CONNECTED
ADDICTION RECOVERY
Connect Before You Act

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

Session 8

Evaluation & Maintenance

Participant workbook

Guiding question: How did my choices work today, and what needs correction?

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.

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.

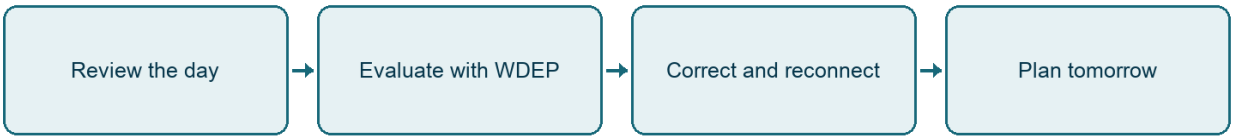
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Session 8 Evaluation & Maintenance

Guiding question: How did my choices work today, and what needs correction?

Understand the process

A daily review is a brief learning practice, not a score of your worth. Notice a choice, its result, what helped, and what needs correction. Use WDEP again when a response is not working. Strengthen your chosen Connection through realistic contact and honest requests. After a setback, seek support and revise the plan rather than waiting for a perfect restart.



Worked example

Casey notices that isolation increased cravings. At the evening review: W is connection; D was canceling a meal; E is that isolation made the evening harder; P is to reschedule one meal and contact an Anchor before the next difficult evening. Casey also corrects a missed commitment with a short acknowledgment.

Try it this week

Use a brief check-in for seven days. A skipped day is information; restart with one small action.

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

Session 8 Guided practice

Practice tools: Daily check-in, WDEP self-evaluation, and Anchor contact plan

Daily check-in: one choice and result, one thing that helped, one difficulty, and one next action.

[Type here] _____

_____

WDEP review: what did I want, what did I do, did it work, and what will I change?

[Type here] _____

_____

What mistake can I correct promptly and safely? What needs more guidance?

[Type here] _____

_____

My early warning signs and the support I will use before the next difficult moment are ____.

[Type here] _____

_____

Anchor/contact plan: primary route, agreed timing, backup route, and professional help when peer support is not enough.

[Type here] _____

_____

Session 8 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] _____

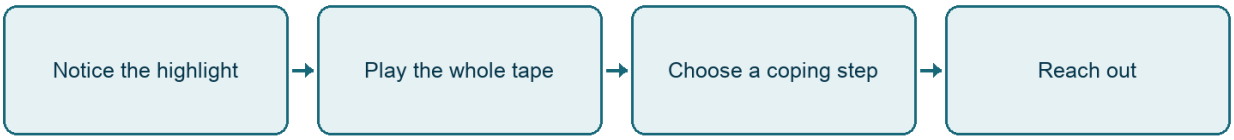
What can I repair safely, learn from, or release?

[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.

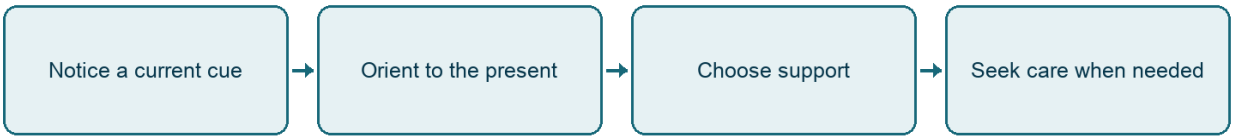
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If replaying the event increases distress or craving, stop the review and orient to the room. Use support and seek qualified care if you cannot manage safely.

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