

--- DRAFT v3.0 ---

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Introduction

Many adult children initially identify with ACA strongly, but then fade from the program within the first three to four months. It often seems that despite being enthusiastic and hopeful upon entering ACA, participants can easily become overwhelmed and discouraged. The *Big Red Book* is a life-saving resource, but it's a voluminous work that can be daunting for ACA newcomers. For many, the idea of immediately jumping into ACA Step work can be terrifying. We who created this handbook decided in late 2018 to start a new local meeting specifically for beginners, and developed introductory materials that could be used to support and guide those attending that meeting. While there is no single path to healing the effects of childhood trauma through ACA, we created what we feel is a solid initial draft of a clear, concise, comprehensive ACA program overview that includes:

- *Topic summaries* that: 1) are written specifically for beginners and address fundamental concepts in ACA recovery, 2) are derived from existing ACA-WSO conference approved literature, and 3) can be read and discussed manageably within a one-hour meeting timeframe
- Questions on each topic that participants can: 1) draw from to help frame their initial personal shares at meetings, 2) use as a tool to connect with other participants outside of the meetings, and 3) experience as preparation for more indepth program work
- *References* pointing to additional information on each topic in existing ACA conference approved literature (texts, workbooks, trifolds, booklets, etc.)
- Fundamental program materials (the Problem / Traits, the Solution, the 12 Steps, the 12 Traditions & the Promises) as well as other supplemental resources, tools and exercises.

The ACA beginners meeting handbook we've initially developed slowly brings participants out of isolation through a predictable, structured, drop-in meeting framework. This approach allows them to engage with program resources incrementally with less likelihood of becoming overwhelmed. Participants can miss weeks, attending at their own pace, and still feel supported as they learn what it means to "work a program." More intensive reparenting practices and Step work can begin independently from this introductory handbook overview at whatever point participants themselves determine they are ready. We have seen some success so far, and many "non-beginners" who drop-in to check out the beginners meeting have said they really wished ACA had resources like this when they first found the program.

1 WEEK

WELCOME TO ACA

What is ACA & How Does It Work?



Adapted from the ACA Newcomer Booklet & BRB Chapter 8

The purpose of ACA is threefold – to shelter and support "newcomers" in confronting "denial;" to comfort those mourning their early loss of security, trust and love; and to teach the skills for reparenting ourselves with gentleness, humor, love and respect.

In childhood, our identity is formed by the reflection we see in the eyes of the people around us. We fear losing this reflection – thinking the mirror makes us real and that we disappear or have no self without it. The distorted image of family dysfunction is not who we are. And we are not the unreal person trying to mask that distortion.

Moving from isolation is the first step an Adult Child makes in recovering the self. Isolation can be both a prison and a sanctuary. Adult Children, suspended between need and fear – unable to choose between fight or flight – agonize in the middle and resolve the tension by explosive bursts of rebellion, or by silently enduring the despair. Isolation is our retreat from the paralyzing pain of indecision. The simple act of showing up at an ACA meeting opens the door to freedom.

The return of feelings, oftentimes a painful part of the mourning process, indicates healing has begun. Initial feelings of anger, guilt, rage and despair resolve into a final acceptance of loss. Genuine grieving for our childhood ends our morbid fascination with the past and lets us return to the present, free to live as adults. Sharing the burden of grief others feel gives us the courage and strength to face our own bereavement. The pain of mourning and grief is balanced by being free, once again, to fully love and care for someone and to freely experience joy in life.

Through ACA reparenting, we give ourselves the love we need by releasing our self-hatred and embracing the child inside. With a child's sensitivity, we reach out to explore the world again and become aware of the need to trust and love others. With help from our ACA fellow travelers, we gently learn how to fill in the nurturing and attention we did not receive as children: We learn to become our own loving parent. In time, the aspects of ourselves we thought we had lost become valuable parts of our new inner compass.

In ACA, we stop believing we have no worth and we start to see our true identity, reflected in the eyes of other Adult Children, as the strong survivors and valuable people we actually are.

Chapter 1 Questions:

- 1. What brought me to ACA? Why now?
- 2. ACA describes the "rules" of family dysfunction as: *Don't Talk, Don't Trust, Don't feel.* How did those rules apply in my childhood?
- 3. How do I feel generally about asking other people for help? What were my experiences in childhood if I sought out support from the adults in my life?
- 4. How have I isolated in my life? How have I emotionally isolated in my life?
- 5. What is my reaction at this point to the ACA solution of "*Becoming my own loving parent?*"

Chapter 1 Additional Information:

- ACA Big Red Book
 - o Chapter 2: "It Will Never Happen to Me"
 - o Chapter 6: "ACA How It Works"
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 18, page 19 "A New Way of Life"
 - o June 18, page 176 "Newcomers"
 - o August 23, page 244 "Grief as Freedom"
 - December 17, page 364 "Expressing Feelings"

ACA SERENTITY PRAYER/STATEMENT

2 WEEK

ACA PROBLEM

Laundry List & Opposite Laundry List Traits



Adapted from BRB Chapter 1 & the Laundry Lists Workbook

In ACA, we believe the experiences of growing up in a dysfunctional family affect us as adults. In just 260 words, The Laundry List describes the thinking and personality of an adult reared in childhood dysfunction. When read aloud at an ACA meeting, The Laundry List (also written as "The Problem") produces an immediate sense of curiosity and identification that intuitively resonates with an adult child. The Laundry List is the glue that holds together our fellowship and its diverse membership.

These 14 Traits describe a personality who cannot truly love another person. As adult children, we have great difficulty accepting love as well. These are not shaming statements or predictions of doom. As children and teens, we were not given a true or consistent example of love. So how can we know love or recognize it as adults? Our parents shamed, belittled or withheld from us for being vulnerable children. In their own confusion, they called it love. They passed on what was done to them. What many adult children described as love or intimacy before reaching ACA was actually codependence or rigid control.

There is also another side to the Laundry List. While the original Laundry List describes how we were directly affected by family dysfunction in childhood, we might in turn, "act out" those traits by becoming victimizers. In other words, adult children, by adopting their parents' behaviors, "become" their parents. For example, if we feared authority figures as the first Trait suggests, we may also have become authority figures to be feared by our children, spouse, co-workers or others. Each of the Laundry Lists Traits, therefore, has an opposite . . . just as damaging as their counterparts.

As we come to understand these Traits as being troublesome in our adult lives, we must realize they protected us as children. We grip these common characteristics tightly as adults. They are not easily surrendered even though they create the internal pain and isolation that has driven us to ACA. Whether we are expressing victim roles or victimizing others in our adult lives, ACA recovery can help. The program isn't fast or easy, but the effort it takes to work ACA produces much healthier results than the effort it takes to maintain dissociative and dysfunctional lives. If we shift even some of the energy we've been applying towards living in the Traits, instead, towards releasing them in our ACA work, we will see amazing results. We will find healing, clarity and self-worth.

Chapter 2 Questions:

- 1. Which of the Laundry List Traits do I most and/or least identify with?
- 2. Which of the Opposite Laundry List Traits do I most and/or least identify with?
- 3. What are some of the feelings that come up for me when reading, hearing or looking at these Traits lists?
- 4. Which of the Traits can I most easily trace back to ways I learned to protect myself in childhood?
- 5. In ACA, it has been said that, "Our Laundry Lists Traits are a legitimate reaction to long-term trauma." (*Strengthening My Recovery*, page 193). How do I feel about this statement?

Chapter 2 Additional Information:

- ACA Big Red Book
 - "Welcome to ACA" (pages xii xv)
 - o Chapter 1: "The Laundry List Problem" (pg. 3)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 12, page 13 "Trait 1"
 - June 28, page 186 "Caretaking"
 - o July 4, page 193 "Long-Term Trauma"
 - o December 24, page 371 "The Problem"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 2 SUPPLEMENT A – LAUNDRY LISTS TRAITS WHICH OF THESE LAUNDRY LISTS TRAITS APPLY TO ME?

This exercise explores which **LAUNDRY LIST TRAITS** and then **OPPOSITE LAUNDRY LIST TRAITS** have been active in your life. First, place a check next to each Laundry List Trait that *has ever* been active in your life, and then place a check after each Laundry List Trait that plays an active role in your life *today*.

Laundry List Traits	Ever Applied?	Applies today?
1. We became isolated and afraid of people and authority figures.		
2. We became approval seekers and lost our identity in the process.		
3. We are frightened by angry people and any personal criticism.		
4. We either become alcoholics, marry them or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.		
5. We live life from the viewpoint of victims and we are attracted by that weakness in our love and friendship relationships.		
6. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our own faults, etc.		
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.		
8. We became addicted to excitement (fear / chaos / drama).		
9. We confuse love and pity and tend to "love" people we can "pity" and "rescue."		
10. We have "stuffed" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (Denial).		
11. We judge ourselves harshly and have a very low sense of self-esteem.		
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.		
13. Alcoholism is a family disease; and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.		
14. Para-alcoholics are reactors rather than actors.		

CHAPTER 2 SUPPLEMENT A, CONTINUED ...

Other / Opposite Laundry List: Now, place a check next to the Other / Opposite Laundry List Traits that *have ever* been active in your life, and place a check after the Other / Opposite Laundry List Traits that play an active role in your life *today*.

Other / Opposite Laundry List Traits	Ever Applied?	Applies today?
1. To cover our fear of people and our dread of isolation we tragically become the very authority figures who frighten others and cause them to withdraw.		
2. To avoid becoming enmeshed and entangled with other people and losing ourselves in the process, we become rigidly self-sufficient. We disdain the approval of others.		
3. We frighten people with our anger and threat of belittling criticism.		
4. We dominate others and abandon them before they can abandon us or we avoid relationships with dependent people altogether. To avoid being hurt, we isolate and dissociate and thereby abandon ourselves.		
5. We live life from the standpoint of a victimizer, and are attracted to people we can manipulate and control in our important relationships.		
6. We are irresponsible and self-centered. Our inflated sense of self-worth and self-importance prevents us from seeing our deficiencies and shortcomings.		
7. We make others feel guilty when they attempt to assert themselves.		
8. We inhibit our fear by staying deadened and numb.		
9. We hate people who "play" the victim and beg to be rescued.		
10. We deny that we've been hurt and are suppressing our emotions by the dramatic expression of "pseudo" feelings.		
11. To protect ourselves from self-punishment for failing to "save" the family we project our self-hate onto others and punish them instead.		
12. We "manage" the massive amount of deprivation we feel, coming from abandonment within the home, by quickly letting go of relationships that threaten our "independence" (not too close).		
13. We refuse to admit we've been affected by family dysfunction or that there was dysfunction in the home or that we have internalized any of the family's destructive attitudes and behaviors.		
14. We act as if we are nothing like the dependent people who raised us.		

CHAPTER 2 SUPPLEMENT B - ACA PROBLEM STATEMENT

The ACA Problem (Adapted from the Laundry List)

Many of us found that we had several characteristics in common as a result of being brought up in an alcoholic or dysfunctional household. We had come to feel isolated and uneasy with other people, especially authority figures. To protect ourselves, we became people-pleasers, even though we lost our own identities in the process. All the same we would mistake any personal criticism as a threat. We either became alcoholics (or practiced other addictive behavior) ourselves, or married them, or both. Failing that, we found other compulsive personalities, such as a workaholic, to fulfill our sick need for abandonment.

We lived life from the standpoint of victims. Having an overdeveloped sense of responsibility, we preferred to be concerned with others rather than ourselves. We got guilt feelings when we stood up for ourselves rather than giving in to others. Thus, we became reactors, rather than actors, letting others take the initiative. We were dependent personalities, terrified of abandonment, willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. Yet we kept choosing insecure relationships because they matched our childhood relationship with alcoholic or dysfunctional parents.

These symptoms of the family disease of alcoholism or other dysfunction made us "covictims", those who take on the characteristics of the disease without necessarily ever taking a drink. We learned to keep our feelings down as children and kept them buried as adults. As a result of this conditioning, we confused love with pity, tending to love those we could rescue. Even more self-defeating, we became addicted to excitement in all our affairs, preferring constant upset to workable relationships.

This is a description, not an indictment.

3 week

FAMILY DYSFUNCTION

A NEW HOPE ACA BEGINNERS MEETING HANDBOOK

Do I Qualify for ACA?

Adapted from BRB Chapter 2 & Chapter 3

Dysfunctional homes oftentimes (but not always) include alcoholism or other forms of drug abuse. Family dysfunction can occur in homes that are rigidly religious, militaristic or punitive - or homes dominated by control, harsh judgement & perfectionism. Any type of abuse or neglect creates dysfunctional home environments, as can parental mental illness or other forms of parental disability. Persistent debt or gambling can also be signs of family dysfunction, as can issues with food such as obesity or dieting obsession.

Did dysfunction exist in my childhood environment? This is something we each must decide for ourselves. Skeptics might say: "My parents could be harsh, but they meant well. I know they loved me and cared about me. They did the best they could." Is it possible, though, that all these statements could be true and the home was still dysfunctional?

Some adult children have few memories of childhood at all. Other adult children see no evidence of problems in childhood because to them, the dysfunction seemed normal or tolerable. Many adult children can recount the horrors of their dysfunctional upbringing in great detail; yet, they do so without feeling or without connecting the deep sense of loss that each event brought.

Shame and abandonment are two of the most identifiable indications of a dysfunctional home. Among other factors, they are two of the conditions that help produce an adult child whether alcohol or drugs are in the home or not. Adult children from all dysfunctional family types not only feel shame deeply, but believe they ARE shame.

Perhaps evidence of being raised in a dysfunctional home might be seen initially, at least, in how adult children live out their adult lives? People who care for themselves cannot always point to a childhood event that let them know they were valued by their parents. But their actions in adulthood show they care about themselves. Conversely, adult children cannot always point to an incident in their childhoods when they decided they were inferior or defective. Yet what does it say when adults live out their lives forever caught in the Laundry List and Opposite Laundry List Traits?

With the help of ACA, we offer our parents fairness as we examine the family system with rigorous honesty. We are looking for the truth so that we can live our own lives with choice and self-confidence. We want to break the cycle of family dysfunction.

Chapter 3 Questions:

- 1. What types of dysfunction can I identify in my family of origin?
- 2. What memories do I have of fearing my parents (or caregivers)? What did I do with those fears as a child?
- 3. In what ways did I monitor my parents' / caregivers' feelings, moods, and/or behaviors in my childhood so I could do certain things to feel safer?
- 4. What connections am I starting to see between family dysfunction and the Laundry Lists Traits I've lived out as an adult?
- 5. In what ways are the relationships between family dysfunction, shame and abandonment becoming clearer to me?

Chapter 3 Additional Information:

- ACA Big Red Book
 - o Chapter 2: "It Will Never Happen to Me" (pg. 21)
 - o Chapter 3: "My Parents Did Not Drink But I Can Relate" (pg. 53)
- ACA Strengthening My Recovery (Daily Affirmations)
 - February 18, page 31 "Abandonment"
 - May 26, page 152 "Fear"
 - o June 12, page 170 "Shame"
 - o September 4, page 257 "Generational Grief"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 3 SUPPLEMENT – FAMILY DYSFUNCTION EXPLORING DYSFUNCTION IN MY FAMILY HISTORY

This checklist is derived from "Family Diagram Labels" (*BRB* pages 127 & 128). Below, think about your experiences or what you have heard about all your various relatives in connection with addiction, religion, relationships, food, sex, work, etc. Place a check next to each behavior / label that applies to one or more of your family members. While this list is not exhaustive, it can collectively help to illuminate indications of family dysfunction.

"Family Labels"	\checkmark
alcoholic - heavy alcohol use / abuse	
drug addict – heavy illicit substances use / abuse	
pill popper – heavy prescriptions drug use / abuse	
emotionally ill / mental health issues	
chronically ill / hypochondriac	
criminal behavior, incarceration	
gambler – looking for "big money wins"	
heavy debt – always borrowing money and/or gratuitous spending (likes showy "nice things")	
vanity - always had a face in the mirror, intensely focused on outward appearance	
scarcity mentality - never enough, don't throw out anything; possibly a hoarder	
eating issues – obesity; Bulimia and/or Anorexia; cyclical dieting	
food pusher – great cook, food as expression of "caring" and/or "reward"	
sexually aggressive (overtly not safe) –grabbing, touching, pinching, wresting, etc.	
sexually suggestive (covertly not safe) – inappropriate language, exhibitionism, sexually "creepy"	
violent – slapped, pushed, hit; glorified fighting	
indirectly aggressive / controlling – manipulation, false kindness, passive-aggression	
verbally abusive - harsh, critical, judgmental, threatening, demeaning	
argumentative – will not be quiet, keeps arguments going, all-or-nothing thinking	
workaholic – worked a lot; views work as the measure of one's worth	
undependable – does not follow through; promises not kept, lies	
religiously rigid – judgmental, harsh, critical, controlling, all-or-nothing thinking	
militaristic – punitive, harsh, rigid, perfectionistic, critical, controlling	
racist – prejudice and antagonism against those of other races; belief one's own race is superior	
sexist – prejudice and antagonism towards women; belief men are superior to women	
homophobic - prejudice and antagonism towards gay men, lesbians and bisexual (LBGTQ) people	
worrier / neurotic - what can go wrong will go wrong, "the sky is falling"	
rescuer / co-dependent- caught up in other people's drama and chaos; focused on "helping" others	
enabler – shields others from the natural consequences of their behavior; "caretaker"	
martyr – suffers "for the benefit of others" and then wants recognition for their "sacrifices"	
hero family role – "think positive," go big or go home, focused on outward appearances	
mascot family role – constant joking; humor that can be harmful; can't deal with serious matters	
lost child family role – loner, isolated, avoids conflict and confrontation	
scapegoat family role – "black sheep"; seen to cause family shame and embarrassment; rule-breaker	

4 week

ACA SOLUTION

Reparenting & ACA Tools of Recovery



Adapted from the ACA Solution Statement & BRB Chapter 8

"The ACA Solution is to become your own Loving Parent."

The process of ACA recovery requires us to become our own Loving Parent, relieving from duty our most ardent defender, our inner Critical Parent. Only then will our Inner Child begin to feel and express all the hurt inside. As we grow comfortable with the uncomfortable absence of our inner Critical Parent, we build trust that our Loving Parent will help our Inner Children feel safe and nurtured. Our internal intimacy translates into outward intimacy, and we are made whole once again. – "Strengthening My Recovery" – page 110

Many adult children can be lukewarm to the notion of a Loving Parent inside of them who is thoughtful and affirming. They can more easily identify with a Critical Parent who is harsh or produces consistent self-doubt from within. Many of us can accept the idea of an inner Critical Parent but balk at a loving one.

Reparenting ourselves in a loving manner is not as foreign as it might sound, though. Most of us were forced to "parent" ourselves as children because our parents or relatives were not available in the ways we needed. In some homes we met our own needs by preparing our own meals or washing our own clothes. In some cases we parented a brother or a sister with more care than our dysfunctional parents. Some of us were provided with all our basic physical needs, and were perhaps even told we were loved. However, our parents were adult children themselves – out of touch with their own feelings and incapable of true intimacy with us. And if we were violent or self-destructive as children, we can still see moments when we hoped for or believed in affectionate care. We were all born with a child within who knows the need to feel nurtured, protected and valued. This is why the ACA healing path is with the Inner Child, or True Self – our new inner compass.

However, parenting ourselves as children and reparenting ourselves as adults has important distinctions. We were alone as children, or felt alone, and we were stuck. We were forced to grow up too soon. But we are NOT alone today as we reparent ourselves as adults in ACA. We have resources available to us now that we didn't have as children . . . including resources beyond our current awareness, which some refer to as higher powers. With the help of the ACA Recovery Tools and Reparenting Techniques, we learn to gently heal the past, and to fully connect with ourselves and others in healthy ways today.

Chapter 4 Questions:

- 1. Do I, like some others coming into ACA, have resistance to the idea of "reparenting?" How do I feel about using other similar terms like "self-nurturing" and "self-care?"
- 2. Who are some adults, real or imagined, that are good examples of "Loving Parents?" What things do Loving Parents do to create safety and nurturing for children?
- 3. The ACA Solution document states, "Our actual parent is a Higher Power whom some of us choose to call God." How do I feel about this statement
- 4. What parts of the ACA Solution document encourage us to break the old "rules" of family dysfunction: *Don't Talk, Don't Trust, Don't Feel*?
- 5. Which ACA Tools of Recovery most resonate with me? Which tools am I apprehensive about using? Which tools have I used in my life already?

Chapter 4 Additional Information:

- ACA Big Red Book
 - o Chapter 8: "The Solution: Becoming Your Own Loving Parent" (pg. 295)
- Tri-Fold Brochures
 - o What is ACA, section "Tools of ACA Recovery" & ACA Tool Bag
- ACA Strengthening My Recovery (Daily Affirmations)
 - o June 6, page 164 "Beyond Survival"
 - o December 26, page 373 "Self-Forgiveness"
 - o December 27, page 374 "Grief and Tools"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 4 SUPPLEMENT – SOLUTION / RECOVERY TOOLS

ACA Solution: "The ACA Solution is to become your own loving parent."

As ACA becomes a safe place for you, you will find freedom to express all the hurts and fears you have kept inside and to free yourself from the shame and blame that are carryovers from the past. You will become an adult who is imprisoned no longer by childhood reactions. You will recover the child within you, learning to accept and love yourself.

The healing begins when we risk moving out of isolation. Feelings and buried memories will return. By gradually releasing the burden of unexpressed grief, we slowly move out of the past. We learn to re-parent ourselves with gentleness, humor, love and respect.

This process allows us to see our biological parents as the instruments of our existence. Our actual parent is a Higher Power whom some of us choose to call God. Although we had alcoholic or dysfunctional parents, our Higher Power gave us the Twelve Steps of Recovery.

This is the action and work that heals us: we use the Steps; we use the meetings; we use the telephone. We share our experience, strength, and hope with each other. We learn to restructure our sick thinking one day at a time. When we release our parents from responsibility for our actions today, we become free to make healthful decisions as actors, not reactors. We progress from hurting, to healing, to helping. We awaken to a sense of wholeness we never knew was possible.

By attending these meetings on a regular basis, you will come to see parental alcoholism or family dysfunction for what it is: a disease that infected you as a child and continues to affect you as an adult. You will learn to keep the focus on yourself in the here and now. You will take responsibility for your own life and supply your own parenting.

You will not do this alone. Look around you and you will see others who know how you feel. We will love and encourage you no matter what. We ask you to accept us just as we accept you.

This is a spiritual program based on action coming from love. We are sure that as the love grows inside you, you will see beautiful changes in all your relationships, especially with God, yourself, and your parents.

CHAPTER 4 SUPPLEMENT, CONTINUED...

ACA Tools of Recovery * (aka the "ACA Tool Bag")

The ACA Solution is to "become your own loving parent." We learn to "reparent ourselves with gentleness, humor, love and respect." Below are some of the suggested tools of ACA recovery that can help us in the reparenting process. It is essential we recognize there are many recovery tools at our disposal. Each of us must decide which tools work well for us and how to best use them for our own recovery.

- We go to general meetings.
- We read ACA literature.
- We risk moving out of isolation, reaching out to fellow travelers to discuss recovery.
- We learn to sit quietly for short times (some call this prayer and/or meditation)
- We start breaking the Rules of Family Dysfunction: We begin to talk. We begin to trust. We begin to feel. We begin to remember.
- We create deeper, trusted connections with some fellow travelers (aka sponsors/cosponsors) and build support networks (collective / communal sponsorship).
- We use the ACA Reparenting Techniques** to:
 - o Identify and learn to address our own inner Critical Parent.
 - $\circ \;\;$ Recognize and strengthen our inner Loving Parent.
 - o Connect with, nurture, protect and guide our Inner Child.
- We better understand our needs and practice enforcing our boundaries.
- We identify the people, places and things that are healthy and useful to our lives today, and release those that are not.
- We start formally working the ACA 12 Steps when ready.
- We give service in ACA, beginning with simply showing up and being present.

^{*} Curated from across the BRB, What is ACA trifold & ACA Toolbag trifold

^{**} ACA Reparenting Techniques are addressed in BRB Chapter 8, pages 304-306

5 week

TRUE SELF / FALSE SELF

A Language of Self-Love





In ACA, some members refer to aspects of the child within as the True Self – the original person, being or force which we truly are. Some understand the True Self to be our divine inner spark that connects us to higher powers, and which is present during our spiritual awakenings. Many in ACA believe that our True Self was forced into hiding, buried deeply under our painful childhood wounding: A False Self or ego emerged instead that protected our traumatized, hidden True Self from harm, but at a devastating cost. How is this so?

In our abusive and neglectful childhoods, we internalized our caregivers' wounds. We took responsibility for *their* dysfunction – believing we could make them love us if we played the right roles and wore the right masks. We were bombarded with inaccuracies mirrored back to us as lies. We felt something was wrong with us even though we couldn't put a finger on it. We felt that we were shameful and perhaps even deserved to be abandoned. We may have even acted out shamefully or outrageously to fulfill the false projections. As part of the abusive cycle, we began to repeat these lies to ourselves, and the internalization became complete: We accepted our own False Self as truth.

The False Self in ACA is often described as the adult child personality expressed through the Laundry Lists Traits. Many also see the False Self as the family roles we instinctively adopted in childhood: hero, scapegoat, lost child, and mascot. The False Self has been described as our addicted self, our codependent self, and our dissociated self. Some see the False Self as an expression of their inner Critical Parent, manifest through control, all-ornothing thinking, perfectionism and judgement. The False Self was born out of protective survival mechanisms from childhood, and then carried into our adult lives. It is deeply anchored because it helped keep us alive as children under painful circumstances. In childhood, these masks and roles were sometimes the difference between life and death.

By living in our False Self throughout our lives, we may have thought we had buried our True Self permanently – but in fact it has been there all along. The preciousness of the Inner Child, the True Self, was always tapping from within, asking and hoping to be acknowledged and embraced. In ACA recovery, we acknowledge a certain amount of respect to our False Self for figuring out how to survive our childhood wounding. Through ACA reparenting, we learn to release parts of ourselves that no longer serve us, and to nurture, protect and strengthen the authentic aspects we wish to reclaim. We find True Self-compassion, True Self-forgiveness, True Self-esteem and True Self-love.

Chapter 5 Questions:

- 1. What aspects or parts of me feel "true?" What parts of me feel "false?"
- 2. In what ways does my True Self fit or not fit into my spiritual beliefs? How do I understand my True Self in relationship to a higher power?
- 3. Complete this sentence: "I'm afraid if people knew the REAL me, they would . . . "?
- 4. What childhood role(s) did I play growing up in my dysfunctional home, such as hero, scapegoat (black sheep), mascot (clown), and lost child?
- 5. What is the difference between False Self-esteem and True Self-esteem? What does it mean to "love myself" (or to love my "Self")?

Chapter 5 Additional Information:

- ACA Big Red Book
 - o Chapter 1: "The Laundry List Problem" (pg. 3)
 - o Chapter 7: "Part 1," section "Making a Beginning" family roles (pgs. 96-102)
 - o Chapter 8: "The Solution: Becoming Your Own Loving Parent" (pg. 295)
 - o Chapter 15: section, "Self-Love" (pgs. 434-442)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 4, page 5 "False Self"
 - o February 15, page 48 "Promise Two"
 - o February 17, page 50 "Family Roles"
 - o May 8, page 134 "Inner Child / True Self"

ACA SERENTITY PRAYER/STATEMENT

6 week

INNER CRITICAL PARENT

Working with Harsh Inner-Talk

Adapted primarily from BRB Chapter 2 & Chapter 8



All adult children arrive at ACA with hypercritical messages in their minds. We tend to judge ourselves or others without mercy. But where did these messages come from? Through the first 18 years of our lives, our families had 6,570 days to shame, belittle, ignore, withhold from, or manipulate us during the most formative years of our being. That's up to 160,000 hours of living with unhealthy parenting – 72 seasons of sorrow stored deeply in the tissue of our bodies. This dysfunction was encoded into us as the False Self, and it's maintained and reinforced in our adult lives by an inner *Critical Parent*.

The inner Critical Parent is the childhood voice that arose and strengthened in the absence of unconditional love. It is the inner voice or feeling that tells us we are not good enough, smart enough, or worthy enough . . . that we are inherently and fundamentally broken, and that no one else understands us. This inner Critic repeats the harsh, aggressive messages ("old tapes") that incessantly find fault in actions, thoughts and feelings - both in ourselves and in others. The Critic is the voice of doubt, blame or disgust that undermines our relationships and our chances for authentic connection. The critical voice produces guilt feelings when we think about asking for what we need. Living with this Critical Parent can result in dissociation, depression, anxiety, panic, and if left unhealed, even death.

Many of us enter ACA feeling the effects of the inner Critic, but not knowing why. Most don't become fully aware of this Critic until we slow down enough to recognize it. We have become so comfortable with shaming or cursing ourselves or others that we don't even notice the extreme harshness. Some say the inner Critic can remain masked because it speaks to us in our own voice. Perfectionism, control, all-or-nothing thinking, and judgmentalness are the internalized mechanisms that power the inner Critical Parent.

As part of the ACA healing process, we learn to pay attention to our attitudes about ourselves and others, noting the harsh thoughts, doubts, and fears as they arise. Reparenting ourselves can mean many things, but the central idea is that we are willing to confront our critical, inner voice and to develop a Loving Parent instead who can connect with and care for the wounded child within. We learn to challenge and say "no" to the Critical Parent, or we ask it to step back or to turn down the volume. We additionally work with the inner Critic through Step work, for example addressing the "powerlessness" we feel over the Critic in Step 1. Using affirmations, journaling and other techniques, we begin to create some "breathing room," and we learn to give ourselves and others a break.

Chapter 6 Questions:

- 1. What messages did my parents, relatives or others in my childhood use to scold, curse, criticize, control, bully, ignore, shame or otherwise hurt me?
- 2. Some ACAs experienced mistreatment in childhood by things that *didn't* happen, which can be just as destructive as things that did happen. If this resonates, how did neglect or manipulative withholding play a role in my childhood, and how might these experiences have contributed to the development of my inner Critical Parent?
- 3. Have I ever felt "crazy" but kept my feelings inside and never talked about these thoughts? If so, how might this relate to an inner Critical Parent?
- 4. Can I recognize my inner Critic directed both inwardly and outwardly?
- 5. How do perfectionism, control, all-or-nothing thinking, and judgmentalness play a role in both my internal and external worlds?

Chapter 6 Additional Information:

- ACA Big Red Book
 - o Chapter 2: Section "Internalized Modes of Thinking and Acting" (pgs. 35-50)
 - o Chapter 8: Section "Identifying Our Inner Critical Parent" (pgs. 306-309)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o February 29, page 62 "Guilt"
 - o April 4, page 99 "Critical Parent"
 - o October 6, page 290 "Inner Critic"

ACA SERENTITY PRAYER/STATEMENT

7 week

LOVING PARENT

Awakening Unconditional Love



Adapted primarily from BRB Chapter 8

Becoming our own Loving Parent *is* the ACA Solution. By reparenting ourselves with gentleness, humor, love and respect, we find our child within and connection to powers greater than ourselves. Through reparenting, we learn to listen for and to feel the child within, and to provide the nurturing, attention and safety most of us were deprived of as children. Our Inner Child becomes our guide to feelings, creativity, and spirituality.

The Inner Child will usually not emerge, however, until we establish our Loving Parent – so we must first identify and encourage the loving voice inside. We can write a letter and use affirmations to begin awakening this inner, caring part of ourselves. ACA experience shows that every adult child has love inside regardless of what the person says or believes. Love is there and it is original, and through ACA we learn to awaken it.

We further awaken the Loving Parent by learning to listen to our own inner self-talk and recognize when it is harsh. We can then confront those inner Critical Parent messages. The Loving Parent's role is to challenge our critical, inner voice and to care for, nurture and protect the child within. We learn to stop mid-sentence if we are putting ourselves down or criticizing our thoughts, feelings or behaviors. We reframe our stumbles as chances to learn or grow emotionally. Confronting the inner Critic in this way is an act of love.

We will struggle, have doubts and become frustrated in our recovery at times. We can do everything right and still wonder if we are making progress. An inner Loving Parent reminds us we are good enough and we are making progress . . . that our childhood wounding was not our fault and that we are OK. A Loving Parent provides unconditional love – the spiritual healing force and inoculation from shame which was missing in our childhoods, and which we use to reparent ourselves today. The Loving Parent creates a safe space to heal, sometimes from resources beyond our current understanding. As we recover, some of us come to believe our Loving Parent and our higher power are one.

With effort, patience, and support from our ACA fellow travelers, our Loving Parent awakens and we grow more comfortable with our healthier new inner language. We choose to believe the affirming messages from our Loving Parent over the harsh messages of the Critical Parent. With time, we can feel more at peace inside, and we will have a better grasp of our feelings, wants and needs. With the awakening of our Loving Parent, emotional safety opens for our child within, and new depths of healing begin.

Chapter 7 Questions:

- 1. How would I envision a loving adult caring for an abused or neglected child? How would I envision myself caring for a small child in emotional pain?
- 2. In what ways as a child did I take care of myself (or siblings) that my Loving Parent can draw upon for my own self-care today?
- 3. When is a time in my life I can describe feeling a tender, internal voice of love?
- 4. Remembering back to a painful time in my own childhood, feeling alone and isolated what could a caring, trustworthy, compassionate, unconditionally loving adult presence have said or done to help me feel safe and valued?
- 5. In what ways does a Loving Parent fit or not fit into my spiritual beliefs? How do I understand my Loving Parent in relationship to a higher power?

Chapter 7 Additional Information:

- ACA Big Red Book
 - o Chapter 8: section, "Loving Parent" (pgs. 298-302)
 - o Chapter 8: section, "What is a Loving Parent" testimonials (pgs. 309-310)
 - o Chapter 8: section, "Chapter 8 Exercises" (pgs. 327-330)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o May 12, page 138 "Responding with Love"
 - o July 5, page 195 "Inner Loving Parent"
 - o August 7, page 228 "Unconditional Love"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 7 SUPPLEMENT – LOVING PARENT RESOURCES

"Loving Parent Letter" (adapted from BRB page 299)

ACA suggests several ways to help the internal voice of love awaken. One technique is writing a letter asking for help...

"Dear Loving Parent (or caring part of myself),

Please help me be gentler and more accepting of myself. Please help me stop judging myself so harshly. Please help me focus on progress rather than perfection . . . "

We can keep this letter handy and read it regularly, adding to it as we wish. Writing a letter like this won't change everything overnight, but it can demonstrate to the child within that we are willing to find new ways to challenge our inner Critic. This simple letter can signify a powerful change in course, moving away from self-abandonment and towards self-love, self-care, self-nurturing and self-compassion . . . towards reparenting.

"Reparenting Affirmations" (complete listing on BRB pages 329-330)

Affirmations can be thought of as a language that develops between an inner Loving Parent and the child within. In time, this language replaces the voice of the harsh inner Critical Parent. Almost all of the ACA reparenting affirmations begin with:

"It's OK"

It's OK . . . to trust, to cry, to hope, to make a mistake, to say I don't know, to say "no," etc. There are no specific words or phrases that work for everyone as affirmations – we must each find our own loving inner language that feels right. This initial part of the reparenting process requires some experimentation, and it can feel strange at first. Many adult children resist this exercise because they find the words they are saying difficult to believe . . . and *that's OK*. Simple, heartfelt phrases beginning with, "It's OK," have helped many adult children neutralize the inner Critic's all-or-nothing thinking, control, perfectionism and judementalness, and learn to trust their childhood wounding was not their fault. As the power of the Critic recedes and the Loving Parent awakens, we find healing for the child within.

8 week

INNER CHILD Embracing Our Vulnerability



Adapted from primarily BRB Chapter 8

As adult children, shame and abandonment is our core wounding. Shame tramples a child's natural love and trust, and replaces it with malignant self-doubt. With shame, we lost our ability to trust ourselves or others. To shame a child IS to abandon the child. The dilemma of abandonment is a choice between painful attempts at intimacy and hopeless isolation. Either way, the results are the same: We live our lives deprived of warmth and love, trying to protect ourselves by rejecting and abandoning our vulnerable child within.

Family dysfunction drove our Inner Child into hiding, and the child inside holds the key to living fully-human lives in the present. Our childhood trauma is often stored in our minds, bodies, and souls waiting to be purged when the time is right. We understand that grief is cumulative, which means all the abuse, neglect and shaming acts of our past are piled up. We had not forgotten them as we had thought. As we re-experience our Inner Child's truth and feel the memories of the past, the tears of grieving and healing will come.

For many ACA members the child within represents our True Self. This is the part of us that is our original being; the innocent part of us that existed before we were shattered and broken. Our Inner Child has original trust, original belief, and original love. Our child within understands feelings and the language of a higher power. Becoming our own Loving Parent – reparenting ourselves – it is the gateway to our child within.

Sabotaging, protective aspects of our Inner Child, driven by the inner Critical Parent, may also emerge through the reparenting process. This is a paradox of sorts. While the child within is our original wholeness who believed in people, and freely gave love and trust without effort, this child is also a deeply hurt part of ourselves. Fortunately, the wounded child inside will listen if our Loving Parent gently builds trust and intimacy. Inner Child work can be tender and humorous, and it can be volatile and unsettling. This is why we don't do this work alone. With help and support from our fellow travelers, we learn to use the ACA Reparenting Techniques to safely connect with our child within.

Through reparenting, we discover that love dissolves shame. We give ourselves the love we seek by embracing our child inside. With a child's sensitivity and curiosity, we rise and reach out to explore the world again. By accepting and reuniting with our vulnerable child, we begin to heal the broken pieces of our shattered selves, and become whole, conscious human beings . . . joyfully engaging the world with natural confidence, love and trust.

Chapter 8 Questions:

- 1. What does "Inner Child" mean to me? Am I more comfortable with alternate terms such as "child within," "True Self," "my vulnerable inner self," or "my inner kids"?
- 2. Some adult children practice quietly sitting still (some call this meditation) to listen to their child inside? What happens when I quietly sit still for short periods of time?
- 3. Some ACAs use a *body scan* to connect with their inner kids "speaking" to them. What sensations do I experience in my head, eyes, throat, chest, stomach, abdomen, groin, hands, legs, feet, shoulders, and back that might tell me how I'm feeling?
- 4. What does my vulnerable inner self (my Inner Child) want to hear from the inner, caring part of myself (my Loving Parent) to feel safe, supported and comforted?
- 5. What aspects or "parts" of myself do I "like?" What "parts" of myself do I "dislike?"

Chapter 8 Additional Information:

- ACA Big Red Book
 - o Chapter 8: section, "Inner Child . . . / Tools and Techniques . . . " (pgs. 302-306)
 - o Chapter 8: section, "ACA Experience . . . " testimonials (pgs. 309-326)
 - o Chapter 8: section, "Chapter 8 Exercises" (pgs. 328-330)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o June 19, page 177 "Non-Dominant Hand"
 - o September 9, page 262 "Inner Child"
 - December 27, page 374 "Grief and Tools"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 8 SUPPLEMENT – ACA REPARENTING ACA REPARENTING TECHNIQUES TO CONNECT WITH THE CHILD WITHIN

ACA Reparenting Techniques (summarized from BRB Ch. 8, pages 304-306)

- First reparenting technique: "willingness" (even if this all seems strange)
- Journaling / Non-dominant handwriting / Introductory letters
- Guided meditations / Visualizations / Other types of meditation
- Looking through childhood photos (can also write / draw / talk about the photos)
- Drawing / painting / sketching / doodling
- Listening to music and/or dancing
- Meditative physical movement such as gentle stretching (some call this yoga)
- Use of affirmations as the voice of the inner Loving Parent
- Evoking memories through use of the senses (sight, hearing, taste, touch, smell)
- Mirror work

Mirror Work (adapted from BRB Ch. 15, "Beyond Survival: Practicing Self-Love")

Mirror Exercises aren't included as an ACA Reparenting Technique in Chapter 8 of the BRB, but some adult children have adapted the mirror exercises in Chapter 15 to connect with their Inner Child . . .

Find a quiet place with a mirror large enough to show your face and shoulders. Stare quietly at your image in the mirror and remain still while noticing any feelings, thoughts or words that arise. Look at your hair, forehead, lips, throat, chin and so on. Notice your posture. Notice your breathing. Be aware of any body sensations you experience in your head, throat, chest, stomach and abdomen. If you choose, you can keep a notepad nearby to write about this experience. Some adult children describe doing this exercise as "listening to" the child within. As you do this exercise, ask yourself if it is your inner Critical Parent or Loving Parent who "listens?"

Next, look into your own eyes and repeat some of the Reparenting Affirmations that begin with, "It's OK." -- "It's OK to trust. It's OK not to know. It's OK to feel angry. It's OK to ask for help. It's OK to say no. It's OK to cry. It's OK to dream and have hope." Again, note your feelings, thoughts and body sensations as you do this. Some adult children describe this exercise as their Loving Parent learning to "speak to" the child within.

CHAPTER 8 SUPPLEMENT, CONTINUED...

An ACA Inner Child Guided Meditation Exercise

Excerpted from BRB Chapter 7, "The Twelve Steps of ACA", section "Step Eleven"

You can use this exercise to connect with the child within. Read and record the script below in your own voice for the best effect. After recording the script, you will play it back to start the guided meditation. When ready to begin, find a quiet location and sit upright but comfortably on the ground or on a chair. Close your eyes. Take a few deep breaths. Come to a place of relaxation and breathe naturally. Begin playback of the recording. When finished journal, write or draw about what you feel and hear from your child within.

"Imagine that you are sitting on a warm beach. The weather is pleasant and not too hot. The beach is secluded but safe. You can feel the warm sand beneath your feet as you stand up and look out upon a calm, blue ocean. White seagulls are diving for fish and the smell of seawater is refreshing. In front of you, near the shoreline, you see an image of yourself when you were six or eight years old. Your Inner Child is picking up starfish and sea shells. The child notices you and waves you over. You walk up to the child, and the child reaches out and places a starfish in one of your hands. You smile and feel the bristles of the tiny starfish tickling you. Your Inner Child smiles and squints to block the friendly sun.

The child reaches out and grips your hand. The child's skin has been warmed by sun rays. You both begin walking along the beach. You notice the child's soft hair and sensitive touch as you walk. The child trusts you and giggles softly each time a wave washes up the shore almost touching your feet. You walk for many moments, chatting softly, but paying attention to the child's innocence and imagination. You want to protect the child.

You notice two people ahead, and they seem familiar so you keep walking toward them. Your Inner Child squeezes your hand and moves slightly behind you as you move closer to the couple. The child becomes shy, pushing into your leg from behind. You keep walking. You recognize the couple as your parents, waiting for you to walk up. They grin at you and your Inner Child. They ask if they can walk with the child. You feel your stomach tighten, and you look down at your Inner Child to find the child pressed into your legs from the back. The child won't look at you and won't let go of your hand. You smile at your parents but ask them to wait for another day to walk with the child. You and your Inner Child walk up the beach away from your parents and sit down.

The child looks over a shoulder, and sits in your lap. You hold your Inner Child. You both watch your parents walk away. The sun is lower now but still warm. Your Inner Child naps and you both are safe. You are going to make it. You know what you are doing. You can trust yourself to take care of your Inner Child. You can trust yourself to love."

9 week

TWELVE STEPS IN ACA

ACA 12 Steps / Tony A's 12 Steps

Adapted from *BRB Chapter 7* – "The Twelve Steps of ACA: Part 1"



Since their original publication by AA in 1939, the Twelve Steps have relieved the suffering of millions of alcoholics, drug addicts, codependents, food addicts, sex addicts, and many more obsessive-compulsive types. The Steps, and their various adaptations, have brought sure hope and a better way of life to those who desire change.

The ACA 12 Steps vary somewhat from the original 12 Steps. Additionally, ACA cofounder, Tony A., developed a variation of the Steps that oftentimes resonates with ACA members. Many adult children work the Steps as part of small workgroups using the yellow workbook, *12 Steps of Adult Children*. The purpose of the ACA 12 Steps isn't solely to work with addiction and compulsion, but also to feel and heal the effects of childhood trauma.

Beginning with Step 1, we address denial. This may involve simply refusing to admit that abuse or neglect occurred in our childhood – or denial may involve refusing to admit the effects of childhood harms in our adult lives. We confront the truths of powerlessness and unmanageability. The basic language of denial surrounding childhood trauma is: "don't talk, don't trust, don't feel." By breaking these rules, we break through our denial.

Moving to Steps 2 and 3, we confront issues of faith and a higher power, not easy subjects for many of us in ACA. We remember ACA is a spiritual, not a religious program, and that faith and religious conviction are not requirements for ACA membership.

In Steps 4 and 5, we review in detail how we were raised. ACA Step 4 in particular is quite different than in other 12 Step programs. In ACA, we examine our parents' behavior, family roles, rules, messages, abuse, neglect, and how that all affects us as adults. We seek a full remembrance . . . the truth of our childhood. We start to grieve our childhood losses.

In Steps 6 and 7, we recognize our destructive patterns and begin to release them. In Steps 8 and 9 we seek self-forgiveness, and we make amends to ourselves and to others as appropriate. Steps 10 through 12 focus on maintaining a healthy way of life in recovery.

For the beginner in ACA, the journey starts with Step 1. The ACA program will unfold over time, bringing rich rewards of emotional relief and self-acceptance. We suggest that ACA members work the Steps in order, avoiding looking ahead and perhaps becoming overwhelmed. We approach the Steps gently, with patience and respect, as we learn to become our own Loving Parent . . . one step at a time.

Chapter 9 Questions:

- 1. If this is my first exposure to the 12 Steps, what is my initial impression? If I have been in other 12 Step programs, how do I anticipate working the ACA 12 Steps will differ? What is my impression of Tony A's 12 Steps compared to the ACA 12 Steps?
- 2. How have compulsive and addictive behaviors played a role in my life? How might these behaviors be connected to dysfunction I experienced in my childhood?
- 3. How have I been driven obsessively with another person in overpowering ways that cause me to deny my own needs or neglect my own self-care?
- 4. Did I ignore my feelings of shame, fear and neglect to survive my childhood? If so, how was I able to do that?
- 5. Most 12 Step programs are considered "addictions recovery." ACA additionally provides for "trauma recovery." How might "reparenting" fit into ACA 12 Step work?

Chapter 9 Additional Information:

- ACA Big Red Book
 - Chapter 7 "The 12 Steps of ACA: Part 1" (pages 91 117)
- ACA Strengthening My Recovery (Daily Affirmations)
 - January 5, page 6 "Acting Purposefully"
 - o January 22, page 23 "Step Four"
 - o March 25, page 88 "Disease of Alcoholism
 - o July 8, page 197 "Willingness"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 9 SUPPLEMENT – THE STEPS TWO VERSIONS OF THE TWELVE STEPS IN ACA

ACA 12 Steps

- 1. We admitted we were powerless over the effects of alcoholism or other family dysfunction, that our lives had become unmanageable.
- 2. Came to believe that a power greater than ourselves could restore us to sanity.
- 3. Made a decision to turn our will and our lives over to the care of God as we understand God.
- 4. Made a searching and fearless moral inventory of ourselves.
- Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6. Were entirely ready to have God remove all these defects of character.
- 7. Humbly asked God to remove our shortcomings.
- 8. Made a list of all persons we had harmed and became willing to make amends to them all.
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10. Continued to take personal inventory and, when we were wrong, promptly admitted it.
- 11. Sought through prayer and meditation to improve our conscious contact with God, as we understand God, praying only for knowledge of God's will for us and the power to carry that out.
- 12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to others who still suffer, and to practice these principles in all our affairs.

CHAPTER 9 SUPPLEMENT, CONTINUED...

12 Steps - Tony A.'s Version

- 1. We admitted we were powerless over the effects of living with alcoholism and that our lives had become unmanageable.
- 2. We came to believe that a power greater than ourselves could bring us clarity.
- 3. We made a decision to practice self-love and to trust in a Higher Power of our understanding.
- 4. We made a searching and blameless inventory of our parents because, in essence, we had become them.
- 5. We admitted to our Higher Power, to ourselves and to another human being the exact nature of our childhood abandonment.
- 6. We were entirely ready to begin the healing process with the aid of our Higher Power.
- 7. We humbly asked our Higher Power to help us with our healing process.
- 8. We became willing to open ourselves to receive the unconditional love of our Higher Power.
- 9. We became willing to accept our own unconditional love by understanding that our Higher Power loves us unconditionally.
- 10. We continued to take personal inventory and to love and approve of ourselves.
- 11. We sought through prayer and meditation to improve our conscious contact with our Higher Power, praying only for knowledge of its will for us and the power to carry it out.
- 12. We have had a spiritual awakening as a result of taking these steps, and we continue to love ourselves and to practice these principles in all our affairs.

10
WEEK

STEP 1 INTRODUCTION



Powerlessness, Unmanageability & Surrender

Adapted from BRB Chapter 7, Part 1 & Part 2 - "Step 1"

ACA Step 1: Admitted we were powerless over the effects of alcoholism or other family dysfunction, that our lives had become unmanageable.

In Step 1, we acknowledge that our family upbringing was dysfunctional, and that we carried the painful effects of that childhood wounding into our adult lives. We bring the truths of intergenerational trauma into the light. The spiritual principles of this first step are *powerlessness*, *unmanageability* & *surrender*.

Many adult children struggle with the notion of "*powerlessness*." However, the powerlessness we describe in ACA Step 1 is different than the learned helplessness we experienced as children. As children, we did not have the option to leave our homes when we feared for our safety. Trapped, we may even have come to believe we deserved the pain we encountered. We developed stories that minimized our parents' abusive and neglectful behavior. As children, we figured out ways to survive. And inevitably, we brought those survival skills into adulthood as the Laundry List and Opposite List Traits. In Step 1, we discover we were powerless over this progression – it was inescapable.

Next, we come to realize that living as adults through our childhood survival traits creates *unmanageability*. As adult children, we fear authority figures or become harsh authority figures in other people's lives. We people-please; we judge ourselves harshly; we feel guilty when we stand up for ourselves. We confuse love and pity and tend to "love" people we can rescue or control, while yearning for others to rescue us. Through Step 1, we recognize that what we once thought to be "manageability" was actually white-knuckling attempts at control. To ask an adult child to surrender control, however, is like asking someone to leap from an airplane without a parachute – a daunting proposition at best.

In ACA, *surrender* means letting go, asking for help, and then accepting the help offered. Some adult children call this, "hitting an emotional bottom." Others describe surrender as finally acknowledging a child within who is completely exhausted. By surrendering, we give up the notion that we can reason out a solution alone or that we can avoid discomfort in the healing process. We release the illusion we must be in control to continue hiding our shame. We submit to our inability to change the past and to our powerlessness to control the future. We are then left with real life in the present. In ACA Step 1, we pass through a threshold to a place where hope, healing and a new way of life are possible.

Chapter 10 Questions:

- 1. How is experiencing powerlessness as an adult different than experiencing helplessness as a child?
- 2. In what ways have I acted helpless as an adult when in reality I was manipulating others to get what I thought I needed?
- 3. Do I use food, sex, drugs, alcohol, work, porn, electronics, gambling, relationships, or other compulsive/addictive behaviors to an extreme? Do I feel powerless over these activities? How have these things made my life unmanageable?
- 4. Which of the Laundry List and/or Opposite List Traits have contributed most to unmanageability in my life?
- 5. What does "surrender" mean to me?

Chapter 10 Additional Information:

- ACA Big Red Book
 - o Chapter 7: "The 12 Steps of ACA: Part 1" (pgs. 96-106)
 - o Chapter 7: "The 12 Steps of ACA: Part 2 Step 1" (pgs. 118-129)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 3, page 4 "Step One"
 - o September 1, page 254 "Surrender"
 - o September 22, page 275 "Step One"
 - o October 25, page 309 "Control"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 11 WEEK

SPIRITUALITY



God, Higher Powers, Prayer & Spirituality

Adapted from *BRB Chapter 5* – "ACA is a Spiritual Not Religious Program" & *BRB Chapter 7, Part 1* – section: "Examining Spiritual Beliefs

At first glance, ACA might look and feel like a religious program since the Twelve Steps and much of our program literature include the words "God" or "prayer." However, ACA leaves matters of faith and belief in the hands of the individual. In ACA, we honor the sovereign right of every member to believe or not believe as he or she wishes. Atheists, agnostics and believers are all welcome and valued in ACA.

ACA is a spiritual program that confronts the effects of family dysfunction head on, including those related to faith and higher powers. Frankly, some of us struggle with this part of the program. Knowing where our understanding of a higher power today originated from, however, and wrestling with these beliefs is a critical part of our healing.

We see that many adult children have assigned the characteristics of their dysfunctional parents to their God or to a higher power. If their parents were shaming, vengeful, and inconsistent, then their God tends to be the same. Some adult children recall praying for their parental abuse to stop, but nothing seemed to change. They wonder, "How can a loving God allow small children to be treated so ruthlessly?" Other ACAs are staunch believers, but rigidly use their God and religion as tools of control. There are also former believers who think they cannot reclaim faith – they feel abandoned by a higher power.

In ACA, we learn to become our own Loving Parent and to see our biological parents as "instruments of our existence." The ACA Solution states: "Our actual parent is our Higher Power whom some of us choose to call God." As we heal, some of us come to believe this statement literally, others perhaps more figuratively.

At its core, spirituality itself is a process of surrender: We release the illusion that we must have all the answers. When we recognize that we need help, and sincerely ask for it in our ACA community, we open to sources of love, healing, acceptance, and wisdom that we never knew existed. To our amazement, these resources become increasingly accessible, and our world becomes bigger and kinder. Some of us explain this in secular terms, such as the power of friendship, community and connection. Others more comfortably experience this in traditionally religious language. But whether atheist, agnostic, or believer . . . all recovering adult children have access to powers greater than themselves. In this sense, spirituality is something many of us feel when we sit among fellow travelers at an ACA meeting, and experience within as we learn to become our own Loving Parents.

Chapter 11 Questions:

- 1. What do I remember being told as a child about faith, belief, prayer and God?
- 2. In what ways does my view of God (or the way the world works generally) resemble how I view my parents (harsh, indifferent, distant, judging, abandoning, etc.)?
- 3. What "powers" might there be that are greater than my False Self?
- 4. Am I open to the idea that I have had an inner strength all along that helped me survive a dysfunctional childhood? If so, how would I describe that inner strength?
- 5. Do I believe I can love myself (my True Self / Inner Child)? Do I believe it's OK to ask for help? Do I believe I don't have to do this alone? What resources do I have today that I didn't have in my childhood?

Chapter 11 Additional Information:

- ACA Big Red Book
 - o Chapter 5: "ACA is a Spiritual Not Religious Program" (pg. 75)
 - Chapter 7: "The Twelve Steps of ACA," Part 1, section: "Examining Spiritual Beliefs" (pages 106 – 108)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o April 14, page 109 "Higher Power
 - o July 13, page 202 "Spiritual, not Religious"
 - o July 26, page 215 "Step Two"
 - o November 18, page 334 "Personal Higher Power"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER

12
WEEK

CHILDHOOD TRAUMA

Early Wounding & Our Path to Healing



Adapted from across the BRB & Strengthening My Recovery

In times of danger, children run home for safety. But where do kids run when danger is within the home . . . when their caretakers are absent, neglectful, or even the cause of stress, pain and abuse? The natural responses to danger are fight, flight, or freeze. Most of us as children were not able to fight or to run – so we froze: We froze and we hid within.

Childhood trauma affects adult children in body, mind, and spirit long after leaving the dysfunctional home. A lifetime of pushing down and holding back injury and hurt from consciousness can be agonizing. Many of us have painful physical and emotional symptoms, debilitating anxiety, obsessive thoughts and compulsive behaviors that oftentimes seem unexplainable. A common diagnosis used today for those suffering from childhood trauma is Post Traumatic Stress Disorder (PTSD, or Complex C-PTSD).

Many of us as children learned to repress our memories as a protection mechanism. If we are asked today what happened to us as kids, we may have defining moments that we can recall, but we oftentimes have years of "blanks." We may question what we do remember, or why we can't attach any feelings to specific memories. Some of us have been so traumatized that we shut down our emotions, cut ourselves off from our bodies, and "check-out." We may outwardly appear fully functioning as adults, but we are dissociated.

In ACA, we learn trauma does not go away without addressing the original wounds: We have to feel to heal. We must "reconnect" with our bodies and learn to stay present. However, it can be difficult for many of us to understand what our body is trying to tell us. To survive, we taught ourselves to ignore our body and thus, we misinterpret its language. But our wounding goes deep – it's a matter of blood, tissue, nerves and bone. Our bodies know something happened, so we begin to gently listen. We turn within to re-discover our truths . . . painful as the process may be.

As we learn to become our own Loving Parent our frozen, hidden Inner Child can safely remerge and we begin to free ourselves. We feel anger at those who harmed us and at others who stood by and did nothing. We hit pillows and scream if we have to, but we no longer hold it all in. We connect to the terror we blocked-out as vulnerable children, and we learn to release those fears. We share our story and listen to others: *We talk, we trust and we feel*. We discover we weren't the cause of what happened, and we let go of blaming ourselves. We feel sadness and grieve all that was lost, and in doing do, discover all that can yet be.

Chapter 12 Questions:

- 1. What physical symptoms have I experienced that may be related to trauma, such as: Headaches; racing heartbeat & shortness of breath; muscle tension, twitches, body aches & pains, sharp or dull sensations; stomach problems, nausea, vomiting, diarrhea; genital pain or numbness; strange tastes or feeling a lump in the throat?
- 2. What emotional symptoms have I experienced that may be related to trauma, such as: Hopelessness; absence of emotion; irritability or agitation; intense mood swings; anxiety; flashes of panic or confusion; insomnia or nightmares; feeling disorientated when stressed or fearful; hypervigilance for potential threats; being easily startled?
- 3. What addictions, obsessions or compulsive behaviors have I experienced that may be related to trauma, such as: Alcohol or drug abuse; co-dependency; issues with food, sex, gambling, shopping, the Internet, etc.; intrusive / repetitive thoughts; excessive counting, tapping, checking on things; strange habits, rituals and routines?
- 4. How open am I to the idea that some "hard to explain," oftentimes painful difficulties I experience in adulthood (as identified above) may be related to childhood trauma?

Chapter 12 Additional Information:

- ACA Big Red Book
 - o Introduction: "The Doctor's Opinion" (pg. xxvii)
 - o Chapter 2: "It Will Never Happen To Me (Abuse & Neglect)" (pgs. 21-34)
 - o Chapter 7: "Post-Traumatic Stress Disorder" (pg. 177-182)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o July 18, page 207 "Stored Trauma"
 - o August 22, page 243 "PTSD"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER

13
WEEK

GRIEF Releasing Stored/Stuck Grief & Loss



Adapted from BRB Chapter 7, "Step 5" & Strengthening My Recovery

By gradually releasing the burden of unexpressed grief, we slowly move out of the past. We learn to reparent ourselves with gentleness, humor, love and respect. – Solution Statement

The grief we speak of in ACA is our cumulative childhood loss . . . the built-up defeats and disappointments we experienced through abusive actions and neglectful inaction by our parents or family. The lack of unconditional love from our caretakers robbed us of our ability to feel whole. Burdened with shame, we lost trust in ourselves and in others, and we carried these fundamental losses of connection into our adult lives.

The Laundry Lists Traits kept us busy, distracted and numbed, but we could never *really* escape the pain of our childhood trauma. If we sought help, our unexpressed grief was usually diagnosed as "depression" and commonly treated with temporary remedies. We learn in ACA that we paradoxically need to feel our sadness in order to release our stored grief. There is a difference between the stagnant quality of hopelessness in being depressed, and the flowing quality of restorative grief work. The former seems like a permanent, stuck state . . . it drags us down and makes us feel like there's no way out. The latter has a quality of movement towards acceptance, integration, and peace.

We indirectly address our childhood losses each time we attend an ACA meeting and listen to the experiences of other adult children. Sharing the burden of grief others feel gives us the courage and strength to face our own bereavement. We can journal about childhood incidents to help us loosen our "stuffed" feelings. If they don't surface, we imagine how a present-day child would feel in our situation. We can also look at our childhood photos to help us recall all that was lost. Pictures can awaken our emotions and bring memories into focus. When we connect with our Inner Child, we rediscover our innocence and truth.

Before ACA recovery, many adult children eventually stopped crying because their tears did not bring relief from the relentless despair and abandonment. Grief work restores the power of tears. With support from our fellow travelers we cry deeply, knowing that we are finally safe and that we are finally understood. By finding our grief, we come to believe on a deeper level that our parents' dysfunction was not our fault. We did not do anything wrong as children to cause them to harm us in the ways they did. We never were deficient or defective. Through ACA reparenting, we eventually come to speak of grief with a sense of serenity rather than with sorrow or resentment. We make peace with our losses and find wholeness.

Chapter 13 Questions:

- 1. When are times I have experienced loss as an adult? How did I react to those losses?
- 2. Some say the difference between what someone got and what someone could have received is the measure of loss or grief. What was taken from me as a child? What did I not get as a child that I should have received?
- 3. Some adult children say that while they "knew" the dysfunction in their childhood was not their fault, a part of them always "FELT" like they were to blame. How might this statement relate to my own grieving process?
- 4. What words can my Loving Parent use to help my Inner Child work through the various feelings that arise through grieving, such as fear, anger & sadness?
- 5. How does grieving allow me to break the rules of family dysfunction, "Don't talk, don't trust & don't feel?" How can trusted fellow travelers support my grief work?

Chapter 13 Additional Information:

- ACA Big Red Book
 - Chapter 7, Step 5: "Grief: The Onion and Time," "What to Expect in Addressing Grief," and "Pinpointing and Measuring Loss/Grief" (pgs. 199 - 204)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o February 19, page 52 "Isolation and Grieving"
 - o June 23, page 212 "Grief and Childhood"
 - o December 21, page 368 "Stuck Grief"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER

14 WEEK

RELATIONSHIPS

Connecting with Ourselves and with Others



Adapted from across the BRB & Strengthening My Recovery

In our oftentimes dangerous childhood households, we learned to shut down our natural need for connection: We disconnected to protect our hearts. The soul rupture of our early wounding instilled a desperate sense of abandonment and aloneness. As we grew older, we began our lifelong quest . . . looking externally for love and safety that never comes.

Adult children can appear outwardly confident, but we carry the same fear, shame and self-doubt we picked up in childhood. We ignore all red flags, enduring one unhealthy relationship after the next – painfully trying to fill the hole inside that can't be filled. The "withdrawal" from our dysfunctional relationships can be just as agonizing as an addict's withdrawal from drugs. Many adult children practice relationship anorexia, avoiding vulnerable connection with others altogether. What many adult children described as love or intimacy before reaching ACA was actually codependence or rigid control. We lived "love" entombed in the Laundry Lists Traits, and lost in our compulsions and addictions.

Only when we begin to unconditionally love and accept our True Self are we capable of having healthy relationships with others. Intimate connection begins by embracing the child inside, and back-filling the love and nurturing we did not receive as children. With our Loving Parent guiding us, we rediscover our feelings, wants and needs and learn to walk away from the craziness that once confused and trapped us.

Connecting to fellow travelers in ACA is a first step in learning to tolerate intimacy with others. Trusting another person with our most vulnerable selves can be new and feel scary. When we connect with fellow travelers, it may be the first emotionally honest relationships we have ever had. We learn to let others earn our trust gradually. We learn to honestly ask for what we need rather than manipulate to get what we want. We learn to communicate respectfully, follow through on commitments and forgive in ways we were never taught. We remember we can *talk*, *trust*, *and feel* instead of control, isolate and fear.

With patience and practice, we take our ACA recovery into the world. All our relationships can be different – friendship, work, family and even romantic partnerships. We choose to bring people into our lives who have healthy boundaries and who can be responsible for themselves. We become willing to share our True Self with others who are able to love responsibly in return. As adult children, we have lived a life of disconnection for too long. Through ACA healing, our internal intimacy translates into outward connection, and we become fully human.

Chapter 14 Questions:

- 1. *BRB* Chapter 13 states: "A healthy relationship involves talking about feelings, mutual respect, and a commitment to trust and honesty?" How did the, "*Don't talk, don't trust & don't feel*" rules of my childhood set me up for troubled relationships?
- 2. When have I experienced the pain of my relationship abandonment wounds? What does it feel like when I am "abandoned" in a relationship?
- 3. How have the feelings, thoughts or possible reactions of others influenced or even determined my own behavior and choices? Might this be codependence?
- 4. In what ways might "manageability" in my life have actually been controlling behavior which I mislabeled? Could this be codependence?
- 5. How can having a healthy connection with myself and healthy connections with other fellow travelers lead to healthier family, work and romantic relationships?

Chapter 14 Additional Information:

- ACA Big Red Book
 - Chapter 13: "Relationships: Applying What We Have Learned" (pg. 401)
 - Chapter 14: "Taking Our Program to Work" (pg. 415)
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 6, page 7 "Abusive Relationships"
 - o March 8, page 71 "Intimacy"
 - o July 14, page 208 "Using Others"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER

15
WEEK

FELLOW TRAVELERS

A NEW HOPE ACA BEGINNERS MEETING HANDBOOK

Healing Connections in ACA

Adapted from BRB Chapter 11 & the ACA Sponsorship: Fellow Travelers Tri-fold

In childhood, our caretakers had the power, and oftentimes they were dangerous and could not be trusted. Most adult children developed a fear of authority in childhood or reflexive reactions to fight against authority . . . or in some cases a protective tactic to wield the power of authority against others. When we escaped our dysfunctional homes, many of us vowed to never let another person control us – yet, we found ourselves either being controlling or being dependent in most relationships we developed. For many of us, trying to connect into healing relationships with others in ACA could lead to the same type of unhealthy, authority-based relationships we were all too familiar with.

In 1989, the ACA Sponsorship Committee recommended the "*fellow travelers*" approach to forming healthy helping relationships . . . seeking to modify and expand upon the traditional Alcoholics Anonymous "sponsor / sponsee" method. While the AA model is a proven method of helping, it did not adequately address the tendencies of the Adult Child personality – namely, our over-reliance on others for direction and approval, and our tendency to try to manage and control the lives of others. Some in ACA still use the sponsor/sponsee language, but a variety of helping styles are available to us that mitigate Laundry Lists Traits effects by placing the "helper" and "helpee" on equal footing.

As we seek out support and offer help in our ACA recovery partnerships, we don't take responsibility for one another's recovery: We don't play therapist, counselor, life coach, guru or parent for anyone else, nor can we expect others to play these roles in our healing process. The ACA Solution is to become our OWN Loving Parent. We share our experience, strength and hope with one another . . . seeking answers and solutions together. We help each other understand program principles, language and concepts. We encourage each other with reparenting work, Step work and use of other program tools, techniques and resources. Our most trusted fellow travelers support us in learning to feel our feelings deeply, to discover our authentic wants and needs, and to speak our truth and set boundaries. In our larger community of fellow travelers, we hold space for each other as we break the old rules of family dysfunction: *Don't talk. Don't trust. Don't feel*.

In ACA, we explore a diversity of healthy helping relationships within the framework of communal recovery. We each seek out others to create our own healthy support networks. We learn to embrace the paradox that while no other person can do our recovery work for us, none of us can heal alone.

Chapter 15 Questions:

- 1. When I asked for help as a child, what were the responses I got? How might that affect my willingness to seek out support from others today as an adult?
- 2. When in adulthood have I had an over-reliance on others for direction, answers and approval? How do I feel when I have tried to make another person my "parent?"
- 3. When have I tried to manage another person's life? How do I feel when I have taken on the role of "parent" for another adult?
- 4. In what ways can a recovery partner support me in learning to become *my OWN Loving Parent*, without taking on the role of *becoming* my "parent?"
- 5. What benefits might there be in seeking support and encouragement from a *network* of trusted fellow travelers?

Chapter 15 Additional Information:

- ACA Big Red Book
 - o Chapter 11: "ACA Sponsorship: Fellow Travelers" (pg. 365)
- Tri-Fold Brochures
 - o ACA Sponsorship: Fellow Travelers
- ACA Strengthening My Recovery (Daily Affirmations)
 - o January 1, page 2 "Fellow Travelers"
 - o January 26, page 27 "Sponsorship"
 - o March 16, page 79 "Fear of Authority"
 - o July 2, page 191 "Asking for Help"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 15 SUPPLEMENT – TRAVELER RESOURCES TRUSTWORTHY CONNECTIONS & ASPIRATIONS

Building Trustworthy Connections in ACA (adapted from BRB Ch. 11, and the ACA sponsorship tri-fold). We seek to connect with other ACA fellow travelers who . . .

- can be supportive of us doing our own ACA reparenting / recovery work
- can be responsible for their own reparenting / recovery and their own boundaries
- can be honest with themselves and others
- can be accountable by following through on commitments
- can be respectful by refraining from harsh judgment and personal criticism
- can utilize outside resources, if needed, for directive accountability with their primary addictions, compulsions and obsessions or other acting out behaviors

... and we too strive to interact with others in these same trustworthy ways.

Fellow Traveler Aspirations (adapted from BRB Ch. 11, "ACA Sponsorship: Fellow Travelers - Affirmations," pg. 386 and the flip sides of the Laundry Lists). **As we do our ACA reparenting / recovery work and heal our Laundry Lists Traits behaviors, we aspire to interact with others in healthier ways:**

- I can ask for help without feeling like I am a burden
- I can know when to offer help without feeling obligated
- I can be open to others without seeking advice
- I can share my experience, strength and hope instead of giving advice
- I can refrain from trying to please others I want to impress
- I can refrain from trying to intimidate others into seeking my approval
- I can avoid trying to find others to fix, save or rescue me
- I can avoid trying to fix, save or rescue others
- I can learn from others without making them an authority with all the answers
- I can share with others without thinking I am an authority with all the answers
- I can be free from the burdens of inferiority and grandiosity
- I can be equal in relationship to other people
- I can maintain healthy boundaries
- I can be capable of selecting healthy recovery partners / trusted fellow travelers

CHAPTER

16 WEEK

SERVICE

A NEW HOPE ACA BEGINNERS MEETING HANDBOOK

Service to Others Through Service to Self

Adapted from BRB Chapter 10 & Strengthening My Recovery

We were each born with a True Self which allows us to be sensitive and present for others. Tragically for most of us in ACA, childhood wounding distorted our inherent gifts into the *Laundry Lists Traits* . . . expressions of a False Self. As adult children, our natural empathy was transformed into caretaking and rescuing; our willingness to compromise turned into people-pleasing; and our desire to help others could easily manifest as codependent control. We became overly responsible for people, or shut them out completely. By learning to focus on others, we were taught to abandon ourselves.

The essence of service in ACA is *action coming from love*. But before we can serve one another in healthy, loving ways, we must first be willing to love and serve our True Self. Our initial act of service in ACA was walking through the door of our first meeting – an incredibly courageous act of self-love. We continue to love and serve ourselves as we "keep coming back" and when we *talk*, *trust* and *feel*. When we share at meetings, our courage to connect with our True Self naturally supports and encourages others to do the same, and we are "being of service."

As we patiently practice reparenting in ACA, we learn to gently attune to our child within. And by learning to deeply connect with our True Self, we become increasingly available to support others, too. We more easily put down our phones, hold eye contact longer, and fidget and daydream less. We practice the art of "holding space" and being a "witness" for our fellow travelers in their healing. We watch for our False Self Traits behaviors to arise, and we become better able to discern if our helping and giving is in alignment with the *ACA Solution*. We ask, "Does my approach to being of service right now support me and my fellow travelers in becoming our own Loving Parents?"

As we continue to heal and step out of isolation, we might choose to arrive at a meeting early and serve as a greeter, or stick around afterward to help clean up. With continued recovery in ACA, we may chair a meeting, serve as the group secretary or treasurer, or even start a new group one day. Eventually, we begin to understand that service is not only an expression of self-love, but potentially a form of thank you – of giving back to help ensure that the rooms of ACA recovery continue to be available for ourselves and others.

In 12 Step programs we commonly hear, "We must give away what we have to keep it." In ACA, we also learn that to go outward and help others in healthy ways, we must first turn inward to connect with our True Self.

Chapter 16 Questions:

- 1. What did I learn in childhood about my role in addressing other people's needs? How might that role relate to getting my own needs met as a child?
- 2. When in adulthood have I focused on others at the expense of my own well-being?
- 3. What Laundry Lists Traits tend to come up for me when helping others and when giving of myself?
- 4. Some adult children worry about feeling obligated or being trapped when considering being of service. Others feel they don't have much of value to offer. What fears do I have when it comes to being of service or helping others?
- 5. How might connecting with my Inner Child / True Self help me to support others in healthy ways, and to be of service both to others and to myself?

Chapter 16 Additional Information:

- ACA Big Red Book
 - o Chapter 10: "The Importance of Service in ACA" (pg. 353)
 - o Chapter 19: "The Twelve Traditions of ACA
- ACA Strengthening My Recovery (Daily Affirmations)
 - o March 18, page 81 "Service"
 - o July 27, page 216 "Codependence"
 - September 11, page 264 "Spiritual Experience"
 - o September 13, page 266 "Service"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 16 SUPPLEMENT – ACA TWELVE TRADITIONS GUIDANCE FOR OUR GROUPS & SERVICE STRUCTURE

ACA 12 Traditions

- 1. Our common welfare should come first; personal recovery depends on ACA unity.
- 2. For our group purpose there is but one ultimate authority a loving God as expressed in our group conscience. Our leaders are but trusted servants, they do not govern.
- 3. The only requirement for membership in ACA is a desire to recover from the effects of growing up in an alcoholic or otherwise dysfunctional family.
- 4. Each group is autonomous except in matters affecting other groups or ACA as a whole. We cooperate with all other Twelve-Step programs.
- 5. Each group has but one primary purpose to carry its message to the adult child who still suffers.
- 6. An ACA group ought never endorse, finance or lend the ACA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
- 7. Every ACA group ought to be fully self-supporting, declining outside contributions.
- 8. Adult Children of Alcoholics should remain forever non-professional, but our service centers may employ special workers.
- 9. ACA, as such, ought never be organized, but we may create service boards or committees directly responsible to those they serve.
- 10. Adult Children of Alcoholics has no opinion on outside issues; hence the ACA name ought never be drawn into public controversy.
- 11. Our public relations policy is based on attraction rather than promotion; we maintain personal anonymity at the level of press, radio, TV, films, and other public media.
- 12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

CHAPTER

17
WEEK

ACA PROMISES



... and Flip Sides of the Laundry Lists Traits

Adapted from the across the BRB, Strengthening My Recovery, & the Laundry Lists Workbook

Many adult children grow up with a promise they have made to themselves: "I will never be like my parents . . . it will never happen to me." For most us, that promise was broken. In ACA, we rediscover the child within and open to new promises of healing. Our ability to feel deepens; our ability to recall sharpens, and as we become more integrated, we find greater connection within ourselves and with others. After having been fragmented for so long in so many ways, we *awaken to a sense of wholeness we never knew was possible*.

The ACA Promises and Flip Sides of the Laundry Lists describe what can happen as we reconnect with our True Self, and learn to work with our False Self in new ways. For many adult children, reparenting involves integration – a process of *reclaiming, transforming* and *releasing*. Some describe integration as walking into the shadows and getting to know ourselves more deeply. In doing so, we encounter our core shame and abandonment wounds, and we discover what may be our greatest challenge – trust. With gentleness and patience, we reunite with our Inner Child and reclaim our True Self. We grieve our losses and in time, we find forgiveness and a rejuvenating sense of freedom.

But in the shadows, we also encounter our False Self aspects such as people-pleasing, confusing love with pity, and judging ourselves harshly. In this inner darkness, we speak to the parts of ourselves acting out the Traits, too. Initially, they may provoke fear or anger. With the voice of our Loving Parent instead of the inner Critic, we bring them out of the shadows. These survival traits kept us alive as kids, but they no longer serve us in ways they once did. We may come to appreciate the protection they provided in our lives. Eventually, we transform these parts of ourselves for our benefit and release that which restricts our recovery. In time, we come to feel lighter and more often at peace.

ACA recovery is not necessarily an easy path, nor is it a solitary event. At times, it can be scary and we will have doubts. But to heal dysfunction in our lives, we must stop running away and instead turn inward. The ACA Solution is reparenting – to *become our own Loving Parent*. The ACA 12 Steps, our fellow travelers, and powers greater than our False Selves can all help anchor and support us on this journey. Many of us come to discover that when our Inner Child is in the loving and protective embrace of our Loving Parent, there is nothing "out there" that threatens us "in here." Through our own internal intimacy we find safe connection with others and the world around us. As we *talk*, *trust* and *feel* we find *a new hope*, and we bring the Promises of ACA recovery and serenity into our lives.

Chapter 17 Questions:

- 1. What promises did I make to myself in childhood about what my life would be like as an adult?
- 2. What hidden parts of myself have I discovered in my inward recovery process? What ACA reparenting techniques am I using to reclaim valuable parts of myself?
- 3. Which of my False Self Laundry Lists Traits am I working to transform? Which of these aspects of myself would I like to release? What role does my inner Loving Parent have in my integration process?
- 4. What ACA Tools of Recovery have I been using to help me on my healing journey?
- 5. What ACA Promises am I starting to see come true in my life?

Chapter 17 Additional Information:

- ACA Big Red Book
 - o Chapter 6: "ACA How It Works" (pg. 81)
 - o Chapter 15: "Beyond Survival" section, "The ACA Promises" (pgs. 442-443)
- The Laundry Lists Workbook: Integrating Our Laundry Lists Traits
 - o Traits 1-14 introductory pages, sections "Flip Sides of the Laundry Lists"
- ACA Strengthening My Recovery (Daily Affirmations)
 - o June 9, page 72 "Freedom"
 - o April 2, page 97 "Wholeness"
 - o November 11, page 327 "Serenity"

ACA SERENTITY PRAYER/STATEMENT

CHAPTER 17 SUPPLEMENT – ACA PROMISES ACA PROMISES & FLIP SIDES OF THE LAUNDRY LISTS

ACA Promises

- 1. We will discover our real identities by loving and accepting ourselves.
- 2. Our self-esteem will increase as we give ourselves approval on a daily basis.
- 3. Fear of authority figures and the need to "people-please" will leave us.
- 4. Our ability to share intimacy will grow inside us.
- 5. As we face our abandonment issues, we will be attracted by strengths and become more tolerant of weaknesses.
- 6. We will enjoy feeling stable, peaceful, and financially secure.
- 7. We will learn how to play and have fun in our lives.
- 8. We will choose to love people who can love and be responsible for themselves.
- 9. Healthy boundaries and limits will become easier for us to set.
- 10. Fears of failure and success will leave us, as we intuitively make healthier choices.
- 11. With help from our ACA support group, we will slowly release our dysfunctional behaviors.
- 12. Gradually, with our Higher Power's help, we will learn to expect the best and get it.

Flip Sides of the Laundry Lists

Flip Side of the Laundry List	Flip Side of the Opposite / Other Laundry List
1) We move out of isolation and are not	1) We face and resolve our fear of people and our dread of
unrealistically afraid of other people, even	isolation and stop intimidating others with our power and
authority figures.	position.
2) We do not depend on others to tell us who we	2) We realize the sanctuary we have built to protect the
are.	frightened and injured child within has become a prison and
22.747	we become willing to risk moving out of isolation.
3) We are not automatically frightened by angry	3) With our renewed sense of self-worth and self-esteem we
people and no longer regard personal criticism as	realize it is no longer necessary to protect ourselves by
a threat.	intimidating others with contempt, ridicule and anger.
4) We do not have a compulsive need to recreate abandonment.	4) We accept and comfort the isolated and hurt inner child we have abandoned and disavowed and thereby end the need to
abandonment.	act out our fears of enmeshment and abandonment with other
	people.
5) We stop living life from the standpoint of	5) Because we are whole and complete we no longer try to
victims and are not attracted by this trait in our	control others through manipulation and force and bind them
important relationships.	to us with fear in order to avoid feeling isolated and alone.
6) We do not use enabling as a way to avoid	6) Through our in-depth inventory we discover our true
looking at our own shortcomings.	identity as capable, worthwhile people. By asking to have our
	shortcomings removed we are freed from the burden of
	inferiority and grandiosity.
7) We do not feel guilty when we stand up for	7) We support and encourage others in their efforts to be
ourselves.	assertive.
8) We avoid emotional intoxication and choose	8) We uncover, acknowledge and express our childhood fears
workable relationships instead of constant upset.	and withdraw from emotional intoxication.
9) We are able to distinguish love from pity, and	9) We have compassion for anyone who is trapped in the
do not think "rescuing" people we "pity" is an act	"drama triangle" and is desperately searching for a way out of
of love.	insanity.
10) We come out of denial about our traumatic	10) We accept we were traumatized in childhood and lost the
childhoods and regain the ability to feel and	ability to feel. Using the 12 Steps as a program of recovery we
express our emotions.	regain the ability to feel and remember and become whole human beings who are happy, joyous and free.
11) We stop judging and condemning ourselves	11) In accepting we were powerless as children to "save" our
and discover a sense of self-worth.	family we are able to release our self-hate and to stop
direction discover discrise of sent worth.	punishing ourselves and others for not being enough.
12) We grow in independence and are no longer	12) By accepting and reuniting with the inner child we are no
terrified of abandonment. We have	longer threatened by intimacy, by the fear of being engulfed
interdependent relationships with healthy people,	or made invisible.
not dependent relationships with people who are	
emotionally unavailable.	
13) The characteristics of alcoholism and para-	13) By acknowledging the reality of family dysfunction we no
alcoholism we have internalized are identified,	longer have to act as if nothing were wrong or keep denying
acknowledged, and removed.	that we are still unconsciously reacting to childhood harm
	and injury.
14) We are actors, not reactors.	14) We stop denying and do something about our post-
	traumatic dependency on substances, people, places and
	things to distort and avoid reality.

APPENDICES

APPENDIX

ACA BEGINNERS MEETING SAMPLE OPENING FORMAT



	Welcome to A NEW HOPE BEGINNERS MEETING of and Dysfunctional Families. At this time, <i>please silence all</i>
At ACA, we meet to share th	e experience we had as children growing up in dysfunctional
homes, and how that experi-	ence affects us in our adult lives today. Dysfunctional homes
oftentimes (but not always)	include alcoholism or other forms of drug abuse. Family
dysfunction can occur in hor	mes that are rigidly religious, militaristic or punitive - or
homes dominated by contro	ol, harsh judgement & perfectionism. Any type of abuse or
neglect creates dysfunctiona	al home environments, as can parental mental illness or other
forms of parental disability.	Persistent debt or gambling can be signs of family
dysfunction. Those who wer	re adopted, raised in foster care, or raised in single parent
homes may also find that AC	CA resonates with them as a program of healing and recovery.

- 1. Will all those who care to, please join me in the ACA Serenity Prayer?
- 2. Will a friend please read *The Laundry List* or "The Problem?"
- 3. Will a friend please read *The Solution*?
- 4. Will a friend please read one of the versions of the *12 Steps* . . . ACA or Tony A.'s?
- 5. Will a friend please read the *Tradition* of the month?

It now is time to go around the room and introduce ourselves by our first name. If you are a Newcomer to ACA and this is one of your first six ACA meetings, please let us know so that we may welcome you. I'll start. Again, my name is ______.

I'm going to begin passing around the *Service Sign-Up Calendar*. If you've been involved with ACA for at least 3 months, please consider signing up for the GREETER or CLOSER service positions at future meetings.

Keep coming back. This program is not easy, but if you can handle what comes up six meetings in a row, you will start to come out of denial. This will give you freedom from the past. Both you and your life will change. By attending six meetings in a row at the beginning and attending regularly thereafter, we come to know our real selves, and learn to behave responsibly. We do this by identifying with our common characteristics and the "ACA Solution." We choose to become our own loving parent. We come out of denial and share the pain of childhood memories. We experience love and acceptance from members of our ACA groups. We grow in awareness that feelings of the past form a pattern. We learn that pattern can change. So please keep coming back. Listen, learn, and most of all, share your feelings.

During our meetings, we practice self-discipline by sharing the opportunity to speak and honoring others by listening. We ask that everyone abide by the following simple suggestions:

- The speaker indicates that they have finished speaking with a closing statement such as "I'm finished," "I'm done," "Thank you for letting me share," etc.
- No one interrupts the speaker until they indicate that they have finished.
- Please use the words "I, me, and my" in order to share your personal experience.
 Please avoid the use of "you, we, and us" since it takes the focus off your unique perspective.
- We do not "cross talk," which means we do not refer to or comment directly on anyone else's sharing. We share our experiences only. We simply listen and do not offer advice. We have a handout available with more detailed "cross talk" guidelines.
- We are courteous, allowing everyone time to share. Keep shares between 3-5 minutes.
- We remember that anything heard at a meeting, stays at the meeting. It is not for gossip or public disclosure. Please respect the privacy of those who share this evening.
- Everyone at this meeting is responsible for adhering to these safety suggestions. It is
 my responsibility as Chairperson to remind participants of the guidelines if
 necessary.

We will now move into tonight's topic which is
After the topic introduction is read, I'll start things off with an opening share. I'll then open
up the meeting to shares from beginners those in ACA less than a year. About halfway
through the meeting, I'll open up sharing to everyone. [BEGIN TOPIC INTRODUCTION]

APPENDIX B

ACA BEGINNERS MEETING SAMPLE CLOSING FORMAT



- We are approaching the end of our meeting. Before we begin closing, does anyone else have a *burning desire* to share?
- It is now time to pass the basket for our *Seventh Tradition*, which states that, "Every ACA group ought to be self-supporting, declining outside contributions." A suggested donation of \$2.00 will ensure we will meet our financial commitments for use of this room.
- While the basket is going around, I want to emphasis that this is an ACA <u>beginners</u> meeting. We encourage people to also attend other ACA non-beginners meetings in our area to learn about topics not covered here, to access additional service opportunities, and to expand their fellow traveler support network. A "Where and When" handout which lists all local meetings is available on the literature table.
- Are there any *other ACA-related announcements*?
- Will a friend please *hand out the chips*?
- That's all the time we have. Thank you for joining us and keep coming back. And now
 it's time for "The Promises." Would a friend please read *The Promises*?
- Keep coming back it works! We will now close with the ACA Serenity Prayer

APPENDIX

C

ACA 12 STEP WORKGROUPS - OVERVIEW -



Beginners in ACA approach first-time 12 Steps work in different ways:

- Using the traditional, directive method within a "sponsor / sponsee" relationship
- Two first-timers together as fellow traveler "co-sponsors" or "recovery partners"
- As part of ongoing drop-in ACA meetings designated as "12 Step Meetings"
- As part of 17 or 20 week syllabus-guided groups
- As part of small, closed, intensive, slow-paced ACA 12 Step Workgroups

Some in ACA approach Step work using the traditional "sponsor / sponsee" framework typically seen in most other 12 Step programs. Using this method, one member who has "gone through the Steps" works with a newer member to "take them through the Steps." However, there are many in ACA who feel the "sponsor / sponsee" method isn't a good fit because it does not adequately address the tendencies of the Adult Child personality – namely, an over-reliance on others for direction and approval, and a tendency to try to manage someone else's life (see *The Laundry Lists Traits*). Therefore, some Adult Children in ACA have explored alternative approaches to doing 12 Step work as noted above.

Small, slow-paced, intensive ACA 12 Step Workgroups in particular have been effective for many adult children to help mitigate Traits-based dynamics (particularly authority issues) while working the Steps. From this perspective, we don't view "helper" and "helpee" as two separate roles with distinct titles. We don't play therapist, counselor, life coach, or guru for anyone else, nor can we expect others to play these roles in our healing process. We connect as fellow travelers on equal footing, seeking answers and solutions together -- each of us collectively discovering what it means to "become our own Loving Parent."

The ACA 12 Step Workgroup format additionally provides benefits specific to healing the effects of childhood trauma. Our original wounding took place as part of a dysfunctional family, so it makes sense that our most profound recovery work might require small, safe, "familial" environments. ACA 12 Step Workgroups provide an opportunity for the deep, consistent connection from multiple trusted others that most of us lacked in childhood. This type of attunement is essential for our corrective emotional healing as adults. In this light, our Workgroup and its intimate communal wisdom becomes our "sponsor" to guide and pace us through the Steps. Members of our Workgroup form the foundation for our recovery support network . . . each, a vital source of experience, strength and hope.

Creating / Joining ACA 12 Step Workgroups

Duration: The ACA 12 Step Workgroup model involves working through the entire ACA 12 Steps of Adult Children workbook communally, and provides each participant an opportunity to address all written text, questions and exercises contained within. If the group meets weekly for about 1½ hours which is fairly standard, it generally takes "about a year" to complete the yellow workbook (but this of course varies). Discussing time commitments to the 12 Step Workgroup process up-front can help clarify individual needs and intentions as the Workgroup is forming, and may need to be re-addressed as the group progresses ahead and finds its own natural pace.

Group Size: Workgroup sizes usually range from between four and twelve members. It's up to Workgroup participants together to determine what size group will work best. Newly forming Workgroups sometimes stay "open" for the first few weeks, allowing new members to join as the group forms. At some mutually agreed upon point, the Workgroup becomes "closed" to new members. Be aware it is not uncommon for some participants to discontinue attending the group for various reasons and, therefore, the size of the Workgroup often decreases over time.

Location: It is essential that the group identifies a safe and consistent location to meet each week. Usually Workgroups meet in the home of one of the participants. Alternative meeting locations might include non-profit centers with private meeting spaces such as hospitals, churches or 12 Step clubhouses.

Format: The process of going through the yellow ACA 12 Step workbook will involve reading, writing, sharing and witnessing. Groups may choose to read through the large text sections in the workbook together, taking turns and pausing for discussion. Or Workgroups may agree to read sections ahead of time on their own and come prepared to discuss. Writing will involve answering many questions from one's own "child-within" perspective. It is suggested that participants write answers for questions ahead of time on their own, though most Workgroups don't require anyone to do this type of "homework." Most groups read sequentially through all questions together, allowing each participant to share their responses if they choose to, but not requiring anyone to share at any time. Finally, one of the most important parts of the ACA 12 Step Workgroup healing process is witnessing . . . participants quietly and attentively listening as each member courageously breaks the old rules of family dysfunction – don't talk, don't trust & don't feel.

Opposite Laundry List Use: The Opposite Laundry List Traits were more formally developed after the yellow 12 Step workbook was created. Some Workgroups choose to include this information in 12 Step work, and other Workgroups do not. The Opposite Laundry List Traits can be introduced whenever the standard Laundry List Traits are presented throughout the workbook.

Tony A's 12 Steps Use: Tony A's version of the 12 Steps are not included in the yellow workbook at all. Some Workgroups choose to include this information in 12 Step work, and other Workgroups do not. Tony A's version of the 12 Steps can be introduced when the standard ACA 12 Steps is first presented in the yellow workbook opening pages, and additionally read and discussed when beginning each of the standard ACA Steps.

Safety Guidelines: New Workgroups are encouraged to discuss and agree to safety guidelines. Some groups write out guidelines, others do not. Topics may include time/duration commitments for the group, attendance & missing meetings, alcohol/drug/"medicator" use, phone/electronics use, crosstalk & fixing, sharing time limits, confidentiality, etc. Safety guidelines can be renegotiated as the group progresses.

Experience & "Expertise": It can be beneficial to have one or more people in a 12 Step Workgroup who have completed the ACA 12 Step Workgroup process previously. However, including "veteran" step-workers isn't always possible, nor is having an "experienced" member required (nor sometimes even desired). Anyone in ACA can start a 12 Step Workgroup. There are no "experts" or "authorities" in doing ACA 12 Step work.

Questions, Conflict & Authority: The ACA 12 Step Workgroup approach can help *mitigate* the effects of the Laundry Lists Traits, but the effects will not be eliminated entirely. "Authority issues" can be particularly tricky when they get activated. Many adult children tend to defer to or even seek out authority figures to "give them all the answers." Others reflexively react with hostility if they feel someone is "telling them what to do." Some adult children protect themselves by trying to control others in "authoritative" ways. Therefore, it can be challenging when difficult questions and conflicts arise. When issues do come up in Workgroups, participants are encouraged to address them together openly, honestly and directly, in the spirit of the Workgroup's safety guidelines, adhering to ACA Traditions and with as much gentleness, humor, love and respect as possible. Additionally, individual participants are encouraged to ask other ACA fellow travelers outside the Workgroup for their experience, strength and hope when conflicts arise, *in ways that don't breach the confidentiality of the Workgroup*. Addressing disagreement and conflict can be incredibly challenging for adult children, but it can also be an opportunity to deepen one's healing and recovery process.

ACA 12 STEP WORKGROUP SAMPLE SAFETY GUIDELINES

The following are some <u>sample</u> safety suggestions. Each Workgroup must determine for itself what guidelines should be in place for its members to feel safe. Guidelines may need to be revisited and/or modified by the Workgroup over time.

- Please arrive on time to be considerate of other group members. Members should let at least one other participant know if they will not be attending a meeting. Regular attendance is recommended.
- Please do not attend Workgroup meetings if under the influence of drugs or alcohol as this can be harmful to others in the group.
- Please disable (preferably turn off) electronic devices upon arrival to reduce possibilities for distraction and interruption.
- Please be mindful of allowing all participants equal opportunities to share, and equitable sharing times. A three-minute-per-share limit (with some exceptions now and then) is generally recommended.
- Please respect other people's right NOT to speak or share at any time.
- Please do not interrupt other members when they are sharing out of respect for their share.
- Please use the words "I, me, and my" in order to share from personal experience. Please avoid the use of "you, we, and us" as this takes the focus off one's unique perspective.
- Please do not "cross talk," which means not commenting directly on, criticizing or
 judging anyone else's sharing. Please share from personal experiences only, simply
 listening and not offering advice. Attentively listening to others as they face their pain
 can often be the greatest support of all.
- Please respect the privacy of those who share. What is communicated at our
 Workgroup meeting stays at the meeting. It is not for gossip or public disclosure.

D

ABOUT THIS HANDBOOK & STATED PERSPECTIVES



Rationale / Structure

- o Make ACA more accessible, digestible and engaging for newcomers (those new to the ACA program) and beginners (those in ACA for less than a year). Many adult children initially identify with ACA strongly, but then leave the program within the first three to four months. Our intention is to provide a clear, comprehensive introductory ACA program framework and foundation during the first few months of participant engagement.
- Expand the ACA healthy helping frameworks for collaborative recovery work beyond the traditional "sponsor/sponsee" model. Many people are now doing ACA 12 Step work (and Traits integration work) as part of closed, intensive workgroups rather than through "sponsor/sponsee" relationships. Sometimes this is by choice, sometimes by circumstance. We anticipate this "workgroup" trend will continue to grow with the introduction of the Loving Parent Guidebook. We want to present a gentle pathway of incremental stepping stones between initial general meeting attendance and intensive workgroup commitment.
- o Include: Concise topic summaries (written for beginners) on the most foundational concepts in ACA recovery that can be read and discussed manageably within a one-hour meeting time frame, and the five fundamental pieces of ACA literature.
- o Include: Questions on each topic that participants can 1) draw from to frame their initial personal shares at meetings, 2) use to connect with other participants outside of the meetings, and 3) experience as preparation for more in-depth reparenting and Step work
- o Include: References to additional information on each topic in existing ACA conference approved literature (texts, trifolds, booklets, etc.).

• Handbook Principles

- Family Dysfunction: This handbook clearly states the various expressions of trauma and family dysfunction (de-emphasizing alcoholism as *the primary* expression of trauma and family dysfunction in childhood) and clearly identifies those who can benefit from ACA as a program of recovery.
- Addictions Recovery vs Trauma Recovery: Whereas most Twelve Step programs are understood to be *addictions recovery* programs, this Handbook understands ACA to be primarily a program of *trauma recovery*. This distinction presents unique 12 Step program "translation" considerations which this Handbook attempts to address.
- Laundry Lists Traits: Both the Laundry List Traits and the Opposite / Other Laundry Lists
 Traits are presented up-front as part of this Handbook. Both lists together present the wide
 range of childhood trauma expression that can be experienced by adult children, and
 healed through ACA recovery work.
- o 12 Steps: While the ACA 12 Steps are presented in this Handbook as foundational in ACA recovery, Tony A.'s 12 Steps are also mentioned and included as many in ACA identify strongly with Tony's version of the Steps. Additionally, this Handbook embraces the notion that "ACA members work the Steps in order, avoiding looking ahead and perhaps becoming overwhelmed." This Handbook for beginners, therefore, formally provides only a general

- overview of the 12 Steps and an introduction to Step 1. However, the concepts and principles of all the Steps are indirectly presented: "Loving Parent," "Inner Child" and "Spirituality" (Steps 2 and 3), "Childhood Trauma" (Step 4), "Grief" (Step 5), etc.
- ACA Solution: This Handbook acknowledges the stated ACA Solution (to become one's own loving parent - reparenting) as THE ACA solution, and that all other tools of ACA recovery (including the 12 Steps) are in service of this ACA Solution.
- O Spiritual Inclusivity: This Handbook takes to heart that ACA is a *spiritual* and not a *religious* program atheists, agnostics and believers are all welcome and valued:
 - Belief in a personified or anthropomorphized deity is not required for ACA healing spiritually or otherwise, but exploring resources beyond one's current awareness and seeking out powers greater than one's own False Self is essential
 - The term "higher power(s)" is used to *point towards* resources beyond one's current awareness and powers greater than one's own False Self, similar to how Thich Nhat Hahn is quoted in saying, "The teaching is merely a vehicle to describe the truth. Don't mistake it for the truth itself. A finger pointing at the moon is not the moon. The finger is needed to know where to look for the moon." As the term "higher power(s)" is used as a pointer in this Handbook and not as a proper noun, it is not capitalized, except when referencing other ACA literature where the term has been capitalized.
 - Use of the term "higher power(s)" in this Handbook is without reference to gender
 - Use of the term "higher power(s)" in this Handbook makes beginning attempts not to reference singular or plural designation for higher power(s)
 - No names of specific deities (specifically "God," based on 12 Step history) are used other than to reference their use in other ACA literature, or as first person accounts referring to personal understandings of higher power(s).
- o Fellow Traveler Model: This Handbook takes to heart the 1989 Spirituality Committee's recommendation for use of the Fellow Traveler model of healthy helping connections in ACA, and the Committee's caution that the traditional AA model of *sponsorship* does not "adequately address the tendencies of the ACA personality, namely our over-reliance on others for direction and approval and our tendency to try to manage someone else's life."
- Service: This Handbook frames service work in ACA as an extension of service to self (ACA Identity Report #3, section "Re-Emergence of the United Self"), and is presented through the context of the Laundry Lists Traits and the ACA Solution.

Handbook's Future

- Currently available for testing and feedback, with hopes that other beginners groups will form who want to test out use of this Handbook
- Already hearing of ways the Handbook is being used outside of the ACA beginners meeting environment...
 - Through 1:1 recovery partner phone calls / meetups outside of the general meetings (to go over the questions from the general beginners meetings together)
 - As part of small, closed workgroups that generally meet weekly
 - For focused ACA / childhood trauma work with therapists
- Goal: For the ACA Fellowship to approve this Handbook (or a derivation of this Handbook) as ACA World Service Organization (WSO) conference approved literature