Return-to-Use Response - Session activity

Facilitate a structured practice of return-to-use response with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

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

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

A return to use calls for reassessment and support rather than shame. Fictional example: Jordan misses an appointment after a return to use and feels embarrassed to call. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Draft a nonjudgmental plan to reconnect with care, review immediate safety, and ask what needs to change. 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 message would make reconnecting easier? 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-A07-4