PART II

Schedule and Operations

Read this before the tracks. It explains how forty-two sessions, a rolling admission policy and thirty days are reconciled: an arrival track every client receives first, a four-week rotating cycle they join wherever it happens to be, and a departure track every client receives last. The tracks in Part III only make sense once that shape is clear.

The Thirty-Day Structure

Forty-two sessions do not divide evenly into thirty days, and a program admitting on a rolling basis cannot run a linear curriculum. This part sets out how the two problems are solved together. The short version: three fixed blocks, an arrival track every client receives in their first week, a four-week rotating cycle they join wherever it happens to be, and a departure track every client receives in their last week.

The three blocks

Block	Sessions	When	Why it is structured this way
Arrival	0.1, 4.1, 4.2, 9.1 plus orientation	Days 1–5, small group or individual	Regulation, self-monitoring and a shared language for ambivalence must precede everything. A client cannot use any other skill outside their window of tolerance, and a client who thinks mixed feelings are a black mark will hide them for the whole program.
Rotating cycle	The remaining 35 sessions, in four weekly blocks	Weeks A–D, joined at whatever point the cycle has reached	Allows continuous admission without pausing the curriculum for anyone
Departure	9.2, 9.3, 9.4, 7.4	Final 5 days, regardless of cycle position	The capstone requires the client's completed work from every track and must be last

Why the arrival and departure tracks sit outside the cycle

Four sessions cannot wait for the cycle to come around. A client arriving in acute distress needs a way to say where they actually stand (0.1), the window of tolerance framework (4.1), a grounding repertoire (4.2), and the HALT screen (9.1) inside their first days, because those are the tools that make every subsequent group survivable. Equally, the relapse prevention capstone assembles output from all eight tracks and is meaningless delivered in a client's second week. Everything between those two points can be taken in any order, and is.

CLINICAL CAUTION

Clients in the first seventy-two hours are frequently still in the tail of acute withdrawal and will retain very little. The arrival track is delivered in small groups or individually, at a slower pace, with the expectation that content will be repeated. Do not use retention in days one to three as a measure of engagement or motivation. Clients who appear resistant in their first week are commonly unwell, and the appropriate response is medical review, not a behavioral contract.

The Four-Week Cycle

The cycle runs continuously. Each week is a themed block of eight or nine sessions, and a client staying thirty days passes through all four blocks exactly once. Order varies by admission date; coverage does not.

Week A: Foundation

Day	Morning session	Afternoon session
Monday	1.1 The Cognitive Model and the Cognitive Triangle	5.1 Addiction Neurobiology and the Reward Pathway
Tuesday	2.1 Dialectics, Validation and States of Mind	6.1 Codependency, Enabling and Family Roles
Wednesday	1.2 Cognitive Distortions in Addiction and Recovery	5.2 Substance Classes and Withdrawal
Thursday	2.2 Core Mindfulness	3.1 Psychological Flexibility and the Hexaflex
Friday	8.1 Expressive Arts and the Recovery Mask	Community meeting and week review
Saturday	Experiential block: recreation, fitness, community	

Week B: Skills Acquisition

Day	Morning session	Afternoon session
Monday	1.3 Thought Records and Cognitive Restructuring	5.3 Medications for Addiction Treatment
Tuesday	2.3 Distress Tolerance and Crisis Survival	7.1 Pluralistic Pathways to Recovery
Wednesday	1.4 Core Beliefs, Intermediate Beliefs and Schema	4.3 EMDR Psychoeducation and the AIP Model
Thursday	2.4 Emotion Regulation	3.2 Experiential Avoidance and Cognitive Defusion
Friday	8.2 Music and Lyric Analysis	Community meeting and week review
Saturday	Experiential block: recreation, fitness, community	

Week C: Depth and Application

Day	Morning session	Afternoon session
Monday	1.5 Behavioral Activation and Craving Management	5.4 Sleep, Circadian Recovery and CBT-I Principles
Tuesday	2.5 Interpersonal Effectiveness	6.2 Boundaries
Wednesday	2.6 Behavioral Chain Analysis and Missing Links	4.4 Breathwork and Autonomic Regulation
Thursday	3.3 Values Clarification	7.2 Abstinence, Harm Reduction and Defining Recovery
Friday	8.3 Therapeutic Journaling	Community meeting and week review
Saturday	Experiential block: recreation, fitness, community	

Week D: Integration and Transition

Day	Morning session	Afternoon session
Monday	3.4 Committed Action	5.5 Physical Health, Nutrition and Overdose Prevention
Tuesday	6.3 Assertive Communication	7.3 Recovery Capital and Building a Support Network
Wednesday	3.5 Grief, Loss and Acceptance	6.4 The Karpman Drama Triangle and the Way Out
Thursday	4.5 Trauma-Sensitive Yoga and Movement	8.4 Life Narrative and Identity Reconstruction
Friday	Community meeting and week review	
Saturday	Experiential block: recreation, fitness, community	

Sunday is unscheduled by design: rest, family visits, mutual aid attendance in the community where permitted, and unstructured time that clients will have to manage after discharge. Facilitators should treat Sunday afternoon as clinical material; it is the closest analogue in the program to the conditions that produce a lapse, and what clients do with it is worth asking about on Monday.

Handling Order and Prerequisites

The honest weakness of a rotating cycle is that a client admitted on the Monday of Week C meets thought records in their first fortnight and the cognitive model in their last. Three mechanisms manage this, and none of them fully eliminate it: a program running continuous admission accepts some loss of sequence in exchange for never making a client wait a fortnight to start treatment.

1. Every session opens with a three-minute recap of the prerequisite content named in its header. This is written into the facilitation sequence and is not optional. A facilitator who skips it because most of the room has covered it has failed the one or two clients who have not.
2. Sessions with hard dependencies are scheduled in adjacent weeks so the chain is broken at most once per rotation. The cognitive chain (1.1 → 1.2 → 1.3 → 1.4) spans Weeks A and B; the DBT chain spans A through C; the ACT chain spans A through D.
3. A client who enters mid-chain and is visibly lost receives the missing prerequisite in an individual session with their counsellor that week. This is a case management task with a named owner, not an aspiration; it appears on the weekly treatment team agenda.

> **DOCUMENTATION**
> The treatment team reviews cycle position against admission date for every client at the weekly meeting. Record which prerequisite gaps were identified and how each was filled. A client discharged with an unfilled gap in the cognitive or capstone chain should have that noted in the discharge summary, because it affects what the continuing care provider is receiving.

Cohort composition

Rolling admission means every group contains clients at different points in their stay, which is a genuine asset rather than a compromise to be tolerated. Clients in Week D model for clients in Week A more credibly than any facilitator can, and the peer explanation is frequently better than the professional one. Use it deliberately: ask a client near discharge to describe how a skill has actually worked for them, and let the answer stand without improving it.

The Daily Rhythm

The structure below is the container the curriculum sits in. Its purpose is not tidiness. A client leaving this program loses roughly thirty hours a week of scaffolding in a single day, and the more consciously that scaffolding is built here, the more visible its replacement becomes in discharge planning.

Weekday schedule

Time	Block	Notes
06:30	Wake	Fixed rise time: this is the stimulus control protocol from 5.4, applied program-wide
07:00	Breakfast	Eaten on schedule, not on appetite. See 5.5.
07:45	Community meeting	Attendance, announcements, and the morning HALT screen run aloud
08:30	Somatic block	Movement, breath or grounding practice from Track 4
09:15	Curriculum session 1	75–90 minutes
10:45	Break	
11:00	Individual and medical	Counselling, case management, nursing, medication administration
12:00	Lunch	
13:00	Curriculum session 2	75–90 minutes
14:45	Break	
15:00	Process group	Facilitated open group; expressive block on Friday
16:30	Recreation and fitness	Unstructured or activity-based
17:30	Dinner	
18:30	Mutual aid	Rotating pathway: a different framework each night; see 7.1
20:00	Reflection	Journaling per 8.3; practice assignments completed
21:30	Wind-down	Screens off; sleep protocol begins
22:30	Lights out	Fixed, per 5.4

The mutual aid rotation

Evening meetings rotate across pathways rather than defaulting to one. Over a thirty-day stay a client should encounter twelve-step, a secular framework such as SMART or LifeRing, and a contemplative framework such as Recovery Dharma, at minimum. This is the practical expression of the pluralism commitment: a program that runs one meeting nightly has made a recommendation regardless of what its manual says.