ReturnPath™

A Multi-Phase Curriculum for Reflection, Agency, and Intentional Living

ReturnPath: Bridging the Post-Acute Gap After Treatment and Other Major Transitions

A practical model for identity, self-regulation, and intentional life planning after structure falls away

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Breakout Workshop

90 minutes. Interactive. Bring a pen.

Mental Health & Substance Use Recovery Conference

Wisconsin Dells, WI

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Learning Objectives & 90-Minute Plan

Participants will be able to

1. Explain the post-acute / transition gap and what changes when external structure disappears.
2. Describe the ReturnPath model: identity development, self-regulation, group process, and intentional life planning.
3. Draft a practical pilot and measurement plan for their own organization.

SEGMENT	SLIDES	MIN
Framing & lived experience	1–5	8
The gap, with exercise 1	6–8	12
The model in practice	9–20	22
Exercises 2 & 3	21–22	18
FAQ & take-home questions	23–25	6
Discussion, Q&A & close	26–27	**24**
Total		**90**

Structure can end overnight.

Internal structure usually doesn't appear overnight.

01

Inpatient discharge

02

Completing a Partial Hospitalization or Intensive Outpatient Program

03

Release from incarceration

04

Leaving structured housing

“I knew what I was supposed to stop doing.”

Stop

Using
Breaking rules
Returning to old environments
Thinking the same way

vs.

Build

Identity
Emotional regulation
Daily structure
Meaning
Relationships
Direction

10+
years in active addiction

8
treatment programs

2
prison sentences

7
felony convictions

Repeated relapse followed treatment and release. Recovery became more durable as identity, purpose, and self-concept began changing alongside behavior.

Stopping something is not the same thing as building something.

The Inspiration for ReturnPath



Losing Caroline became the spark for the workbook, and the workbook became part of the foundation for ReturnPath.

It pushed the work toward a deeper question: when the structure of a life falls away, how do we rebuild identity, direction, and meaning?

From Lived Experience to Building Solutions

The same experience that brought me here now informs the work I build and share.

ADVOCACY & POLICY

Coalition involvement and criminal justice advocacy, including a Washington, DC briefing and Wisconsin policy conversations.

PUBLIC WRITING

American Diversity Report, Authority Magazine, A Vision of Hope Insights, and an article published in the fall print edition of Corrections Today.

COMMUNITY & REENTRY

Conversations with educators, recovery professionals, and people working to improve reentry and continuing care.

BUILDING TOOLS

ReturnPath, LEVRG, and BetterMoose: different problems, with a shared focus on tools that can help people.

I know what it is to need help. Now I build and advocate for solutions that might help someone else.

The Post-Acute Gap

External support drops before a person has fully built the routines, relationships, planning habits, and self-direction daily life asks for. It looks different for different people.

Before transition

Structure is provided

- Scheduled programming
- Staff
- Accountability
- Predictable routines
- Established support

→

Transition

Structure steps down on a date

Discharge

Release

Leaving structured housing

→

After transition

More decisions made independently

- Relationships
- Employment
- Transportation
- Money
- Routines
- Access to support

Program-design framework, not a research finding. A way to plan for the transition, not a measured pattern.

Where does the gap show up in your setting?

01
When does your structure decrease?

02
What support disappears first?

03
What do people struggle with after discharge or transition?

04
What do you wish existed between “treatment complete” and “stable life”?

Think of one transition. We’ll discuss responses together. No writing required.

What Existing Treatment Already Does Well

Essential, and still needed

Cognitive behavioral therapy	Changing unhelpful thinking patterns
Coping skills	Handling stress and avoiding risk
Motivational interviewing	Working through mixed feelings about change
Relapse prevention	Planning for high-risk situations
Medication	Including medications for opioid use disorder, where appropriate
Symptom treatment	Clinical care for substance use and mental health

Additional Work That May Help

Self-concept
Who the person believes they are

Narrative
A story of the past without shame

Forward identity
A specific, believable next self

Agency after structure
Directing the day without a program

ReturnPath does not replace treatment or medication.

Identity work is an added layer, alongside care.

Who am I becoming, and what does that person actually *do?*

01

Identity

An honest account of the past and a specific, believable picture of who the person is becoming.

02

Self-regulation

Noticing and reframing automatic self-talk; directing the day when no one else is.

03

Intentional life planning

A written life blueprint, including a concrete 90-day plan for after the group ends.

04

Accountability

Peer accountability partnerships that carry the new identity into daily decisions.

Delivered through facilitator-led, peer-supported group process.

Three Questions Carry the Whole Curriculum

01

“What do I want to change?”

Honest inventory. Participants write about their origins and life areas, and set aside labels like “the addict” or “the convict.”

02

“Who do I want to become?”

Forward self-view. Participants describe the person they want to become: identity, core values, and life goals.

03

“What will it take to become that person?”

- Daily action
- Regulation
- Environment
- Relationships
- Accountability
- Purpose

Written into a 90-day bridge plan in the Workbook.

> “Identity restoration is structured alignment between self-concept, values, and repeated behavior.”

Discover
Honest inventory

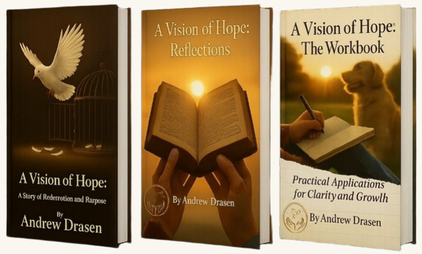
Accept
Accountability without permanent self-condemnation

Align
A self-concept beyond “addict,” “offender,” “patient,” or “failure”

Act
Behavior, routine, relationships, boundaries, planning

The ReturnPath Curriculum: Three Phases

Each phase is anchored by a companion book. Week ranges follow the curriculum; the number of facilitated sessions can vary by site.



Phase 1 · Weeks 1–7

Narrative Identity

Anchored by the Memoir

Personal origins, how past experience shaped current beliefs, and taking accountability without making the past a permanent identity.

Phase 2 · Weeks 8–11

Cognitive Reframing & Values

Anchored by Reflections

Challenging automatic self-talk, clarifying values, shedding limiting self-concepts.

Phase 3 · Weeks 12–14/16

Action Planning & Capstone

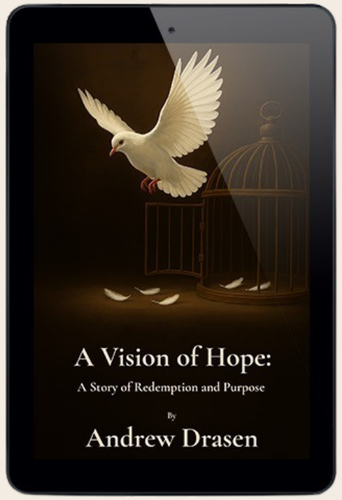
Anchored by the Workbook

A 90-day bridge plan, accountability partners, and a forward-identity presentation.

Facilitator materials: facilitator guides, session scripts, catch-up modules for rolling enrollment, and assessment tools.

Why Professionals See Value in the Story

Independent perspectives on a memoir built around addiction, accountability, and personal transformation.



A Vision of Hope

Anchors Phase 1. Reader responses, not clinical evidence.

"A Vision of Hope is a powerful and honest account of personal transformation... a valuable resource for people in recovery, mentors, or organizations looking to spark real conversations about redemption and resilience."

Dr. Jason Roop · Center for Trait-Based Transformation

Source: avisionofhopebook.com/books/memoir

"Andrew's willingness to face his mistakes publicly in the hope of helping others is both courageous and inspiring. Readers will find his story enlightening, uplifting, and an invitation to community and purpose."

David Kingsbury · Licensed Certified Alcohol and Drug Counselor

Source: avisionofhopebook.com/books/memoir

"...a powerful account of addiction and incarceration in 21st-century America."

Kirkus Reviews

Source: avisionofhopebook.com/books/memoir

The memoir gives participants a real story to examine *before asking them to examine their own.*

Why Readers Connect With the Story

Relatability, honesty, and engagement.

Relatability

“

The author shares his story in a straightforward, sincere manner, making it easy to relate to.”

Ganesh Subramanian
Goodreads review · Jan. 24, 2026

Engagement

“

What makes this book exceptional is the way it captures both the immediacy of struggle and the reflective insights that emerge from lived experience.”

Graeme Williams
Goodreads review · Mar. 22, 2026

Honesty

“

This book doesn’t promise easy answers, but it gently reassures you that even in the darkest seasons, forward movement is possible.”

Nancy Segura
Goodreads review · Dec. 15, 2025

Source: goodreads.com/book/show/240734318–a-vision-of-hope · Published reader reviews of the book, not ReturnPath participants.

Recognition can start a conversation.

Structured reflection helps participants turn that conversation toward their own lives.

What a Weekly Session Looks Like

1

Check-in

Where each person is this week

2

Handout review

A handout from the Bias series, reviewed together

3

Workbook answers

Participants may share selected written reflections to guide group discussion.

4

Keep reading

More voluntary sharing, discussion continues

5

What stood out

Relatable or impactful in what they read or wrote

6

Burning thoughts

Anything still on their mind

7

Next week

Reading and workbook expectations

Facilitator-led

A trained facilitator holds structure, pacing, and boundaries using the session scripts.

Peer-supported

Weekly group processing, paired with independent nightly reflection between sessions.

What ReturnPath Is Not

×

Not psychotherapy

No diagnosis or clinical treatment

×

Not a replacement for treatment

For substance use or mental health

×

Not passive learning

Participants write, plan, and present

×

Not “just a support group”

A manual, an arc, and a deliverable

What it is

A structured developmental curriculum intended to sit alongside treatment, peer support, supervision, housing, and continuing care.

What Research Tells Us

Shame

Negative beliefs about oneself can interfere with recovery.

What studies found

Shame was linked with more alcohol and drug problems. In one trial, a shame-focused group therapy had better attendance and fewer days of use at follow-up.

Dearing et al., 2005; Luoma et al., 2012

Self-efficacy

Confidence in one's ability to make and sustain changes.

What studies found

A well-established part of how behavior changes. In one study, it helped explain how Alcoholics Anonymous participation went with better drinking outcomes.

Bandura, 1977; Kelly et al., 2012

Purpose & meaning

Personally important reasons to continue progressing.

What studies found

Purpose in life was linked with lower-risk drinking. It is also part of "recovery capital," which was linked with sustained recovery.

Roos et al., 2015; Laudet & White, 2008

Belonging

Relationships and social identities supportive of recovery.

What studies found

Changes in who people see as "their group" may shape how recovery unfolds.

Best et al., 2016; Dingle et al., 2015

These studies looked at the concepts, not at ReturnPath. "Linked with" means two things tend to occur together. It does not show that one causes the other.

What We Still Need to Prove

The curriculum builds on established concepts. Whether ReturnPath itself works requires independent evaluation.

What we can say now

✓ **Evidence-informed**
Built on concepts research links to recovery

✓ **Structured facilitator materials**
Facilitator guides and session scripts

✓ **Still being evaluated**
One initial, incomplete implementation. No formal outcomes evaluation yet.

Requires independent evaluation

Not yet shown

× **ReturnPath outcome findings**
None are available yet

× **Preventing relapse or recidivism**
Not demonstrated

× **Outperforming established interventions**
Not demonstrated

Evidence-informed. Manualized. Measurable. *Still being evaluated.*

Session design draws on narrative practice, motivational interviewing, cognitive reframing, expressive writing, behavioral activation, and peer accountability.

Wherever Structure Steps Down

More external structure

Less external structure

Primary fit for this room

Clinical step-down

Inpatient step-down
Aftercare from Partial Hospitalization or Intensive Outpatient Programs
Outpatient behavioral health

Housing

Recovery housing
Sober living
Bridge housing

Bridge housing: initial Milwaukee implementation, now concluded

Justice-involved

Community reentry
Probation / parole support
Jails & correctional facilities

Community

Peer-led organizations
Community nonprofits

Grief & life disruption
Separate track, not this pilot

Delivered vs. proposed. ReturnPath has been delivered only in an initial Milwaukee bridge-housing implementation, now concluded. All other settings remain proposed. Formats: closed cohorts · rolling enrollment · one-on-one · intensive workshop modules.

Lessons From the First Implementation

What happened

1. ReturnPath began in a Milwaukee community bridge-housing program under a multi-month agreement.
2. Soon after it began, the housing director and primary program champion left the organization.
3. Participant turnover was substantial. Several residents were removed from housing for rule violations.
4. The organization bought out the remaining contract before the planned curriculum cycle was completed.

What we learned

Leadership continuity matters.

A designated champion and clear ownership help sustain implementation.

Attendance matters.

Missed sessions put people behind on reading and workbook assignments.

Participant commitment matters.

Daily reading and workbook writing between sessions. Not a once-a-week discussion group.

Implementation conditions matter.

High-turnover settings may need attendance expectations, catch-up support, and staff coordination.

> “The initial implementation revealed practical delivery requirements, not validated treatment outcomes.”

We Measure What We Can Measure Honestly

Personal recovery progress
Hope, confidence, goal orientation, and support

Recovery Assessment Scale (RAS-24)

Recovery capital
Relationships, resources, community connections, and stability

Brief Assessment of Recovery Capital (BARC-10)

Quality of life
Physical health, psychological well-being, social relationships, and environment

World Health Organization Quality of Life, brief version (WHOQOL-BREF)

In their own words
Phase 3 capstone presentations and participant feedback

Qualitative

Planned assessment points · established instruments, not ReturnPath results

- **Baseline** — At intake
- **Midpoint** — Week 7
- **Completion** — End of the arc
- **Follow-up** — 90 days after

No outcome data available

The first implementation ended before a complete evaluation cycle. No program-effectiveness conclusions can be drawn from it.

Relapse, recidivism, hospitalization, employment, and long-term housing outcomes require additional data and evaluation.

Map Your Transition Gap

Turn to someone nearby. Discuss one transition and work through these four prompts.

01 · THE TRANSITION

Where is the person coming from?

02 · WHAT DISAPPEARS

What structure or support ends?

03 · WHAT IS UNDERDEVELOPED

Identity? Regulation? Routine? Connection? Planning?

04 · WHAT COULD BRIDGE IT

Where could ReturnPath or another intervention fit?

Example row: Intensive Outpatient Program completion → group & clinician contact end → evenings unstructured, no forward plan → ?

After discussing: share one need you identified. There is no required written answer.

What would a successful pilot look like in your setting?

Who

- Population
- Facilitator
- Leadership owner

How

- Group size
- Frequency
- Location / delivery method
- Enrollment / delivery format

Accountability & participation

Daily reading and writing · Brief partner check-ins

Success for your organization

- Participant engagement
- Curriculum completion
- Program fit
- What would make you continue?

Questions Every Site Asks

What does successful implementation require?

A committed organizational lead, consistent attendance, clear expectations for daily reading and workbook writing, and facilitator coordination.

Who can facilitate?

Program staff or trained peer leaders, using the facilitator guides and session scripts. No clinical license is required unless your site or funder requires one.

Does it require a clinician?

No. Clinical care, including medication, stays with the existing clinical team. Facilitators don’t interpret clinically.

Can it work with rolling enrollment?

Catch-up materials support it. Set attendance and assignment expectations before launch.

How is fidelity maintained?

The sequence, facilitator boundaries, and assessment points stay fixed. Guides and scripts keep delivery consistent.

Can it work in high-turnover settings?

It may need extra coordination, readiness assessment, and catch-up support. Feasibility is not yet established.

Where has it been delivered?

Only in an initial Milwaukee bridge-housing implementation, now concluded. Other settings remain proposed.

What gets measured?

Recovery progress, recovery capital, quality of life, the capstone, and feedback. Not relapse or recidivism.

Questions Every Site Asks

Can it work in 12-step groups?

Yes, through a specific 12-step adaptation. Traditions stay as they are; reading and writing happen between meetings. It does not replace the meeting, sponsorship, or clinical care.

What does it cost?

A materials fee for the trilogy, plus per-participant or annual licensing. Book a fit call for your site's numbers using the QR code on the closing slide.

Three Questions for Your Organization

1 Where does structure disappear fastest for the people we serve?

2 What are we expecting people to build on their own after that point?

3 What could we put in that gap, and *measure honestly?*

What would prevent this from working *in your setting?*

If time allows: Staffing? · Funding / billing? · Leadership buy-in? · Participant fit? · Measurement burden?

Partners can be an implementation site, an evaluation partner, or a funding partner.

ReturnPath™
A Multi-Phase Curriculum for Reflection, Agency, and Intentional Living

The Work Is in the Gap

Pilot it. Partner on implementation. Help evaluate it.

Curriculum hub

avisionofhopebook.com/curriculum

Contact

Andrew Drasen
andrew@avisionofhopebook.com

Your next step

Your Pilot Builder is the starting point

Bring it to a 15–minute fit conversation. We'll look at whether ReturnPath fits your setting, and say so if it doesn't.

Scan to connect after the session.

avisionofhopebook.com/mhsur

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