

ADULT CHILDREN OF ALCOHOLICS (ACOA)

BEHAVIORAL DEFINITIONS

1. Has a history of being raised in an alcoholic home that resulted in having experienced emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.
2. Demonstrates an inability to trust others, share feelings, or talk openly about self.
3. Is overly concerned with the welfare of other people.
4. Is passive-submissive to the wishes, wants, and needs of others; too eager to please others.
5. Chronically fearful of interpersonal abandonment and desperately clings to destructive relationships.
6. Tells other people what they want to hear rather than the truth.
7. Reports feelings of worthlessness and a belief that being treated with disdain is normal and expected.
8. Feels panicky and helpless 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. Verbalizes distrust of authority figures, trusts only peers.
11. Takes on the parental role in a relationship.
12. Verbalizes feelings of alienation from others.

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LONG-TERM GOALS

1. Decrease dependence on relationships while beginning to meet own needs, build confidence, and practice assertiveness.
2. Demonstrate healthy communication that is honest, open, and self-disclosing.
3. Recognize adult child of an alcoholic traits and their detrimental effects on relationships.
4. Reduce the frequency of behaviors exclusively designed to please others.

SHORT-TERM OBJECTIVES

1. Verbalize problems related to being an adult child of an alcoholic (ACOA) that have led to participating in the group. (1)
2. Verbalize an understanding of ACOA characteristics and their negative impact on life. (2, 3, 4)

THERAPEUTIC INTERVENTIONS

1. Ask each member to describe life problems that precipitated joining the group.
2. Elicit the members' understanding of traits characteristic of ACOA and how these traits have been maladaptive.
3. Present additional material about ACOA traits if necessary to supplement the members' knowledge, and teach an accurate understanding of this pattern of behavior; assign reading (*It Will Never Happen to Me* by Black or *Codependent No More* by Beattie).
4. Elicit from the group examples of their own behavior that

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3. Verbalize feelings surrounding childhood family experiences that shape behavior, thoughts, and emotions into an ACOA pattern. (5, 6)
4. Describe how the role played in childhood family influences current relationships. (7, 8)
5. List the negative impact on interpersonal relationships of the rules “don’t talk, don’t trust, don’t feel.” (9, 10)
5. corresponds to the typical ACOA characteristics.
5. Teach the group how the lack of consistency, predictability, and safety, as well as secrecy and fear, combine to result in ACOA traits; solicit examples of childhood experiences that shaped members’ personalities.
6. Using a family sculpting technique, have each member sculpt a typical scene of turmoil in his/her family, using other group members as role players; process the group members’ feelings arising from directing, role playing, or witnessing the experience.
7. Teach the group the four potential roles adopted by children of alcoholics as described in *It Will Never Happen to Me* (Black): the responsible one, the adjuster, the placater, and the acting-out child; help the members identify their own role within their family-of-origin.
8. Encourage a group sharing of how their own role with family-of-origin affects current interpersonal relationships.
9. Teach the group about the unspoken rule in alcoholic families that the alcoholism remain a secret (*don’t talk*), about the chaos that requires children to rely only on themselves (*don’t trust*), and about the denial of feelings that results from such a situation (*don’t feel*). (See *It*

Will Never Happen to Me by Black.)

6. Identify own alcohol problem and follow through with a referral for treatment. (11)
7. Identify own emotional needs as distinguished from personal desires. (12)
8. Practice the expression of own emotional needs and personal desires within the group first and then in daily life circumstances. (13, 14)
9. Verbalize the link between growing up in an alcoholic family and attempts at controlling others' behaviors. (15, 16, 17)
10. Facilitate a group discussion about the *don't talk, don't trust, don't feel* rules that were learned in the family-of-origin, highlighting the negative impact of these rules on all interpersonal relationships.
11. Evaluate each member's current alcohol and substance use and make an appropriate referral where necessary.
12. Clarify the differences between emotional needs (e.g., to be loved, to be accepted) and personal desires (e.g., to go to the movies, to get a new job, to eat Thai food for dinner); assist the members in identifying their emotional needs and personal desires.
13. Use role playing and modeling to teach assertiveness, and then have members practice assertive requests in small groups.
14. Assign members to express emotional needs and personal desires during the week, including asking for help or support; process the group members' success in attempting to assertively express their needs and desires.
15. Explore members' feelings about the situations in which they do not have control; encourage sharing of members' fears of giving up attempts to be in control.

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10. Verbalize an understanding of the concept of a higher power and how a spiritual faith in this higher power can reduce the need to be in control. (18)
11. Verbalize an understanding of the concept of compassionate detachment versus rejection. (19, 20)
12. Report on the *in vivo* practice of compassionate detachment toward others' needs in order to reduce caretaking behavior. (21, 22)
16. Facilitate a group discussion about the link between the chaos and unpredictability of growing up in an alcoholic home and the current need to be in control.
17. Encourage a group exploration of ways in which members attempt to control others' behavior; elicit examples of situations over which they have control versus situations over which they do not have control.
18. Encourage a group discussion of the concept of a higher power that runs the universe and how acceptance of this concept helps with letting go of control and turning concerns over to the higher power; encourage the members to share their own ideas about alternatives to this concept.
19. Teach the group the relationship between letting go of control and the concept of compassionate detachment (i.e., caring for another person but maintaining boundaries of responsibility for behavior and decisions).
20. Facilitate a group discussion of the distinction between detachment and rejection and relate it to their own lives.
21. In small groups, assign the members to develop strategies for handling situations at home with detachment (i.e., maintaining boundaries of responsibility).

13. Verbalize an understanding of where own responsibility for satisfying others' emotional needs begins and ends. (23, 24)
14. Identify own feelings and express them openly and assertively in group. (25, 26, 27, 28)
22. Assign the members to try using at least one of their detachment strategies with significant others during the week; review the experiences, reinforcing successes and further strategizing for failures.
23. Teach the group the differences between enmeshed relationships and those with healthy boundaries.
24. Assign the members to sculpt examples of enmeshed relationships and those with healthy boundaries.
25. Assist the members in identifying and expressing their feelings (e.g., using "I" statements: "I feel ____ when you ____ because ____;" "I would like ____.").
26. Teach the group active listening skills (e.g., listen with full attention, listen for the questions, listen for the feelings, ask clarifying questions, acknowledge by paraphrasing) as an alternative to solution-finding responses; confront any inappropriate ownership of responsibility.
27. Facilitate a group discussion of the idea that the honest, open expression of feelings is a healthy alternative to controlling ACOA behavior; reinforce the appropriate expression of feelings during group discussions.
28. Teach the group how expressing feelings and needs

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15. Identify fears of expressing anger, including the fear of being abandoned. (29, 30)
16. Communicate feelings openly and honestly with significant others outside the group. (31)
17. Demonstrate congruity between thoughts/feelings and verbal and nonverbal communication. (32, 33)
18. Identify and implement self-nurturing behaviors. (34)
19. Identify and replace distorted cognitions with honestly and openly is most critical when situations stir up feelings of shame, worthlessness, fear, and alienation.
29. Elicit the members' fears of expressing anger, including their fear of being abandoned by those they love if they express anger toward them.
30. Encourage the members to write out their angry feelings before expressing them in "I" statements.
31. Facilitate the development of feeling statements for each member about people they are about; assign members to use at least one of their feeling statements during the week and review to reinforce success and redirect for failure.
32. Elicit the members' examples of own behavior that was congruent with their feelings and thoughts, as well as examples of incongruent behavior.
33. Demonstrate and encourage the members to provide empathic confrontation of incongruity in any members' behavior.
34. Facilitate a group brainstorming of self-nurturing behavior (e.g., taking a walk, listening to music, taking a bath) and assign members to practice at least one self-nurturing behavior each day.
35. Assist the members in identifying negative, distorted

- reality-based, self-affirming cognitions that reduce feelings of shame, worthlessness, fear, and alienation. (35, 36, 37, 38)
20. Verbalize an understanding of the elements of trust. (39, 40)
- cognitions that fuel and maintain ACOA behaviors.
36. Teach the members thought-stopping techniques (e.g., mentally shouting “stop,” snapping a rubber band around the wrist) to terminate dysfunctional, obsessive thoughts; encourage them to practice *in vivo*.
37. Teach the group how to challenge the negative, distorted cognitions using Socratic questioning.
38. Facilitate each member’s development of reality-based, self-affirming cognitions to replace the distorted cognitions and demonstrate the link between positive, realistic thoughts and calm feelings of self-esteem.
39. Encourage a group discussion of the characteristics that are necessary for building trust between two people (e.g., honesty, self-disclosure, acceptance).
40. Assign pairs of members to go on a “trust walk,” where one member leads another “blind” member (eyes closed or blindfolded) on a walk around the room, helping the blind person explore the surroundings using touch, sound, and smell; process the blind members’ difficulty in letting go of control and trusting the partner.

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DIAGNOSTIC SUGGESTIONS:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
311	F32.9	Unspecified Depressive Disorder
311	F32.8	Other Specified Depressive Disorder
300.00	F41.9	Unspecified Anxiety Disorder
309.81	F43.10	Posttraumatic Stress Disorder
300.4	F34.1	Persistent Depressive Disorder
301.82	F60.6	Avoidant Personality Disorder
301.6	F60.7	Dependent Personality Disorder
301.83	F60.3	Borderline Personality Disorder
301.9	F60.9	Unspecified Personality Disorder
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