Breakout 14 — Physical Health in Recovery — Tend the Body That Carries Recovery

One sentence for the board: Recovery lives in a body — this group teaches, in plain language, how food, movement, sleep, and medical care steady the recovery the mind is fighting for.

Purpose	Teach, as recovery education, how physical health supports sustained recovery: regular nourishing food, everyday movement, protective sleep, and timely medical and dental care — in general terms only, with every personal health decision referred to the client's own medical providers.
Who chooses this group	Curriculum groups meet separately for men and for women. Breakout groups are coed unless otherwise specified. Placement for participants who do not fit a men/women split follows the participant's stated preference, confirmed with staff for safety and privacy. Nothing about a participant's placement is disclosed to the group. Any participant who wants a steadier body for the recovery they are building, including participants catching up on care they postponed during active use. No participant is asked to share any health condition, measurement, or medical history in group. The stated preference stands unless a stated safety reason requires a private conversation. Safety and privacy are the only criteria.
Length	60 minutes
Materials	Paper and pens for every client, whiteboard or flip chart and markers, the topic resources named in this outline, and the program's current medical-referral information

Time	Segment	What happens
0–5 min	Welcome	Ground rules, confidentiality

		limits, right to pass. State plainly at the start: this group is education, not medical advice — personal health questions go to medical providers, and medical concerns are referred the same day.
5–30 min	Teaching	The teaching points below, in order, on the board: recovery as physical, food, movement, sleep, catching up on medical care, warning signs, and the body still healing.
30–45 min	Discussion	Prompts below. General answers are always complete answers — no one is asked to share any health condition or history.
45–55 min	Practice — my body plan for this week	Clients write one food step, one movement step, one sleep step, and one medical step, each dated. Writing stays with the client.
55–60 min	Close	Takeaways, the medical referral path restated, and one body step each client will actually do this week.

Teaching points

- **Recovery is physical, not only mental.** The body carried the cost of active use: missed meals, broken sleep, untreated illness, injuries ignored, teeth and health postponed until later. Recovery asks the body to do hard work — to steady its rhythms, to tolerate discomfort without a substance, to show up daily — and a body that is fed, rested, and cared for does that work better. Physical health is one of the four dimensions of recovery. Tending the body is therefore not vanity and not a reward for later. It supports the plan the licensed counselor completed before the first group; it does not replace that plan or any care the participant receives, and it starts with small, ordinary steps, not with an overhaul.
- **Food as repair, without rules that shame.** Regular meals steady mood, energy, and cravings better than any single food choice. The general pattern taught here is simple: eat regularly, build meals around a variety of foods — vegetables, fruits, whole grains, and protein foods — drink water through the day, and keep sugary drinks and heavily processed foods occasional rather than constant. No meal plan is prescribed, no calorie target is set, and no food is forbidden in this group. Clients with diabetes, allergies, eating concerns, or any medical

nutrition need take their questions to medical staff or a dietitian, and facilitators never comment on any client's weight, body, or eating in the room.

- **Movement: start small, build steady.** Movement steadies mood and stress, improves sleep, and gives the reward system a natural signal it can use again. The national guideline for adults is 150 to 300 minutes a week of moderate-intensity aerobic activity, or 75 to 150 minutes of vigorous-intensity activity, or an equivalent combination, spread through the week, plus muscle-strengthening activities on two or more days a week. The guideline's first principle matters most in early recovery: some activity is better than none, and moving more while sitting less already helps. Start where the client actually is — a daily walk, stairs, stretching, work that uses the body — and build gradually. Anyone with a heart condition, injury, or other health concern checks with a medical provider before starting a vigorous or new exercise program.
- **Sleep: the foundation the rest stands on.** Adults need seven or more hours of sleep a night on a regular basis. In recovery, sleep is not a luxury: short sleep sharpens cravings, weakens decision-making, and deepens low mood, while steady sleep steadies all three. The habits taught here are general and practical: a fixed wake time, even on rest days; a wind-down routine with dimmer light; caffeine ended well before bed; screens out of the bed; and the bed kept for sleep. If sleep problems persist — trouble falling or staying asleep, loud snoring with pauses in breathing, or exhaustion despite long nights in bed — that is a medical conversation, and the facilitator connects the client to medical staff the same day. Sleep aids, including anything bought over the counter, are medication questions for a provider, never group advice.
- **Medical care: catch up, do not catch shame.** Many clients arrive with years of postponed care: no primary care provider, untreated dental pain, unfilled prescriptions, screenings missed, vaccinations behind. Catching up is part of recovery, and shame has no place in it. Clients are taught to establish primary care, to bring a current list of medicines and questions to appointments, to ask what screenings and preventive care apply to them, and to keep dental and vision care in the same plan. Medical decisions — including whether any test, treatment, or medicine is right for a particular person — belong to the client and their providers. The facilitator's job is to help the client name the appointment they need and get connected to staff who can arrange it.
- **Know the warning signs that need same-day help.** This group teaches recognition, not diagnosis. Some signs need medical attention the same day: chest pain or pressure, trouble breathing, sudden severe headache, sudden weakness or speech difficulty, a wound that is worsening, fever with confusion, severe pain, or thoughts of harming oneself. In an emergency, call 911 or call or text 988; otherwise, alert staff and medical providers the same day and do not wait for the next group. A client who is in withdrawal, is medically unwell, or discloses a medical or psychiatric concern in group is connected to medical staff through program procedure immediately. Waiting it out is never the plan taught here.
- **The body, still healing.** Healing in the body, like healing in the brain, is gradual and uneven. Energy returns in fits and starts, sleep settles slowly, appetite and weight shift, and old aches announce themselves as the numbing wears off. None of that is failure, and no timeline is promised to any client in this group. What the group teaches is the direction: regular food, daily movement, protected sleep, care kept current, and honesty with providers about symptoms and history. Tobacco and alcohol use continue to tax the body during recovery, and

the Nicotine Cessation and Brain Science outlines carry that work in depth. Tending the body daily is how a warrior keeps the ground already taken.

- **Protect the basics on a hard day.** On the hardest days, the plan shrinks to its smallest faithful form: one regular meal, one short walk or stretch, one fixed wake time, and one honest contact with a support person or staff member. A hard day is not a failed day when the basics were kept. Clients choose steps small enough to keep on a hard day when they write their body plan below, so a bad day has a plan already made instead of a decision to make while depleted. If the basics cannot be kept for several days running, that is information for the care team, shared the same day — not a private failure to hide.
- **The warrior's reading.** So the warrior's reading, said plainly: the body carried you through the worst of it, and it is still carrying you. Feed it regularly, move it daily, guard its sleep, and take it to the care it needs without apology. Small reps, kept faithfully, are how a body becomes trustworthy ground again — ground a whole recovery can stand on.

Discussion prompts

- "Which part of physical health — food, movement, sleep, or medical care — has been hardest to keep steady, and what gets in the way?"
- "What is one small movement or food step that would actually fit a real day here, not an ideal one?"
- "What makes it hard to ask for medical help after years of postponing it — and what would make the first appointment easier to keep?"
- "What is one warning sign every person in this room should act on the same day, without waiting?"

Practice — my body plan for this week (10 minutes, your page stays with you)

1. Choose one food step for this week: a regular meal time, a food you will add, or water you will carry. Write what, and on which days.
2. Choose one movement step: what you will do, for how long, and on which days — starting where you are, not where the guideline ends.
3. Choose one sleep step: a fixed wake time, a wind-down start time, or a caffeine cutoff. Write the time and the first night you will try it.
4. Choose one medical step: the appointment you need, the question you want to ask a provider, or the referral you will ask staff about. Write who you will ask, and when.
5. Keep your page. It is yours. Nothing written in this practice is collected, copied, or kept by the facilitator or the program.

Facilitator boundaries — Physical Health in Recovery

- **Education only — no medical advice.** This group teaches general health information. Facilitators do not diagnose, interpret symptoms, recommend treatments, diets, supplements, or exercise programs for any individual, and do not comment on any client's body, weight, or

eating. Every personal health question is referred to medical staff or the client's own providers the same day.

- **Medication affirmed; decisions referred.** Facilitators affirm clients who use medication exactly as prescribed, never advise a client to start, stop, or change any medication — including sleep aids and over-the-counter products — and refer every medication question to medical staff the same day.
- **Medical concerns go the same day.** A client who reports pain, illness, withdrawal, a worsening condition, or a psychiatric concern is connected to medical staff through program procedure immediately. In an emergency, call 911 or call or text 988. The group never waits, watches, or treats the concern with group skills. See the escalation box at the front of this packet and the Facilitator Guide crisis protocol.
- **No shame about bodies or care.** No client is singled out for their health, habits, or history of postponed care. Facilitators correct shaming language in the room, directly and kindly, and keep every discussion at the level of general education and personal planning, never personal examination.
- **Warrior close:** Close with the body's work: “Feed it, move it, rest it, and take it to the care it needs — one dated step this week, kept like a promise. That is how warriors hold ground: by tending the ground they stand on.”

Sources & Evidence

Clinical evidence: U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition (2018) — adults should move more and sit less; for substantial health benefits, 150 to 300 minutes a week of moderate-intensity, or 75 to 150 minutes a week of vigorous-intensity aerobic activity, or an equivalent combination, spread through the week, plus muscle-strengthening activities on two or more days a week. Centers for Disease Control and Prevention. About Sleep — adults aged 18 to 60 need seven or more hours of sleep per night on a regular basis, and insufficient sleep is linked with poorer health outcomes.

Recovery-support evidence: Substance Abuse and Mental Health Services Administration — the four dimensions of recovery: health, home, purpose, and community, with health as the dimension that includes physical well-being and the everyday conditions that sustain recovery. National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction — treatment as a combination of behavioral therapies, medications where indicated and decided with a medical provider, and recovery support, with the everyday conditions of health, sleep, and routine supporting the brain's recovery. No outcome or timeline is promised for this group.

Note: No outcome is promised for any group in this packet.