

# ADULT-CHILD-OF-AN-ALCOHOLIC (ACOA) TRAITS

## BEHAVIORAL DEFINITIONS

1. Has a history of being raised in an alcoholic home, which resulted in having experienced emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.
2. Reports an inability to trust others, share feelings, or talk openly about self.
3. Demonstrates an over-concern with the welfare of other people.
4. Passively submits to the wishes, wants, and needs of others; is too eager to please others.
5. Verbalizes chronic fear of interpersonal abandonment and desperately clings to destructive relationships.
6. Tells other people what they want to hear, rather than the truth.
7. Verbalizes persistent feelings of worthlessness and a belief that being treated with disdain is normal and to be expected.
8. Reports strong feelings of panic and helplessness when faced with being alone as a close relationship ends.
9. Chooses partners and friends who are chemically dependent or have other serious problems.
10. Demonstrates distrust of authority figures—only trusts peers.
11. Takes on the parental role in a relationship.
12. Reports feeling less worthy than those who have a more normal family life.

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## LONG-TERM GOALS

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic traits on sobriety.
2. Decrease dependence on relationships while beginning to meet his/her own needs, build confidence, and practice assertiveness.
3. Reduce the frequency of behaviors that are exclusively designed to please others.
4. Become competent to choose partners and friends who are responsible, respectful, and reliable.
5. Overcome fears of abandonment, loss, and neglect as the source of these feelings—being raised in an alcoholic home—become clear.
6. Reduce feelings of alienation by learning similarity to others who were raised in a more normal home.

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## SHORT-TERM OBJECTIVES

1. Acknowledge the feelings of powerlessness that result from ACOA traits and addiction. (1)
2. Verbalize the relationship between being raised in an addictive family and repeating the pattern of addiction now. (2)
3. Complete psychological testing or objective questionnaires for assessing traits associated with being an adult child of an alcoholic. (3)

## THERAPEUTIC INTERVENTIONS

1. Probe the feelings of powerlessness that the client experienced as a child in the alcoholic home, and explore similarities to his/her feelings when abusing chemicals.
2. Teach the client the relationship between his/her childhood experience in an addictive family and how this increased the likelihood of repeating the addictive behavior pattern as an adult.
3. Administer to the client psychological instruments designed to objectively assess the strength of traits associated with being an adult child of an alcoholic (e.g.,

4. Verbalize the rules of “don’t talk, don’t trust, don’t feel,” which were learned as a child, and how these rules have made interpersonal relationships more difficult. (4, 5)
  5. Verbalize an understanding of how ACOA traits contributed to addiction. (6, 7)
  6. Identify the causes of the fear of abandonment that were experienced in the alcoholic home. (8, 9)
  7. Identify how the tendency to take on the parental role in interpersonal relationships is related to maintaining a feeling of security and control. (10, 11)
- Symptom Checklist-90-Revised [SCL-90-R], Children of Alcoholics Screening Test [CAST]); give the client feedback regarding the results of the assessment.
4. Explore how the dysfunctional family rules led to uncomfortable feelings and an escape into addiction.
  5. Educate the client about the ACOA rules of “don’t talk, don’t trust, don’t feel;” explain how these rules make healthy relationships impossible.
  6. Teach the client the effects that modeling, fear, and shame have on choosing a lifestyle of addiction.
  7. Assist the client in identifying his/her ACOA traits and the relationship between ACOA traits and addiction.
  8. Probe the client’s fear of violence, abandonment, unpredictability, and embarrassment when the parent was abusing chemicals.
  9. Explore specific situations when the client experienced fear of abandonment or feelings of rejection during childhood.
  10. Assist the client in understanding how his/her early childhood experiences led to fears of abandonment, rejection, neglect, and to an assumption of the caretaker role, which is detrimental to intimate relationships.
  11. Assist the client in identifying the many ways in which he/she takes on the parental role of caretaker.

8. Share the feeling of worthlessness that was learned in the alcoholic home, and directly relate this feeling to abuse of substances as a coping mechanism. (12, 13)
9. Verbalize a basis for increased feelings of self-worth. (14, 15)
10. Identify the pattern in the alcoholic family of being ignored or punished when honest feelings were shared. (5, 16)
11. List five qualities and behaviors that should be evident in others before interpersonal trust can be built. (17)
12. Increase the frequency of telling the truth rather than saying only what the client thinks the other person wants to hear. (18, 19)
12. Explore the client's feelings of worthlessness; assess their depth and origins.
13. Teach the client how low self-esteem results from being raised in an alcoholic home, due to experiencing emotional rejection, broken promises, abuse, neglect, poverty, and lost social status.
14. Assign the client to list his/her positive traits and accomplishments; reinforce these as a foundation for building self-esteem.
15. Emphasize to the client his/her inherent self-worth as a human being; relate this to his/her acceptance of a higher power.
5. Educate the client about the ACOA rules of "don't talk, don't trust, don't feel;" explain how these rules make healthy relationships impossible.
16. Probe how the client's family responded to expressions of feelings, wishes, and wants and why it became dangerous for the client to share feelings with others.
17. Assist the client in developing a set of character traits to be sought in others (e.g., honesty, sensitivity, kindness) that qualify them as trustworthy.
18. Teach the client that the behavior of telling other people what we think they want to hear rather than speaking the truth is based on fear of rejection, which was learned in the alcoholic home; use modeling, role-playing, and behavior rehearsal to teach the client more honest communication skills.

## 18 THE ADDICTION TREATMENT PLANNER

13. List the steps to effectively and independently solve problems. (20)
14. Acknowledge the resistance to sharing personal problems; share at least one problem in each therapy session. (5, 16, 21, 22)
15. Verbalize an understanding of how ACOA traits contribute to choosing partners and friends that have problems and need help. (10, 23)
19. Assign the client to keep a journal of incidents in which he/she told the truth rather than saying only what others want to hear.
20. Teach the client problem-solving skills (e.g., identify the problem, brainstorm alternate solutions, examine the advantages and disadvantages of each option, select an option, implement a course of action, evaluate the result); role-play solving a current problem in his/her life.
5. Educate the client about the ACOA rules of “don’t talk, don’t trust, don’t feel;” explain how these rules make healthy relationships impossible.
16. Probe how the client’s family responded to expressions of feelings, wishes, and wants and why it became dangerous for the client to share feelings with others.
21. Educate the client about healthy interpersonal relationships based on openness, respect, and honesty; explain the necessity of sharing feelings to build trust and mutual understanding.
22. Explore the client’s pattern of resistance to sharing personal problems and preferring, instead, to focus on helping others with their problems.
10. Assist the client in understanding how his/her early childhood experiences led to fears of abandonment, rejection, neglect, and to an assumption of the caretaker role, which is detrimental to intimate relationships.

16. Initiate the encouragement of others in recovery, to help reestablish a feeling of self-worth. (24, 25)
17. List reasons why regular attendance at recovery group meetings is necessary to arrest ACOA traits and addiction. (26)
18. Discuss fears that are related to attending recovery group meetings, and develop specific written plans to deal with each fear. (27)
19. Verbalize how a recovery group can become the healthy family that one never had. (24, 28, 29)
23. Help the client to understand that his/her strong need to help others is based on low self-esteem and the need for acceptance, which was learned in the alcoholic family-of-origin; relate this caretaking behavior to choosing friends and partners who are chemically dependent and/or psychologically disturbed.
24. Teach the client that active involvement in a recovery group can aid in building trust in others and confidence in himself/herself.
25. Assist the client in developing an aftercare plan that is centered around regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
26. Assist the client in listing reasons why 12-step recovery group attendance is helpful to overcome ACOA traits.
27. Probe the relationship between ACOA traits and the fear of attending recovery group meetings; assist the client in developing coping strategies to cope with the fear (e.g., give self positive messages regarding self-worth, use relaxation techniques to reduce tension, use meditation to induce calm and support from a higher power).
24. Teach the client that active involvement in a recovery group can aid in building trust in others and confidence in himself/herself.
28. Discuss how the home group of AA/NA can function as the

## 20 THE ADDICTION TREATMENT PLANNER

- healthy family the client never had; help him/her realize why he/she needs such a family to recover.
20. List five ways in which belief in and interaction with a higher power can reduce fear and aid in recovery. (30, 31)
  21. Verbalize the feeling of serenity that results from turning out-of-control problems over to a higher power. (32)
  22. Practice assertiveness skills and share how these skills were used in interpersonal conflict. (33, 34)
  23. Share the personal experiences of each day with one person that day. (35, 36)
  29. Educate the client about the family atmosphere in a home AA/NA recovery group, and how helping others can aid in recovery and reestablish a feeling of worth.
  30. Teach the client how faith in a higher power can aid in recovery and arrest ACOA traits and addiction.
  31. Assign the client to read the Alcoholics Anonymous *Big Book* on the topic of spirituality and the role of a higher power; process the material in an individual or group therapy session.
  32. Review problematic circumstances in the client's life that could be turned over to a higher power to increase serenity.
  33. Use modeling, behavior rehearsal, and role-playing to teach the client healthy, assertive skills; apply these skills to several current problem situations, and then ask the client to journal his/her assertiveness experiences.
  34. Teach the client the assertive formula of "I feel\_\_\_\_ when you\_\_\_\_. I would prefer it if\_\_\_\_"; role-play several applications in his/her life and then assign him/her to use this formula three times per day.
  35. Teach the client the *share check* method of building trust, in which the degree of shared information is related to a proven level of trustworthiness; use behavior

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|  | rehearsal of several situations in which the client shares feelings.   |
|  | 36. Review and reinforce instances when the client has shared honestly and openly with a trustworthy person.   |
| 24. Cooperate with a physician's evaluation for psychopharmacological intervention. (37)   | 37. Refer the client to a physician to evaluate whether psychopharmacological interventions are warranted.   |
| 25. Take medications as prescribed, and report on their effectiveness and side effects. (38, 39)   | 38. Medical staff administer medications as prescribed.  |
|  | 39. Monitor medications for effectiveness and side effects.  |
| 26. Complete a re-administration of objective tests of traits associated with being an adult child of an alcoholic as a means of assessing treatment outcome. (40) | 40. Assess the outcome of treatment by re-administering to the client objective tests of ACOA traits; evaluate the results and provide feedback to the client. |
| 27. Complete a survey to assess the degree of satisfaction with treatment. (41)  | 41. Administer a survey to assess the client's degree of satisfaction with treatment.  |
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## DIAGNOSTIC SUGGESTIONS:

Axis I:	311	Depressive Disorder NOS
	300.00	Anxiety Disorder NOS
	309.81	Posttraumatic Stress Disorder
	V61.20	Parent-Child Relational Problem
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22 THE ADDICTION TREATMENT PLANNER

Axis II:	301.82	Avoidant Personality Disorder
	301.6	Dependent Personality Disorder
	301.9	Personality Disorder NOS
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