



SKILLS WORKBOOK

Cravings and Emotional Regulation

A practical workbook for understanding urges, regulating intense emotions, and choosing the next safer action.

Includes trigger chains, craving waves, HALT, thought checks, grounding, anger, numbness, shame, grief, sleep, boundaries, support, and relapse-response planning.

THE RECOVERY DESK

Practical tools for recovery

Before you begin

Use these pages at your own pace. You may pause, skip a question, or complete a page with a trusted support person.



Safety first

- If you may hurt yourself or someone else, call 911. In Canada, call or text 988 for suicide crisis support.
- Call 911 for overdose, severe withdrawal, chest pain, trouble breathing, seizure, severe confusion, or if someone cannot be awakened.
- Do not stop prescribed medication or make withdrawal decisions based on this workbook. Speak with a qualified health professional.

What this resource is

- General education and structured reflection for recovery planning.
- A way to prepare questions, notice patterns, and organize practical next steps.

What it is not

- Medical advice, diagnosis, individualized therapy, legal advice, or emergency care.
- A guarantee of abstinence, safety, or treatment outcome.

Licence

- Cravings and Emotional Regulation is an original educational resource from The Recovery Desk.
- The purchaser may print copies for their own personal use.
- The file may not be resold, posted online, placed in a shared resource drive, altered for resale, or distributed as a competing product.

A flexible approach

The goal is not to eliminate every urge or emotion. The goal is to create enough space to choose what happens next.



Four categories of coping

- Regulate the body: food, water, rest, breathing, sensory grounding, movement, and reducing stimulation.
- Change the situation: leave, remove access, solve a practical problem, or ask for clear help.
- Connect: peer, friend, counsellor, meeting, cultural or spiritual support, crisis service, or safe public place.
- Express and process: journal, speak, make art, pray, grieve, repair, or explore the experience when stable enough.

When a tool does not help

- That does not mean you failed. Try another category, combine two small actions, change location, or involve another person.

What cravings do

Cravings can involve thoughts, emotions, body sensations, memories, access, and learned routines. They often change even when they feel permanent.



Common patterns

- Cue: a person, place, feeling, memory, time, object, route, or physical state.
- Meaning: the mind offers relief, permission, bargaining, or a familiar story.
- Urge: attention narrows and the body prepares for action.
- Access: money, contacts, transportation, privacy, and opportunity affect what happens next.
- Response: delaying, moving, connecting, meeting a need, or reducing access can change the chain.

My current pattern

Start with observation rather than judgment.



The situations where cravings are strongest

Times, places, people, feelings, physical states, and routines.

What the craving promises

Relief, sleep, confidence, connection, escape, energy, numbness, or something else.

What usually happens next

Short-term effects and longer-term consequences.

My personal evidence check

A tool earns a place in your plan by being safe, usable, and helpful in your real context.



What I tried

Name the page, skill, plan, or conversation and the situation in which you used it.

What changed

Intensity, access, time, connection, safety, clarity, or the next action—before and after.

What I will do next

Keep, adapt, combine, stop, or bring to an appropriate professional.

Evidence and source notes

This resource is evidence-informed, not a substitute for assessment or a promise of outcome. Sources were selected for authority, relevance, and direct connection to the workbook methods.



Core references

- SAMHSA. TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment (2019). store.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003
- SAMHSA. TIP 41: Substance Abuse Treatment: Group Therapy (2005). store.samhsa.gov/product/tip-41-substance-abuse-treatment-group-therapy/sma15-3991
- SAMHSA. TIP 57: Trauma-Informed Care in Behavioral Health Services (2014). store.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816
- SAMHSA. TIP 63: Medications for Opioid Use Disorder (2021). library.samhsa.gov/product/tip-63-medications-opioid-use-disorder/pep21-02-01-002
- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide, third edition (2018). nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition

Research and safety references

- Bowen S, et al. Relative efficacy of mindfulness-based relapse prevention, standard relapse prevention, and treatment as usual. JAMA Psychiatry. 2014;71(5):547-556. doi:10.1001/jamapsychiatry.2013.4546
- World Health Organization. Community management of opioid overdose (2014). who.int/publications/i/item/9789241548816
- Health Canada. Naloxone (updated 2026). canada.ca/en/health-canada/services/opioids/naloxone.html
- 9-8-8: Suicide Crisis Helpline. 988.ca

How to read these claims

- The workbook combines established practice principles with original educational exercises; the complete workbook has not itself been tested in a clinical trial.
- Evidence describes average findings and professional guidance. Fit, access, culture, readiness, health, and circumstances still matter.
- Source links were checked in September 2026. Guidance and local services can change; verify current instructions with the source or a qualified professional.