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WISDOM OF THE TWELVE STEPS: 1ST STEP

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— Maya Angelou

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ABOUT THE INSTRUCTOR

David Walton Earle, LPC combines his counseling skills with his twenty-plus-years of executive management experience into a powerful matrix called Business Coaching. Using this technique, Earle assist leaders to increase their leadership effectiveness through people skills. He is also a teacher, trainer, author, counselor, and alternative dispute professional.

Earle earned a Master's of Science in Counseling from Texas A&M and has held executive management positions in various fields including industrial construction, private investment banking, and corporate trouble shooting. He is now the president of the Earle Company, an organization dedicated to change.

Self-published six others books: What To Do While You Count To 10, Gilligan's Notes, Simple Communications for Complicated People, and Love is Not Enough. In addition there are three workbooks entitled The Wisdom of the Twelve Steps a separate book for each of the first three steps. Earle also wrote a three-book self-help poetry trilogy: Professor of Pain, Iron Mask, and Red Roses 'n Pinstripes.

Co-authored books on leadership: Leadership-Helping Others Succeed and Extreme Leadership.

Earle has been on the panel as a mediator and/or arbitrator for various organizations such as U.S. Federal Court-Middle District, Equal Employment Opportunity Commission (EEOC), Financial Industry Regulator Authority (FINRA), and the Louisiana Supreme Court. He was on the faculty of the University of Phoenix for over 10 years.

His trademarked motto is My Life Ill Change When I Change™; he enjoys tennis and he lives in Baton Rouge with his wife, Penny, and their dog, Fletcher.

The First Step and Twelve-Step Recovery: Current Evidence on Effectiveness, Mechanisms, and Evolving Access

The First Step framework this course provides, addressing the dual challenges of admitting the problem and accepting powerlessness over alcohol and drugs, operates within a twelve-step recovery model that has now been evaluated with a rigor matching any other treatment modality. Since this course was written, a Cochrane review has established that twelve-step facilitation performs as well or better than cognitive-behavioral therapy for alcohol use disorder, a meta-analysis has extended the evidence to twelve-step programs beyond Alcoholics Anonymous, the emergence of online meetings has changed how individuals access twelve-step support, and the mechanisms and the involvement that drive its benefits have been clarified.

The effectiveness of Alcoholics Anonymous and twelve-step facilitation, the clinical framework within which this course's First Step content is practiced, was established in a 2020 Cochrane review, whose findings were distilled for clinicians and policymakers by the review team. The Cochrane review analyzed 27 studies involving 10,565 participants and found that Alcoholics Anonymous and twelve-step facilitation interventions performed at least as well as established active comparison treatments, including cognitive-behavioral therapy, across outcomes, while on continuous abstinence specifically these interventions were superior, producing higher rates of sustained abstinence than the alternatives, and while also reducing healthcare costs (Kelly et al., 2020). For the First Step this course teaches, admitting powerlessness and accepting that one's life has become unmanageable, this evidence means that the twelve-step process beginning with that admission is not merely a spiritual tradition but an evidence-based approach with outcomes at least equal to, and in some respects superior to, the most well-established clinical interventions in the addiction field.

The evidence for twelve-step mutual-help groups beyond Alcoholics Anonymous, including Narcotics Anonymous and other programs addressing the broader substance use disorders this course's clients may present with, was synthesized in a 2024 systematic review and meta-analysis that examined groups other than Alcoholics Anonymous, drawing on 55 articles corresponding to 47 distinct studies. The review found that attendance at and involvement in these twelve-step groups were negatively correlated with the severity of the addictive disorder and positively associated with quality of life, with social, emotional, and spiritual factors identified as influential across the peer-support organizations studied (Leurent et al., 2024). For the First Step framework this course provides, this confirms that the mechanisms of twelve-step recovery, the social connections, the emotional processing, and the spiritual engagement, operate consistently across different substances and different twelve-step organizations, not only in Alcoholics Anonymous.

The evidence base for twelve-step recovery beyond alcohol, directly relevant to counselors whose clients present with opioid, stimulant, and polysubstance use, was reviewed in a 2025 synthesis of the current literature on mutual-help groups for illicit drug use disorders, including Narcotics Anonymous and non-twelve-step alternatives such as SMART Recovery. Across the studies reviewed, mutual-help group attendance and involvement consistently predicted reductions in drug use and in addiction severity, and more methodologically rigorous studies produced stronger effectiveness estimates rather than weaker ones. The review also found that drug-focused mutual-help groups have historically shown lower success rates for professionally delivered efforts to facilitate participation than alcohol-focused groups, that culturally tailored meeting formats may benefit racial and ethnic minority populations, and

that online delivery formats positively affect retention (Kepner and Humphreys, 2025). For counselors teaching the First Step to clients whose primary substance is not alcohol, this confirms that the admission of powerlessness and the mutual-help framework it opens generalize across substances.

The mode of twelve-step meeting access, which has changed fundamentally since this course was written, was examined in a 2024 longitudinal study of 531 adults with lifetime alcohol use disorder recruited from both in-person and online groups. At baseline, 53.7 percent had attended only online meetings in the prior thirty days, 33.7 percent both online and in-person, and 12.6 percent only in-person, and those attending online meetings attended a greater number of meetings but were less involved than in-person-only attendees, and were less likely to endorse lifetime abstinence as a recovery goal, even as involvement and outcomes improved over time across all modes (Timko et al., 2024). For the First Step process this course teaches, which involves the intimate act of admitting powerlessness in a group setting, the online dimension introduces a new clinical question about whether the vulnerability required to genuinely work Step One occurs as fully through a screen, and the data suggest that online meetings increase access and frequency but may not fully replicate the involvement that in-person participation supports.

The clinical question of whether online-only participation delivers equivalent outcomes to in-person attendance was addressed with causal mediation modeling in a 2025 pooled analysis of a national longitudinal study. Across 1,152 adults with lifetime alcohol use disorder, online-only attendance produced significantly worse alcohol outcomes than in-person-only attendance, and the difference was mediated by lower levels of group involvement rather than by attendance frequency itself, while combined online and in-person attendance produced outcomes statistically indistinguishable from in-person-only participation (Zemore et al., 2025). For the First Step, online meetings are not inferior because they are digital but because the involvement that drives outcome improvement is harder to cultivate through a screen, which points the counselor toward encouraging genuine involvement rather than mere attendance regardless of the format.

The question of whether twelve-step programs outperform secular alternatives, or the reverse, was addressed in a 2026 analysis of the same national longitudinal study. Among 1,152 adults with alcohol use disorder, greater mutual-help group involvement strongly predicted higher odds of alcohol abstinence, with an odds ratio of 2.62, while the choice of group, whether SMART Recovery, Women for Sobriety, LifeRing, or a twelve-step program, was unrelated to outcomes, so that what predicted recovery was not which program a client attended but how deeply they engaged with it (Zemore et al., 2026). For counselors teaching the First Step to clients who express reservation about the spiritual language of twelve-step recovery, this provides an evidence-based reassurance that engagement, more than the specific fellowship, is what matters.

The personality-level effects of twelve-step participation were examined in a 2026 prospective matched-cohort study comparing 77 adults in early alcohol use disorder recovery who increased their twelve-step attendance by at least one meeting per week against 77 matched controls who did not. Participants who increased their attendance showed significant reductions in both drinking days and heavy drinking days and significant reductions in specific impulsivity traits, though the reduction in impulsivity did not mediate the reduction in drinking, indicating that these two benefits operate through distinct mechanisms (Levitt et al., 2026). For the First Step this course teaches, where the admission of unmanageability confronts clients with the consequences of their own impulsive behavior, this suggests that twelve-step participation not only reduces drinking but is associated with reductions in the

impulsive traits that contribute to relapse, through a pathway separate from the drinking reduction itself.

The effectiveness of twelve-step participation across diverse client populations, particularly sexual and gender minority clients who face documented disparities in substance use disorder prevalence, was examined in a 2024 analysis of 1,353 adults with lifetime alcohol or substance use disorder drawn from sexual and gender minority communities. Greater twelve-step participation was associated with significantly lower past-year alcohol use disorder and substance use disorder symptoms across the sample, and while participation rates varied by subgroup, with gay and queer respondents with alcohol use disorder more likely and lesbian respondents with substance use disorder less likely than others to have participated, most identity-based differences disappeared after adjusting for age (McGeough et al., 2024). For counselors delivering the First Step framework to sexual and gender minority clients, this confirms that when engagement occurs, the clinical benefit is comparable to that observed in the broader population.

The positive psychological dimension of recovery, relevant to the hope and self-efficacy that emerge after the admission of powerlessness in Step One, was evaluated in a 2025 systematic review and meta-analysis of 30 publications examining 36 positive psychological interventions for substance use and addiction recovery. The interventions were feasible and acceptable but showed a small, nonsignificant effect on positive psychological outcomes, at a standardized effect of 0.23, and a very small, nonsignificant effect on substance use outcomes, at 0.11 (Carlon et al., 2025). For the recovery process this course describes, where the First Step's admission of powerlessness creates the foundation for rebuilding hope and purpose, this suggests that the positive psychological resources recovery aims to build are difficult to cultivate through discrete structured exercises, and may emerge more naturally through the communal, narrative, and spiritual processes embedded in step work than through standalone positive psychology interventions.

The First Step: Powerlessness, Acceptance, and Surrender

At the heart of this course lies the First Step's central and often misunderstood proposition: that recovery begins with the admission of powerlessness over alcohol and drugs and the acknowledgment that one's life has become unmanageable. To the newcomer, and to many outside the twelve-step tradition, this admission can sound like defeat, a surrender of agency, a declaration of helplessness that seems the opposite of what a person struggling to change their life should embrace. Yet within the twelve-step framework, and increasingly within the research literature on recovery, the admission of powerlessness functions not as defeat but as a paradoxical foundation for change, the honest recognition of a reality that, once accepted, opens the door to a different way of living. Understanding this paradox, and being able to convey it to clients, is central to teaching the First Step well.

Recent qualitative research has examined precisely this paradox, exploring how people in recovery come to reframe powerlessness from a negative and demoralizing attribution into a constructive resource. A phenomenological study of recovering individuals, their family members, and their therapists described a dialectical process through which powerlessness is transformed in meaning: the person moves from experiencing powerlessness as a source of shame and failure to experiencing the admission of it as a release from the exhausting and futile struggle to control the uncontrollable, and from that release toward the acceptance and openness to help that recovery requires (Shavidze et al., 2024). The admission of powerlessness over the substance, in this understanding, is not a claim of

general helplessness but a specific and accurate recognition that willpower alone has failed to control the addiction, and that a different approach, one involving acceptance, help, and connection, is needed. Paradoxically, the person who admits powerlessness over the substance gains power over their life, because they stop pouring their energy into a losing battle and redirect it toward the changes that are actually possible.

For the practitioner, teaching the First Step means helping clients navigate this reframing rather than presenting powerlessness as a doctrine to be accepted on faith. It means clarifying that the powerlessness admitted in Step One is specific, powerlessness over the substance and the inability of willpower alone to control it, rather than a global helplessness that would contradict the agency recovery requires. It means helping clients see the admission of powerlessness as a release from the futile struggle to control their use through willpower alone, and as the honest foundation on which a workable recovery can be built, rather than as the defeat it can first appear. It means recognizing that this reframing is a process, often difficult and resisted, that unfolds over time rather than occurring in a single moment of insight, and supporting clients through it with patience. And it means holding the paradox at the center of the First Step, that admitting powerlessness over the substance is what allows a person to reclaim power over their life, which is the wisdom the step embodies and the transformation it aims to begin. The counselor who can convey this paradox helps clients approach the First Step not as a humiliating capitulation but as the liberating and clarifying beginning that the twelve-step tradition understands it to be.

Admitting the Problem: Denial, Honesty, and Readiness

The First Step's demand for an admission of the problem confronts one of the most formidable obstacles in all of addiction treatment: the denial, minimization, and ambivalence through which people struggling with substance use protect themselves from the full recognition of their situation. The admission that Step One requires, honest acknowledgment that one has a problem and that it has made one's life unmanageable, runs directly against the psychological defenses that addiction fosters, and the difficulty of achieving that honest admission is why the First Step, seemingly the simplest of the twelve, is often the hardest. Understanding the nature of denial and the process of moving toward honest admission is therefore central to helping clients take the First Step.

Denial in addiction is not simply lying or willful refusal to see the truth but a complex psychological phenomenon through which the person genuinely does not fully recognize the extent and consequences of their substance use, protected by minimization, rationalization, and the selective attention that keeps the full reality at bay. This is why direct confrontation, the aggressive insistence that the person admit their problem, so often fails, provoking the defenses rather than dissolving them, and why the more effective approaches work to help the person arrive at their own honest recognition rather than having it forced upon them. The research on readiness to change reflects this, documenting that people vary in their readiness and that treatment which meets them at their actual stage, building recognition and motivation with those not yet ready to change, is more effective than treatment that assumes a readiness the person has not reached. The honest admission of the First Step, in this light, is not a precondition the person must arrive at before treatment can help, but often something that develops through the treatment process itself.

For the practitioner, helping clients toward the honest admission of the First Step means working

with denial skillfully rather than confronting it aggressively. It means understanding denial as a psychological defense rather than mere dishonesty, and approaching it with the recognition that the client may genuinely not fully see what the counselor sees. It means helping the client arrive at their own honest recognition of their situation, through the collaborative examination of the consequences and the discrepancies between their behavior and their goals, rather than forcing an admission that would only provoke the defenses. It means meeting the client at their actual stage of readiness, building recognition and motivation with those not yet ready rather than demanding an admission they cannot yet make. And it means recognizing that the honest admission of the First Step often develops through the recovery process rather than preceding it, so that a client's initial inability to fully admit their problem is a starting point for the work rather than a disqualification from it. The counselor who helps clients toward honest admission through these means addresses the formidable obstacle of denial in the way most likely to overcome it, opening the door to the First Step that aggressive confrontation would keep closed.

How Twelve-Step Recovery Works: The Mechanisms of Change

For decades, the question of how twelve-step recovery produces its benefits was obscured by the assumption, encouraged by the tradition's own founding language, that its effects flowed primarily from spiritual transformation. Recent research on the mechanisms of behavior change has substantially clarified the picture, and the counselor who understands what actually drives twelve-step recovery can help clients engage with the elements that matter most. The mechanisms of behavior change research, accumulated over twenty-five years, has found that the benefits of Alcoholics Anonymous are carried predominantly by social, cognitive, and affective mechanisms rather than primarily by spiritual ones: the changes in social networks toward abstinence-supportive relationships, the increases in abstinence self-efficacy, the improvements in coping, and the reductions in negative affect and craving (Kelly, 2017). These are the active ingredients through which twelve-step participation reduces substance use, and they are more aligned with the actual experience of the broad membership than the quasi-religious framing of the tradition's earliest text suggests.

The social mechanism deserves particular emphasis because it is among the most powerful. Twelve-step participation changes a person's social network, replacing or supplementing the relationships that supported substance use with relationships oriented toward recovery, and this shift in the social environment is one of the strongest drivers of the improved outcomes. The fellowship provides not only abstinent companions but models of recovery, sources of support and accountability, and a community in which the person's identity as someone in recovery is recognized and reinforced. The cognitive mechanisms, particularly the increase in abstinence self-efficacy, the person's growing belief in their capacity to stay sober, and the affective mechanisms, particularly the reduction in the negative emotional states that drive relapse, complete the picture of how the program works. Spirituality is not absent from this account, but the research suggests it operates as a significant mechanism mainly for the minority of participants with high addiction severity, rather than as the universal engine the founding language implied.

For the practitioner, understanding the mechanisms of twelve-step recovery clarifies how to help clients benefit from it. It means recognizing that the benefits flow predominantly from the social, cognitive, and affective changes, the abstinence-supportive social network, the growing self-efficacy, the improved coping, and the reduced negative affect, and helping clients engage with the elements of

the program that produce these changes. It means emphasizing the social dimension in particular, encouraging clients to build the abstinent relationships and community connections that are among the most powerful drivers of recovery, rather than treating twelve-step participation as a matter of meeting attendance alone. It means understanding spirituality's role realistically, as a significant mechanism for some clients, particularly those with severe addiction, rather than as the universal requirement that its founding language and its critics alike often assume. And it means being able to explain to clients, including those wary of the spiritual language, that the program works largely through the human mechanisms of connection, confidence, and coping that anyone can engage regardless of their relationship to spirituality. The counselor who understands the mechanisms helps clients engage with what actually drives twelve-step recovery, and can present the program in terms that reach even the spiritually skeptical.

The Role of Spirituality: More Complex Than It Appears

Spirituality occupies a central and contested place in the twelve-step tradition, and the counselor teaching the First Step must navigate it thoughtfully, because clients' relationships to spirituality vary enormously and the role of spirituality in recovery is more complex and more variable than either the tradition's proponents or its critics often acknowledge. The First Step itself does not require spiritual belief, since admitting powerlessness over a substance is a recognition of fact rather than a spiritual act, but the steps that follow introduce the spiritual dimension explicitly, and clients' reactions to it range from embrace to discomfort to outright rejection. Understanding what the research shows about spirituality's actual role helps the counselor guide clients of varying beliefs.

The recent evidence reveals a nuanced picture. A national study distinguishing spirituality from religiousness found that people who had resolved an alcohol or drug problem reported that religion, specifically, had mostly not helped them overcome the problem, while spirituality showed a striking bimodal pattern, reported as either not helping at all or as having made all the difference, with little in between (Kelly and Eddie, 2020). The study also found substantial differences by race and ethnicity, with Black Americans reporting considerably more spiritual and religious engagement and more often reporting that it made all the difference in their recovery, a pattern opposite to that among White and Hispanic Americans (Kelly and Eddie, 2020). This aligns with the mechanisms research, which found spirituality operating as a significant mechanism mainly for higher-severity individuals, those with more severe addiction being the ones for whom spirituality most functioned therapeutically (Kelly, 2017). Spirituality, in other words, is neither the universal engine of recovery that the tradition's language suggests nor the irrelevance that its secular critics claim, but a resource that matters enormously for some, particularly those with severe addiction and those from communities where spiritual engagement is strong, and little for others.

For the practitioner, this nuanced picture guides how to handle spirituality in teaching the First Step and supporting twelve-step engagement. It means recognizing that clients' relationships to spirituality vary enormously, and meeting each client where they are rather than imposing or dismissing the spiritual dimension. It means clarifying that the First Step itself requires no spiritual belief, being an admission of fact, so that clients wary of spirituality need not be deterred at the outset. It means helping clients for whom spirituality is a resource to draw on it, recognizing that for some, particularly those with severe addiction and those from communities where spiritual engagement is strong, it may make all the difference. It means helping clients for whom spirituality is not a resource to engage with the program's

powerful social, cognitive, and affective mechanisms, which do not depend on spiritual belief, and to consider the secular alternatives where the spiritual dimension is a genuine barrier. And it means holding spirituality realistically, as neither required nor irrelevant but variably important, so that the counselor neither pushes it on the resistant nor withholds it from those it could help. The counselor who navigates spirituality with this nuance serves clients of all beliefs, helping each engage with recovery in the way that fits them.

Engagement and Involvement, Not Merely Attendance

A theme running through the recent evidence carries a crucial practical lesson: what drives the benefits of twelve-step recovery is not merely attending meetings but genuine involvement in the program, and the counselor who understands this distinction can help clients engage in the way that actually produces change. The finding that involvement, more than attendance frequency, mediated the difference between online and in-person outcomes, and the finding that involvement, more than the choice of program, predicted abstinence at more than two and a half times the odds, together establish that the depth of a person's engagement matters more than the mere fact or frequency of their attendance. A person who attends many meetings passively benefits less than one who involves themselves actively, and directing clients toward genuine involvement is therefore among the most valuable things the counselor can do.

Involvement in twelve-step recovery encompasses the activities beyond passive attendance that connect the person to the program and its mechanisms: having a home group, working the steps, obtaining and using a sponsor, engaging in service, building relationships within the fellowship, and participating actively rather than merely being present. These are the activities through which the social, cognitive, and affective mechanisms operate, the involvement that builds the abstinent social network, that develops the self-efficacy and coping, and that embeds the person in the recovery community. The research on involvement thus points directly at the elements of the program the counselor should encourage, and it reframes the counselor's task from simply getting clients to meetings toward helping them involve themselves genuinely in the fellowship and its practices. This distinction is particularly important in the era of online meetings, where attendance is easy but involvement, as the evidence shows, is harder to achieve.

For the practitioner, the primacy of involvement over attendance reshapes how to support twelve-step engagement. It means directing clients toward genuine involvement in the program, the home group, the step work, the sponsorship, the service, and the relationships, rather than treating meeting attendance alone as the goal. It means understanding that involvement is what activates the mechanisms that drive recovery, so that helping clients involve themselves is helping them access the program's active ingredients. It means attending particularly to involvement in the context of online meetings, where the evidence shows attendance is easy but involvement harder, and encouraging the practices and connections that build involvement even in digital formats, or recommending some in-person participation where possible. And it means measuring and encouraging involvement rather than attendance in supporting clients' engagement, recognizing that a client attending many meetings passively is benefiting less than the depth of their engagement could allow. The counselor who understands and encourages genuine involvement helps clients engage with twelve-step recovery in the way that the evidence shows actually produces change, rather than settling for the attendance that is easier to achieve but less powerful in effect.

Sponsorship and Service

Among the practices that constitute genuine involvement, sponsorship and service hold a special place in the twelve-step tradition and in the process of recovery, and the counselor should understand their role and encourage clients toward them. Sponsorship, the relationship in which a more experienced member guides a newer one through the steps and the program, provides the newcomer with individualized support, accountability, and a model of recovery, and it is among the practices most associated with sustained engagement and abstinence. Service, the giving of one's time and effort to help others and to support the fellowship, connects the person to the community, provides meaning and purpose, and enacts the twelve-step principle that helping others is itself part of one's own recovery. Both are dimensions of the involvement that the evidence shows to matter.

The research on long-standing members illustrates how central these practices become in sustained recovery. A study of Narcotics Anonymous members in long-term recovery from methamphetamine use disorder found that these members, abstinent for an average of more than thirteen years, had overwhelmingly served as sponsors themselves, with more than eight in ten having done so, and reported very low current craving, and that they rated the social support of the fellowship and its spiritual resources as the leading supports of their recovery (Galanter et al., 2023). The prominence of sponsorship among these long-term members reflects how the practice, which begins as receiving guidance from a sponsor, evolves into providing it to others, embodying the service dimension and the deepening involvement that characterize sustained recovery. The high rates of sponsorship and the low craving among these long-term members illustrate the trajectory that involvement in sponsorship and service can support.

For the practitioner, encouraging clients toward sponsorship and service supports their genuine involvement and their recovery. It means encouraging newer clients to obtain and use a sponsor, recognizing the individualized support, accountability, and modeling that the sponsorship relationship provides and its association with sustained engagement. It means understanding sponsorship as a relationship that evolves over the course of recovery, from receiving guidance as a newcomer to providing it as one gains experience, and supporting clients along that trajectory. It means encouraging service as a dimension of involvement that connects the person to the community and provides the meaning and purpose that support recovery, and that enacts the principle that helping others aids one's own recovery. And it means recognizing sponsorship and service as among the practices most associated with sustained recovery, and directing clients toward them as central elements of the genuine involvement that produces the program's benefits. The counselor who encourages sponsorship and service helps clients engage in the practices that deepen their involvement and support their sustained recovery, connecting them to the relational and service dimensions at the heart of the twelve-step tradition.

Twelve-Step Facilitation as a Clinical Intervention

The counselor should understand the distinction between twelve-step recovery as a mutual-help movement and twelve-step facilitation as a clinical intervention, because the professional's role is not to run the fellowship but to facilitate the client's engagement with it, and twelve-step facilitation is the evidence-based method for doing so. Twelve-step facilitation is a structured clinical approach through which a professional actively links the client to twelve-step recovery, educates them about the program, addresses their reservations, and supports their engagement and involvement, and it is this clinical facilitation, rather than the mutual-help fellowship itself, that the professional delivers. The Cochrane evidence establishing the effectiveness of twelve-step approaches includes the effectiveness of this clinical facilitation, which is what the counselor can actually provide.

The evidence supports twelve-step facilitation while also revealing its nuances across populations. A pilot randomized trial of an integrated twelve-step facilitation treatment for adolescents with substance use disorder found that, compared with a combination of motivational enhancement therapy and cognitive-behavioral therapy, the twelve-step facilitation did not produce significantly different rates of abstinence but did produce substantially greater twelve-step attendance during treatment and a significant advantage in reducing substance-related consequences at all follow-up points (Kelly et al., 2017). This illustrates both that twelve-step facilitation can effectively increase engagement with the fellowship and that its effects may show up in some outcomes more than others. A separate consideration comes from the evidence on drug use disorders specifically, where a pooled analysis across six clinical trials found that facilitating lasting twelve-step involvement was more difficult for drug use disorder patients than the alcohol literature would suggest, even though greater attendance, when achieved, predicted reduced drug and alcohol use (Humphreys et al., 2020). Facilitation works, in other words, but facilitating genuine involvement, particularly for drug use disorder patients, requires real clinical effort.

For the practitioner, understanding twelve-step facilitation clarifies the professional's actual role. It means recognizing that the counselor's task is not to run the fellowship but to facilitate the client's engagement with it, through the structured clinical approach of twelve-step facilitation, which is the evidence-based method the professional can deliver. It means actively linking clients to twelve-step recovery, educating them about the program, addressing their reservations, and supporting their engagement and involvement, rather than merely suggesting they attend a meeting. It means recognizing that facilitating genuine involvement takes real clinical effort, particularly for drug use disorder patients for whom lasting involvement is harder to achieve, and investing that effort rather than assuming the referral will suffice. And it means understanding that twelve-step facilitation's effects may appear in some outcomes, such as engagement and reduced consequences, even where they do not clearly exceed other treatments on every measure, and valuing the genuine engagement it produces. The counselor who understands and delivers twelve-step facilitation performs the professional role that the evidence supports, actively facilitating the client's engagement with a recovery resource of established effectiveness.

Online and Virtual Meetings: Access and Its Limits

The advent of widely available online and virtual twelve-step meetings, accelerated dramatically by the COVID-19 pandemic, has transformed access to twelve-step support, and the counselor should understand both the opportunities and the limits of this transformation. Online meetings remove many of the barriers that kept people from twelve-step participation, the transportation, the scheduling, the geographic isolation, the physical limitations, and the social anxiety that in-person attendance can involve, and they make twelve-step support available continuously and from anywhere. This expanded access is a genuine benefit, particularly for clients who face barriers to in-person attendance, and it has brought twelve-step support to people who could not otherwise reach it.

The evidence documents both the reach and the limits of online participation. A study of Narcotics Anonymous members during the COVID-19 period found that virtual attendance actually exceeded pre-pandemic in-person attendance, with members attending more virtual meetings per week than they had attended in-person meetings before the pandemic, and with meetings accessed from remote sites and even from overseas, and a majority found virtual meetings at least as effective as in-person meetings for promoting their own abstinence (Galanter et al., 2022). Continuously available online meetings have since developed as a resource providing immediate access to twelve-step support at any hour (Galanter et al., 2024). Yet the evidence discussed earlier, that online-only attendance produced worse outcomes than in-person attendance, mediated by lower involvement, and that online attendees, while attending more, were less involved, establishes the limit: online meetings expand access and attendance but tend to produce less of the involvement that drives recovery. The picture is thus one of genuine benefit tempered by a genuine limitation, and the counselor must hold both.

For the practitioner, the rise of online meetings calls for a balanced approach that uses their access while attending to their limits. It means recognizing the genuine benefit of online meetings in removing barriers and expanding access, and drawing on them particularly for clients who face obstacles to in-person attendance, for whom online participation may be the difference between some engagement and none. It means understanding the limit that the evidence documents, that online participation tends to produce less of the involvement that drives recovery, and attending to that limit rather than assuming online attendance is fully equivalent. It means encouraging genuine involvement even in online formats, the home group, the sponsorship, the active participation, and recommending some in-person attendance where possible, since combined online and in-person participation produced outcomes comparable to in-person alone. And it means matching the recommendation to the client, using online meetings' access for those who need it while guiding clients toward the involvement, in whatever format, that produces the benefit. The counselor who approaches online meetings with this balance uses their real benefit of expanded access while guiding clients toward the genuine involvement that the format makes easy to neglect.

Secular Alternatives and the Primacy of Fit

Not every client will embrace twelve-step recovery, and the counselor should understand the secular alternatives and the evidence on matching clients to the program that fits them, because the research increasingly shows that engagement matters more than the specific fellowship. Some clients find the spiritual language of twelve-step recovery a genuine barrier, others prefer the more explicitly cognitive-behavioral orientation of alternatives like SMART Recovery, and still others are drawn to programs designed for particular populations, such as Women for Sobriety. The existence of these alternatives means that a client who does not take to twelve-step recovery is not without options, and the counselor who knows the alternatives can help such clients find a mutual-help path they will actually engage with.

The evidence on the alternatives and on program choice carries a clear and liberating lesson. The finding that mutual-help group involvement strongly predicted abstinence while the choice of program, whether SMART Recovery, Women for Sobriety, LifeRing, or twelve-step, was unrelated to outcomes, establishes that the specific program matters less than the depth of engagement with it. A study characterizing who chooses SMART Recovery found that its participants tended to have greater psychosocial stability, more economic advantage, and less severe alcohol histories than those choosing Alcoholics Anonymous, suggesting that the alternatives may particularly suit certain clients, while the underlying clinical severity and psychiatric burden were similar across the engaged groups (Kelly et al., 2023). The practical implication is that the counselor need not steer every client toward twelve-step recovery specifically, but should help each client find the mutual-help program they will genuinely engage with, since engagement, not the particular fellowship, is what predicts recovery.

For the practitioner, the primacy of fit over program reshapes how to guide clients toward mutual help. It means understanding the secular and specialized alternatives to twelve-step recovery, and being able to offer them to clients for whom twelve-step recovery is not a good fit, so that a client's discomfort with one program does not leave them without a mutual-help path. It means recognizing, from the evidence, that engagement matters more than the specific program, and therefore prioritizing the client's genuine engagement with some mutual-help resource over their attendance at a particular one. It means matching clients to the program likely to fit them, recognizing that the alternatives may particularly suit certain clients while twelve-step recovery suits others, and helping each find their fit. And it means holding the goal as genuine involvement in some effective mutual-help program rather than adherence to twelve-step recovery specifically, which both respects the client's preferences and aligns with what the evidence shows produces recovery. The counselor who prioritizes fit helps each client find the mutual-help path they will actually engage with, serving the client's recovery rather than a particular tradition.

Recovery Capital and the Ecology of Recovery

Twelve-step recovery does not operate in isolation but within a broader ecology of recovery resources and supports, and the framework of recovery capital helps the counselor understand how twelve-step participation fits into the larger picture of what sustains recovery over time. Recovery capital refers to the sum of the internal and external resources a person can draw on to initiate and sustain recovery, encompassing personal resources such as skills, health, and hope, social resources such

as supportive relationships and community, and material resources such as housing, income, and access to services. Twelve-step participation builds recovery capital, particularly the social capital of abstinent relationships and community, and it operates alongside the other resources and supports that together sustain long-term recovery.

The broader recovery support ecology has grown substantially, and the evidence documents its contribution. Recovery community organizations, which provide peer-based recovery support services outside the clinical treatment system, have been found to produce measurable improvements in participants' recovery capital, with one study across twenty such organizations documenting a significant increase in recovery capital associated with engagement in peer-based support (Ashford et al., 2021). This peer-based recovery support, of which twelve-step participation is one form, builds the resources that sustain recovery, and it reflects a broader shift toward recovery-oriented systems of care that support recovery over the long term rather than only delivering acute treatment. For the person taking the First Step, twelve-step participation is thus one entry point into a wider ecology of recovery support, and the counselor who understands that ecology can connect clients to the full range of resources that build their recovery capital.

For the practitioner, understanding recovery capital and the recovery support ecology situates twelve-step participation within the larger picture of sustained recovery. It means understanding twelve-step participation as one contributor to the client's recovery capital, particularly the social capital of abstinent relationships and community, operating alongside the other personal, social, and material resources that sustain recovery. It means connecting clients to the broader ecology of recovery support, the recovery community organizations, the peer-based supports, and the other resources that build recovery capital, rather than treating twelve-step participation as the sole recovery resource. It means attending to the full range of the client's recovery capital, including the material resources such as housing and income that the client's recovery also depends on, and helping to build what is lacking. And it means holding the long view of recovery-oriented care, understanding that recovery is sustained over time by the ongoing availability of resources and supports, of which twelve-step participation is a valuable but not exclusive part. The counselor who understands recovery capital connects clients to the full ecology of recovery support, building the resources that sustain the recovery the First Step begins.

The Scale of Recovery: Prevalence and Pathways

Teaching the First Step and supporting twelve-step engagement is grounded in a larger reality that the counselor should understand and can convey to clients: recovery from serious substance problems is common, achievable, and reached through many pathways, of which twelve-step participation is the most widely used assisted route. Clients in the grip of addiction, and taking the difficult First Step, often cannot imagine recovery or believe it possible for them, and the evidence on the prevalence and pathways of recovery offers both a realistic picture and a genuine source of hope. Recovery is not a rare achievement but a common one, reached by millions, and understanding its scale can help both counselor and client approach the First Step with the expectation that recovery is possible.

The national evidence documents the scale of recovery and the place of twelve-step participation within it. A study of a large national sample estimated that 9.1 percent of United States adults, representing more than twenty-two million people, had resolved a significant alcohol or drug problem, with nearly half self-identifying as being in recovery, and found that a majority of those who resolved

their problem had used some assisted pathway, with mutual-help groups the most commonly used form of assistance, used by more than forty-five percent, ahead of professional treatment and emerging recovery support services (Kelly et al., 2017). This establishes both that recovery is common, achieved by more than twenty-two million Americans, and that twelve-step and other mutual-help participation is the most widely used assisted pathway to it, which grounds the counselor's work in the reality that the recovery the First Step begins is genuinely achievable and that the mutual-help route the counselor facilitates is the one most people actually use.

For the practitioner, the evidence on the scale and pathways of recovery grounds the work and offers hope to convey to clients. It means understanding that recovery from serious substance problems is common and achievable, reached by more than twenty-two million Americans, rather than the rare achievement that clients in the grip of addiction often believe it to be. It means recognizing that recovery is reached through many pathways, of which twelve-step and other mutual-help participation is the most widely used assisted route, which grounds the counselor's facilitation of mutual-help engagement in the reality of how people actually recover. It means conveying to clients, particularly those who cannot imagine recovery for themselves, the realistic hope that the evidence supports, that recovery is common and achievable and that the path the First Step begins is one that millions have walked. And it means holding the counselor's own work within this hopeful and realistic frame, understanding that facilitating a client's engagement with mutual-help recovery is connecting them to the most widely used pathway to an achievable and common outcome. The counselor who understands the scale and pathways of recovery grounds the First Step in realistic hope, offering clients the evidence that the recovery they are beginning is genuinely within reach.

Twelve-Step Recovery Across Diverse Populations

The clients a counselor serves are diverse, and the counselor should understand how twelve-step participation operates across different populations, because the evidence shows both that it can benefit diverse clients and that access and engagement vary across groups in ways the counselor should attend to. Twelve-step recovery developed within a particular cultural context, and questions naturally arise about how well it serves clients of different backgrounds, identities, and circumstances. The evidence increasingly addresses these questions, documenting both the benefits of twelve-step participation across populations and the disparities in access and engagement that the counselor should work to address.

The evidence across populations carries several lessons. For sexual and gender minority clients, as discussed earlier, greater twelve-step participation was associated with comparable clinical benefit to that in the broader population, even as participation rates varied across identities, indicating that the program can serve these clients well when they engage. For racial and ethnic minority populations, a review of the evidence found it sparse and inconsistent but weakly suggestive of disparities in mutual-help participation, particularly for Latinx populations, including immigrants, women, and adolescents, and for Black women and adolescents (Zemore et al., 2021), pointing to gaps in access that the counselor should be alert to. Culturally tailored meeting formats, as the drug-focused mutual-help review noted, may confer additional benefit for racial and ethnic minority populations, and special-interest meetings designed for particular groups, such as women, young people, and sexual and gender minorities, can support recovery by providing a setting where members share common experiences and face fewer barriers of discrimination or exclusion. Adolescents, too, represent a population for whom twelve-step facilitation has been adapted and shown to increase engagement, as the

integrated adolescent twelve-step facilitation trial demonstrated.

For the practitioner, serving diverse clients through twelve-step recovery means attending to both its benefits and the variations in access and engagement across populations. It means recognizing that twelve-step participation can benefit diverse clients, including sexual and gender minority clients and clients of varied racial and ethnic backgrounds, when they engage, and helping diverse clients access that benefit. It means being alert to the disparities in access and engagement that the evidence suggests, particularly for some racial and ethnic minority populations, and working to address the barriers that produce them. It means drawing on culturally tailored and special-interest meetings where they fit the client, recognizing that a setting where the client shares common experiences with other members and faces fewer barriers of exclusion can support their engagement. And it means adapting the facilitation to the client's population and circumstances, as twelve-step facilitation has been adapted for adolescents, rather than assuming a single approach fits all. The counselor who attends to the diversity of clients and the variations in how twelve-step recovery serves them helps diverse clients access the benefits of the program while working to close the gaps in access that the evidence reveals.

Self-Efficacy, Hope, and the Turn Toward Recovery

The First Step's admission of powerlessness is, paradoxically, the beginning of a turn toward the self-efficacy and hope that recovery requires, and the counselor should understand this apparent contradiction and how twelve-step participation supports the development of the confidence and hope that sustain recovery. Abstinence self-efficacy, the person's belief in their capacity to stay sober, is among the strongest predictors of recovery outcomes and one of the mechanisms through which twelve-step participation works, yet it can seem at odds with the admission of powerlessness that the First Step requires. Resolving this apparent contradiction is part of understanding the First Step's role in the larger process of recovery.

The resolution lies in the distinction between powerlessness over the substance and efficacy in the work of recovery. The First Step's admission of powerlessness is specifically about the inability of willpower alone to control the addiction, and it opens the way to a different source of efficacy: not the failed willpower that could not control the drinking or using, but the confidence, built through the program and the fellowship, in one's capacity to sustain recovery through the tools, relationships, and practices that actually work. The person moves from the false and failing efficacy of willpower against the substance to the genuine and growing efficacy of working a program of recovery, and twelve-step participation builds this genuine self-efficacy through the mechanisms discussed earlier. Research linking within-treatment change to gains in abstinence self-efficacy reflects how the recovery process builds the confidence that sustains it (Blonigen and Macia, 2021), and the twelve-step program, with its community, its tools, and its accumulating evidence of others' recovery, is a powerful builder of that confidence. The hope that emerges alongside the self-efficacy, the growing belief that recovery is possible for oneself, completes the turn that the First Step's admission of powerlessness paradoxically begins.

For the practitioner, understanding the turn from powerlessness to self-efficacy clarifies the First Step's place in the larger recovery process. It means resolving for clients the apparent contradiction between admitting powerlessness and building self-efficacy, clarifying that the powerlessness is over the substance and the failed willpower, while the efficacy is in the work of recovery through tools and

relationships that actually work. It means helping clients move from the false efficacy of willpower against the substance, which the First Step acknowledges has failed, to the genuine efficacy of working a program of recovery, which twelve-step participation builds. It means understanding abstinence self-efficacy as among the strongest predictors of recovery and one of the mechanisms of twelve-step benefit, and supporting its development through the client's engagement with the program. And it means attending to the hope that emerges alongside the self-efficacy, nurturing the client's growing belief that recovery is possible for them, which the scale of recovery and the evidence of others' success can support. The counselor who understands the turn from powerlessness to self-efficacy helps clients see the First Step not as a dead end of helplessness but as the beginning of the genuine confidence and hope that recovery builds, which is the paradox at the heart of the twelve-step approach.

The Counselor's Role and Stance

The counselor teaching the First Step and supporting twelve-step engagement occupies a distinct role that the professional should understand clearly, because the counselor is neither a member of the fellowship acting in a professional capacity nor a neutral party indifferent to the client's engagement, but a professional facilitator who helps the client access and engage with a recovery resource of established effectiveness. Getting this role right matters, because the counselor who oversteps it, imposing twelve-step recovery as the only path or blurring the line between professional treatment and fellowship membership, serves clients less well than one who facilitates the client's engagement while respecting their autonomy and the distinction between the clinical and the mutual-help roles.

The appropriate stance draws on the evidence and on a clear understanding of the counselor's function. It means facilitating the client's engagement with twelve-step recovery through the evidence-based method of twelve-step facilitation, actively linking, educating, and supporting, rather than either passively suggesting a meeting or imposing the program as the only acceptable path. It means respecting the client's autonomy and preferences, offering twelve-step recovery and its alternatives and helping the client find the fit that works for them, rather than steering every client toward twelve-step recovery specifically, since the evidence shows engagement matters more than the particular program. It means holding the distinction between the professional and the fellowship, recognizing that the counselor's role is to facilitate the client's engagement with the mutual-help community, not to be that community or to run it. And it means bringing to the work the realistic hope that the evidence supports, that recovery is common and achievable and that mutual-help engagement is a powerful and widely used path to it, while holding that hope without overpromising or presenting twelve-step recovery as a guaranteed or universal solution.

For the practitioner, occupying this role well is central to serving clients. It means understanding the counselor's function as a professional facilitator of the client's engagement with twelve-step recovery, distinct from both fellowship membership and neutral indifference, and performing that function through the evidence-based facilitation the professional can deliver. It means respecting the client's autonomy and preferences, offering the range of mutual-help options and helping the client find their fit, rather than imposing a single path. It means maintaining the distinction between the clinical and the mutual-help roles, facilitating the client's engagement with the fellowship without confusing the professional's role with the fellowship's. And it means bringing realistic, evidence-grounded hope to the work, conveying that recovery is achievable and that mutual-help engagement is a powerful path to it, without overpromising. The counselor who occupies this role well facilitates clients' engagement with a

recovery resource of genuine effectiveness while respecting their autonomy and the boundaries of the professional role, serving the clients' recovery in the way the evidence supports.

Common Misconceptions and the Wisdom of the First Step

Twelve-step recovery, and the First Step in particular, are surrounded by misconceptions that can deter clients and mislead counselors, and the professional who understands and can correct these misconceptions serves clients better than one who shares or ignores them. The misconceptions run in both directions: some overstate the program, presenting it as a guaranteed cure or the only valid path to recovery, while others understate or dismiss it, treating it as an unscientific relic or a religious imposition. Both distortions do a disservice, and the evidence assembled here allows the counselor to hold an accurate view that avoids them.

Several specific misconceptions deserve correction. The misconception that twelve-step recovery is unscientific or ineffective is refuted by the Cochrane evidence that it performs at least as well as, and on some outcomes better than, the most established clinical treatments, and by the accumulated research on its mechanisms and its outcomes across populations. The misconception that twelve-step recovery is fundamentally religious and requires spiritual belief is complicated by the evidence that its benefits flow predominantly from social, cognitive, and affective mechanisms rather than spiritual ones, that the First Step requires no spiritual belief, and that spirituality matters mainly for a subset of participants. The misconception that admitting powerlessness means embracing helplessness is corrected by the understanding of the First Step's paradox, that admitting powerlessness over the substance is what allows a person to reclaim power over their life. And the misconception that twelve-step recovery is the only valid path is corrected by the evidence that engagement matters more than the specific program and that secular and specialized alternatives serve some clients better. Correcting these misconceptions, for both clients and colleagues, clears away the distortions that deter engagement or mislead practice.

For the practitioner, understanding and correcting the misconceptions is part of serving clients and representing the evidence accurately. It means holding an accurate view of twelve-step recovery that avoids both overstatement and dismissal, grounded in the evidence of its genuine but not universal or guaranteed effectiveness. It means being able to correct the specific misconceptions that deter clients or mislead colleagues, that the program is unscientific, that it requires religious belief, that admitting powerlessness means embracing helplessness, or that it is the only valid path, with the evidence that refutes each. It means presenting twelve-step recovery to clients accurately, as an evidence-based and widely used path that works through human mechanisms of connection and confidence, that requires no particular spiritual belief at the First Step, and that is one good option among several, so that clients can approach it free of the distortions that might otherwise deter them. And it means embodying the wisdom of the First Step itself, the paradoxical insight that the honest admission of powerlessness over the substance is the liberating foundation of recovery, and conveying that wisdom to clients as the beginning of a genuine and achievable transformation. The counselor who understands and corrects the misconceptions, and who grasps and conveys the wisdom of the First Step, serves clients with an accurate and hopeful understanding of the recovery the First Step begins.

Hitting Bottom and the Nature of Turning Points

The First Step is often associated with the idea of hitting bottom, the notion that a person must reach a point of sufficient suffering or loss before they can genuinely admit powerlessness and turn toward recovery, and the counselor should understand this concept in its more nuanced contemporary form rather than the simplistic version that can do harm. The traditional idea of hitting bottom captures a real phenomenon, that the accumulation of consequences can break through denial and create the readiness to admit the problem, but the simplistic version, which holds that a person must be allowed or even helped to reach some catastrophic low before they can recover, is both inaccurate and dangerous, since it can justify withholding help and can consign people to suffering that recovery could have spared them.

The contemporary understanding, reflected in research on turning points in recovery, is more complex and more hopeful. Studies of how people actually turn toward recovery find that change is rarely a single abrupt event triggered by a catastrophic bottom, but more often a process shaped by many factors and moments, and that turning points can arise from positive influences and gradual accumulations as well as from dramatic lows. The bottom, in this understanding, is not a fixed depth of suffering that must be reached but a subjective point at which the person becomes willing to change, and that point can be raised, reached at a higher level of functioning, through the intervention of others, the accumulation of smaller consequences, and the emergence of hope and alternatives. This reframing matters clinically because it means the counselor need not wait for a client to reach catastrophe, but can work to raise the bottom, helping the client reach the willingness to change before the worst consequences occur.

For the practitioner, understanding hitting bottom in its nuanced form guides how to help clients toward the readiness the First Step requires. It means recognizing the real phenomenon that consequences can break through denial and create readiness, while rejecting the harmful notion that a person must be allowed to reach catastrophe before they can be helped. It means working to raise the bottom, helping clients reach the willingness to admit their problem and change at a higher level of functioning, through intervention, the recognition of accumulating consequences, and the offering of hope and alternatives, rather than waiting for disaster. It means understanding the turn toward recovery as a process shaped by many factors and moments rather than a single dramatic event, and supporting that process wherever the client is in it. And it means offering hope and help early rather than withholding them in the mistaken belief that suffering must run its course, since the evidence shows that turning points can arise from positive influences and that the bottom can be raised. The counselor who understands hitting bottom in its nuanced form helps clients reach the readiness the First Step requires without the needless suffering that the simplistic version would impose.

Working with Coerced and Mandated Clients

Many clients encounter the First Step not by their own choice but under coercion, mandated to treatment or to twelve-step attendance by courts, employers, or families, and the counselor should understand how the admission of powerlessness and the engagement with recovery can be approached with clients who did not seek them. The coerced client presents a particular challenge for the First Step, since the honest admission of powerlessness and the genuine engagement with recovery seem to require a willingness the coerced client may lack, and the counselor may wonder whether the First Step can be

meaningful for someone compelled to take it. Yet coercion is a common pathway into treatment and recovery, and the evidence and clinical experience suggest that genuine recovery can develop from coerced beginnings, so that the counselor's task is to help the coerced client move toward genuine engagement rather than to dismiss the possibility.

The approach to coerced clients draws on the recognition that external pressure and internal motivation are not mutually exclusive and that the former can, over time, give way to the latter. A client mandated to attendance may begin resentful and resistant, going through the motions to satisfy the requirement, and yet, through exposure to the fellowship, the recognition of their own situation, and the emergence of hope, may develop the genuine motivation and the honest admission that the First Step requires. The counselor's role is to facilitate this development, engaging the coerced client's own goals and concerns, helping them see what recovery could offer them beyond satisfying the mandate, and supporting the shift from external compliance to internal engagement. This does not always succeed, and some coerced clients never move beyond compliance, but the possibility of genuine recovery developing from coerced beginnings means the counselor should work toward it rather than writing off the mandated client.

For the practitioner, working with coerced clients means helping them move from compulsion toward genuine engagement. It means recognizing that coercion is a common pathway into recovery and that genuine recovery can develop from coerced beginnings, so that the mandated client is not disqualified from the First Step but starting from a common and workable place. It means engaging the coerced client's own goals and concerns, helping them see what recovery could offer them beyond satisfying the external requirement, and supporting the shift from external compliance to internal motivation. It means approaching the coerced client's resistance with understanding rather than confrontation, recognizing it as a reasonable response to compulsion rather than a disqualifying defect, and working with it patiently. And it means holding realistic expectations, understanding that not every coerced client will move beyond compliance, while working toward the genuine engagement that the possibility of recovery from coerced beginnings makes worth pursuing. The counselor who works skillfully with coerced clients helps them move from the compulsion that brought them toward the genuine engagement that recovery requires, making the First Step meaningful even for those who did not choose it.

Relapse, Setbacks, and Continued Recovery

Recovery is rarely a straight line, and the counselor should understand relapse and setbacks as common features of the recovery process rather than as failures that negate it, and should understand how twelve-step recovery and the First Step relate to the reality of relapse. Relapse, the return to substance use after a period of abstinence, is common in recovery, and the evidence on long-term recovery reflects this, with even long-term members of twelve-step fellowships frequently having experienced relapses along the way. Understanding relapse as a common part of the process, rather than as a catastrophic failure, is important both for the counselor's realistic expectations and for helping clients recover from setbacks rather than being defeated by them.

The evidence on long-term recovery illustrates the place of relapse within it. The study of long-term Narcotics Anonymous members in recovery from methamphetamine use disorder found that these members, abstinent for an average of more than thirteen years, had frequently experienced a relapse at

some point over the course of their membership, with nearly half having done so, for an average duration of well over a year, before achieving their sustained recovery (Galanter et al., 2023). This finding, that even those in very long-term recovery had often relapsed along the way, establishes that relapse is a common part of the path to sustained recovery rather than a sign that recovery has failed, and it offers both a realistic picture and a hopeful one: the person who relapses is not thereby lost but is experiencing a common feature of the process from which sustained recovery can still follow. The First Step relates to relapse in that the return to use, and the renewed admission of powerlessness it may require, can be part of the ongoing recovery process, with each renewal of the First Step's honest admission a re-engagement with recovery rather than a failure of it.

For the practitioner, understanding relapse within the recovery process shapes how to respond to setbacks. It means recognizing relapse as a common feature of recovery rather than a catastrophic failure, holding the realistic expectation that setbacks are frequent and that even long-term recovery often includes relapses along the way. It means helping clients recover from relapses rather than being defeated by them, responding to a setback with the message that it is a common and workable part of the process from which sustained recovery can still follow, rather than with the discouragement that could turn a lapse into a return to active addiction. It means understanding the First Step's ongoing relevance, with the renewed admission of powerlessness after a relapse a re-engagement with recovery rather than a failure of it. And it means holding hope through setbacks, grounded in the evidence that sustained recovery commonly follows a path that includes relapses, so that neither counselor nor client concludes from a setback that recovery is impossible. The counselor who understands relapse as a common part of the recovery process helps clients navigate the setbacks that recovery so often involves, responding to them in the way that supports the return to recovery rather than the descent into defeat.

The Group as a Healing Community

Central to twelve-step recovery, and to the mechanisms through which it works, is the group, the fellowship of others in recovery that provides the social connection, support, and community that the evidence identifies as among the most powerful drivers of recovery, and the counselor should understand the healing functions of the twelve-step group and how to help clients engage with them. The group is not merely a venue for meetings but a community of people sharing a common experience and a common purpose, and it is through the relationships, support, identification, and belonging that the group provides that much of twelve-step recovery's benefit flows. Understanding the group's healing functions helps the counselor convey to clients what the fellowship offers beyond the content of the steps.

The healing functions of the twelve-step group are several and interconnected. The group provides identification, the recognition that one is not alone and that others have faced the same struggle, which counters the isolation and shame that addiction fosters. It provides models of recovery, living examples that recovery is possible and demonstrations of how it is done, which offer both hope and practical guidance. It provides support and accountability, the encouragement and the gentle pressure of a community invested in each member's recovery. It provides belonging, a place where the person in recovery is accepted and valued, which meets a fundamental human need that addiction and its consequences often leave unmet. And it provides the abstinent social network that the mechanisms research identifies as one of the strongest drivers of recovery, replacing the relationships that supported substance use with relationships that support sobriety. These functions, operating together, make the

group a healing community, and they explain why the social dimension of twelve-step recovery is so central to its effectiveness.

For the practitioner, understanding the group's healing functions guides how to help clients engage with the fellowship. It means recognizing the group as a healing community whose functions of identification, modeling, support, belonging, and abstinent social connection drive much of twelve-step recovery's benefit, and conveying to clients what the fellowship offers beyond the content of the steps. It means encouraging clients to engage with the group's relational and community dimensions, building the connections and belonging that are among the most powerful drivers of recovery, rather than treating meetings as merely a place to hear the steps discussed. It means understanding the group's role in countering the isolation and shame of addiction, and helping clients experience the identification and acceptance that the fellowship provides. And it means recognizing the abstinent social network as one of the strongest mechanisms of recovery, and helping clients build it through their engagement with the group. The counselor who understands the group as a healing community helps clients engage with the relational and communal dimensions of twelve-step recovery that drive so much of its benefit, connecting them to the fellowship that is at the heart of the tradition's effectiveness.

Co-Occurring Disorders and Twelve-Step Recovery

Many clients who take the First Step carry co-occurring mental health conditions alongside their substance use, and the counselor should understand how twelve-step recovery relates to co-occurring disorders and how to help clients with both engage with recovery. Depression, anxiety, post-traumatic stress, and other conditions are common among people with substance use disorders, and they interact with the substance use and with the recovery process in ways the counselor must attend to. The question of how twelve-step recovery serves clients with co-occurring disorders, and how to integrate twelve-step engagement with the treatment of the mental health condition, is important for the many clients who present with both.

Twelve-step recovery can benefit clients with co-occurring disorders, but their situation requires particular attention. The social support, structure, and coping resources that twelve-step participation provides can support the recovery of clients with co-occurring conditions, and specialized twelve-step meetings, such as those for people with co-occurring disorders, have developed to serve this population. At the same time, clients with co-occurring disorders need the mental health condition addressed alongside the substance use, and twelve-step participation is not a substitute for that treatment. A particular tension can arise around psychiatric medication, since some elements of some twelve-step communities have historically been skeptical of medication, and a client with a co-occurring disorder who needs psychiatric medication must not be discouraged from taking it by that skepticism. The counselor's role is to help the client engage with twelve-step recovery for its genuine benefits while ensuring the co-occurring condition receives appropriate treatment, including medication where needed, and to help the client navigate any tension between the two.

For the practitioner, serving clients with co-occurring disorders means integrating twelve-step engagement with mental health treatment. It means recognizing the high prevalence of co-occurring conditions among clients taking the First Step, and attending to the mental health condition alongside the substance use rather than treating the substance use in isolation. It means helping clients with co-occurring disorders access the genuine benefits of twelve-step participation, the social support,

structure, and coping resources, including through specialized meetings where they fit. It means ensuring that the co-occurring condition receives appropriate treatment, including psychiatric medication where needed, and guarding against the discouragement of needed medication by any skepticism within some twelve-step communities. And it means helping the client navigate any tension between twelve-step participation and their mental health treatment, holding both as necessary parts of their recovery. The counselor who integrates twelve-step engagement with mental health treatment serves the many clients with co-occurring disorders in the way their situation requires, helping them benefit from twelve-step recovery while ensuring their mental health condition is properly addressed.

Medication and the Abstinence Question

A significant and sometimes contentious question in contemporary recovery concerns the relationship between twelve-step recovery, with its traditional emphasis on abstinence, and the use of medications for addiction treatment, particularly medications for opioid use disorder, and the counselor should understand this tension and how to help clients navigate it. Medications for opioid use disorder, such as buprenorphine and methadone, are among the most effective treatments available, substantially reducing overdose death, yet some elements of some twelve-step communities have historically viewed such medications with skepticism, as inconsistent with the abstinence that twelve-step recovery emphasizes. This tension can place a client who is both engaged in twelve-step recovery and taking medication for opioid use disorder in a difficult position, and the counselor must help the client navigate it.

The evidence-based position is clear even where the cultural tension persists. Medications for opioid use disorder are lifesaving and effective, and a client with opioid use disorder should not be discouraged from taking them by the skepticism of some in the twelve-step community, since doing so could cost the client their life. At the same time, twelve-step participation offers genuine benefits, the social support, the community, the coping resources, that can complement medication treatment, so that the client need not choose between them. The drug-focused mutual-help review discussed earlier noted the stigma toward opioid agonist medications as a challenge within some drug-focused mutual-help settings, reflecting the reality of the tension, while the overall evidence supports both medication and mutual-help participation as valuable components of recovery for opioid use disorder. The counselor's role is to help the client access both, affirming the value and safety of the medication while supporting the client's engagement with the mutual-help community, and helping the client find the meetings and the relationships within it that will support rather than undermine their medication treatment.

For the practitioner, navigating the medication question means helping clients access both effective medication and mutual-help support. It means understanding that medications for opioid use disorder are lifesaving and effective, and ensuring that clients are not discouraged from taking them by the skepticism of some in the twelve-step community, since that skepticism, however sincerely held, can cost lives. It means recognizing that twelve-step participation offers genuine benefits that can complement medication treatment, so that the client need not choose between them but can access both. It means helping the client navigate the tension, affirming the value and safety of the medication while supporting the client's mutual-help engagement, and helping them find the meetings and relationships that will support their whole recovery. And it means holding the evidence-based position clearly, that medication and mutual-help participation are both valuable, even amid the cultural tension, and helping the client hold it too. The counselor who navigates the medication question well helps clients access

both the medication that can save their lives and the mutual-help support that can sustain their recovery, rather than forcing a choice between them that the evidence does not require.

Family and the Person in Early Recovery

The person taking the First Step exists within a network of family and relationships that both shape and are shaped by their addiction and their recovery, and the counselor should understand how family fits into the First Step and early recovery, and how the family's own needs and involvement bear on the client's recovery. Addiction affects the whole family, straining relationships, breaking trust, and creating patterns that persist into recovery, and the family's response to the person's recovery, supportive or otherwise, can significantly affect its course. The twelve-step tradition itself recognizes the family dimension, with fellowships such as Al-Anon developed for the family members of people with addiction, and the counselor should understand both the client's family context and the resources available to the family.

The family dimension bears on the First Step and early recovery in several ways. The family's response to the person's admission of their problem and their entry into recovery can support or undermine it, with a supportive family providing encouragement and stability while a family mired in conflict, enabling, or its own substance use can complicate the client's recovery. The trust broken by the addiction must be rebuilt over time, and the family's patience or impatience with that process affects the client. The family members themselves have often been harmed by the addiction and have their own needs for support and recovery, which the family-focused fellowships address, and a family that heals supports the client's recovery better than one that remains in the patterns the addiction created. The counselor's attention to the family dimension, within the bounds of the counselor's role and the client's consent, can thus support the client's recovery and connect the family to the resources it needs.

For the practitioner, attending to the family dimension supports the client's recovery and the family's healing. It means recognizing that addiction affects the whole family and that the family's response to the client's recovery can significantly affect its course, and attending to the family context within the bounds of the counselor's role and the client's consent. It means understanding the process of rebuilding broken trust and helping the client and family navigate it with realistic expectations. It means recognizing that family members have their own needs for support and recovery, and connecting them to the resources available, such as the family-focused fellowships, that can help them heal. And it means understanding that a family that heals supports the client's recovery better than one that remains in the addiction's patterns, so that attention to the family serves the client. The counselor who attends to the family dimension supports both the client's recovery and the family's healing, recognizing the relational context in which the First Step is taken and recovery unfolds.

Honesty and Rigorous Self-Examination

The First Step's admission requires honesty, and honesty is a value that runs through the entire twelve-step tradition as both a prerequisite and a practice of recovery, and the counselor should understand the central place of honesty in the First Step and in the recovery it begins. The admission of powerlessness and unmanageability that the First Step requires is fundamentally an act of honesty, the

honest recognition of a reality that denial and minimization have obscured, and the honesty the First Step demands is the beginning of a practice of rigorous honesty that the subsequent steps develop and that sustained recovery requires. Understanding the role of honesty helps the counselor appreciate why the First Step is so difficult and so foundational.

Honesty in recovery is demanding because addiction fosters its opposite, the denial, minimization, rationalization, and deception, toward oneself and others, that protect the substance use from examination and change. The First Step's honest admission breaks through this pattern at its foundation, and the recovery that follows requires the person to continue the practice of honesty, examining themselves rigorously, acknowledging their faults and their harms, and living with a truthfulness that the addiction had eroded. This rigorous honesty is not a moralistic demand but a practical necessity, since recovery cannot proceed on the foundation of the self-deception that sustained the addiction, and the person who cannot be honest with themselves about their situation cannot take the actions that recovery requires. The First Step's honesty is thus the first exercise of a capacity that recovery must develop, and the difficulty of that first honest admission reflects the depth of the dishonesty that addiction had fostered.

For the practitioner, understanding the central place of honesty guides how to support the First Step and the recovery it begins. It means recognizing the First Step's admission as fundamentally an act of honesty, and appreciating why it is so difficult, given the denial and self-deception that addiction fosters, and so foundational, given that recovery cannot proceed on a foundation of dishonesty. It means helping clients develop the capacity for honest self-examination that the First Step begins and the recovery requires, supporting them in the difficult work of seeing and acknowledging their situation truthfully. It means understanding rigorous honesty as a practical necessity of recovery rather than a moralistic demand, and conveying it to clients in those terms. And it means recognizing that the difficulty of the First Step's honest admission reflects the depth of the dishonesty that addiction had fostered, and approaching that difficulty with patience and understanding rather than frustration. The counselor who understands the central place of honesty supports clients in the honest admission that the First Step requires and the practice of honesty that sustained recovery demands, appreciating both the difficulty and the necessity of the truthfulness that recovery is built upon.

Where the First Step Leads

The First Step is, by design, a beginning, and the counselor should understand where it leads, because the admission of powerlessness and unmanageability is not an end in itself but the foundation for the steps and the recovery that follow. This course focuses on the First Step, and rightly so given its foundational importance and its difficulty, but the counselor helping a client take the First Step should understand that it opens onto a larger process, so that the client can be oriented toward what the admission of powerlessness makes possible. Understanding the trajectory from the First Step through the recovery it begins helps the counselor convey that the difficult admission is the doorway to something rather than a destination in itself.

The First Step's admission opens onto the process that the subsequent steps develop and that the recovery embodies. Having admitted powerlessness over the substance and the unmanageability of their life, the person becomes open to the help, the connection, and the changes that recovery requires, which the further steps guide them toward. The trajectory moves from the honest admission of the problem,

through the openness to help and the willingness to change that the admission creates, into the practical work of building a recovery, the engagement with the fellowship, the development of the abstinent social network, the growth of self-efficacy and coping, and the ongoing practice of the honesty and self-examination that recovery requires. The mechanisms research and the outcome evidence discussed throughout describe what this trajectory produces: the social, cognitive, and affective changes that reduce substance use and sustain recovery. The First Step, in this light, is the essential first move in a process whose effectiveness the evidence establishes, and its importance lies precisely in its being the foundation without which the rest cannot proceed.

For the practitioner, understanding where the First Step leads helps orient clients toward the recovery it begins. It means recognizing the First Step as a foundation and a beginning rather than an end in itself, and orienting clients toward what the admission of powerlessness makes possible rather than treating the admission as the whole of the work. It means understanding the trajectory from the First Step's honest admission, through the openness and willingness it creates, into the practical work of building a recovery, and helping clients move along that trajectory. It means conveying to clients that the difficult admission of the First Step is the doorway to a recovery of established effectiveness, so that the difficulty is worth undertaking for what it opens onto. And it means holding the First Step's foundational importance clearly, understanding that its being the essential first move, without which the rest cannot proceed, is precisely why it deserves the focused attention this course gives it. The counselor who understands where the First Step leads helps clients take it not as an isolated act but as the foundation of the recovery process it begins, orienting them toward the effective recovery that the admission of powerlessness opens onto.

Recovery as a Lifelong Process

The recovery that the First Step begins is best understood not as a destination reached and then possessed but as an ongoing, lifelong process, and the counselor should understand this long view and how it shapes the support of clients over time. The twelve-step tradition itself embodies this understanding, with its recognition that a person is always in recovery rather than recovered, and its practice of continued engagement with the fellowship and the steps over years and decades. The evidence on long-term recovery, with its long-standing members who remain engaged with the program long after achieving stable abstinence, reflects this ongoing character, and it carries implications for how the counselor supports clients and what recovery realistically involves.

Understanding recovery as a lifelong process carries both realism and hope. The realism lies in recognizing that recovery is not completed at some point after which the person is permanently cured and can disengage from the practices that sustain it, but requires ongoing attention, engagement, and vigilance, particularly given the commonness of relapse and the persistence of the vulnerability that addiction leaves. The hope lies in recognizing that recovery, though ongoing, is genuinely sustainable, with the evidence of long-term members abstinent for many years demonstrating that stable, lasting recovery is achievable and that the ongoing engagement that sustains it becomes, over time, not a burden but a valued part of a good life. The long view thus frames recovery as an ongoing process that is both demanding and rewarding, requiring sustained engagement while offering sustained benefit, and it shapes the counselor's support toward helping clients build the lasting engagement and the sustainable recovery that the long view describes.

For the practitioner, the long view of recovery shapes how to support clients over time. It means understanding recovery as an ongoing, lifelong process rather than a destination reached and possessed, and conveying this understanding to clients so that they approach recovery with realistic expectations of sustained engagement rather than expecting a cure after which they can disengage. It means helping clients build the lasting engagement with the fellowship and the practices of recovery that the long view requires, supporting the development of a sustainable recovery rather than a short-term abstinence. It means holding both the realism and the hope of the long view, recognizing that recovery requires ongoing attention while affirming that stable, lasting recovery is genuinely achievable, as the evidence of long-term members demonstrates. And it means understanding the counselor's role as helping clients begin and build a lifelong process, orienting them toward the sustained engagement that sustains recovery rather than toward a short-term fix. The counselor who holds the long view of recovery supports clients toward the ongoing, sustainable recovery that the First Step begins, framing it realistically as a lifelong process that is both demanding and genuinely rewarding.

The Counselor's Own Attitudes

The effectiveness of the counselor in teaching the First Step and facilitating twelve-step engagement depends not only on knowledge and technique but on the counselor's own attitudes toward twelve-step recovery, and the professional should examine those attitudes honestly, because they shape the work in ways the counselor may not fully recognize. Counselors come to this work with varied relationships to twelve-step recovery, some as members of the fellowship themselves, some as skeptics or critics, some as neutral professionals, and these varied attitudes can affect how the counselor presents twelve-step recovery to clients, sometimes in ways that do not serve the client well. Examining one's own attitudes is thus part of doing the work responsibly.

The attitudes that can distort the work run in both directions. A counselor who is a committed member of a twelve-step fellowship may, out of genuine conviction, present twelve-step recovery as the only valid path and impose it on clients for whom it does not fit, or may blur the line between their professional role and their fellowship membership. A counselor skeptical of or hostile to twelve-step recovery may, out of that skepticism, underemphasize or dismiss an evidence-based resource that could genuinely help the client, depriving them of a valuable option. Both distortions arise from the counselor's own attitudes overriding the client's needs and the evidence, and both are correctable through the honest self-examination that recognizes them and the commitment to the evidence and the client's autonomy that counters them. The evidence assembled here supports a balanced attitude, recognizing twelve-step recovery as genuinely effective and widely used while not universal or the only valid path, and the counselor who holds this balanced, evidence-grounded attitude serves clients better than one whose personal relationship to twelve-step recovery, positive or negative, distorts their practice.

For the practitioner, examining one's own attitudes is part of serving clients well. It means recognizing that the counselor's own relationship to twelve-step recovery, whether as member, skeptic, or neutral professional, can affect how they present it to clients, and examining that relationship honestly for its potential to distort the work. It means guarding against the distortion of imposing twelve-step recovery out of personal conviction, respecting the client's autonomy and the range of options rather than presenting one path as the only valid one. It means guarding equally against the distortion of dismissing twelve-step recovery out of personal skepticism, offering clients an evidence-based resource rather than depriving them of it because of the counselor's own reservations. And it means cultivating a

balanced, evidence-grounded attitude that recognizes twelve-step recovery as genuinely effective and widely used while not universal, and that lets that balanced understanding rather than the counselor's personal relationship to the program guide the work. The counselor who examines their own attitudes honestly and cultivates a balanced, evidence-grounded stance serves clients with the accurate presentation and the respect for autonomy that effective and ethical practice requires.

Recognizing Progress and Sustaining Motivation

Recovery unfolds gradually and unevenly, and the counselor should understand how to recognize progress and sustain motivation across the long and non-linear course that recovery involves, because the client's ability to see their own progress and maintain their motivation significantly affects whether they persist. In the early period after taking the First Step, progress can be difficult for the client to perceive, as the gains are often incremental and internal, the growing honesty, the developing connection to the fellowship, the emerging self-efficacy, before they become visible in sustained abstinence and a rebuilt life. A client who cannot see their own progress may become discouraged and lose the motivation that recovery requires, and helping clients recognize their progress is therefore among the ways the counselor sustains their engagement.

Recognizing progress in recovery means attending to the incremental and internal gains as well as the visible outcomes. A client who has taken the First Step's honest admission, who has begun to attend meetings and connect with the fellowship, who has developed some self-efficacy and coping, and who has begun to experience the hope that recovery is possible, has made real progress even before the full stability of sustained recovery has arrived, and helping the client see these gains can sustain the motivation to continue. The mechanisms of recovery discussed throughout, the social connection, the self-efficacy, the coping, the reduced negative affect, provide markers of progress that the counselor and client can recognize, and attending to them allows the recognition of progress that the presence or absence of complete recovery alone would obscure. Sustaining motivation, in turn, draws on this recognition of progress, on the hope that the evidence of achievable recovery supports, and on the client's own reasons for recovery, the goals and values that recovery serves, which the counselor can help the client keep in view.

For the practitioner, recognizing progress and sustaining motivation supports the client's persistence through the long course of recovery. It means attending to the incremental and internal gains of early recovery, the growing honesty, the developing connection, the emerging self-efficacy and hope, and helping clients recognize these gains rather than perceiving only the absence of complete recovery. It means using the mechanisms of recovery as markers of progress that counselor and client can recognize together, allowing the recognition of the real gains that the incremental and internal nature of early recovery can otherwise obscure. It means sustaining the client's motivation through the recognition of progress, the hope that achievable recovery supports, and the client's own reasons and goals for recovery, which the counselor can help keep in view. And it means understanding that the client's ability to see their progress and maintain their motivation significantly affects their persistence, so that the recognition of progress and the sustaining of motivation are not incidental but central to supporting recovery. The counselor who helps clients recognize their progress and sustain their motivation supports their persistence through the long, uneven course that recovery involves, helping them continue the journey that the First Step begins toward the sustained recovery that the evidence shows to be achievable.

Stigma, Shame, and the Path to Admission

The admission that the First Step requires is made harder by the stigma that surrounds addiction and the shame it produces in the person struggling with it, and the counselor should understand how stigma and shame obstruct the First Step and how to help clients move past them toward the honest admission recovery requires. Addiction is among the most stigmatized of health conditions, widely regarded as a moral failing rather than a disorder, and the person struggling with it absorbs this stigma as shame, coming to see themselves as weak, bad, or worthless, and this shame both drives the substance use, as the person uses to escape the painful self-judgment, and obstructs the admission of the problem, since admitting it means confronting the shameful self-image the stigma has produced. Understanding this dynamic helps the counselor appreciate why the First Step is so difficult and how to make it more approachable.

The stigma-and-shame dynamic obstructs the First Step in a specific way. To admit powerlessness and unmanageability, the person must acknowledge a condition that the surrounding stigma frames as a shameful moral failing, and the shame this acknowledgment threatens to confirm makes the admission feel like a confession of worthlessness rather than the honest recognition of a treatable condition. The person may therefore resist the admission not out of simple denial but out of the need to protect themselves from the shame it would unleash, and the counselor who pushes the admission without addressing the shame may deepen the resistance. The more effective approach reframes addiction from a moral failing into a condition that can be treated, separating the person's worth from their addiction and countering the stigma's message that to have the condition is to be worthless. This reframing, which the twelve-step fellowship itself provides through its community of people who have made the same admission and found acceptance and recovery, makes the admission of the First Step possible by making it safe, an entry into a community of shared experience and acceptance rather than a confession of shameful failure.

For the practitioner, addressing stigma and shame is part of helping clients toward the First Step's admission. It means understanding how the stigma surrounding addiction produces the shame that both drives substance use and obstructs the admission of the problem, and recognizing a client's resistance to the admission as sometimes a protection against shame rather than simple denial. It means reframing addiction from a moral failing into a treatable condition, separating the client's worth from their addiction and countering the stigma's message that to have the condition is to be worthless, so that the admission becomes the recognition of a treatable condition rather than a confession of shameful failure. It means drawing on the accepting community of the twelve-step fellowship, where others have made the same admission and found acceptance and recovery, to make the admission safe for the client. And it means approaching the client's shame with compassion rather than adding to it, recognizing that the shame is itself a product of the stigma and an obstacle to recovery rather than a deserved judgment. The counselor who addresses stigma and shame helps clients move past the shameful self-image that obstructs the First Step toward the honest admission that, made safe by compassion and community, opens the door to recovery.

Enduring Wisdom Meets Contemporary Evidence

A notable feature of the twelve-step tradition, and of the First Step in particular, is how well its enduring wisdom has held up against the contemporary evidence, and the counselor should appreciate this convergence, because it lends both credibility and depth to the teaching of the First Step. The twelve-step approach was developed in the 1930s through the accumulated experience of people recovering from alcoholism, long before the modern research apparatus that has now evaluated it, and it might have been expected that rigorous contemporary evidence would find much of its traditional wisdom to be folk belief unsupported by science. Instead, the evidence has substantially validated the approach, finding it as effective as the most established clinical treatments and clarifying that it works through identifiable mechanisms, which is a striking vindication of a tradition built on lived experience rather than research.

This convergence of enduring wisdom and contemporary evidence deepens the teaching of the First Step in several ways. It establishes that the First Step's central insight, the paradox that admitting powerlessness over the substance opens the way to recovery, is not merely a piece of program doctrine but a recognition borne out by research on how recovery actually unfolds, in which the release from the futile struggle for control opens the way to the acceptance, connection, and self-efficacy that sustain recovery. It confirms that the social and communal dimensions the tradition emphasized, the fellowship, the mutual support, the shared experience, are indeed among the most powerful drivers of recovery, as the mechanisms research shows. And it demonstrates that a tradition can accumulate genuine wisdom through lived experience that later research validates, which should give the counselor confidence in the First Step's enduring insights even as they are enriched by the contemporary evidence. The wisdom and the evidence, in this light, are not in tension but mutually reinforcing, with the evidence confirming and clarifying the wisdom that the tradition accumulated.

For the practitioner, appreciating the convergence of wisdom and evidence enriches the teaching of the First Step. It means recognizing that the twelve-step tradition's enduring wisdom, developed through lived experience, has been substantially validated by contemporary evidence, which lends both credibility and depth to the teaching of the First Step. It means understanding the First Step's central paradox as both traditional wisdom and evidence-supported insight, and conveying it to clients with the confidence that both the tradition's experience and the research support it. It means drawing on both the wisdom and the evidence in teaching the First Step, enriching the traditional insights with the contemporary understanding of the mechanisms and outcomes that confirm them. And it means holding the tradition and the research as mutually reinforcing rather than in tension, appreciating that the evidence confirms and clarifies the wisdom the tradition accumulated. The counselor who appreciates the convergence of enduring wisdom and contemporary evidence teaches the First Step with both the depth of the tradition and the credibility of the research, offering clients an approach that is at once time-tested and evidence-based.

Integration: The First Step as Foundation

The unifying lesson of the evidence assembled here is that the First Step, the admission of powerlessness over alcohol and drugs and of the unmanageability of one's life, is the foundation of a recovery process that the research has now established to be genuinely and substantially effective, working through human mechanisms of social connection, growing self-efficacy, improved coping, and reduced negative affect, accessible through both traditional and evolving formats, and reached through the genuine involvement that matters more than mere attendance or the choice of any particular program. The First Step is not a spiritual doctrine to be accepted on faith nor a declaration of helplessness to be endured, but the honest and paradoxically liberating recognition that opens the door to a recovery that millions have achieved.

The wisdom of the First Step, which this course sets out to convey, is deepened rather than diminished by the evidence. The paradox at its heart, that admitting powerlessness over the substance is what allows a person to reclaim power over their life, is borne out by the research on how recovery actually unfolds, in which the release from the futile struggle to control the addiction through willpower alone opens the way to the acceptance, connection, and genuine self-efficacy that sustain recovery. The counselor who teaches the First Step well conveys this paradox, helping clients approach the admission of powerlessness not as defeat but as the clarifying and liberating beginning it is, and grounding that teaching in the evidence that the recovery it begins is common, achievable, and reached through the mutual-help engagement the counselor facilitates.

Ultimately, the work this course describes is the work of helping people take the first and most difficult step of a journey the evidence shows to be genuinely possible. The counselor who understands the effectiveness of twelve-step recovery, the mechanisms through which it works, the primacy of involvement over attendance, the nuanced role of spirituality, the range of alternatives, and the diverse populations it can serve, and who grasps and conveys the paradoxical wisdom of the First Step, brings to that work both the evidence that grounds it and the understanding that makes it effective. The competencies this course builds are the means of helping clients take the First Step and enter the recovery it begins, and the counselor who masters them helps clients begin a journey that, as the evidence establishes, leads for millions to the resolution of the problems that brought them to treatment and to the recovery that the First Step's honest admission of powerlessness paradoxically makes possible.

Wisdom of the Twelve Steps

1st Step Workbook

Single Tear

David Walton Earle, LPC

Dedicated to those who suffer
and
are in need of healing.

David Walton Earle, LPC

Books

What To Do While You Count To 10
Professor of Pain
Iron Mask
Red Roses 'n Pinstripes
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"Acceptance of what has happened is the first step to overcoming the consequences of any misfortune."
William James

The *Wisdom of the Steps* is a series of workbooks written to assist any person with an addiction to drugs, and/or alcohol. This workbook also helps people suffering from compulsive gambling, sex addiction, love and sex addiction, eating disorders, compulsive shopping, internet or electronic obsession, and anyone who loves someone with any of these debilitating problems. All of these maladaptive behaviors stem from the same dysfunctional coping skills - *an external solution for an internal problem.*

Wisdom of the Twelve Steps invites you to embark on a wonderful journey, your own Odyssey into the recovery waters of change. We promise days of bright sunshine, strong winds, and periods of smooth sailing. However, be forewarned, this is a stormy and demanding ocean; you will need all hands on deck to successfully pilot these waters. Fortunately, for you, there are many who have already navigated these passages and know the way. There are also many eager sailors who will help you adjust your sails, mend your broken spars, and show you the stars for your steering.

You are not alone.

This book has four main parts.

Part I This story is an illustration of some of the principles and dynamics in this step. When a story surrounds a lesson, learning is better retained and much faster. *Single Tear* provides that structure.

Part II This section contains tenets and lessons required by all steps so they are included in every workbook in the *Wisdom of The Steps* series.

Part III This part focuses entirely on the 1st Step with discussions, challenges, and provocative self-questions.

Part IV Appendix

"Everyone thinks of changing the world,
but no one thinks of changing himself."
Leo Tolstoy

Part I

A Single Tear

A sleeping man lay on crumpled sheets and blankets. His breathing was heavy and irregular, a restless sleep on the edge of awakening. He was of medium build with a three-day salt and pepper growth of beard. He was in his early forties with grey at the temples and the beginning of a receding hairline. His face had deep cavernous lines, as if all the cares of his life were on display, indelibly etched, obvious to any observer.

Dirt film on the window diffused the late afternoon sunlight. The distant hum of traffic on the street outside does not drown out the ticking of an alarm clock. The room had good quality furniture, which by now had seen better days. It was obvious a woman's touch had long ago influenced the colors and wall coverings, though they were now faded with time and neglect. A once beautiful antique brass bed was the focal point of the room; at one time, it would have been expensive, but now given the reality and the surroundings, this fine-looking bed seemed totally out of place.

A slight groan came from the man as he rolled over and assumed another position. The smell of last night's drink hung heavy in the air, and an empty scotch bottle lay on the floor as a silent testimony to the night before. In the distance, a church bell was ringing. Had he been awake, he would have heard it and known that he had slept through most of the daylight hours. Again the man stirred, his eyes opened briefly and quickly closed, as if afraid of what he might see. As he finally awakened and opened his heavy eyes, he felt the room moving slowly around and then moving faster and faster. He put his foot on the floor as if to steady his motion, feeling the knot in his stomach protesting last night's abuse. In the background, the alarm clock faintly ticked, faithfully marking the passage of time.

His neck muscles were stiff and with a slow rubbing motion, he gently rubbed the back of his neck. This had a soothing effect and the tightness slowly and reluctantly receded. The temporary relief was in marked contrast with the rest of his body, which was screaming with neglect and abuse.

The ringing of the alarm clock shattered the silence. The man rolled over away from the noise, a pillow over his head, determined to out-wait the clock's spring. This clock was stubborn; it would not stop ringing.

How the noise hurt his head. How his joints ached. How he wished it would stop. Louder and louder, the clock seemed to ring, and tighter and tighter, the man wrapped the pillow around his head. This battle of wills continued between the mechanical object and this human who would have preferred to be comatose. Nothing this man did deterred the determination of the clock, its invasive ringing noise echoed in his hung-over head. The clock continued to ring with ever-increasing intensity, forcing the man to arise and search for the alarm.

When the noise was located, his motions were surprisingly quick, considering his recent reluctance to rise. He leapt to his feet, locating his mechanical nemesis under a pile of scattered dirty shirts and last week's discarded underwear. At last, his search rewarded him relief, he pushed the button and stopped the ringing. The room's silence was deafening.

He sat on the bed and wearily surveyed his domain. The dead soldier of the bottle from last night's binge now lay empty and discarded on the floor. The man lovingly picked up the bottle, turning it on end so the last few drops flowed into his unquenched throat.

Where is another bottle? He panicked as he tried to clear his cloudy brain. *What did I do with the other bottle?* He thought. *The one I bought yesterday or was it the day before?* Panic began to swell inside him; a heavy pressure now squeezed his chest. In an instant, he remembered a frightening fact. He drank all of them! An ever-increasing panic filled his thoughts. *All gone* echoed in his desperate mind. *All gone*. Then he remembered - there was one left! In a quick bounding leap, he headed for the dresser and opened the bottom drawer. He rapidly threw his clothes onto the already cluttered floor as he searched for his prize. His hand circled his goal, another bottle with an unbroken seal - a rarity in his house. *Change is on its way, relief is now at hand,* he chuckled to himself.

As he started to open this 12-year-old scotch of Glen Fiddich, he recalled the reason this bottle was still there, with the seal intact. It had been here, in this same drawer for over four years. It was a gift from his former boss as recognition for his successful landing of a very desirable contract, a reward for his hard work. The fact that this bottle was still in this darkened drawer was impressive to him. He now equated that award to a time-a million years ago-and how wonderful he felt receiving that recognition. Every time before when his frantic desire for the next drink threatened the contents of this bottle, this memory provided his resolve. Why had he spared this bottle when all others were gone? *Maybe it is like the turkey the president pardons every year at Thanksgiving,* he thought. *This bottle has a presidential pardon*, he laughed to himself.

Then he recalled what he always told himself about this bottle, *the reason I spared it, if I drink this bottle, it would be like all others, and it would not be special. And because it is so special, I will not drink it. See, if I did drink it, I would be an alcoholic. Because it is still here,* his logic went; *I know that I am not…not an alcoholic!* The conclusion of this thought process followed the same self-delusional mantra - *I am not an alcoholic.* As if just saying, I am not an alcoholic, created the reality; he knew he was not one of those people…an alcoholic.

These were the thoughts echoing through his hazy mind as his pondered the contents of this bottle. *I am not an alcoholic!* he exclaimed as he put the bottle on the dresser, thus proving… *he did not have a problem*. He was proud of himself. His control was still intact. He did not have a problem like all those other losers. *I am not an alcoholic*, he repeated again with justified indignation.

His hand shook as he released the prized bottle. His knees slowly gave way until he was sitting in a slumped position on the floor, his back to the wall. After a period of silence, in which he could not recall a single thought, he opened his eyes and surveyed the wreckage of this room. *This room stinks,* was his first reaction. *That thought was strange,* he pondered, for he had been living in this apartment for many months, even before his wife left him, and he had not smelled it before. *This room is a total disaster,* was his realization. A chuckle escaped his lips when he recalled how his mother had

always reminded him, “Your room is a disaster, and unless you clean it you will never make anything of your life.”

Well, Mother, you were right; my room is a disaster and so is my life! These words were only half spoken, hardly audible. My life is a wreck! he repeated. A sudden panic seized him. What if drinking is causing this wreckage in my life. These thoughts raced through his mind. As quickly as this thought entered his consciousness, his denial quickly shut the door to that possibility.

A couple of years ago, he got a DUI, was court ordered to attend Alcoholics Anonymous meetings, and reluctantly went to one. He defied the court by never attending another. *What a bunch of whiners, complaining about everything,* was his reason for not returning. He had been glad he did not return, was proud of his resolve, and resented anyone who insisted that he needed to go back.

The only positive memory of that one A.A. meeting was when one man told his story. The man at the meeting said “…it was like there **were two dogs inside my head** that were fighting each other. One dog was the **dog of drink and the other was the dog of recovery**.” From that powerful image, the man chuckled to himself. ***Two dogs,*** the man repeated to himself. Maybe what made it so memorable was what he overheard when leaving the meeting when another man asked, “Which of those dogs are winning?” Before answering, there was a long pause from the first man, as if he never had considered that question before.

The man’s ears picked up. “I guess,” said the storyteller, “I guess the **dog who is winning the fight is the one I am feeding**.” Ever since that A.A. meeting, the man had wondered about the significance of that story. *Why had it stayed with me*, he asked aloud.

Which one am I feeding?, echoed in his head as his mind returned to his previous thought, *What if drinking is causing this wreckage in my life.* As quick as this thought entered his mind, he again dispelled it with a declaration: *I’m not going to drink anymore! I quit! If I have the character to never touch this bottle after all these years, then, by God, I have what it takes to stop drinking. I just won’t feed that* ***dog of drink*** *ever again,* he declared.

He said this declaration with resolve and great force intensified by his unacknowledged denial. However, in an instant, a small voice deep within began whispering, reminding him of all the other resolutions he had previously made, some to his various employers, many to his former wife, and many more to himself. The fact that he absolutely meant but ultimately broke all the other promises did not deter him from making this latest pledge. Ignoring this small nagging voice as a nuisance to disregard, he declared aloud with the sweeping of his hand, *I would even clean this room, making it nice and clean. Like my new life without alcohol,* he thought.

I will make this room shine and smell good again, he muttered under his breath. He began cleaning with all the intensity of a reformed alcoholic; it was a determined man who picked up discarded clothes, some dirty and some just never put away. Since he couldn't tell the difference, he put them all in the laundry basket. Monday after work, he planned to get his laundry done. As the dust flew, the room began to take on a more tidy appearance. Every once in a while he would glare at the bottle of scotch still sitting on the dresser, patiently awaiting his attention

As his newly found sobriety stretched into double minutes, he scrubbed and then polished the floor. The wood floor began to take on a special sparkle and smelled fresh from the lemon in the floor wax. He polished the furniture, paying special attention to the dresser holding the bottle. He lifted this golden liquid and smiled at it with a sense of pride he had not known for a long time. *See how easy it is to resist?*

Next on his list was the bed. Off with the old sheets-he could not remember the last time he had changed them-then on with the clean. It was amazing how this once torn and ragged room was now taking shape. This burst of energy transformed a once unsightly, disgusting room into a place of acceptance. Perhaps a compulsive cleaner would never consider it perfect, but the comparison was striking. Upon completion of this cleaning project, the man sat on a chair and surveyed his room. It was neat and clean. On the dresser was the old bottle that seemed to be calling him. Whenever his eyes wandered, they would always return to the center of the dresser and to the unopened bottle.

One drink in this nice clean room, one smooth drink over ice, hmmm, sure sounds nice, the man thought to himself. As quickly as this thought came to his mind,

he immediately changed the flow of thoughts. Once he changed his focus away from the bottle, he smiled to himself in pride; he could ignore thinking about the bottle any time he wanted to. *This newfound self-control was working wonders*. Why had he ever doubted himself, he thought. *Alcoholics do not have that control, but I do*, he assured himself, *And I can do this without those stupid meetings*.

A shave and shower were next on his list. The hot water was running and his hand checked the temperature before the next conscious thought hit him. His mind returned to the bottle, *Maybe I should just pour it down the drain*, he thought. He contemplated whether it was best to destroy this bottle and its contents or just drain off the liquor and keep the bottle as a memento to his new life of sobriety. He envisioned himself telling his friends the significance of the now drained bottle. He discarded both options when he declared aloud; *the bottle and the liquor will stay unopened on that dresser!* ***I am not an alcoholic!***

After a shower washed away the sweat and accumulated body odor, he began to shave his three-day stubble. He chuckled to himself as he recalled a cartoon he once read: "Does shaving cream actually soften your beard or does it just mark your place?" He laughed again, feeling fresh, clean, and alive. Through the deepest recesses of his stomach, thoughts of food entered his mind and he realized how hungry he was, "Let's see what time it is." He looked at the electric wall clock: 5:00. "Plenty of time for the happy hour at the Blue Moon," he thought, "They always have plenty of *hors d'oeuvres* and I can eat for free."

Then he remembered that it was Sunday and the Blue Moon was not open. Panic then seized him. If he was to keep his now very tender sobriety, he realized he could not go into his favorite places and drink. *But I will miss all of my friends, they wouldn't understand*, he worried.

Maybe I won't go out to drink there anymore; I'll just stay home and drink a few beers in the evening. When rationalizing that thought, he became calmer. The image of cool beers floated through his still alcohol-soaked brain and he began obsessing, *maybe one drink out of that bottle before I go out to eat, just one drink would be nice - something to settle my nerves*.

No! He firmly declared, I have given it up. I am now on the wagon and I promise, this time for good, I will never drink again!

He grabbed his coat and headed out the door into the wet chill of the early evening. In the flickering darkness of evening, a flight of birds appeared black against the gray February skies. A gust of wind bit through his light jacket and the bitter cold helped him make up his mind where he was to eat. *Somewhere close* he decided. *I'll eat at Mother's Restaurant* and he turned around the corner.

He went into the restaurant and sat at the first available table. Although he scanned the menu, he knew what he wanted before he sat down. He knew the food very well. *Only too well*, he lamented.

His thoughts drifted to the past when he had a wife and family, *she was just too hard to live with, and it didn't work out. She was always making things difficult for me, and I mean always.* He remembered, *she would wreck my plans for going out with the boys for a couple of beers, and bitch at me, telling me to stop drinking. A lot of good her bitching did.* He always wondered, *what was the harm?* If she wasn't bitching about his drinking, she complained about all the time he spent at the office. *Being at the office, especially at the end of our marriage, was preferable to being at home with her,* he thought. I'm doing this all for you, he would tell her, thus excusing and justifying all his absences and "drinking with clients" that kept him out many evenings.

I mean - why not? Why can't I have friends? Why couldn't she understand? I needed to entertain clients and they liked to drink. It was part of my job, expected of me, he justified. He would rationalize his long periods of absence with the excuse that it was to benefit their future. And if he wasn't working, she was always cleaning. *Cleaning, cleaning, cleaning, my god that woman was obsessive - she was always cleaning or yelling at me to pick up,* he remembered. "Don't put your beer on the table without a coaster!" she would yell at him. *A coaster, my god, a coaster*, he exclaimed to himself, working himself into a small rage. *All the time coasters, if she would have just stopped nagging,* he thought, *it could have worked out but she ruined my happy home.*

It was a constant battle, *if she would have just stopped nagging and quit trying to control me*. The sentence hung on his lips as he felt the loss of what he once had, his loving wife. Then she had changed! She told him it was because of his drinking, but he knew it was not; she had changed. Changed into a mean shrew and became obsessed about his drinking. *If she had just let me drink in peace,* he lamented. Feeling the pangs of hunger, he remembered, *and man, that woman could cook*.

His mind wandered to the special meals she would prepare when they were first married. He was very successful in the beginning of his career before *politics*, as he labeled his failures, forced him out of job after job. Before the run of bad luck, when his career was ascending, they would celebrate each raise with his favorite meal: lamb chops and a fancy wine from some exotic place. The thought of the wine made his mind turn to drinking, and that bottle of scotch still unopened waiting for him at home on his dresser, just where he had left it. *I mustn't think about that damn old bottle*, he declared. *I do not need to be thinking about it*. Fortunately, the server arrived interrupting his thinking and requested his order.

The moon was out and the night sky was dark by the time he started out of the restaurant, heading into the damp and chilly night air. *Thank God, I don't have far to go,* he thought, *I should have worn my heavy jacket*. He lowered his head to block the wind from his face. This position allowed him to view only the sidewalk as he walked. He made sure he didn't step on a crack. *Don't want to break my mother's back,* he smiled at this thought *break her back? Now that was an interesting thought,* he reflected. As the wind picked up, he quickly put his mother out of his mind and focused on getting back to his apartment, out of the cold.

Battling the surprising force of a once calm evening, the wind, and its penetrating cold occupied all his thoughts. *A good stiff shot of scotch would really feel good going down right now,* he anticipated. *On a cold night like this, whiskey would chase away this chill. It wouldn't hurt if I just took one good slug; just one sip wouldn't hurt*.

One drink is never enough, a voice responded. The recovery dog is barking, he laughed. This is the voice all addictive people hear but like most, choose to ignore. One drink before I turn in would be okay -- just one drink to warm me in this bitter cold.

After all, look what I accomplished today, I've cleaned up that trashy room and swept, mopped, and polished the floor. That floor now sparkles, he smiled to himself, and I deserve to reward myself. A sudden fleeting thought gripped him in terror. Drinking, what a lousy reward, but in an instant his denial closed on that rational thought. Anticipating the warm burn of the scotch and looking forward to happy memories soon to be his when the numbing effect of the alcohol arrived - when the **dog of drink got fed**.

Just one little drink, reverberated in his brain as his thoughts battled one another. *No! I will not. I cannot. I will not open that bottle! I have resisted opening it for so long through much tougher times than this. I will not open it,* he declared to himself with unparalleled resolution. *I am not an alcoholic! But I want a drink really bad,* again the self-talk battle, *maybe I do have a problem*. His addiction acted quickly, as quickly as this rational thought came into his mind; it quickly closed the door on that possibility. These two conflicting thoughts were a battle constantly waged deep in the dark recesses of his alcohol-infected brain.

These were his **two fighting dogs**. This battle was a constant tug between admitting he was an addict who needed A.A., and his fiercely defended rationalization that by keeping this bottle's contents intact he was definitely not an alcoholic. A cold chill ran down his back as a sudden realization consumed his thoughts, *I will not drink from that special bottle…I just will not,* as his obsession to feed the **addict dog grew**.

The war continued, as two dogs now fought in his brain. One dog wanted to change, wanted to admit his addiction, to surrender to reality. The other, more dominant dog thought it would die if it could not have alcohol and fought with wild abandon any thoughts to the contrary. *I have not opened that bottle, proving I am not an alcoholic,* the man declared as he again fed this dog. The dogs battled in a fierce fight to the finish, leaving the man confused and exhausted. He had long ago given over his power to influence the outcome of this battle; he was willing to accept the reality of the winner of this fight. **Which dog would win?** Which dog was he feeding?

The cold was now penetrating his light jacket and making it hard to breathe, let alone to think. The effects of the cold and the desire to get warm consumed his

thoughts. His body felt the cold; his mind registered the pain, and then demanded that he provide warmth. His addict brain told him alcohol would solve this problem; **score one for the addict dog**. Anyone operating with his or her intellect would reject this rationalization. Intellectually, his brain did too, but in his compulsive reality he was different; here, his confused thinking made sense and quickly overruled his intellect. He was not an alcoholic and did not have a problem.

I just need one drink to warm me from this bitter cold, and then I can retire for the evening in my nice clean room for a well deserved good night's sleep. I have a big day at work tomorrow and I want to be well rested, he planned. Since he made it absolutely clear to his addict brain that he would not open this special bottle, a logical conclusion to his dilemma become obvious. I'll just get another bottle for the evening, and take that one drink before bedtime, just a nightcap to celebrate my newfound sobriety, was his delusional conclusion, "…and to warm me up." The **addict dog howled** with anticipation.

He knew a friend who lived close by and would sell a bottle to him. It would not be the same quality of scotch as in his special bottle, the price would be as much as expensive scotch, but this was a special occasion that needed to be celebrated, *Yes, sir, John Fredrick would be just the ticket,* he thought. He reached into his wallet and noticed to his relief, the unspent twenty. *This is more proof that I am not an alcoholic. Would an alcoholic have money in his pocket? Well, I have money. I don't dig around in trashcans for food. I have a job. And that special bottle will forever be unopened. I am not an alcoholic!,* he declared with satisfaction. Without really thinking, the man's feet had already deposited him at John's backdoor. John was a retired teacher who spent a lot of time alone. His neighbors did not like him but somehow the man and he had developed a friendship and often drank together. Why his neighbors did not like John, he didn't know, but now he needed John and was glad he was his friend.

The man's breathing relaxed when John finally answered his knock on the door. No words were necessary; all John had to do was look into the man's eyes to witness the intense desire for drink. Money quickly changed hands – cash for the promise of the happiness encased in a bottle. With a muffled "thank you," the man grabbed the bottle and quickly turned towards home.

He was back in his room when he realized how cold he had become. The chill of the night had penetrated his inadequate jacket but now he enjoyed the contrast between the cold of a few moments ago and the warmth of his now-clean apartment. He anticipated the first swallow, a burning sensation that was such a good feeling, nothing like it. The anticipation of the effects of the swallow brought back pleasant memories, euphoric recall of how wonderful alcohol felt going down. How clean the room and its pleasant smell looked briefly interrupted his thought pattern and reminded him of his vow to "be on the wagon." That vow was less than three hours old, but since the man was only going to have one drink, *it really was not breaking my vow*, he concluded. Immediately he gazed at the bottle he held in his hand, realizing how his best intentions of a short time ago were a distant memory, as a **giant dog pushed away a starving one.**

He gently placed the new bottle on the nightstand of his bed and fell backwards into the softness of the well-worn mattress. He closed his eyes tightly and tried not to think of anything; anything, save the new bottle now resting patiently next to him on the nightstand. The bottle ready to release the pleasure genie he knew was inside. This calling of the bottle was the siren's call to ancient sailors, leading them to their doom on hidden rocks. In the arena of his mind, the dust was swirling as the two dogs continued their fight. One dog was now gaining ground and the other, cut and bruised, fell back under the vicious onslaught. The dog **of Bacchus** (god of wine and partying) was growing larger in the man's brain and quickly overcoming the resistance of the much weaker **dog of sobriety**.

In his swirling brain, he recalled his boyhood and his own father's obsession with alcohol. How he loved his daddy when he was sober, but feared his wrath when his father drank. His mother would hide his father's drinks, search for her husband when he didn't show up, and bring him home when drunk. She made her son promise never to drink, "…never to wind up like your father." His mother was always blaming her problems on alcohol. *If only he would quit drinking, then I would be happy,* she would declare to anyone who would listen. He had painful memories of his mother crying herself to sleep, waiting for his father's return, and the hellacious battles that ensued upon his return home. When his parents fought, which was often, he would

hide in the closet, not caring who *won* the fight. *Just stop!* he would yell in his head. He shuddered with the memory of that dark closet and the angry voices coming from downstairs.

He recalled his mother's anguish and tears the first time he had come home with the "**smell of the devil**," as she called it, on his breath. He held all these memories tight under his closed eyes, all those memories, all that pain, and it was about alcohol. These memories were swirling in his mind as the thought of the fresh bottle on the nightstand still beckoned him.

One small swallow to chase away these obsessive memories and thoughts, one drink and that is all it will be, a distant and less painful memory. He continued to justify his thoughts, I have not had a drink all day, and one is not going to hurt. One drink never hurt; it was all those other ones that followed that caused problems, he half chuckled to himself. With my newfound resolve, I can stop after the first one, I know I can, he convinced himself. I haven't had a drink all day and one drink is not going to hurt me. The **large dog was barking** now as he stood over the body of his fallen foe. His weakened and almost comatose **recovery dog** lifted his head but before he could challenge, the **addict dog** opened the new bottle. In an instant, the ice clinked as it filled the empty glass. Better make it a double, since I'm only having one, was the man's thought.

The first swallow was long and slow; it had even more satisfaction than he had eagerly anticipated a few moments ago. He closed his eyes, *the best part of drinking is the first swallow*. It indeed had been a good day. He now had a clean room. He would be able to report to work on Monday, on time, and without his usual hangover. The clean room renewed and cheered him. The alcohol had begun to mellow and relax him, and he sighed, satisfied with life.

Without a conscious thought, he poured another small amount into this now properly chilled glass. This drink was as smooth as the first and an ever-greater realization was his reward. *Yes, this is the way to live,* he concluded, *a couple of drinks to get me to sleep tonight and tomorrow, I'll be ready to go to work.*

He went to the bathroom, showered, and then brushed his teeth when his thoughts turned to his unopened bottle. With a smile on his face, he recalled the

contents were still safe. Somehow, his vow never to drink like his father was still intact. A large, **vicious dog was now howling at the moon since his hunger was satisfied and another lay dying at his feet.**

Yes, mother, I'll not be like dad. He could never do what I am able to do, he was never as strong as I am, as he talked to the air. Empty bottles were the only ones in his father's house, either Dad drank them all, or Mother threw them away. *I have a full bottle of the best scotch in my house, something dad could never do!*

He was now ready for bed when he thought that a nightcap would really put the finishing touches on this satisfying day. *Kind of a celebration,* he declared; this last drink went down a little faster than the others did as the warm glow of the alcohol's effects began to increase. The feeling allowed him to be bigger than his dreams. He loved this feeling. *The stars are the limit,* he proudly declared.

There is nothing like the taste of booze to make a man feel alive, he declared to all who may be listening. Dad, you never did drink good whiskey; you always drank that rotgut, he talked aloud as he poured himself another drink. You always were a cheap drunk! The force of his anger even surprised him. As he poured himself another drink, he yelled, "At least I'm not like you, Dad, you lousy drunk!"

It was a few hours later when he opened his eyes slowly and to his surprise he was on the floor. The lemon scent of the newly applied floor wax was lost on him as his dulled senses failed to pick it up. He still clutched the empty bottle in his hand, as he moaned with a vague recollection of how he came to be on the floor.

His only conscious thought was to look over at the dresser and view his prized bottle. A sigh of relief escaped from his semi-conscious mind, as the bottle was still full, "*See, Mother, I am not an alcoholic like Dad."* He tried to get up, but the effects of the alcohol had rendered his muscles almost useless. The best he could do was a semi-fetal position on all fours; he was unable to raise his head from the floor. "*I hate you, Dad!"* he screamed which echoed in his head but to the audible world no sound could be heard. Before he passed out again, a single tear escaped from his now closed eyes. As he slowly lost consciousness, the tear made its way down his cheek and fell down to the freshly waxed floor, making a tiny puddle on the floor, a single, painful tear.

In the distance, a church bell slowly pealed, announcing the end of vespers. The sound of the alarm clocks incessant ticking echoes in the dead silence of the room, only disturbed by the heavy breathing of the inebriated man now passed out on the clean floor where a **large dog now stood guard over his reclaimed slave.**

1st Step:

We admitted we were powerless over alcohol—that
our lives had become unmanageable.

Part II

Before Beginning

The Introduction, the Word of Warning, and the section entitled Understanding *Wisdom of the Twelve Steps* are included in all twelve volumes of this series. These sections are vital to understanding when studying the different volumes in this series, since readers may choose any workbook at any time. The section entitled Doubt in each of the first three workbooks expands upon common doubts people experience with each step.

Maybe you have already used this workbook series for a different step or are familiar with several of these volumes; however, consider this thought. You are now different than before and may see things a little differently. Some parts of your life, thoughts, and levels of awareness have changed. Working the steps changes people, your recovery has already changed you, so give yourself permission to reread this section and answer the same questions again.

The answers you record for Exercise 1-14 doing the 1st Step will be very different from what you write when you work on the 12th Step. Even if you use this series multiple times, review your previous answers; compare your first responses to the new answers for this step and explore what has changed and what remains. This comparison allows for new insights and often provides additional understanding. By answering the same question at different times in your change process, you can measure your growth and maturity as you journey through the *Wisdom of the Twelve Steps*.

House Keeping Notes:

This series of workbooks is for all addictions, drug, and/or alcohol, also people suffering from compulsivity such as gambling, sex, sex/love, eating disorders, internet/electronic, codependency, and a host of other maladies – all will find this material helpful. For the purpose of simplicity and to decrease confusion, this book calls all miseries *addiction*.

Especially in early recovery, two strange thoughts are common: “I’m different,” and “I can do it my way.” When you hear one (or both) of these echoing in your head, this is your addict brain attempting to keep you from recovery. Your addiction is “cunning, baffling, and powerful” and wants you to fail. If your addictive behavior worked for you, then you wouldn’t need a Twelve Step Program. Be forewarned and guarded when these thoughts echo in your head. “I’m different” and “I can do it my way” are samples of addictive arrogant thoughts blocking recovery. Trust what has been successful for others. Trust the process.

Promise

Your pain and misery have screamed for a long time, telling you change is necessary. For many years, you successfully ignored their messages, but now you are responding to the pain you know so well and the desire to change your life. You want something better. You are now in recovery and have embarked upon the journey of the 12-Steps. Congratulations!

The Twelve Step journey provides a deep exploration of yourself, allowing you to find and claim the gift that is you. Thinking of yourself as something valuable may be hard to accept for persons beginning this process. Thinking of yourself as a gift might be stretching your self-definition to the maximum, perhaps even to the breaking point. Part of you wants to believe you are a gift, but another part is so entrenched in the shame of addiction that you want to reject something so alien. The level of your discomfort with this concept is directly proportional to the rocks blocking your road to recovery. Overcoming these obstacles requires you to utilize your sponsor, the fellowship, supportive friends and family, and the Twelve Steps. These large stones seem insurmountable until you successfully navigate past them. After you have successfully reached the other side, you will see that they are not the giant reasons for failure you once thought, rather, they are small pebbles, merely fragments of the boulders you once feared.

Here is the promise: start your study of the Twelve Steps and, by using this book or another like it as your guide, work with your sponsor, be honest, and share

what you learn with others. *This is all you have to do to chase away the darkness, stay sober, and find serenity*. This is not only the promise of this book, but also an echo of many thousands of men and women who would also wish you well and attest to the success of the Twelve Steps. Many of these people could not see out of their own black hole. By working the program, they became successful despite the blackness of their past. They now are rewarded for their hard work, live in the light, and are happy they chose to continue. Follow their lead and you *will* be successful.

Remember: you are the tip of the change arrow, poised on the edge of discovery. You stand at a crossroads now. What you do will substantially affect the rest of your life and the lives of many others. Once begun, your recovery sends ripples of change through the universe, affecting not only your life but also the lives of those you love, now and for generations to come.

"It's the most unhappy people who most fear change."
Mignon McLaughlin

Big Book - Promises

f we are painstaking about this phase of our development, we will be amazed before we are halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellow. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves."

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with this program. A.A. is a program of recovery from alcoholism only – use of this material in connection with programs and activities which are patterned after A.A., but which address other problems or concerns, or in any other non-A.A. context, does not imply otherwise.

The more work you do on the steps, the closer the promises become true for you. If this is what you want, you now have the path blazed by many others before you.

"People have a hard time letting go of their suffering. Out of a fear of the unknown, they prefer suffering that is familiar."
Thich Nhat Hanh

Exercise 1

The second habit from the book, *7 Habits of Highly Effective People* by Steven Covey, is "Begin with the end in mind." Every time you pick up this workbook and begin your lesson, begin with the end in mind by reading the Big Book's promises. Once you define your goals, the chance of success is unlimited. Write what you want…begin this step's journey with your end in mind.

Where do you want your recovery to take you?

Exercise 2

At this very moment, what do you need out of your recovery?

Necessary Components:

To make any change a person must have three components:

- **Desire to change**
- **Willingness**
- **Ability**

Exercise 3

What is motivating you to change?

"Our only security is our ability to change."
John Lilly

Desire to Change

The desire to change has a wonderful ally motivating humans toward change. What ally do you have? Pain can be your friend. What!

If you put your hand upon a hot stove, what is your reaction? Even before the emphatic expletives come out of your mouth, you remove it quickly. What motivated you to move your hand so quickly? *Pain*. If it were not for the pain you would not know your hand was burned until you smelled the burning flesh…*much too late*. Pain is a message carrier providing communication between different parts of the body. Emotional pain acts the same way by telling us change is necessary. How long has your emotional pain been telling you change is needed? How long have you ignored its message?

Often people in emotional pain have physical ramifications or consequences such as ulcers, stomach problems, depression, etc. A woman I know said she always knew which of her two children she was worried about depending upon the location of her pain: her neck pain for her daughter and her shoulder pain for her son. People in pain often enter recovery only after trying all sorts of other home remedies; often recovery is a desperate step when all else has failed. In despair, they enter the change environment of relief. Different people obtain different results; some people continue a lifetime of growth, while others immediately leave. Some, when the pain ceases and the crisis subsides, return to their old way of living…back to the previous status quo of unhappiness. Have you experienced this? You taste recovery, and marvel at the flavor, but then do not choose to enjoy the entire 12-step meal. Pain's motivation is gone. You have found relief so you think this is enough and you stop your growth and miss the beautiful journey awaiting you. This happens because your *addict voice* is so cunning, powerful, and baffling; so great in fact, your inner-addict can talk you into or out of almost anything.

Exercise 4

What tools do you plan to use to assist you in your recovery process? Example: In this discussion, A.A. is an example of a tool.

Exercise 5

What else do you need in order to be successful? How do you plan to fill these needs?

Example: I need support of recovery people, or I need to make time to work a program, or I need someone to go home with me to help me clear out all of my drugs.

Note: Recovery allows the full expression of all emotions, especially joy. To celebrate the freeing effect of happiness, several *smile* statements are included to lighten your burden. Although not designed to split your sides with uproarious laughter, in these jokes we see ourselves from a different point of view. When we can laugh, we spit in the eye of addiction with comic relief.

You might need recovery when…
alcohol becomes the perfect solvent…
dissolving all your self-respect.

Willingness

A man building a child's play house swung a hammer, missed the nail, and caught the full impact of the hammer on his thumb. Now, those of you who have done something like this can readily appreciate the word "ouch," and whatever he said following that.

The bleeding under the nail became worse, causing him to get closer to his pain threshold. He held his thumb high in the air, attempting to lessen the amount of blood pressure to his aching thumb. All day long, he kept his thumb high above his head for as long as he had the strength. When he lowered his arm, his damaged thumb began to throb and hurt even more. Even copious amounts of ice couldn't reduce the swelling enough…it just hurt!

Everything he did for rest of the day revolved around seeking relief from this ever-increasing pain. Finally, the pain was too much and he sought relief at the emergency room of the local hospital. Visiting the hospital became necessary after the pain battered down his natural resistance to parting with his money. Reaching this threshold, he rushed himself to the local emergency room seeking relief.

Until he finally obtained relief from this pain, he was totally *thumb-conscious*. Every thought, every action, and everything revolved around this pain. He was totally consumed by the throbbing, an aching reminder of his ill-aimed blow. It was not until the pain was so great that he chose to change by entering the hospital emergency room

to find relief. He had to become willing to allow pain to guide him in his quest for relief.

Exercise 6

List or describe the pains and pressures you experienced with your old lifestyle.

You might need recovery when...
your expectations are so low
your ideal date is someone who
doesn't fall drunk into his spaghetti.

Ability

"It doesn't work to leap a twenty-foot chasm in two ten-foot jumps."
American Proverb

Ever hear words of wisdom for the first time, and know these words are true? There is great wisdom that others have already discovered, and it is available somewhere in the world's collective subconscious. All you have to do is have the *desire* to seek it and the *willingness* to change, then almost magically the wisdom appears. You have that ability right now!

If your doctor said, "You have to drastically change your lifestyle or die a horrible death," would you change? Most people would say, "Yes." Statistics tell a

different story; people seldom change their lives to a healthier lifestyle! Alan Deutschman, author of the book *Change or Die*, explains that people who make life or death decisions involving drastic lifestyle changes face tremendous odds for failure—nine out of ten return to their old destructive behavior within two years! Heart attack, stroke, addiction, and cancer victims face shortened life spans unless they change their lives. Most vow to change but only a few succeed; how come? Why is change so hard?

Change is like the breaking of an egg for breakfast. The egg will never be the same. The cooking process transforms the egg, and upon eating the egg, the body changes this food into fuel. The shattering of the shell begins this chain reaction. Breaking eggs is always messy and so is the change process. Breaking out of your denial is cracking the egg of your change process. What keeps this process going? Why do some people experience success while others do not?

Your recovery involves changing from the old lifestyle, old friends, old ways of thinking and traditions. An often-unrecognized part of the recovery process is grieving your loss. For example, the alcoholic cannot drink like the "normal" person. It may not seem so, but this loss is really a grief issue. Intellectually, you know all you have to do is give up your addiction for 24 hours, and for this time, you have chosen abstinence. However, your old friends and drinking buddies have not; you cannot associate with them if you want to achieve your goals. No matter what your addiction or compulsivity, many changes are required for success. Giving up destructive behaviors and friends - even when necessary for survival – represents loss. Recovery people have to feel these losses and in order to progress, must grieve to move forward.

In his book, *Man's Search for Meaning*, Victor Frankel, a Nazi concentration camp survivor, developed a theory that human beings can "…suffer any loss, make any change, and endure any hardship if the meaning is known…hopelessness of our struggle did not detract from its dignity and meaning…we would…suffer proudly—not miserably—knowing how to die." Until you can answer several questions, recovery will not belong to you.

- What is the reason for change?
- What meaning does this change have?

- Where am I going?
- What's in it for me?

Until you find your answers, progress will be slow and relapse is likely. Recovery requires psychological, emotional, and spiritual dimensions. The reason lifestyle changes have such a dismal record, Dr. Dean Ornish, founder of the Preventative Medicine Research Institute writes, "…**motivation by fear is not enough to sustain the change.**" He writes, "…**Death is too frightening to think about and denial is a trick our brain successfully plays unless the emotional component is solved.**" Part of the solution has to be an effective expression of emotions. Meetings are a wonderful place for you to be truthful, to express deep feelings such as fear, sadness, regret, and sorrow. These are the same feelings your addiction prevented you from expressing. What you ran from before, you now need to own and share.

Returning to Alan Deutschman's example of those with a life-threatening disease, statistics prove another dynamic. With a support group, instead of the dismal 1 out of 10 failure rate, those rates dramatically change to 9 out of 10 success rate. We in the recovery community prove this every day. Recovery requires the group process; to be fully present in the meetings by expressing your emotions as well as your story. Give yourself permission to be honest and gain the release you seek from your addiction.

Most alcoholics do not quit drinking out of fear of imprisonment, death, or significant loss; their denial system is ingrained, protecting their addiction. "Telling people who are lonely and depressed that they're going to live longer if they quit smoking or change their diet and lifestyle is not that motivating," Ornish writes. "Who wants to live longer when you're in chronic emotional pain? Who wants to give up alcohol, a cherished habit, if you come out of your denial and really feel miserable?"

People addressing their feelings in the Twelve Step Program can begin to think differently; in this group setting, the expression of honest feelings reduces denial and the recovery process begins. In the protective folds of the recovery program, you discover coping skills that work much better than your addiction. Your *need* for something outside of yourself to make you feel okay shrinks and begins to melt away.

Your strength now comes from a place of inner tranquility instead of the contents of the bottle, etc. Breathe easily - you have a support group. Because of the group, your chance of success has dramatically improved!

The 12 Steps creates a pathway that allows natural wisdom to appear. Hear the words, experience the wisdom of others, accept what you intuitively know to be true and this change can be yours. You already have the ability once you realize the power is within you...*trust the process*.

Exercise 7

Go back and read the second paragraph in this section about people having to change their lifestyle. If you had to change your lifestyle or face a horrible death, would you do it? How successful do you think you would be without a support system?

Exercise 8

What are the reasons for your willingness to change? What brought you into recovery?

Exercise 9

What meaning, what value can you obtain from the suffering you experienced from your addiction? Note: Many people have trouble with this question, so if you find yourself stuck do not ignore this question, but rather wait awhile and allow this concept to filter through your consciousness as you continue this workbook. This question seems very strange, but its answer is an important part of your recovery journey. Give yourself permission to explore this question and come back to it from time to time.

You might need recovery when...
the only way you know of getting
rid of a bad mood is to pass it on!

Exercise 10

Where am I going with my recovery? What is in it for me?

Exercise 11

Are you able to express your emotions? (See the Mood Chart on page 80) Do you use these words in your significant relationships, with your sponsor? Most people do not. Observe the next meeting you attend, how many people actually use feeling words? How comfortable are you using these words in your significant relationships?

Emotions

What is the definition of *cool*? *Cool* means to not show emotions, not express deep feelings, and without the honesty afforded by full expression of your emotions, creates a high degree of dishonesty. When you drank, drugged, and/or controlled others, you successfully hid from your emotions. You were by this definition absolutely *cool!* Being in an altered state completely divorced you from your emotions, so you achieved the ultimate of *cool*. Did being *cool* work for you?

In her book*, Positivity,* Dr. Barbara Fredrickson describes emotions as sailing. Positive emotions are the winds in the sail. Negative emotions are different; they are the keel that extends down from the hull allowing the sailboat to tack against the wind. Without the wind, sailboats are becalmed and do not move. Without the keel, the sailor could not follow the plotted course. Both types of emotions are necessary.

When hiding, ignoring, stuffing, or denying emotions, a person is helpless against the winds of this world. Using emotions correctly allows progress in the direction the sailor desires. Are you going to continue to allow the chaotic winds to blow you all over the ocean or are you going to learn to sail?

Contrary to Dr. Fredickson, describing emotions as positive or negative is incorrect. Since you have emotions, and need those to navigate, how can they be positive or negative? Instead, your feelings just are. Consider this different terminology. The so-called negative emotions are really for *warning* and positive emotions are the *healing* feelings. May the *healing* emotions fill your sails and may the gift of *warning* protect you as you journey.

Using this chart and identifying your emotions is the opposite of your addiction; you now are able to manage and use what you formerly denied and were so terrified of experiencing. You are now able to be free.

You have two choices:
hide from your feelings
or
allow them to guide you.

Exercise 12

Prior to recovery, you probably used one or more of these addictions and/or compulsions: alcohol, drugs, food, sex, work, the lives of other people, etc. One description of addiction is "an external solution for an internal problem." Describe what you have used before (maybe still do) as an "…external solution(s) for internal problem(s)" How successfully did this external solution fix your internal problem.

Sample - External solutions for an internal problem

Internal Problem	External Solution	Recovery Option
You lost the promotion at work.	You scream at your significant other.	Be honest a tell her of your disappointment.
You lost the promotion at work.	You drink.	Go to a meeting.
You lost the promotion at work.	You tell the boss to "stick it where the sun don't shine."	Explore your feelings (mood chart) get your center. If you still feel wronged express it a positive way.

You're not happy so you buy a new car thinking this is what you need for happiness. No, that didn't work, then perhaps a new girlfriend, or a move to an exotic place, make a million dollars, win the jackpot, and/or take a hit of that wonderful smelling joint will bring you the contentment you seek. Something has to fix this restlessness. You know you will be okay if you can just find it. Write about the external solutions that you used when attempting to fix your internal problems.

"When a pupil is ready, a teacher appears."
Buddhist Proverb

Understanding Wisdom of the Twelve Steps

Wisdom of the Twelve Steps is a series of individual workbooks for recovering people to assist them in working the steps, one step at a time. The steps are a journey of change; they seem simple and straightforward - and they are - but at the same time, translating this simple wisdom into our complicated brains needs time, understanding, and the wisdom of others.

Wisdom of the Twelve Steps includes a recovery story related to each step. Following the story is information about how to work the step and each workbook concludes with a series of specific thought-provoking questions. These questions, when answered, provide understanding often overlooked without this process. If your goal is to have a happier and more productive life, then challenge yourself to find the answers to these difficult questions.

To gain the maximum benefit from your recovery process, attend 12-Step meetings, talk to your sponsor, and share with the recovering fellowship. Allow these wonderful parts of your program to be the catalyst for your change process. Without the energy and motivation offered by the recovering community, this workbook will sit on your shelf collecting dust...a sad reminder of the happiness you chose to give away to your addiction.

Think of your family on Christmas morning, when everyone gathers in their pajamas, drinking coffee or hot chocolate, and eating sticky buns. There is happiness all around, tension from the past is lessened, and there are many smiles of anticipation. We look at the Christmas tree and all the gifts arranged beneath its decorated branches. We are excited about seeing the people we care about opening their gifts as we anticipate tearing off the brightly colored paper from ours. What would Christmas morning be if we did not open the presents? Why would anyone not want to open his or her gifts? Excellent question, however this is often what happens when people attend the 12-Step meetings but never actively work the steps. They have the Christmas morning but without the gifts.

Christmas morning is similar to attending a 12-Step meeting. As wonderful and beneficial as these meetings are, you miss the presents under the recovery tree if you

do not work the steps or choose to open the presents awaiting your joy. Are you ready to open your presents? The best way to use this book is to read it completely; allow yourself to dwell on what you read for a few days. Then start on the questions and take your time processing your answers. Like the steps, this book works best when processing slowly and carefully.

In a day or two, reread the section entitled: Understanding this Step and write notes to yourself, underlining important concepts. Allow this description to spread through your consciousness. There will be areas you agree with, some you may not agree with, and hopefully much to challenge you. Remember you are okay as you are now and there may be areas where you may need to challenge your thinking. Not all your thoughts are wrong, misguided, or incorrect, but many are. Allow yourself permission to examine *all* your thoughts - what is working for you and what is not. Get input from those whom you respect, ask questions in the meetings - be open-minded - *challenge yourself*.

After this section, there is a specific series of questions for each individual step with space to answer each. Spend the necessary time digging deep for understanding. It may help to read your answers to your sponsor, providing a wonderful place for additional learning. These questions and your answers will inspire you as you share with others.

Someone once said working the steps is like a healthy pregnancy; it takes at least nine months to work them all (if it takes longer, do not worry; work at your pace and in your own time). Congratulations, you are now ready to begin working another step. Join the many people over the years that have changed using the 12 Steps.

You might need recovery when...
you socialize with everyone else because
you don't want to be alone with yourself.

Exercise 13

Are you fully using the program, making meetings, working with a sponsor, and reading the Big Book? Do you ask your higher power to keep you sober in the morning? Are you thankful at night? Are you working the steps? Where does your program need improvement as of this moment?

Exercise 14

More importantly, think about the unmanageability of your life. Is it something worth returning to? Of course not, so before you again allow your "self-will to run riot," recognize that to be successful, you desperately need discipline and structure to help see you through recovery. If you do not have your recovery, what do you have? Your future requires you getting you back. Putting your program first keeps self-will at bay.

Working the steps involves time, energy, commitment, desire, and willingness. Are you ready to put this into your change process? If so, then declare to yourself:

- I have the *desire* to complete this step.
- I have the *willingness*.
- With my recovery program and my higher power's help, I have the *ability to* complete this step.

Word of Warning

"Holding anger is a poison. It eats you from inside. We think that hating is a weapon that attacks the person who harmed us. But hatred is a curved blade. And the harm we do, we do to ourselves."
Mitch Albom

Others who are close to you may like the changes they see you making, but since you have hurt many or all of them in the past, they may not trust any positive change you make. You may be surprised to see doubt on their faces, disbelief in their eyes, and fear in their hearts as they await the other shoe to drop or for you to return to who you were before recovery. They have so long walked on eggshells around you; they no longer know how to walk differently. They may not acknowledge the changes in you because addiction is a family disease - affecting everyone. Allow others to believe in you again, in their own time – not your time. Change your behavior, get your happiness back, and eventually they will be able to accept the new you. Do not allow others to deter you from your appointed date with recovery as your life may depend upon it.

Self-improvement promises to be difficult, challenging, scary, and painful, but at the same time wonderful, fulfilling, empowering, and joyful. You will not regret the time you spend on making a lifetime of changes. After this process, you will have an improved zest for life, increased ability to love, and more self-esteem.

Many of the old time A.A. members say, "My program is the most important thing in my life." This is wise council; your addiction does not want you to know this truth. Putting your recovery before your family, work, and even God seems selfish, mean-spirited, and heading in the wrong direction, but before you reject this sage

advice, think about what you were before recovery. Did you really have your family, work, and a close connection with you higher power? Before recovery, didn't you experience a lack of connection with yourself and others? Did you feel close to your creator?

Connecting with yourself is the cornerstone of a happy life; the greater the self-connection, the more you can connect with others. Make a decision to become an internal millionaire. In this enviable state, no one can take away your wealth or steal it, the IRS cannot tax it, and the people you love will receive your living inheritance. More importantly, think about the unmanageability of your life. Is your old life-style something worth returning to? Of course not, so before you again allow your "self-will to run riot," you desperately need discipline and structure to help see you through recovery. If you do not have your recovery, you have nothing - your future requires you getting you back. Put your program first and await the results.

A successful recovery program requires structure in order to change. Structure includes attending meetings, reading the Big Book, and working with your sponsor. Working the steps with others is a wonderful structure. The slogans are another form of simple discipline your wounded soul needs to hear. This book, the Big Book, and many others like it are a form of structure. Allow yourself to use the structure, the tools, and the thousands of other people already in the recovery community. These gifts are available to you and will help you achieve your goals.

Part III

Two Word Trip-Wire

A trip wire sets off a land mine. In order to be forewarned and forearmed, it would be advisable to bring these two hazards--two trip wires--out of the shadows to explore. Both of these are double-edged swords. One side will work for positive change and the other limits progress.

The first trip wire is *arrogance,* and the second is *doubt*.

Arrogance

A large part of your addiction is arrogance - your arrogance. Here you might say, "I'm not arrogant." Perhaps this is true. However, ponder this question and allow space for self-exploration, perhaps even discovery.

Here are some sample places others have hidden from change. In the depths of your darkness, when you're all alone, see what may fit you.

- My way is better than yours.
- I am right and you are wrong.
- I am too wonderful to change.
- I have the answer and you do not.
- I am too intelligent to change.
- I am too powerful to change.
- I am too strong to change.
- I am too afraid to change.
- I am too weak to change.
- I am too different to change.
- My denial works better than reality.
- This is a bunch of bull.
- My God is better than yours.
- Nobody has it harder than I.
- Everyone wants me; I am so special.
- Nobody wants me.
- Nobody understands me.
- Nobody can love me.
- Nobody loves me.
- I am okay, and you are not.
- My parents did not listen to me.
- My parents abused me.
- My parents abandoned me.
- My parents controlled me.
- My parents did not have boundaries.
- My parents were too rigid.

Any of the above listed attitudes/beliefs are examples of your addiction trying to protect itself. Your addiction tries to keep you in the chaos to which you have grown so accustomed to and wants to keep you from the peace you desire and deserve.

The healthy side of arrogance is the pride we feel when overcoming a limitation. There are many roadblocks in recovery. When you successfully deal with one – go ahead - pat yourself on the back and enjoy some healthy pride.

Exercise 15

This question may be hard, but it is very necessary, similar to a dentist performing a root canal; necessary for healthy teeth but quite discomforting. For this question, write about your arrogance.

Exercise 16

One recovery person said, “I did not drink nearly the amount most in this room drank, but I can match my arrogance with the best of you.” How has your arrogance affected your recovery? How has your arrogance affected your relationships?

Doubt

When using this workbook, separate your religion or lack thereof from this discussion. Spirituality is different. **Spirituality is the inward search to find and claim the gift of life you were given – your self-love.**

Try to temporarily mentally divorce yourself from your faith or non-faith. You may return to your previous beliefs at any time as nothing in this series wants to insist you discard cherished beliefs or non-beliefs. These are yours and represent your best thinking to date. This exercise only seeks to allow a broadening of awareness, allowing for exploration into previously hidden parts of your being. Join this Explorers Club and in this search, you can add to what you already know.

1st Step Doubt

Before you walked through the door of your first meeting, part of you had hope. You hoped for something better than what you experienced in the past. However:

- You *doubt* this program will work at all.
- You *doubt* – since you are so different – recovery will work for you.
- You *doubt* if you really want to give up your addiction.
- You *doubt* you are willing to pay the price of change.
- You *doubt* how being powerless will lead you to power.

Healthy Doubt

Note: The healthy side of doubt is realizing the chasm is ten feet wide and your best leap is only eight feet. Your doubt keeps you from testing certainty with stupidity. Perhaps your doubt will turn out to be true, keeping you from falling into the abyss – "I don't think I can jump that far." Listen to your healthy doubt and assess the risk by asking others and doing the necessary research to determine if you can accomplish the task and determine if you are willing to pay the associated costs.

You might need recovery when…
your mother is the
travel agent for guilt trips.

Working the First Three Steps

The first three steps are often the hardest for several reasons. The first rock in the road is the lack of recovery maturity. Most people who begin to work the steps are relatively new to the program and may be uncertain about recovery. If this is you, you are unsure if this is going to work or if recovery really is the ***way*** you want to go, ***need*** to go, or even ***if*** you can achieve the success you see in others. This awareness can be very unsettling.

Working the steps requires change and for most, this is another boulder blocking serenity. Change is hard. Having started this learning exercise of the Twelve Steps, you recognize you must change in order to achieve the peace you want in your life. Tighten your seat belt, breathe deeply, relax, and allow yourself the comfort of knowing…*change is hard, change is difficult,* but most importantly, *you are not alone.*

The third reason, your old behavior is a habit. It may be something you wish to change, need to change; but habits – even destructive habits - demand considerable awareness, energy, and support from others to replace them with something unknown. It also demands trust. Is the new life in recovery going to be better than the old? What is it going to cost you?

A summarization of the first three steps is:

- ***I can't.***
- ***He can.***
- ***I think I'll let him.***

1st Step - *I can't.*

The specific problem the first step often creates is the concept of *powerless*. Do you want to be *powerless*? No, of course not, but this step requires a unique understanding of power and powerlessness. After working this step, you will understand how you get *power* from your *powerlessness*.

Although you think yourself unique, your addiction tells you two strange thoughts, common to most in early recovery:

- ***You can do this on your own.***
- ***You are different.***

Warning: When you hear one (or both) of these echoing in your head, this is your addict brain attempting to keep you from recovery. Your addiction is "cunning, baffling, and powerful" and wants you to fail. With messages like this, your addiction is trying to get you to quit your program and return to the "fun-times" you had before recovery. It is trying to set you up for failure. When you hear, "you can do this on your own" and that "you are different," challenge that voice. Is it your rational brain speaking wisdom or is it your addiction trying to set you up for failure?

However, you can turn the tables on your demons by just agreeing. Say to yourself, "You know, dear addiction, you are right. I am special, different, and unique." And, "Yes, I can do this on my own, in fact, no one will do it for me. I am the one who ultimately determines my success or failure. And with you or without, my addiction, I am going to work a recovery program." Changing your thinking and saying something like this reframes your thinking and allows you to take back the power you previously gave away to your addiction.

If your addictive behavior worked for you in the past, then you would not need a 12-Step Program. So be guarded when these thoughts come, because it may be the spider inviting you back into the web, an engraved invitation from your addiction. To be successful consider exploring the path blazed by many before you. If you could achieve contented sobriety on your own, why has success been so illusive? Think about the many times you promised yourself something different. How many times have you succeeded without the loving support of the Recovery Tribe?

Understanding the 1st Step

This step often gives people a great deal of difficulty. In fact, there is another recovery program called Rational Recovery (R.R.), which has a fundamental difference with Alcoholics Anonymous (A.A.) involving two of the steps. R.R. Program takes issue with the concept of a higher power as expressed in Step 3 and with the powerlessness in Step 1. No one wants to be powerless,"...so...why work a program that advocates powerlessness?" This section will explore this misunderstanding.

Make two columns on a piece of paper. Label the left hand column, ***Can't Control***. For this example, picture an alcoholic sitting before this chart with a pen in his hand. Now, Mr. Alcoholic, fill in the ***Can't*** column with what you *cannot* control about your addiction and make a bullet-point list of the things concerning your addiction over which you have no control. For example, can you control that your supplier lives in the same neighborhood, or if your favorite bar is located down the street, or that your co-workers like to stop off for a beer on their way home? Can you control your genetic predisposition to the disease of Alcoholism? Can you control the availability of your drug of choice? Can you control the stress you experience in life? Can you control what other people think of you?

Looking over this impressive list, there is a lot you have no control over. Look at your list, Mr. Alcoholic, and tell me, can you control the *ultimate outcome* of your addiction? You probably expect your sponsor to insist you emphatically say, "Yes, I can control the outcome." Consider the impressive list of what you cannot control...do you really have control over the outcome? You do not. While you do not have control, do you have *influence* over the outcome? Yes, you certainly do. Probably more that you think, so add the word *outcome* to the bottom of the left hand column.

On the right hand column, write ***Can Control***. Make a list under this heading of that which you do have control. For example, do you have control over your behavior? Your thoughts? Your feelings? Even though you may want to reject having control over your feelings, guess where they belong: in the ***Can Control*** column. For example: how about your first drink, Mr. Alcoholic, how about your choice to work the steps or not, are these something you ***Can Control*** or ***Can't Control***? Where does

your choice to change or stay the same belong? Correct: it belongs in the ***Can*** column. Using similar questions as a template, make your own chart of what belongs in the ***Can Control*** column. After your list is sufficient and you struggle to add another, where would your attitude belong? Do people hold you accountable for your attitude? Of course, so it also belongs on the ***Can Control*** side. Later in this workbook, you can personalize this ***Can/Can't Control*** discussion.

The 1st Step has just two parts, unmanageability, and powerlessness. Anyone walking through the doors of recovery for the first time can talk about how unmanageable their life is. If their lives were not in chaos, why attend? Nobody started coming to meetings because they were happy. No, it was because they felt wounded and the only solution left to their unmanageability was to enter the place of change. Recognizing unmanageability is the easy part of the step.

On the other hand, powerlessness gives many people problems. Do you want to be powerless? Of course not, and often people shy away from this step for this exact reason; they already feel their lives are spinning out of control and nothing they have done has been able to change the direction in which they are heading. Since they already feel powerless, admitting they are not in control magnifies and increases their unmanageability and, by completing the circular causation, their resistance to admitting their lack of control increases the powerlessness they experience. The opposite of powerlessness is having power. Is having power in your life something you want?

At the end of every 12-Step Meeting, we join hands and say the Serenity Prayer. What does the word serenity mean? It is a noun meaning the state of being calm, peaceful, and untroubled. Do you wish to have this state of calmness, tranquility, and a sense of safety deep down? So how can this step help you achieve this state when you have previously spent so much time in turmoil?

When you say the Serenity Prayer, for what are you actually praying? Are you seeking some far away wisdom from some guru on a mountaintop? No, of course not, but you do seek the knowledge to help you find the peace you have so long sought.

In the example of Mr. Alcoholic, he has already listed what he cannot control in the ***Can't*** column and then listed what he can control in the ***Can*** column. All he needs to do now is to draw the line between the two columns. This line provides the awareness necessary to make a choice. In this book, it is called the **Wisdom Line**. Until Mr. Alcoholic draws this line between what he can and what he cannot control, he lacks the awareness necessary to live a peaceful life. Before he put the factors affecting his life into their logical column, he was too close to the problem to see, to separate the forest from the trees. Now armed with the ***Can/Can't*** knowledge, he can step back and develop the ability to choose; ***until you choose, you do not have a choice.***

"When I was younger I'd berate myself: 'You're fat, you're not a good dancer, you'll never have a boyfriend.' I don't sweat that kind of stuff anymore. Now every day is a miracle. I've also learned that if something is painful or upsetting, you shouldn't hide from it. You should make it part of your life instead."
Valerie Harper

Wisdom

Do you remember Mr. Alcoholic? In this next exercise, work the example. This time you can personalize the experience to see how it affects your life.

The Wisdom Chart exercise is *powerful*. In order to achieve maximum benefits, time is required. *Do not hurry this exercise for it will pay great dividends*.

Exercise 17

What worries you? Think of a concern of yours. Although you may be worried and concerned about many things, narrow down this example to one thing, maybe it is a person, your job, death, or hosts of other areas making you worry. Briefly write your worry here.

Exercise 18

Now when thinking about this worry, answer this question, what about this problem ***can't*** you control? Spend some time listing everything about this problem that is out of your control.

Write below a bullet point list about just what about your expressed worry you can't control.

Wisdom Chart

Parts of the problem *I Can't control:*	Parts of the problem *I Can control:*

(See some of the examples found on the next page.)

In addition to what you already wrote about what you can't control, here are a few things to think about to help you to determine what may be on the ***Can't*** side.

Can't Control-Sample questions:

- Can you control someone else's situation?
- Can you control if the other person changes?
- Can you control other people's behavior?
- Can you control other people's thoughts?
- Can you control other people's emotions?
- Can you control what other people think about you?
- Can you control how they treat you?
- Can you control how they view the situation?
- Can you control if the other person loves you?
- Can you control how the other person loves you?
- Can you control if the other person stays or goes in this relationship?

Record each one separately as a bullet point on the *Can't* side.

After you have made your list, take a moment, and study it. Looking at this list, can you control the ultimate ***outcome*** of this situation? **Yes/No?**

Granted, you may have influence over the outcome, perhaps even more than you think…but considering all that is out of your control, is the ultimate outcome really something you ***Can*** control?

Knowing what you cannot control is a powerful realization. Now go back to the sample worry you chose to work on the previous page. When thinking about this identified worry, now answer this question:

What about this problem *Can* you control?

Think about your expressed worry, what you can control. Add those to the chart under the ***Can*** control side.

If you have difficulty getting started on the list about what you ***Can*** control, review the sample below, using it for a starting point for your study.

Sample Exercise

What is your worry? *Relationship with my husband*

Parts of the problem ***I Can't control***	**Parts of the problem** ***I Can control***
• His behavior	• My behavior
• His thoughts	• My thoughts
• His emotions	• My emotions
• His fidelity	• Am I true
• What he says to me	• If I love him
• If he loves me	• How I express my love
• How he expresses his love	• If I stay or go
• If he stays or goes	• The support group I choose
• His friends	• If I attend recovery
• His addiction	• My contribution to the success
• The outcome of this relationship	• If I change
• If he changes	• My attitude

Some people disagree with some of the topics listed under the ***Can*** Control section such as, *thinking, emotions*, or *love*. The following paragraphs about love and emotion are especially helpful if you also had trouble with the placement of these words on the ***Can*** side.

"We arrive in the rooms tangled up in a web of complexity and confusion. Our lives are unmanageable because our minds are unmanageable."
Ray A.

Emotions

People often have difficulty accepting that they have control over their emotions. Until a person knows how to manage feelings, emotions tend to be in control. So to those who think emotions are in control of them, think about this; if I forced you to put your emotions in one of two columns, one ***Can't*** control and the other ***Can*** control, which column does it logically belong to? Managing emotions is not easy, you may not know how to, but if forced to decide, which column does it belong to? If you said ***Can***, you are right…if you still say put it on the ***Can't*** side…hold your concern, put in the ***Can*** column with a question mark. Ultimately, you will have to decide for yourself to which side it belongs.

Love

s love a choice? People choose to fall in love; they also choose to fall out of love.

Think about the person you love now. Can you think back to the day you chose to love this person? Can you think of when you decided to stop loving this person? Partners make numerous choices to express love or not. Every time love is withheld creates a little divorce, all accumulating up until the day the papers are signed and the divorce is finally legal.

Perhaps a parent's love is not a choice, but rather Mother Nature's way of protecting the future. Does a parent choose to love their children, or is their love a natural instinct? You will have to determine the answer to this challenge.

Many recovery people repeat the Serenity Prayer as a mantra on a regular basis, some have it embroidered on their walls, or sitting as a reminder on their desk, but often they lack the understanding of what it ***really*** means or the ***power*** found within its simple message. In this section, you will take apart that wonderful Serenity Prayer to see how it works and specifically what it can do for you.

Serenity Prayer

God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.

Based upon a poem by Reinhold Niebuhr

You might need recovery when…
instead of wrestling your demons,
you now snuggle with them.

This simple wisdom resonates with most people, but until they apply it practically, it becomes a dust-collecting poem mounted on their wall. So let us explore this poem in light of your stated worry.

"…grant me the serenity to accept the things I cannot change." You already listed everything not in your control. Until you accept what you ***Can't*** control about your relationship (in this example) you will continue to worry, and serenity will not be yours. Accept your list as it currently exists, realistically. Living life on life's terms provides a short cut toward peace.

"…the courage to change the things I can…" focusing on the ***Can*** side of this can/can't divide is *Thumb-Work*. Hold your two hands out and point the thumbs toward you; this is *Thumb-Work*. Most people, especially in a relationship, want to do *Finger-Work*, point their finger at others, inventorying other people's defects, and insisting that others change so that they can be okay.

"…and the wisdom to know the difference." This wisdom, this simple awareness separates what I ***Can*** control from what I ***Can't***. The line down the middle of the page –**The Wisdom Line** - distinguishes strength from weakness, chaos from peace, and discord from understanding.

What does the word serenity mean to you? Here is an example. Picture a submarine sailing on the Gulf of Mexico when all of a sudden, it spots a gigantic storm on the radar - a perfect storm. Hurricanes Katrina, Rita, Gustav, and Ike all rolled into one. The submarine just pulls the plug and heads for the bottom. On the surface huge, gigantic waves are crashing, lightning is flashing, and the thundering roar of the storm

creates *mayhem*. On the bottom, there is calm, peacefulness, serenity…a sense of safety, a sense of feeling okay. Do you want those feelings deep within you? Most do.

Exercise 19

See if this is true for you… when focusing on the ***Can't*** side most people get this type of reaction. Write these six bullet point words listed directly on top of the words you wrote on the ***Can't*** side. Use a different colored pen for contrast.

- Thoughts of: "I'm not okay"
- Worry
- Anxiety
- Stress
- Depression
- Chaos

Do these concerns sound familiar? Is your picture pasted on the ***Can't*** side?
What emotions do you feel when you see what your focus on the ***Can't*** side caused?

Exercise 20

However, when you focus on the ***Can*** side, you get something entirely different.

- I am comfortable… "I'm okay."

(Everyone else around may be "*squirrely*"…but I am okay)

- Peace
- Calmness
- Serenity

Write the bullet point words right on top of the words you wrote on the ***Can*** side of the Chart on the next page (again, using a different pen).

Label the ***Can*** side – TRUST; then label the ***Can't*** side - FEAR. What side do you want to be on? People do not choose the FEAR side (***Can't***) when doing this exercise. Therefore, why do well-meaning, well-educated, good people choose to focus on what they ***Can't*** control; the FEAR side? Why do people do this? Good question.

The ***Can*** side is all Thumb Work. Most people want to point fingers at others and blame. Pointing fingers is Finger Work and on this side, you may make statements such as this:

- "You know what your problem is…"
- "I'd be happy if you would do …"
- "If only the boss would do…"
- "If you loved me you'd…"

These are all indications of *Finger Work,* putting personal responsibility on someone else wishing they would change so we could be okay. Pointing the finger blurs the ability to focus on what we ***Can*** control.

Thumb Work is hard; no one really wants to look at how they can change. This resistance is a normal human trait but accepting this focus serves people well.

Think about your addiction/compulsivity. Fill in the table on the next page using the same procedure you used before but now change your expressed worry and focus on your addiction. Completing this exercise provides valuable information about your addiction. It will be a road map telling you what you ***Can*** control, and what you ***Can't*** control.

Parts of the problem *I Can't control*	Parts of the problem *I Can control*

Exercise 21

Hold your hands out flat in front of you with your palms down. Now turn your hands sideways, so your thumbs point up, and then make a fist. Bend your elbows so your thumbs are pointing at you; who are you pointing at now? This is *Thumb Work*. What does it feel like to have your thumbs pointing toward you?

Exercise 22

Now go back to the Wisdom Chart. Write down why you may think humans tend to focus on what they ***Can't*** control.

Answer this question before continuing.

People focus on things they ***Can't*** control (**FEAR** side) because it is their… *habit of thought*. Everyone has certain habits usually formed by how a person thinks. What patterns of thoughts form your habits?

Today, doing this Wisdom Chart exercise you are now able to challenge your thinking. You can now focus on what you ***Can*** control (**TRUST** Side) and have the reward of peace and serenity, or you can focus on things you ***Can't*** control (**FEAR** side).

You are not a bad person if you continue to focus on the ***Can't.*** However, focusing on the ***Can't*** side becomes the "Happy-Vacuum" sucking up happiness; some call this side the "Fun-Sucker" or "Suckie-Side." No matter what the name, this awareness represents a choice. Having no choice is very stressful but having choices reduces stress.

Now picture driving into a service station; you need some gasoline. You pull up to the pump, stick the credit card into the slot, put the little numbers into the machine, get the hose…you are all set, right? Instead of putting the hose into the gas tank, you

start pumping gas on the ground. The meter is running, costing you money. Answer this question; is the gasoline on the ground doing your car any good? No, it is wasted energy. Has any bit of worry you ever did…ever changed the outcome of the problem? Your worry was a waste of time, a waste of energy and did not accomplish a thing.

Does worry ever improve the outcome?

Think about the identified worry topic you selected at the beginning of this exercise. After you made this comparison of the ***Can*** and ***Can't,*** you now have a road map. You can focus on things you ***Can*** control and have the corresponding peace and serenity, or you can focus on things you ***Can't*** control. It is your choice.

If you find yourself worrying but you want a choice, make this declaration: "I choose to worry about… (fill in the blank)." When declaring you are going to worry about something and accepting responsibility for the outcome, you are now in a position where you can choose. How much energy and happiness have you wasted when focused on something of which you have no control? Until you start to choose, you do not have a choice.

Exercise 23

Since you have completed the Wisdom Chart, now increase your awareness about the line separating the **FEAR** side from the **TRUST** side of the Wisdom Chart. Look for this line in all your relationships; this line exists between what you ***Can*** control and what you ***Can't*** control. You have a different line between you and everyone. There is one between you and each of your kids, a different one with your spouse, lover, co-workers, boss, in-laws, etc. There is even one between you and traffic. Can you control the traffic jam…no. Can you control your attitude waiting for the traffic to clear? Yes! It is simple…not easy.

When you focus on what you ***Can't*** control, your mind runs in circles, just like a squirrel running in its cage. Instead, when you focus on what you can control, your mind becomes linear in nature, and with this straight perspective, you are in a better position to perform the next right step.

So when you start feeling *squirrely* (anxiety swirling in your stomach), ask yourself, "Self, what are you focusing on?" Every time, you will discover your focus has been on something over which you have no control.

The truth is…

You can't fix can't.

Exercise 24

Wisdom Chart Review:

Answer the questions below based upon how you filled out your Wisdom Chart in Exercise 18.

Check off what you experienced when you concentrated on the thing you ***Can't*** control? Did you have any of these…

- Anxiety?
- Worry?
- Stress?
- Happiness?
- Peace?
- Serenity?

When your energies are focused on what you cannot control, the ***Can't*** side, do you feel:

- I'm okay
- I'm not okay

What do you experience when you focus on the ***Can*** side (on what you can control), what is the result?

- Anxiety?
- Worry?
- Stress?
- Happiness?
- Peace?
- Serenity?
- Calmness?

When your energies are focused on what you ***Can*** control, the ***Can*** part of the Wisdom Chart, do you feel:

- I'm okay
- I'm not okay

Exercise 25

If you chose to change your thinking from the ***Can't*** control side to the ***Can*** control side, what behaviors would you have to give up in order to focus on the ***Can*** side of your choice?

Is moving things you used to think belong in the ***Can't*** control side to the ***Can*** control side uncomfortable? Is giving up control something you need to do?

- List the behaviors you need to give up to focus on the ***Can*** side of your choice.
- Are you ready to give up control?
- Are you ready to accept what this change would require?
- What would this change be like for you?

A man is a consummate worrier and has difficulty separating what he can control from what he cannot control. Recently, he overslept and missed making the deliveries his contract requires. In his absence, with no notification, his company hired a hotshot company to do what he was supposed to do. His job is what separates him from the bread line and is extremely important to him.

When he called his employer about missing his route, the boss was rather non-committal about the results of his missing his shift, telling him they would discuss it when he returned. Then Hurricane Isaac hit Louisiana so there was some time before he was able to talk with his employer, creating a great opportunity to worry.

His old behavior was to fret, worry, and ruin his peace until he could find out his fate. With the gift of the Wisdom Line, he knew the result was out of his hands so he decided not to worry. Upon returning to work, his bosses jokingly called him "Sleeping Beauty" and very lovingly told him they understood and had been concerned about him as it was not like him to miss a delivery. His oversleeping experience taught him how debilitating worry could be and how it had controlled his life. Now with the Wisdom Line insight, he no longer gives up his peace for something out of his control.

"My happiness grows in direct proportion to my acceptance and in inverse proportion to my expectations. That's the key for me. If I can accept the truth of 'This is what I'm facing — not what can I expect but what I am experiencing now' — then I have all this freedom to do other things."
Michael J. Fox

Exercise 26

Had you the same experience as this man, not knowing if you would have a job or not when returning to work, would you have chosen to worry or not? You know how to worry. What would it be like not to worry?

You might need recovery when…
you don't make the same mistake twice,
you make it 5 or 6 times…*just to be sure*.

Words are powerful. For example, when faced with a difficulty such as letting go of your former lover, the tendency is to say something like this, "I can't let her go," or "I can't ever date someone else again." This is not to say grief is not painful or not real or difficult to work through, but the pain increases and the healing slows down to a crawl when sufferers use the word ***Can't.*** Unless someone has a gun pointed at your head, the word ***Can't*** becomes debilitating. Try instead a powerful antidote and substitute the words "***I choose not to***…" instead of ***Can't***.

This simple change of wording puts power back where it belongs. You have the choice in the example of the jilted lover of letting go and moving on, a decision rightfully belonging on the ***CAN*** side of the Wisdom Line. When you say the word

Can't, you wind up on the FEAR side of the equation where a steep price is extracted from your peace and serenity.

Here is another example of the power of words. Think of the proverbial half-full or half-empty glass of water. As the saying goes, those who see the glass as half-empty are pessimists and those who see it half-full are optimists. This classic example is a wonderful illustration of thinking and the power of words. How a person views the content of the glass depends on their individual and diverse choices of thoughts about this image. The truth of the illustration about the water in the glass is that regardless of how you view the glass, your perspective does not change the amount of water in the glass. Your reality is only dependent on your choice of how you want to view the water level.

Here is another example about the power of words. A man smashed his thumb in the car door, and it hurt like &%*#%. Amidst his pain, a nurse asked him about his 'discomfort'. "What is your discomfort level? Rate it between 1 and 10, with 10 being the highest." After the pain subsided, the man quizzed the nurse about this strange "nurse-talk." She told him the word "pain" is a negative and triggers an automatic reaction. "Discomfort" is a neutral term and does not carry the same power as the word "pain."

Do you use power words such as "hate" as in, "I hate traffic"? Compare this attitude to, "You know, I don't like traffic" or "this traffic really annoys me." Say it once and it is a statement of fact; say it more than once it is a complaint.

Exercise 27

Does your use of the word ***Can't*** cause you to be stuck? What power words are limiting your happiness? What is your "discomfort" level?

Now let's talk about monkeys - everyone loves monkeys, right?

You are a responsible person. You get up every morning and do certain necessary tasks to get yourself ready, or help your family, and/or your spouse. Unless you are independently wealthy or stay home to take care of the household, you head off to work and are responsible for doing what is necessary to earn a living. Are you responsible for your own happiness? Good…you are. These routines, obligations, responsibilities, etc. are examples of your monkeys.

Other people have their monkeys, what they are responsible for achieving. Are you responsible for your significant other's monkeys? No, you are not. Sometimes temporarily, a circumstance requires one spouse to assume something not belonging to them, and this is one of the strengths of a close relationship. Under stress, there are times when one partner may take some duties belonging to the other. However, can you take responsibility for your loved one's happiness? No…not your monkey, no matter how you want to assume it.

How about your children's monkeys - as much as you may want to be responsible for your children's monkeys, the older they get, the more responsibility they assume or are given or should accept. (Pick what is appropriate for your kids). For example - their grades…whose monkey is it – yours or your children's? It is not your monkey. You may supply them with the best education money can buy but it is up to your children to succeed or not. Their success or failure belongs to them…not you. You may have a tremendous influence but the bottom line is…it is their responsibility.

Contrary to your early learning…*other people are responsible for their happiness*, including your children. Problems increase when you take responsibility for other people's monkeys. It is a tremendous burden to carry another's load on your shoulders with the associated stress symptoms of anxiety, depression, being overwhelmed, and burned out. It also teaches others they are weak without you. If not careful, you can become so important in other people's lives, they begin to think they cannot function without you. Deep down, is this the message you want them to receive? This type of message creates boomerang kids who return without the

confidence necessary to live out of their parent's orbit. How can they function without you if you are so indispensible? This consequence is called a ***failure to launch!***

Think of the anachronism OPP, meaning *Other People's Problems*. In meetings, you hear many heart-wrenching stories. Being the caring person that you are, you may want to fix a problem for another member. Instead of "fixing" it for them, think OPP. This change of thought allows you to keep your objectivity and not take ownership of something that does not belong to you. If you try to own someone else's story, you lose your outside influence and objectivity. For example, in all 12-Step recovery programs, there is a rule against *cross talking*. Crosstalk is when one member talks directly to another during the meeting, usually giving advice. This is an attempt to fix it for another person. When someone attempts to control the situation, fixing it with advice, no matter how well intended, it becomes judgmental. Instead of the gift of listening for understanding, people who try to fix another's problem poison the atmosphere of acceptance and the communication becomes unsafe for honesty. The no crosstalk rule is an absolute necessity for the healing atmosphere. Let others have their monkeys and you take care of your monkeys (You probably already have a 600 pound gorilla on your shoulders). Trust the process - others will handle their own monkeys. As much as you may want to fix it for them, they are capable of dealing with their monkeys without your advice.

It's not my monkey!

Exercise 28

How much fixing do you do in your significant relationships? Whose monkeys do you carry? What would it take you to let go, trust the process, letting others handle their monkeys?

Be aware of your monkeys and check your shoulders for other people's monkeys you may now be carrying; separate the two and return other people's monkeys to their shoulders. Will you feel better not carrying what does not belong to you? How about the 600-pound gorilla still sitting on your shoulders, does he belong to you?

Ask yourself this simple question…"Whose monkey is it?"

You might need recovery when…
the cross you carry, you have
already willed to your daughter.

Exercise 29

What monkeys are you carrying? Are they yours or do they belong to someone else? Do you want to carry this monkey or would letting go better serve you? What would happen if you let other people become responsible?

"As long as it's something you truly want to do, then it's never too late to take that first step."
Kou Matsuzki

Exercise 30

The next time you fill your car with gasoline, think about where you put the gas…in the tank…or…on the ground. "Where shall I pump this gas?" As ridiculous as this question is, unknowingly, you ask yourself this same type of question all the time. Just under your conscious awareness, you ask yourself, "Do I want to be weak, strong, sad, happy, powerless, powerful, worried, or peaceful?" Make a choice. ***Until you start to choose, you do not have a choice.***

There are certain things you are powerless to control. Accept it and do not waste your energy trying to fix what you cannot control. ***You can't fix can't!*** In other words, accept the things you ***Can't*** control, discover your strength to change the things you ***Can***, and the line between is the wisdom needed for success. Here a strange phenomenon happens; you gain power from your powerlessness. What makes more sense; expending energy on worrying about something you have no control over, or transforming formerly wasted energy into something productive? Using the ***Can-Can't*** method, you get power from recognizing where you are powerless. Not putting energy into the ***Can't*** side but instead transferring it to the ***Can*** gives you more energy to tackle your monkeys. When you recognize you are powerless over certain parts of your addiction and quit wasting energy trying to change what is not yours and

where you lack control, your recovery will take off. Transfer the wasted energy previously spent on what you ***Can't*** control into what you ***Can*** control. By this simple transformation, this change of thinking, y*ou get power from your powerlessness.*

So when you start to feel anxious, uncertain, worried, or squirrely make a list comparing what you can control to what you cannot control. With this list, you now have the power of choice. You and only you can choose where you are willing to spend your energy. Remember: ***Until you start to choose, you do not have a choice.*** Do you want to squirt the gasoline on the ground or into the tank? Where do you want your power? Where it belongs? Or do you want to give it to someone else? Your choice.

Think about the last time you were upset. What side of the ***Can-Can't*** equation were you feeding?

You might need recovery when...
you repeatedly tell alcohol "no"
but alcohol just doesn't listen.

Exercise 31

We admitted we were powerless over alcohol—that our lives had become unmanageable. Notice in this step there is a dash between *alcohol* and *that*. What does that dash mean to you?

Exercise 32

Visualize an image of your addiction. It may be a picture, a word, a symbol, anything you wish to represent what you now face and struggle to overcome.

1st Step Prayer

"God, grant me the serenity to accept the things I cannot change, the courage to change the things that I can, and the wisdom to know the difference."

Serenity Prayer

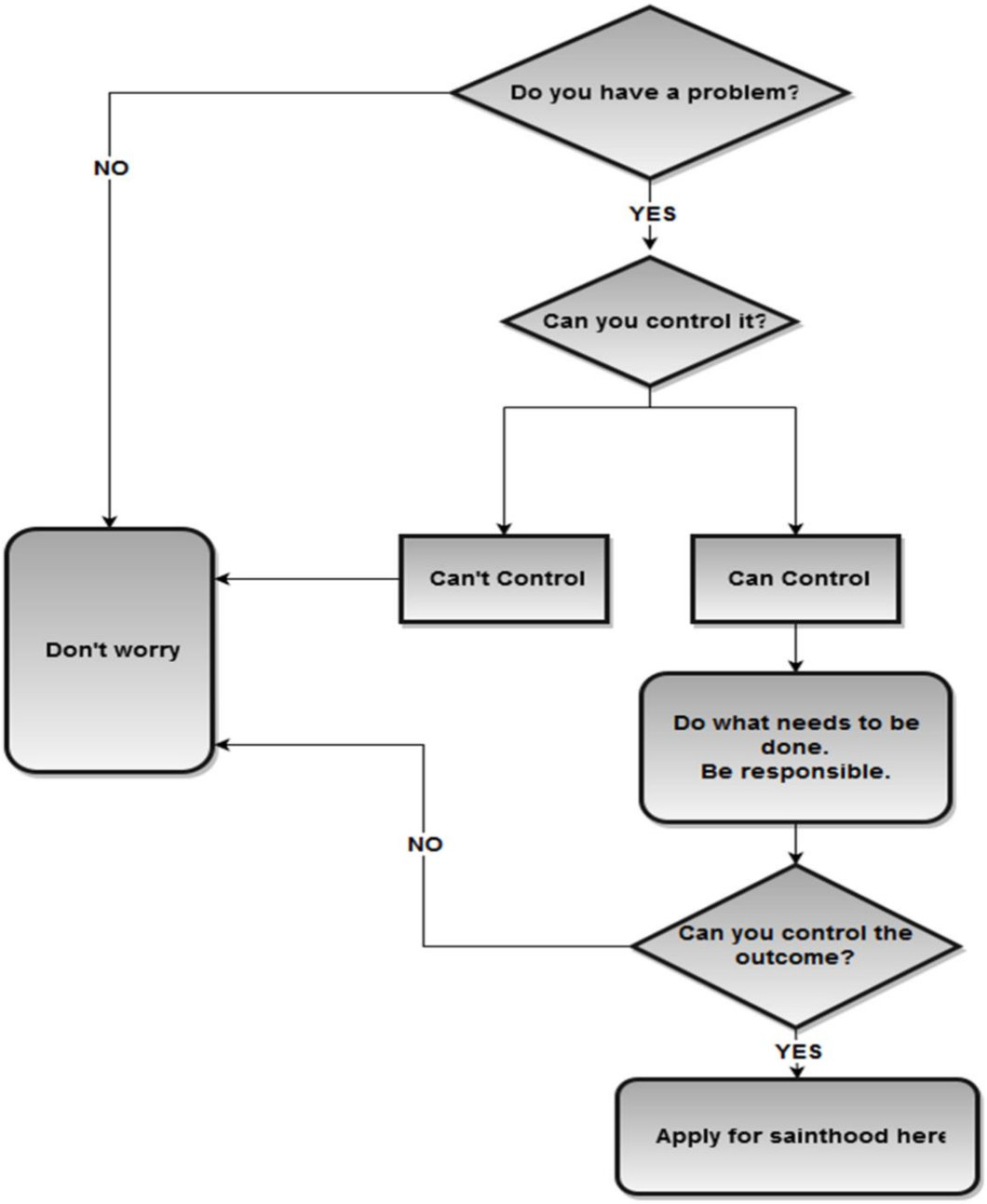
Based upon the poem by Reinhold Niebuhr

* * *

In case you have not yet heard, here are the six things necessary for you to be successful in your recovery journey: ask for recovery in the morning, be thankful at night, go to meetings, read the Big Book, get a sponsor, work the steps. Are you ready to do this? Are you ready to be successful?

You might need recovery when...
being drunk is like your childhood,
everyone remembers what you did, except you.

Can - Can't Problem Outline



Outline modified from the work of an unknown author.

Part IV

Mood Chart

MAD	GLAD	SAD	FEAR	HURT
Agitation	Admiration	Abandoned	Alarm	Aloof
Angry	Affection	Agonized	Anxious	Ashamed
Annoyed	Confident	Bored	Apprehension	Belittled
Antagonism	Cordiality	Crushed	Bashful	Burdened
Arrogant	Curiosity	Deflated	Bewildered	Cheated
Bitter	Delight	Depressed	Cautious	Denied
Contempt	Desire	Disconnected	Confused	Deserted
Defiant	Devotion	Disparaged	Distraction	Disappointed
Disapproving	Ecstasy	Distant	Dread	Dismay
Disdain	Ecstatic	Distraught	Embarrassed	Embarrassed
Disgust	Elation	Distressed	Envious	Exhausted
Enraged	Enthusiasm	Downcast	Evasive	Guilty
Frustrated	Excitement	Gloomy	Fearful	Humiliated
Furious	Fervor	Grieving	Fluster	Insulted
Hostile	Flush	Helpless	Frightened	Lonely
Indignant	Generosity	Hopeless	Horrified	Pain
Irritated	Happy	Ignored	Hysterical	Pained
Livid	Hope	Isolated	Inadequate	Regret
Mischievous	Hopeful	Jealous	Insecure	Shame
Rage	Inspiration	Melancholy	Overwhelmed	Suffering
Resentful	Passion	Miserable	Panic	Shocked

You might need recovery when...
you explain your tendency for making the same mistake again and again as, "Some mistakes are just too damn fun not to repeat."

About the Author

David W. Earle, LPC is a mental health counselor, helping clients with anger management, substance abuse, compulsive gambling, eating disorders, anxiety, depression, and relationships. When he combines his Licensed Professional Counselor skills with his twenty-plus-years of executive management, he utilizes business coaching as a powerful matrix for transferring leadership skills. He is also a teacher, trainer, author, coach, and alternative dispute professional.

Earle earned a Master's of Science from Texas A&M and has held executive management positions in various fields including industrial construction, private investment banking, and corporate trouble shooting. He is now the president of the Earle Company, an organization dedicated to change.

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His trademarked motto is *My Life Will Change… When I Change*™. He enjoys tennis and lives in Baton Rouge with his wife, Penny, their dog, Fletcher and cat, Hobbes.

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"Owning our story and loving ourselves through that process is the bravest thing we will ever do."
Anonymous

Notes

Notes

You might need recovery when ...
you not only carry another's monkey
you carry the entire damn circus.

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Appendix A: WISDOM OF THE TWELVE STEPS – 1ST STEP

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in the following manner:

Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

http://www.ceumatrix.com/studentcenter

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'View Lesson Quiz' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. You will also receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

NOTE: THE EXAM QUESTIONS AND /OR ANSWERS MAY BE IN A DIFFERENT ORDER IN THE ONLINE EXAM

Answer the following questions by selecting the most appropriate response.

1. What did the 12-year-old scotch of Glen Fiddich represent?
   a) changing his life
   b) beginning of sobriety
   c) he was not an alcoholic
   d) his wife who left him

2. How long did his latest declared sobriety last?
   a) a few hours
   b) a couple of days
   c) a day and half
   d) two weeks

3. The two dogs that fought in this man represented counteracting forces. What were those forces?
   a) good and evil
   b) black and white
   c) recovery and addiction
   d) ying and yang

4. When a person in recovery hears certain internal messages, it is often his/her addict brain attempting to keep their addiction in control. This book presented two addictive messages - what are they?
   a) I'm different AND I can do it my way
   b) I'm different AND I don't like groups
   c) I am strong enough on my own AND I can do it my way
   d) AA success rates are so low AND Why should I change

5. For most entering recovery, their pain and misery have screamed at them for a long time before they decide to change.
   a) True
   b) False

6. Remember: you are the tip of the change arrow, poised on the edge of discovery. You stand at a crossroads now. It is dangerous to follow in the footsteps of those who worked the program before.
   a) True
   b) False

7. The addict that puts their recovery before family, work, and even God is selfish, mean-spirited, and heading in the wrong direction.
   a) True
   b) False

8. A successful recovery program requires structure in order to change.
   a) True
   b) False

9. What habit of Steven Covey's book, 7 Habits of Highly Effective People did this book encourage
   a) Be proactive
   b) Begin with the end in mind
   c) Put first things first
   d) Seek first to understand, then to be understood

10. When laughing, a recovery person spits in the eye of addiction with comic relief.
   a) True
   b) False

11. Emotional pain acts the same as physical pain, telling us …
   a) Change is necessary
   b) Tomorrow is a new day
   c) You are not okay
   d) Grief is necessary

12. According to the Wisdom of the Steps, three things are necessary for change:
   a) Desire to change, willingness, and ability
   b) Starting point, goal in mind, and willingness to change
   c) Pain, guidance, and support
   d) Knowledge, guidance, and a sponsor

13. Without support, people seldom change their lives to a healthier lifestyle.
   a) True
   b) False

14. Change is like the breaking of an egg for breakfast. The egg will never be the same. The cooking process transforms the egg, and upon eating the egg, the body changes this food into fuel. The shattering of the shell begins this chain reaction. Breaking eggs is always messy and so is the change process. Breaking out of your denial is cracking the egg of your change process. What keeps this process going? Most vow to change but only a few succeed; how come? Why is change so hard? Why do some people experience success while others do not?
   a) recovery involves grief
   b) recovery is a chain reaction
   c) denial is not a part of recovery
   d) recovery lacks meaning

15. In his book, Man's Search for Meaning, Victor Frankel, a Nazi concentration camp survivor, developed a theory that human beings can "…suffer any loss, make any change, and endure any hardship if the _____ is known.
a) cause
b) perpetrator
c) outcome
d) meaning

16. Recovery requires the group process; to be present in the meetings both physically and emotionally. Recovery also requires the full expression of emotions.
a) True
b) False

17. Telling people who are lonely and depressed that they're going to live longer if they quit their addiction and lifestyle is motivating.
a) True
b) False

18. Many people in recovery have trouble accepting that their suffering has any value.
a) True
b) False

19. Although included in this book, the Mood Chart has little value in recovery.
a) True
b) False

20. Only a few of the steps are simple and easy.
a) True
b) False

21. To rebuild broken relationships, it is helpful for recovery people to insist on healing past resentments - the quicker the better.
a) True
b) False

22. People who are in a close relationship with an addict tend to disbelief the positive changes and live in fear of the bad behavior's return. They may like the changes but do not trust the positive changes.
a) True
b) False

23. Here are some sample places others have hidden from change. All these are true except one.
    a) My way is better than yours
    b) I am right and you are wrong
    c) Tell me so I may learn
    d) I have the answer and you do not

24. Your addiction tries to keep you in the chaos to which you have grown so accustomed and wants to keep you from the peace you desire and deserve. All are examples of your addiction trying to protect itself except one.
    a) My denial works better than reality
    b) This is a bunch of bull
    c) My life will change when I change
    d) My God is better than yours

25. When studying spirituality a 12-Step Program recommends the letting go of all previous held beliefs.
    a) True
    b) False

26. Separating religion from spirituality broadens awareness, allowing for exploration into previously hidden parts of your being.
    a) True
    b) False

27. All the below statements are true about healthy doubt except one.
    a) Allows for testing certainty with stupidity
    b) Allows for risk assessment by asking others
    c) Helps decide the associated costs of a decision
    d) No such thing as healthy doubt

28. Spirituality is different than religion or lack thereof. Spirituality is the inward search to find and claim the gift of life you were given – your _____.
    a) freedom
    b) self-love
    c) happiness
    d) recovery

29. After you have made your Can / Can't list, can you control the ultimate outcome of most any situation?
    a) Yes
    b) No

30. The 1st Step has just two parts - unmanageability and powerlessness. Anyone walking through the doors of recovery for the first time can talk about how unmanageable their life is. If their lives were not in chaos, why attend? The 1st Step often gives people problems because of
    a) the unmanageability part
    b) the powerless part
    c) giving up addiction
    d) admitting they have an addiction

31. The following belongs in the Can't Control column except…
    a) your supplier lives in the same neighborhood
    b) your favorite bar is located down the street
    c) your co-workers invite you to drink beer
    d) attending a 12-step meeting

32. The following belongs in the Can Control column except…
    a) your behavior
    b) your feelings
    c) other's reactions
    d) your thoughts

33. What is the easy part of the first step?
    a) recognizing unmanageability
    b) admitting powerlessness

34. The Wisdom Line provides the awareness necessary to make a choice. This line separates…
    a) can and the can't
    b) separates experience, strength and hope from cross talk
    c) what separates recovery thinking is different than addictive thinking
    d) separating sanity and insanity

35. Which side of the Can/Can't line does the ultimate outcome belong?
    a) Can
    b) Can't

36. Many recovery people repeat the Serenity Prayer as a mantra on a regular basis but lack the understanding of what it really _____or the _____ found within its simple message.
    a) means, power
    b) says, insight
    c) is, freedom
    d) has, insight

37. The Can side is all Thumb Work. Most people want to point fingers at others and blame. All are examples of Finger Work except…
    a) You know what your problem is
    b) I'd be happy if you would do
    c) I need to change
    d) If you love me you'd

38. Finger Work is putting personal responsibility on someone else wishing they would change so we could be okay. Pointing the finger at another tries to decrease personal responsibility by blurring what we Can control.
    a) True
    b) False

39. The reason people tend to focus on things they Can't control is because of…
    a) how they were raised
    b) habit of thought
    c) self-will run riot
    d) past positive results

40. Although worry is hard on a person, in the long run it often has a positive effect on the outcome.
    a) True
    b) False

41. When a person feels anxious they should…
    a) examine what side of the Can/Can't they are focused
    b) call their sponsor
    c) breathe deeply and relax
    d) recognize the warning and protect themselves from danger

42. People consumed with worry do NOT find it helpful to separate what they can control from what they cannot control.
    a) True
    b) False

43. Those who see the glass as half-empty are pessimists and those who see it half-full are optimists. Reality does not depend on an individual viewpoint but instead how much water is in the glass.
    a) True
    b) False

44. Problems increase when you take responsibility for other people's monkeys. It is a tremendous burden to carry another's load on your shoulders with the associated stress symptoms of anxiety, depression, being overwhelmed, and burned out. The anachronism that helps is OPP. This means …

a) other people's problems
b) other problems postponed
c) omitting people's program
d) other peoples program

45. Transferring the wasted energy a person previously spent on what they Can't control into what they Can control is a change of thinking. This is how people get power from recognizing their powerlessness.

a) True
b) False