ADULT-CHILD-OF-AN-ALCOHOLIC (ACA) 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 overconcern 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 relationships that can be destructive.
6. Tells other people what they think the other persons want to hear, rather than telling the truth.
7. Verbalizes persistent feelings of worthlessness and a belief that being treated with disrespect and shame is normal and to be expected.
8. Reports strong feelings of panic and helplessness when faced with being alone.
9. Tries to fix other people before concentrating on his or her own needs.
10. Takes on the parental role in a relationship.
11. Reports feeling less worthy than those who have more stable lives.

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LONG-TERM GOALS

1. Implement a plan for recovery from addiction that reduces the impact of ACA traits on sobriety.
2. Decrease dependence on relationships while beginning to meet his/her own needs.
3. Reduce the frequency of behaviors that are exclusively designed to please others.
4. Choose partners and friends who are responsible, respectful, and reliable.
5. Overcome fears of abandonment, loss, and neglect.
6. Understand the feelings that resulted from being raised in an ACA environment and reduce feelings of alienation.

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SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Acknowledge the feelings of powerlessness that result from ACA traits and addiction. (1)	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. Verbalize the relationship between being raised in an addictive family and how this behavior is repeated in addiction. (2)	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. Complete psychological testing or objective questionnaires for assessing traits associated with being an adult child of an alcoholic. (3)	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., Symptom Checklist-90-Revised, Children of Alcoholics Screening Test); give the client feedback regarding the results of the assessment and readminister if necessary to assess treatment progress.
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)	4. Explore how the dysfunctional family rules led to uncomfortable feelings and an escape into addiction. 5. Educate the client about the ACA rules of "don't talk, don't trust, and don't feel"; explain how these rules make healthy relationships more difficult.
5. Verbalize an understanding of how ACA traits contributed to addiction. (6, 7)	6. Have the client list five ways that ACA traits led to addiction (or assign the client to complete "Addressing ACA Traits in Recovery" from the *Addiction Treatment Homework Planner* by Finley and Lenz). 7. Assist the client in identifying his or her ACA traits and the relationship between ACA traits and addiction.
6. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (8, 9, 10, 11)	8. Assess the client's level of insight (syntonic versus dystonic) toward the presenting problems (e.g., demonstrates good insight into the problematic nature of the described behavior, agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the problem described and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the problem described,

is not concerned, and has no motivation to change).

9. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with attention-deficit/hyperactivity disorder [ADHD], depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
10. Assess for any issues of age, gender, or culture that could help explain the client's currently defined problem behavior and factors that could offer a better understanding of the client's behavior.
11. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

7. Identify the causes of the fear of abandonment that were experienced in the alcoholic home. (12, 13)

12. Probe the client's fear of violence, abandonment, unpredictability, and embarrassment when the parent was mentally unstable or abusing chemicals.
13. Explore specific situations when the client experienced fear of

abandonment or feelings of rejection during childhood.

8. Identify how the tendency to take care of others in interpersonal relationships is related to maintaining a feeling of security and control. (14, 15)

14. Assist the client in understanding how his/her early childhood experiences led to fears of abandonment, rejection, neglect, and an assumption of the caretaker role, which is detrimental to intimate relationships.

15. Assist the client in identifying the many ways in which he/she takes on the parental role of caregiver.

9. 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. (16, 17)

16. Explore the client's feelings of worthlessness and shame, assessing specific painful situations.

17. 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.

10. List 10 reasons for increased feelings of self-worth. (18, 19)

18. Assign the client to list his/her positive traits and accomplishments; reinforce these as a foundation for building self-esteem.

19. Emphasize to the client his/her inherent self-worth as a human being and show the benefits of using a higher power in recovery.

11. Identify the pattern in the alcoholic family of being ignored or punished when honest feelings were shared. (5, 20)

5. Educate the client about the ACA rules of "don't talk, don't trust, don't feel"; explain how these rules make healthy relationships more difficult.

20. 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 (or assign the client to complete the "Understanding Family History" exercise in the *Addiction Treatment Homework Planner* by Finley and Lenz).
12. List five qualities and behaviors that should be evident in others before interpersonal trust can be built. (21)	21. 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.
13. Increase the frequency of telling the truth rather than saying only what the client thinks the other person wants to hear. (22, 23)	22. 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.
	23. Assign the client to keep a journal of incidents in which he/she told the truth rather than saying only what others wanted to hear.
14. List the steps to effectively and independently solving problems. (24)	24. 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, and evaluate the result); role-play solving a current problem in his/her life (or assign "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* by Jongsma).
15. Acknowledge the resistance to sharing personal problems; share at least one problem in each therapy session. (5, 25, 26, 27)	5. Educate the client about the ACA rules of "don't talk, don't trust, don't feel"; explain how these rules make healthy relationships more difficult.

25. 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.
26. 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 (or assign the client to complete the honesty exercise in *The Alcoholism & Drug Abuse Patient Workbook* by Perkinson).
27. Explore the client's pattern of resistance to sharing personal problems and preferring, instead, to focus on helping others with their problems.

16. Verbalize an understanding of how ACA traits contribute to choosing partners and friends that have problems and need help. (14, 28)

14. Assist the client in understanding how his/her early childhood experiences led to fears of abandonment, rejection, neglect, and an assumption of the caretaker role, which is detrimental to intimate relationships.
28. 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.

17. Initiate the encouragement of others in recovery, to help reestablish a feeling of self-worth. (29, 30)

29. Teach the client that active involvement in a recovery group can aid in building trust in others and confidence in himself/herself.

30. Assist the client in developing an aftercare plan that is centered on regular attendance at Adult Children of Alcoholics, Alcoholics Anonymous, and Narcotics Anonymous (ACA/AA/NA) meetings.

18. List reasons why regular attendance at recovery group meetings is necessary to arrest ACA traits and addiction. (31)

31. Assist the client in listing reasons why 12-step recovery group attendance is helpful to overcome ACA traits.

19. Discuss fears that are related to attending recovery group meetings, and develop specific written plans to deal with each fear. (32)

32. Probe the relationship between ACA 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).

20. Verbalize how a recovery group can become the healthy family that one never had. (33, 34, 35)

33. Teach the client that active involvement in a recovery group can aid in building trust in others and confidence in himself/herself.

34. Discuss how the home group of ACA/AA/NA can function as the healthy family the client never had; help him/her realize why he/she needs such a family to recover.

35. Educate the client about the family atmosphere in a home ACA/AA/NA recovery group, and how helping others can aid in recovery and reestablish a feeling of worth.

21. List five ways in which belief in, and interaction with, a higher power can reduce fear and aid in recovery. (36, 37)

36. Teach the client how faith in a higher power can aid in recovery and arrest ACA traits and addiction (or assign the client to

complete the Step 2 exercise in *The Alcoholism & Drug Abuse Patient Workbook* by Perkinson).

37. Assign the client to read the Adult Children of Alcoholics *Red Book* and 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.

22. Verbalize the feeling of serenity that results from turning out-of-control problems over to a higher power. (38)

38. Review problematic circumstances in the client's life that could be turned over to a higher power to increase serenity.

23. Practice assertiveness skills and share how these skills were used in interpersonal conflict. (39, 40)

39. Use modeling, behavior rehearsal, and role-playing to teach the client healthy, assertive skills (or assign "Making Your Own Decisions" in the *Adult Psychotherapy Homework Planner* by Jongsma); apply these skills to several current problem situations, and then ask the client to journal his/her assertiveness experiences.

40. 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.

24. Share the personal experiences of each day with one person that day. (41, 42)

41. 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 rehearsal of several situations in which the client shares feelings.

42. Review and reinforce instances when the client has shared honestly and openly with a trustworthy person.

25. Cooperate with a physician's evaluation for psychopharmacological intervention. (43)

43. Refer the client to a physician to evaluate whether psychopharmacological interventions are warranted.

26. Take medications as prescribed, and report on their effectiveness and side effects. (44, 45)

44. Medical staff administers medications to the client as prescribed.

45. Monitor the client's medications for effectiveness and side effects.

27. Develop a 5-year plan to recover from substance abuse and ACA traits. (46)

46. Assist in the client developing a 5-year plan to recover from substance abuse and ACA traits.

28. Complete a survey to assess the degree of satisfaction with treatment. (47)

47. Administer a survey to assess the client's degree of satisfaction with treatment.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	300.4	Dysthymic Disorder
	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.81	Posttraumatic Stress Disorder
	V61.20	Parent–Child Relational Problem
	_____	_____
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Axis II:	301.82	Avoidant Personality Disorder
	301.6	Dependent Personality Disorder
	301.9	Personality Disorder NOS
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Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
300.4	F34.1	Persistent Depressive Disorder
300.02	F41.1	Generalized Anxiety Disorder
300.00	F41.9	Unspecified Anxiety Disorder
309.81	F43.10	Posttraumatic Stress Disorder
V61.20	Z62.820	Parent–Child Relational Problem
301.82	F60.6	Avoidant Personality Disorder
301.6	F60.7	Dependent Personality Disorder
301.9	F60.9	Unspecified Personality Disorder

Note: *The ICD-9-CM* codes are to be used for coding purposes in the United States through September 30, 2014. *ICD-10-CM* codes are to be used starting October 1, 2014. Some *ICD-9-CM* codes are associated with more than one *ICD-10-CM* and *DSM-5* disorder, condition, or problem. In addition, some *ICD-9-CM* disorders have been discontinued, resulting in multiple ICD-9-CM codes being replaced by one *ICD-10-CM* code. Some discontinued *ICD-9-CM* codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.