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Alcohol Addiction 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 · Alcohol Use Self-Assessment

2 · Triggers for Alcohol Use

3 · Consequences of Alcohol Use

4 · Exploring the Reasons for Drinking

5 · Daily Alcohol Log

6 · Exploring Denial About Alcohol Use

7 · Why I Want to Quit Drinking

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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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Alcohol Use Self-Assessment

The following are signs you might be addicted to alcohol according to DSM-5-TR (Alcohol Use Disorder). Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “I often drink more alcohol or for a longer time than I originally intended.”	1-2-3-4-5
2. “I have tried to cut down or stop drinking, but I haven’t been able to.”	1-2-3-4-5
3. “I spend a lot of time getting alcohol, drinking, or recovering from its effects.”	1-2-3-4-5
4. “I experience strong cravings or urges to drink alcohol.”	1-2-3-4-5
5. “Drinking alcohol has caused problems at work, school, or home, but I keep drinking anyway.”	1-2-3-4-5
6. “Even though alcohol causes issues in my relationships, I continue to drink.”	1-2-3-4-5
7. “I have given up or reduced important activities, like hobbies or time with family and friends, because of drinking.”	1-2-3-4-5
8. “I’ve found myself in situations while drinking that increased my risk of being hurt (e.g., driving, swimming, using machinery, unsafe sex).”	1-2-3-4-5
9. “I’ve noticed I need to drink more alcohol to feel the same effects as before.”	1-2-3-4-5
10. “I experience withdrawal symptoms (like shaking, sweating, nausea, or anxiety) when the effects of alcohol wear off, or I drink to avoid these symptoms.”	1-2-3-4-5

Score: ____/50 (The score reflects the severity and impact of your addiction.)

Triggers for Alcohol Use

1. The following are some examples of common alcohol use triggers. Check off the ones that apply or add more to the list:

Emotional Triggers:

- ☐ **Stress:** High-pressure situations at work, school, or home.
- ☐ **Anxiety:** Feelings of nervousness or unease.
- ☐ **Depression:** Sadness or hopelessness
- ☐ **Loneliness:** Feeling isolated or disconnected from others.
- ☐ **Anger:** Intense frustration or rage.
- ☐ **Boredom:** A lack of engaging activities or purpose.
- ☐ **Guilt or Shame:** Lingered feelings about past actions or failures.
- ☐ **Excitement:** Celebratory moods or high-energy situations.
- ☐ _____

Social Triggers:

- ☐ **Parties or Social Gatherings:** Events where alcohol is present.
- ☐ **Peer Pressure:** Friends or family encouraging drinking.
- ☐ **Seeing Others Drink:** Observing people consuming alcohol.
- ☐ **Romantic Relationships:** Stress or conflict in relationships.
- ☐ **Conflict:** Arguments or tension with loved ones.
- ☐ _____

Environmental Triggers:

- ☐ **Bars or Clubs:** Being in places associated with drinking.
- ☐ **Being Around Alcohol:** Seeing or smelling alcohol in the home or at events.

- ☐ **Vacations or Holidays:** Situations often associated with indulgence or relaxation.

☐ _____

Habitual Triggers:

- ☐ **Specific Times of Day:** Times when you typically drank, like after work or at dinner.
- ☐ **Payday:** Having extra money can lead to indulgence.
- ☐ **Weekends:** Free time and a break from routine.
- ☐ **Routines:** Activities like watching TV or cooking dinner that were paired with drinking.

☐ _____

Physical Triggers:

- ☐ **Fatigue:** Feeling physically tired or drained.
- ☐ **Hunger:** Low blood sugar can mimic cravings for alcohol.
- ☐ **Withdrawal Symptoms:** The body's physical reaction to not having alcohol.

☐ _____

Psychological Triggers:

- ☐ **Overconfidence:** Believing you can have "just one drink" without consequences.
- ☐ **Nostalgia:** Romanticizing past drinking experiences.
- ☐ **Denial:** Ignoring or minimizing the seriousness of alcohol addiction.

☐ _____

Life Event Triggers:

- ☐ **Loss or Grief:** The death of a loved one or a breakup.
- ☐ **Celebrations:** Birthdays, weddings, or promotions.
- ☐ **Setbacks or Failures:** Losing a job, failing a test, or missing a goal.

☐ _____

2. What situations often lead you to consume alcohol? (e.g., social gatherings, stressful workdays, being home alone, celebrations)

3. What emotions do you commonly experience before drinking alcohol? (e.g., sadness, boredom, happiness, anger, anxiety)

4. Who are the people you usually drink with, and how do they influence your alcohol use? (e.g., friends who encourage drinking, coworkers at happy hours)

5. Are there specific times of day or days of the week when you are more likely to drink? (e.g., weekends, evenings, after work)

6. What locations or environments often trigger your alcohol use?
(e.g., bars, parties, home, sporting events)

7. Are there specific activities that make you want to drink?
(e.g., watching TV, cooking, attending concerts)

8. What feelings do you try to escape or avoid by drinking?
(e.g., loneliness, rejection, fear, guilt)

9. How does drinking temporarily change your emotional state?
(e.g., numbing pain, amplifying joy, reducing tension)

10. What thoughts often lead you to drink? (e.g., “I deserve it after a hard day,” “One drink won’t hurt,” “I can’t handle this without alcohol”)

11. What beliefs about alcohol influence your drinking habits?
(e.g., “Alcohol helps me relax,” “Drinking makes me more fun”)

12. How do you rationalize drinking in situations where you didn't initially plan to? (e.g., "It's a special occasion," "Everyone else is doing it")

13. What physical sensations or cravings precede your desire to drink? (e.g., dryness in mouth, restlessness, tension in your body)

14. What role does alcohol availability play in your drinking habits? (e.g., keeping alcohol at home, frequenting bars or restaurants)

15. Are there specific combinations of triggers that make drinking more likely? (e.g., stress and being alone, social pressure and celebrations)

16. What strategies can you use to avoid or manage your triggers? (e.g., limiting time in environments with alcohol, practicing mindfulness, avoiding certain people)

17. How can you prepare for situations where you know triggers will be present? (e.g., bringing a non-alcoholic beverage, having an exit plan, setting limits beforehand)

18. How can you remind yourself of your goals when facing a trigger? (e.g., keeping a motivational note, reflecting on the benefits of sobriety)

Consequences of Alcohol Use

1. The following are some examples of common alcohol use consequences. Check off the ones that apply or add more to the list:

Physical Consequences:

- ☐ **Liver Damage:** Conditions like fatty liver, hepatitis, or cirrhosis.
- ☐ **Heart Problems:** High blood pressure, irregular heartbeat, or cardiomyopathy.
- ☐ **Weakened Immune System:** Increased susceptibility to infections.
- ☐ **Brain Damage:** Memory loss, difficulty concentrating.
- ☐ **Weight Gain:** Excessive calorie intake and slowed metabolism.
- ☐ **Poor Sleep Quality:** Disrupted sleep patterns or insomnia.
- ☐ **Gastrointestinal Issues:** Stomach ulcers, acid reflux, or gastritis.
- ☐ **Nerve Damage:** Peripheral neuropathy (tingling, numbness, or pain in extremities).
- ☐ **Cancer Risk:** Increased risk of cancers of the mouth, throat, liver, colon, and breast.
- ☐ **Sexual Dysfunction:** Erectile dysfunction or reduced libido.
- ☐ _____

Psychological Consequences:

- ☐ **Anxiety Disorders:** Increased feelings of nervousness or fear.
- ☐ **Depression:** Worsened symptoms of sadness or hopelessness.
- ☐ **Cognitive Impairment:** Slowed thinking, decision-making, or problem-solving.
- ☐ **Emotional Instability:** Mood swings or irritability.
- ☐ _____

Social Consequences:

- ☐ **Relationship Problems:** Strained or broken relationships with family and friends.
- ☐ **Workplace Issues:** Poor performance, absenteeism, or job loss.
- ☐ **Isolation:** Withdrawal from social activities or loved ones.
- ☐ **Parenting Issues:** Negative effects on children or family dynamics.
- ☐ **Negative Reputation:** Loss of respect or trust in social circles.
- ☐ **Conflict with Others:** Frequent arguments or fights.
- ☐ _____
- ☐ _____

Legal Consequences:

- ☐ **DUIs (driving under the influence)/DWIs (driving while intoxicated):** Legal trouble from driving under the influence.
- ☐ **Public Intoxication:** Arrests or fines for being drunk in public.
- ☐ **Domestic Violence Charges:** Alcohol-related aggression in relationships.
- ☐ _____
- ☐ _____

Financial Consequences:

- ☐ **Financial Strain:** Spending large amounts of money on alcohol.
- ☐ **Medical Expenses:** Costs related to health issues caused by drinking.
- ☐ **Loss of Income:** Unemployment or reduced work hours due to alcohol use.
- ☐ _____

2. How has alcohol use impacted your overall physical health?
(e.g., liver damage, sleep disturbances, increased risk of illness)

3. How often do you experience hangovers, and how do they affect your daily life? (e.g., difficulty focusing at work, missing important activities)

4. What impact has alcohol had on your self-esteem or sense of self-worth?
(e.g., feeling ashamed, questioning your abilities)

5. How has alcohol use affected your relationships with loved ones?
(e.g., increased conflicts, feelings of distance, stronger bonds in drinking groups)

6. Has alcohol use affected your performance at work or school? If so, how?

(e.g., tardiness, reduced productivity, missing deadlines)

7. How might continued alcohol use affect your future goals and aspirations?

(e.g., delaying career progress, harming relationships, losing financial stability)

8. What consequences motivate you to change your alcohol use?

(e.g., improving health, rebuilding relationships, achieving goals)

Exploring the Reasons for Drinking

1. What purpose does alcohol serve in your life?

(e.g., relaxation, stress relief, social connection, escape from problems)

2. What benefits do you think alcohol provides for you? (e.g., helps me relax, makes me more social, helps me avoid thinking about problems)

3. What are your first thoughts when you consider drinking? (e.g., “I deserve this,” “It will make me feel better,” “Everyone else is doing it”)

4. How do the people around you view drinking?

(e.g., they encourage it, they don’t mind, they’re concerned)

5. How do you feel about turning down a drink in a social setting?

(e.g., uncomfortable, confident, indifferent)

6. How does your body feel when you haven't had alcohol for a while?
(e.g., restless, tense, indifferent)

7. Do you believe alcohol helps you perform better in certain areas?
(e.g., socializing, managing stress, being creative)

8. How do you rationalize drinking even when you know it may not be the best choice? (e.g., "It's just one time," "I'll stop tomorrow," "I deserve this")

9. What challenges or stressors in your life do you use alcohol to cope with?
(e.g., work stress, relationship problems, financial worries)

10. When did you first start drinking, and why?
(e.g., to fit in, out of curiosity, during a difficult time)

11. How has your relationship with alcohol changed over time?

(e.g., increased frequency, became a coping mechanism, shifted from occasional to regular)

12. How has alcohol use become a habit or routine in your life?

(e.g., drinking after dinner, always bringing alcohol to events)

13. What benefits of alcohol could you achieve in other ways?

(e.g., stress relief through grounding exercises, social connection through shared activities, relaxation through mindfulness)

14. How could you meet the emotional needs alcohol currently fulfills without drinking? (e.g., talking to a trusted friend, journaling, practicing self-care)

15. What healthier habits or hobbies could replace drinking in your routine?

(e.g., exercising, engaging in creative outlets, exploring new interests)

Daily Alcohol Log

Track the time, type and amount of alcohol consumed, triggers, feelings before and after to identify patterns.

Day	Time	Type of Alcohol	Amount Consumed	Trigger	Feelings Before	Feelings After
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Exploring Denial About Alcohol Use

1. What reasons do you use to justify your drinking?
(e.g., “I work hard and deserve it,” “It helps me relax,” “Everyone drinks”)

2. Do you believe your drinking is under control? Why or why not?
(e.g., “I can skip days if I want to,” “I only drink after work”)

3. How do you explain away negative consequences of your drinking?
(e.g., “It was just one bad night,” “Everyone gets a little wild sometimes”)

4. Have you told yourself that any problems caused by alcohol were due to something else? (e.g., blaming stress, bad luck, other people)

5. Do you justify drinking in certain situations that might seem excessive?
(e.g., “It’s a special occasion,” “I’m just celebrating”)

6. What are some facts about your drinking habits that you avoid thinking about? (e.g., how much you drink, how often you drink, times you've felt out of control)

7. What excuses do you make when someone questions your alcohol use? (e.g., "It's just a phase," "I've got it handled")

8. What are some beliefs you hold about alcohol that might reinforce denial? (e.g., "Alcohol is harmless," "It's a cultural norm")

9. What are some situations where alcohol use has led to outcomes you didn't intend? (e.g., arguments, risky behavior, accidents)

10. What signs might indicate that your drinking is problematic? (e.g., needing more to feel the same effects, drinking to cope, avoiding people or activities)

11. What are the risks of continuing to deny the impact of alcohol on your life? (e.g., worsening health, relationship breakdowns, financial struggles)

12. How can acknowledging your drinking habits benefit you in the long term? (e.g., improved health, stronger relationships, personal growth)

13. What small steps can you take to face the realities of your alcohol use? (e.g., keeping a drinking journal, talking to someone you trust, exploring triggers)

Why I Want to Quit Drinking

1. What are the main reasons you want to quit drinking?

(e.g., improve health, rebuild relationships, achieve personal goals)

2. What specific event or realization made you decide to quit drinking?

(e.g., a health scare, a comment from a loved one, financial concerns)

3. What positive changes do you hope to see in your life if you quit drinking?

(e.g., increased energy, better mood, greater focus)

4. How will quitting drinking positively impact your role within your family or community? (e.g., becoming more present, reliable, or supportive)

5. What financial goals could you achieve with the money you save by quitting drinking? (e.g., pay off debt, save for a vacation, invest in hobbies)

6. What lifestyle changes do you want to make as part of quitting drinking? (e.g., starting a new hobby, focusing on career goals, improving fitness)

7. What challenges or fears do you associate with quitting drinking? (e.g., social pressure, dealing with emotions, cravings)

8. How can you address these challenges? (e.g., seeking support, developing healthy coping mechanisms, practicing mindfulness)

Setting SMART Recovery Goals

SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound.

1. What is your primary goal for recovery? (e.g., reduce alcohol consumption, achieve sobriety, build healthier coping skills)

2. What positive changes do you hope to see by achieving this goal? (e.g., better sleep, more energy, increased confidence)

3. What actions will you take to work toward this goal? (e.g., attending therapy, removing alcohol from your home, keeping a journal)

4. How will you track your progress toward this goal? (e.g., keeping a daily alcohol log, checking in weekly with a support group)

5. What milestones can you set to measure smaller achievements along the way? (e.g., one week sober, attending five therapy sessions, handling a stressful situation without drinking)

6. When do you want to achieve this goal? (e.g., within 30 days, by the end of the year)

7. Is this goal realistic given your current circumstances? Why or why not? (e.g., “Yes, because I have a support system,” “No, because I need to address other stressors first.”)

8. What resources do you have to support this goal? (e.g., therapy, friends and family, support groups, books on recovery)

9. What steps can you take today to move closer to your goal? (e.g., scheduling a counseling session, creating a plan for stress management, preparing a list of alternatives to drinking)

Example SMART Goal

- **Specific:** I will abstain from alcohol during weekdays.
- **Measurable:** I will track my drinking days in a journal.
- **Achievable:** I will remove all alcohol from my home and use distraction techniques when cravings arise.
- **Relevant:** This goal supports my desire to improve my health and be present for my family.
- **Time-bound:** I will achieve this for the next 30 days.

Using the SMART framework, write down your first recovery goal:

Specific: _____

Measurable: _____

Achievable: _____

Relevant: _____

Time-bound: _____

Visualizing Life Without Alcohol

1. What does a typical day look like for you in a life without alcohol?
(e.g., waking up refreshed, enjoying hobbies, connecting with loved ones)

2. What are the first things you notice about how you feel physically in a life without alcohol? (e.g., increased energy, improved health, better sleep)

3. How does being alcohol-free affect your emotional well-being?
(e.g., reduced anxiety, feeling more in control, increased happiness)

4. What are some new habits or routines you imagine incorporating into your sober life? (e.g., morning walks, journaling, attending support groups)

5. How will your relationships with loved ones improve without alcohol?
(e.g., being more present, rebuilding trust, deeper connections)

6. How do you want others to view you in your new sober life?
(e.g., as dependable, strong, inspiring)

7. How do you handle stress in your alcohol-free life?
(e.g., practicing mindfulness, exercising, talking to supportive friends)

8. What strategies will you use to navigate social situations without drinking? (e.g., having a non-alcoholic drink in hand, preparing responses to questions about not drinking)

9. What activities will you enjoy more fully in a life without alcohol?
(e.g., traveling, exercising, spending time with children)

10. What goals or dreams will you be able to pursue without alcohol holding you back? (e.g., advancing your career, building stronger relationships, achieving personal fitness)

Overcoming Obstacles to Sobriety

1. What are the biggest obstacles you face in achieving sobriety?
(e.g., cravings, social pressure, stress, boredom)

2. How do these obstacles typically present themselves in your daily life?
(e.g., being around friends who drink, feeling anxious, passing by a bar)

3. Which obstacle do you find most difficult to overcome? Why?
(e.g., cravings, because they feel overwhelming and immediate)

4. What are the patterns or triggers that lead to these obstacles?
(e.g., stressful workdays, emotional conflicts, being alone)

5. What worked well for you in the past? (e.g., reaching out to a friend,
practicing mindfulness, attending a support group)

6. What didn't work well or made the situation worse?

(e.g., trying to ignore the cravings, isolating yourself)

7. What lessons have you learned from past attempts to overcome these obstacles? (e.g., planning ahead is key, support is essential)

8. What are your most common triggers for drinking?

(e.g., specific emotions, people, places, times of day)

9. How do you usually respond to these triggers?

(e.g., giving in, trying to resist but feeling overwhelmed)

10. What alternative responses could you try when faced with these triggers?

(e.g., taking a walk, calling a friend, using a relaxation technique)

11. What specific steps can you take today to address your biggest obstacle?

(e.g., avoiding certain situations, preparing an alternative activity)

Challenge Negative Thoughts and Beliefs

1. What negative thoughts or beliefs do you associate with alcohol use?

Examples:

- “I can’t cope without drinking.”
- “I’ve already failed, so why bother trying?”
- “I’m funnier or more social when I drink.”

2. What situations or triggers bring up these negative thoughts? (e.g., being around friends who drink, feeling overwhelmed, facing criticism.)

3. What evidence supports or contradicts this negative thought or belief?

Evidence for	Evidence against
e.g., “I felt better temporarily after drinking in the past.”	e.g., “Drinking caused me problems at work,”

4. What alternative, more balanced thoughts can you use to replace this negative belief?

Example:

- Negative Thought: “I can’t cope without drinking.”
- Balanced Thought: “I have survived difficult times before and can learn healthier coping strategies.”

5. What strengths or past successes can you remind yourself of to challenge this belief? (e.g., “I’ve gone a week without drinking before,” “I’ve handled stress well without alcohol in the past.”)

6. What positive beliefs about yourself can you focus on to counteract negative ones? (e.g., “I am capable of change,” “I deserve a healthy and happy life.”)

Values Clarification Exercise

1. What are the most important things in your life right now?
(e.g., family, health, career, personal growth)

2. What values guide your decisions and actions?
(e.g., honesty, compassion, discipline, independence)

3. Which areas of your life are most affected by alcohol use?
(e.g., relationships, health, work, personal goals)

4. How does alcohol use conflict with your values? (e.g., makes me less honest, affects my health, impacts relationships negatively)

5. What values would you like to prioritize in your sober life?
(e.g., self-respect, reliability, emotional stability)

6. What are some behaviors or habits associated with your alcohol use?
(e.g., avoiding responsibilities, isolating, neglecting health)

7. How do these behaviors align or conflict with your values?
(e.g., drinking conflicts with my value of being present for my family.)

8. What small changes can you make today to better align your actions with
your values? (e.g., choosing a healthy coping mechanism, being honest
about my needs, prioritizing self-care)

9. What specific actions can you take to align your daily life with your
values? (e.g., spending quality time with family, creating a self-care routine,
being honest about my emotions.)

Healthy Coping Strategies

1. What situations or emotions often lead you to drink?

(e.g., stress, boredom, loneliness, social pressure)

2. How do you usually cope with these situations or emotions?

(e.g., drinking, isolating, overworking, avoiding)

3. Which of these strategies have been effective?

(e.g., taking a walk, talking to a friend)

4. Which strategies have made the situation worse?

(e.g., drinking, avoiding responsibilities)

5. What activities help you feel relaxed and reduce stress?

(e.g., deep breathing, listening to music, journaling)

6. What hobbies or interests can you engage in to keep your mind occupied?
(e.g., painting, gardening, playing an instrument)

7. What physical activities can help you manage cravings or emotional stress? (e.g., running, swimming, dancing)

8. What calming techniques can you use during moments of anxiety or stress? (e.g., progressive muscle relaxation, mindfulness exercises)

9. What healthy ways can you express your emotions instead of drinking?
(e.g., journaling, talking to a therapist, practicing self-reflection)

10. What boundaries can you set to protect your sobriety? (e.g., avoiding events centered around drinking, asking friends not to offer alcohol)

11. What new social activities can you try to replace drinking-focused ones?
(e.g., volunteering, joining a book club, taking a class)

12. What is one strategy you can use when faced with a craving?
(e.g., distracting yourself with a physical activity, calling a friend)

13. What can you do if you find yourself in a situation where others are drinking? (e.g., bring a non-alcoholic beverage, have an exit plan, focus on the conversation)

14. How can you remind yourself of your reasons for staying sober during tough moments? (e.g., carrying a list of your motivations, keeping a sobriety journal)

15. What daily habits can you build to reduce stress and prevent triggers?
(e.g., exercise routine, evening reflection)

16. How can you integrate self-care into your daily routine?
(e.g., taking regular breaks, prioritizing sleep, eating nourishing foods)

Learning to HALT

HALT stands for Hungry, Angry, Lonely, and Tired—four common triggers for cravings or relapse. HALT reminds us to check in with our basic needs and emotions to avoid impulsive or harmful decisions.

H: HUNGRY

How often do you find yourself skipping meals or eating irregularly?

How does hunger affect your mood or decisions?

(e.g., “I get irritable and impulsive,” “I crave comfort food or alcohol.”)

What foods or snacks can you keep on hand to avoid feeling overly hungry?

(e.g., fresh fruit, nuts, granola bars, pre-prepped meals.)

A: ANGRY

What situations or people tend to make you feel angry?

(e.g., work stress, unresolved conflicts, feeling disrespected.)

How does anger influence your desire to drink?

(e.g., “I drink to calm down,” “I drink to avoid addressing the problem.”)

What healthier outlets can you use to process anger? (e.g., journaling, deep breathing, talking to a trusted person, physical activity.)

L: LONELY

When do you feel lonely most often?

(e.g., evenings, weekends, during social events where you don’t drink.)

How does loneliness impact your cravings for alcohol?

(e.g., “I drink to feel connected,” “I use alcohol to fill the void.”)

What activities or connections can help reduce loneliness? (e.g., joining a support group, spending time with friends or family, volunteering.)

T: TIRED

How often do you feel physically or emotionally exhausted? (e.g., “I feel tired every evening after work,” “I feel drained by stressful situations.”)

How does being tired affect your ability to resist cravings? (e.g., “I have less willpower,” “I use alcohol to relax or feel energized.”)

What habits or routines can help you rest and recharge? (e.g., maintaining a consistent sleep schedule, practicing mindfulness, taking short naps.)

When you notice a craving, ask yourself: Am I Hungry, Angry, Lonely, or Tired?

1. How can you recognize these states earlier to prevent them from escalating? (e.g., “I’ll set reminders to eat regular meals,” “I’ll pause to check in with my emotions.”)

2. What immediate actions can you take when you identify a HALT trigger?

Example:

- Hungry: Eat a healthy snack or meal.
- Angry: Step away, practice deep breathing, journal your feelings.
- Lonely: Call a friend, join a meeting, spend time with a pet.
- Tired: Rest, take a nap, practice progressive muscle relaxation.

3. How can you plan your day to address HALT triggers proactively?

Examples:

- “I’ll pack snacks for work to avoid hunger.”
- “I’ll schedule time to journal about my emotions.”
- “I’ll plan a coffee date with a friend to reduce loneliness.”
- “I’ll stick to a bedtime routine to get enough rest.”

Urge Surfing Worksheet

What grounding techniques or distractions can you use to manage the urge to drink? The following are some suggestions. Check off the ones that may be helpful:

☐ **5-4-3-2-1 Sensory Technique**

- Identify 5 things you can see.
- Identify 4 things you can feel.
- Identify 3 things you can hear.
- Identify 2 things you can smell.
- Identify 1 thing you can taste.

☐ **Breathing Exercise**

- Inhale deeply for 4 seconds.
- Hold your breath for 4 seconds.
- Exhale slowly for 6 seconds.
- Repeat until you feel calmer.

☐ **Cold Water Splash**

- Run cold water on your hands or face.
- Splash your face or hold a cold compress to your neck.
- Focus on the sensation of the cold against your skin.

☐ **Object Focus**

- Pick up an object (pen, keychain, etc.).
- Describe its color, texture, shape, weight, and size.
- Repeat until your mind feels grounded.

□ **Body Scan**

- Sit in a chair or lie down.
- Focus on your toes, then slowly move your attention upward, part by part, to your head.
- Notice any tension and release it.

□ **Counting Backwards**

- Start from 100 and count backwards by 3.
- Say each number aloud if possible.
- This distracts your mind from cravings.

□ **Mantra Repetition**

- Choose a grounding statement (e.g., "I am safe. I am in control.").
- Repeat it slowly and firmly several times.
- Focus on the words and their meaning.

□ **Movement Exercise**

- Do 10 jumping jacks, push-ups, or stretches.
- Focus on the movement of your body and the sensations of energy.

□ **Visualization**

- Close your eyes and picture a calming place (beach, forest, mountain).
- Imagine yourself there, noting the sights, sounds, and smells.

□ **Write It Out**

- Grab a journal or piece of paper.
- Write about the urge: what triggered it, how it feels, and your thoughts.
- End with a positive statement, like "I am choosing to stay strong."

☐ **Name 10 Things**

- Name 10 things around you in a specific category (e.g., colors, shapes, or objects).
- Keep going until you feel distracted.

☐ **Hold a Grounding Object**

- Keep a small object like a stone, worry bead, or stress ball.
- Hold it in your hand and focus on its weight and texture.

☐ **Sing or Hum**

- Sing your favorite song or hum a calming tune.
- Let the vibrations from your voice distract your thoughts.

☐ **Clench and Release**

- Clench your fists or tense your muscles for 5 seconds.
- Release the tension and notice the difference.
- Repeat with other muscle groups.

☐ **Play a Game**

- Solve a puzzle, play a brain-training app, or try a simple card game.
- Focus on completing the activity.

2. What strategies have worked best for you so far?

Repairing Relationships Damaged by Alcohol

1. What relationships in your life have been affected by alcohol use?
(e.g., family, friends, coworkers, romantic partners.)

2. What specific behaviors or actions contributed to the strain in these relationships? (e.g., breaking promises, being emotionally unavailable, arguments.)

3. What role did alcohol play in the conflicts or harm caused in your relationships? (e.g., I was irritable when drinking, I didn't follow through on commitments.)

4. What specific actions or incidents do you need to take responsibility for? (e.g., missing family events, saying hurtful things, neglecting responsibilities.)

5. How have your actions affected the other person?
(e.g., caused them to feel hurt, disappointed, or unsupported.)

6. What can you do to take accountability for these actions? (e.g., writing a letter, having an honest conversation, acknowledging their feelings.)

7. What do you want to express in your apology to the other person? (e.g., acknowledgment of harm, taking responsibility, expressing regret.)

8. What specific actions can you commit to in order to rebuild trust? (e.g., attending therapy, keeping promises, staying sober.)

9. What fears or anxieties do you have about apologizing, and how can you address them? (e.g., fear of rejection—reminding yourself that repair takes time.)

10. How will you handle it if the other person expresses anger or refuses to engage? (e.g., respecting their boundaries, giving them space, continuing to show change over time.)

Setting Boundaries with Drinking Friends

1. What specific situations with drinking friends make you feel uncomfortable or triggered? (e.g., being invited to bars, witnessing heavy drinking, being pressured to drink.)

2. How does spending time with drinking friends currently impact your recovery? (e.g., increases cravings, makes me feel isolated, creates tension.)

3. What are your biggest concerns about setting boundaries with these friends? (e.g., fear of losing the friendship, feeling judged, facing resistance.)

4. What boundaries will help you prioritize your sobriety when spending time with friends? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ I will limit myself to a specific number of drinks (or none) per occasion.
- ☐ I will avoid drinking on weeknights or days I need to be productive.
- ☐ I will avoid social gatherings where drinking is the main activity.
- ☐ I will not let others pressure me into drinking if I don't want to.
- ☐ I will be honest about my decision to drink less or abstain entirely.
- ☐ I will bring my own non-alcoholic beverages to events if needed.
- ☐ I will leave situations where I feel uncomfortable about drinking.

- ☐ I will not drink when I am feeling emotional or vulnerable.
- ☐ I will avoid environments where I feel judged for my drinking choices.
- ☐ I will not drink to fit in or please others.
- ☐ I will avoid bars or settings that encourage heavy drinking.
- ☐ I will only attend events where non-drinking options are available.
- ☐ I will not participate in drinking games or similar activities.
- ☐ I will limit the duration of time I spend in settings where drinking is prominent.
- ☐ I will schedule my social activities earlier in the day to avoid drinking-focused events.
- ☐ I will not allow others to shame or criticize my decision not to drink.
- ☐ I will avoid relationships that encourage or normalize heavy drinking.

5. How will you explain your boundaries to your friends in a clear and respectful way? (e.g., “I’m focusing on my recovery, so I prefer to avoid environments where there’s a lot of drinking.”)

6. How can you make your boundaries about your needs rather than blaming others? (e.g., “This is something I need to do for myself,” rather than “You always pressure me to drink.”)

7. What phrases can you use to respond if friends push back against your boundaries? (e.g., “I hope you can respect my decision,” “This isn’t about you; it’s something I need for my health.”)

8. What are some common ways your friends might pressure you to drink? (e.g., “Just one won’t hurt,” “Don’t be boring,” “You used to drink with us all the time.”)

9. How will you respond to direct offers of alcohol? (e.g., “No, thank you—I’m sticking with water,” “I’m not drinking tonight.”)

10. What strategies can you use to handle peer pressure in the moment? (e.g., changing the subject, holding a non-alcoholic drink, preparing an exit strategy.)

11. What non-drinking activities can you suggest to your friends? (e.g., going for a hike, trying a new restaurant, having a game night.)

Joining Support Groups

1. How do you feel about the idea of sharing your experiences with others in a group setting? (e.g., nervous, excited, unsure.)

2. What fears or concerns do you have about joining a support group? (e.g., fear of judgment, anxiety about speaking in front of others, not knowing what to expect.)

3. What type of support group feels like the best fit for your needs? (e.g., 12-step programs like AA, non-12-step groups like SMART Recovery, online groups.)

4. What aspects of a support group are most important to you? (e.g., accessibility, group size, the focus on sobriety or personal growth.)

5. What schedule or format works best for you? (e.g., evening meetings, virtual groups, local community centers.)

6. What questions do you have about the support groups you are considering? (e.g., What is the structure of the meetings? Are there any fees? Do I need to share in every session?)

7. What are some local or online support groups you can explore? (e.g., Alcoholics Anonymous (AA), SMART Recovery, LifeRing, local community groups.)

8. How will you research and contact potential support groups? (e.g., searching online directories, asking for recommendations from a therapist or counselor.)

9. What can you do to prepare yourself emotionally for your first meeting? (e.g., journaling your feelings, reminding yourself it's a safe space, setting realistic expectations.)

10. What strategies can you use to ease anxiety before attending a meeting? (e.g., practicing deep breathing, attending with a friend, arriving early to settle in.)

11. How will you handle it if you feel nervous or overwhelmed during a meeting? (e.g., stepping outside for a moment, focusing on your breath, observing without speaking.)

12. What questions can you ask to learn from others in the group? (e.g., “What strategies have worked for you? ” “How do you stay motivated? ”)

Exploring Self-Identity Beyond Alcohol

1. How has alcohol influenced your sense of self or identity? (e.g., “I used to see myself as the life of the party,” “Alcohol masked my insecurities.”)

2. What roles or labels have been tied to your drinking habits? (e.g., “the party person,” “someone who can’t handle stress without drinking.”)

3. What does living without alcohol allow you to explore about yourself? (e.g., “My true interests and passions,” “How I manage emotions authentically.”)

4. What are three words you would use to describe yourself today? (e.g., resilient, determined, curious.)

5. What strengths have you discovered or rediscovered since choosing sobriety? (e.g., “I’m stronger than I thought,” “I can solve problems without avoidance.”)

6. What are some misconceptions you had about yourself when you were drinking? (e.g., “I thought I was only fun when drinking,” “I believed I wasn’t capable of change.”)

7. What activities or hobbies did you enjoy before alcohol became a central part of your life? (e.g., playing sports, painting, hiking.)

8. What is one activity you’ve always wanted to try but haven’t yet? (e.g., traveling to a new country, writing a book, joining a class.)

9. What are some personal goals you want to achieve in sobriety? (e.g., improving relationships, pursuing a career, enhancing physical health.)

2026 Clinical Alignment

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

Classification status

- DSM-5-TR: Alcohol use disorder; · alcohol addiction · is informal · recognized under AUD terminology
- ICD-11 CDDR: 6C40 Disorders due to use of alcohol · recognized category
- 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, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54. 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

- Use the current formal classification identified for Alcohol Addiction; avoid treating the workbook title, a checklist, or a total score as sufficient to establish that diagnosis.
- Where Alcohol Addiction 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 [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, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2] 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, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54]; 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, 12] 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 [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, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54] contain named, implied, or author-created screening/rating content; extracted candidate names include: Alcohol Use Self-Assessment, Use Self-Assessment . 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 Alcohol Addiction, 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.

2026 Clinical Alignment

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

- Behavioral tracking does not by itself establish an addictive disorder; confirm diagnostic boundaries and functional impairment.

Crisis and current resources

- For Alcohol Addiction, 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/>
- <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme/evidence-centre/alcohol-use-disorders/management-of-alcohol-withdrawal>
- <https://www.nice.org.uk/guidance>
- <https://988lifeline.org/>
- <https://www.healthquality.va.gov/guidelines/MH/sud/>