

Step Ten: Daily Inventory

Adult Children of Alcoholics · The Recovery Files

For Adult Children of Alcoholics in SUD & Mental Health Recovery

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

Your progress 0 of 7 parts done · The Three Dimensions of Your Inventory · ACoA · Inner Child & Family Patterns · SUD · Substance Use & Behavioral · Mental Health · Emotional & Psychological

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Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 6 · READING

What Is Step Ten? The Daily Inventory for ACoA & SUD Recovery

Step Ten states: "Continued to take personal inventory and when we were wrong, promptly admitted it." For most people in recovery, this step represents the transition from cleaning up the past to living skillfully in the present. It is the step that transforms recovery from a repair project into a way of life.

For Adult Children of Alcoholics (ACoA) who are also in recovery from substance use disorders and mental health conditions, Step Ten carries a unique and profound significance. You are not simply taking inventory of today's behaviors — you are monitoring a complex internal landscape shaped by childhood survival adaptations, substance use patterns, and mental health symptoms that interact with and amplify each other in ways that can be difficult to untangle.

THE ACoA DIMENSION

The ACoA "Laundry List" describes traits that developed as survival mechanisms in dysfunctional family systems: people-pleasing, fear of authority, confusion of love with pity, hypervigilance, difficulty with intimacy, excessive responsibility or excessive irresponsibility, reactivity to situations outside your control, and a pervasive sense that you are fundamentally different from other people. These traits do not disappear when you stop using substances. In fact, they often become more visible in sobriety because the chemical buffer is gone.

THE SUD DIMENSION

The substance use dimension means that your daily inventory must include honest assessment of cravings, relapse warning signs, behavioral substitutions, and the thinking patterns — denial, minimization, rationalization, justification — that accompany addictive disease. It also means monitoring whether you are truly working a program of recovery or merely abstaining from substances while the underlying condition remains untreated.

THE MENTAL HEALTH DIMENSION

The mental health dimension requires attention to emotional regulation, symptom management, medication compliance, cognitive distortions, and the intersection between psychiatric symptoms and both ACoA patterns and substance use triggers. Depression can masquerade as recovery fatigue. Anxiety can present as hypervigilance that feels familiar because it was your childhood normal. Trauma responses can look like character defects when they are actually unprocessed wounds.

Step Ten, practiced with all three dimensions in view, becomes the single most powerful daily practice available to you. It is the practice that catches old patterns before they crystallize into crisis. It is the early warning system that alerts you when your ACoA survival strategies are running the show, when your addictive thinking is gaining traction, or when your mental health requires intervention. It is, as the Big Book describes it, your "design for living" — not a burdensome obligation, but a daily gift of self-awareness that makes genuine freedom possible.

Reflection Questions

1. How does understanding Step Ten as a three-dimensional practice (ACoA + SUD + Mental Health) change how you think about daily inventory? What dimension have you been neglecting?

2. Which ACoA traits from the "Laundry List" are most active in your life right now? How do they interact with your substance use patterns or mental health symptoms?

3. Have you experienced a situation where an ACoA pattern triggered substance use cravings or a mental health symptom? Describe what happened and what you learned.

4. Do you currently practice any form of daily inventory? If so, what does it look like? If not, what has prevented you from beginning?

5. On a scale of 1 to 10, how honestly do you currently assess your daily behavior, thoughts, and patterns? What would raising that number by two points require?

PART 2 OF 6 · READING

The ACoA Wound: Why Step Ten Requires Inner Child Awareness

Adult Children of Alcoholics carry wounds that most people in recovery do not fully understand — often including the ACoA themselves. Growing up in an alcoholic, addicted, or otherwise dysfunctional family system installs a set of survival adaptations that become so deeply embedded they feel like personality rather than programming.

The "Laundry List" of ACoA traits reads like a description of adaptive genius — because that is exactly what it is. You learned to guess what normal was because your home did not model it. You learned to judge yourself without mercy because imperfection in your household was dangerous. You learned to take responsibility for everyone else's emotions because no one was taking responsibility for the emotional climate. You learned to confuse love with pity, intensity with intimacy, and chaos with connection — because those were the only versions available to you.

These adaptations kept you alive. They deserve respect before they are examined for change.

Step Ten for ACoA is not about attacking your inner child or labeling your survival strategies as "defects." It is about developing the awareness to recognize when these adaptations are being activated in the present moment and the compassion to respond to yourself with understanding rather than judgment.

The inner child dimension of Step Ten means learning to ask: "Who is reacting right now — the adult in recovery, or the child who learned to survive?" When you fly into a rage because your partner forgot to call, is that proportional adult frustration, or is it a five-year-old's terror of abandonment? When you cannot say no to an unreasonable request, is that conscious generosity, or is it a child who learned that compliance equaled safety?

This level of inventory requires gentleness. The ACoA inner child has been criticized, shamed, and silenced enough — often by the ACoA themselves, who internalized the harsh voices of their family of origin. Step Ten inventory that recreates the critical, punishing atmosphere of the dysfunctional home is not recovery — it is re-traumatization.

The goal is honest, compassionate self-awareness: seeing clearly without cruelty. For ACoA in SUD recovery, this inner child awareness is particularly important because substances often served as the only comfort available when the emotional wounds of childhood became unbearable. Your substance was not just an escape from adult life — it was an escape from the child's unprocessed pain that you carried into adulthood without knowing it.

Reflection Questions

1. Which ACoA "Laundry List" traits do you recognize most strongly in yourself? Choose three and describe how they show up in your daily life.

2. Can you identify a recent situation where your "inner child" was driving your reaction rather than your adult self? What would the adult response have looked like?

3. How have you historically treated your inner child — with compassion or with the same criticism you received growing up? How would shifting toward compassion change your daily inventory?

4. What did your substance use provide that your inner child was actually seeking? (Safety? Numbness? Belonging? Escape from pain?) How can you meet that need without substances?

5. Write a brief letter to your inner child, acknowledging what they survived and promising to include their needs in your daily inventory.

CHECK YOURSELF · CHECK-IN 1 OF 5

ACoA Pattern Recognition

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I recognize when I am people-pleasing or seeking approval rather than being authentic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can identify when my "inner critic" is repeating messages from my dysfunctional family of origin
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I notice when I am confusing feelings of intensity or chaos with genuine love or connection
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I am aware when I am over-functioning, caretaking, or taking responsibility for others' emotions
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I can catch myself when I am isolating, dissociating, or emotionally shutting down as a survival response
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I recognize when I am reacting to a present situation with the emotional intensity of a childhood wound
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I am honest with myself about when I am being controlling or hypervigilant rather than trusting the process
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I can distinguish between healthy self-care and the ACoA pattern of neglecting my own needs
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

ACoA Laundry List Inventory

Examining Your Survival Patterns Through Three Lenses

Why This Matters

The ACoA Laundry List describes traits that developed as survival adaptations in dysfunctional families. These traits don't disappear in recovery — they become the primary material of your Step Ten inventory. This exercise examines each trait through all three lenses: ACoA origin, substance use connection, and mental health impact.

People-Pleasing & Approval-Seeking

"We became approval seekers and lost our identity in the process."

ACoA PERSPECTIVE

Family of Origin

I learned to read the room and give people what they wanted to avoid conflict or abandonment.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

I used substances to numb the exhaustion and resentment that comes from never being authentic.

MENTAL HEALTH IMPACT

Chronic people-pleasing depletes my emotional resources and contributes to anxiety, depression, and burnout.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Fear of Authority Figures

"We are frightened by angry people and any personal criticism."

ACoA PERSPECTIVE

Family of Origin

Authority figures trigger the same terror I felt around my addicted or raging parent.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

I avoided treatment, sponsors, or counselors because they represented authority I could not trust.

MENTAL HEALTH IMPACT

This fear manifests as social anxiety, avoidance, hypervigilance, and difficulty in professional settings.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Attraction to Chaos

"We are attracted to people who are emotionally unavailable or who need rescuing."

ACoA PERSPECTIVE

Family of Origin

Chaos feels like home because it was home. Calm feels wrong, boring, or suspicious.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

Active addiction provided the constant chaos my nervous system was calibrated for.

MENTAL HEALTH IMPACT

I may unconsciously sabotage stability because my system interprets peace as the calm before the storm.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Over-Responsibility

"We have an overdeveloped sense of responsibility and concern for others rather than ourselves."

ACoA PERSPECTIVE

Family of Origin

I became the parent in my own family, taking care of everyone else because no one took care of me.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

I neglected my own recovery while managing everyone else's — until I had nothing left.

MENTAL HEALTH IMPACT

Chronic over-functioning leads to compassion fatigue, resentment, and emotional collapse.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Stuffing Feelings

"We have stuffed our feelings from our traumatic childhoods and lost the ability to feel or express feelings."

ACoA PERSPECTIVE

Family of Origin

Emotions were punished, mocked, or ignored in my family — I learned to shut down to survive.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

Substances became the only way I could access or regulate my emotions — the only emotional management system I had.

MENTAL HEALTH IMPACT

Emotional suppression contributes to alexithymia, somatic symptoms, dissociation, and relapse vulnerability.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Harsh Self-Judgment

"We judge ourselves harshly and have very low self-esteem."

ACoA PERSPECTIVE

Family of Origin

I internalized the critical, dismissive, or absent parent as my inner voice — and it never stops.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

The shame of addiction amplified the childhood shame I already carried, creating a double weight.

MENTAL HEALTH IMPACT

Harsh self-judgment fuels depression, imposter syndrome, and the belief that I do not deserve recovery.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

Fear of Abandonment

"We are dependent personalities who are terrified of abandonment."

ACoA PERSPECTIVE

Family of Origin

The parent who was supposed to stay left — physically, emotionally, or through addiction. I learned that love always leaves.

SUD/MENTAL HEALTH PERSPECTIVE

Substance Use Connection

I clung to substances as the one relationship that was always "there for me" — until it tried to kill me.

MENTAL HEALTH IMPACT

Abandonment terror drives anxious attachment, jealousy, inability to be alone, and panic when relationships shift.

How active is this trait in your life right now? (1 = rarely, 5 = dominates)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of this trait showing up in your life. What happened, and which dimension was most activated?

What would the healthy alternative look like? What would the "adult in recovery" do instead?

YOUR EXERCISE

Inner Child vs. Adult Self Dialogue

Recognizing Who Is Driving Your Responses

Two Voices, One Person

Much of what ACoA experience as 'character defects' are actually the voice of the inner child — still running survival programs from a household that no longer exists. Step Ten for ACoA means learning to hear both voices, honor the child's pain, and choose the adult's response.

Someone is angry with me

INNER CHILD VOICE

"I did something wrong. I need to fix it immediately or they will leave me."

ADULT RECOVERY VOICE

"Their anger is their emotion to manage. I can listen, take responsibility for my part, and set a boundary if needed."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

I made a mistake

INNER CHILD VOICE

"I am so stupid. I always mess everything up. I will never get this right."

ADULT RECOVERY VOICE

"Mistakes are information, not identity. I can acknowledge this, learn from it, and make an amend if needed."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

I want to say no

INNER CHILD VOICE

"If I say no, they won't love me anymore. I have to say yes to be safe."

ADULT RECOVERY VOICE

"Saying no is self-care, not selfishness. People who love me can handle my boundaries."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

I feel happy or successful

INNER CHILD VOICE

"This can't last. Something bad is coming. I don't deserve this."

ADULT RECOVERY VOICE

"I can receive good things without waiting for punishment. Joy is not a setup for pain."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

I am overwhelmed

INNER CHILD VOICE

"I have to handle this alone. No one is coming to help. If I ask for help, I am weak."

ADULT RECOVERY VOICE

"Asking for help is a sign of wisdom, not weakness. I have people in my life who want to support me."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

I feel like using

INNER CHILD VOICE

"Just this once won't hurt. I need something to make this feeling stop. I can't handle this."

ADULT RECOVERY VOICE

"This feeling will pass. Substances never solve the underlying problem. I have tools and people I can reach for instead."

Which voice is usually louder in this situation for you? Why?

What does your inner child actually need in this moment? (Comfort? Reassurance? Safety? Validation?)

Write your own adult recovery response — in your words, for your specific situation:

PART 3 OF 6 · READING

The Dual Diagnosis Reality: Where ACoA, SUD & Mental Health Converge

The term "dual diagnosis" barely captures the complexity of what many people in recovery experience. For the Adult Child of an Alcoholic who also has a substance use disorder and a co-occurring mental health condition, recovery requires navigating three overlapping systems that constantly influence each other.

Consider how ACoA patterns and substance use disorders reinforce each other. The ACoA learned early that emotions are dangerous — they were punished for crying, shamed for being afraid, ignored when they needed comfort, or overwhelmed by a parent's emotional chaos. This emotional suppression creates enormous internal pressure. Substances provide what appears to be a solution: chemical regulation of emotions that were never processed naturally. The ACoA does not begin using substances because of a "party phase" — they begin using because their emotional management system was never properly developed, and substances fill the gap.

Removing the substance without addressing the underlying ACoA wound leaves the person with the same unmanageable emotional landscape that drove the substance use in the first place.

Now add mental health conditions to the equation. Depression in an ACoA often has roots in the chronic neglect and invalidation of childhood. Anxiety frequently reflects the hypervigilance that was necessary for survival in an unpredictable home — your nervous system learned to stay on high alert, and it never received the signal that the danger has passed.

THE TRIANGLE OF MUTUAL REINFORCEMENT

These three systems — ACoA patterns, substance use disorder, and mental health symptoms — form a triangle of mutual reinforcement. An ACoA trigger (a confrontation with an authority figure) activates a mental health response (anxiety, hypervigilance, or dissociation), which creates emotional discomfort that activates substance use thinking ("one drink would take the edge off"), which — if acted upon — worsens the mental health symptoms and confirms the ACoA belief that you are fundamentally broken. The triangle spins faster and faster.

Step Ten inventory that addresses only one point of this triangle will miss two-thirds of what is actually happening. Effective daily inventory for the ACoA with co-occurring conditions must include:

- "What ACoA pattern was activated today?"
- "What mental health symptoms am I experiencing?"
- "How did those two interact with my substance use recovery?"

The good news is that the triangle also works in reverse. Addressing one point creates positive momentum at the other two. Processing an ACoA wound reduces emotional pressure, which lowers the intensity of mental health symptoms, which decreases substance use vulnerability. Step Ten inventory is the tool that makes this positive momentum visible and sustainable.

Reflection Questions

1. Can you trace the "triangle" in your own experience — an ACoA pattern that triggered a mental health response that created substance use vulnerability? Describe the sequence.

2. Which point of the triangle (ACoA patterns, SUD thinking, mental health symptoms) are you most skilled at monitoring? Which do you tend to ignore?

3. How has your mental health treatment been informed (or not) by your ACoA history? Has your therapist or counselor addressed the connection?

4. Describe a time when addressing one dimension of your recovery created positive movement in another. What did that teach you?

5. What would a daily inventory look like that addressed all three dimensions — ACoA, SUD, and mental health — even briefly? Design a simple framework you could actually use.

CHECK YOURSELF · CHECK-IN 2 OF 5

Substance Use & Behavioral Awareness

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I monitor my cravings, urges, and romanticization of past substance use on a daily basis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can identify the specific emotions and situations that increase my risk of relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I notice when I am substituting one compulsive behavior for another (food, spending, relationships, work)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I am aware of HALT states (Hungry, Angry, Lonely, Tired) and address them before they escalate
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I recognize when I am using old thinking patterns — denial, minimization, rationalization, or justification
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I promptly acknowledge when my behavior has harmed someone rather than defending or deflecting
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I am honest about whether my current coping strategies are healthy or just more socially acceptable forms of avoidance
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I can identify when complacency or overconfidence is putting my recovery at risk
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 3 OF 5**Mental Health & Emotional Regulation**

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I regularly check in with my emotional state rather than waiting for crisis to force awareness
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I can recognize the early warning signs of depression, anxiety, or emotional dysregulation before they escalate
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I practice healthy emotional expression rather than suppression, explosion, or numbing
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I maintain consistent self-care routines (sleep, nutrition, exercise, medication compliance) that support my mental health
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I can distinguish between a normal difficult day and the onset of a mental health episode
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have coping strategies that do not involve substances, self-harm, or self-destructive behavior
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I address intrusive thoughts, shame spirals, and negative self-talk rather than accepting them as truth
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I seek appropriate help when my mental health symptoms exceed my capacity to manage them alone

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Three-Dimensional Triangle Map

Tracing How ACoA, SUD & Mental Health Interact

The Triangle in Action

Every activating event in your life triggers responses across all three dimensions simultaneously. An ACoA wound activates a mental health response which creates SUD vulnerability — and the triangle spins. This exercise trains you to trace the full triangle so you can intervene at any point.

A confrontation or conflict

ACTIVATING EVENT

Someone criticizes you, raises their voice, or expresses disappointment in you

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

Feeling excluded or abandoned

ACTIVATING EVENT

Not invited, plans cancelled, partner emotionally distant, friend doesn't call back

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

Pressure to perform or succeed

ACTIVATING EVENT

Work deadline, financial stress, expectations from others, fear of failure

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

Intimate or vulnerable moment

ACTIVATING EVENT

Someone expresses love, asks for closeness, sees you at your most authentic

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

Celebration or good news

ACTIVATING EVENT

Promotion, milestone, compliment, positive change that feels unfamiliar

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

Feeling overwhelmed or out of control

ACTIVATING EVENT

Too many demands, unexpected change, loss of routine, sensory overload

ACoA Response

Mental Health Response

SUD Vulnerability

Intervention Point: Where could you interrupt this triangle? What specific action could you take?

YOUR EXERCISE

Cross-Dimensional Trigger Map

Mapping How Triggers Activate All Three Dimensions

Triggers Don't Stay in One Lane

A trigger never activates just one dimension of your recovery. Family-of-origin contact triggers ACoA patterns, which activate mental health symptoms, which create SUD vulnerability. This map makes the cross-dimensional nature of your triggers visible so you can prepare for the full impact.

Interpersonal Triggers

Criticism or judgment from someone I respect

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Feeling left out, excluded, or forgotten

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Being asked to do something I don't want to do

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Someone expressing anger toward me

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Internal Triggers

Shame spiral — the feeling that I am fundamentally defective

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Emotional numbness — unable to feel anything at all

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Restlessness — the persistent feeling that something is wrong

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Intrusive thoughts about using or self-destructive behavior

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Environmental Triggers

Holidays, family gatherings, or family-of-origin contact

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Financial stress or unexpected bills

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Unstructured time with nothing planned

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Places, smells, or sounds associated with past use

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Success & Progress Triggers

Receiving a compliment or recognition

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Reaching a recovery milestone

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

A relationship becoming more intimate and vulnerable

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

Life going well and feeling unfamiliar or suspicious

ACoA Activation

Mental Health Response

SUD Vulnerability

My Intervention Plan

PART 4 OF 6 · READING

Three Types of Inventory: Spot-Check, Daily, and Periodic

Effective Step Ten practice involves three distinct types of personal inventory, each serving a different purpose and operating on a different timeline. For the ACoA with co-occurring substance use and mental health conditions, all three are essential.

THE SPOT-CHECK INVENTORY

The Spot-Check Inventory happens in real time, in the moment, as life is unfolding. It is the pause between stimulus and response — the brief internal assessment that asks: "What just happened? What am I feeling? What am I about to do? Is this a proportional adult response, or is something else driving this?"

For ACoA, the spot-check is where you catch survival patterns as they activate. You feel the familiar flush of people-pleasing rising and you pause. You notice the urge to control a situation that is not yours to control, and you pause. The spot-check is not long — it might be thirty seconds of internal honest awareness — but those thirty seconds can prevent hours or days of pattern-driven behavior.

For SUD recovery, the spot-check monitors cravings, euphoric recall, and addictive thinking in real time. For mental health, the spot-check notices escalating anxiety, the onset of depressive withdrawal, or the first signs of dissociation.

THE DAILY INVENTORY

The Daily Inventory happens at a set time — typically at the end of the day. It is a structured review of the day's events, behaviors, thoughts, and emotional patterns.

The ACoA daily inventory includes: Did I people-please today? Did I over-function or under-function? Did I stuff emotions or express them explosively? Did I set boundaries or let them be crossed?

The SUD daily inventory includes: Was I honest today? Did I experience cravings and how did I handle them? Am I working my program or just going through the motions?

The mental health daily inventory includes: How is my mood? Am I sleeping, eating, and exercising? Am I taking my medication? Am I isolating? Do I need to reach out?

THE PERIODIC INVENTORY

The Periodic Inventory is a deeper, more comprehensive review that happens weekly, monthly, or at intervals that make sense for your recovery. This is where you examine patterns over time rather than individual incidents. The periodic inventory asks: "Am I growing, plateauing, or regressing?" It is the big-picture view that prevents you from getting lost in daily details and missing the larger trajectory of your recovery.

Together, these three inventory types create a comprehensive monitoring system that catches problems at every level — from the moment of activation to the daily pattern to the monthly

trajectory. For the ACoA with co-occurring conditions, this system is not optional. It is the difference between conscious recovery and unconscious repetition.

Reflection Questions

1. Which type of inventory (spot-check, daily, or periodic) do you currently practice most consistently? Which do you neglect?

2. Describe a recent situation where a spot-check inventory could have prevented a negative outcome. What would you have noticed if you had paused?

3. Design a simple daily inventory format that takes no more than ten minutes but includes all three dimensions (ACoA, SUD, mental health). What questions would you include?

4. When you look back over the past month, what patterns do you see — in your ACoA behaviors, your substance use recovery, and your mental health? What does the big picture tell you?

5. What is the biggest obstacle to consistent inventory practice in your life? Is it time, willingness, fear of what you will find, or something else? How can you address it?

YOUR EXERCISE

Spot-Check Inventory Practice

Building Real-Time Self-Awareness Throughout the Day

The Power of Pausing

Spot-check inventory is the practice of brief, intentional pauses throughout the day to assess what is happening internally. For ACoA, this is revolutionary — you were trained to monitor everyone else's emotional state while ignoring your own. Spot-checks reverse this pattern by turning the radar inward.

Morning Check-In

Before you engage with the world — what is your emotional baseline? What ACoA patterns, mental health symptoms, or SUD vulnerabilities are you carrying into the day?

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

Mid-Morning Pause

How are you responding to the demands of the day so far? Are you in adult-self mode or survival mode?

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

Lunchtime Review

Has anything activated the triangle? Have you experienced a conflict, a trigger, or an emotional shift that needs attention before the afternoon?

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

Afternoon Check

How are your energy levels? Are HALT states (Hungry, Angry, Lonely, Tired) accumulating? Is complacency or fatigue lowering your awareness?

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

Evening Transition

As you move from the structured part of your day to the unstructured, how is your emotional state? Evening is often when ACoA patterns, cravings, and mental health symptoms intensify.

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

Before Sleep

Review the day honestly. What went well? Where did old patterns activate? Do you owe anyone an amend? What are you grateful for?

What am I feeling right now? (Name the emotion specifically — not "fine" or "okay")

Which dimension is most active? (ACoA pattern / SUD thinking / Mental Health symptom)

What do I need right now? (Not what I want, but what would actually serve my recovery)

YOUR EXERCISE

Daily Inventory Journal

Seven Days of Three-Dimensional Self-Awareness

The Practice

Each evening, spend 5-10 minutes honestly answering these six questions. After seven days, review the patterns. This practice — more than any other single action — maintains the gains of recovery and creates the conditions for continued growth.

Day 1

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 2

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 3

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 4

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 5

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 6

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

Day 7

Date:

What ACoA pattern was most active today?

How is my substance use recovery today — honestly?

How is my mental health today?

Did I owe anyone an amend today? Did I make it?

What am I grateful for today?

What needs my attention tomorrow?

7-Day Pattern Review

1. Looking back over seven days, which ACoA pattern showed up most consistently? What does its persistence tell you?

2. Were there days when your SUD recovery felt stronger or weaker? What factors influenced the difference?

3. What mental health patterns emerged over the week? Were symptoms stable, improving, or worsening?

4. How did it feel to practice daily inventory for a full week? What surprised you? What will you carry forward?

PART 5 OF 6 · READING

Promptly Admitted It: The Art of Living Amends for ACoA

The second half of Step Ten — "and when we were wrong, promptly admitted it" — presents a unique challenge for Adult Children of Alcoholics. Many ACoA have spent their lives apologizing for things that were not their fault — apologizing for existing, for having needs, for taking up space, for causing inconvenience.

Step Ten for ACoA must therefore include a critical distinction: the distinction between genuine accountability and compulsive apologizing.

Genuine accountability says: "I recognize that my specific behavior caused harm to you, and I take responsibility for that behavior."

Compulsive apologizing says: "I'm sorry for everything, always, because my existence is an imposition, and if anything goes wrong it must be my fault."

The first is recovery. The second is the ACoA wound in disguise.

Before admitting you were wrong, the ACoA must first determine whether they actually were wrong — or whether they are reflexively absorbing blame because that is what their nervous system was programmed to do. This requires honest inventory: "Did I actually do something harmful, or am I taking responsibility for someone else's reaction, mood, or life situation?"

Conversely, some ACoA swing to the opposite extreme — they become so defended against vulnerability that admitting fault feels impossible. Years of being unfairly blamed can create a fortress of self-protection where acknowledging genuine wrongdoing feels like opening the gates to the kind of annihilating shame they experienced as children.

For people in SUD recovery, prompt admission of wrongdoing has the additional dimension of preventing the buildup of guilt and shame that fuels relapse. Every wrong left unacknowledged becomes a weight. Enough weight, and the gravitational pull toward substances — which temporarily relieve the burden of accumulated guilt — becomes overwhelming.

LIVING AMENDS

Living amends — the ongoing practice of changed behavior rather than just verbal apology — is the ultimate expression of Step Ten for ACoA. It means that your daily life becomes the amend: showing up differently than your family of origin taught you to, treating yourself and others with a respect that was never modeled for you, and building the kind of relationships and life that prove, through action, that the old patterns no longer define you.

Reflection Questions

1. Do you lean more toward compulsive apologizing or defensive refusal to admit fault? How does your ACoA history contribute to this pattern?

2. Describe a recent situation where you apologized for something that was not actually your fault. What was driving that apology?

3. Describe a recent situation where you genuinely needed to make an amend and did — or needed to and avoided it. What happened?

4. How do you distinguish between healthy guilt (a signal that you behaved contrary to your values) and toxic shame (the belief that you are fundamentally defective)?

5. What would "living amends" look like in your daily life? What changed behaviors would demonstrate that you are breaking the patterns of your family of origin?

CHECK YOURSELF · CHECK-IN 4 OF 5

Relationship & Interpersonal Inventory

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I take daily inventory of how I treated the people closest to me — honestly assessing both kindness and harm

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I recognize when I am recreating dysfunctional family dynamics in my current relationships

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can set boundaries without excessive guilt, anger, or people-pleasing
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I am willing to make prompt amends when I have been wrong rather than letting resentment build
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I monitor whether I am being authentic in relationships or performing a version of myself I think others want
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I can receive feedback or criticism without becoming defensive, shutting down, or retaliating
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I recognize when I am attracted to chaos, unavailability, or dysfunction in relationships
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I take responsibility for my side of conflicts rather than focusing solely on what the other person did wrong
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Amends vs. Apologizing Assessment

Distinguishing Genuine Accountability from Compulsive Over-Responsibility

A Critical ACoA Distinction

For ACoA, the phrase 'when we were wrong, promptly admitted it' can trigger a lifetime of over-apologizing, absorbing blame, and performing contrition to keep the peace. True Step Ten work requires distinguishing between genuine accountability (recovery) and compulsive apologizing (the ACoA wound in disguise).

You forgot to call your sponsor back.

ACoA PERSPECTIVE

Compulsive Apologizing

You apologize profusely three times, feel terrible all day, and offer to do extra service work to "make up for it."

SUD/MENTAL HEALTH PERSPECTIVE

Genuine Accountability

You acknowledge the miss, call back when you realize it, and commit to following through next time.

ACoA PATTERN: Over-responsibility

Which response is closer to what you would actually do? Be honest.

What would need to change for you to move from the compulsive response to genuine accountability?

Your partner says they felt hurt by something you said.

ACoA PERSPECTIVE

Compulsive Apologizing

You immediately take full blame, even though you're not sure what you said was actually wrong. You change the subject to avoid their disappointment.

SUD/MENTAL HEALTH PERSPECTIVE

Genuine Accountability

You listen, validate their experience, assess whether your words were harmful, take responsibility for your part, and discuss how to communicate better.

ACoA PATTERN: People-pleasing

Which response is closer to what you would actually do? Be honest.

What would need to change for you to move from the compulsive response to genuine accountability?

You snapped at a coworker during a stressful day.

ACoA PERSPECTIVE

Compulsive Apologizing

You avoid them for days, ruminate about what a terrible person you are, and spiral into shame.

SUD/MENTAL HEALTH PERSPECTIVE

Genuine Accountability

You approach them directly, acknowledge that your tone was inappropriate, take responsibility without over-explaining, and address the stress that contributed.

ACoA PATTERN: Shame avoidance

Which response is closer to what you would actually do? Be honest.

What would need to change for you to move from the compulsive response to genuine accountability?

Someone confronts you about a pattern they see in your behavior.

ACoA PERSPECTIVE

Compulsive Apologizing

You either collapse into agreement ("You're right, I'm terrible") or become defensive and counterattack.

SUD/MENTAL HEALTH PERSPECTIVE

Genuine Accountability

You thank them for the feedback, sit with it honestly, take inventory of whether it is accurate, and respond thoughtfully.

ACoA PATTERN: All-or-nothing response

Which response is closer to what you would actually do? Be honest.

What would need to change for you to move from the compulsive response to genuine accountability?

YOUR EXERCISE

Relationship Pattern Inventory

Assessing Your Most Important Relationships Through Three Lenses

Relationships Are the Mirror

Your relationships are the most accurate mirror of your recovery. ACoA patterns, substance use impacts, and mental health symptoms all show up most visibly in how you relate to others.

Romantic Partner / Spouse

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

Parent / Family of Origin

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

Children (if applicable)

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

Close Friendship

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

Sponsor / Therapist / Recovery Support

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

Work / Professional Relationship

1. How have I treated this person recently — with honesty, kindness, and respect?

2. Am I recreating any dysfunctional family patterns in this relationship? (Caretaking, controlling, avoiding, people-pleasing?)

3. Am I being authentic, or am I performing a version of myself I think they want to see?

4. Do I owe this person an amend? Is there something unresolved between us?

5. Am I setting appropriate boundaries, or am I either too porous or too walled off?

6. What would this relationship look like if I were operating entirely from my adult recovery self?

PART 6 OF 6 · READING

Integration: Building a Sustainable Step Ten Practice

Building a sustainable Step Ten practice requires more than good intentions — it requires a practical, realistic framework that accounts for the complexity of your specific recovery.

THE FOUNDATION: SELF-COMPASSION

The foundation of sustainable practice is self-compassion. This may seem obvious, but for ACoA, self-compassion is often the most radical and difficult practice of all. You were raised in a system that modeled criticism, perfectionism, and conditional acceptance. Your internal voice is likely the harshest critic in the room — and if you approach Step Ten inventory with that critic's voice, you will either abandon the practice because it is too painful or turn it into another instrument of self-punishment. Neither serves recovery.

Self-compassion in Step Ten means approaching your inventory with the same kindness you would offer a friend. It means saying "I noticed that pattern again today, and I am choosing to respond differently" rather than "I cannot believe I did that again — what is wrong with me?"

THE FOUR ELEMENTS OF SUSTAINABLE PRACTICE

Consistency: Doing it every day, even imperfectly — a two-minute inventory done daily is infinitely more valuable than an hour-long inventory done once a month.

Brevity: Keeping it simple enough to sustain — if your daily inventory becomes a burdensome chore, you will stop doing it.

Honesty: Telling yourself the truth, even when the truth is uncomfortable — an inventory that only records your successes is not an inventory, it is a highlight reel.

Sharing: Bringing your inventory into relationship with at least one other person — a sponsor, therapist, trusted friend, or recovery community — because the ACoA tendency toward isolation means that an unshared inventory can become an echo chamber of distorted self-perception.

A SIMPLE DAILY FRAMEWORK

At the end of each day, spend five to ten minutes with three questions:

1. "What ACoA pattern was most active today, and how did I respond to it?"
2. "Where does my substance use recovery stand today — honestly?"
3. "How is my mental health, and is there anything that needs attention?"

Then, once a week, spend twenty to thirty minutes reviewing the week's patterns.

Step Ten is not a chore. It is a privilege. It is the practice of someone who has earned the right to live consciously.

Reflection Questions

1. On a scale of 1 to 10, how self-compassionate is your current approach to self-inventory? What would raising that number look like?

2. Which of the four elements (consistency, brevity, honesty, sharing) is your strongest? Which needs the most development?

3. Who in your life could serve as the person you share your inventory with? If no one comes to mind, what steps could you take to build that kind of trust?

4. Try the simple three-question framework right now: What ACoA pattern was active today? Where does my SUD recovery stand? How is my mental health? Write your answers.

5. Write a personal Step Ten commitment — a statement that describes what your daily practice will look like, including what time you will do it, how long it will take, and who you will share it with.

CHECK YOURSELF · CHECK-IN 5 OF 5

Spiritual & Personal Growth Inventory

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I practice daily self-reflection or inventory rather than waiting for problems to force me to examine my life

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I am growing in my relationship with a Higher Power, spiritual practice, or sense of meaning and purpose

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can acknowledge both my progress and my areas of continued struggle without shame

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I remain teachable and open to feedback from sponsors, therapists, and trusted people in my life

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I am of service to others — not from compulsive caretaking, but from genuine generosity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I practice gratitude consistently rather than defaulting to negativity, victimhood, or complaint

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I am willing to sit with discomfort rather than demanding immediate relief or resolution

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I take personal responsibility for my recovery, my growth, and my life rather than blaming others or external circumstances

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Growth vs. Survival Pattern Inventory

Identifying Where You Are Operating From

Survival vs. Growth

ACoA survival patterns kept you alive in a dangerous environment. They deserve respect — but they do not serve you in recovery. Step Ten inventory means learning to distinguish between operating from survival mode (the inner child running old programs) and growth mode (the adult in recovery making conscious choices).

Handling Conflict

SURVIVAL PATTERN

Avoid, appease, explode, or freeze — whatever ends the tension fastest

GROWTH RESPONSE

Stay present, listen, express my truth, tolerate the discomfort of disagreement

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

Setting Boundaries

SURVIVAL PATTERN

No boundaries (people-please) or extreme walls (total isolation)

GROWTH RESPONSE

Flexible, appropriate boundaries that protect me without shutting others out

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

Processing Emotions

SURVIVAL PATTERN

Suppress, numb, deflect, intellectualize, or explode

GROWTH RESPONSE

Feel, name, express appropriately, and process with safe support

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

Responding to Stress

SURVIVAL PATTERN

Hypercontrol, substances, compulsive behaviors, dissociation

GROWTH RESPONSE

Reach out, use coping tools, accept what I cannot control, practice self-care

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

Self-Assessment

SURVIVAL PATTERN

Harsh criticism or grandiose avoidance — never honest middle ground

GROWTH RESPONSE

Compassionate honesty — seeing clearly without cruelty or denial

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

Asking for Help

SURVIVAL PATTERN

"I can handle it myself" or "Someone save me"

GROWTH RESPONSE

Knowing when to ask, who to ask, and how to receive without shame

Where are you on the spectrum? (1 = mostly survival, 5 = mostly growth)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe a recent example of operating in survival mode in this area. What triggered it?

What would the growth response look like in that same situation?

YOUR EXERCISE

Personal Step Ten Blueprint

Designing Your Sustainable Daily Practice

Your Design for Living

This is where everything comes together. Now it is time to design the personal practice that will maintain your recovery one day at a time. This blueprint is yours — built from your specific needs, adapted to your specific life, and grounded in your specific recovery.

My Spot-Check Protocol

1. What are my top three personal warning signs that a spot-check is needed?

Design your spot-check protocol...

2. What three questions will I ask myself in a spot-check? (Design your own — they should cover all three dimensions)

Design your spot-check protocol...

3. What will I physically DO to create the pause? (e.g., "Take three breaths," "Step away from the situation for 60 seconds")

Design your spot-check protocol...

My Daily Inventory Format

1. What time of day will I do my daily inventory? Why did I choose this time?

2. How long will it take? (Be realistic — 5 minutes done consistently beats 30 minutes done never)

3. Write the specific questions you will answer each day. Include at least one for each dimension (ACoA, SUD, Mental Health).

4. Where will I record it? (Journal, phone app, voice memo, conversation with sponsor)

5. Who will I share it with? How often?

My Step Ten Commitment Statement

Write Your Commitment

This is your personal declaration — a statement that captures your commitment to daily inventory as a way of life. Include what you will do, why it matters, and what you are choosing to leave behind. Make it real. Make it yours.

I commit to the practice of daily personal inventory because...

Today's date — the day I begin this practice:

"This is not a chore. It is a privilege."

Step Ten is the practice of someone who has earned the right to live consciously. Through daily inventory — informed by your ACoA awareness, your substance use recovery, and your mental health commitment — you are building a life that your inner child could only dream of. One day at a time.