). canada.ca/en/health-canada/services/opioids/naloxone.html
- 9-8-8: Suicide Crisis Helpline. 988.ca

How to read these claims

- The workbook combines established practice principles with original educational exercises; the complete workbook has not itself been tested in a clinical trial.
- Evidence describes average findings and professional guidance. Fit, access, culture, readiness, health, and circumstances still matter.
- Source links were checked in September 2026. Guidance and local services can change; verify current instructions with the source or a qualified professional.