Reasons for Change and Ambivalence - Session activity

Facilitate a structured practice of reasons for change and ambivalence with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Jordan wants fewer consequences and worries about losing a familiar coping strategy.

0-5 min | Agree on purpose and fit

Explain the educational scope. Ask what would be useful, check readiness and access needs, and establish choices to observe, adapt, or pass. Use an ordinary example; do not solicit trauma narratives.

5-10 min | Orient with an example

Mixed feelings can be explored without demanding readiness. Fictional example: Jordan wants fewer consequences and worries about losing a familiar coping strategy. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Place reasons to change, reasons to hesitate, and needed supports in separate columns. Offer quiet individual work, a supported conversation, or an observing role. Compare two possible responses without evaluating people as right or wrong.

20-25 min | Reflect on meaning

What deserves understanding before a next step is chosen? Ask what fit, what did not fit, and how culture, power, disability access, or external conditions affect the options.

25-30 min | Integrate and close

Invite one optional next step or support request. Orient to the current setting, allow an unfinished question to remain unfinished, and agree how to revisit it. End early or adapt if activation increases.

Adaptations

For a group, use fiction and no compulsory round-robin disclosure. For remote use, allow off-camera reflection and private notes. For brief use, keep one example and one question while retaining opening and closing choices.

Reflection

What adaptation or follow-up is needed?

Scope and adaptation

Adapt to individualized assessment and the person's chosen recovery goals. Worksheets do not manage intoxication, overdose, or withdrawal. Abrupt cessation of alcohol or benzodiazepines can be dangerous: seek medical guidance rather than using a worksheet to stop or taper. Follow existing emergency and overdose-prevention plans; medication choices belong with qualified prescribers.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Substance Use Disorders. Full source links and scope: library.morethantherapy.org/recovery/resources/SUR-A02-4