

Clinical Step Working Guide

Step 10: Maintenance

For SUD and mental health counselors

"Continued to take personal inventory and when we were wrong promptly admitted it."

The step of ongoing maintenance—daily self-examination and immediate correction that keeps recovery alive and growing.

Clinician Resources

Understanding Step Ten deeply allows you to support patients in the ongoing work of recovery maintenance—the daily practice that makes long-term sobriety sustainable and growth continuous.

Recommended Reading

Alcoholics Anonymous "Big Book" - Chapter 6: "Into Action" (pp. 84-85)

Clinical Training

12-Step Facilitation Therapy (TSF) - NIAAA/NIDA Evidence-Based Treatment

Step Ten: Foundation

Understanding continued inventory as a way of life

The Transition from Housecleaning to Maintenance

OVERVIEW

Steps One through Nine are housecleaning—addressing the wreckage of the past. Step Ten marks the transition to maintenance—keeping the house clean going forward. This shift is profound: from major one-time work to daily practice. Patients must understand they're not "done" after Step Nine; they're ready to begin living differently.

KEY POINTS FOR CLINICIANS

- Steps 1-9 are housecleaning; Steps 10-12 are maintenance
- Step Ten is not a one-time action but a way of life
- The transition marks moving from past cleanup to present living
- "Continued" implies ongoing, not occasional
- Without maintenance steps, the house gets dirty again
- Recovery becomes a daily practice, not an achievement

CLINICAL INSIGHT

Many patients feel let down after the intensity of earlier steps: "I did all that work—now what?" Help them understand: the earlier steps prepared them to live differently. Step Ten IS living differently. It's not anti-climactic; it's the point of all the earlier work.

THE PATIENT EXPERIENCE

Patients may expect to feel "fixed" after Step Nine: "I made all my amends. Why don't I feel different?" The answer: "You have the tools now. Step Ten is using them daily. The transformation happens through practice, not completion."

CLINICAL REFLECTION

How do you help patients navigate the transition from action steps to maintenance steps? What expectations need adjustment?

CLINICAL EXERCISE / ASSESSMENT TOOL

Transition exploration:

- "What did you expect would happen after completing Step Nine?"
- "How is recovery as 'daily practice' different from recovery as 'achievement'?"
- "What would happen if you stopped inventorying yourself?"
- "How do Steps 10-12 become a way of life, not a to-do list?"
- "What does 'maintenance' mean for your recovery?"

ACTION STEP FOR YOUR PRACTICE

Help patients approaching or completing Step Nine understand that Steps Ten through Twelve are not anti-climactic endings but the beginning of a new way of living.

Understanding "Continued to Take Personal Inventory"

OVERVIEW

Step Ten states: "Continued to take personal inventory..." The word "continued" is key—this connects directly to Step Four's inventory work. But Step Four was archaeological (digging up the past); Step Ten is meteorological (monitoring current conditions). Same skill, different application: ongoing self-awareness rather than historical excavation.

KEY POINTS FOR CLINICIANS

- "Continued" connects to Step Four inventory skills
- Step Four was past-focused; Step Ten is present-focused
- Same self-examination skill applied daily
- The inventory is personal—about self, not others
- Inventory means honest assessment, not self-criticism
- This becomes automatic with practice—a new way of being

CLINICAL INSIGHT

Patients who did thorough Step Four work have the skills for Step Ten. They know how to examine resentments, fears, and their part in situations. Now they apply these same skills in real-time rather than retrospectively.

THE PATIENT EXPERIENCE

Patients may wonder: "How is this different from Step Four?" Clarify: "Step Four looked at years of accumulated material. Step Ten looks at today—before things accumulate. It's using the same skills on a smaller, daily scale."

CLINICAL REFLECTION

How do you help patients connect Step Ten to their Step Four experience? What skills transfer directly?

CLINICAL EXERCISE / ASSESSMENT TOOL

Connecting inventory skills:

- "What did you learn to look for in Step Four?"
- "How would you apply that same examination to today?"

- "What triggers, patterns, and reactions did you discover about yourself?"
 - "How can you watch for those in real-time?"
 - "What does 'personal inventory' mean on a daily basis?"
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ACTION STEP FOR YOUR PRACTICE

Help patients see Step Ten as applying Step Four skills to present-day situations. Review what they learned about themselves and how to monitor for those patterns.

The Purpose of Ongoing Self-Examination

OVERVIEW

Why continued inventory? Because the character defects addressed in Steps Six and Seven don't disappear permanently. Old patterns resurface. New situations trigger old responses. Relationships create new friction. Without ongoing self-examination, patients gradually drift back into unconscious, reactive living—the breeding ground for relapse.

KEY POINTS FOR CLINICIANS

- Character defects don't disappear permanently after Steps 6-7
- Old patterns resurface, especially under stress
- New situations reveal unseen aspects of character
- Without monitoring, unconscious patterns resume
- Step Ten catches problems when they're small
- Ongoing examination prevents accumulation of wreckage

CLINICAL INSIGHT

Patients sometimes think earlier step work "fixed" their character defects. Disillusionment follows when defects reappear. Normalize this: "Your defects weren't surgically removed—they were addressed. They'll return. Step Ten is how you catch and address them quickly."

THE PATIENT EXPERIENCE

Patients may feel discouraged: "I thought I dealt with my anger in Step Seven. Why am I angry again?" Reframe: "You did deal with it. And it came back, as it does. Now you notice it faster and address it quicker. That's growth."

CLINICAL REFLECTION

How do you help patients accept that character defects recur? What frame helps them see Step Ten as growth, not failure?

CLINICAL EXERCISE / ASSESSMENT TOOL

Normalizing recurrence:

- "Which character defects have you noticed returning since completing Steps 6-7?"
 - "How quickly do you notice them now compared to before?"
 - "What does it mean that you can see them now?"
 - "How is catching yourself quickly different from not catching yourself at all?"
 - "What triggers tend to bring old patterns back?"
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ACTION STEP FOR YOUR PRACTICE

Normalize the recurrence of character defects for patients in maintenance recovery. Frame Step Ten as the ongoing practice of catching and correcting rather than permanent elimination.

Step Ten as Relapse Prevention

OVERVIEW

Step Ten is powerful relapse prevention. Most relapses don't begin with the first drink or drug—they begin with a buildup: resentments harbored, fears unaddressed, dishonesty tolerated, self-care neglected. Step Ten catches these buildups early. A patient practicing genuine Step Ten is unlikely to be blindsided by relapse.

KEY POINTS FOR CLINICIANS

- Relapse begins long before substances enter
- Emotional and spiritual relapse precede physical relapse
- Resentment, fear, and dishonesty accumulate without inventory
- Step Ten catches warning signs early
- Regular inventory prevents "sudden" relapse
- Patients who stop Step Ten often relapse

CLINICAL INSIGHT

Track patients' Step Ten practice as a clinical indicator. When patients stop taking inventory, they're often heading toward relapse—even if they don't see it. Re-engagement with Step Ten practice is both diagnostic and therapeutic.

THE PATIENT EXPERIENCE

Patients may not connect inventory practice to relapse prevention: "What does looking at my day have to do with not drinking?" Everything: "Relapses grow in the dark, from unexamined resentments and fears. Step Ten keeps the lights on."

CLINICAL REFLECTION

How do you use Step Ten engagement as a relapse indicator? What do you observe when patients stop practicing inventory?

CLINICAL EXERCISE / ASSESSMENT TOOL

Relapse prevention connection:

- "What were you thinking and feeling before past relapses?"
 - "How might regular inventory have caught those warning signs?"
 - "What happens when you stop examining yourself regularly?"
 - "What builds up when you're not looking?"
 - "How is Step Ten like an early warning system?"
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ACTION STEP FOR YOUR PRACTICE

Frame Step Ten explicitly as relapse prevention with patients. Help them see inventory practice as maintenance that keeps them safe, not just spiritual homework.

The Three Components: Inventory, Admission, Action

OVERVIEW

Step Ten contains three components: (1) continued personal inventory, (2) when wrong, promptly admitted it, and (3) implied action to correct. It's not just seeing the problem—it's acknowledging it and doing something about it. All three components matter; missing any one undermines the step.

KEY POINTS FOR CLINICIANS

- Component 1: Ongoing self-examination (inventory)
- Component 2: Prompt acknowledgment when wrong (admission)
- Component 3: Implied correction (action)
- All three components are essential
- Inventory without admission is insight without humility
- Admission without action is acknowledgment without change
- The three work together as integrated practice

CLINICAL INSIGHT

Patients may do one component but not others: seeing their wrongs but not admitting them, or admitting but not correcting. A complete Step Ten requires all three. Check which components patients tend to skip.

THE PATIENT EXPERIENCE

Patients might say: "I know I was wrong" without having admitted it to anyone. Or they admit wrongs but change nothing. Challenge gently: "What did you do about it? Who did you tell? What's different now?"

CLINICAL REFLECTION

Which of the three components do your patients most commonly skip? How do you help them complete the full cycle?

CLINICAL EXERCISE / ASSESSMENT TOOL

Three-component check:

- "When you notice something wrong, what do you do with that awareness?"
- "Do you keep it to yourself or acknowledge it to others?"
- "After acknowledging, what action do you take?"
- "Which of these three is hardest for you?"
- "What would change if you practiced all three consistently?"

ACTION STEP FOR YOUR PRACTICE

Assess which Step Ten components patients practice and which they skip. Address specific gaps rather than treating Step Ten generically.

Types of Inventory

Spot-check, daily, and periodic inventory approaches

Spot-Check Inventory: Real-Time Awareness

OVERVIEW

Spot-check inventory is real-time self-examination throughout the day. When emotional disturbance arises—anger, fear, resentment, dishonesty—the patient pauses to examine what's happening. This isn't waiting until evening; it's catching disturbances as they occur and addressing them before they compound.

KEY POINTS FOR CLINICIANS

- Spot-check = real-time examination as events occur
- Triggered by emotional disturbance during the day
- Brief but immediate self-examination
- Ask: What's happening? What's my part? What do I need to do?
- Prevents small issues from becoming big ones
- Requires awareness and willingness to pause

CLINICAL INSIGHT

Spot-check inventory requires a level of self-awareness many patients haven't developed. They may not notice emotional disturbance until hours later—or until it's already caused harm. Building real-time awareness is a clinical skill to teach.

THE PATIENT EXPERIENCE

Patients may say: "I didn't realize I was angry until I said something hurtful." Spot-check inventory develops earlier awareness: "Can you learn to notice the anger when it first arises, not after you've acted on it?"

CLINICAL REFLECTION

How do you help patients develop real-time emotional awareness? What practices support spot-check inventory?

CLINICAL EXERCISE / ASSESSMENT TOOL

Building spot-check capacity:

- "What body sensations accompany your emotional disturbances?"
- "What early warning signs precede your problematic reactions?"
- "Can you practice pausing when you notice those signs?"
- "What questions can you ask yourself in the moment?"
- "How quickly can you catch yourself—before, during, or only after acting out?"

ACTION STEP FOR YOUR PRACTICE

Help patients identify their early warning signs of emotional disturbance and practice pausing for spot-check inventory before reacting.

Daily Inventory: End-of-Day Review**OVERVIEW**

Daily inventory is a structured review at the end of each day: What happened? Where was I wrong? What did I do right? What needs addressing? Many patients do this before sleep, but it can be done at any consistent time. The key is regularity—daily practice that becomes habit.

KEY POINTS FOR CLINICIANS

- Daily inventory = end-of-day structured review
- Consistent time each day creates habit
- Review: What happened? What was my part? What was good?
- Identify anything needing prompt attention
- Balance: note wrongs AND rights
- 10-15 minutes is often sufficient

CLINICAL INSIGHT

Consistency matters more than duration. A brief daily inventory practiced consistently beats occasional lengthy reviews. Help patients establish realistic, sustainable practice rather than elaborate ideals they won't maintain.

THE PATIENT EXPERIENCE

Patients may resist: "I don't have time every night." Challenge this: "Can you find 10 minutes? What would be the cost of not reviewing your day? What builds up when you skip it?"

CLINICAL REFLECTION

How do you help patients establish sustainable daily inventory practice? What format works for different patients?

CLINICAL EXERCISE / ASSESSMENT TOOL

Daily inventory structure:

- "At what time could you consistently review your day?"
- "What format works for you—written, mental, prayer-based?"
- "What questions should your daily inventory include?"
- "How do you keep it balanced—not just faults but also good?"
- "What happens when you skip days? How do you get back on track?"

ACTION STEP FOR YOUR PRACTICE

Help patients design a realistic daily inventory practice: consistent time, clear format, balanced review. Simplicity supports sustainability.

Periodic Inventory: Deeper Review

OVERVIEW

Periodic inventory is a deeper, less frequent examination—monthly, quarterly, or at recovery anniversaries. This looks at patterns over time, overall direction, and issues that spot-check and daily inventory might miss. It's like an annual physical versus daily health monitoring.

KEY POINTS FOR CLINICIANS

- Periodic inventory = deeper review at intervals
- May be monthly, quarterly, or at recovery milestones
- Looks at patterns over time, not just single events
- Identifies issues that daily inventory misses
- Often done with sponsor or support person
- Examines overall direction and growth areas

CLINICAL INSIGHT

Periodic inventory can be therapeutic territory. A clinician helping a patient examine patterns over the past quarter or year is essentially facilitating periodic inventory. Frame it as such—connecting clinical work to step practice.

THE PATIENT EXPERIENCE

Patients may benefit from structure: "Every three months, take stock with your sponsor. Look at patterns. What's better? What's stuck? What do you need to address?" This prevents drift without awareness.

CLINICAL REFLECTION

How can therapy sessions support periodic inventory? What questions help patients see patterns over time?

CLINICAL EXERCISE / ASSESSMENT TOOL

Periodic inventory facilitation:

- "Looking at the past [month/quarter/year], what patterns do you notice?"
- "What character defects keep showing up?"
- "Where have you grown? Where are you stuck?"

- "What does your overall trajectory look like?"
 - "What adjustments does your recovery need?"
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ACTION STEP FOR YOUR PRACTICE

Build periodic inventory into your clinical work—quarterly reviews of patterns, progress, and growth areas that complement patients' daily practice.

Written vs. Mental Inventory

OVERVIEW

Should Step Ten inventory be written? The Big Book doesn't specify. Some patients write daily; others do mental review. Written inventory provides concrete record and prevents mental editing. Mental inventory is more flexible and sustainable. Both can work; the choice should fit the patient.

KEY POINTS FOR CLINICIANS

- Written inventory: concrete, prevents editing, creates record
- Mental inventory: flexible, sustainable, always accessible
- Neither is universally "right"—fit the patient
- Written may be better for detailed processors
- Mental may be better for sustainability
- Some patients combine: daily mental, periodic written

CLINICAL INSIGHT

Match format to patient. Detail-oriented patients may benefit from written inventory. Patients who would experience written inventory as burdensome may do better with mental practice. The goal is consistent practice, not a particular format.

THE PATIENT EXPERIENCE

Patients may have strong preferences or resistance to either format. Explore: "What would help you actually do this consistently? What format fits your life and style?"

CLINICAL REFLECTION

How do you help patients choose between written and mental inventory? What factors inform the best choice?

CLINICAL EXERCISE / ASSESSMENT TOOL

Format selection:

- "What's more sustainable for you—writing or mental review?"

- "What would you actually do consistently?"
 - "What are the benefits and drawbacks of each for you?"
 - "Would combining approaches work—daily mental, weekly written?"
 - "What matters most: the format or the consistency?"
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ACTION STEP FOR YOUR PRACTICE

Help patients choose an inventory format that fits their style and life—prioritizing sustainability over any particular approach.

What to Include in Step Ten Inventory

OVERVIEW

What should Step Ten inventory examine? Key areas include: resentments (old or new), fears (present-day), selfish or dishonest behavior, harm done to others, self-care neglect, and amends needed. It also includes the positive: what went well, how you showed up for others, progress noted.

KEY POINTS FOR CLINICIANS

- Examine: resentments (any grudges from today?)
- Examine: fears (what am I afraid of?)
- Examine: selfishness and dishonesty (where did I fall short?)
- Examine: harm to others (did I hurt anyone?)
- Examine: self-care (did I care for myself appropriately?)
- Also examine: what went well, progress, gratitude

CLINICAL INSIGHT

Patients may inventory only negatives, creating a punishing practice. A balanced inventory includes what went well, acts of service, moments of integrity. This isn't self-congratulation; it's accurate accounting that includes assets.

THE PATIENT EXPERIENCE

Patients prone to shame may create harsh inventories: all fault, no credit. Challenge this: "Is that an accurate picture of your day? Were there no moments of integrity? No kindness? What are you leaving out?"

CLINICAL REFLECTION

How do you help patients create balanced inventories that include both challenges and positives? What questions promote accuracy?

CLINICAL EXERCISE / ASSESSMENT TOOL

Balanced inventory template:

- "Where did I fall short today? What was my part?"
 - "Where did I show up well? What did I do right?"
 - "Am I carrying any resentments or fears?"
 - "Did I harm anyone? Did I help anyone?"
 - "What am I grateful for? What do I need to address tomorrow?"
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ACTION STEP FOR YOUR PRACTICE

Provide patients with balanced inventory questions that examine both struggles and successes. Accuracy requires both.

Promptly Admitted

The practice of immediate acknowledgment and correction

The Meaning of "Promptly"

OVERVIEW

Step Ten says "when we were wrong promptly admitted it." Promptly means quickly, without delay. Not eventually, not when convenient, not when the other person calms down—promptly. The speed matters: prompt admission prevents accumulation, maintains integrity, and keeps relationships clean.

KEY POINTS FOR CLINICIANS

- "Promptly" means quickly, without delay
- Not when convenient, not eventually—now
- Speed prevents accumulation of wreckage
- Prompt admission maintains integrity
- Delay allows rationalization and minimization
- Promptness requires humility and courage

CLINICAL INSIGHT

Patients often want to wait: "I'll apologize when she calms down," "I need to think about it first." While some cooling off can help, excessive delay usually indicates avoidance. Challenge waiting that's really avoiding.

THE PATIENT EXPERIENCE

Patients may resist promptness: "I need time to figure out if I was really wrong." Sometimes this is legitimate discernment; sometimes it's avoidance. The question: "Are you processing or procrastinating?"

CLINICAL REFLECTION

How do you distinguish legitimate processing from avoidance of prompt admission? What makes promptness therapeutically important?

CLINICAL EXERCISE / ASSESSMENT TOOL

Promptness exploration:

- "What happens when you delay admitting wrongs?"
- "What's the difference between processing and procrastinating?"
- "What makes prompt admission difficult for you?"
- "What do you gain by admitting quickly? What do you lose by waiting?"
- "Think of a recent wrong—how quickly did you admit it?"

ACTION STEP FOR YOUR PRACTICE

Explore patients' patterns around timing of admission. Identify whether delays are legitimate processing or avoidance in disguise.

The Humility of Immediate Admission

OVERVIEW

Prompt admission requires immediate humility—the willingness to be wrong right now, not after processing has made it more comfortable. This immediate humility is uncomfortable. The ego wants time to construct a defense, explain, or minimize. Prompt admission says: "I was wrong. Period."

KEY POINTS FOR CLINICIANS

- Prompt admission requires immediate humility
- The ego wants time to defend, explain, minimize
- "I was wrong. Period." without qualification
- Immediate humility is uncomfortable but clean
- Delay allows ego to construct defenses
- Promptness keeps admission pure and simple

CLINICAL INSIGHT

Watch for qualifications that sneak into admissions: "I was wrong, but..." "I'm sorry if you felt..." "I shouldn't have, however..." These aren't prompt admissions; they're delayed ego protection. Pure admission has no qualifiers.

THE PATIENT EXPERIENCE

Patients often want to explain: "I need them to understand why I did it." The honest admission: "You need them to not think badly of you. What if you just admitted the wrong without explanation?"

CLINICAL REFLECTION

How do you help patients make clean admissions without qualifications? What makes simple admission so difficult?

CLINICAL EXERCISE / ASSESSMENT TOOL

Clean admission practice:

- "Say 'I was wrong about [specific thing]' without any 'but'"
- "What happens inside you when you can't explain or defend?"

- "What would it mean to just be wrong, simply and cleanly?"
 - "What are you protecting when you add qualifications?"
 - "Practice: Admit something with no explanation at all"
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ACTION STEP FOR YOUR PRACTICE

Practice clean admission with patients: specific acknowledgment of wrong without explanation, defense, or qualification. Notice what arises.

What Qualifies as "Wrong"

OVERVIEW

When am I wrong? Step Ten requires recognizing wrongs that need admission: resentment held, fear indulged, dishonesty practiced, harm done, selfishness displayed. But also subtler wrongs: being right in a wrong way, technically correct but relationally harmful, defending legitimate positions with inappropriate intensity.

KEY POINTS FOR CLINICIANS

- Obvious wrongs: dishonesty, harm, selfishness
- Subtle wrongs: right position, wrong manner
- Being technically correct but relationally harmful
- Defending legitimate positions with excessive force
- Harboring resentment is wrong, even if the grievance is valid
- The manner of being right can itself be wrong

CLINICAL INSIGHT

Many patients focus only on obvious wrongs and miss subtle ones. They may be technically correct but relationally destructive. Help them see: "You may have been right about the facts. Were you right in how you communicated? What was the impact?"

THE PATIENT EXPERIENCE

Patients often defend: "But I was right!" The question: "Right about what? And right in how you expressed it? Being correct doesn't mean your behavior was correct."

CLINICAL REFLECTION

How do you help patients recognize subtle wrongs—being right in wrong ways? What distinguishes content from manner?

CLINICAL EXERCISE / ASSESSMENT TOOL

Expanding "wrong" recognition:

- "You may have been correct. Were you kind? Were you fair?"
 - "What impact did being 'right' have?"
 - "Can you be right about something and still owe an apology for how you communicated?"
 - "What's the difference between being right and being righteous?"
 - "Where have you been technically correct but relationally harmful?"
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ACTION STEP FOR YOUR PRACTICE

Help patients expand their definition of "wrong" to include manner and impact, not just content accuracy.

Admitting to Oneself, to Others, and to Higher Power

OVERVIEW

Prompt admission happens at three levels: to oneself (internal acknowledgment), to others affected (relational repair), and to Higher Power (spiritual humility). Each serves different functions. Internal admission alone can become intellectual exercise; admission to others creates accountability and repair.

KEY POINTS FOR CLINICIANS

- Three levels: self, others, Higher Power
- Self-admission: internal acknowledgment, breaking denial
- Admission to others: accountability and relational repair
- Admission to Higher Power: spiritual humility and surrender
- Self-admission alone can be insufficient
- Others-admission creates accountability Step Ten needs

CLINICAL INSIGHT

Some patients do internal inventory but rarely admit to others. This becomes sophisticated self-awareness without behavioral change. The admission to others creates accountability that internal acknowledgment lacks.

THE PATIENT EXPERIENCE

Patients may say: "I know I was wrong. I don't need to tell them." Challenge: "What changes when you keep it internal versus acknowledge it to them? What are you avoiding by not saying it aloud?"

CLINICAL REFLECTION

Which level of admission do your patients most often skip? How does admission to others differ from self-acknowledgment?

CLINICAL EXERCISE / ASSESSMENT TOOL

Three-level admission:

- "You know you were wrong. Have you told anyone?"
 - "What's the difference between knowing inside and saying it aloud?"
 - "Who needs to hear your admission?"
 - "What does admitting to your Higher Power add?"
 - "What changes when you move from internal to external admission?"
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ACTION STEP FOR YOUR PRACTICE

Identify which level(s) of admission patients skip. Help them practice the full cycle: self, others, Higher Power.

When Prompt Admission Repairs Relationships

OVERVIEW

Prompt admission often prevents or repairs relationship damage. A quick "I was wrong" can defuse a building conflict. It demonstrates humility that invites the other person to reciprocate. Relationships that practice mutual prompt admission stay cleaner and closer than those where wrongs accumulate unaddressed.

KEY POINTS FOR CLINICIANS

- Prompt admission often defuses building conflict
- Demonstrates humility that invites reciprocity
- Prevents small wrongs from becoming major ruptures
- Relationships stay cleaner with prompt acknowledgment
- Mutual practice creates healthier relationship culture
- Accumulation of unaddressed wrongs poisons relationships

CLINICAL INSIGHT

The patient who practices prompt admission often improves their relationships significantly. Partners, family, and friends experience someone who takes responsibility, admits mistakes, and repairs promptly. This can transform relationship patterns.

THE PATIENT EXPERIENCE

Patients may fear admission shows weakness. The opposite is often true: "What do people actually experience when you promptly admit you were wrong? Do they respect you less or more?"

CLINICAL REFLECTION

How has prompt admission affected your patients' relationships? What relational dynamics change with this practice?

CLINICAL EXERCISE / ASSESSMENT TOOL

Relational impact exploration:

- "How do people respond when you promptly admit wrongs?"
 - "What happens in relationships when wrongs go unaddressed?"
 - "Think of someone who admits their wrongs quickly—how do you experience them?"
 - "How might prompt admission change your relationship with [specific person]?"
 - "What relational debts are you carrying from unadmitted wrongs?"
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ACTION STEP FOR YOUR PRACTICE

Help patients see the relational benefits of prompt admission. Track improvements in relationships as practice develops.

Emotional Sobriety

Step Ten's role in maintaining emotional balance

Step Ten and the Development of Emotional Sobriety

OVERVIEW

Bill Wilson wrote about "emotional sobriety" as the next frontier after physical sobriety. Step Ten is the primary tool for developing emotional sobriety: the ongoing practice of self-examination and correction that leads to emotional balance, maturity, and freedom from being controlled by emotions.

KEY POINTS FOR CLINICIANS

- Emotional sobriety = emotional balance and maturity
- Beyond physical sobriety to freedom from emotional tyranny
- Step Ten is the primary tool for developing this
- Regular inventory prevents emotional accumulation
- Prompt admission keeps emotional accounts clean
- Emotional sobriety is progressive—develops over time

CLINICAL INSIGHT

Many patients achieve physical sobriety but remain emotionally reactive, unstable, or immature. Step Ten practice—real practice, not just saying you do it—develops the emotional regulation and maturity that make long-term recovery sustainable.

THE PATIENT EXPERIENCE

Patients may not see the connection: "What does looking at my day have to do with my emotions?" The link: "Unexamined emotions control you. Examined emotions become choices. Step Ten develops the self-awareness that creates emotional freedom."

CLINICAL REFLECTION

How do you frame emotional sobriety for patients? What does Step Ten practice contribute to emotional development?

CLINICAL EXERCISE / ASSESSMENT TOOL

Emotional sobriety exploration:

- "What does 'emotional sobriety' mean to you?"
- "How does self-examination affect your emotional life?"
- "What happens to your emotions when unexamined?"
- "How have your emotional patterns changed with Step Ten practice?"
- "What would fuller emotional sobriety look like for you?"

ACTION STEP FOR YOUR PRACTICE

Introduce the concept of emotional sobriety and connect it to Step Ten practice. Help patients see inventory as emotional development work.

Catching Resentments Before They Take Root

OVERVIEW

The Big Book calls resentment "the number one offender." Step Ten's primary emotional work is catching resentments early—before they take root, grow, and become dangerous. Daily inventory asks: "Am I carrying any resentments?" Prompt admission addresses them before they fester.

KEY POINTS FOR CLINICIANS

- Resentments are the number one offender for relapse
- Step Ten catches resentments early, before rooting
- Daily inventory: "Am I carrying any grudges?"
- Small resentments, unaddressed, become major
- Prompt attention prevents festering
- Old resentment patterns resurface and need monitoring

CLINICAL INSIGHT

Patients in relapse often trace back to unaddressed resentments that accumulated over weeks or months. Step Ten practice—genuine practice—catches these early. Track patients' resentment awareness as a clinical indicator.

THE PATIENT EXPERIENCE

Patients may minimize: "It's not really a resentment." Explore: "Are you thinking about them with irritation? Replaying the incident? Feeling wronged? That's resentment forming. What do you want to do about it?"

CLINICAL REFLECTION

How do you help patients recognize resentments early? What distinguishes healthy processing from resentment formation?

CLINICAL EXERCISE / ASSESSMENT TOOL

Early resentment detection:

- "Who have you thought about with irritation lately?"
- "What replays in your mind when you're quiet?"
- "Where do you feel 'right' and want others to acknowledge your grievance?"

- "What small annoyances are you carrying?"
 - "If you looked honestly, what resentments are forming?"
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ACTION STEP FOR YOUR PRACTICE

Help patients develop sensitive resentment detection—catching the early stages before they become entrenched.

Managing Fear in Real-Time

OVERVIEW

Fear was a major Step Four inventory item. Step Ten monitors fear in real-time: Am I making decisions from fear? Is fear controlling my reactions? Am I avoiding things out of fear? Step Ten awareness catches fear-based living and creates choice where there was only reaction.

KEY POINTS FOR CLINICIANS

- Fear drives much dysfunctional behavior
- Step Ten monitors fear in real-time
- Questions: Is fear driving this decision? Reaction?
- Fear-based living often operates unconsciously
- Awareness creates choice where there was only reaction
- Common fears: rejection, failure, abandonment, exposure

CLINICAL INSIGHT

Fear operates subtly. A patient may not identify "fear" but can identify avoidance, procrastination, defensiveness, or over-control—all often fear-driven. Help patients trace behaviors back to underlying fears.

THE PATIENT EXPERIENCE

Patients may not see their fear: "I'm not afraid—I'm just being careful." Explore: "What would happen if you weren't careful? What are you protecting against? That's the fear. Is it serving you or controlling you?"

CLINICAL REFLECTION

How do you help patients recognize fear when they don't identify it as such? What behaviors signal fear-based living?

CLINICAL EXERCISE / ASSESSMENT TOOL

Fear monitoring:

- "What are you avoiding? What's behind the avoidance?"

- "Where are you over-controlling? What fear drives that?"
 - "What decisions lately have been fear-based?"
 - "What would you do if you weren't afraid?"
 - "How does fear show up for you—what are its disguises?"
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ACTION STEP FOR YOUR PRACTICE

Help patients identify how fear manifests in their specific patterns. Build fear-awareness into their Step Ten practice.

The Serenity to Accept, Courage to Change, Wisdom to Know

OVERVIEW

Step Ten practice develops what the Serenity Prayer requests: serenity to accept what cannot change, courage to change what can, wisdom to know the difference. Daily inventory cultivates this discernment. What's mine to change? What must I accept? Where should I act and where should I let go?

KEY POINTS FOR CLINICIANS

- Step Ten develops Serenity Prayer discernment
- Daily sorting: What can I change? What must I accept?
- Acceptance of what's not mine to control
- Courage to act where action is appropriate
- Wisdom develops through practice, not instantly
- The inventory creates the pause for discernment

CLINICAL INSIGHT

Many patients struggle with this discernment: trying to change what they cannot, accepting what they should address. Step Ten practice—the daily sorting—develops wisdom over time. It's not instant discernment; it's progressive development.

THE PATIENT EXPERIENCE

Patients often get it backward: trying to control others while ignoring their own behavior. Inventory redirects: "What's yours? Focus there. What's theirs? Let it go."

CLINICAL REFLECTION

How does Step Ten practice develop Serenity Prayer discernment? What helps patients sort what's theirs from what's not?

CLINICAL EXERCISE / ASSESSMENT TOOL

Serenity practice integration:

- "In this situation, what can you change? What can't you change?"
 - "What are you trying to control that isn't yours?"
 - "What's yours to address that you're avoiding?"
 - "How is your daily inventory helping you sort this?"
 - "Where do you need more acceptance? More courage?"
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ACTION STEP FOR YOUR PRACTICE

Help patients use Step Ten inventory for Serenity Prayer discernment—daily sorting of what requires action versus acceptance.

The Patient Experience

What patients actually experience practicing Step Ten

Establishing Step Ten as Habit

OVERVIEW

The challenge of Step Ten is making it habitual rather than sporadic. Many patients do it for a while, then drift. Establishing Step Ten as non-negotiable daily practice—like brushing teeth—is essential. The habit is more important than the perfection of the practice.

KEY POINTS FOR CLINICIANS

- Step Ten must become habitual, not sporadic
- Many patients practice initially, then drift
- Habit formation requires consistency over time
- Non-negotiable daily practice, like personal hygiene
- Consistency matters more than perfection
- Returning after missing is more important than never missing

CLINICAL INSIGHT

Track patients' Step Ten practice over time. Are they doing it daily? Weekly? Only when things go wrong? The frequency often correlates with overall recovery health. Inconsistent Step Ten practice is a warning sign.

THE PATIENT EXPERIENCE

Patients may admit: "I haven't been doing my Tenth Step." This is important information: "What happened? What would help you re-establish the practice? How do you get back on track?"

CLINICAL REFLECTION

How do you help patients establish and maintain Step Ten habits? What indicates drift before it becomes obvious?

CLINICAL EXERCISE / ASSESSMENT TOOL

Habit formation support:

- "What time each day works for inventory?"
- "What would make it non-negotiable?"
- "What's your plan for getting back on track when you miss days?"
- "Who can support your accountability?"
- "What happens when you drift from practice? How do you notice?"

ACTION STEP FOR YOUR PRACTICE

Help patients establish sustainable Step Ten habits with specific time, format, and accountability. Build in recovery plan for missed days.

The Discomfort of Ongoing Self-Examination**OVERVIEW**

Step Ten asks patients to continually look at themselves—including uncomfortable truths. This ongoing discomfort is part of recovery. Patients must learn to tolerate the discomfort of self-examination rather than avoid it. The willingness to be uncomfortable is itself growth.

KEY POINTS FOR CLINICIANS

- Ongoing self-examination is inherently uncomfortable
- Avoidance of discomfort stops the practice
- Learning to tolerate discomfort is growth
- Discomfort decreases with practice but doesn't disappear
- The alternative—not looking—leads to worse discomfort
- Embracing discomfort is part of emotional sobriety

CLINICAL INSIGHT

Patients who stop Step Ten practice often cite the discomfort: "It's depressing to look at my faults." Help them see: "The alternative is worse. Unexamined faults grow. Looking at them keeps them manageable."

THE PATIENT EXPERIENCE

Patients may resist: "I don't want to always focus on what's wrong with me." Reframe: "You're not focusing on what's wrong with you—you're maintaining awareness that keeps you healthy. It includes what's right too."

CLINICAL REFLECTION

How do you help patients tolerate the discomfort of ongoing self-examination? What reframes help?

CLINICAL EXERCISE / ASSESSMENT TOOL

Discomfort tolerance:

- "What's uncomfortable about daily inventory?"
- "What happens when you avoid that discomfort?"
- "How is tolerating small discomfort daily better than accumulating large discomfort?"
- "Can you see the discomfort as investment in wellness?"
- "What would make the practice more sustainable?"

ACTION STEP FOR YOUR PRACTICE

Normalize the discomfort of Step Ten and help patients develop tolerance. Frame it as investment in wellness, not punishment.

The Liberation of Keeping Short Accounts

OVERVIEW

Patients who practice Step Ten consistently often describe liberation: no accumulation of guilt, no building resentments, no festering issues. They "keep short accounts"—addressing things quickly so nothing builds up. This creates freedom that irregular practice cannot provide.

KEY POINTS FOR CLINICIANS

- "Short accounts" = addressing things quickly, nothing builds up
- Liberation from accumulated guilt and resentment
- Clean conscience becomes the norm, not the exception
- Each day starts fresh when yesterday was addressed
- This freedom motivates continued practice
- Contrast with the weight of accumulated unaddressed issues

CLINICAL INSIGHT

Patients who experience this liberation become committed to Step Ten because of what they gain, not just what they're supposed to do. The positive reinforcement of clean conscience sustains practice when obligation alone wouldn't.

THE PATIENT EXPERIENCE

Patients describe: "I don't carry things anymore." "I sleep better because the day is processed." "My conscience is clear most of the time." These experiences reinforce the practice.

CLINICAL REFLECTION

How do you help patients connect Step Ten practice to the liberation it provides? What shifts when they experience this?

CLINICAL EXERCISE / ASSESSMENT TOOL

Liberation exploration:

- "What's it like when you're caught up on inventory?"
- "What weight are you carrying from unaddressed issues?"
- "What would it be like to start each day with nothing accumulated?"
- "How does keeping short accounts feel compared to letting things build?"
- "What freedom are you experiencing from your practice?"

ACTION STEP FOR YOUR PRACTICE

Help patients notice and articulate the liberation of Step Ten practice. Positive experience sustains practice better than obligation.

The Growth That Comes With Time

OVERVIEW

Step Ten practice produces growth that becomes visible over time: faster recognition of wrongs, quicker recovery from emotional disturbance, less reactive patterns, more automatic self-correction. This growth isn't immediate but cumulative. Patients who persist see genuine character development.

KEY POINTS FOR CLINICIANS

- Growth is cumulative, not immediate
- Faster recognition of wrongs develops over time
- Quicker recovery from emotional disturbance
- Patterns become less reactive, more responsive
- Self-correction becomes more automatic
- Character genuinely develops through sustained practice

CLINICAL INSIGHT

Help patients see their growth over time. They may not notice gradual changes. Periodic review: "How quickly do you catch yourself now compared to a year ago? How long does it take you to make amends now versus before?"

THE PATIENT EXPERIENCE

Patients may not see their growth: "I still get angry." Yes, and: "How quickly do you notice it? How long does it last? What do you do about it? Those have changed. That's growth."

CLINICAL REFLECTION

How do you help patients recognize growth they may not see themselves? What markers indicate Step Ten growth?

CLINICAL EXERCISE / ASSESSMENT TOOL

Growth recognition:

- "How quickly do you catch yourself now compared to [time ago]?"
- "How long do emotional disturbances last compared to before?"
- "How has your willingness to admit wrongs changed?"

- "What patterns that were unconscious are now visible to you?"
 - "What character growth have others noticed in you?"
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ACTION STEP FOR YOUR PRACTICE

Build periodic growth reviews into your work—helping patients see the cumulative development that daily practice produces.

What Happens When Patients Stop Step Ten

OVERVIEW

When patients stop Step Ten practice, a predictable deterioration often follows: resentments accumulate, fears go unexamined, wrongs build up unadmitted, relationships suffer, and relapse risk increases. Recognizing this pattern helps patients understand the stakes of consistent practice.

KEY POINTS FOR CLINICIANS

- Stopping Step Ten leads to predictable deterioration
- Resentments and fears accumulate without examination
- Wrongs build up, unaddressed
- Relationships deteriorate from accumulated harm
- Relapse risk increases significantly
- The pattern is predictable enough to use as motivator

CLINICAL INSIGHT

When patients describe struggles, ask about their Step Ten practice. Often the answer is "I stopped doing it" or "I haven't done it consistently." The connection between stopping practice and deterioration is usually clear.

THE PATIENT EXPERIENCE

Patients in trouble often admit: "I got away from my Step Ten." Help them see the connection: "What built up during that time? How did things get to this point? What happens when you stop looking?"

CLINICAL REFLECTION

How do you help patients see the connection between stopped Step Ten practice and current struggles? What pattern emerges?

CLINICAL EXERCISE / ASSESSMENT TOOL

Connecting practice to outcomes:

- "When did you stop regular inventory? What happened after?"
 - "What accumulated during the time you weren't looking?"
 - "Can you trace current problems back to when you stopped?"
 - "What would be different if you'd maintained practice?"
 - "What does this teach you about the importance of Step Ten?"
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ACTION STEP FOR YOUR PRACTICE

When patients present with accumulated issues, explore the Step Ten practice question. Help them see the connection between stopped practice and current problems.

Common Patterns

Recurring issues revealed through continued inventory

Recurring Character Defects in Step Ten

OVERVIEW

Step Ten often reveals that certain character defects keep recurring despite earlier step work. Pride, fear, resentment, control—the same ones identified in Step Four—reappear in new situations. This isn't failure; it's human. Step Ten's job is catching these recurrences and addressing them promptly.

KEY POINTS FOR CLINICIANS

- Same defects from Step Four reappear in new forms
- Recurrence is normal, not failure
- Step Ten catches familiar patterns in new situations
- Patterns may be more subtle but still present
- Awareness of recurring defects guides ongoing work
- Progress = noticing faster, recovering quicker

CLINICAL INSIGHT

Track which defects keep appearing in patients' inventories. These persistent patterns deserve ongoing clinical attention. They may need skill-building, trauma work, or other interventions beyond inventory awareness.

THE PATIENT EXPERIENCE

Patients may feel discouraged: "I keep seeing the same things." Reframe: "That's actually useful information. These are your growth edges. You're not seeing them because you're failing; you're seeing them because you're aware."

CLINICAL REFLECTION

What patterns do you see recurring in your patients' Step Ten work? How do you use that information clinically?

CLINICAL EXERCISE / ASSESSMENT TOOL

Pattern tracking:

- "What defects keep showing up in your inventory?"
- "How do these old patterns appear in new situations?"
- "What triggers these recurring defects?"
- "How is your response to them changing over time?"
- "What does the recurrence tell us about ongoing work needed?"

ACTION STEP FOR YOUR PRACTICE

Help patients track recurring patterns and use that information for focused growth work, not just observation.

Relationship Patterns Revealed

OVERVIEW

Step Ten often reveals relationship patterns: roles assumed, boundaries violated, communication breakdowns, enabling behaviors. The daily inventory catches these patterns as they occur, not months later. Patients begin to see how they show up in relationships and what needs to change.

KEY POINTS FOR CLINICIANS

- Relationship patterns become visible through inventory
- Common patterns: people-pleasing, control, withdrawal, conflict avoidance
- Patterns appear across multiple relationships
- Real-time awareness allows real-time correction
- Old patterns from family of origin often resurface
- Relationship health becomes a Step Ten focus

CLINICAL INSIGHT

Step Ten inventory provides rich relationship data. "What happened in your relationships today?" reveals patterns that inform clinical work on attachment, communication, boundaries, and relational skills.

THE PATIENT EXPERIENCE

Patients may begin to see patterns: "I notice I do this with everyone." That awareness is the beginning of change. "What do you want to do differently? How can Step Ten help you catch it in real-time?"

CLINICAL REFLECTION

How do you use Step Ten relationship data in clinical work? What patterns most commonly emerge?

CLINICAL EXERCISE / ASSESSMENT TOOL

Relationship inventory focus:

- "What patterns do you notice in how you relate to others?"
- "Where did you fall into familiar roles today?"
- "What boundaries did you maintain? Violate?"

- "How did you handle conflict?"
 - "What relationship behaviors do you want to change?"
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ACTION STEP FOR YOUR PRACTICE

Help patients focus Step Ten inventory on relationship patterns. Use the data to inform clinical work on relational skills.

Work and Professional Patterns

OVERVIEW

Step Ten reveals professional patterns: how patients handle authority, stress, success, failure, collaboration, and competition. Work relationships often trigger old character defects. Inventory helps patients maintain professional integrity and address workplace issues before they escalate.

KEY POINTS FOR CLINICIANS

- Professional life triggers character defects
- Authority relationships often problematic
- Stress reveals character under pressure
- Success and failure both reveal patterns
- Workplace is a major life domain needing inventory
- Professional integrity maintained through awareness

CLINICAL INSIGHT

Many patients struggle at work despite recovery—old patterns with authority, stress reactions, interpersonal conflicts. Step Ten practice applied to work life often improves professional functioning significantly.

THE PATIENT EXPERIENCE

Patients may not think to inventory work situations: "That's just work stuff." Challenge: "Your character doesn't take a break at work. How you show up professionally is Step Ten territory."

CLINICAL REFLECTION

How do you help patients apply Step Ten to professional life? What workplace patterns most need attention?

CLINICAL EXERCISE / ASSESSMENT TOOL

Professional inventory:

- "How did you handle work today?"
- "Any issues with authority, colleagues, or stress?"
- "Where did old patterns show up professionally?"

- "How's your integrity at work?"
 - "What professional behaviors do you need to address?"
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ACTION STEP FOR YOUR PRACTICE

Ensure patients include work and professional life in their Step Ten practice. This often-overlooked domain deserves attention.

Self-Care Patterns

OVERVIEW

Step Ten can monitor self-care: sleep, nutrition, exercise, recreation, isolation vs. connection. Neglecting self-care often precedes relapse. Including self-care in inventory catches deterioration early. "Am I caring for myself?" is a legitimate Step Ten question.

KEY POINTS FOR CLINICIANS

- Self-care is legitimate Step Ten territory
- Neglecting self-care often precedes relapse
- Monitor: sleep, nutrition, exercise, connection
- Isolation is a warning sign to catch early
- Self-care neglect is harm to self
- "Am I caring for myself?" belongs in inventory

CLINICAL INSIGHT

Expand patients' concept of Step Ten to include self-care. This isn't just monitoring wrongs—it's monitoring overall wellness. Deteriorating self-care patterns are early warning signs that inventory should catch.

THE PATIENT EXPERIENCE

Patients may not connect self-care to inventory: "That's not about being wrong." Expand their view: "Neglecting yourself IS a wrong—against yourself. Self-care awareness is Step Ten awareness."

CLINICAL REFLECTION

How do you help patients include self-care in Step Ten practice? What self-care patterns most need monitoring?

CLINICAL EXERCISE / ASSESSMENT TOOL

Self-care inventory:

- "How are you caring for yourself: sleep, food, exercise?"

- "Are you isolating or maintaining connection?"
 - "What self-care have you neglected lately?"
 - "How's your work-life balance?"
 - "What does taking care of yourself require today?"
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ACTION STEP FOR YOUR PRACTICE

Help patients expand Step Ten to include self-care monitoring. Neglect patterns are important early warning signs.

Spiritual Maintenance Patterns

OVERVIEW

Step Ten also monitors spiritual condition: prayer and meditation practice (Step Eleven), service to others (Step Twelve), meeting attendance, sponsor contact, program involvement. Spiritual maintenance deteriorates before relapse. Inventory should include: "How's my spiritual condition?"

KEY POINTS FOR CLINICIANS

- Spiritual maintenance is Step Ten territory
- Monitor: prayer, meditation, service, connection
- Spiritual deterioration often precedes relapse
- Meeting attendance, sponsor contact as indicators
- "How's my spiritual condition?" is a valid question
- Step Ten integrates with Steps Eleven and Twelve

CLINICAL INSIGHT

When patients drift spiritually, they often drift in recovery. Track spiritual maintenance as clinical indicator. Patients who stop meetings, stop calling sponsors, stop praying—these are warning signs.

THE PATIENT EXPERIENCE

Patients may resist spiritual monitoring: "That's too personal." Or they may not connect it to Step Ten. Help them see: "Your spiritual condition affects everything. It deserves the same monitoring as your behavior."

CLINICAL REFLECTION

How do you help patients monitor spiritual maintenance in Step Ten? What spiritual deterioration patterns indicate concern?

CLINICAL EXERCISE / ASSESSMENT TOOL

Spiritual inventory:

- "How's your conscious contact with Higher Power?"
 - "Are you maintaining Steps Eleven and Twelve?"
 - "How's your meeting attendance and program connection?"
 - "When did you last talk with your sponsor?"
 - "What's the overall state of your spiritual condition?"
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ACTION STEP FOR YOUR PRACTICE

Help patients include spiritual maintenance in Step Ten practice. Spiritual deterioration is an important early warning sign.

Clinical Applications

Integrating Step Ten understanding into clinical practice

Integrating Step Ten into Clinical Sessions

OVERVIEW

Clinical sessions can reinforce Step Ten practice: reviewing inventory, exploring patterns, processing what emerges. Rather than duplicating sponsor work, the clinician adds clinical perspective—psychological understanding, skill development, pattern analysis. Session time becomes Step Ten support.

KEY POINTS FOR CLINICIANS

- Sessions can reinforce and support Step Ten practice
- Review: "What's come up in your inventories?"
- Clinician adds psychological perspective to inventory
- Pattern analysis: What keeps showing up?
- Skill development for identified issues
- Complement sponsor work, don't duplicate

CLINICAL INSIGHT

Regular session check-in about Step Ten practice serves multiple functions: accountability, data gathering, pattern analysis, and clinical intervention where patterns need more than awareness.

THE PATIENT EXPERIENCE

Patients benefit from: "My sponsor helps me do inventory. My therapist helps me understand what I'm seeing and develop skills for the patterns." Both perspectives valuable.

CLINICAL REFLECTION

How do you integrate Step Ten review into clinical sessions? What unique value does clinical perspective add?

CLINICAL EXERCISE / ASSESSMENT TOOL

Session integration:

- Start sessions: "What's come up in your Step Ten practice?"
 - "What patterns are you noticing?"
 - "What do you need clinical help with?"
 - "Where does inventory reveal need for skill development?"
 - "How can therapy support your ongoing self-examination?"
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ACTION STEP FOR YOUR PRACTICE

Build Step Ten review into regular session structure. Use the data to identify clinical targets and track progress.

Step Ten as Ongoing Assessment

OVERVIEW

Step Ten practice provides ongoing self-assessment data. What patients report from their inventories reveals current functioning, emerging issues, and recovery status. Clinicians can use this data for ongoing assessment without separate formal instruments—the patient is assessing themselves daily.

KEY POINTS FOR CLINICIANS

- Step Ten provides ongoing assessment data
- Inventory reveals: current functioning, emerging issues
- More current than periodic formal assessment
- Patient-generated data is authentic and relevant
- Trends in inventory content indicate recovery status
- Absence of practice is itself diagnostic

CLINICAL INSIGHT

The content of patients' Step Ten inventories tells you a lot about their current state. Increasing resentments, deteriorating self-care, emerging fears—these are assessment data. Use them accordingly.

THE PATIENT EXPERIENCE

Patients may not realize they're providing assessment data: they're just doing inventory. The clinician recognizes: "What you're seeing in your inventory tells us both how you're doing."

CLINICAL REFLECTION

How do you use Step Ten data for clinical assessment? What trends indicate concern or progress?

CLINICAL EXERCISE / ASSESSMENT TOOL

Assessment from inventory:

- "What's been showing up consistently in your inventory?"
- "Are issues increasing or decreasing?"
- "What's the overall trend of your self-assessment?"
- "Where do you see progress? Where concern?"
- "What does your inventory tell us about your current state?"

ACTION STEP FOR YOUR PRACTICE

Recognize Step Ten inventory as ongoing assessment data. Track trends in content to monitor recovery health.

Teaching Step Ten Skills Clinically

OVERVIEW

Clinicians can teach skills that enhance Step Ten practice: self-awareness techniques, emotional regulation, mindfulness, cognitive restructuring. These clinical skills don't replace but enhance Step Ten practice. Better skills produce better inventory and better outcomes.

KEY POINTS FOR CLINICIANS

- Clinical skills enhance Step Ten practice
- Self-awareness techniques improve inventory quality
- Emotional regulation helps with "promptly admitted"
- Mindfulness supports real-time awareness
- Cognitive skills help evaluate situations accurately
- Clinical contribution: skill-building for better practice

CLINICAL INSIGHT

When patients struggle with Step Ten components, identify the skill gap. Can't recognize emotions? Teach emotional awareness. Can't pause before reacting? Teach mindfulness. Step Ten is more effective with better skills.

THE PATIENT EXPERIENCE

Patients may struggle with Step Ten because they lack underlying skills. Clinical skill-building removes barriers: "If you can't identify your emotions, inventory is hard. Let's develop that skill."

CLINICAL REFLECTION

What clinical skills enhance Step Ten practice? How do you identify and address skill gaps?

CLINICAL EXERCISE / ASSESSMENT TOOL

Skill assessment for Step Ten:

- "What makes inventory difficult for you?"
- "Can you identify your emotions in real-time?"
- "Can you pause before reacting to examine what's happening?"
- "What skills would make inventory easier?"
- "Where do you need skill development to enhance practice?"

ACTION STEP FOR YOUR PRACTICE

Assess underlying skills needed for effective Step Ten. Address gaps with clinical skill-building: emotional awareness, mindfulness, regulation, cognitive evaluation.

Step Ten and Cognitive Behavioral Integration

OVERVIEW

Step Ten has natural overlap with CBT: self-monitoring, examining thoughts and beliefs, challenging distortions, behavioral change. Clinicians can integrate CBT concepts into Step Ten work—enhancing inventory with cognitive skills while respecting the spiritual context of the step.

KEY POINTS FOR CLINICIANS

- Natural overlap between Step Ten and CBT
- Self-monitoring: core to both approaches
- Cognitive evaluation enhances inventory
- Challenging distortions improves accuracy
- Behavioral focus aligns with "promptly admitted" action
- Integration enhances both clinical and step work

CLINICAL INSIGHT

CBT provides tools for better Step Ten: thought records become inventory, cognitive distortions become patterns to watch, behavioral experiments become amends and corrections. The frameworks integrate naturally.

THE PATIENT EXPERIENCE

Patients doing CBT work may find: "This is what I do in Step Ten!" Yes, and: "CBT gives you additional tools to do it more effectively."

CLINICAL REFLECTION

How do you integrate CBT concepts with Step Ten practice? What tools enhance inventory quality?

CLINICAL EXERCISE / ASSESSMENT TOOL

CBT-Step Ten integration:

- "What thoughts were running through your mind in that situation?"
 - "What cognitive distortions might be operating?"
 - "How can you evaluate that thought more accurately?"
 - "What behavioral change follows from your inventory?"
 - "How does thought work enhance your Step Ten practice?"
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ACTION STEP FOR YOUR PRACTICE

Integrate CBT tools into Step Ten work where appropriate. Cognitive skills enhance inventory accuracy and behavioral follow-through.

Group Therapy and Step Ten

OVERVIEW

Group therapy provides unique Step Ten support: mutual accountability, diverse perspectives on patterns, shared practice experience, and real-time interpersonal feedback. Groups can practice Step Ten together, provide accountability, and offer feedback on blind spots members might miss.

KEY POINTS FOR CLINICIANS

- Groups provide Step Ten accountability
- Diverse perspectives on patterns
- Shared practice supports individual commitment
- Real-time interpersonal feedback on blind spots
- Group dynamics create Step Ten material
- Mutual support for challenging practice

CLINICAL INSIGHT

Group settings can create Step Ten material: How did group members show up today? What patterns emerged? This real-time lab provides inventory data while group members provide feedback individual practice would miss.

THE PATIENT EXPERIENCE

Patients in groups benefit from: "I didn't see that about myself until someone else pointed it out." Group feedback reveals blind spots that solitary inventory misses.

CLINICAL REFLECTION

How do you use group therapy to support Step Ten practice? What unique value does group provide?

CLINICAL EXERCISE / ASSESSMENT TOOL

Group Step Ten practice:

- "What did you notice about yourself in group today?"
 - "What feedback have you received about your patterns?"
 - "How does group accountability support your practice?"
 - "What are you learning from others' inventory sharing?"
 - "What would you have missed without group feedback?"
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ACTION STEP FOR YOUR PRACTICE

Use group therapy settings to enhance Step Ten practice through accountability, feedback, and real-time interpersonal awareness.

Clinical Pitfalls

Common mistakes clinicians make with Step Ten

Treating Step Ten as Optional

OVERVIEW

Some clinicians treat Step Ten as optional enhancement rather than essential maintenance. This underestimates its importance. Step Ten isn't an optional add-on for spiritually advanced patients—it's baseline maintenance for all recovery. Minimizing Step Ten puts patients at risk.

KEY POINTS FOR CLINICIANS

- Step Ten is essential, not optional
- It's baseline maintenance, not advanced practice
- Minimizing importance puts patients at risk
- Many relapses connect to abandoned Step Ten practice
- Clinical attention should support consistent practice
- Treat Step Ten as vital as taking medication

CLINICAL INSIGHT

If you don't ask about Step Ten practice, patients may assume it's unimportant. If you treat it as peripheral, they will too. Your clinical attention communicates importance.

THE PATIENT EXPERIENCE

Patients take cues from clinicians: if you never ask about Step Ten, they may conclude it doesn't matter to recovery. Make clear: "This is essential ongoing practice, not optional extra credit."

CLINICAL REFLECTION

How much clinical attention do you give Step Ten? Do your patients understand its essential nature?

CLINICAL EXERCISE / ASSESSMENT TOOL

Communicating importance:

- Regularly ask: "How's your Step Ten practice?"
 - Treat absence of practice as clinically significant
 - Connect outcomes to practice: "When did you stop doing inventory?"
 - Frame Step Ten as essential maintenance, not optional
 - Make it a consistent part of clinical assessment
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ACTION STEP FOR YOUR PRACTICE

Increase clinical attention to Step Ten. Make clear through your attention that this is essential maintenance, not optional practice.

Not Connecting Current Issues to Step Ten Absence

OVERVIEW

When patients present with accumulating problems, clinicians may not connect these to abandoned Step Ten practice. The connection is often direct: stop inventory, accumulate unaddressed issues, experience consequences. Asking about Step Ten should be standard when problems present.

KEY POINTS FOR CLINICIANS

- Current problems often trace to stopped Step Ten
- Accumulating issues indicate abandoned inventory
- Ask about practice when problems present
- The connection is often direct and traceable
- Re-engaging practice often addresses current issues
- Step Ten absence is diagnostic

CLINICAL INSIGHT

When patients present with escalating problems, one of your first questions should be: "What's happened to your Step Ten practice?" The answer often explains the current situation and points toward solution.

THE PATIENT EXPERIENCE

Patients may not see the connection: "I'm here about my marriage, not my inventory." Help them see: "When did the marriage issues escalate? When did you stop looking at yourself? Often connected."

CLINICAL REFLECTION

How often do you explore Step Ten practice when patients present with problems? What patterns have you noticed?

CLINICAL EXERCISE / ASSESSMENT TOOL

Connecting issues to practice:

- "When did these problems start escalating?"
- "What's your Step Ten practice been like lately?"
- "When did you stop regular inventory?"
- "What might have been caught earlier with consistent practice?"
- "What happens if you re-engage Step Ten now?"

ACTION STEP FOR YOUR PRACTICE

Make Step Ten practice inquiry standard when patients present with escalating issues. The connection is often direct.

Allowing Harsh Self-Criticism to Masquerade as Step Ten

OVERVIEW

Some patients do obsessive, harsh self-criticism and call it Step Ten. This isn't inventory—it's self-punishment that does more harm than good. Genuine Step Ten is honest and balanced, not brutal. Clinicians must distinguish healthy self-examination from toxic self-attack.

KEY POINTS FOR CLINICIANS

- Harsh self-criticism is not Step Ten
- Genuine inventory is honest, not brutal
- Balanced includes acknowledgment of positives
- Obsessive review is rumination, not inventory
- Self-punishment undermines rather than supports recovery
- Help patients distinguish examination from attack

CLINICAL INSIGHT

Patients with shame histories may use Step Ten language for self-abuse. Listen for: all negative, no positive; excessive detail on faults; punishing tone; no action, just rumination. This isn't healthy inventory.

THE PATIENT EXPERIENCE

Patients may believe harsh self-criticism is thoroughness: "I'm being honest about my faults." Challenge: "Are you being honest or punishing? Does your inventory include what you did well? Does it lead to action or just feeling bad?"

CLINICAL REFLECTION

How do you distinguish healthy Step Ten from harmful self-criticism in your patients? What marks the difference?

CLINICAL EXERCISE / ASSESSMENT TOOL

Inventory health check:

- "Does your inventory include what went well?"
- "What tone do you use with yourself—honest or harsh?"
- "Does inventory lead to specific action or just feeling bad?"

- "Is this examination or punishment?"
 - "What would balanced inventory look like?"
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ACTION STEP FOR YOUR PRACTICE

Monitor patients' inventory practice for harsh self-criticism masquerading as Step Ten. Redirect toward balanced, action-oriented self-examination.

Not Teaching Promptness

OVERVIEW

Clinicians may emphasize the inventory component of Step Ten but neglect the "promptly admitted" component. Promptness is essential—without it, inventory becomes intellectual exercise without relational repair. Teach and reinforce the promptness of admission, not just the practice of self-examination.

KEY POINTS FOR CLINICIANS

- "Promptly admitted" is often neglected in teaching
- Inventory without prompt admission is incomplete
- Delay allows rationalization and minimization
- Promptness creates relational repair
- The speed of admission matters therapeutically
- Both components need clinical attention

CLINICAL INSIGHT

Patients may do excellent inventory but delay admission indefinitely. Check both: "You saw you were wrong. How quickly did you admit it? To whom? What happened next?"

THE PATIENT EXPERIENCE

Patients may feel: "I know I was wrong— isn't that enough?" No: "Knowing isn't enough. Promptly admitting to the person affected is the step. What happens when you delay?"

CLINICAL REFLECTION

How much attention do you give the "promptly admitted" component? How do you teach and reinforce promptness?

CLINICAL EXERCISE / ASSESSMENT TOOL

Promptness focus:

- "When you see you're wrong, how quickly do you admit it?"
- "What delays your admissions?"
- "What happens in relationships when you wait?"

- "What would prompt admission look like?"
 - "Practice: Can you commit to admitting within [timeframe]?"
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ACTION STEP FOR YOUR PRACTICE

Give equal attention to promptness as to inventory. Track both components and address delays in admission.

Failing to Reinforce Sustainability

OVERVIEW

Clinicians sometimes accept elaborate Step Ten practices that patients can't sustain. Initial enthusiasm creates complex commitments; reality reduces compliance. Better to establish simple, sustainable practices than elaborate ones that fail. Sustainability matters more than sophistication.

KEY POINTS FOR CLINICIANS

- Elaborate practices often aren't sustainable
- Initial enthusiasm creates unrealistic commitments
- Simple, consistent practice beats complex, sporadic
- Sustainability is more important than sophistication
- Help patients find what they'll actually do
- Adjust practices to fit real life

CLINICAL INSIGHT

When patients describe elaborate Step Ten commitments, ask: "How long have you sustained this? What's realistic long-term?" Often, simpler is better. A five-minute daily practice sustained beats thirty-minute practice abandoned.

THE PATIENT EXPERIENCE

Patients may feel guilty for simplifying: "I should do more." Reframe: "What will you actually do? That's what matters. A practice you keep beats a practice you abandon."

CLINICAL REFLECTION

How do you help patients establish sustainable Step Ten practices? What indicates a practice is realistic?

CLINICAL EXERCISE / ASSESSMENT TOOL

Sustainability check:

- "How long have you maintained this practice?"

- "What happens when life gets busy?"
 - "What's the simplest version that would still work?"
 - "What will you actually do, not just aspire to?"
 - "How do you get back on track after missing?"
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ACTION STEP FOR YOUR PRACTICE

Prioritize sustainability in Step Ten practice design. Help patients establish simple, realistic practices they'll actually maintain.

Ignoring the Integration with Steps Eleven and Twelve

OVERVIEW

Step Ten doesn't stand alone—it integrates with Steps Eleven (prayer and meditation) and Twelve (service). These maintenance steps work together. Clinicians who address Step Ten in isolation miss the integrated practice that creates sustainable recovery.

KEY POINTS FOR CLINICIANS

- Steps Ten, Eleven, Twelve work together
- Step Ten alone is incomplete maintenance
- Eleven provides spiritual resource for Ten
- Twelve provides service orientation balancing self-focus
- The three maintenance steps are a system
- Clinical attention should address all three

CLINICAL INSIGHT

When assessing maintenance recovery, ask about all three steps. A patient doing inventory but not prayer or service is doing incomplete maintenance. The three steps support each other.

THE PATIENT EXPERIENCE

Patients may focus on one: "I do my inventory." Good, and: "How's your prayer and meditation? Your service? The three go together."

CLINICAL REFLECTION

How do you address the integration of Steps Ten, Eleven, and Twelve? Do you assess all three maintenance steps?

CLINICAL EXERCISE / ASSESSMENT TOOL

Integrated maintenance assessment:

- "How's your Step Ten practice?"
- "How about Step Eleven—prayer and meditation?"

- "What service are you doing—Step Twelve?"
 - "How do the three work together for you?"
 - "What's the overall state of your maintenance practice?"
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ACTION STEP FOR YOUR PRACTICE

Assess all three maintenance steps together. Help patients see Steps Ten, Eleven, and Twelve as integrated system, not isolated practices.

Your clinical notes

Changes to my practice

(Specific changes you plan to implement based on this training...)
