Return-to-Use Response - Clinician dialogue

Guide a collaborative conversation about return-to-use response while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Jordan misses an appointment after a return to use and feels embarrassed to call.

Invite and obtain permission

Offer: "Would it be useful to explore return-to-use response 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: A return to use calls for reassessment and support rather than shame. Ask what fits and what does not.

Guide the task

Draft a nonjudgmental plan to reconnect with care, review immediate safety, and ask what needs to change. Ask for permission before giving an example. Use this fictional illustration if useful: Jordan misses an appointment after a return to use and feels embarrassed to call.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What message would make reconnecting easier? 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-A07-3