How to Ruin Your Recovery

Facilitator Guide | Substance-use recovery | 50–60 minute group

Purpose: Explore five common ways people may unintentionally undermine recovery, identify self-sabotaging thoughts, and develop practical responses. The provocative title is intended to invite discussion, not shame.

Audience and setting: Adults in substance-use treatment, peer recovery, or structured psychoeducation. Adapt for literacy, culture, stage of change, treatment setting, and co-occurring conditions.

Learning objectives

• Name at least two personal warning signs or self-sabotaging thoughts.

• Distinguish personal agency from blame for trauma or mistreatment.

• Identify at least one source of support and one realistic next-step response.

Preparation and group agreements

Bring paper, pens, the participant handout, and local support information. Invite participation without requiring personal disclosure. Emphasize confidentiality expectations and their limits, respectful language, no comparisons of whose substance use is 'worse,' and the option to pass. Do not invite detailed trauma narratives in this group.

Suggested session flow

• 0–5 min — Welcome, purpose, voluntary participation, and group agreements.

• 5–10 min — Opening prompt: What does 'self-sabotage' mean without labeling yourself a failure?

• 10–30 min — Discuss the five patterns; invite examples and protective alternatives.

• 30–43 min — Thought-check exercise: notice, examine, and reframe one example thought.

• 43–53 min — Personal recovery response plan and supportive peer discussion.

• 53–60 min — Voluntary takeaway, support reminders, and closing.

Five discussion themes

1. Try to do it on your own.

Isolation can make setbacks harder to notice and manage. Connection may include trusted friends or family, peer recovery meetings, mutual-aid groups, culturally meaningful communities, a sponsor, recovery coach, or professional care. No single support pathway is required.

Ask: Who can I contact before a difficult day becomes a crisis?

2. Blame others for your substance use.

People can cause genuine harm, including trauma, coercion, or unsafe conditions. That harm is not the participant's fault. Recovery can still involve identifying choices within one's control, asking for help, and planning responses to triggers without excusing others' behavior.

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Ask: What is outside my control, and what is one choice I can make today?

3. Think “I can handle it.”

Feeling better is encouraging, but it does not automatically mean that support, medication, counseling, or coping routines are no longer useful. Recovery and changes in brain function differ across individuals; there is no universal 18–24 month healing deadline. Review treatment changes with the appropriate clinician.

Ask: Which support or habit am I tempted to stop too soon?

4. Believe everything you think.

Thoughts are not always facts. When urges, shame, fear, or overconfidence are strong, pause and check the evidence. Consult someone trustworthy before major decisions when useful; the goal is thoughtful independence, not surrendering your judgment.

Ask: What thought deserves a second look?

5. Stay constantly busy.

Structure, employment, hobbies, and exercise can support recovery. Constant activity may also become avoidance if it leaves no space to notice emotions, rest, or connect. Quiet reflection is optional: some people find meditation uncomfortable or activating, and movement or a supported check-in may work better.

Ask: How can I build a little rest or reflection into my routine?

Facilitator prompts for the thought-check exercise

Invite participants to select a thought from the handout or invent their own. Ask: (1) What happened just before the thought? (2) What feeling or urge followed? (3) What evidence supports and challenges it? (4) What would be a more balanced statement? (5) What is one action or person that could help? Avoid debating or correcting participants in a confrontational way.

Example: “I feel better, so I don't need support.” → “Feeling better matters. I can review which supports are helping before I change my plan.”

Clinical and facilitation cautions

Avoid framing relapse as moral failure or inevitable. A return to use is a signal to reassess safety and supports, not a reason to abandon care. Detoxification alone is not the same as ongoing treatment. Encourage participants to consult their treatment team before leaving treatment or stopping prescribed medication. After abstinence, reduced tolerance can raise overdose risk if substance use resumes; discuss overdose prevention and naloxone where relevant. For immediate danger, follow local emergency procedures.

If someone becomes distressed, offer a pause, grounding or movement choice, and a private check-in consistent with your setting's policies. Do not pressure trauma disclosure. Respect that mutual-aid, medication, counseling, and community supports may be combined in different ways.

Closing discussion questions

1. How would you define self-sabotage? What does it mean to you?

2. How has self-sabotage affected your recovery, or how might it?

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3. Where else have you noticed similar patterns (finances, school, work, relationships)?

4. What is your plan when a self-sabotaging thought shows up?

5. How can you get the most from treatment and other recovery supports?

Suggested take-home practice

Ask participants to complete the response plan in the companion handout and identify one support they can contact this week. Participation and sharing remain voluntary.

Evidence and further reading

• National Institute on Drug Abuse (NIDA). Drugs, Brains, and Behavior: The Science of Addiction. https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction

• Substance Abuse and Mental Health Services Administration (SAMHSA). Recovery and Recovery Support. https://www.samhsa.gov/substance-use/recovery

• NIDA. Treatment and Recovery. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Editorial note: Adapted from the user's original group lesson. The original title, five themes, sample thoughts, and discussion questions are retained in substance; the language was revised to avoid trauma-blaming and unsupported fixed recovery timelines. The original closing quotation is omitted because its attribution has not been verified.

Educational notice: This resource supports group education and does not replace individualized assessment, clinical supervision, or treatment.

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