



Steps Two and Three: The Bridge to Action

Integrating the Twelve Steps into Clinical Practice

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Learning Objectives



Describe the origin of the foundational principles of Steps Two and Three and the resources for clinical practice to be found in the Twelve Step Program literature.



Discuss the potential impact of complex grief, trauma, and co-occurring disorders may pose barriers to be navigated to support the client's spiritual practice.



Give three examples of tools that may be used from Acceptance Commitment Therapy (ACT), Narrative Therapy, and Existentialism to help individuals begin to move through identified barriers.

2

Why?

Why are we talking about spiritual matters for someone who has a brain disease?

Why do we muddy the waters of clinical treatment practice with this very personal and nebulous concept?

Why did Alcoholics Anonymous and the other Twelve Step Programs that followed open this can of worms anyway?

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Foundations: Step One

“Lack of power, that was our dilemma. We had to find a power by which we could live, and it had to be a Power greater than ourselves. Obviously. But where and how were we to find this Power?”

Alcoholics Anonymous, Chapter Four, We Agnostics, p. 45

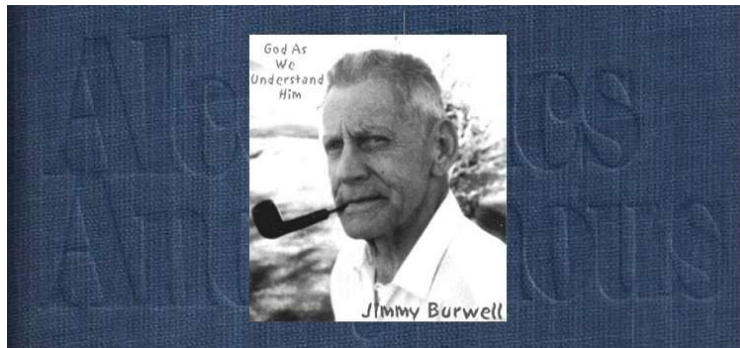
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But What About the “God” stuff? Jim B.—the Original Agnostic

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Jim B.’s Legacy

- ▶ Jim was the third man to get sober in AA. He is credited with the adoption of the 3rd tradition.
 - ▶ “The only requirement for membership is a desire to stop drinking.” as reported by Bill in 12X12 (pp 143-145)
- ▶ Conservatives, Liberals, and Radicals
- ▶ The Compromise?
 - ▶ “a Power greater than ourselves” for “God” in Step 2
 - ▶ “God as we understood Him” instead of just “God” in Step 3
 - ▶ Removed “on our knees” from Step 7
 - ▶ Adding the sentence “Here are the steps we took which are suggested as a Program of Recovery,” so the steps became *only suggestions*.

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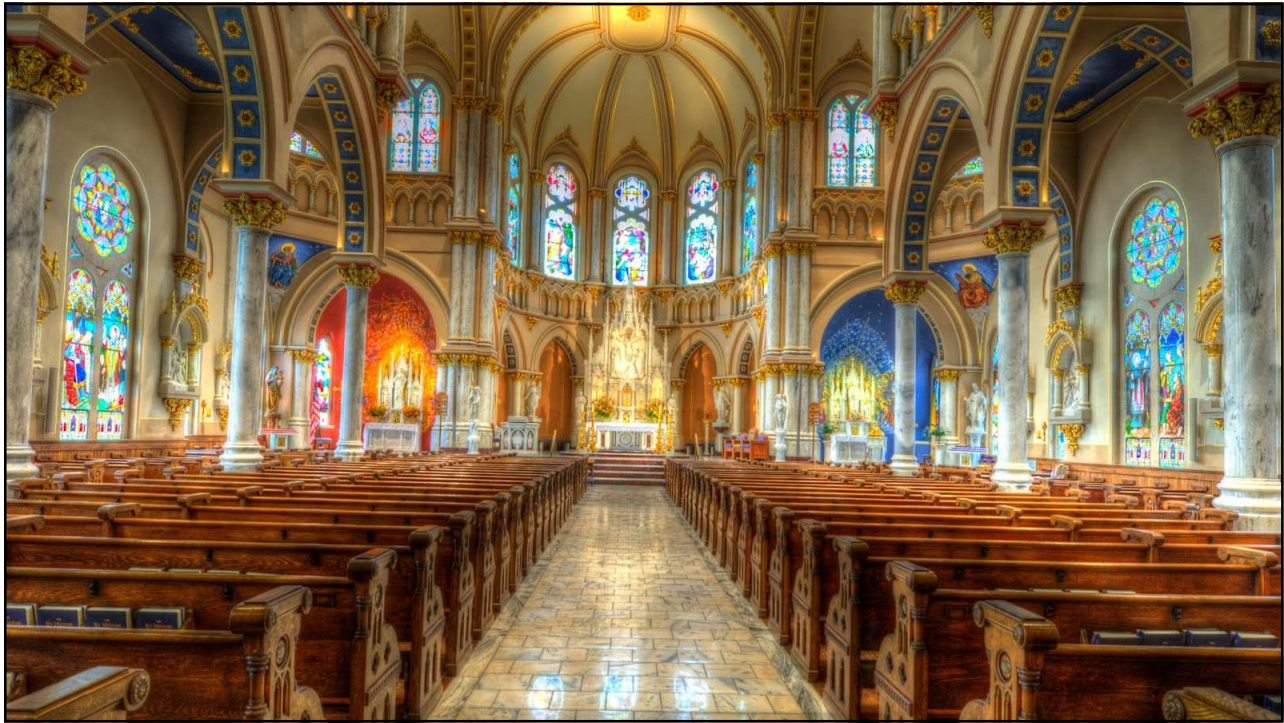
The Result

“Such were the final concessions to those of little or no faith; this was the great contribution of our atheists and agnostics. They had widened our gateway so that all who suffer might pass through, regardless of their belief or lack of belief.”

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Spirituality

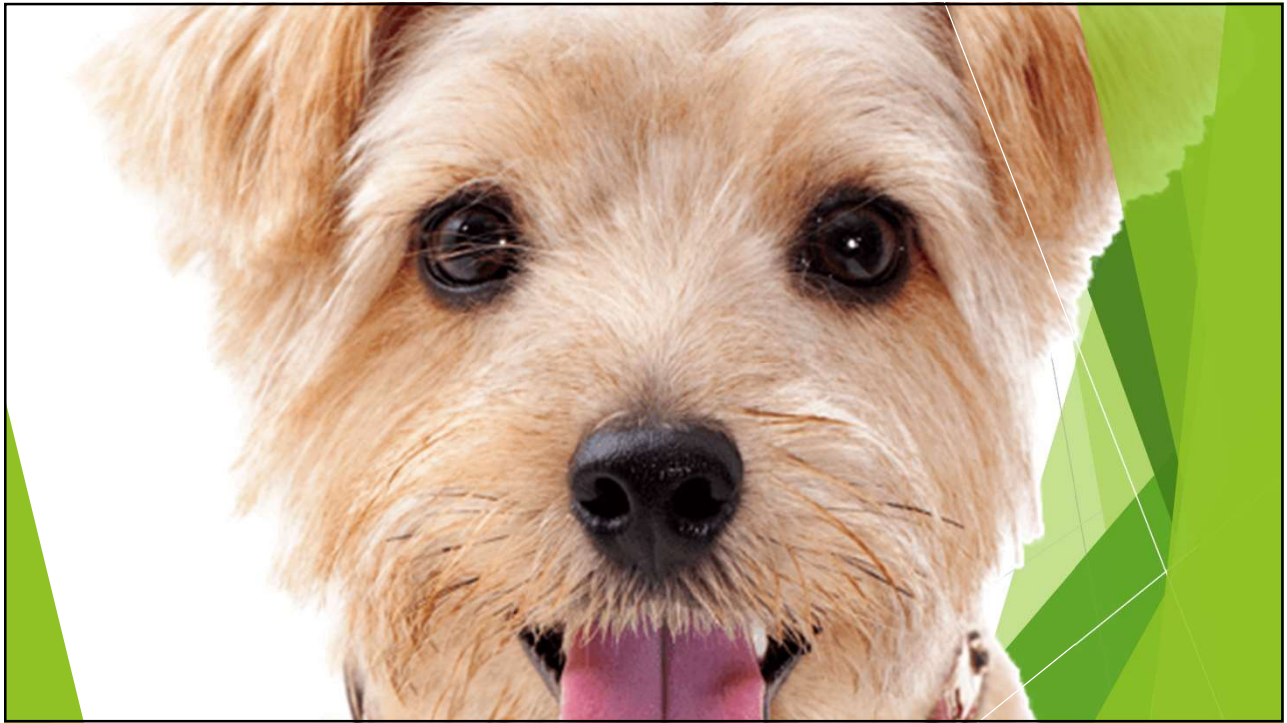
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What Words Do
You Use to
Describe
Spirituality?

- Oneness
- Connection
- Soulfulness
- Meaning
- Purpose
- Joy
- Laughter
- Peace
- Serenity
- Contentment
- Love

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Multiple Views of “Spirit” and Spirituality

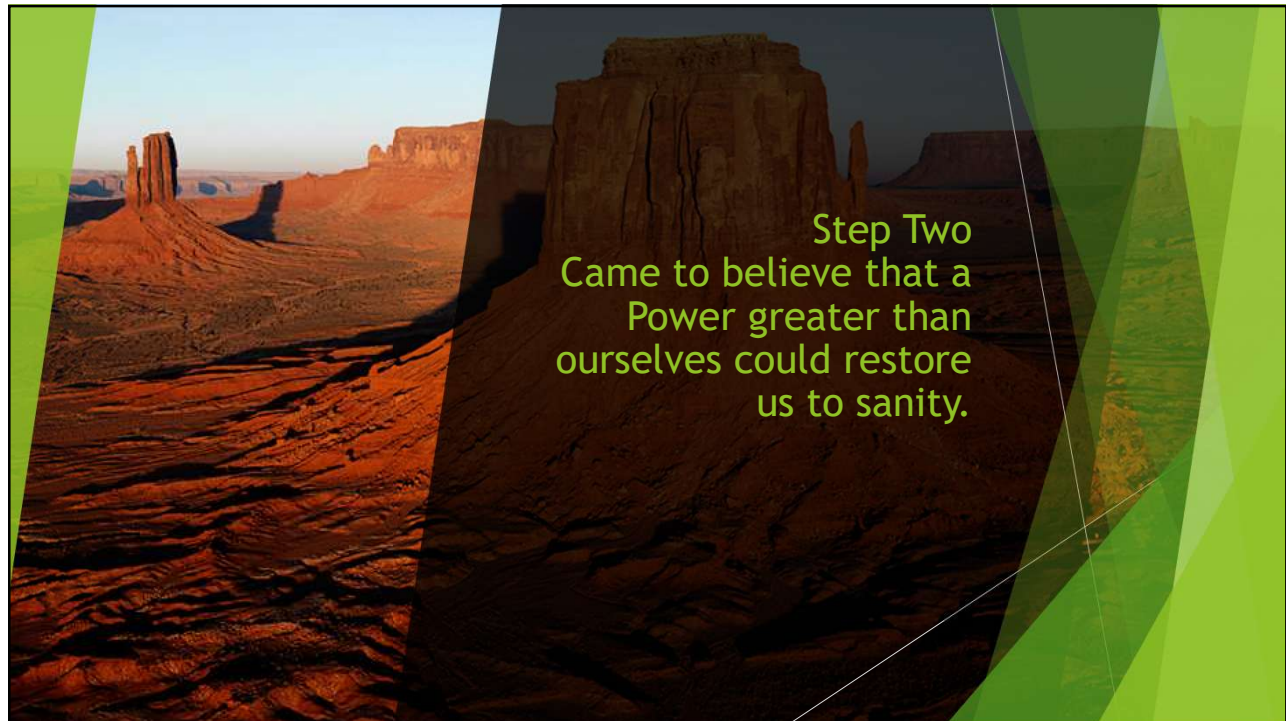
- ▶ Christianity defines Spirit as the divine essence that connects humans to God and is eternal.
- ▶ Many indigenous tribes, including some native Americans, believe Spirit is the animating essence in all living things.
- ▶ In Judaism, Ruach (Hebrew) refers to the Spirit or breath, emphasizing the connection between breath and life. God is believed to have given the Ruach to humans.
- ▶ Islam describes the Spirit as “ruh,” what was breathed into the first man. All humans have a divine essence.
- ▶ Hinduism—the nonphysical part of a person which is the seat of emotions and character; the soul, atman
- ▶ Earth traditions—As part of the Creation, Spirit/breath are intertwined and are ways we are all connected back to the Source.
- ▶ Buddhism—All things are interconnected and always shifting, never permanent and yet always existing,. “self” is illusion.

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“We are meant to thirst. The question is ‘Where do we aim what we thirst for?’”

Ernest Kurtz, from Not God

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Alcoholics Anonymous Lived Wisdom

Came to believe • Came • Came to • Came to believe	a Power greater than ourselves • Could help me • Will help me • Seeking
Restore— return to its original wholeness	Sanity— soundness or health of mind

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AA: We Agnostics

Beliefs about Religion, Spirituality, God

From Childhood

From positive and traumatic experiences

From active SUD and COD

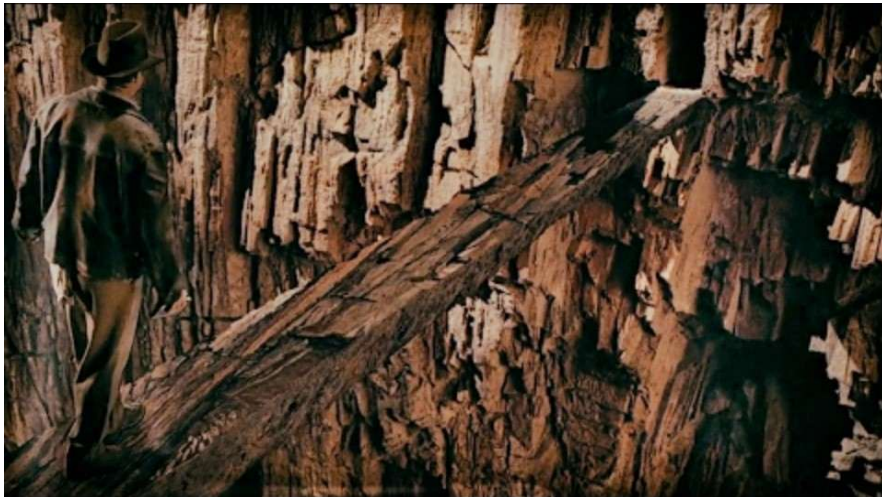
Defense Mechanisms and Creative Survival

Denial in all its forms

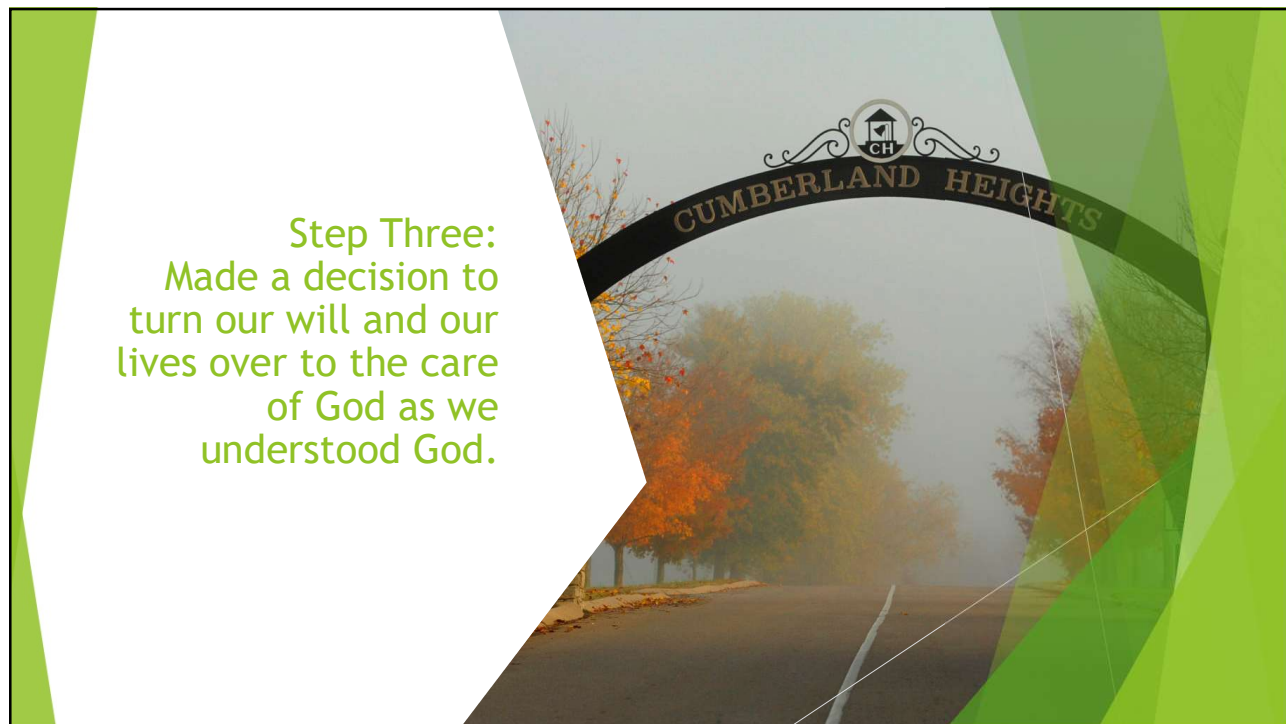
Trauma adaptations

Hope and Safety: Can I Really Have Both?

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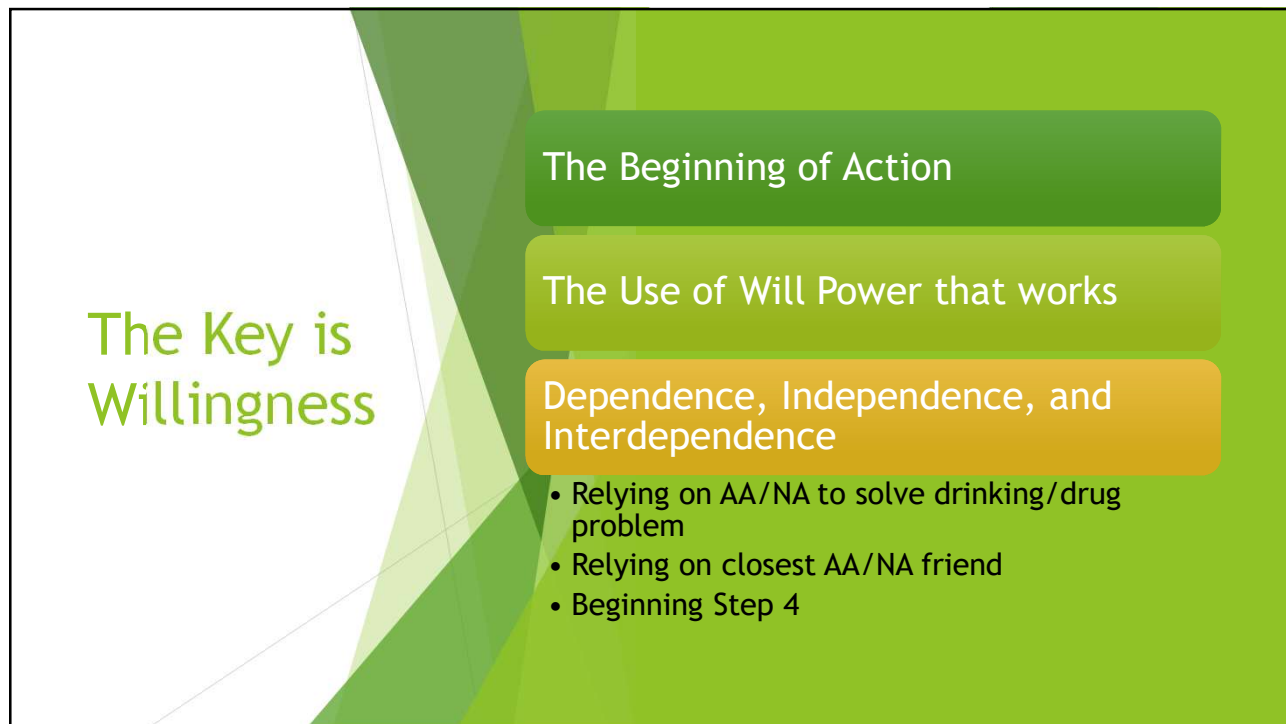
My Own Conception

- ▶ What would it mean to hope that there was help for me?
- ▶ How much do I have to figure this out now?
- ▶ Weighing the evidence
- ▶ What would I have to do to start?
- ▶ The Leap of Faith



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The Key is Willingness

The Beginning of Action

The Use of Will Power that works

Dependence, Independence, and Interdependence

- Relying on AA/NA to solve drinking/drug problem
- Relying on closest AA/NA friend
- Beginning Step 4

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Spiritual Experiences and Awakening

- ▶ An awareness of a Power Greater than ourselves is the essence of the spiritual experience.
- ▶ A personality change sufficient to bring about recovery.
- ▶ A profound alteration in reactions to life
- ▶ The tapping of unexpected inner resources
- ▶ A Few Forms
 - ▶ Sudden experiential changes
 - ▶ Emotional changes of heart
 - ▶ Educational variety

Alcoholics Anonymous, appendices II, Spiritual Experience, P 567-568

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When the “Classics” don’t work

- ▶ Story Telling
 - ▶ Peer to Peer
 - ▶ Small Group
 - ▶ 12 Step Speakers/Meetings
- ▶ Literature Study
- ▶ Psychoeducation
 - ▶ Spirituality v. Religion
 - ▶ Guilt and Shame
 - ▶ Anger and Resentment
 - ▶ Loss and Grief
- ▶ Spiritual Practice Exposure
 - ▶ Types of prayer
 - ▶ Types of meditation



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Step 2 and 3 Barriers

- ▶ The Belligerent One
- ▶ The Lost Faith One
- ▶ The Belief without Faith One
- ▶ The Self-Sufficient One
- ▶ The Disgusted One
- ▶ The Defiant One
- ▶ The Religious One



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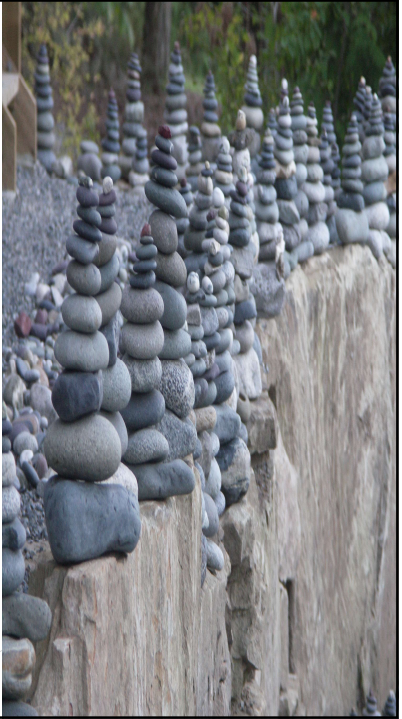
Steps 2 and 3 Barriers

- ▶ Trauma Blocking
- ▶ Trauma Repetition
- ▶ Trauma Reactivity
- ▶ Trauma Bonding
- ▶ Trauma Shame
- ▶ Trauma Pleasure
- ▶ Trauma Splitting
- ▶ Trauma Abstinence

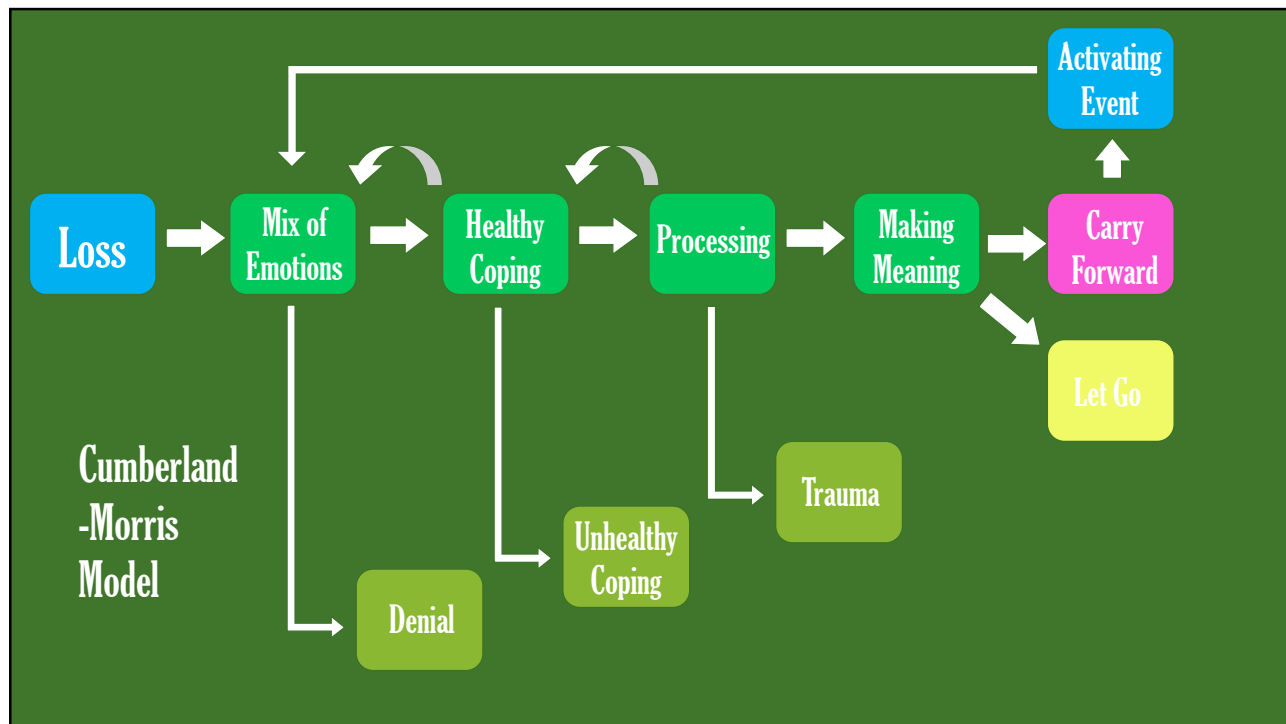
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How do these stack up in patients?

12X12 Step 2 Descriptions	PTSI Profile Patterns
▶ The Belligerent One	▶ Trauma Blocking
▶ The Lost Faith One	▶ Trauma Repetition
▶ The Belief without Faith One	▶ Trauma Reactivity
▶ The Self-Sufficient One	▶ Trauma Bonding
▶ The Disgusted One	▶ Trauma Shame
▶ The Defiant One	▶ Trauma Pleasure
▶ The Religious One	▶ Trauma Splitting
	▶ Trauma Abstinence



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Using Acceptance Commitment Therapy



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A Little More about ACT

Six core problems in ACT:

- cognitive fusion
- experiential avoidance
- preoccupation with past/future
- over-identification with conceptualized self
- disconnection from value
- ineffective action

Basic Beliefs/Approaches

- When controlling inner experience becomes the problem, willingness to make room for it, while taking value-based action, offers another path.
- Stop struggling with what is inside; start moving toward what matters.

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ACT Tools

- ▶ Awareness
 - ▶ Five Senses Check -In
- ▶ Acceptance
 - ▶ Making Room
- ▶ Cognitive Defusion
 - ▶ “I’m Having the Thought that...”
- ▶ Self as Context
 - ▶ The Observer
- ▶ Values
 - ▶ “What Do I Want to Stand For?”
- ▶ Committed Value-Based Action
 - ▶ One Small Step

ACT

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A Beginning ACT Framework

Establish safety and choice, while acknowledging ambivalence.

Start with understanding the struggle (what’s been happening? what’s hardest about it?)

ID the desired direction (If our work were useful, what would be different in your life?)

Explore workability rather than blame (what have you tried to control/escape the problem? Has it worked in the short term? What did it cost over time?)

Offer the ACT Rational—*Our goal may not be to eliminate every painful thought or feeling. We can work on responding to them differently, so they have less control over what you do.*

Introduce one experience—with permission.

End with one values-based step (what’s one small action you are willing to take before we meet again?)

Request feedback. (what was useful today? What didn’t fit for you?)

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Narrative Therapy Principles: Tell Me Your Story



- ▶ Narrative therapy teaches that reality is influenced by and communicated through language.
- ▶ As social beings, having a narrative helps us organize and maintain our reality, as well as communicate it to others.
- ▶ When we seek help, we typically tell the story of why we sought help and our understanding of the problem. When doing this, we
 - ▶ Link the events of our lives in sequences that unfold through time according to a theme or plot
 - ▶ Routinely refer to the people who feature in the story and share our conclusions about the identity of these people.
- ▶ Narrative therapists believe that people are the experts in their own lives and can reshape their narrative and lives using their own skills, abilities, and values.
- ▶ The therapist role is to provide the “scaffolding” to help the patient reshape their story by asking questions and providing reflections.
- ▶ The focus is on being “decentered,” meaning priority is given to the client’s stories, knowledge, and skills, and “influential,” meaning the questions and reflections are valuable to the patient.

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Externalizing the Problem: The Set Up

This Narrative Therapy tool separates the client from the problem by describing the problem as something influencing their life, not defining who they are.

“The client is not the problem; the problem is the problem.”

Explain it to the group as a type of role play or skit in which there is a Client, a Problem, and an Investigative Journalist. The Journalist is going to interview the Problem while the Client listens to learn more about the Problem.

The Problem’s role is to express its own thoughts, feelings, motives, actions, successes, failures, goals, and purpose.

The Journalist’s role is to ask questions and clarify the facts so that the Journalist can write an expose on the Problem. The Journalist is not a typical counselor and does not lead or label the Problem.

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The Interview & The Debrief

Step 1: The Journalist introduces themselves and states their intent to interview the Problem for an expose.

Step 2: The Problem introduces themselves, taking a name that fits them.

Step 3: The Journalist starts the interview (in this case, "Bob" is our imaginary client)

- ▶ What's your role in Bob's life? What's your influence on him look like?
- ▶ What's your relationship with Bob like? Do they love you, hate you? How is it?
- ▶ What's your best strategy for getting the upper hand with Bob? Any little tricks up your sleeve?
- ▶ Is there anyone in "Bob's" life that supports you? Works against you?
- ▶ What are you going to do if "Bob" tries to get rid of you?
- ▶ What's your goal? What do you want "Bob's" life to be like?

Step 4: The Debrief:

- ▶ The "Problem" and the "Investigative Journalist" de-role.
- ▶ The Counselor asks Bob what it was like to hear from the Problem separate from himself, exploring if the experience changed how Bob thinks about the problem, as well as what new thoughts, feelings, or ideas came up.
- ▶ The Counselor asks Bob if he could make a new statement about his relationship to the Problem, what would it be?

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A Pair's Version

The Problem (things to remember)

- ▶ Give yourself a great name!
- ▶ You've been waiting for this chance to talk about yourself.
- ▶ You have strategies, plans, and tricks to get your way.
- ▶ You have friends and enemies.
- ▶ You have a last-ditch plan.
- ▶ Nobody believes you, but you're here for a reason. You have a purpose! And a dream of how things should be!

The Journalist (questions to ask)

- ▶ Tell me about how you act in X's life. How big a problem are you and how does X feel about that?
- ▶ What's your best way of getting over on X?
- ▶ Anybody in X's life who helps you out? Works against you?
- ▶ What are you going to do if X tries to get rid of you?
- ▶ What's your goal here anyway? How do you want X's life to be?

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Existential Therapy Propositions

- ▶ Existential Propositions
 - ▶ Every person has the capacity for self-awareness
 - ▶ Our unique identifies are shaped and understood through our relationships with others.
 - ▶ We are constantly evolving, as we seek and create meaning in life.
 - ▶ As free beings, we must embrace the responsibility that comes with our freedom.
 - ▶ Anxiety is an inherent aspect of the human experience.
 - ▶ Death is a fundamental human condition that gives life its significance.
- ▶ The Problem is becoming overwhelmed or avoiding freedom, meaninglessness, isolation and death.
- ▶ The Goal is helping the person find a purpose and meaning they are passionate about.
- ▶ Strategies
 - ▶ Focusing on the present as 'being-for itself' or full of possibilities and the past as 'being-in itself' or lacking possibilities.
 - ▶ Balancing existential concerns without being overwhelmed or avoidant
 - ▶ Exploring and creating new meanings when old meanings collapse

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Existential Counseling Questions for Steps 2 and 3

What do you value most in your life? What's most important to you?

What have your illnesses taken from the life you want to live?

When have you experienced hope after believing that change was impossible?

If hope were a choice or practice rather than a feeling, what would it look like today?

Can you make room for the possibility of recovery without feeling certain about it?

What would trusting the recovery process look like in one small concrete action?

What do you want to guiding your decisions instead of fear, craving, or avoidance?

What do you want to become through the process of recovery?

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The Deep Questions of Steps Two & Three Raised in ACT, Narrative Therapy and Existentialism

Who am I?

- Not my thoughts (ACT)
- Not the problem (Narrative therapy)

Why am I here?

- My values (all three)
- My purpose (Existentialism)

What can I do to be free?

- My commitment (ACT)
- My actions (ACT/Existentialism)

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“More will be revealed...”

- ▶ As seekers, we may always have more questions than answers. That may be what it is to be the “meaning makers” we humans are.
- ▶ It is these very questions that help us to make our deep meaning out of our lives.

Cinde Stewart Freeman, RN, LADAC II, QCS, MAC

Cinde_stewartfreeman@cumberlandheights.org

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