CONNECTED
ADDICTION RECOVERY
Connect Before You Act

WE CHOOSE • WE RESPOND • WE UNDERSTAND • WE CONNECT • WE RELEASE

Session 5

Empowerment & Change

Participant workbook

Guiding question: Is what I am doing working, and what can I try instead?

Use these pages to understand the process, review a worked example, practise the tools, and choose one realistic next action with support.

Personal sharing is voluntary. You may write privately, use a fictional example, pass, or stop an exercise. Use roles or initials and keep your workbook securely.

Includes the expanded STOPP and WDEP definitions, examples, and guided worksheets.

Additional practice: Euphoric recall; Trauma and present moment coping.

Connect before you act.

The following pages retain the page numbers of the complete participant workbook.

Important information about this peer led program

CONNECTED Addiction Recovery is a volunteer-facilitated peer education and mutual-support program. Facilitators are not acting as licensed mental-health, medical, or addiction-treatment professionals.

CONNECTED is independent of, and is not affiliated with, sponsored by, or endorsed by Alcoholics Anonymous (AA), or any other organization. We draw upon Cognitive Behavioral Therapy techniques.

Participation is voluntary. This program does not provide diagnosis, therapy, medical advice, detoxification, or crisis care, and is not a substitute for professional treatment. Seek qualified care for withdrawal, trauma, or urgent safety concerns.

Personal sharing is optional. Respect others' privacy; confidentiality cannot be guaranteed in a group setting. In an emergency, contact local emergency services.

Choice privacy and support

You may pass, write privately, use a fictional example, keep your eyes open, or stop an exercise. Do not record or photograph others or repeat identifying details. Use roles or initials in these pages. Keep this workbook securely and choose what you share; facilitators do not need to collect it.

An Anchor is a trusted, consenting support person with agreed availability and boundaries. An Anchor is not an emergency service. Chosen Connection can be spiritual, relational, community-based, or another personally meaningful source of support.

When peer support is not enough

Seek qualified medical care for withdrawal concerns and qualified clinical care for trauma symptoms or worsening distress. If there is immediate danger or a medical emergency, contact local emergency services. Do not wait for an Anchor to respond.

The CONNECTED nine process pathway

Week	Process	Main practice
1	Choice & Awareness	Cost-benefit analysis and impact inventory
2	Openness & Ownership	Recovery compass and connection map
3	Needs & Self-Discovery	Five-needs inventory and ABC worksheet
4	Naming & Honesty	Pattern map and action-oriented sharing
5	Empowerment & Change	STOPP, WDEP, and an if-then urge plan
6	Connection & Accountability	Relationship impact inventory and repair readiness
7	Transformation & Repair	Safe repair plan and release exercise
8	Evaluation & Maintenance	Daily check-in, WDEP self-evaluation, and Anchor contact plan
9	Daily Growth & Service	Life-balance wheel, Eisenhower matrix, and 90-day plan

The two special topics deepen this same pathway: euphoric recall supports Sessions 1, 3, 5, and 8; trauma and present-moment coping support Sessions 3, 5, and 8. They do not add required sessions. Use the separate trauma companion for extended practice.

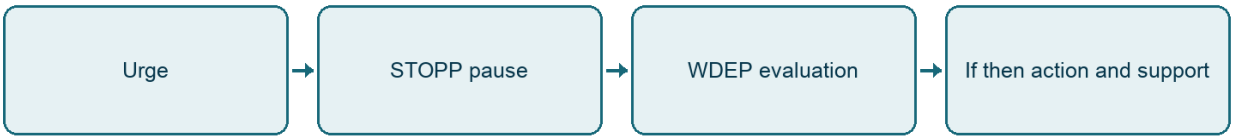
Fillable use: click a [Type here] area in Word to enter your response. Controls are unlocked and the document remains editable. You may also print the workbook and write on the lines. Add space as needed; do not include information you want to keep out of a saved file.

Session 5 Empowerment & Change

Guiding question: Is what I am doing working, and what can I try instead?

Understand the process

An urge is not a command. A pause creates room to seek support and choose an action. STOPP means Stop; Take a breath if comfortable; Observe thoughts, feelings, body and urge; Pull back for perspective; Proceed with a helpful action. WDEP means Wants, Doing, Evaluation, Planning. Use it to compare a current response with what matters to you, then make a specific plan.



Worked example

If an urge starts after work, Alex will pause outside the usual store, notice the urge, take a comfortable breath or feel their feet, and call an Anchor while walking toward a different route. W: sleep and stability. D: browsing alcohol offers. E: this moves away from stability. P: close the offers and arrange an evening check-in.

Try it this week

Rehearse the if-then plan once while calm. Try it when appropriate and record what needs adjustment.

You may keep your work private, use a fictional example, or pass. The next pages are practice, not a test.

Session 5 STOPP Step by step

STOPP is a brief pause skill for a moment when you feel pulled toward an automatic response. The aim is enough room for a supported next action; you do not have to feel calm or make an urge disappear.



S Stop

Interrupt the next automatic action long enough to notice that you have a choice. If there is current danger, move toward safety and appropriate help first.

T Take a breath

Use a gentle, comfortable breath if it helps. You can instead notice a neutral object or the contact of your feet with the ground.

O Observe

Name what you notice: a thought, feeling, body signal, urge, and the situation around you. Observation helps separate an urge from an action.

P Pull back for perspective

Check what you know and what you are assuming. Consider another explanation and the likely consequences of the next action. Do not dismiss real danger.

P Proceed with what works

Choose a practical, recovery-supporting action. It can include leaving a cue, asking for help, or using an agreed backup. Practise what works is another wording for this final P.

Use a mild current situation or a fictional one. You may pass or stop. Breath focus is optional. This skill does not provide trauma processing, withdrawal management, or emergency care.

Session 5 STOPP Example and worksheet

Fictional situation: Alex feels lonely after work and notices an urge to enter the usual store. Alex wants to protect recovery and keep a morning appointment.

S Stop

Example: Alex notices the urge to enter the usual store and pauses before opening the door.

What action can I pause safely?

[Type here] _____

T Take a breath

Example: Alex takes one comfortable breath and looks at a street sign. There is no need to close the eyes or breathe deeply.

What brief settling or orienting action do I choose?

[Type here] _____

O Observe

Example: Alex notices tension, loneliness, and the thought "A drink will fix this." The urge is present; entering the store is still an action Alex can pause.

What thought, feeling, body signal, and urge do I notice?

[Type here] _____

P Pull back for perspective

Example: Alex remembers wanting better sleep and that drinking after work has led to missed commitments. The current need may be company or rest.

What facts, alternative view, or longer-term consequence matter?

[Type here] _____

P Proceed with what works

Example: Alex takes a different route and contacts an Anchor about a brief call. If the Anchor is unavailable, Alex uses the agreed backup support.

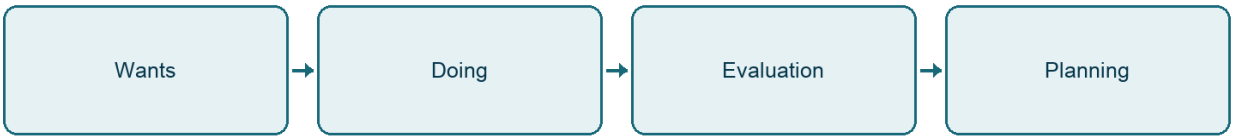
What will I do now, and what support or backup will I use?

[Type here] _____

After trying the action, notice what helped or needs adjustment. An urge that remains is a reason to use support, not proof that the practice failed.

Session 5 WDEP Step by step

WDEP means Wants, Doing, Evaluation, and Planning. It is a structured way to review a pattern and choose a workable next step. You can use it after STOPP, in a daily check-in, or while preparing for a difficult situation.



W Wants

Identify what you want in this situation and what need or value matters over time. An immediate wish for relief may sit beside a longer-term wish for health, connection, or reliability.

D Doing

Describe your current actions and direction, including what you are avoiding. Include thoughts and feelings as observations, without treating them as freely chosen or blameworthy.

E Evaluation

Ask whether the current response moves you toward what matters. Compare immediate effects with later effects. This is a self-evaluation of a response, not a judgment of your worth.

P Planning

Choose an action you are willing and able to try. Specify what, when, where, support, backup, and a review time. Keep the action within your control and revise it if it does not work.

The person completing the exercise decides what matters and evaluates the response. A facilitator or Anchor can ask questions and offer support without choosing the answers. Choice here concerns supported next steps; addiction, trauma responses, emotions, and illness are not moral failures.

Session 5 WDEP Example and worksheet

Continue Alex's example, or choose a mild situation of your own. You can write privately, use initials, or keep the example fictional.

W Wants

Example: "I want relief after work, company tonight, and enough sleep to keep tomorrow's appointment."

What do I want now and over time? What need or value is underneath?

[Type here] _____

D Doing

Example: "I am walking toward the usual store, looking at offers, and putting off contacting anyone."

What am I actually doing or avoiding, and where is it taking me?

[Type here] _____

E Evaluation

Example: "This may offer short-term relief, but it moves me away from sleep, keeping commitments, and the connection I want."

How does this response help or interfere with what I want? What evidence do I have?

[Type here] _____

P Planning

Example: "At 6 pm I will leave the store area, go to my planned safe setting, and contact my Anchor. If unavailable, I will contact the backup. I will review the result tonight."

What specific action will I try, when and where, with what support and backup? When will I review it?

[Type here] _____

_____

If my first action or support is unavailable, my next safe step is:

[Type here] _____

My review time and what I will look for as a sign of progress:

[Type here] _____

Session 5 Reflection and support

What happened or what problem am I working on?

[Type here] _____

What did I do, avoid, think, or feel in response?

[Type here] _____

What need, value, relief, connection, or outcome was I seeking?

[Type here] _____

What was the result for me and for others?

[Type here] _____

Is this response working? What might work better?

[Type here] _____

One realistic next action I am willing to take, and when:

[Type here] _____

Connection or Anchor or backup support I can use before I act:

[Type here] _____

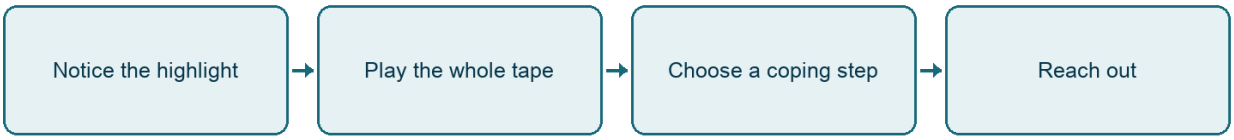
What can I repair safely, learn from, or release?

[Type here] _____

Between-session practice: use problem → need → response → result → support → next action at least once. Record what you learn and revisit the plan without self-blame.

Special topic Euphoric recall

Euphoric recall is a selective replay of the appealing parts of use while consequences fade from attention. A memory can be a craving trigger; it does not require action. Notice the cue and ask what need is present now, such as rest, belonging, relief, or enjoyment.



Example: a song brings back a lively night out. The whole tape also includes money spent, poor sleep, and a missed appointment. The current need may be company; a meal with a safe peer can meet that need with less cost. Avoid graphic detail or deliberately intensifying craving.

What is the highlight my mind is replaying, and what triggered it?

[Type here] _____

_____

Before, during, and after: what context and consequences are missing from the highlight?

[Type here] _____

_____

What do I need right now beyond the substance?

[Type here] _____

_____

Pause and reality-check: what balanced reminder will I use?

[Type here] _____

_____

Coping and contact plan: one immediate action, my Anchor, and my backup if unavailable.

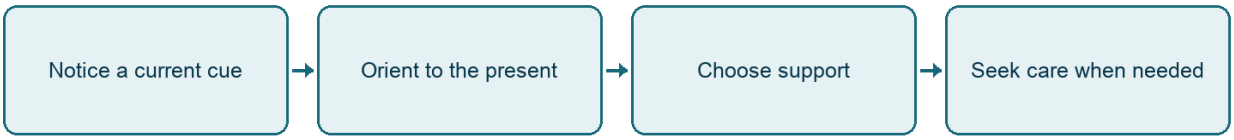
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If replaying the event increases distress or craving, stop the review and orient to the room. Use support and seek qualified care if you cannot manage safely.

Special topic Trauma and present moment coping

Trauma responses may affect stress, the sense of safety, and substance-use triggers. Some people notice alarm, shutting down, numbness, irritability, or a strong urge to escape. Responses vary; none of these observations diagnoses a condition. You do not need to describe what happened in the past.



Try one present-focused option: name where you are and notice three neutral objects; feel the chair or floor if comfortable; or take a gentle, unforced breath. Keep your eyes open if you prefer. Skip breath focus or body attention if it makes you feel worse. Stop and choose another option at any time.

Example: a sudden noise leads to tension and an urge to leave. A person can look around, locate the exit, notice the current date and place, and ask an Anchor for a brief check-in. If the setting is actually unsafe, prioritize getting to safety and appropriate help.

My early sign, described without a trauma narrative:

[Type here] _____

_____

One grounding or orienting option I choose, and what tells me to stop:

[Type here] _____

_____

My Anchor, backup, and professional care route when needed:

[Type here] _____

_____

Choice and coping skills do not replace trauma-focused treatment. Trauma processing and EMDR belong with qualified clinicians. See the trauma companion for more practice; it is education and stabilization, not EMDR therapy.

Daily practice and closing

Day	Tool or action tried	What helped or needs adjustment
1		
2		
3		
4		
5		
6		
7		

My next review date and one support request:

[Type here] _____

_____

Meeting closing mantra

Connect before you act.
We choose.
We respond.
We understand.
We connect.
We release.
And then we choose again.

www.connectedrecovery.org | mark@connectedrecovery.org

Further reading

SAMHSA Core Competencies for Peer Workers: https://www.samhsa.gov/substance-use/recovery/peer-support-workers/core-competencies

SAMHSA Trauma-Informed Approaches and Programs: https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs

VA National Center for PTSD EMDR for PTSD: https://www.ptsd.va.gov/understand_tx/emdr.asp