Somatic (Body-Based) Coping Skills for Substance Use Recovery

Facilitator Guide | 60–75-minute psychoeducational group

Purpose: Help participants experiment with body-based strategies for managing distress and cravings, identify preferences and limits, and combine these strategies with their recovery plans. Techniques are options, not cures or substitutes for medication, counseling, or medical care.

Learning goals

• Identify at least three body-based coping options and when to try them.

• Practice two skills voluntarily, with adaptations for comfort and disability.

• Create a personal coping sequence that includes backup support.

Preparation and safety

Offer a choice to observe or pass. Avoid mandatory breath holds, ice immersion, extreme cold, strenuous exercise, and touch. Ask participants to adapt for respiratory or cardiac conditions, pain, pregnancy, disability, sensory sensitivity, and trauma responses; refer medical questions to qualified clinicians. No one needs to disclose trauma or substance-use details.

Suggested 70-minute session

• 0–10 min: Check-in and voluntary group agreements; explain that cravings are variable and not a fixed 90-second event.

• 10–20 min: Discuss stress, body sensations, and how sensory attention may support coping.

• 20–40 min: Demonstrate three low-intensity skills (feet grounding, gentle extended exhale, walking or hand release). Offer alternatives and breaks.

• 40–55 min: Small-group “match the skill” exercise: select a strategy for restlessness, racing thoughts, and an urge in a high-risk location.

• 55–65 min: Build a personal coping sequence and backup plan.

• 65–70 min: Optional takeaway and support check.

Teaching note: evidence and limits

Body-based practices can help some people regulate attention, arousal, and discomfort. Effects vary; they are not proven to stop cravings on demand. “Activate the parasympathetic system,” “reset the stress response,” “release stored tension,” and “stimulate vagal tone” are overly certain explanations for these exercises. Describe the observable experience instead. Overdose, withdrawal, intoxication, suicidality, or severe psychiatric symptoms require appropriate clinical or emergency response.

Skills menu and safe demonstrations

Grounding & Nervous System Regulation

Box breathing (4–4–4–4): Try four comfortable counts each for inhale, hold, exhale, hold. Skip holds if uncomfortable; normal breathing is fine.

Extended-exhale breathing: Breathe gently in for about four counts and out for about six; do not force long exhalations.

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5–4–3–2–1 sensory grounding: Name five things you see, four you feel, three you hear, two you smell, one you taste; adapt senses as needed.

Cool water or cool cloth to the face: Use a mildly cool cloth or splash if comfortable; avoid extreme cold or prolonged breath holding.

Feet-on-the-floor grounding: Feel both feet supported; press gently and describe pressure, contact, and balance.

Movement-Based Regulation

Walking with intention: Walk at a comfortable pace, noticing footfalls, breathing, and surroundings.

Wall push-ups or gentle isometric holds: Try a few comfortable repetitions or a brief light press; stop for pain or dizziness.

Stretching major muscle groups: Use slow, comfortable stretches without bouncing or forcing range.

Chair yoga or gentle flow: Choose seated or standing movements suited to mobility and comfort.

Pacing or rocking: Try gentle rhythmic movement if it feels settling, without judging the behavior.

Muscle Release & Tension Reduction

Progressive muscle relaxation: Gently tense then release one muscle group at a time; omit injured or painful areas.

Hand clenching and releasing: Make a light fist for a few seconds, then relax and notice the difference.

Jaw and shoulder release: Unclench teeth, let the tongue rest, and lower the shoulders.

Body scanning: Notice sensations without needing to change them; focus externally if internal attention is distressing.

Temperature & Sensory Input

Warm mug or heating pad: Hold a comfortably warm object; prevent burns and follow heat-device instructions.

Cold shower for 30–60 seconds: An optional technique from the original list, not a universal recommendation; cold exposure can provoke cardiovascular or breathing reactions. Prefer a cool cloth, and skip if medically unsuitable.

Weighted blanket or vest: Optional gentle pressure if comfortable and easily removable; avoid restriction of movement or breathing.

Aromatherapy: Use a personally pleasant scent only if tolerated; avoid scents that trigger headaches, asthma, or trauma reminders.

Textured objects: Notice the surface of a stress ball, smooth stone, or fabric as a tactile anchor.

Rhythm & Bilateral Stimulation

Alternating left/right tapping: Try gentle alternating taps as an attention or rhythm exercise; do not present it as a stand-alone trauma treatment.

Drumming or rhythmic tapping: Tap a slow, repeatable rhythm with hands or an instrument.

Slow marching in place: Alternate feet at an easy pace while maintaining balance or using support.

Music-based regulation: Choose music that feels supportive; notice whether a slower tempo helps rather than assuming it will.

Breath + Body Integration

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Hand-on-chest breathing: Place a hand on chest or abdomen if comfortable and notice natural movement; this may be unsuitable for some trauma survivors.

Breathing with movement: Pair an easy stretch with a natural breath, without forcing synchronization.

Humming or chanting: Try a gentle hum on a comfortable exhale; evidence for specific “vagal tone” claims is limited.

Long sighs: Try one or two easy sighs if comfortable; avoid repeated forceful breathing or hyperventilation.

Craving-Specific Somatic Interventions

Urge surfing with body awareness: Notice an urge’s location, intensity, and changes without acting on it; shift attention if internal focus is overwhelming.

“90-second rule”: A memorable prompt to pause, not a reliable biological timer. Cravings can last longer or return; repeat coping and seek support as needed.

Grounding statement with posture: Choose a comfortable posture and a believable statement: “This is an urge, not an instruction.”

Change-state techniques: Move to a safer space, walk briefly, drink water, or use a comfortable sensory cue; prioritize avoiding access to substances.

Group practice: Match, try, reflect

Ask: What is happening in the body? What is the immediate safety need? Which skill fits this person and setting? What might make it unsuitable? What will they do if it does not help? Encourage participants to rate discomfort or craving before and after only if useful; no improvement is a valid result.

Facilitator discussion prompts

• Which skills are practical at home, at work, or during a meeting?

• Which techniques feel uncomfortable or triggering, and what alternatives fit better?

• What is the difference between temporary relief and addressing the source of ongoing stress?

• What people, medication plans, or treatment resources should be part of a backup plan?

Selected resources for further reading

National Institute on Drug Abuse. Treatment and Recovery.
https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Substance Abuse and Mental Health Services Administration. Recovery and Recovery Support.
https://www.samhsa.gov/substance-use/recovery

World Health Organization. Doing What Matters in Times of Stress (2020). https://www.who.int/publications/i/item/9789240003927

Editorial note: The seven categories and all 30 skills are retained from the supplied group outline. Mechanistic and safety claims have been qualified; these references provide general background rather than validation of every listed technique.

Professional notice: Educational group material. Use clinical judgment, program policy, individual treatment plans, and emergency procedures.

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