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Addiction Recovery Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Identifying Your Addiction

2 · Outcomes of Addiction

3 · Making The Decision to Change

4 · Coping With Urges

5 · Identifying Risk Factors

6 · Urges and Cravings Log

7 · Exploring Everyday Stress

8 · Healthy Coping Strategies Log

9 · Learning To HALT

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13 · List of Bodily Sensations

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

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Identifying Your Addiction

The following is a list of common addictive substances and behaviors.

1. Write a “P” beside each one you have used for pleasure and an “N” for each one you have used to numb painful feelings. You may also write the two letters beside one behavior if you’ve used it for both, pleasure and numbing painful feelings.

Then think about the first time you used this substance or behavior and rate how effectively did it help you feel pleasure or numb pain on a scale from 0 to 5 (with 0 being ineffective and 5 being highly effective).

Lastly, specify if this substance or behavior is as effective as when you first used it or is no longer reliable.

Addictive substance/ behavior	Did you use it for Pleasure or Numbing pain? (P/N)	How effective first time? 1-10	Is it still reliable? Yes/No
Alcohol			
Binge eating			
Cleaning and organizing			
Cutting or harming yourself			

Dieting			
Drugs			
Exercising			
Gambling			
Isolating yourself			
Masturbating			
Playing video games			
Sex			
Shopping			
Spiritual obsession			
Tobacco			
Using prescription medication			
Using social media			
Watching pornography			

Watching TV			
Other			

2. For addictions that are no longer reliable (last column), why do you think this addiction is not reliable anymore?

Outcomes of Addiction

Choose one addiction from your list. If you continue to use this addiction for another 5 years, how would it affect your...

Physical health?

Mental health?

Common side effects of addiction may include:

- ☐ Isolation
- ☐ Depression
- ☐ Low self-esteem
- ☐ Aggression and irritability
- ☐ Anxiety
- ☐ Lack of motivation
- ☐ Sudden mood changes
- ☐ Feelings of shame

Functioning at work or school?

Relationships with family and friends?

Finances?

Making The Decision to Change

1. When do you remember first having a desire to stop or reduce your substance use or addictive behavior? What were your reasons for wanting to quit?

2. Have your reasons for quitting remained the same, or are there new ones now?

3. On a scale of 0 (“no faith in my ability to quit”) to 10 (“complete faith in my ability to quit”), how confident are you today that you are capable of quitting your addiction?

Note: If abstaining “forever” feels too overwhelming, think about this exercise in terms of “one day at a time.”

0 1 2 3 4 5 6 7 8 9 10

4. If your answer was less than 10, what do you need to increase your confidence?

5. On a scale of 0 (“I don’t care if I recover”) to 10 (“Recovery is my biggest priority right now”), how important is recovery for you?

0 1 2 3 4 5 6 7 8 9 10

6. If your answer was less than 10, what do you need to make recovery a priority?

7. What sort of person do you want to be? How would you want others to describe you?

Coping With Urges

1. Think of the last time you had urges to use your substance of choice or engage in your addictive behavior. What were you doing or what happened right before you experience those urges?

2. What emotions were you feeling? (use the list of feelings at the end of these worksheets)

3. Where did you feel it in your body? (use the list of bodily sensations at the end of these worksheets)

4. What emotions were you trying to feel or hoping to feel?

5. What could you do differently to cope as you let those urges run their course?

Identifying Risk Factors

Paying attention to risk factors that trigger your urges can alert you to times you need extra help or support.

The following are examples of behavior patterns that may put someone at risk of relapsing. Check off ones you relate to and add ones of your own:

- ☐ Engaging in a “replacement” addiction, such as eating, gambling, shopping, video games, or pornography
- ☐ Spending time in places where you used to buy addictive substances or engage in addictive behavior
- ☐ Keeping your addictive substances in your home
- ☐ Regularly hanging out with people who are using or engaging in your addictive behavior
- ☐ Isolating yourself or withdrawing from friends and recovery supports
- ☐ Skipping therapy appointments or support groups meetings
- ☐ Sudden changes in your energy level, appetite, sleep, and activity level
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Urges and Cravings Log

Keep a log of your urges and cravings. Pay attention to triggers and how they make you feel and think of healthier ways to address these situations.

Trigger/ situation	How do you feel physically/ emotionally	What did you do?	What could you do differently?

Exploring Everyday Stress

Addiction recovery isn't about quitting addiction alone.

If you do not address the source of your pain and the factors that led you down the path to addiction, chances you'll relapse.

In fact, it's rare that someone develops an addiction when everything else is functioning just fine in their life.

1. Think about the major areas of your life today and the stressors they involve.

What causes you stress...

In your home?

At work or school?

In your family relationships?

In your friendships?

When it comes to your health?

When it comes to your finances?

2. Trauma can also be a major cause of addiction and relapse.

Note: If you've been through severe trauma or childhood trauma, consider using the help of a mental health professional.

The following are common signs of post-traumatic stress. Check off the ones you experience often:

- ☐ Intrusive and upsetting memories of the trauma
- ☐ Nightmares
- ☐ Emotional distress from exposure to reminders of the trauma
- ☐ Avoidance of thoughts, situations, and people that trigger memories of the trauma
- ☐ Negative changes to your belief system (believing that the world is a dangerous place, that no one can ever be trusted, or that you're not worthy of love)

- ☐ Negative mood changes (feeling angry, irritable, or fearful all of the time)
- ☐ Feeling detached from other people
- ☐ Inability to feel joy or other positive emotions
- ☐ Heightened arousal (“hypervigilance”) and exaggerated startle response
- ☐ Problems with memory, attention, and sleep

Addiction develops as a way to cope with painful life events.

Eventually, you can develop dependence and come to rely on substances or behavior to handle day-to-day life.

Healthy Coping Strategies Log

What healthy coping strategies can you use for your everyday stressors?

The following are examples of coping strategies. Try different ones and keep a log of how helpful they have been:

Coping strategy	What did you use it for?	How it worked (immediately)	How it worked (long-term)
e.g. Journal	I was worried about the upcoming meeting	I felt less anxious	I felt more accepting of the situation and more confident in my ability to handle things.
Journal			
Deep breathing			
Call a safe person			
Listen to soothing music			
Take a nap			
Watch something funny			

Listen to a podcast			
Join a support group			
Take a bath			
Exercise			
Go for a walk			
Play with a pet			
Organize your workspace or closet			
Pray or meditate			
Other:			

Learning To HALT

Being hungry, angry, lonely, or tired, can make it harder to control one's impulses.

H.A.L.T. is a good acronym to help you remember to take care of your basic needs.

Check in with yourself periodically and whenever you notice a feeling of discomfort, and ask yourself, "Am I hungry? Angry? Lonely? Tired?"

1. What are typical warning signs that you're hungry (bodily sensations, feelings, thoughts)? What can you do about it?

2. What are typical warning signs that you're angry (bodily sensations, feelings, thoughts)? What can you do about it?

3. What are typical warning signs that you're lonely (bodily sensations, feelings, thoughts)? What can you do about it?

4. What are typical warning signs that you're tired (bodily sensations, feelings, thoughts)? What can you do about it?

Coping Cards

Coping cards can remind you of healthy coping strategies you can use when you're too overwhelmed to think clearly.

Keep these cards close by and take a photo on your cell phone.

When I feel_____
5 coping strategies I can use
1. _____
2. _____
3. _____
4. _____
5. _____

Getting Social Support

As you recover from addiction, it's important to surround yourself with safe, supportive people.

1. Name someone you enjoy being around.

2. How can this person support your recovery?

3. What qualities, personality traits, or habits that make this person a positive influence on you?

4. Who else do you know who shares these qualities?

5. Who are you willing to call if you have urges to relapse?

6. Who can you count on to share wisdom or guidance?

7. Who could put you at risk of relapse? Why?

Use your responses to decide which relationships you need to prioritize in recovery.

Rebuilding Confidence

1. What have been your proudest accomplishments?

2. What's something you accomplished that you didn't think you could?

3. When do you feel most happy?

4. What do you appreciate most about your personality?

5. What inspires you now and helps you stay focused and motivated?

6. When do you feel most confident?

7. If you asked your best friend what qualities they like about you, what would they say? (if you don't know, ask a friend to answer this!)

List of Bodily Sensations

How Emotions Show Up In Our Bodies

Achy muscles	Numbness
Being easily startled	Pain
Blushing	Pounding heart
Chest pain	Pressure
Chills	Rapid breathing
Choking feeling	Rashes
Churning stomach	Ringing in your ears
Cold	Shakiness
Cramps	Shortness of breath
Decreased or increased appetite	Soreness
Digestion difficulties	Stomach “butterflies”
Discomfort	Stomach pain
Dizziness	Strange taste in your mouth
Faint	Sweating
Fatigue	Tears
Feeling detached	Tense muscles
Fogginess	Throat tightness
Headache	Tingling
Heat sensations	Trembling
Heaviness	Unsteady
Lightheadedness	Weakness
Nausea	

Feeling Word List

SAD	Anguish – Blue – Bummed – Burdened – Desperate – Despondent – Disappointed – Discouraged – Dismayed – Gloomy – Grave – Grey – Grieved – Grim – Heavy-hearted – Let down – Longing – Lost – Low – Miserable – Moody – Mournful – Pained – Pessimistic – Scorned – Sorrowful – Tearful – Unhappy
HURT	Abased – Abused – Aching – Afflicted – Agonized – Annihilated – Assaulted – Betrayed – Blamed – Bleeding – Brutalized – Burned – Bushwhacked – Chastised – Cheated – Crushed – Damaged – Defeated – Deflated – Dejected – Deprived – Devalued – Diminished – Disrespected – Forgotten – Heart-broken – Humiliated – Ignored – Injured – Insulted – Intimidated – Invalidated – Invisible – Jilted – Laughed at – Neglected – Offended – Oppressed – Pained – Persecuted – Punched – Put down – Rebuffed – Rejected – Ridiculed – Screwed – Slighted – Snubbed – Squashed – Tormented – Tortured – Victimized – Wronged
VICTIMIZED	Abused – Bamboozled – Bullied – Cheated – Cheated on – Controlled – Crushed – Damned – Debased – Deceived – Degraded – Denigrated – Denounced – Deprived – Devoured – Dumped-on – Duped – Emasculated – Erased – Eviscerated – Hoodwinked – Intruded upon – Jinxed – Mistreated – Objectified – Quashed – Railroaded – Reamed – Scapegoated – Set up – Suffocated
DEPRESSED	Abominable – Abysmal – Accursed – Ashamed – Bad – Besieged – Black – Dark – Despairing – Despicable – Diminished – Dissatisfied – Dour – Dreary – Dysphoric – Guilty – Loathsome – Lousy – Morbid – Morose – Repugnant – Self-abasing – Self-destructive – Sense of loss – Suicidal – Sulky – Terrible – Worn out

ANGRY	Abrasive – Abusive – Aggravated – Aggressive – Annoyed – Appalled – Bitter – Bloodthirsty – Boiling – Bristling – Bugged – Confrontive – Contemptuous – Contentious – Cranky – Cross – Dangerous – Disgruntled – Disgusted – Dismayed – Enraged – Exasperated – Fiery – Frustrated – Fuming – Furious – Galled – Hateful – Horrified – Hostile – Incensed – Inflamed – Infuriated – Insulting – Irritated – Livid – Miffed – Misanthropic – Nauseated – Offensive – Outraged – Perturbed – Pissed off – Provoked – Repulsed – Resentful – Revolted – Riled – Seething – Sore – Spiteful – Steamed – Stewing – Surly – Ticked off – Troubled – Unpleasant – Upset – Vicious – Wary – Worked up
HURTFUL	Controlling – Cruel – Dangerous – Enraged – Harmful – Malevolent – Malicious – Malignant – Manipulative – Mean – Menacing – Mouthy – Nasty – Offensive – Retaliatory – Rude – Ruthless – Sadistic – Vengeful
UNCOMFORTABLE	Antsy – Awkward – Conspicuous – Discomfit – Discontented – Disturbed – Fidgety – Icky – Ill-tempered – Inappropriate – Odd – Off-balance – Off-center – Out of it – Peculiar – Rotten – Sickened – Sour
EMBARRASSED	Absurd – Ashamed – Awkward – Clumsy – Conspicuous – Disgraced – Foolish – Humiliated – Mortified – Silly – Uncomfortable
VULNERABLE	Bare – Bested – Blind – Broken – Bullied – Captive – Conned – Conspicuous – Constrained – Controlled – Corralled – Delicate – Eclipsed – Expendable – Exposed – Little – Lost – Obscured – One-down – One-upped – Open – Raw – Sensitive – Small – Susceptible – Weak
CONFUSED	Addled – Ambivalent – Anxious – At a loss – Baffled – Befuddled – Bewildered – Conflicted – Confused – Disconcerted – Distracted – Doubtful – Flustered – Hesitant – Indecisive – Lost – Misgiving – Muddled – Mystified – Perplexed – Puzzled – Tense – Uncertain – Uneasy – Unsure

SHOCKED	Agape – Aghast – Agog – Astonished – Astounded – Awestruck – Dazed – Dumbfounded – Dumbstruck – Dumfounded – Flabbergasted – Jarred – Jolted – Rattled – Startled – Stricken – Stunned – Stupefied
LOST	Planless – Rudderless – Scattered – Seeking – Stranded – Stumped
HELPLESS	Alone – Controlled – Despairing – Distressed – Dominated – Empty – Fatigued – Forced – Frustrated – Futile – Hesitant – Hindered – Immobile – Impotent – Incapable – Ineffective – Inferior – Lame – Micro-managed – Overwhelmed – Paralyzed – Pathetic – Stifled – Stonewalled – Straight-jacketed – Stuck – Tragic – Useless – Vulnerable – Woeful
INADEQUATE	Deficient – Enfeebled – Helpless – Incapable – Incompetent – Inept – Inferior – Insecure – Insufficient – Mediocre – Meek – One-down – Pathetic – Powerless – Second rate – Spineless – Unworthy – Useless – Weak – Worthless
GUILTY	Accountable – At fault – Contrite – Culpable – Deceitful – Faulty – Regretful – Remorseful – Responsible – Rueful – Undeserving – Wrong
AFRAID	Alarmed – Anxious – Boxed-in – Chilled – Cornered – Cowardly – Doubtful – Fear – Frightened – Jittery – Jumpy – Menaced – Overwhelmed – Quaking – Scared – Shaken – Spooked – Suspicious – Terrified – Threatened – Uneasy – Wary – Worried
ANXIOUS	Daunted – Dreading – Frantic – Fretful – Guarded – Insecure – Jangled – Knotted – Nervous – Neurotic – Obsessive – Overcome – Panicky – Preoccupied – Restless – Ruffled – Self-conscious – Shaky – Shy – Skittish – Stressed – Timid – Unnerved
LONELY	Abandoned – Alienated – Aloof – Apart – Avoided – Bypassed – Deserted – Desolate – Disliked – Dispossessed – Disregarded – Dissociated – Distant – Estranged – Excluded – Friendless – Ignored – Inaccessible – Isolated – Jilted – Longing – Loveless – Needy – Outnumbered – Rejected
NEGATIVE	Against – Averse – Disharmonious – Hesitant –

	Opposed – Oppositional – Quarrelsome – Rebellious – Recalcitrant – Resistant - Stubborn
TIRED	Battle-worn – Bedraggled – Careworn – Depleted – Dispirited - Done-in – Downtrodden - Drained - Dried up – Exhausted – Faint – Finished – Fried – Harried – Hassled – Limp – Listless – Overdrawn – Overloaded – Pooped – Spent – Strained – Stretched - Used up – Weary - Worn
BORED	Bland – Dreary – Listless – Mundane – Tedious – Unchallenged - Understimulated
INDIFFERENT	Absent – Apathetic – Banal – Bland – Blasé – Bored – Cavalier – Cold – Dead – Disinterested – Dulled – Emotionless – Empty – Insensitive – Lifeless – Mindless – Neutral – Nonchalant – Reserved – Robotic – Uncaring - Weary
INTERESTED	Absorbed – Affected – Attentive – Aware – Concerned – Curious – Engrossed – Fascinated – Imaginative – Inquisitive – Intrigued – Nosy – Rapt - Snoopy

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: 'Addiction Recovery' is not a standalone DSM-5-TR diagnosis · non-diagnostic or contextual/quasi-diagnostic construct
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under this title · non-diagnostic or contextual construct
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe Addiction Recovery as a contextual, functional, occupational, umbrella, or proposed construct-not a confirmed diagnosis-unless a separately recognized disorder is assessed.
- Where Addiction Recovery discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2, 15] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29] contain named, implied, or author-created screening/rating content . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Addiction Recovery, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.
- Assess intoxication, withdrawal, overdose, medical instability, co-occurring disorders, suicidality, and access to means or high-risk opportunities. Some withdrawal states require medically supervised care.
- Behavioral tracking does not by itself establish an addictive disorder; confirm diagnostic boundaries and functional impairment.

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Crisis and current resources

- For Addiction Recovery, use: · If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services. · Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.who.int/publications/i/item/9789240017540>
- <https://findtreatment.gov/>
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