

Routine, Consistency & Accountability

Build sustainable recovery habits

Printable worksheet · 10 parts

Name _____ Date _____

Establishing Routine, Consistency & Accountability

Building the Structure That Sustains Recovery

The Recovery Files — Interactive Reading, Self-Assessment & Worksheet

Reading Sections

Self-Assessment

Activities & Exercises

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PART 1 OF 10

Why Routine, Consistency & Accountability Matter in Recovery

Recovery from substance use disorder is not a single dramatic moment — it is a daily practice. The decision to get sober may happen in an instant, but the process of staying sober unfolds one day at a time, one choice at a time, one routine at a time. This is why establishing routine, consistency, and accountability isn't just helpful in early recovery — it is foundational.

Without structure, the newly sober mind reverts to the patterns it knows best, and those patterns led to active addiction. During active addiction, your life may have been chaotic on the surface, but underneath that chaos was a deeply entrenched routine — the routine of obtaining, using, and recovering from substances. Your brain became wired to organize daily life around that cycle. When substances are removed, a vacuum appears — not just in what you do with your time, but in how your brain organizes the day. This vacuum is one of the most dangerous periods in early recovery because an unstructured mind is a vulnerable mind.

Research consistently shows that individuals who establish structured daily routines in the first 90 days of recovery are significantly more likely to achieve sustained sobriety. This isn't coincidental. Routine provides predictability in a period of enormous internal uncertainty. When your emotions are volatile, when cravings hit unexpectedly, when the world feels overwhelming — a schedule gives you the next right thing to do. You don't have to figure out your entire life. You just have to do what's next on your schedule.

Consistency transforms intention into habit. You may intend to attend meetings, exercise, call your sponsor, and practice self-care — but without consistent follow-through, intentions remain wishes. Neuroscience tells us that consistent repetition of healthy behaviors literally rewires neural pathways, creating new default patterns that compete with and eventually override the neural highways of addiction. Every time you show up to a meeting on schedule, every time you follow your morning routine, every time you make the call you committed to making, you are physically rebuilding your brain.

Accountability is the bridge between what you say and what you do. In active addiction, the gap between words and actions often grew enormous — promises were made and broken, commitments were forgotten, and the concept of being answerable to others eroded completely. Recovery requires rebuilding that bridge, and accountability is how you do it. When someone else knows your plan and is checking in on your follow-through, the cost of abandoning the plan increases, and so does your motivation to stick with it.

Reflection Questions

1. What was your daily routine like during active addiction? How much of your day was organized around substances?

2. What does "unstructured time" feel like for you right now? What emotions or thoughts come up?

3. What is the difference between the kind of routine you had in addiction and the routine you need in recovery?

4. How has isolation contributed to your substance use? What would it look like to let someone into your recovery process?

5. What is one thing from this reading that challenges how you have been approaching your recovery so far?

PART 2 OF 10

Creating a Recovery-Centered Schedule

Creating a daily or weekly schedule that prioritizes meeting attendance and other recovery-related activities is one of the most powerful tools available to you in early recovery. This is not about filling every minute with obligations — it is about intentionally designing your days so that recovery activities occupy the prime real estate of your time and energy.

The principle is simple but counterintuitive for many people: in early recovery, everything else in your life needs to work around your recovery, not the other way around. Your meeting schedule is not something you fit in around work, family obligations, and errands. Your meeting schedule is the anchor around which everything else is organized. This may feel extreme, but consider the alternative: during active addiction, your substance use was the organizing principle of your life. Everything worked around obtaining and using. Recovery deserves at least the same priority that addiction demanded.

When building your schedule, start with your non-negotiable recovery activities — regular meeting attendance, therapy appointments, sponsor check-ins, and any medication management. These go on the calendar first, in ink, not pencil. Then build in your essential life responsibilities — work, childcare, necessary appointments. Then add recovery-supportive activities — exercise, meditation, journaling, fellowship time, healthy meal preparation. Finally, and only finally, add discretionary activities.

A recovery-centered schedule also accounts for the dangerous "gap times" — those unstructured periods where boredom, restlessness, or old thinking patterns are most likely to surface. For many people, early evenings, weekends, and holidays are particularly high-risk times. Your schedule should have intentional plans for these periods, even if the plan is simply "call someone in my support network and ask how they're doing."

Be specific rather than vague. Instead of "exercise sometime today," write "walk in the park at 7:00 AM." Instead of "go to a meeting this week," write "attend the Monday 6:00 PM meeting at Main Street." Specificity reduces the number of decisions you need to make in the moment — and every decision you can eliminate is one less opportunity for the addicted brain to talk you out of doing the right thing.

Remember that your schedule will need regular revision. Recovery is dynamic, and what works in your first week may not serve you in your third month. The key is to maintain the principle of recovery-first scheduling while remaining flexible enough to adapt as your life and your recovery evolve.

Reflection Questions

1. If you were honest, is your recovery currently organized around your life, or is your life organized around your recovery? What needs to change?

2. What are your personal "gap times" — the unstructured hours when you are most vulnerable to old thinking?

3. What activities or obligations are currently competing with your recovery schedule? How can you resolve those conflicts?

4. How does the concept of putting recovery activities "in ink, not pencil" feel to you? What resistance comes up?

5. Describe your ideal recovery-centered day from waking to sleeping. What stands between you and actually living that day?

CHECK YOURSELF · CHECK-IN 1 OF 4

Current Routine & Structure

Scale: 1 = Strongly disagree · 2 = Disagree · 3 = Neutral · 4 = Agree · 5 = Strongly agree

1. I have a consistent daily routine that I follow most days

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I wake up and go to bed at approximately the same time each day

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have designated times in my schedule specifically for recovery activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. My days have predictable structure even on weekends and days off

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I plan my day in advance rather than making it up as I go

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I prioritize my recovery schedule over non-essential activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have a morning routine that sets a positive tone for my day

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have structured plans for evening hours when I am most vulnerable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PART 3 OF 10

Setting SMART Recovery Goals & Tracking Progress

Setting specific, measurable goals related to meeting attendance and recovery progress — and tracking your adherence to these goals — transforms vague aspirations into concrete achievements. The difference between "I want to attend more meetings" and "I will attend five meetings per week for the next 30 days" is the difference between a wish and a plan.

The SMART goal framework is particularly effective in recovery because it addresses the tendency toward both grandiose thinking and defeatist minimalism that characterize early recovery. SMART goals are Specific (clearly defined), Measurable (you can track them), Achievable (challenging but realistic), Relevant (connected to your recovery), and Time-bound (with a clear deadline).

For meeting attendance specifically, SMART goals might look like: "I will attend at least one meeting per day for the next 90 days" or "I will attend my home group meeting every Wednesday at 7:00 PM for the next month" or "I will try three new meetings in different formats over the next two weeks." Each of these goals can be clearly tracked — you either attended or you didn't, and the numbers don't lie.

Beyond meeting attendance, recovery goals should span multiple domains of life that have been affected by addiction. These might include physical health goals (exercise frequency, nutrition improvements, sleep hygiene), relationship goals (amends progress, honest conversations, boundary setting), professional goals (showing up to work on time, meeting commitments), spiritual goals (meditation practice, prayer, service work), and personal development goals (reading, skill-building, hobby engagement).

Tracking is where transformation becomes visible. When you can look at a chart and see that you attended 28 out of 30 days of meetings, you have concrete evidence that you are doing the work. When you can review your journal and see that your emotional awareness has deepened over the past month, you have proof of growth that you can't gaslight yourself out of. In early recovery, when the internal voice of addiction is still loud and persuasive, external evidence of progress is invaluable.

The act of tracking also builds the metacognitive skill of self-observation — the ability to watch yourself from a slight distance and notice patterns. You may notice that your meeting attendance drops on weekends, that your mood dips after contact with certain people, or that your commitment to self-care practices diminishes during stressful work periods. These patterns are not failures — they are data, and data is what allows you to make adjustments rather than simply reacting.

One critical note: tracking is a tool for awareness, not punishment. If you miss a meeting or fall short of a goal, the appropriate response is curiosity, not shame. What happened? What was going on internally? What can you adjust? Recovery progress is not a straight line, and the goal of tracking is to help you understand your trajectory, not to give your inner critic ammunition.

Reflection Questions

1. What goals have you set for your recovery so far? Were they specific and measurable, or vague aspirations?

2. How do you typically react when you fall short of a goal — with curiosity or with shame? How might that reaction itself affect your recovery?

3. What patterns have you noticed in your meeting attendance or recovery practices? Are there predictable dips?

4. How would it feel to have concrete, visible evidence of your recovery progress? What would that evidence look like?

5. Write one SMART goal for your meeting attendance for the next 30 days.

CHECK YOURSELF · CHECK-IN 2 OF 4

Consistency in Recovery Practices

Scale: 1 = of

I attend meetings consistently rather than only when I feel like it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I follow through on commitments I make to myself and others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I maintain my recovery practices even when I am tired or not in the mood

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have attended meetings regularly over the past 30 days
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I contact my support network on a regular basis rather than only in crisis
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I practice self-care activities (exercise, nutrition, sleep) consistently
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I show up on time for meetings, appointments, and commitments
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I am consistent in my therapy or counseling attendance
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PART 4 OF 10

Building Accountability Through Relationship

Sharing your meeting attendance and recovery commitments with a sponsor, therapist, or trusted support person creates a powerful layer of accountability that dramatically increases follow-through. This is not about surveillance or judgment — it is about inviting another human being into your recovery process so that you are not carrying the weight alone.

In active addiction, isolation was both a cause and a consequence of the disease. You isolated to use, and using caused further isolation. Secrets and hidden behaviors were the architecture of active addiction. Accountability in recovery is the direct antidote to this pattern. When you tell another person "I'm going to attend three meetings this week and I want you to check in with me about it," you are doing something radical — you are voluntarily dismantling the secrecy and isolation that addiction requires to survive.

The science behind accountability is straightforward: when we make a commitment only to ourselves, we have a roughly 65% chance of following through. When we make that same commitment to another person and schedule a specific check-in, our follow-through rate jumps to 95%. This isn't about willpower — it's about the fundamental human need for connection and the powerful motivating force of not wanting to disappoint someone who cares about us.

Effective accountability relationships have several key characteristics. First, they require honesty — complete, uncomfortable, no-excuses honesty. If you missed a meeting, you say "I missed a meeting," not "something came up." If you had a craving you didn't share with anyone, you disclose it. The value of accountability evaporates the moment you start managing the information your accountability partner receives.

Second, the best accountability relationships are reciprocal. While a sponsor or therapist provides a specific kind of professional accountability, peer accountability — where you are also supporting someone else's commitments — creates a powerful dynamic of mutual investment. You show up not just for yourself, but because someone else is counting on your example and support.

Third, accountability needs to be structured, not random. "Let me know if you need anything" is not accountability. "I will call you every evening at 8:00 PM and we will each share whether we made it to our meeting that day" is accountability. Specific check-in times, specific questions to answer, specific consequences for falling off track — these are the structural elements that make accountability functional rather than aspirational.

Fourth, accountability must be distinguished from codependency. A healthy accountability partner holds you to your own commitments with compassion and firmness. They don't rescue you, make excuses for you, or take responsibility for your choices. They reflect your own stated goals back to you and ask you to reconcile your actions with your intentions. This is one of the most loving things another human being can do for someone in recovery.

Reflection Questions

1. Who currently knows the full truth about your recovery efforts — the successes and the gaps? If nobody, why?

2. What is the difference between accountability and surveillance? How can you tell when accountability is healthy versus controlling?

3. What is your relationship with honesty right now? Where do you find yourself managing information or curating your image?

4. Describe a time when being held accountable by someone actually helped you. What made it effective rather than punishing?

5. What would it feel like to call someone tonight and share exactly where you are in your recovery — no editing, no spin?

CHECK YOURSELF · CHECK-IN 3 OF 4

Accountability & Transparency

Scale: 1 = of

I have at least one person who holds me accountable for my recovery commitments

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I am honest with my support network about my attendance and progress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I report my struggles and setbacks rather than hiding them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have a sponsor or mentor who I check in with regularly
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I allow others to challenge me when my behavior contradicts my stated goals
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I share my recovery schedule with someone who follows up with me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I am willing to be uncomfortable in the service of honesty
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I accept feedback about my recovery without becoming defensive
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PART 5 OF 10

Contingency Planning: Protecting Recovery Under Pressure

Developing a contingency plan for maintaining meeting attendance and recovery efforts during times of stress, transition, or temptation is not pessimism — it is wisdom. The question in recovery is never "will challenges arise?" but "when challenges arise, what will I do?" A contingency plan is your answer to that question, written down in advance when your thinking is clear and your commitment is strong.

Stress, transition, and temptation are the three horsemen of relapse, and each attacks recovery in a different way. Stress depletes the emotional and cognitive resources needed to make healthy choices. Transition disrupts the routines that provide structure and predictability. Temptation offers the seductive lie that "just this once" won't unravel everything you've built. A comprehensive contingency plan addresses all three.

For stress-related challenges, your plan should identify your personal stress triggers (work deadlines, family conflict, financial pressure, health concerns), your early warning signs of stress overload (sleep disruption, irritability, isolating, skipping meals), and your specific response protocol. This protocol might include: "When I notice I've been irritable for two consecutive days, I will add an extra meeting to my weekly schedule, call my sponsor, and reduce any non-essential commitments for the week."

For transition periods — such as changing jobs, moving, ending or beginning relationships, holidays, or returning to work after treatment — your plan should identify which specific aspects of your routine are at risk and have concrete alternatives ready. If your regular Tuesday meeting won't work because of a job change, you should already know which meeting will replace it. If you're visiting family for a holiday and your usual support isn't available, you should have online meeting options identified and phone numbers of people you can call.

For temptation — encounters with people, places, or situations that trigger cravings — your plan should include avoidance strategies (don't go to the old bar, don't keep contact with using friends), escape strategies (have a reason to leave any situation that becomes triggering, keep your car keys accessible), and coping strategies (call your sponsor before making any decisions, attend a meeting within the next hour, use grounding techniques).

The plan should also include what some recovery professionals call "break glass in case of emergency" protocols — the absolute last-resort actions you will take if everything else has failed and you are on the verge of relapse. This might include going to a hospital emergency room, calling a crisis hotline, driving to your sponsor's house, or checking yourself into a sober living environment. Having this plan written down and accessible (in your phone, in your wallet, posted on your refrigerator) means that even in your worst moment, you don't have to think — you just have to follow the plan.

One of the most powerful elements of a contingency plan is the simple act of creating it. The process forces you to think honestly about your vulnerabilities, which itself is a recovery practice. And having the plan gives you confidence — not the false confidence of "I've got this" that

precedes many relapses, but the realistic confidence of "I've planned for this, and I know what to do."

Review and update your contingency plan regularly — at least monthly, or whenever your circumstances change. A plan that doesn't reflect your current reality is a plan that won't work when you need it most.

Reflection Questions

1. What are your top three high-risk situations for relapse? Be specific about people, places, times, and emotions.

2. What are your personal early warning signs that you are drifting from your program?

3. What is your current plan if your regular meeting is unavailable? If you do not have one, what does that tell you?

4. Describe your "break glass in emergency" plan. If you do not have one, write one right now.

5. How does it feel to plan for difficulty? Does part of you resist it as "negative thinking"? How is contingency planning actually an act of faith in your recovery?

CHECK YOURSELF · CHECK-IN 4 OF 4

Contingency Planning & Resilience

Scale: 1 = of

I have identified my personal high-risk situations for relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have a written plan for what to do if my normal routine is disrupted

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I know which meetings I can attend if my regular meeting is unavailable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have emergency contacts I can reach 24/7 if I am struggling

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have planned specifically for how to handle holidays and vacations in recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I can identify my early warning signs that I am drifting from my program

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have strategies for managing stress that do not involve substances

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have a "break glass in emergency" plan for acute crisis moments

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PART 6 OF 10

1. Meeting Attendance Tracker (90-Day)

Meeting Attendance Tracker

90-Day Visual Tracking System

Meetings Logged

90. Days Remaining

Complete

90-Day Progress0%

Meeting Types & Counts

●12-Step (AA/NA/CA)◆SMART Recovery■Therapy/IOP Group▲Skills WorkshopFaith-Based/CRPeer Support○Online Meeting◇Other

Month 1: Days 1-30

Day 1

○

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Day 8

Day 9

Day 10

Day 11

Day 12

Day 13

Day 14

Day 15

Day 16

Day 17

Day 18

Day 19

Day 20

Day 21

Day 22

Day 23

Day 24

Day 25

Day 26

Day 27

Day 28

Day 29

Day 30

Month 2: Days 31-60

Day 31

Day 32

Day 33

Day 34

Day 35

Day 36

Day 37

Day 38

Day 39

Day 40

Day 41

Day 42

Day 43

Day 44

Day 45

Day 46

Day 47

Day 48

Day 49

Day 50

Day 51

Day 52

Day 53

Day 54

Day 55

Day 56

Day 57

Day 58

Day 59

Day 60

Month 3: Days 61-90

Day 61

Day 62

Day 63

Day 64

Day 65

Day 66

Day 67

Day 68

Day 69

Day 70

Day 71

Day 72

Day 73

Day 74

Day 75

Day 76

Day 77

Day 78

Day 79

Day 80

Day 81

Day 82

Day 83

Day 84

Day 85

Day 86

Day 87

Day 88

Day 89

Day 90

Attendance Patterns Reflection

1. What patterns do you notice in your meeting attendance? Are there specific days or weeks where attendance drops?

2. Which type of meeting do you attend most frequently? Is there a reason for this preference?

3. What are the most common reasons you miss meetings? Are they genuine obstacles or excuses?

4. How does your meeting attendance correlate with how you feel emotionally? Do you attend less when struggling or more?

5. What would it take to make your attendance more consistent? What specific barriers need to be addressed?

PART 7 OF 10

2. Recovery Routine Planner

Recovery Routine Planner

Design Your Recovery-Centered Week

Activity Types

Meeting/Group Therapy/Counseling Self-Care Exercise Sponsor/Mentor Check-in Sober Social
Spiritual Practice Journaling/Reflection Work/Obligations Healthy Meals

Sun Schedule

Early AM (6-9)

[— Select activity — / Meeting/Group / Therapy/Counseling / Self-Care / Exercise / Sponsor/Mentor
Check-in / Sober Social / Spiritual Practice / Journaling/Reflection / Work/Obligations / Healthy
Meals]

Morning (9-12)

Afternoon (12-5)

Evening (5-8)

Night (8+)

Mon Schedule

Tue Schedule

Wed Schedule

Thu Schedule

Fri Schedule

Sat Schedule

Obstacles & Overcoming Strategies

Identify potential obstacles to maintaining your recovery routine and brainstorm strategies for overcoming them.

Obstacle #1

Strategy to Overcome:

Obstacle #2

Obstacle #3

Obstacle #4

Obstacle #5

PART 8 OF 10

3. Meeting Reflection Journal

Meeting Reflection Journal

Capture Insights After Every Meeting

After each meeting you attend, take a few minutes to complete a journal entry. Over time, these entries become a powerful record of your growth and a resource you can return to when you need encouragement or perspective.

Meeting Reflection #1

Date

Meeting Type

[Select... / 12-Step (AA/NA/CA) / SMART Recovery / Therapy/IOP Group / Skills Workshop / Faith-Based/CR / Peer Support / Online Meeting / Other]

Meeting Name/Location

Key Insights, Strategies, or Experiences from This Meeting

How Do These Takeaways Relate to Your Own Recovery Journey?

One Specific Action or Change You Will Make Based on This Meeting

Mood/Emotional State (Before → After Meeting)

Page 25

Meeting Reflection #7

Meeting Reflection #8

Page 27

Meeting Reflection #9

Meeting Reflection #10

Page 28

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PART 9 OF 10

4. Support Network Map

Support Network Map

Visualize & Strengthen Your Recovery Connections

Map out every person who supports your recovery. For each person, identify how they support you, how often you connect, and any gaps you need to fill.

Relationship Types

Sponsor/Mentor Accountability Partner Therapist/Counselor Recovery Peer/Friend Supportive Family Member Medical Provider Spiritual Advisor Community/Group Connection

Person #1

Name/Initials

Relationship Type

[Select... / Sponsor/Mentor / Accountability Partner / Therapist/Counselor / Recovery Peer/Friend / Supportive Family Member / Medical Provider / Spiritual Advisor / Community/Group Connection]

How This Person Supports Your Recovery

How Often You Connect

[Select... / Daily / Several times/week / Weekly / Every 2 weeks / Monthly / Rarely]

How You Met

Person #2

Person #3

Person #4

Person #5

Person #6

Person #7

Person #8

Person #9

Person #10

Network Gap Analysis & Growth Plan

1. Looking at your network map, which relationship types are well-represented? Which are missing or thin?

2. Do you have at least one person you can call at 2:00 AM in a crisis? If not, what needs to change?

3. How balanced is your network between professional support and peer support?

4. Are there people in your network who might actually be harmful to your recovery? Who, and what will you do about it?

5. What specific steps will you take in the next 30 days to strengthen or expand your support network?

PART 10 OF 10

5. Meeting Diversity Challenge

Meeting Diversity Challenge

Expand Your Recovery Experience Over 90 Days

Commit to attending a variety of different meetings over 90 days, including those outside your comfort zone. Exposure to diverse perspectives and experiences deepens your own recovery and broadens your understanding of addiction and healing.

Meeting Format

Examples: Speaker Meeting • Big Book Study • Step Study • Open Discussion • Topic Meeting • Meditation Meeting

Experience #1

Experience #2

Experience #3

Different Locations

Different Programs

Examples: AA • NA • SMART Recovery • Celebrate Recovery • Refuge Recovery/Recovery Dharma • LifeRing • Women/Men-specific

Different Demographics

Examples: Young people meeting • LGBTQ+ meeting • Veterans meeting • Professionals meeting
• Spanish-speaking • Women's/Men's meeting

Examples: Zoom meeting • In-person at new location • Phone meeting • Hybrid meeting • International online meeting • Walking/outdoor meeting

Diversity Challenge: Overall Reflection

1. What type of meeting have you been most comfortable in? Why do you think that is?

2. Which experience was most outside your comfort zone? What did it teach you?

3. How has exposure to different recovery perspectives changed your understanding of addiction?

4. Did you discover any new meetings or formats that you want to incorporate into your regular schedule?

5. What assumptions about recovery or about other people were challenged through this diversity experience?

6. How has meeting people from different backgrounds and recovery paths affected your sense of connection and belonging?
