

Healing Hearts Therapy, LLC



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Group Check-In Procedure

Introduction

State your first name and where you are from.

Briefly state what your boundary violations were this past week

For the Anorexic

Withholding love

Withholding of praise or appreciation

Controlling by silence or anger

Ongoing or ungrounded criticism causing isolation

Withholding sex from my partner

Unwillingness or inability to discuss my feelings

Staying so busy there is no time for the relationship

Blaming my partner for my problems

Controlling or shaming my partner about money issues

Feelings Exercise

I felt _____ (angry, sad, happy, guilty, disgusted, etc...) when I
_____ (list the activity that caused the feeling).

Recovery: How many days did you successfully complete each item?

A. The 5 C's

a. **Pray in the morning**

b. Read recovery material every day

c. Call group members each day

d. Attend group meetings (this one is sufficient)

e. **Pray in the evening**

B. Dailies

a. Two positive affirmations daily

b. Feelings exercise

c. Pray with spouse

C. 5 Love Languages (only speak/report from his top two languages)

a. Physical Touch

b. Quality Time

c. Acts of Service

d. Gifts from the Heart

e. Words of Affirmation

D. Survival Rules: Listen more/defend less

E. Recovery Work

a. Exercise # _____ of the 100 Empowering Exercises

b. Chapter # _____ of _____ book that I am reading.

(provide a brief synopsis of what you have read and how it has affected you this past week)

F. Step Work

What step are you on in the 12 step process and how is it going for you so far?

Overall Status: How are things going for you and your relationship this past week?

Step Report: Share your feelings in regards to what you have learned and how you are growing.