

Executive Dysfunction

Intensive · The Recovery Files

When the Brain's Control Center Can't Control the Crisis

Knowing vs. Doing — The Recovery Files

Your progress 0 of 5 parts done · Impaired EF · Can't start, can't stop, can't plan, can't adapt · KNOWING · DOING · Scaffolded EF · External systems bridge the knowing-doing gap · THE CORE PROBLEM

Recovery demands the exact cognitive skills that neurodivergence and addiction both disable

In this workbook

- Part 1 · The Absent CEO: What Executive Dysfunction Actually Is
 - Check-in: Working Memory & Sustained Attention
 - Exercise: Executive Function Domain Map
 - Exercise: Time Blindness & Recovery Map
- Part 2 · The Double Hijack: How Addiction and Neurodivergence Both Attack the Prefrontal Cortex
 - Check-in: Emotional Regulation & Cognitive Flexibility
 - Exercise: The Knowing-Doing Gap Inventory
 - Exercise: Cognitive Flexibility Training
 - Exercise: Executive Shame Reframe
- Part 3 · The Decision Machine Is Broken: Impulsivity, Choice, and Relapse
 - Check-in: Task Initiation & Response Inhibition
 - Exercise: Decision Autopsy Journal
- Part 4 · Building the Scaffold: Recovery Engineered for Executive Dysfunction
 - Check-in: Planning, Organization & Time Management
 - Check-in: Self-Monitoring & Self-Evaluation
 - Exercise: Building Your Executive Scaffold
 - Exercise: Recovery Routine Engineer
 - Exercise: Self-Monitoring System Builder
 - Exercise: EF-Informed Recovery Action Plan

Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 4 · READING

The Absent CEO: What Executive Dysfunction Actually Is

Imagine a large company where every department is staffed with competent people — marketing knows marketing, finance knows finance, operations knows operations. Every individual employee is capable of doing their job. But the CEO is absent.

Nobody is setting priorities. Nobody is coordinating between departments. Nobody is making the hard calls about what to do first, what can wait, and what to do when Plan A fails. The building is full of talent, but the talent cannot organize itself.

That is executive dysfunction.

Executive function is not a single ability — it is a suite of cognitive management skills, all housed primarily in the prefrontal cortex, that coordinate everything else the brain does.

These skills include:

- Task initiation (starting things)
- Working memory (holding information in mind while using it)
- Response inhibition (stopping yourself from doing the wrong thing)
- Emotional regulation (managing the intensity of your feelings)
- Planning and organization (creating and following roadmaps)
- Time management (perceiving time as real)
- Cognitive flexibility (shifting strategies when something isn't working)
- Self-monitoring (observing your own internal state and behavior in real time)

When these skills work well, life appears manageable. You can set a goal, create a plan, initiate the first step, sustain effort through distraction and difficulty, adjust when things go wrong, monitor your own progress, and experience the delayed reward of completion.

When these skills are impaired — as they are in ADHD, traumatic brain injury, PTSD, autism spectrum conditions, depression, anxiety, and chronic substance use — the experience is one of perpetual disorganization, frustration, and the maddening gap between knowing and doing.

****The "knowing-doing gap" is the signature experience of executive dysfunction.****

You KNOW what you need to do. You are not stupid. You are not uninformed. You may have excellent insight into your situation. But the cognitive machinery required to convert knowing into doing is offline, underpowered, or unreliable.

The task sits there. You sit there. Time passes. Nothing happens. And the shame accumulates — because in a world that equates knowing with doing, the person who knows and cannot do is assumed to be lazy, defiant, or not really trying.

This is profoundly important for understanding addiction. Addiction treatment is fundamentally an executive function task. Recovery requires every single executive skill: you must plan, initiate, sustain attention, inhibit responses, regulate emotions, monitor yourself, manage time, maintain working memory, and flexibly adapt.

When executive dysfunction is present — whether from a neurodivergent condition that predated the addiction, or from the neurological damage caused by chronic substance use itself, or both — the person is being asked to execute the most complex behavioral change program of their life using the very cognitive system that is most impaired.

It is as if the company needs to undergo a radical restructuring, and the CEO who would lead that restructuring is the one who is missing.

This is not a failure of willpower. It is a failure of cognitive infrastructure. And until recovery programs understand this distinction, they will continue to blame individuals for not executing plans their brains cannot reliably implement.

Reflection Questions

1. Does the "absent CEO" metaphor match your internal experience? Do you have the knowledge and the desire to recover but struggle to convert those into consistent action?

2. Which specific executive functions (initiation, working memory, inhibition, emotional regulation, planning, time management, flexibility, self-monitoring) are most impaired for you?

3. Can you describe the "knowing-doing gap" from your own life? What is it like to know exactly what you need to do and be unable to make yourself do it?

4. Have you been labeled "lazy," "defiant," or "not trying" because of executive dysfunction? How has that labeling affected your recovery and your self-image?

5. If recovery is fundamentally an executive function task, what does that tell you about what your recovery needs that it may currently lack?

CHECK YOURSELF · CHECK-IN 1 OF 5

Working Memory & Sustained Attention

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I frequently forget my recovery commitments when they are not immediately in front of me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I lose focus during meetings, therapy sessions, or conversations about my recovery
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. In the moment of a craving, I cannot recall my reasons for staying sober
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I forget appointments, medication schedules, and commitments regularly
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I have difficulty holding multiple instructions or steps in mind at once
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I get distracted from my recovery plan by whatever is immediately in front of me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. Important information seems to "leak" out of my mind within minutes
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I struggle to read or retain written material for any sustained period
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 1: Executive Function Domain Map

Which parts of the brain's manager are struggling?

The manager has eight jobs

Executive function is not one skill. It is a group of mental skills that work like the manager of a business: getting things started, remembering the plan, stopping bad ideas, handling emotions, organizing, keeping time, adapting, and checking on how things are going. Most people are stronger in some jobs than others. Mapping yours shows where recovery needs extra support, and where you already have strength to lean on.

This is not a test or a diagnosis

Active use, withdrawal, poor sleep, stress, depression and head injuries can all weaken these skills. Many of them often improve over months of sobriety, sleep and steady routine. If you are concerned, ask your treatment team about an evaluation.

Getting started (initiation)

Moving from knowing you should do something to actually beginning it.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Holding things in mind (working memory)

Keeping a plan, a promise, or a list in your head long enough to act on it.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Stopping yourself (inhibition)

Putting the brakes on an urge, a word, or an action before it happens.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Managing emotions (emotional regulation)

Feeling something strongly without it taking over what you do.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Planning and organizing

Breaking a goal into steps, putting them in order, and keeping track of the pieces.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Managing time

Sensing how long things take, noticing time passing, and acting before deadlines.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Shifting gears (flexibility)

Switching tasks, changing plans, and finding another way when the first way fails.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

Noticing yourself (self-monitoring)

Catching how you are doing, how you are coming across, and when you are drifting off course.

How hard is this for me right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Very hard

Where it shows up:

☐ Work or school ☐ Home ☐ Money ☐ Relationships ☐ Health ☐ My recovery program

A recent example from my life:

How this affects my recovery:

My Map

My three hardest areas (the highest ratings):

1. / 2. / 3.

My strongest areas, which I can lean on:

1. Which of these struggles were there before you ever used? Which got worse with using?

2. Which struggle has most often been mistaken, by you or others, for not caring about recovery?

3. Which one area, if it got even a little support, would make the biggest difference this month?

YOUR EXERCISE

Exercise 4: Time Blindness & Recovery Map

Now, and not now

Two kinds of time

For many people with executive dysfunction, there are only two times: now, and not now. Tomorrow's consequences feel unreal. The appointment next week doesn't exist until it is an hour away. Addiction works the same way: the relief is now, the cost is not now. Recovery asks you to make the future feel real enough to count. This exercise builds that on paper, and maps the hours when time blindness puts your recovery most at risk.

How Good Is My Time Sense?

Pick five ordinary tasks this week. Before each one, write how long you think it will take. Afterward, write how long it actually took.

Task 1: the task, my guess, the actual time

Task 2: the task, my guess, the actual time

Task 3: the task, my guess, the actual time

Task 4: the task, my guess, the actual time

Task 5: the task, my guess, the actual time

What pattern do I see? Do I usually guess too short or too long?

My High-Risk Hours

Times when my recovery is most at risk:

- ☐ Early morning ☐ Right after work ☐ Late at night ☐ Weekends ☐ Paydays ☐ Holidays ☐
Anniversaries of losses ☐ Unstructured days off ☐ After a conflict ☐ When plans get canceled

What usually happens during those times?

What I will schedule into those hours instead:

Play the Tape Forward

When a craving hits, the brain only sees the next ten minutes. Write the rest of the story now, while you can see it.

If I use: how I feel in 10 minutes

If I use: how things look 10 hours later

If I use: where I am 10 days later

If I don't use: how I feel 10 minutes, 10 hours, and 10 days later

Making the Future Real

Describe an ordinary day one year from now in recovery, in as much detail as you can. Where do you wake up? Who do you talk to? What do you do?

Something I can see every day that reminds me of that future (a photo, a note, a date on the calendar):

Time tools I will use:

- ☐ Visual timer ☐ Alarms with labels ☐ Analog clock in view ☐ Calendar with reminders ☐ Leave 15 minutes early ☐ Countdown to milestones ☐ Sobriety counter app

PART 2 OF 4 · READING

The Double Hijack: How Addiction and Neurodivergence Both Attack the Prefrontal Cortex

The prefrontal cortex is the seat of executive function. It is the last brain region to fully develop (not completing myelination until the mid-twenties), the most metabolically demanding region of the brain, and the most vulnerable to disruption.

It is also the region most directly damaged by chronic substance use AND most directly impaired by neurodivergent conditions like ADHD.

This creates what can only be described as a double hijack — a convergent assault on the brain region you need most for recovery.

****In ADHD:****

The prefrontal cortex is structurally and functionally different from birth. Neuroimaging studies consistently show reduced volume, reduced cortical thickness, and reduced metabolic activity in the prefrontal regions of ADHD brains.

The dopaminergic and noradrenergic systems that fuel prefrontal function are underactive, meaning the "CEO" is not just absent — they never had a fully staffed office to begin with. Executive dysfunction in ADHD is not acquired; it is developmental.

The person has been working with impaired executive machinery their entire life.

****In Addiction:****

The prefrontal cortex is progressively damaged by chronic substance exposure. Every substance of abuse — alcohol, stimulants, opioids, cannabis, benzodiazepines — produces measurable changes in prefrontal structure and function.

Gray matter volume decreases. White matter integrity degrades. Functional connectivity between the prefrontal cortex and other brain regions weakens.

The executive system that was supposed to govern decision-making is systematically dismantled by the very substance it was supposed to resist.

This is the neurological explanation for the progressive loss of control that characterizes addiction: the brain region responsible for saying "no" is being destroyed by the thing it needs to say "no" to.

****The Double Deficit:****

Now consider the person with ADHD who develops addiction. They begin with a prefrontal cortex that is already underperforming. Chronic substance use then further degrades that already compromised system.

The result is a double deficit — a prefrontal cortex impaired by neurodevelopment AND by substance-induced damage, now tasked with executing the most executive-demanding behavioral change program imaginable.

This double hijack explains several patterns that are well-known in clinical practice but poorly understood:

- Why neurodivergent individuals are significantly overrepresented in treatment populations
- Why standard treatment often fails them — because it assumes a level of executive capacity they do not possess
- Why you see insight without behavior change — the person can articulate exactly what they need to do and then cannot do it
- Why relapse rates are higher in this population: the executive system tasked with maintaining recovery is the system most severely compromised

Understanding the double hijack is not meant to create hopelessness. Recovery is absolutely possible.

But it must be recovery designed for a brain with executive dysfunction — not recovery designed for a neurotypical brain that temporarily lost its way.

The strategies, structures, and supports must be calibrated to the actual capacity of the brain doing the recovering, not the idealized brain that treatment models assume.

Reflection Questions

1. Do you recognize the "double hijack" in your own experience? Can you identify executive functions that were impaired BEFORE substance use AND made worse BY substance use?

2. How does understanding that your prefrontal cortex is working against a double deficit change how you view your struggles in recovery?

3. Have you experienced "insight without behavior change" — knowing exactly what to do and being unable to do it? How has this been interpreted by treatment providers?

4. What would recovery look like if it were designed for your actual brain capacity rather than an idealized neurotypical brain?

5. Which executive function feels most severely impacted by the combined effect of neurodivergence and substance use?

CHECK YOURSELF · CHECK-IN 2 OF 5

Emotional Regulation & Cognitive Flexibility

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My emotional reactions are often more intense or rapid than the situation warrants
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. Once I am emotionally activated, I cannot calm myself down without external help
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I think in black-and-white terms: things are either perfect or a total failure
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. A single mistake or slip makes me want to abandon my entire recovery effort
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I have difficulty adjusting my plans when circumstances change unexpectedly
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I use substances primarily to manage emotions I could not regulate on my own
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I get stuck in rumination loops — replaying the same thought or worry without resolution
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. When my recovery routine is disrupted, I have difficulty adapting and feel completely derailed
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 2: The Knowing-Doing Gap Inventory

When you know exactly what to do and still can't make it happen

Knowing is not the problem

You probably could teach a class on what recovery requires. The trouble is the space between knowing and doing. People who don't understand executive dysfunction call that space laziness or denial. It is usually neither. It is a breakdown at a specific point: starting, remembering, planning, or following through. When you can name where the task breaks, you can build support at that exact point.

Going to meetings

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Calling my sponsor or support person

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Working the steps or assignments

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Taking medication as prescribed

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Keeping a regular sleep schedule

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Staying away from people and places I used with

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Asking for help before things get bad

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Eating regularly and moving my body

How important do I believe this is?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Essential

How often do I actually do it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Every time

Where does it break down?

☐ Starting ☐ Remembering ☐ Planning it ☐ Following through ☐ Switching from something else ☐ Feeling overwhelmed ☐ Losing track of time ☐ Not noticing I skipped it

What would make this easier at that exact point? (An alarm, a ride, a smaller first step, someone to do it with)

Closing the Gap

1. Where is your biggest gap between the two ratings? What is that gap costing you?

2. Which breakdown point showed up most often across all eight tasks?

3. How have you explained this gap to yourself in the past? How would you explain it now?

4. Which one fix will you try first this week, and on which task?

YOUR EXERCISE

Exercise 7: Cognitive Flexibility Training

Plan B, the middle ground, and switching gears

When the plan breaks

A rigid brain has one plan. When that plan breaks, it has nothing, and nothing is a dangerous place in early recovery. Rigid thinking also shows up as all-or-nothing: one missed meeting means the week is ruined, one slip means recovery is over. Flexibility is a skill you can practice: preparing a second and third plan, finding the middle ground, and getting better at switching from one thing to the next.

Where I Get Stuck

- ☐ When plans change last minute ☐ Switching from one task to another ☐ Seeing another person's point of view ☐ Admitting I was wrong ☐ All-or-nothing thinking ☐ Trying the same thing that isn't working ☐ Getting going again after a setback

A recent time rigid thinking hurt me or my recovery:

Plan A, B, C

My usual meeting is canceled.

Plan B:

Plan C:

I call my sponsor during a craving and there is no answer.

Plan B:

Plan C:

Travel or a schedule change wipes out my routine for a week.

Plan B:

Plan C:

A strong craving hits at work, where I can't leave.

Plan B:

Plan C:

A situation of my own, with Plans A, B, and C:

Finding the Middle Ground

Write an all-or-nothing thought you have had, then rewrite it in a way that is still honest but leaves room to keep going.

All-or-nothing thought 1:

"I missed my meeting, so the whole week is shot."

The middle-ground version:

"I missed one meeting. I can go tomorrow or call my sponsor tonight."

All-or-nothing thought 2:

"I missed my meeting, so the whole week is shot."

The middle-ground version:

"I missed one meeting. I can go tomorrow or call my sponsor tonight."

All-or-nothing thought 3:

"I missed my meeting, so the whole week is shot."

The middle-ground version:

"I missed one meeting. I can go tomorrow or call my sponsor tonight."

Switching Gears

Transitions that are hardest for me (waking up, leaving the house, stopping a game or show, starting work):

A short transition ritual I can use (a five-minute warning alarm, standing up and stretching, saying out loud what's next):

YOUR EXERCISE

Exercise 9: Executive Shame Reframe

From "lazy" to accurate

The wrong label

When someone can't get started, forgets the plan, or loses track of time, the easy explanation is a character flaw: lazy, careless, doesn't care. Many people with executive dysfunction have heard those words for years, and many came to believe them. Shame makes executive function worse, and it is one of the strongest pulls back toward using. A reframe is not an excuse. It is an accurate description that points toward a fix instead of toward hiding.

Be gentle with yourself here

If this brings up thoughts that you are worthless or that people would be better off without you, reach out to someone today. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

The Labels

Words I have been called, or call myself:

- ☐ Lazy ☐ Unmotivated ☐ Irresponsible ☐ Careless ☐ Doesn't care ☐ Flaky ☐ In denial ☐ Not trying
☐ Hopeless ☐ A mess

Where these labels came from, and how they have affected my recovery:

Reframe 1

What happened (a missed meeting, an unfinished task, a forgotten promise):

What I told myself about it:

Which skills were actually involved?

- ☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

The accurate reframe (what happened in my brain, without calling myself names):

What I am responsible for now (an apology, a make-up, a support to put in place):

How much shame do I feel about this after reframing it?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Overwhelming

Reframe 2

What happened (a missed meeting, an unfinished task, a forgotten promise):

What I told myself about it:

Which skills were actually involved?

- ☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

The accurate reframe (what happened in my brain, without calling myself names):

What I am responsible for now (an apology, a make-up, a support to put in place):

How much shame do I feel about this after reframing it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Overwhelming

Reframe 3

What happened (a missed meeting, an unfinished task, a forgotten promise):

What I told myself about it:

Which skills were actually involved?

☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

The accurate reframe (what happened in my brain, without calling myself names):

What I am responsible for now (an apology, a make-up, a support to put in place):

How much shame do I feel about this after reframing it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Overwhelming

Reframe 4

What happened (a missed meeting, an unfinished task, a forgotten promise):

What I told myself about it:

Which skills were actually involved?

☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

The accurate reframe (what happened in my brain, without calling myself names):

What I am responsible for now (an apology, a make-up, a support to put in place):

How much shame do I feel about this after reframing it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Overwhelming

A New Way to Talk to Myself

What I would say to a friend in recovery who struggled with the same things I do:

A sentence I will use the next time I start calling myself lazy or hopeless:

One safe person I could talk to about this:

PART 3 OF 4 · READING

The Decision Machine Is Broken: Impulsivity, Choice, and Relapse

Every act of recovery is a decision. Every day, multiple times a day, the recovering person is making choices: to go to a meeting or stay home, to call a sponsor or ignore the phone, to use a coping skill or pick up the substance, to tell the truth or lie, to stay in treatment or leave.

Recovery is, at its core, a continuous stream of decisions — and each decision requires a functioning executive system to evaluate options, predict consequences, compare short-term impulses against long-term goals, and select the response that serves recovery rather than addiction.

When executive dysfunction impairs the decision-making machinery, several things go wrong simultaneously:

****First, the evaluation of options is degraded.****

The prefrontal cortex should weigh the pros and cons of each option, but in executive dysfunction, this process is incomplete, biased toward immediate reward, or simply too slow to complete before the impulse has already become action.

The person does not make a bad decision — they make no decision at all. The action precedes the deliberation.

****Second, consequence prediction fails.****

A functioning prefrontal cortex can simulate the future — "If I use tonight, tomorrow I will feel X, my partner will do Y, my recovery will be Z."

This simulation requires working memory (holding multiple variables in mind), time awareness (connecting now to later), and emotional forecasting (pre-experiencing the emotional consequences).

When these executive functions are impaired, the future is not a simulation — it is a blank. Only the present moment exists with any emotional weight, and in the present moment, the craving is the loudest signal.

****Third, the comparison between short-term impulse and long-term goal breaks down.****

This comparison is called "delay discounting" in neuroscience — the tendency to devalue rewards that are distant in time.

Executive dysfunction dramatically increases delay discounting: the immediate reward (the substance) is experienced at full value, while the delayed reward (sustained recovery) is discounted to near-zero.

It is not that the person does not value recovery. It is that the executive machinery needed to make the abstract future outweigh the concrete present is not available.

****Where Impulsivity and Decision-Making Converge:****

Impulsivity is not just "acting fast" — it is acting without the executive process that would normally intervene between stimulus and response.

The craving appears. The executive system that should evaluate, predict, compare, and select is offline. The craving converts directly into behavior.

The person "decides" to use the way a reflex "decides" to withdraw from heat — not through deliberation but through automatic, unmediated neural response.

****What This Means for Recovery:****

Relapse prevention strategies built around better decision-making are necessary but insufficient for the person with executive dysfunction. You cannot make better decisions with a broken decision machine.

You must first address the machine:

- Externalize the decision-making process (pre-made decisions, commitments made in advance)
- Modify the environment to reduce decision load (remove substances, avoid triggers, simplify daily choices)
- Strengthen the executive system through targeted interventions (medication, exercise, sleep, nutrition, cognitive training)
- Build external support structures that function as prosthetic executive function (sponsors, accountability partners, structured programs, alarms, routines)

The goal is not to become a person who makes perfect decisions under pressure. The goal is to build a life that requires fewer high-stakes decisions under pressure — because the decisions have already been made, the environment has been engineered, and the support systems are in place.

Reflection Questions

1. Can you identify a specific relapse or near-relapse where the "decision machine" failed — where you acted before any evaluation, prediction, or comparison occurred?

2. How does delay discounting operate in your experience? Does the future feel emotionally real to you, or does only the present moment carry weight?

3. What recovery decisions feel most vulnerable to executive failure? Where in your daily life is the decision load highest and the executive support lowest?

4. What decisions could you pre-make (commit to in advance) so you don't have to rely on in-the-moment executive function during high-risk situations?

5. How would building "prosthetic executive function" (external support structures) change your recovery experience?

CHECK YOURSELF · CHECK-IN 3 OF 5

Task Initiation & Response Inhibition

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I frequently know what I need to do but cannot make myself start doing it
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I act on impulses before I have time to think about the consequences
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Starting recovery activities feels like pushing through an invisible wall
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have relapsed in moments where I acted before I consciously decided to use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I procrastinate on important recovery tasks even when I know they are urgent
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I blurt things out, make snap decisions, or take impulsive action and regret it afterward
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. The gap between knowing what to do and doing it feels impossibly wide
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. People have told me I am impulsive, reactive, or that I act without thinking
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 3: Decision Autopsy Journal

How a decision got made, or skipped

The decision that never happened

A good decision has steps: stop, notice the choices, picture what each one leads to, and pick. When executive function is under strain, those steps can get skipped entirely. You act first and find out later that a decision was made. Looking back at real decisions, especially the ones that went badly, shows which step dropped out. Then you can decide some things ahead of time, so the in-the-moment brain doesn't have to.

Decision 1

The decision or action (what I did):

How did it get made?

☐ In a split second ☐ Without really thinking ☐ I thought about it but ignored my own answer ☐ I planned it ☐ Someone else pushed it

What state was I in?

☐ Tired ☐ Hungry ☐ Stressed ☐ Bored ☐ Lonely ☐ Angry ☐ Overwhelmed ☐ Rushed ☐ Excited ☐ Ashamed

What other choices did I have? (List them now, even if I didn't see them then)

What did I expect would happen? What actually happened?

Which skills dropped out?

☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

A decision I could make ahead of time that would have covered this:

Decision 2

The decision or action (what I did):

How did it get made?

- ☐ In a split second ☐ Without really thinking ☐ I thought about it but ignored my own answer ☐ I planned it ☐ Someone else pushed it

What state was I in?

- ☐ Tired ☐ Hungry ☐ Stressed ☐ Bored ☐ Lonely ☐ Angry ☐ Overwhelmed ☐ Rushed ☐ Excited ☐ Ashamed

What other choices did I have? (List them now, even if I didn't see them then)

What did I expect would happen? What actually happened?

Which skills dropped out?

- ☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

A decision I could make ahead of time that would have covered this:

Decision 3

The decision or action (what I did):

How did it get made?

- ☐ In a split second ☐ Without really thinking ☐ I thought about it but ignored my own answer ☐ I planned it ☐ Someone else pushed it

What state was I in?

- ☐ Tired ☐ Hungry ☐ Stressed ☐ Bored ☐ Lonely ☐ Angry ☐ Overwhelmed ☐ Rushed ☐ Excited ☐ Ashamed

What other choices did I have? (List them now, even if I didn't see them then)

What did I expect would happen? What actually happened?

Which skills dropped out?

- ☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

A decision I could make ahead of time that would have covered this:

Decision 4

The decision or action (what I did):

How did it get made?

☐ In a split second ☐ Without really thinking ☐ I thought about it but ignored my own answer ☐ I planned it ☐ Someone else pushed it

What state was I in?

☐ Tired ☐ Hungry ☐ Stressed ☐ Bored ☐ Lonely ☐ Angry ☐ Overwhelmed ☐ Rushed ☐ Excited ☐ Ashamed

What other choices did I have? (List them now, even if I didn't see them then)

What did I expect would happen? What actually happened?

Which skills dropped out?

☐ Getting started ☐ Holding it in mind ☐ Managing emotions ☐ Planning ☐ Time ☐ Shifting gears ☐ Noticing myself

A decision I could make ahead of time that would have covered this:

My Pre-Made Decisions

These are decisions you make now, while calm, so you are not deciding from scratch in a risky moment. Write them clearly, share them with someone, and keep them where you can see them.

If someone offers me a drink or drug, I will:

If I have a strong craving, I will:

If I have an empty evening or weekend with no plan, I will:

If I get paid or come into money, I will:

If an old using friend contacts me, I will:

Big decisions (moving, quitting a job, a new relationship) I will not make until I have talked to:

PART 4 OF 4 · READING

Building the Scaffold: Recovery Engineered for Executive Dysfunction

If executive dysfunction is the core vulnerability that links neurodivergence to addiction, then the central task of recovery is building what might be called an "executive scaffold" — an external support structure that performs the executive functions that the brain cannot reliably perform on its own.

This is not a crutch. It is a prosthetic. Just as a person with impaired vision uses glasses and a person with impaired mobility uses a wheelchair, a person with impaired executive function uses external structures to compensate for internal capacity that is not available.

There is no shame in this. There is only the practical recognition that your brain works differently and your recovery must be designed accordingly.

****The executive scaffold has six components:****

****1. Externalized Memory****

The recovery plan, daily commitments, coping strategies, reasons for sobriety, and emergency contacts cannot live in your head — working memory is too unreliable.

They must exist physically: on your phone, on your wall, in your wallet, on your mirror, set as alarms, texted to your accountability partner.

The rule is simple: if it is only in your head, it does not exist. Anything important enough to remember must be externalized.

****2. Environmental Engineering****

Your physical, digital, and social environments must be designed to reduce executive demand and support recovery automatically.

Remove substances from the home. Change the route that passes the liquor store. Delete the dealer's number. Block the social media accounts that trigger craving. Set up your phone with recovery apps on the home screen. Place visual reminders in high-risk locations.

Structure your environment so that the path of least resistance leads toward recovery, not toward relapse. You are designing for the moment when your executive function fails — because it will fail — and the environment needs to catch you.

****3. Routine Automation****

Decisions deplete executive resources. Every decision you can eliminate by converting it to an automatic routine preserves executive capacity for the decisions that really matter.

Fixed wake time. Fixed meeting schedule. Fixed meal times. Fixed evening routine. Fixed check-in times with sponsor.

The goal is to automate as much of daily recovery as possible so that it runs on routine rather than requiring daily executive effort to initiate and maintain.

****4. Chunking and Simplification****

Recovery programs were not designed for executive dysfunction. The 12 Steps, treatment protocols, and aftercare plans are complex, multi-step, abstract processes that overwhelm the planning and sequencing capacity of the executive-impaired brain.

These programs must be broken into the smallest possible actionable units — one step at a time, one day at a time, one task at a time.

The phrase "one day at a time" is not just a platitude for the executive-dysfunctional person — it is a literal cognitive accommodation.

****5. Accountability and External Monitoring****

Self-monitoring is an executive function, and when it is impaired, you need other people to perform the monitoring function.

Sponsors, therapists, accountability partners, sober living staff, recovery coaches — these are not just emotional supports. They are external monitoring systems that detect drift, warning signs, and behavioral changes that the person's own impaired self-monitoring cannot detect.

****6. Dopamine Rehabilitation****

Executive function runs on dopamine and norepinephrine. The executive-dysfunctional brain — whether from neurodivergence, substance damage, or both — is running on inadequate neurochemical fuel.

Recovery must include systematic dopamine rehabilitation:

- Vigorous daily exercise (the single most evidence-based non-pharmaceutical intervention for executive function)
- Adequate sleep (sleep deprivation devastates prefrontal function)
- Nutrition (protein, complex carbohydrates, and micronutrients that support neurotransmitter production)
- Social connection (a natural dopamine source)
- Potentially medication (ADHD medication, when appropriate, directly addresses prefrontal dopamine deficiency)

The scaffold is not a sign of weakness. It is an engineering solution to a neurological problem. And it is the difference between recovery that relies on an unreliable brain and recovery that is built to succeed despite that unreliability.

Reflection Questions

1. Which of the six scaffold components (externalized memory, environmental engineering, routine automation, chunking, accountability, dopamine rehabilitation) is most absent from your current recovery?

2. What does your environment currently look like? Does it support recovery automatically, or does it require constant executive effort to navigate safely?

3. How much of your daily recovery runs on routine versus requiring fresh executive effort each day? Where could automation replace decision-making?

4. Who in your life currently serves as an external monitor? Is that monitoring sufficient, or do you need more?

5. What is your current dopamine rehabilitation plan? Exercise, sleep, nutrition, social connection, medication — how many of these are actively part of your recovery?

CHECK YOURSELF · CHECK-IN 4 OF 5

Planning, Organization & Time Management

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My living space, schedule, and daily life feel chronically disorganized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I struggle to break my recovery goals into manageable, actionable steps

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I am chronically late to meetings, appointments, and commitments
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have difficulty estimating how long tasks will take and consistently run out of time
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. My recovery plan feels vague or overwhelming rather than structured and clear
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. "I'll do it tomorrow" is a phrase I use frequently — and tomorrow rarely comes
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I live in reactive mode, moving from crisis to crisis rather than following a plan
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Multi-step processes feel impossibly complex
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 5 OF 5**Self-Monitoring & Self-Evaluation**

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I often do not realize I am in emotional distress until the situation has already escalated
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have difficulty tracking my own progress in recovery
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I miss my own relapse warning signs and am surprised when cravings or relapse occur
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have difficulty assessing the quality or accuracy of my own decisions in the moment
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I am often unaware of how my behavior is affecting the people around me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I do not have a regular self-check-in practice and rarely pause to ask myself "how am I doing?"
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I struggle to learn from past mistakes because I do not accurately remember what led to them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Others have noticed changes in my mood or behavior before I notice them myself
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE**Exercise 5: Building Your Executive Scaffold**

Support on the outside while the inside heals

Scaffolding is not cheating

When a building is going up or being repaired, scaffolding holds it steady from the outside. Nobody calls that weakness. When your executive function is strained, external support does the same job: calendars remember for you, routines decide for you, and people notice for you. The more of your recovery runs on scaffolding, the less it depends on willpower in the moment.

Externalized memory

Nothing important lives only in your head.

How much of this do I have in place now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

☐ Phone calendar with alarms ☐ Paper planner ☐ Whiteboard at home ☐ Sticky notes where I'll see them ☐ One running notes app ☐ Recovery phone list

Exactly what I will set up, and by when:

Environmental engineering

Your surroundings make the right choice easy and the wrong choice hard.

How much of this do I have in place now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

☐ Block old contacts ☐ Keys, wallet, and phone in one spot ☐ Gym bag packed by the door ☐ Avoid old routes ☐ Limit cash

Exactly what I will set up, and by when:

Routine automation

The same things at the same times, so they stop needing a decision.

How much of this do I have in place now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

- ☐ Fixed wake-up time ☐ Same meeting days every week ☐ Morning checklist ☐ Evening checklist ☐ Meal times ☐ Medication with a daily habit

Exactly what I will set up, and by when:

Chunking

Big tasks broken into small, clear first steps.

How much of this do I have in place now?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

- ☐ Write the first tiny step ☐ 15-minute work blocks ☐ One task on the list at a time ☐ Checklists for multi-step tasks ☐ Ask someone to help break it down

Exactly what I will set up, and by when:

Accountability

Other people who notice and check in.

How much of this do I have in place now?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

- ☐ Daily sponsor call ☐ Text check-in with a friend ☐ Regular counselor sessions ☐ Body double for hard tasks ☐ Home group

Exactly what I will set up, and by when:

Dopamine rehabilitation

Rebuilding the brain's motivation system through the basics.

How much of this do I have in place now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Fully in place

Supports I will use:

☐ Regular exercise ☐ Sleep schedule ☐ Regular meals ☐ Time with people ☐ Time outside ☐ Talk to my prescriber about medication

Exactly what I will set up, and by when:

Chunking Practice

Pick one recovery task you have been putting off because it feels too big (a step, a phone call, paperwork, a hard conversation). Break it into steps small enough to do in 15 minutes or less.

The task I have been avoiding:

Step 1:

Step 2:

Step 3:

Step 4:

Step 5:

When I will do step 1 (day and time):

YOUR EXERCISE

Exercise 6: Recovery Routine Engineer

Turn recovery into habits that run without a daily decision

Hook it to something you already do

Every decision uses up executive energy. A routine removes the decision. The most reliable way to build one is to attach a new habit to something you already do without thinking: after I pour my coffee, I read the daily meditation. After I park at work, I text my sponsor. Each routine also needs a bad-day version, the smallest piece you will do even when everything goes wrong.

Morning

Habit link 1: "After I ___, I will ___."

Habit link 2: "After I ___, I will ___."

Habit link 3: "After I ___, I will ___."

The alarm, note, or cue that starts this routine:

Bad-day version (the smallest piece I will do no matter what):

How likely am I to follow this routine this week?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Certain

Midday

Habit link 1: "After I ___, I will ___."

Habit link 2: "After I ___, I will ___."

Habit link 3: "After I ___, I will ___."

The alarm, note, or cue that starts this routine:

Bad-day version (the smallest piece I will do no matter what):

How likely am I to follow this routine this week?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Certain

Evening

Habit link 1: "After I ___, I will ___."

Habit link 2: "After I ___, I will ___."

Habit link 3: "After I ___, I will ___."

The alarm, note, or cue that starts this routine:

Bad-day version (the smallest piece I will do no matter what):

How likely am I to follow this routine this week?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Certain

Weekends and days off

Habit link 1: "After I ___, I will ___."

Habit link 2: "After I ___, I will ___."

Habit link 3: "After I ___, I will ___."

The alarm, note, or cue that starts this routine:

Bad-day version (the smallest piece I will do no matter what):

How likely am I to follow this routine this week?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Certain

Test and Adjust

Try your routines for one week. Then come back and adjust. A routine that fails is information, not proof you can't do routines.

1. Which habit links worked without much effort?

2. Which ones broke, and at what point (forgot, no cue, took too long, the day was different)?

3. How often did you need the bad-day version? Did it keep the routine alive?

4. What will you change for next week?

YOUR EXERCISE

Exercise 8: Self-Monitoring System Builder

Catching the drift before it becomes a slide

A dashboard for recovery

Relapse rarely comes out of nowhere. There is usually a drift first: less sleep, skipped meetings, rising cravings, more irritability. When self-monitoring is weak, you don't notice the drift until you are far down the road. A simple daily check, written down, and a few people who are allowed to tell you what they see, act like the gauges on a dashboard.

What I Will Track

☐ Mood ☐ Cravings ☐ Sleep ☐ Meetings ☐ Sponsor contact ☐ Medication ☐ Meals ☐ Exercise ☐ Stress ☐ HALT (hungry, angry, lonely, tired)

When each day I will do my check (tie it to a habit and set an alarm):

My Outside Monitors

Other people can see changes in you before you can. Choose people who are safe and supportive, and tell them what to watch for.

Who I am asking to watch for signs of drift:

What I am asking them to watch for:

What I want them to say or do if they notice it:

7-Day Check-In Log

☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4 ☐ Day 5 ☐ Day 6 ☐ Day 7

Day 1

Mood

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Very low 10 = Great

Cravings

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Intense

Sleep last night

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Terrible 10 = Great

Recovery basics I did today:

☐ Meeting ☐ Called sponsor ☐ Medication ☐ Ate regular meals ☐ Moved my body ☐ Followed my routine ☐ Asked for help

One thing I noticed about myself today:

Week Review

1. Looking at the seven days, what patterns do you see between sleep, mood, and cravings?

2. Which recovery basics slipped first on the harder days?

3. Did any of your outside monitors notice something you didn't?

4. What is your personal "yellow light," the sign that should make you reach out right away?

YOUR EXERCISE

Exercise 10: EF-Informed Recovery Action Plan

A recovery plan built around how your brain actually works

One page, always visible

This plan pulls together the most useful pieces of the other nine exercises. Keep it short. A plan too long to read is a plan that won't get used. Put it somewhere you will see every day, give a copy to your sponsor or counselor, and put a review date on your calendar with an alarm.

My Brain

My three hardest executive function areas (Exercise 1):

My strengths to lean on:

My biggest knowing-doing gap, and the fix I'm using (Exercise 2):

My Scaffold and Routines

The supports I have in place (calendar, alarms, environment, people):

My morning and evening routines, including the bad-day versions (Exercise 6):

My high-risk hours and what I have scheduled into them (Exercise 4):

Decisions Already Made

My most important pre-made decisions (Exercise 3):

My Plan B for when my routine breaks (Exercise 7):

Monitoring and Warning Signs

My warning signs:

- ☐ Routines falling apart ☐ Ignoring alarms and calendar ☐ Missing meetings ☐ Sleep getting worse
- ☐ Cravings rising ☐ Piles of unfinished tasks ☐ Calling myself lazy again ☐ Avoiding my monitors ☐ Big decisions made fast

When I see two or more, I will:

My outside monitors and how to reach them:

Treatment and Brain Care

- ☐ Ask my treatment team about an evaluation ☐ Tell my counselor about these struggles ☐ Talk to my prescriber ☐ Protect my sleep ☐ Regular exercise ☐ Regular meals ☐ Time with people ☐ Look into coaching or skills groups

The first step I'll take, and when:

Commitment

"I am not lazy and I am not hopeless. My brain needs support, and I will build it by ____."

Where this plan will live so I see it every day:

I will review this plan with ____ on ____ (date, with an alarm set):
