Craving Observation with Choice - Clinician dialogue

Guide a collaborative conversation about craving observation with choice while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Jordan practices with the urge to check a phone rather than a substance cue.

Invite and obtain permission

Offer: "Would it be useful to explore craving observation with choice using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: Urges can be noticed without requiring exposure to substance cues. Ask what fits and what does not.

Guide the task

Use an imagined low-intensity urge to identify its changing intensity, a pause option, and a support contact. Ask for permission before giving an example. Use this fictional illustration if useful: Jordan practices with the urge to check a phone rather than a substance cue.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What helps you observe an urge without turning the exercise into a test? Avoid assigning motives or interpreting silence as agreement.

Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

Reflection

What would tell me to adapt, stop, or seek supervision?

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-A05-3