Create Your Own Coping Skills

Facilitator Guide | 60–75-minute interactive group | Substance-use recovery and emotional wellness

Purpose. Participants design, evaluate, revise, and practice their own coping strategies using a safety-and-functioning checklist. The activity emphasizes autonomy, practical decision-making, and connection to support.

Learning objectives. Participants will (1) explain what makes a coping strategy healthy, (2) distinguish short-term relief from longer-term consequences, (3) design and test one original skill, and (4) create a backup plan.

Preparation and group agreements

Materials: participant workbook, pens, optional index cards and timer. Use fictional examples if preferred. Sharing is voluntary; participants may write, draw, speak, observe, or pass. Do not ask for detailed descriptions of substance use, trauma, or unsafe behaviors. Encourage respectful, nonjudgmental feedback.

Suggested agenda

• 0–8 min: Opening prompt — What makes something a coping skill rather than just a distraction?

• 8–18 min: Teach the five criteria; discuss short-term relief versus long-term effects.

• 18–28 min: Group example — assess and revise a questionable strategy.

• 28–45 min: Individual or paired Coping Skill Design Challenge.

• 45–60 min: Peer test — share only if comfortable; offer feedback using the checklist.

• 60–75 min (optional): Practice, role-play, and complete the personal coping plan.

Five criteria for a healthy coping skill

1. Safety and long-term consequences. Does it avoid injury, unsafe substance use, harm to others, and consequences that make life harder later?

2. Managing rather than escaping. Does it help me tolerate an emotion, respond to an urge, or take a useful next step? A short break is fine when I return to what matters.

3. Supports well-being and functioning. Is it realistic for my health, finances, relationships, responsibilities, and recovery goals?

4. Appropriate for the situation. Can I use it where I am, with the time, privacy, and resources I actually have?

5. Flexible and repeatable. Can I adjust it if it does not work? What is my backup strategy or person to contact?

Facilitator teaching notes

Coping is not the same as solving every problem immediately. Brief distraction, rest, or stepping away can be healthy when intentional and safe; chronic avoidance that worsens a problem may not be. A skill does not have to eliminate anxiety or cravings to be useful. Evaluate its impact on safety, choice, and functioning rather than promising instant relief.

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Group demonstration: revise the strategy

Situation: Jordan has a strong urge after an argument and plans to scroll on a phone all night to avoid thinking. **Ask:** What helps right away? What might happen tomorrow? What could be changed? **Possible revision:** Take a planned 15-minute break with a calming playlist, text a support person, then return to one manageable task and prepare for sleep.

Design Challenge instructions

- Choose a realistic trigger, feeling, or urge (real or fictional).
- Invent a coping strategy and give it a memorable name. Describe exactly how to do it.
- Run it through all five criteria. If any answer is “not yet,” revise the strategy.
- Identify a version for low energy, limited time, or a public setting.
- Practice a brief version, if comfortable, and record how useful it felt.
- Identify when professional or peer support is a better next step.

Debrief questions

- Which criterion was hardest to meet?
- Can a strategy be healthy for one person but unsuitable for another?
- How do we distinguish a helpful pause from avoiding a problem indefinitely?
- What can you do if your first skill does not reduce an urge?
- Who could help you evaluate a coping skill without judging you?

Clinical and safety boundaries

Avoid universal claims about techniques. Breathing, cold exposure, strenuous movement, or body-focused exercises may be uncomfortable or medically unsuitable for some participants; offer alternatives. Coping skills complement, rather than replace, treatment for substance-use disorders, including medications when indicated. If a participant reports an overdose risk, severe withdrawal, suicidal intent, or other imminent danger, follow local clinical/emergency procedures. For U.S. crisis support, call or text 988; for immediate medical danger, call 911.

Facilitator evaluation and close

Ask each participant to leave with one named strategy, one revision, one backup, and one support contact. Do not grade disclosures or require participants to report personal cravings. Consider a voluntary check-in at the next session about what worked and what needed adjusting.

Suggested background reading

SAMHSA, Recovery and Recovery Support: https://www.samhsa.gov/substance-use/recovery

NIDA, Treatment and Recovery: https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Authorship note: This group is developed from the user-supplied “Coping Skill criteria” statement. The five-part checklist, activities, examples, and facilitator structure are newly developed adaptations, not quotations from a clinical instrument. Educational material; not an individualized treatment plan.

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