Maggie's Coaching Tips

Build Your Coping Toolkit

When alcohol feels like the easiest option, having other ways to cope can create more choice, more control and more understanding of what you actually need.

Coping has a purpose

People rarely rely on alcohol or another coping behaviour for no reason. It may quieten anxiety, soften painful thoughts, reduce social inhibition, create temporary numbness, mark the end of a demanding day or offer a familiar ritual when everything feels uncertain. Understanding the purpose does not mean ignoring harm. It gives you a more useful starting point for change: **what is this helping me get away from, get through or get more of?**

Why one strategy can become the automatic strategy

Brains learn from repetition and relief. When a behaviour produces a rapid change in how we feel, it can become strongly associated with certain triggers: finishing work, conflict, loneliness, sensory overload, boredom, social situations, shame, tiredness or a particular time of day. Over time the cue itself can produce an urge. This is why simply telling yourself to 'have more willpower' is often inadequate; changing the pattern is easier when you identify the cue, the need and several realistic alternatives.

Alcohol: an important safety note

If you drink heavily or regularly, physical dependence can develop. Abruptly stopping alcohol can be dangerous for some people and severe withdrawal can require urgent medical treatment. This guide is about coping choices, not detoxification. If dependence may be present, speak with a GP or specialist alcohol service before making a sudden major reduction.

The 5R plan - a pause between urge and action

Recognise

Notice the urge and name it without attacking yourself. Try: 'An urge is here.' Look for body sensations, thoughts, time of day and what happened immediately beforehand.

Respond

Create a small pause. Change rooms, drink water, step outside, put the alcohol out of immediate reach, message someone or set a ten-minute timer. The goal is not to win an argument with yourself; it is to create space.

Reflect

Ask what you are feeling and needing. Is this anxiety, anger, loneliness, exhaustion, sensory overload, hunger, grief, boredom, shame or a need to switch off?

Replace

Choose a tool that matches the need. A strategy works better when it performs at least some of the function the old behaviour performed.

Review

Afterwards, notice what happened without turning the review into punishment. What helped by 5%? What made the urge stronger? What could you prepare for next time?

> *“When I accept myself just as I am, then I can change.” - Carl R. Rogers, On Becoming a Person (1961).*

A person-centred approach does not confuse acceptance with resignation. Acceptance can reduce the shame that makes honest reflection difficult. You can acknowledge where you are and still choose change.

Build a Toolkit That Matches the Need

Regulate your nervous system

• **Movement:** walking, stretching, cycling, weights, dancing, shaking out tension or chair-based movement can help discharge activation.

• **Breathing:** slow the pace and gently lengthen the exhale. Avoid forcing deep breathing if it makes you dizzy or more anxious.

• **Grounding:** orient to the room, notice colours and textures, hold a familiar object, use temperature or name what is happening right now.

• **Sensory regulation:** reduce noise or light, use headphones, a weighted item, soft clothing, repetitive movement, familiar scents or a lower-demand space.

• **Rest:** sometimes the need underneath the urge is not psychological complexity but exhaustion.

Meet the physical basics

Hunger, dehydration, pain, poor sleep and long periods without rest can reduce emotional capacity. A coping plan should include the basics: regular food where possible, hydration, prescribed medication, sleep routines, movement that suits your body and realistic recovery time. These are not simplistic answers to distress; they can reduce the load your nervous system is already carrying.

Create emotional space

• **Write or voice-note:** get thoughts outside your head without needing to make them tidy.

• **Name the feeling:** 'I am angry', 'I feel rejected', 'I am overloaded'. Naming can make an experience easier to work with.

• **Contain it temporarily:** decide when you will return to a problem rather than trying to solve everything during peak distress.

• **Use deliberate distraction:** music, gaming, television, puzzles, cooking, crafts or a familiar hobby can create a bridge through an intense period.

• **Self-talk:** replace 'I have ruined everything' with a more accurate statement such as 'This is a difficult moment and I still have choices about what happens next.'

Connection as a coping tool

An urge often grows in isolation. Connection can be practical rather than dramatic: sit near someone safe, send a message, use body doubling, call a trusted person, attend a peer-support meeting, talk with a professional or tell somebody in advance what helps when you are struggling. You do not have to explain your entire history to ask for company.

Neurodivergent coping

For autistic and ADHD people, distress may be intensified by sensory overload, masking, transitions, rejection sensitivity, executive-function demands, boredom or difficulty identifying internal states until they become intense. Helpful tools may include visual prompts, predictable routines, low-demand communication, parallel activity, movement, sensory aids, special interests, body doubling and extra processing time. The best toolkit is personalised rather than based on what coping is 'supposed' to look like.

Make enjoyable alternatives genuinely available

A replacement strategy has to be accessible at the moment you need it. If the only alternative requires an hour of preparation, expensive equipment or high motivation, it may lose against a behaviour that offers relief in seconds. Prepare low-effort options: a playlist, easy food, comfortable clothes, a short walking route, a saved programme, a sensory box, a pre-written message or a list of people/services you can contact.

Your quick-access toolkit

When I need to calm: _____

When I need stimulation: _____

When I feel lonely: _____

When I am overloaded: _____

When I need to express something: _____

People/services I can contact: _____

Understand the Urge, Change the Pattern

Trigger mapping

Instead of treating every urge as identical, look for patterns. A trigger can be external - a person, place, event or time - or internal, such as a thought, memory, emotion, body sensation or expectation. Sometimes several triggers stack together.

Prompt	Notes
What happened immediately before?	_____
What was I thinking?	_____
What was I feeling?	_____
What did I notice in my body?	_____
What did I want alcohol/the behaviour to do?	_____
What did it give me short term?	_____
What did it cost later?	_____
What could meet part of that need next time?	_____

Urges rise and fall

An urge can feel permanent while you are inside it, but intensity often changes over time. You can experiment with 'urge surfing': notice where the urge is felt in the body, describe the sensations, watch for changes and postpone action for a short period while using another tool. This is not about pretending the urge is easy; it is about learning that an urge is an experience, not an instruction.

Slip-ups are information

All-or-nothing thinking can turn one difficult moment into 'I have failed, so there is no point'. A more useful review asks: What was happening? What support was missing? Was the plan realistic? Did I leave myself hungry, exhausted, isolated or overstimulated? What can I change in the environment? A lapse can be taken seriously without becoming a verdict on your character.

Preparation is self-care

• Save support numbers before you need them.

• Tell one trusted person what kind of help is useful and what is not.

• Keep low-effort food, drinks and regulation tools accessible.

• Plan for known high-risk times such as evenings, weekends, celebrations, conflict or the end of a demanding workday.

• Reduce unnecessary decisions by writing your first three coping actions down.

• Consider removing or reducing easy access to triggers where that is safe and medically appropriate.

A difficult-moment plan

My early warning signs: _____

My first 10-minute action: _____

My second option: _____

Who I will contact: _____

What I need to remember: _____

Support, Reflection & Moving Forward

When self-help is not enough

Seek professional support when drinking or another coping behaviour is increasing, feels difficult to control, causes withdrawal symptoms, affects physical or mental health, relationships, finances, work or safety, or when you are repeatedly unable to make the changes you want. Support can include medical assessment, psychological therapy, specialist alcohol/drug services, peer support and practical help. Different people need different combinations.

Coaching questions

• What is the behaviour helping me survive, avoid, soothe or access?

• What situations make me feel I have the fewest choices?

• What are my earliest warning signs - before I reach crisis point?

• Which coping tools genuinely suit me rather than simply sounding healthy?

• What would make the safer option easier to choose?

• Who knows the real version of what I am dealing with?

• What is one change I could repeat consistently rather than ten changes I cannot sustain?

A message from Maggie

If alcohol or another coping strategy has become something you reach for automatically, I want this resource to help you look underneath the behaviour rather than only at the behaviour itself. There is usually a reason we keep returning to something. It may have helped you switch off, feel braver, sleep, stop thinking, fit in or simply get through a period when you did not have enough other support.

That does not mean you have to stay stuck with it. Building a coping toolkit is about giving yourself more routes through a difficult moment. Some tools will work brilliantly on one day and barely touch the sides on another. That is why we build a toolkit rather than searching for one perfect answer.

Please do not measure progress only by perfection. Notice the pause you created, the person you contacted, the trigger you recognised earlier, the evening you chose something different, or the moment you treated yourself with curiosity instead of shame. Those changes matter.

Books & further reading

Carl R. Rogers - *On Becoming a Person* (1961). A foundational person-centred text on acceptance, congruence, relationship and change.

William R. Miller & Stephen Rollnick - *Motivational Interviewing: Helping People Change and Grow*. Collaborative, autonomy-supportive approaches to behaviour change.

Russ Harris - *The Happiness Trap*. Accessible ACT-informed strategies for relating differently to difficult thoughts and feelings and moving towards values.

Judson Brewer - *Unwinding Anxiety*. Explores habit loops, awareness and repeated patterns.

UK resources

Useful starting points include your GP, NHS alcohol support information, local authority alcohol and drug services, Alcohol Change UK, Drinkaware, SMART Recovery and Alcoholics Anonymous. If you are worried about physical dependence or withdrawal, seek medical advice. If someone is severely unwell, confused, fitting, hallucinating or in another immediate medical emergency, call 999 or attend A&E.;

Clinical notes & references

Rogers, C. R. (1961). *On Becoming a Person.* Houghton Mifflin. • Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change and Grow* (4th ed.). Guilford Press. • NICE CG115. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. • NICE PH24. Alcohol-use disorders: prevention. • NHS guidance on alcohol support and alcohol withdrawal.

Safety: This is an educational coaching resource. It is not a detox plan, diagnosis or substitute for individual medical, psychological, addiction or emergency care.