

## Subject Seven:

### Subject Review & Training/Teaching Guide

# The Process of Recovery

Subject Review Developed By:  
 Rhonda McKillip, LLC

Text: THE BASICS, Second Edition:  
 A Curriculum for Co-Occurring Psychiatric and Substance Disorders  
 © McKillip & Associates; rhondamckillipandthebasics.com; Review Revision May 2021  
 Author: Rhonda McKillip, M.Ed., LMHC, MAC, CCDCIII, CDP  
 Foreword: Kenneth Minkoff, MD

1

### Purpose of the Subject Review & Teaching Guide

1. Cross-train staff on Co-Occurring Psychiatric and Substance Disorders using *THE BASICS, Second Edition* as the text. Training, study, or review by treatment providers of the curriculum/subjects in *THE BASICS, Second Edition* either individually or by the entire staff.
2. Provide discussion and teaching format for Universities and Colleges using *THE BASICS* as their course work text.
3. Assist professionals in Subject Review for Credentialing Exams offered by the International Certification & Reciprocity Consortium (IC&RC) and other national boards.

❖ **NOTE:** These PowerPoint presentations are **NOT** the officially endorsed "Study Guides" for the IC&RC and other National Exams recommending *THE BASICS, Second Edition* as material to be studied for their exams. *THE BASICS, Second Edition – the two volume set – is* the recommended Study Guide for the credentialing exams. These Subject Reviews are overviews that I created to give professionals a way of reviewing subject material or training presentations on *THE BASICS*. These are not sufficient or intended to be the sole credentialing preparation for any credentialing, CEU, or licensing exams as they are only an overview.

**Copyright Conditions Rhonda McKillip LLC**  
 All Rights Reserved

- Permission Is Granted to Use this Study Guide for the Purpose of Training on *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*.
- Permission Is Not Granted to Add, Remove, or Change Any Part of this Study Guide or To Use Portions for Any Training Other Than The Purpose of Training on *THE BASICS, Second Edition* © McKillip & Associates. You may contact me if you have additional questions.

2

### Bibliographies/References/Resources

- *THE BASICS, Second Edition* is supported by thousands of professional research studies, references, and resources...over 1,600 of these are listed in the curriculum.
- In each of the eight subjects and six appendices there are sources/references listed within the subject text itself.
- At the end of each of the eight subjects and six appendices you will find extensive bibliographies of the references and resources.
- An enormous gratitude is extended to the treatment participants who – while being taught the psychoeducation in this curriculum – commented and shared what was helpful. They contributed through their responses (without knowing I had written the curriculum) what I needed to add, eliminate, or explain differently.
- Much appreciation to the thousands of professionals who contributed to the psychoeducation found in *THE BASICS, Second Edition* through their trainings, research studies, books, mentoring, collegial support, and sharing their vast experience and knowledge with me.

3

### Putting Evidence Based Practice (EBP) into Action

1. **PURPOSE:** *THE BASICS* eliminates the "gap" between the system and the professionals providing the services; between the evidence based practices and the person seeking services. *THE BASICS* is a compendium of materials designed to help clinicians teach the evidence based practice skills to persons with co-occurring disorders. It is designed to ensure the continuity of care.
2. **EBP:** Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptoms Management; Best Practices Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and much more...

4

### Scope of the SUBJECT REVIEWS & DSM-5 UPDATE INFO

1. The Subject Reviews for each of the eight subjects in *THE BASICS, Second Edition* is meant to provide bullets of the curriculum content and examples.
2. It is *not*, of course, intended to present the entire curriculum in this PowerPoint format.
3. Please refer to the actual curriculum for the complete list of the examples, explanations, and psychoeducation on all the topics in these Subject Reviews.
4. Also please take a look at the *LESSON PLANS* located on my website for detailed group lesson plans to put the curriculum into action.
5. *THE BASICS* was never written with the intention of making a diagnosis either by professionals or treatment participants. It was purposely written without sufficient information available to make a diagnosis possible. There are other forms, evaluations, and specifically trained professionals to make diagnoses.
6. Yet symptom identification and discussion is extremely important.
7. During the printing of *THE BASICS, Second Edition* the format of the *Diagnostic and statistical manual of mental disorders*, originally published by the American Psychiatric Association in 1952, was the DSM-IV-TR, 2000.
8. So this was my dilemma as the author of the curriculum...

9. Do I publish a *Third Edition* for the sole purpose of updating the limited amount of diagnostic criteria to align with the DSM-5? Or do I find a way to update the material that would be available at no cost on my website?
10. I chose the latter...no additional cost to current owners and purchasers.
11. The limited references to the DSM on the symptoms of psychiatric disorders are primarily located in *Subject Two: Psychiatric Disorders Within A Co-Occurring Diagnosis*. This subject, of course, does not cover all of the psychiatric disorders. It includes only the ones typically found among co-occurring psychiatric and substance use disorders like Depression, Anxiety, Mood Disorders, Thought Disorders, Personality Disorders, etc.
12. The limited references to the DSM on Substance Disorders are located in *Subject Three, Substance Disorders Within a Co-Occurring Diagnosis*.
13. The updates from the DSM-IV-TR to the DSM-5 (American Psychiatric Association, 2013) are located in Subject Two & Subject Three of these Reviews.
14. You will find extensive lists of symptoms from other sources on Psychiatric Disorders in APPENDIX II and Substance Disorders in APPENDIX III.
15. These Appendices are worded in everyday language and are by far the very best way for individuals to understand their symptoms or identify those they may wish to discuss further with their group or individual counselor.

5

6

**SUBJECT SEVEN** The Process of Recovery

**Overview of Topics**

Recovery Takes Courage · Identify Process of Recovery Process · “Dry Drunk Syndrome” & Active Recovery · Ongoing Physical Recovery: Post Acute Withdrawal · Coping Strategies · Ongoing Emotional Recovery: Frozen Feelings · Hidden Fear · Sharing Feelings With Others · Ongoing Mental Health Recovery: Changing Thinking · Challenging Non-Helpful Automatic Thoughts · Reframing · Character Defects · Identifying & Working Through Character Defects · Perfectionism & Procrastination · Self-Defeating Behaviors · Codependency (Defining: Family Rules; External Focus; Patterns; Finding Balance; Recovery) · Developing Relationship with Self – Family – Others – Higher Self · Self-Esteem · Boundaries · The Family in Recovery · Making New Friends · Spirituality · Spiritual Health · Values · Higher Power...

7

**Subject Seven Presentation Guide**  
**The Process of Recovery**

Presentation Subject Guide Example Located at the Beginning of Each Subject

PRESENTATION GUIDE: SEGMENTS	A	Prepare	Professionals	Goal, Objectives, and Methods
				Subject Sections
				Appendices
				Handouts
	B	Present	Group	Beginning: Reading, Phrase, or Relaxation
				Introductions
C	Practice	Handouts		Overview of Format & Subject
				Time Frames Separate Sections
				Sections of Subject
				Appendices Related to Specific Subject
D	Group Closure	Group Closure		Subject Handouts & Discussion
				Group Closure & Support

8

**Subject Seven Goal and Objectives**

**Goal:**

Discuss the continuing process of recovery, which includes ongoing physical, emotional, and mental health, as well as developing a relationship with oneself, with family, with others, and with one's Higher Self.

**Objectives:**

1. Identifying the recovery process.
2. Explore ongoing recovery areas of physical health, emotional health, and mental health.
3. Review traits and behaviors that get in the way of the recovery process.
4. Detail the components of and ways to develop a relationship with oneself, with family, with others, and with one's Higher Self.

9

**Today's Subject and Why It's Important**

This subject material will focus on the *ongoing* recovery process. After the initial foundation is built on abstinence, self-care, and support, the continued journey or work begins. These areas will be just as important to your *continued* recovery as the foundation is to your *initial* recovery.

Ongoing areas of recovery include physical, mental, and emotional growth, as well as identifying and working through any issues that get in your way, such as character defects, self-defeating behaviors, or codependency. Remember, recovery is not a destination – it's a process. As you move forward in the process, you'll begin to develop relationships – first a relationship with yourself, second with others, and third with your Higher Power.

From THE BASICS, Second Edition, Page Subject 7-1

10

**Recovery Takes Courage**

*A diamond is a piece of coal that made good under pressure.* (Author Unknown)

- Being in recovery is actually going *against* what the brain is telling you to *do, think, or feel*.
- Recovery means you are taking another path and that takes great courage.



Recovery Is the Rebirth  
of a New Life

New Life of Freedom

11

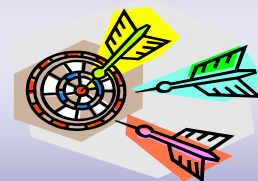
Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

**Identifying the Recovery Process**



12

### Comparisons Between "Dry Drunk Syndrome" and Recovery

DRY DRUNK SYNDROME		ACTIVE RECOVERY	
ABSTINENCE WITH NO RECOVERY PROGRAM		ABSTINENCE WITH RECOVERY PROGRAM	
1	Don't Care What Happens	1	Cares What Happens
2	Not Drinking is a Big Sacrifice	2	Not Drinking is Gift to Self
3	Miserable	3	Happy – Peace of Mind
4	Bored	4	Actively Involved
5	Filled with Guilt and Shame	5	Free of Guilt and Shame
6	Aimless	6	Sense of Direction
7	Unrealistic Goals	7	Realistic Goals
8	Eating Poorly	8	Eating Properly
9	Same Old Lifestyle	9	New Lifestyle
10	Same Old Friends	10	New Friends
11	Same Old Activities	11	New Activities
12	Hopelessness	12	Hope
13	Victim of Life or "Why me?"	13	Life is a Challenge
14	Use of Other Drugs for Relief or Escape	14	Drug-Free Life

13

### Comparisons "Dry Drunk Syndrome" & Recovery...continued

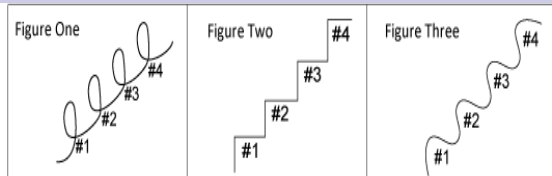
DRY DRUNK SYNDROME		ACTIVE RECOVERY	
ABSTINENCE WITH NO RECOVERY PROGRAM		ABSTINENCE WITH RECOVERY PROGRAM	
15	Self-Centeredness	15	Other-Centeredness
16	Overconfident	16	Humble
17	Blaming	17	Self-Responsibility
18	Judgmental and Critical	18	Acceptance of Others
19	Self-Loathing	19	Acceptance of Self
20	"Pity Pot" or "Poor Me!"	20	"Living Life on Life's Terms"
21	Ego Centered and Grandiose	21	Recovery Centered
22	Pessimistic	22	Optimistic
23	Extremely Independent	23	Inter-Dependent on Self and Others
24	Extremely Dependent on Others	24	Inter-Dependent on Self and Others
25	Unable To Ask For Help	25	Asking and Open to Help
26	Procrastinating	26	Accomplishment of Plans
27	Reacting	27	Taking Action
28	Suppressed and Toxic Emotions	28	Appropriate Expression of Emotions
29	No Self-Care and Low Esteem	29	Self-Care and Self-Worth
30	Low or No Self-Worth	30	Love of Self or Self-Worth

14

### Moving Past a Dry Drunk

1. Ask Important Questions
2. Get Help & Support

### Process of Recovery



15

### Ongoing Physical Recovery: Post Acute Withdrawal (PAW)

Every cell of the body including the brain is trying to adjust to functioning *without* alcohol or drugs.



### The Basics About Post Acute Withdrawal

16

### Symptoms of Post Acute Withdrawal

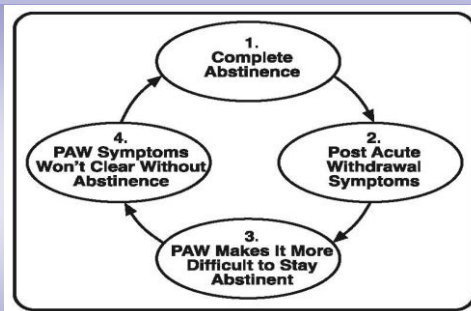
Difficulty in...

1. thinking clearly or concentrating
2. managing feelings or mood swings
3. remembering things
4. managing stress
5. physical coordination or clumsiness
6. managing feelings of shame, guilt, or hopelessness



17

### PAW CYCLE



### Dual Disorders and Post Acute Withdrawal

18

## Coping With Post Acute Withdrawal



### Daily Living Skills

1. Eat three meals a day.
2. Eat a mid-morning snack, such as nuts, fruit, or cheese.
3. Eat a mid-afternoon snack, such as nuts, fruit, or cheese.
4. Take daily vitamins, such as daily multi-vitamins and a B-complex.



19

## Coping with PAW...continued

5. Reduce or minimize sugar and caffeine intake.
6. Be sure to take quiet time for a few minutes every morning and evening.
7. Attend at least two Twelve Step Meetings each week.
8. Attend treatment groups.
9. Make regular contact with a sponsor or support person.



20

## Coping Strategies

- Verbalization - talk to persons that don't criticize.
- Ventilation - express thoughts and feelings.
- Reality Testing - check out perceptions with others... your thoughts, your behaviors, etc.
- Problem solving and goal setting - what are you going to do right now to take charge?
- Backtracking - what turned on PAW? What turned off PAW?



21

## Ongoing Emotional Recovery: Frozen Feelings

Emotional Pain Is Okay, Even Helpful at Times, Trust the Process

Identifying Emotions

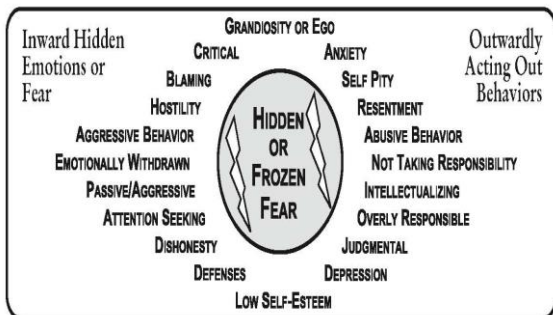


Coping With Unpleasant Emotions

Defenses and Masks

22

## Hidden Fear - Frozen Feelings



23

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject - With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

## Hidden Fear - Frozen Feelings continued



### Origins of Fear

Defenses Protect From Fear Inside

Natural Fear Versus Unnatural Fear

Realistic Versus Unrealistic Fears

24



## Finding Ways to Express Emotions

1. Write or Journal
2. Music Therapy
3. Art Therapy
4. Dance or Movement Therapy
5. Poetry or Bibliotherapy
6. Drama Therapy



## Sharing Feelings With Others

25

## Ongoing Mental Health Recovery: Changing Thinking



### Automatic Thinking Patterns

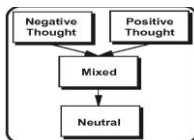
Becoming Willing to Change Thought Patterns

Noticing Thought Patterns

26

## Four Kinds of Thoughts

1. Negative Thought
2. Positive Thought
3. Mixed Thought
4. Neutral Thought



### Negative Words or Outlook Versus Positive Words or Outlook

NEGATIVE WORDS OR OUTLOOK	POSITIVE WORDS OR OUTLOOK
1 Wishy-washy.	1 Open minded and flexible.
2 Loud mouth or egotistical.	2 Expresses honest opinions.
3 Sloppy or lazy.	3 Casual, carefree, and relaxed.
4 Socially shy or scared to talk.	4 Opportunity to meet people, have fun, and exchange ideas.
5 Treated unfairly.	5 A chance to stand up for your rights.
6 Made a mistake.	6 A chance to learn something. Remember, Babe Ruth struck out 1,330 times so he could hit 714 home runs.

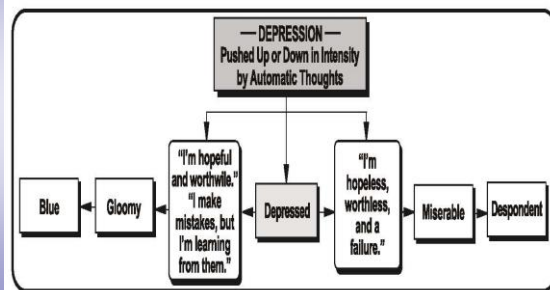
### Patterns of Thoughts Produce Patterns of Emotions

1. Depression
2. Anxiety
3. Anger

27

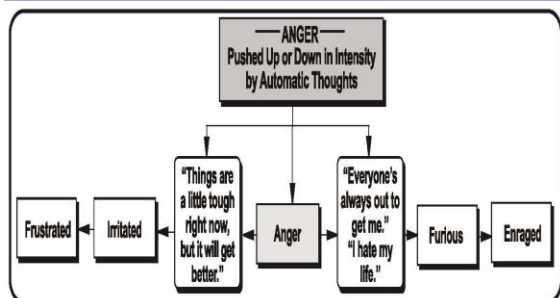
## Thinking Increases or Decreases Emotional Intensity

- All emotions also have a range of intensity.
- Familiar thoughts can either push emotions up or down in intensity, depending on what you tell yourself. Examples include:



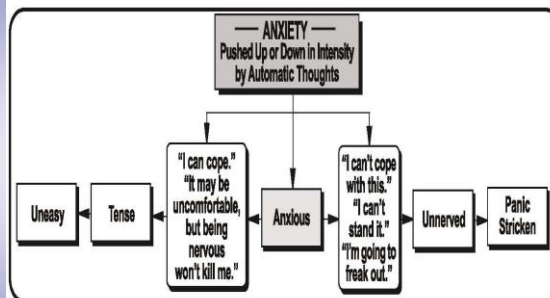
28

## Thinking Increases or Decreases Emotional Intensity...continued



29

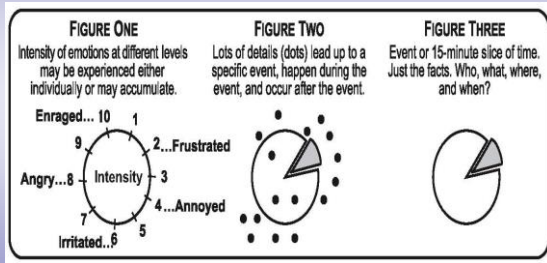
## Thinking Increases or Decreases Emotional Intensity...continued



30

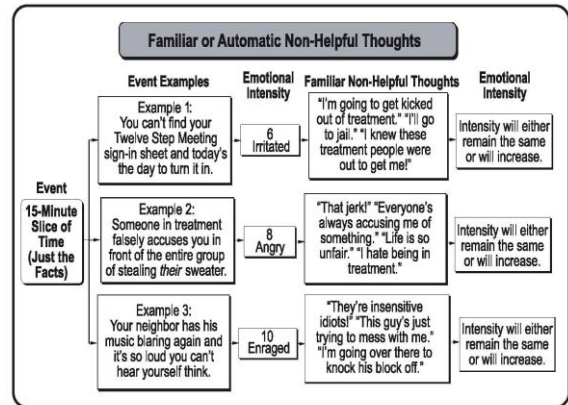
### Challenging Non-Helpful Automatic Thoughts

- A major technique to increase or decrease upsetting emotions is to identify and change your non-helpful thinking patterns.
- The following graphic is a great way to see how this happens:

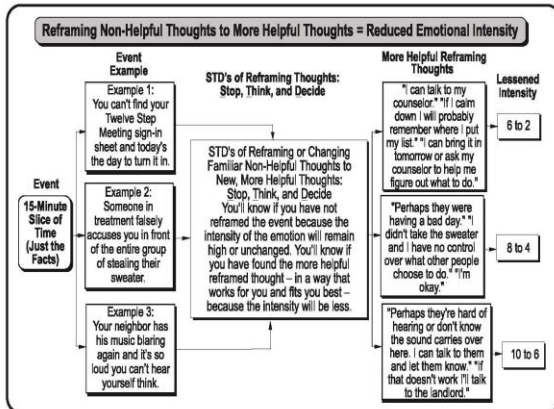


(refer to the text in *THE BASICS* for explanations of this graphic)

31



32



33

### Focusing on 15 Minutes

- The following format can be used for any event that resulted in intense emotions.
- Focus on just the 15 minute slice of time where your emotions were the most intense.

EVENTS (JUST THE FACTS)	FEELINGS (1-10)	NON-HELPFUL FAMILIAR THOUGHTS	EMOTIONAL INTENSITY RELATED TO NON-HELPFUL THOUGHTS	REFRAMING: STOP, THINK, AND DECIDE	MORE HELPFUL OR MORE REALISTIC THOUGHTS	FEELINGS (1-10)
?	?	?	?	?	?	?



34

### Practice is Essential

1. Where is the evidence that my thinking is logical or accurate?
2. Is there another way to look at this event?
3. What would I say to my partner, best friend, or sibling if they were thinking the same thing I am?



continued...

### Practice is Essential continued



4. Is there another way of wording the automatic thoughts?
5. Check out the supposed evidence. Make two columns on paper, write on one side what supports the automatic thought and on the other what refutes it.

continued...

35

36

**Practice is Essential continued**

6. What will the outcome be?  
Step into the future and think about the potential outcomes of your actions.
7. What would someone I admire – perhaps my sponsor, friend, or partner – say to themselves in this situation?
8. So what? Will this be a big deal three hours from now?



37

**Character Defects**

**Letting Go of Control**

**Identifying Character Defects**



38

**Character Defects Examples**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| 1. Alibis                                | 9. Impatience                     |
| 2. Antisocial                            | 10. Intolerant                    |
| 3. Compulsive                            | 11. Narcissism                    |
| 4. Dependent                             | 12. Overly Sensitive              |
| 5. Envy & Jealousy                       | 13. Passive-Aggressive Tendencies |
| 6. Excessive Fears, Worries, & Anxieties | 14. Procrastination               |
| 7. Extreme Guilt, Shame & Remorse        | 15. Resentment                    |
| 8. False Pride                           | 16. Self-Centeredness             |
|                                          | 17. Self-Pity                     |

39



**Other Character Defect Examples**

1	ARROGANCE	8	DISTRUST	15	INSENSITIVITY	22	RUDENESS
2	CONCEIT	9	EGOTISTICAL	16	INSINCERITY	23	SELF-RIGHTEOUS
3	CONTROLLING	10	GOSSIPING	17	INTELLECTUALIZING	24	SELFISHNESS
4	CRITICAL	11	GRANDIOSITY	18	IRRESPONSIBILITY	25	SPIRITUAL PRIDE
5	DISHONESTY	12	GREED	19	JUDGMENTAL	26	STUBBORNNESS
6	DISORGANIZATION	13	IMMORALITY	20	POSSESSIVENESS	27	UNFAITHFULNESS
7	DISRESPECT	14	INGRATITUDE	21	PREJUDICE	28	UNRELIABILITY

40

**Working Through Character Defects**  
**Changing Personality Traits**

PERSONALITY TRAIT	DESCRIPTORS OF BEHAVIORS	SUGGESTIONS FOR CHANGING THE TRAIT
The Controlling or Rigid Trait	<ol style="list-style-type: none"> <li>1. Strong need to control both situations and other people.</li> <li>2. Inflexible and has problems compromising or seeing others' ideas</li> </ol>	<ol style="list-style-type: none"> <li>1. Exert an effort to not control situations.</li> <li>2. Practice new messages of, "My way isn't the only way to get things done correctly."</li> </ol>
The Impulsive Trait	<ol style="list-style-type: none"> <li>1. Acts on thoughts or feelings without considering the consequences or impact on others.</li> <li>2. Trouble delaying the need for instant gratification.</li> </ol>	<ol style="list-style-type: none"> <li>1. Move toward greater self-control by learning to catch oneself before acting impulsively.</li> <li>2. Learn to plan for the future by setting goals.</li> </ol>

(a few examples – refer to THE BASICS for the entire coverage of this psychoeducational topic)

41

**Procrastination & Perfectionism**

**Procrastination**

**Crooked Thinking**

1. Negative beliefs about abilities.
2. Over-estimating time left to perform tasks.
3. Under-estimating time required to complete tasks.
4. Over-estimating you'll feel more motivated at some future date.
5. Mistaken belief you have to be in the mood to get something done.

**Behavioral Patterns**

1. Poor time management.
2. Unrealistic expectations and perfectionism.



42

## Working through Procrastination

- Prioritize Your Goals
- Positive Self-Statements
- Set Realistic Goals
- Break Up the Project



43

## Perfectionism

1. People who strive for perfection usually set unrealistic goals for themselves and others.
2. Can lead to procrastination and anxiety.
3. Usually put off even beginning a new task or goal.



### Causes and Consequences of Perfectionism

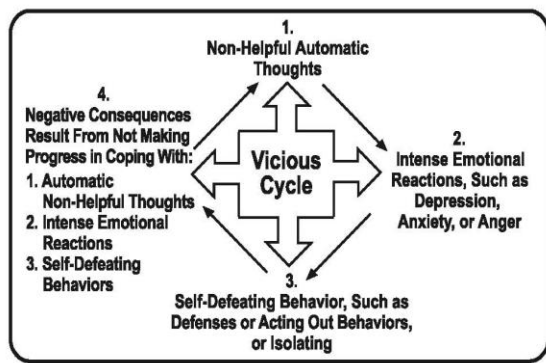
1. Can result from being raised in families where love was conditional.
2. Can be related to lower levels of "feel good" chemicals.
3. Often includes seeking approval from others, which results in self-esteem rising and falling based on the opinion of others.

### Working Through Perfectionism

1. One way to neutralize perfectionism is to laugh at its absurdity.
2. Perfection is *not* possible.

44

## Self-Defeating Behaviors



45

### Self-Defeating Behaviors...continued

#### The Familiar Becomes a Habit

Obvious and Not So Obvious Self-Defeating Behaviors

#### Identifying Self-Defeating Behaviors

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| 1. Self-Destructive Behaviors      | 5. Physical & Mental Health       |
| 2. Relationships with Others       | 6. Too Many or Too Few Activities |
| 3. Impulsive or Addictive Behavior | 7. Lack of Structure              |
| 4. Not Taking Responsibility       |                                   |



(detailed explanations of these examples are located in *THE BASICS*)

46

## Self-Defeating Behaviors in Group

- To be inattentive.
- To focus on others instead of yourself.
- To avoid taking responsibility for your own behavior.
- To be an "observer" of the group rather than a "participant."
- To blame others for misfortune or problems.
- To continually need to "do recovery my way" or "by myself."



(a few examples – refer to *THE BASICS* for the entire coverage of this psychoeducational topic)

47

## Pay Offs and Prices of Self-Defeating Behaviors

1. Avoid the risk of rejection.
2. Keep people at a distance.
3. Take it easy and exert no effort.
4. Avoid fear of change.
5. Get attention for negative behaviors.
6. Avoid responsibility.



### Changing Self-Destructive Behaviors

1. Work Through Blaming Others
2. Recognize That Alternatives Exist
3. Take Responsibility for Your Behaviors

48



## Codependency Defined

A codependent is someone who, when he or she is drowning, someone else's life flashes before their eyes. 😊

### Codependency

#### MAX'S STORY

I used to go visit my husband in the psychiatric ward. He had lists of things for me to do. Prior to getting help for my behaviors through my own recovery in Alanon, I used to obsessively, frantically, and dutifully complete the list. On the next visit I would take the completed list back to my husband in the locked-down ward of the psychiatric hospital! Now that's some pretty twisted thinking. And I always thought *he* was the only one with a problem.

Maxine O., n.d. A.A. Presentation Gratitude Banquet



49

## Codependency and Family Rules

Don't feel or talk about feelings.

Be good, right, perfect, and strong.

Don't be who you are because that's not good enough.

Don't trust yourself, your Higher Power, the process of life, or certain people – instead put your faith in untrustworthy people, then act surprised when they let you down.

Don't be open, honest, and direct – hint, manipulate, get others to talk for you, guess what they want and need, and expect them to do the same for you.

Don't get close to people because it isn't safe.

Don't disrupt the system by growing or changing.

(a few examples – refer to THE BASICS for the entire coverage of this psychoeducational topic)

NO

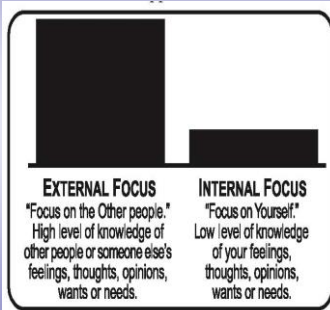


TALKING

50

## Codependency and The Recovering Person

### Externally Focused



51

## Patterns of Codependency

- 1 Assuming responsibility for the feelings, thoughts, and behaviors of other people.
- 2 Putting the wants and needs of others' first to the point where your needs don't get met.
- 3 Tending to judge everything done, thought, or said, by the standards of someone else.
- 4 Getting self-esteem from being liked by or receiving approval from others.
- 5 Struggles of others affect your personal serenity.
- 6 Personal hobbies and interests are put aside so time can be spent sharing the hobbies or interests of other people.
- 7 Fear of rejection from others or their anger determines what you say or do.
- 8 Difficulty identifying and expressing your personal feelings, thoughts, beliefs, opinions, or values.
- 9 Taking care of others so you don't have to deal with your own life.



52

## Characteristics of The Codependent Person

Control	Fear of Abandonment	Lack of Boundaries
Care-Taking	Frozen Feelings	Impression Management
Overly Responsible	Distorted Emotions	Lack of Self-Esteem
External Referencing	Stress-Related Physical Problems	



### Finding the Balance

(Refer to THE BASICS for the entire coverage and explanations of this psychoeducational topic)

53

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

## Changing the Rules Through Codependency Recovery

### What Old Messages Are You Carrying Around?



54

## SUBJECT REVIEW and TRAINING & TEACHING GUIDE

Text: *THE BASICS*, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD

### Changing The Rules Through Codependency Recovery continued

1	It's okay to feel your feelings and talk about them when it's safe and appropriate, and you want to.	
2	You can think, make good decisions, and figure things out.	
3	You can have, talk about, and solve your problems.	
4	It's okay for you to be who you are.	OKAY?
5	You can make mistakes, be imperfect, sometimes be weak, sometimes be not so good, sometimes be better, and occasionally be great.	OKAY.
6	It's okay to be selfish sometimes, put yourself first sometimes, and say what you want and need.	
7	It's okay to give to others, but it's okay to keep some for yourself too.	
8	It's okay for you to take care of other people. It's also okay for you to say, "No," and set boundaries.	

55

### Developing a Relationship With Yourself With Self-Esteem

There is no nobility in being superior to anyone else. The only true nobility is being superior to the person you were yesterday. Whiney Young

- Family Systems & Self-Esteem
- Psychiatric and Substance Disorders & Self-Esteem
- Low-Self-Esteem
- Viewpoints Reflect Esteem...or Not



1	"I'm Okay – You're Not Okay"	Egotistical, Grandiose, Narcissistic
2	"I'm Not Okay – You're Not Okay"	Paranoid, Distrustful
3	"I'm Not Okay – You're Okay"	Low Self Esteem
4	"I'm Okay – You're Okay"	Goal = Healthy Self-Esteem

57

### Developing Self-Esteem

UNHEALTHY EXTERNALLY BASED	HEALTHY INTERNALLY BASED
Praise, Rewards, Prizes	Challenges, Experiences, Wisdom

#### Characteristics of Self-Esteem

Self-Acceptance	Self-Nurturing
Self-Worth	Self-Guidance
Self-Feeling	Self-Determination
Self-Focus	Self-Healing
Self-Growth	Self-Love

(refer to THE BASICS for the entire explanation of this psychoeducational topic)

59

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: *THE BASICS*, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

## SUBJECT SEVEN: THE

## PROCESS OF RECOVERY

Subject Review Revision May 2021

### Changing The Rules Through Codependency Recovery continued

9	It's okay to have fun, be silly sometimes, and enjoy life.	OKAY?
10	You can make good decisions about who to trust. You can trust yourself. You can trust your Higher Power, even when it looks like you can't.	OKAY.
11	You can be appropriately vulnerable.	
12	You can be direct and honest.	
13	It's okay for you to be close to some people.	
14	You can grow and change, even if that means rocking a bunch of boats.	
15	You can grow at your own pace.	
16	You can love and be loved. And you can love yourself, because you're lovable. And you are good enough.	

56

### Developing a Relationship With Yourself With Self-Esteem...continued

#### Personal Values and Self-Esteem

I value:	I'm in line with my values by:	I create inner conflict when I:
Honesty	Being honest with others and myself.	Deceive others or am dishonest.
Kindness	Saying nice things to people I care about.	Gossip and say unkind things.

#### Dishonesty

1. Convenient Lie
2. Calculated Lie
3. Cruel Lie
4. Cowardly Lie
5. Conceited Lie



#### Thoughts Create Low Self-Esteem

58

### Values in Recovery

1 Honesty	4 Cleanliness	7 Dedication	10 Creativity	13 Kindness
2 Loyalty	5 Friendship	8 Punctuality	11 Efficiency	14 Cooperation
3 Trust	6 Harmony	9 Fairness	12 Fun	15 Forgiving

- Trusting Yourself and Others
- Rigorous Honesty
- Values Pave The Road to Recovery
- Behaviors of Self-Esteem ("Comfort in giving and receiving compliments, gifts, and expressions of affection or appreciation"...see THE BASICS text for additional examples)



10

**Values in Recovery...continued**

**Celebrate Firsts and All Small Victories**  
**Affirming Yourself**

- 1 Select something that you have a strong need to change.
- 2 The change should be written with positive words and in the present tense.



Examples of affirmations: I have the ability to think and cope with the basic challenges of life" ...see THE BASICS text for additional examples of affirmations

**Develop Skills You Want To Be Strong In**  
**Set and Accomplish Realistic Goals**  
 Rewards of Self-Esteem

61

**Boundaries**



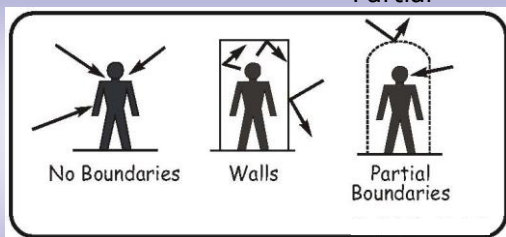
Two Kinds of Boundaries

1. External Physical Boundaries
2. Internal Emotional Boundaries

62

**Types of Unhealthy Boundaries**

No Boundaries Walls Partial



**Unhealthy Boundaries  
 in the Family System**

63

**Unhealthy Boundaries in Early Recovery**

**Unhealthy Boundaries in Treatment**

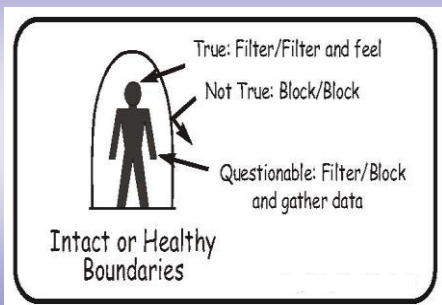
1. Playing Counselor
2. I Can't Trust You
3. Adoption
4. Romances
5. Playing "Footsie"



**Reaction or "Acting Out"**

64

**Healthy Boundaries**



65

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

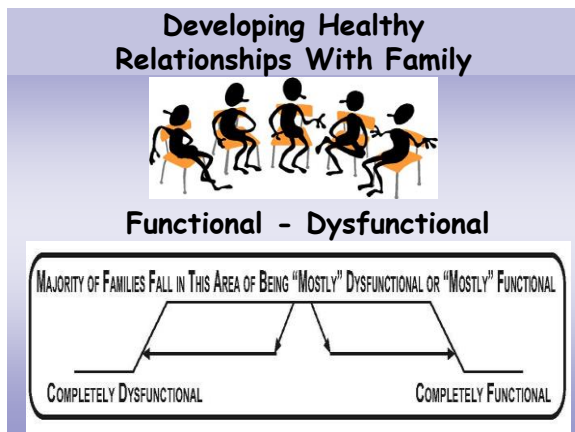
Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com


66

**When you have healthy boundaries, you...**

- 1 Make your physical boundary clear to others.
- 2 Respect and are sensitive to the needs and rights of others.
- 3 Are able to negotiate and compromise.
- 4 Ask permission before touching others.
- 5 Are flexible with boundaries depending on the person you are interacting with.
- 6 Share feelings appropriately and directly and are sensitive to the feelings of others.
- 7 Are able to make mistakes without damaging your self-esteem.
- 8 Have an internal sense of personal identity.
- 9 Tolerate and accept differences of opinion without altering your own.



67

Family Rules			
	Traits of Dysfunctional Families	Traits of Healthy Families	
Don't talk about problems; if you must talk about problems never talk about the real problems.		Talk about family problems openly and honestly, and deal with the <i>real</i> problems.	
Be strong, be good, be right, be perfect, and make us proud.		Be human, it's okay to make mistakes, just do your best.	
Some rigid rules found in unhealthy family systems may include:			
1	Don't Feel	5	Don't Talk About "It" Outside
2	Don't Talk	6	Don't Tell the Truth, It's Easier to Lie
3	Don't Trust	7	Don't Rock the Boat
4	Don't Speak Out	8	Maintain the Status Quo – Don't Change
(a few examples – refer to THE BASICS for theentire coverage of this psychoeducational topic)			

68

Family Roles					
ROLE	VISIBLE QUALITIES	INNER FEELINGS	REPRESENTS TO FAMILY	CHARACTERISTICS	POSSIBLE FUTURE CHARACTERISTICS
HERO	Visible Success, Super Responsible, Does What's Right	Loneliness, Confusion, Inadequate, Angry	A Child the Family Can Be Proud Of "Self-Worth" High Achiever	School Jock, Company Person, Social Nice Person, Good Grades, Friends, Accomplished	Without Help: Workaholic, Responsible for Everything, Marry Dependent Person With Help: Accept Failure, Responsible for Self-Not Everyone Else, Good Employee
SCAPEGOAT	Hostility, Defiance, Anger, Does Anything That's Wrong For Attention	Withdrawn, Sullenness, Hurt, Loneliness, Guilt, Fear, Rejection	A Child That Provides Distraction "Takes Focus Off the Alcoholic"	Negative Attention, Social Jerk, Won't Compete with "Family Hero" so Gets Attention by Acting Out	Without Help: Unplanned Pregnancies, Trouble Maker in School & Later in Office With Help: Accept Responsibility, Courageous, Ability to See Reality
LOST CHILD	Withdrawn, Loner, Distant, Makes Self "Invisible"	Quiet, Aloof, Hurt, Inadequate, Loneliness, Angry, Distant	A Child that Doesn't Need to be Worried About "Relief"	Quiet, No Friends, Loner, Follower, Day Dreamer	Little Zest for Life, Difficulty Making Decisions
MASCOT	Humor, Need Protection, Hyperactive, Clowning	Fear, Insecurity, Confusion, Lonely, Fragile, Compulsive	Comic Relief "Fun & Humor"	Hyperactive, Learning Disabilities, Short Attention Span	Can't Handle Stress, Immature, Often Marry "Hero" for Care Takes Care of Self, Fun to Be With, Good Sense of Humor

69

How Roles Develop – Family Sculpture					
<b>SUBSTANCE DEPENDENT PERSON, ALCOHOLIC, OR ADDICT</b> Isn't doing very well because of disorder of addiction.	<b>ENABLER, ALANON, OR CO-ALCOHOLIC</b> Sees that the addicted partner needs help and tries to help by protecting, preaching, nagging, or begging.	<b>HERO</b> Realizes parents need help; gets validated for being "super-responsible" and by doing everything right; family may think, "What would we do without him or her?"	<b>SCAPEGOAT</b> Sees older sibling getting all the attention for being right; can only get attention with negative behavior or doing everything wrong; gets validated for being the "problem child"; family may think, "All our problems are because of him or her."	<b>LOST CHILD</b> Sees older siblings getting attention for doing everything either "right" or "wrong" and decides to become invisible; gets validated for not having any needs; family may think, "The only one we never have to worry about."	<b>MASCOT</b> Entering this family system with so many roles and family needs already taken, he or she becomes the clown; gets attention by providing comic relief; family may think, "Nothing ever bothers him or her-he or she is so funny!"

70

### Adult Children of Alcoholics

#### Traits of Children From Alcoholic or Dysfunctional Homes

- Guess At What Normal Is
- Are Overly Self-Critical & Judge Themselves Without Mercy
- Have Difficulty With Relationships
- Can't Seem to Relax & Difficulty Having Fun
- Fear Being Abandoned or Rejected
- Often Overreact
- Caregivers or Place Others First
- Loyal Beyond Reason

(a few examples – refer to THE BASICS for the entire coverage of this psychoeducational topic)

71

### Recovering From Dysfunctional Childhoods

1. See your past realistically.
2. Explore important issues.
3. Express your needs and emotions.
4. Learn to trust basic instincts and yourself.
5. Begin to accept yourself as a valuable person.
6. Develop healthy relationships with others.
7. Learn how to play and have fun.
8. Build self-confidence in order to build self-esteem.
9. Live in the present.

(refer to THE BASICS for the explanations and entire coverage of this psychoeducational topic)

72



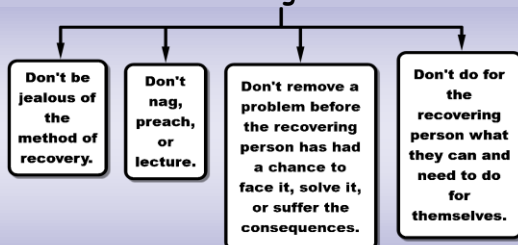
## The Family During Treatment

- Family Education
- Caught Between NAMI and Al-Anon
- Emotions For The Family in Early Recovery
- Resentments of The Family Toward Recovery



73

## The Family Working Toward Balance Recommended Don'ts for the Family of a Recovering Person

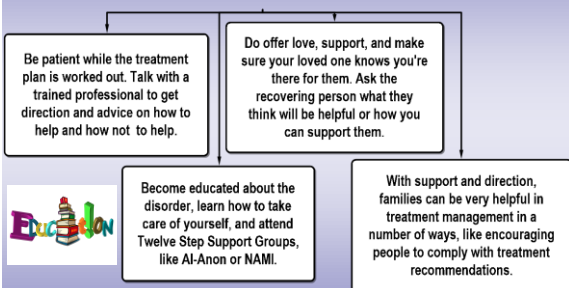


### Resentments of The Recovering Person Toward The Family

(refer to THE BASICS for explanations and the entire coverage of this psychoeducational topic)

74

## The Family in Recovery Guidelines for The Family of a Recovering Person Finding Balance: What the Family Can Do



### Guidelines for The Recovering Person

75

## Developing Relationships with Others

### Disorders Affect Relationships

- Symptoms of these disorder affect your relationships with others in many ways.
- When relating to others is difficult, it can result in isolation and a loss of social skills
- Isolation leads to loneliness, which can worsen symptoms.
- The way people build a strong social network of recovering friends is one friend at a time.



76

Developing relationships with others continued...



- Renewing Friendships
- Make New Friends



## Early Recovery Guidelines for Current Romantic Relationships

1. Early recovery is not the time to attempt to heal crippled relationships.
2. The only way you can prove yourself to anyone right now is by staying sober and working your program.
3. You can't change other people, but you can change yourself.
4. Though a lot of your fence mending will take place in middle recovery, you can begin improving current relationships right now simple by making honesty a priority.
5. Starting a new romantic relationship in early recovery can be hazardous to recovery.



77

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

78

Early Recovery Guidelines for Current Romantic Relationships...continued

## Developing Healthy Communication With Others

### Sex and Relationships

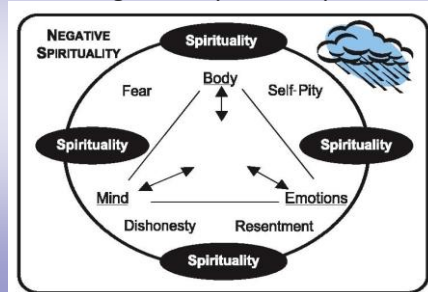


### New Romantic Relationships

79

## Developing a Relationship with Your Spiritual or Higher Self

Spirit Spirituality  
 Negative Spirituality



80

## Spiritual Bankruptcy Can Result in a Life Of...



1 Lack of Joy and Pleasure	8 Despair	15 Fear
2 Life Without Meaning	9 Preoccupation with Death	16 Dishonesty
3 Indifference	10 Suicidal Thoughts	17 Depression
4 Loss of Fond Feelings	11 Irritability	18 Loss of Hope
5 Tearfulness and Guilt	12 Feelings of Being Trapped	19 Lack of Self-Worth
6 Remorse or Thinking "If Only"	13 Bleak Outlook on Life	20 Frustration
7 Low Motivation	14 Social Isolation	21 No Serenity

**Spiritual Diseases Call for Spiritual Solutions**  
 Attitudes That Block Spiritual Growth

81

## Religion and Spirituality

### Spirituality and Culture

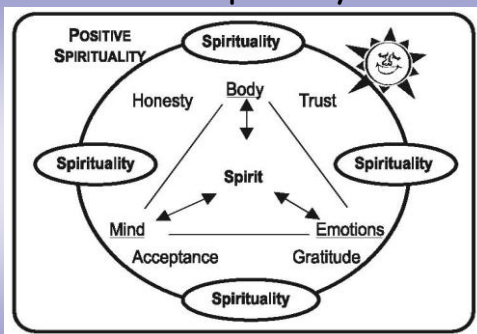


Keep an Open Mind About Spirituality

**Belief in Concepts We Can't See or Explain**

82

## Positive Spirituality



### Importance of Spirituality

83

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

## The Building Blocks of the Spirit - Spiritual Values



1 Dignity	8 Ability to Change	15 Integrity	22 Courage	29 Surrender
2 Reality	9 Having Choices	16 Kindness	23 Tolerance	30 Goodness
3 Honesty	10 Free Conscience	17 Generosity	24 Peace	31 Love
4 Humility	11 Comfort with Self	18 Willingness	25 Freedom	32 Trust
5 Hope	12 Self-Respect	19 Acceptance	26 Polite	33 Faith
6 Patience	13 Thoughtful	20 Forgiveness	27 Humor	34 Serene
7 Caring	14 Open-minded	21 Helpfulness	28 Genuine	35 Tranquil

### Service to Others

84

## Elements of Spiritual Health

### Twelve Elements of Spiritual Health

Love	Meaning	Commitment	Imagination
Intimacy	Hope	Patience	Courage
Trust	Faith	Joy	Gratitude

Spiritual and Emotional Home

### Finding a Higher Power

Discovering a Personal  
 Concept of a Higher Power

85

## Ways to Develop Spirituality

Put quiet, meditative, or relaxation time into your day.

Read spiritual and inspirational guides to seek knowledge, guidance, and motivation.

Show love and compassion in your daily interactions with other people.

Be kind and forgiving to people, especially those you believe have hurt you.

Be kind to yourself, and tolerant of your shortcomings and mistakes.



(a few examples – refer to THE BASICS for the entire coverage of this psychoeducational topic)

86

## Group Closure

### OH, GOD FORGIVE ME WHEN I WHINE

#### ONE

Today, upon a bus,  
 I saw a girl with golden hair.  
 I envied her, she seemed so gay,  
 And I wished I was as fair.  
 When suddenly she rose to leave,  
 I saw her hobble down the aisle.  
 She had one leg and used a crutch.  
 But as she passed, she gave a smile.  
 Oh, God forgive me when I whine.  
 I have two legs, the world is mine.

#### THREE

Later while walking down the street,  
 I saw a child with eyes of blue.  
 He stood and watched the others play.  
 He seemed not to know what to do.  
 I stopped a moment and then I said,  
 "Why don't you join the others dear?"  
 He looked ahead without a word.  
 And then I knew he couldn't hear.  
 Oh, God forgive me when I whine.  
 I have two ears, the world is mine.

#### TWO

I stopped to buy some candy.  
 The lad who sold it had such charm.  
 I talked with him, he seemed so glad.  
 If I were late, it'd do no harm.  
 And as I left, he said to me,  
 "I thank you, you've been so kind.  
 It's nice to talk with folks like you.  
 You see," he said, "I'm blind."  
 Oh, God forgive me when I whine.  
 I have two eyes, the world is mine.

#### FOUR

With feet to take me where I'd go,  
 With eyes to see the sunset's glow,  
 With ears to hear what I'd know,  
 Oh, God forgive me when I whine.  
 I've been blessed indeed, the  
 world is mine.



Author Unknown

87

## Subject Seven Handouts

### Worksheet Handout

1. Personal Circle of Recovery
2. Balance Is Key to Recovery: Personal Recovery Involvement

### Inspirational Handouts

1. Information on Alcoholics Anonymous
2. "Rarely have we seen a person fail who has thoroughly followed our path."
3. Twelve Steps Downward
4. Trouble Tree
5. Don't Quit!!
6. Things I have learned.

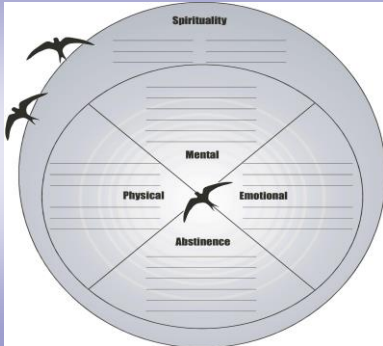


Extensive Bibliographies for Every Subject Are Located  
 in The BASICS at the End of Each Subject

88

## Worksheet Example

### Personal Circle of Recovery



89

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates; rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

## THE END: Subject Seven Review and Training/Teaching Guide

- I am deeply honored to have worked with hundreds upon hundreds of the millions of individuals who have struggled and continue to struggle with Co-Occurring Psychiatric and Substance Disorders.
- Their courage and strength in pushing ahead toward health, in spite of seemingly insurmountable obstacles, is nothing short of amazing.
- I am sometimes asked why this is the Second Edition.
- The first printing (250 pages) was distributed without charge to agencies to receive feedback from treatment participants – many of which I sat in or taught across the country without them knowing I was connected to the curriculum in any way.
- When we listen and ask – treatment and therapy participants will tell us what is working, what is not helpful, and what they need.
- Thank you for your input which is the heart of this curriculum.



90