H.A.L.T. for Clinicians

Turn the framework you teach onto the person who teaches it — Hungry, Angry, Lonely, Tired

10-Day Challenges

CONTENTS

- Part 1 · About this challenge
- Part 2 · Day 1 · What Is H.A.L.T.?
- Part 3 · Day 2 · Hungry — What Are You Running On?
- Part 4 · Day 3 · Angry — The Clinician's Hidden Emotion
- Part 5 · Day 4 · Lonely — The Profession's Open Secret
- Part 6 · Day 5 · Tired — More Than Sleep
- Part 7 · Day 6 · H.A.L.T. in the Session Room
- Part 8 · Day 7 · Building a Pre-Session Ritual
- Part 9 · Day 8 · H.A.L.T. and Countertransference
- Part 10 · Day 9 · Teaching What You Need to Practice
- Part 11 · Day 10 · Sustaining the Practice

© The Recovery Files

Part 1 · About this challenge

Turn the framework you teach onto the person who teaches it. Hungry, Angry, Lonely, Tired — ten days of honest self-application for helping professionals.

Sheamus Moran - Founder of The Recovery Files

© The Recovery Files

Part 2 · Day 1 · What Is H.A.L.T.?

DAY 1 · AWARENESS

Reading

H.A.L.T. stands for Hungry, Angry, Lonely, Tired — a simple self-check originally developed in recovery circles to help people recognize states that increase vulnerability. Today we turn it toward the clinician. You teach this. You probably use it in sessions. But when did you last apply it to yourself?

This challenge asks you to use H.A.L.T. not as a client tool but as a professional mirror. Over 10 days, you'll explore each state, recognize how it shows up in your clinical work, and build honest habits of self-monitoring.

Reflection

When did you last check in with yourself using H.A.L.T.? What stopped you from doing it sooner?

Today's Exercise

At the end of today's shift, pause for 60 seconds and run through each letter: Am I Hungry? Angry? Lonely? Tired? Just notice — no judgment. Write down what you find.

© The Recovery Files

Part 3 · Day 2 · Hungry — What Are You Running On?

DAY 2 · HUNGRY

Reading

Hungry isn't only about food. Clinicians run on empty in many ways: skipped lunches, no breaks, unmet needs for recognition, meaning, or rest. A hungry clinician is a depleted one. Depletion affects empathy, patience, and clinical judgment.

Research on decision fatigue shows that people make worse decisions as their cognitive resources deplete. You are making clinical decisions all day. What are you running on?

Reflection

What does 'hungry' look like for you on a hard day — physically, emotionally, professionally? How do you typically respond to that hunger at work?

Today's Exercise

Identify one way you regularly deprive yourself during the workday. Commit to one small corrective action this week and track whether it changes how you feel in sessions.

© The Recovery Files

Part 4 · Day 3 · Angry — The Clinician's Hidden Emotion

DAY 3 · ANGRY

Reading

Anger is probably the most suppressed emotion in the helping professions. We're trained to be calm, composed, regulated. But anger doesn't disappear because we don't express it — it goes underground. It shows up as sarcasm, impatience, rigid thinking about 'non-compliant' clients, or burnout.

Healthy anger is information. It often signals a boundary violation, a value being ignored, or an injustice that needs naming. Learning to recognize anger before it leaks into your clinical work is not weakness — it's professional hygiene.

Reflection

What in your work currently triggers anger — even quietly? What do you do with that anger?

Today's Exercise

Name three things in your work setting that genuinely frustrate or anger you. For each one, ask: Is this anger pointing to a value I hold? A boundary being crossed? What would healthy expression of this look like?

© The Recovery Files

Part 5 · Day 4 · Lonely — The Profession's Open Secret

DAY 4 · LONELY

Reading

Clinicians hold stories that can't be shared. We sit with pain, trauma, and despair that most of our social network cannot comprehend. Over time, this creates a particular kind of professional loneliness — you are surrounded by people all day and still deeply alone with what you carry.

Professional loneliness is not a personal failure. It is a structural reality of this work. But unaddressed, it contributes to isolation, compassion fatigue, and the slow erosion of the joy that brought you here.

Reflection

Who in your life truly understands what your work involves? Where do you find genuine professional connection — or where is it missing?

Today's Exercise

Reach out today to one colleague you respect and have a real conversation — not about logistics or clients, but about how you're both doing in this work. Even 10 minutes of genuine connection counts.

© The Recovery Files

Part 6 · Day 5 · Tired — More Than Sleep

DAY 5 · TIRED

Reading

Tired in this context means more than needing a full night's rest. It means compassion fatigue, vicarious trauma, moral injury, and the slow accumulation of secondary exposure to human suffering.

A tired clinician doesn't always look tired. They look flat. They use the same interventions over and over. They stop asking the curious questions. They lose the spark. Tired is serious — and it's common. Recognizing it is the first step toward addressing it.

Reflection

On a scale of 1–10, how tired are you right now — not just physically, but in your professional self? What does that number tell you?

Today's Exercise

List three signs that you're running on clinical fumes. What one thing could you do this week to begin restoring energy?

© The Recovery Files

Part 7 · Day 6 · H.A.L.T. in the Session Room

DAY 6 · INTEGRATION

Reading

How does your H.A.L.T. state affect what happens in the room? A hungry clinician may rush sessions. An angry one may unconsciously collude with a client's defenses. A lonely clinician may over-disclose. A tired one may miss what's being said under the words.

This is not about blame — it's about honesty. Our internal state is part of every session we facilitate. The question is whether we're aware of it or not.

Reflection

Think of a recent session that didn't go as well as you hoped. Looking back — were you in a H.A.L.T. state going in? What effect might that have had?

Today's Exercise

Before your next three sessions, take 30 seconds to do a private H.A.L.T. check. Notice if awareness of your state changes how you enter the room.

© The Recovery Files

Part 8 · Day 7 · Building a Pre-Session Ritual

DAY 7 · PRACTICE

Reading

Elite performers across disciplines use pre-performance rituals to transition into a focused state. Clinical work deserves the same intentionality. A brief, consistent transition between your external demands and the session room can dramatically shift your presence.

This doesn't need to be elaborate. Three deep breaths. A short walk. A centering statement. The goal is a deliberate boundary between the noise of the day and the focused attention your client deserves.

Reflection

What currently stands between one client session and the next in your schedule? Is there intentional transition time — or do you move straight from one person to the next?

Today's Exercise

Design your own 60-second pre-session ritual. It should address at least one H.A.L.T. state. Use it for the rest of this challenge.

© The Recovery Files

Part 9 · Day 8 · H.A.L.T. and Countertransference

DAY 8 · COUNTERTRANSFERENCE

Reading

Countertransference — the emotional reactions we have to clients — is inevitable. It becomes problematic only when it goes unexamined. H.A.L.T. states amplify countertransference. A tired clinician is more likely to be triggered. A hungry one is more likely to feel resentful.

Using H.A.L.T. as a lens in supervision or journaling can help you track the connection between your personal state and your clinical reactions.

Reflection

Is there a client you've been finding particularly difficult lately? Could any part of that difficulty be connected to your own H.A.L.T. state?

Today's Exercise

Bring one example of countertransference to your next supervision session and explore it through the H.A.L.T. lens. What were you carrying that day?

© The Recovery Files

Part 10 · Day 9 · Teaching What You Need to Practice

DAY 9 · PARALLEL PROCESS

Reading

There is something profound about the parallel process in this work. The same tools we bring to our clients — grounding, self-awareness, emotional regulation, honest self-assessment — apply equally to us. H.A.L.T. is a recovery tool. Many of us work in recovery. We teach it. We believe in it.

And yet. Do we use it for ourselves with the same seriousness we bring to teaching it? This challenge asks you to close that gap.

Reflection

Where is the gap between what you teach and what you practice in your own professional life? What does closing that gap look like?

Today's Exercise

Write a brief 'H.A.L.T. commitment statement' — a personal declaration of how you intend to use this tool for yourself going forward.

© The Recovery Files

Part 11 · Day 10 · Sustaining the Practice

DAY 10 · INTEGRATION

Reading

You've spent 10 days turning the H.A.L.T. framework onto yourself. That takes courage. The work of the helping professions demands a level of self-awareness that most jobs do not — and most professional development programs do not adequately address.

Sustaining this practice means building it into your routine, not just returning to it when you're already depleted. Daily micro-check-ins. A weekly honest reflection. Bringing your own H.A.L.T. awareness into supervision.

Helpers helping helpers. That starts with you helping yourself.

Reflection

What is the one most important insight from this 10-day challenge that you want to carry forward? How will you make sure it doesn't fade?

Today's Exercise

Design a simple 'H.A.L.T. maintenance plan' — what daily, weekly, and monthly practices will you use to stay honest about your own states? Write it down and share it with one trusted colleague or supervisor.

© The Recovery Files