

Addiction and recovery

Ten original resources for More Than Therapy. Choose a page that fits the client's priorities and review the clinical notes before use. The materials support professional care and are not validated assessments.

REC01 What Substance Use Does for Me

Worksheet | 10 to 15 minutes

REC02 Choosing My Next Recovery Goal

Worksheet | 10 to 15 minutes

REC03 My Plan for a Strong Urge

Worksheet | 10 to 15 minutes

REC04 Changing a High Risk Routine

Worksheet | 10 to 15 minutes

REC05 After Use Choosing the Next Step

Worksheet | 10 to 15 minutes

REC06 Building My Recovery Support Team

Worksheet | 10 to 15 minutes

REC07 Recovery Can Include Different Supports

Handout | 5 to 10 minutes

REC08 When Change Feels Complicated

Clinician script | 10 to 15 minutes

REC09 A Session for Recovery Choice

Session guide | 50 minutes

REC10 Writing About My Recovery Direction

Journal prompts | 10 minutes

Fillable responses work in compatible PDF readers. Save each completed worksheet separately in an approved record system.

Clinical notes

Addiction and recovery

REC01 What Substance Use Does for Me

Use reflective listening before suggesting alternatives. Do not assume every episode has the same function. Assess intoxication, withdrawal, overdose risk, and immediate needs separately; this exercise is not a risk assessment.

REC02 Choosing My Next Recovery Goal

Support autonomy while providing accurate safety information. Avoid treating a lower readiness rating as resistance. If the goal is too large or medically unsafe, collaborate on a safer, achievable action and appropriate referral.

REC03 My Plan for a Strong Urge

Rehearse the sequence in session and check practical access. This is not an overdose or withdrawal response plan. When acute medical danger is suspected, prioritize emergency evaluation over coping exercises.

REC04 Changing a High Risk Routine

Avoid directing clients to confront unsafe people or abandon necessary supports without alternatives. Include structural barriers and substance availability. Coordinate with the broader treatment plan and any medical recommendations.

REC05 After Use Choosing the Next Step

Assess intoxication, overdose exposure, withdrawal, suicidality, and level of care before reflective work. Avoid using this exercise as a confession or punishment. Review tolerance changes and evidence based treatment options within scope.

REC06 Building My Recovery Support Team

Check for coercive, exploitative, or substance linked relationships before suggesting contact. Offer multiple recovery pathways, including secular and culturally relevant options. Verify referral availability rather than promising access.

REC07 Recovery Can Include Different Supports

Review substance specific risks and local emergency procedures. Give current naloxone education and referral resources where indicated. Do not use general information to substitute for individualized medical assessment or level of care decisions.

REC08 When Change Feels Complicated

Maintain a collaborative stance while directly addressing medical danger. Do not bargain away required safety actions or promise confidentiality beyond its limits. Avoid using reflections as a technique to steer the client toward a predetermined answer.

REC09 A Session for Recovery Choice

A worksheet sequence is not a substitute for assessment. Consider withdrawal risk, overdose prevention, cooccurring conditions, and treatment intensity. Document individualized reasoning and obtain coordination consent when needed.

REC10 Writing About My Recovery Direction

Use the client's language in discussion and avoid extracting a commitment they have not made. Journaling is optional; offer spoken, visual, or brief responses. Attend to activation and cravings during reflective work.

What Substance Use Does for Me

Addiction and recovery | Adults | 10 to 15 minutes

Understand what substance use offers, what it costs, and which needs deserve another response.

Choose one recent situation involving substance use or an urge. Describe it with curiosity. You do not need to defend yourself or decide your whole recovery plan today. Understanding the purpose of a behavior can help you find a useful next step.

Trace one situation

Start before the use or urge: where were you, who was present, and what was happening? Notice feelings, physical needs, thoughts, or pressures. Then name the immediate effect you hoped for, such as relief, energy, connection, sleep, or escape.

Include both time frames

An action can help briefly and create difficulties later. Record both without turning either into a character judgment. Consider health, money, relationships, responsibilities, and the next morning. Choose one need you could meet in another way, even partially.

What happened before the urge or use, and what did I need?

What did I hope it would do, and what happened afterward?

What short term benefit and later cost matter most to me?

What is one other way to respond to that need this week?

Choosing My Next Recovery Goal

Addiction and recovery | Adults | 10 to 15 minutes

Turn your own reasons for change into a small, specific recovery action.

You may feel ready, uncertain, frustrated, or several things at once. Start with what you want life to be more like. Your next step can involve treatment, abstinence, reducing harm, learning about options, or asking for support.

Name your direction

Choose one meaningful change for the next seven days. Make it observable: attending an appointment, avoiding a particular setting, or discussing treatment options. Include when and where it will happen. A medically safe plan may require professional support before changing substance use.

Check the fit

Use 0 to 10 as a personal conversation scale: 0 means not important or not confident, and 10 means very important or very confident. These ratings are not clinical scores. Ask what makes the number above zero and what could raise confidence by one point.

My reason for change in my own words is

My seven day action and the day or time I will try it are

Importance 0 to 10 and confidence 0 to 10 are; what supports these ratings?

To make this step more realistic, I need

My Plan for a Strong Urge

Addiction and recovery | Adults | 10 to 15 minutes

Prepare a brief sequence of actions and support for a craving episode.

An urge is information about what is happening now. You can plan a response before the next difficult moment. Choose actions that fit your environment and abilities. The aim is to create options and support, even if the urge remains uncomfortable.

Notice and create space

Name an early cue, such as a familiar route, a message, loneliness, pain, or payday. If you can do so safely, move away from the cue and pause a decision. Choose a brief activity that occupies your attention: walk with someone, hold a familiar object, or begin a simple task.

Connect and reassess

Choose a person or service you can actually reach. Prepare a direct request: I am having an urge and need company while I decide my next step. If the first plan fails, use a second contact or a safer location. Do not wait for an urge to become an emergency before seeking help.

An early cue I can notice is

For the next few minutes, I can move to or do

My first support and the exact request I can make are

If that support is unavailable, my backup plan is

Changing a High Risk Routine

Addiction and recovery | Adults | 10 to 15 minutes

Redesign one predictable routine to make a safer recovery choice easier.

Some difficult moments follow a familiar pattern. Choose one routine you want to change, such as the trip home after work or an unstructured evening. Focus on the surroundings and available choices instead of relying only on willpower.

Find the decision points

Describe the routine in three parts: what starts it, what happens next, and where the risk increases. Look for one point you can change before the urge becomes intense. Examples include arranging a ride, carrying a meal, scheduling a call, or taking a different route.

Make the alternative practical

Plan for cost, transportation, fatigue, privacy, and competing responsibilities. Prepare one item or contact in advance. Test the new routine once and notice what helped. If it was difficult, adjust the plan; the result is useful information about what support is missing.

The routine and its three main steps are

The earliest decision point I can change is

My alternative route or activity and what I must prepare are

After trying it, I noticed; next time I will adjust

After Use Choosing the Next Step

Addiction and recovery | Adults | 10 to 15 minutes

Respond to a return to use with immediate care, useful learning, and a renewed plan.

If substance use happened after a period of change, begin with your current safety and needs. You can take the next helpful step without deciding that all progress is lost. Complete this page when you are able to think and participate clearly.

Care before analysis

Check whether medical help, a safe place, food, water, or support is needed. Do not drive while impaired. Suspected overdose or serious withdrawal symptoms require urgent medical care. A return to use after reduced use can involve overdose risk; discuss a prevention plan with your treatment team.

Learn without punishment

Describe the events leading up to use and the first place additional support might have helped. Identify one consequence that needs attention and one action you can take today. Contact treatment support rather than disappearing from care. A revised plan can include different treatment intensity or medical support.

My immediate care or safety needs and who can help are

The sequence before use and an early warning I noticed were

One practical repair I can make today is

My next treatment or support contact and the plan change to discuss are

Building My Recovery Support Team

Addiction and recovery | Adults | 10 to 15 minutes

Match different recovery needs with specific people, services, and requests.

One person does not have to meet every need. Build a support plan with different roles: practical help, emotional connection, recovery companionship, and professional care. Include people and services that respect your goals and boundaries.

Give each support a role

A friend might offer a check in, a peer group might offer shared experience, and a clinician might help with treatment decisions. Ask before assuming someone is available. Consider whether a relationship feels safe, respectful, and useful for the kind of support you need.

Prepare a clear request

Try a request with a specific action and time: Could you call me after work on Tuesday while I get through the evening? Plan what to do when someone says no or does not answer. Include transportation, cost, language, technology, and accessibility when choosing services.

For practical help, I can ask; my specific request is

For connection or recovery support, I can contact

For treatment questions, I can contact; my next appointment or step is

A boundary I need and a backup when support is unavailable are

Recovery Can Include Different Supports

Addiction and recovery | Adults | 5 to 10 minutes

Explain recovery options while keeping personal choice and medical safety visible.

Recovery planning begins with what matters to you and what help you need. Goals and supports may change over time. Your care team can help you consider options and make a plan that addresses health, safety, relationships, and daily life.

A menu to discuss

Options can include counseling, peer support, practical assistance, treatment for other mental health concerns, and medications for some substance use disorders. Medication treatment can be part of recovery. Ask what an option is meant to help with, its benefits and risks, its cost, and how progress will be reviewed.

Safety deserves its own plan

Ask a medical professional before abruptly stopping alcohol after heavy regular use or benzodiazepines taken regularly; withdrawal can be dangerous. If opioid exposure is possible, discuss naloxone and overdose prevention. If someone cannot be awakened, has slow or stopped breathing, or you suspect overdose, call 911, use naloxone if available for possible opioid exposure, and follow emergency instructions.

Keep the conversation open

Tell your provider what is helping, what feels difficult, and what you have not been able to access. A return to use is a reason to reassess support and treatment. It does not make you undeserving of care. This page introduces choices; it does not prescribe a detoxification or medication plan.

One option or safety question I want to discuss is

When Change Feels Complicated

Addiction and recovery | Clinicians | 10 to 15 minutes

Offer an autonomy supporting conversation when a client feels uncertain about change.

Use these lines as flexible prompts, with space for the client to disagree. Reflect their meaning before moving to planning. The immediate goal is a clearer understanding of the client's perspective and one mutually chosen next step.

Open with permission

Clinician: Would it be useful to talk about what substance use is doing for you and where it creates problems? Client: Everyone just wants me to stop. Clinician: You want your experience understood before anyone tells you what to do. What do others miss?

Explore both sides

Clinician: What would you want to keep about how life is now, and what would you like to be different? Client: It helps me unwind, but mornings are rough. Clinician: Relief matters, and so does how you feel the next day. Which part would you like to explore first? If the client does not want change: What information or support would still be useful today?

Invite a step and check it

Clinician: May I share two options, then hear what fits? Offer accurate, relevant choices without a lecture. Clinician: Of those, what would you choose, if anything? What could get in the way? If confidence is low: How could we make the step smaller or add support? Close by asking the client to describe the plan in their own words.

Client language to preserve and the next step they chose

A Session for Recovery Choice

Addiction and recovery | Clinicians | 50 minutes

Guide a 50 minute meeting toward one client chosen recovery action and a feasible support plan.

Intended outcome: the client identifies a meaningful reason for change, chooses one practical action, and knows whom to contact if the plan becomes difficult. Adapt pacing to readiness. Medical or other acute safety needs take priority over this agenda.

Minutes 0 to 15

0 to 5: Check current safety, substance related medical needs, and the client's preferred focus. Explain that they may pass on any reflection. 5 to 15: Use REC01 to explore one recent situation, including the immediate function of use and a consequence the client wants to change. Reflect ambivalence without arguing.

Minutes 15 to 40

15 to 25: Use REC02 to choose one seven day goal. Ask what makes it personally meaningful and what would increase confidence. 25 to 40: Use REC03 to rehearse a response to one likely urge. Practice the first action and a specific support request. Revise the sequence if it requires unavailable resources.

Minutes 40 to 50

40 to 45: Confirm who can help, what the backup is, and whether treatment or medical follow up is needed. 45 to 50: Ask the client to summarize their plan and rate its fit in words. Agree on one practice opportunity and how the next session will review it. Record the client's choice and relevant clinical decisions.

Chosen action, support contact, and next review date

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Writing About My Recovery Direction

Addiction and recovery | Adults | 10 minutes

Explore your reasons, strengths, and support needs without turning recovery into a test.

Choose one prompt or write a few lines for each. You can use a voice note or speak your answer with a clinician. Keep the focus on your own experience. You do not have to share anything that feels too private.

Begin where you are

Write about a real moment rather than what you think recovery should look like. Include mixed feelings if they are present. A useful entry can be a sentence about uncertainty, a small action you took, or a need that still has not been met.

Finish with care

After writing, notice whether you need connection, a practical task, rest, or support. Choose one small action that fits your current plan. If reflection makes urges stronger or brings up safety concerns, pause and use your support or safety plan rather than pushing to finish.

A part of life I want to protect or rebuild is

A choice I made recently that deserves recognition is

An obstacle I need help with rather than more self criticism is

One thing I want my treatment team or support person to understand is

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S07 TIP 35 Enhancing Motivation for Change in Substance Use Disorder Treatment

Substance Abuse and Mental Health Services Administration | 2019

Motivational interviewing, autonomy, ambivalence, engagement, and collaborative change planning.

<https://library.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003>

S08 Treatment and Recovery

National Institute on Drug Abuse | 2020

Individualized addiction treatment, ongoing support, and responding to return to use.

<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>

S14 Overdose Prevention and Response Toolkit

Substance Abuse and Mental Health Services Administration | 2026 update

Overdose recognition and response, reversal medication education, and links to care. This library is not a substitute for overdose response training.

<https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf>