

SECTION 1: ADULT-CHILD-OF-AN-ALCOHOLIC (ACA) TRAITS

Therapist's Overview

ADDRESSING ACA TRAITS IN RECOVERY

GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACA) traits on sobriety.
2. Decrease dependence on relationships while beginning to meet one's 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 addictive environment and reduce feelings of alienation by seeing similarities to others raised in non-addictive homes.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Dependent Traits
- Partner Relationship Conflicts
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Addressing ACA Traits in Recovery” activity is for clients with patterns of co-dependent relationships, enmeshment, boundary issues, and burnout in love, friendship, and workplace relationships. It teaches clients about addictive relationship dynamics, then heightens motivation by focusing on the threat this poses to recovery, ending by directing clients to further exploration of issues of codependency. Follow-up may include discussing the issue with the therapist, group, and sponsor; support group referrals; bibliotherapy; and videototherapy (e.g., *Rent Two Films and Let's Talk in the Morning* by John W. Hesley and Jan G. Hesley, also published by Wiley).

ADDRESSING ACA TRAITS IN RECOVERY

Adult children of alcoholics, or ACAs, are adults who grew up in families where one or both parents chronically abused alcohol and/or other drugs, suffered from other mental illness, or had other problems that made them unable to meet their children's needs. When those children become adults, they may have feelings and behavior patterns that resemble those of their parents, especially in relationships. This can happen whether or not they abuse alcohol or other drugs—ACAs often become “addicted” to unhealthy patterns and people in their love, friendship, and work relationships. They are drawn to situations that feel in some ways like their childhood family life, and to people who treat them in ways similar to the ways their parents treated them and others. ACAs often fall into the trap of trying to please, “fix,” or “save” others, and their own lives are left in turmoil. Their motives are caring, but their efforts to please or rescue others seldom work. The results cause these ACAs great emotional pain and may put them in dangerous situations or lead to a work-related cycle of starting new jobs with great hope and energy but ending up burning out on those jobs or careers. No one can really control anyone else; other people's troubles are mostly caused by patterns only they can change, so trying to change them leads to one painful disappointment after another. As part of your recovery, this activity will help you learn to recognize and change these patterns, which are also often called *codependency*.

1. There are reasons we're drawn to relationships in which we try harder to solve other people's problems than they do. If we are ACAs, these patterns often echo those we experienced in our families as children. It's as if we're trying to replay the same story and get it to have a happy ending. Have any of the feelings listed here drawn you into painful relationships or situations in love, friendship, and/or workplace situations?
 - You felt sure that if you tried hard enough, you could win approval.
 - You felt needed.
 - It was intense and exciting from the start.
 - You felt intensely and magnetically drawn to the other person.
 - They made you feel strong, smart, and capable.
 - The sex was incredible.
 - You identified with the hardships they'd suffered.
 - You felt that you could help them and change their lives.

EXERCISE 1.A

2. Here are signs of this kind of relationship. Please check off any you've experienced:
- Manipulation and mind games take up a lot of time and energy.
 - You're held responsible (by others or yourself) for things you can't control.
 - You see that you keep getting into high-risk or no-win situations, but you can't help finding those are the only ones that attract you—safe people and jobs bore you.
 - You're often worried that the relationship will fall apart, feeling you can keep the peace if you just say and do only the right things.
 - You keep your partner away from your other friends and family because they don't get along, or you don't think they would.
 - You spend a lot of time and energy solving other people's problems, over and over, often with little or no appreciation or recognition.
 - You try hard to impress your partner and keep secrets; you fear that your partner would reject you if they knew about parts of your life or past.
 - You get in heated arguments that don't make sense to either of you.
 - The relationship became very intense very fast when you first got together.
 - One or both of you feel a lot of jealousy and insecurity.
 - The relationship is never boring, but it's usually stressful.
 - You go back and forth between feeling abandoned and feeling smothered.

3. How does this relate to getting and staying clean and sober? Well, common sense tells us there's a strong connection between stress and relapse, and research confirms that link. Looking at the items you checked for question 2, think about how stressful those relationships were or are. How could these stresses lead you to relapse, and how do you feel about that risk? _____

4. Most people who get into addictive relationships don't just do so once. What unhealthy patterns do you see in the people you find attractive? _____

EXERCISE 1.A

5. Consider participating in 12-step recovery programs specifically for ACAs. Identify three reasons this could be beneficial to you. _____

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

UNDERSTANDING FAMILY HISTORY

GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACA) traits on sobriety.
2. Reduce the frequency of behaviors that are exclusively designed to please others.
3. Eliminate behaviors that are dangerous to self or others.
4. Eliminate self-defeating interpersonal patterns in occupational and social settings.
5. Choose partners and friends who are responsible, respectful, and reliable.
6. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of inferiority and/or alienation from others who were raised in nonaddictive homes.
7. Obtain emotional support for recovery from family members.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Childhood Trauma
- Family Conflicts
- Parent-Child Relational Problem
- Partner Relational Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Family History” activity may be used effectively with clients who are experiencing shame, confusion, or anxiety as a result of seeing themselves repeat negative behaviors seen in childhood caretakers. It may be useful in couples therapy, because many ACA individuals form relationships with partners with similar backgrounds. For clients struggling with acceptance and forgiveness of their parents or of themselves, this activity may help in understanding the roles of addiction and powerlessness in distorting values and behaviors. It may also be useful for clients who have parenting issues in recovery to understand the roots of their children’s behaviors.

UNDERSTANDING FAMILY HISTORY

It's important to understand the role of family history in addictions—not to blame those who raised us, but for our own recovery and our families' futures. This exercise looks at how family history affects us.

1. As a child, what did you learn about drinking, drug use, or other addictions in your family? _____

2. What problems, if any, did your family have because of these behaviors (e.g., violence, divorce, financial problems, dangerous or illegal activities, or other worries)?

3. Please describe the typical atmosphere in your family when someone was drinking, using drugs, or engaging in other addictive patterns, and its effects on you then and now. _____

4. Below are some common patterns in families struggling with addictions, related to the unspoken rule “Don't talk, don't trust, don't feel” that develops as other family members try to avoid confrontations or disappointment caused by the inability of addicted adults to be nurturing and dependable, or to cope with the emotional pain that is the result of that inability. For each pattern, give an example from your childhood and an example of how you can make healthy changes now.
 - a. Dishonesty/denial
 - (1) Childhood example: _____

 - (2) Working for healthy change:

 - b. Breaking promises
 - (1) Childhood example: _____

EXERCISE 1.B

(2) Working for healthy change:

c. Isolating/withdrawing

(1) Childhood example: _____

(2) Working for healthy change:

d. Emotional/physical/sexual abuse and neglect

(1) Childhood example: _____

(2) Working for healthy change:

e. Influencing others to act in self-destructive ways

(1) Childhood example: _____

(2) Working for healthy change:

f. Confused roles and responsibilities (e.g., children taking caring of adults, people blaming others for their own actions, etc.)

(1) Childhood example: _____

(2) Working for healthy change:

5. No family is completely dysfunctional, and nearly all of us remember our parents or other adults who raised us doing some good things we want to do for our children in turn. What good relationship patterns from your childhood do you want to continue and pass on? _____

6. Consider the strengths you obtained from growing up in your house with your family. How can you use these strengths to facilitate your own recovery efforts?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.