

Step One of Adult Children

Adult Children of Alcoholics · The Recovery Files

A Dual Recovery Intensive

"We admitted we were powerless over the effects of alcoholism or another family dysfunction, that our lives had become unmanageable."

SUD + ACoA Recovery Integration — The Recovery Files

Your progress 0 of 6 parts done · Family Wounds · Childhood patterns still running · Substance Use · The "solution" that became a problem · Comprehensive Recovery · Healing both the addiction and the roots beneath it

In this workbook

- Part 1 · What Is ACoA Step One? — Understanding the Foundation
 - Check-in: Powerlessness Over the Effects of Family Dysfunction
 - Check-in: External Unmanageability — Life Area Impact
 - Exercise: Powerlessness Evidence Inventory
- Part 2 · The Laundry List — 14 Traits of Adult Children
 - Check-in: Internal Unmanageability — Emotional & Psychological Chaos
 - Exercise: Laundry List Deep Dive
 - Exercise: ACoA Trigger Mapping
- Part 3 · The Dual Recovery Perspective — When SUD Meets ACoA
 - Check-in: Dual Recovery Awareness — SUD & ACoA Intersection
 - Exercise: Dual Timeline — Dysfunction to Substance Use
- Part 4 · The Nervous System Legacy — How Your Body Carries the Family Story
 - Check-in: Childhood Survival Roles Still Operating
 - Exercise: Family System Map
 - Exercise: Survival Role Inventory
 - Exercise: Inner Child Letter Writing
- Part 5 · From Surviving to Thriving — The Promise of Dual Recovery
 - Exercise: Boundary Assessment & Development
 - Exercise: The Inner Loving Parent Practice
 - Exercise: Comprehensive Dual Recovery Plan

Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 5 · READING

What Is ACoA Step One? — Understanding the Foundation

"We admitted we were powerless over the effects of alcoholism or another family dysfunction, that our lives had become unmanageable."

This is Step One of the Adult Children of Alcoholics (ACoA) program, and it is fundamentally different from the traditional AA/NA Step One — though the two are deeply connected for people who carry both a substance use disorder and a history of growing up in a dysfunctional family.

In traditional 12-step recovery, Step One addresses powerlessness over the substance itself. You admit that alcohol, drugs, or your addictive behavior has defeated your ability to control it. This is essential, foundational work. But for many people in recovery, removing the substance reveals a deeper layer of powerlessness that predated the addiction itself — powerlessness over the effects of growing up in a home where alcoholism, addiction, mental illness, violence, neglect, or other dysfunction was the organizing principle of family life.

ACoA Step One asks you to acknowledge something profound: even if you never touched a substance, the family environment you grew up in has installed patterns, beliefs, emotional responses, and relational behaviors that are operating in your adult life — and you are powerless over those effects in the same way you are powerless over the first drink. You did not cause the dysfunction. You did not choose these patterns. But they are running your life nonetheless.

The word "effects" is critical. You are not powerless over your parent's alcoholism — that was their disease, their responsibility. You are powerless over what that disease did to YOU — the way it shaped your nervous system, your attachment patterns, your emotional development, your sense of self, your relational template, and your coping mechanisms.

These effects are not character defects. They are adaptations — survival strategies that a child developed to navigate an impossible environment. The problem is that these adaptations, brilliant as they were in childhood, have become the source of unmanageability in adult life.

For those who also carry a substance use disorder, this creates a dual-layered Step One. The first layer is traditional: "I am powerless over my substance use." The second layer is equally important: "I am also powerless over the childhood patterns that drove me to use substances in the first place, and those patterns will continue to create unmanageability even if I achieve physical sobriety." Without addressing both layers, recovery remains incomplete — you may stop using, but you continue suffering.

The unmanageability in ACoA Step One is often more internal: chronic anxiety without clear cause, an inability to trust even trustworthy people, relationships that follow the same destructive pattern over and over, an inner critic that is relentless and vicious, emotional numbness or overwhelm with no middle ground, an inability to identify or express needs, and a persistent sense that something is fundamentally wrong with you that no amount of external success can fix.

The goal is not to blame your parents or your childhood. The goal is to understand the full scope of what you are recovering from, so that your recovery can address the whole picture rather than just the surface symptom.

Reflection Questions

1. When you read the ACoA Step One statement, which words create the most resistance in you? Which words bring the most recognition or relief?

2. Can you identify specific "effects" of your family dysfunction that are operating in your adult life right now — patterns you did not choose but cannot seem to stop?

3. If you are in SUD recovery, how has getting sober revealed a deeper layer of issues that the substance was managing? What has emerged now that the chemical coping mechanism is gone?

4. Do you relate to the idea of "dual-layered" Step One — being powerless over both the substance and the family patterns? How do these two layers interact in your life?

5. On a scale of 1 to 10, how willing are you to acknowledge that your childhood family environment has affected your adult life in ways you cannot simply "decide" to change?

CHECK YOURSELF · CHECK-IN 1 OF 5

Powerlessness Over the Effects of Family Dysfunction

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I recognize that growing up in a dysfunctional family has affected the way I relate to people, even though I did not cause the dysfunction
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I find myself repeating patterns from my childhood — choosing relationships, jobs, or situations that recreate the chaos or neglect I grew up with
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Despite my best efforts, I continue to react to conflict, criticism, or perceived rejection with intensity that seems disproportionate to the situation
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have tried through willpower alone to stop people-pleasing, over-functioning, or caretaking, and I cannot sustain the change
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I recognize that my hypervigilance, anxiety, or emotional reactivity are adaptations from childhood that I did not choose but cannot simply "decide" to stop
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have difficulty trusting people, and despite wanting close relationships, I either avoid intimacy or cling to it desperately
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I use substances, work, food, relationships, or other compulsive behaviors to manage emotions I learned to suppress in childhood
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I acknowledge that the effects of growing up in an alcoholic or dysfunctional home are operating in my life whether or not I consciously recognize them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 2 OF 5**External Unmanageability — Life Area Impact**

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My relationships follow a pattern of intensity, conflict, and either enmeshment or withdrawal
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I over-function at work (taking on too much, inability to say no, perfectionism) or under-function (avoidance, inconsistency, self-sabotage)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I have difficulty maintaining healthy boundaries — I either have walls or none at all
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. My financial life reflects unmanageability — overspending, under-earning, financial dependency, or using money to control or rescue others
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. My physical health has suffered from the stress of unaddressed childhood trauma and adult coping patterns

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have experienced substance use, disordered eating, compulsive behavior, or other addictive patterns as ways of managing unmanageable feelings

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have difficulty with authority figures, institutions, or systems — I am either defiant or excessively compliant

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have experienced repeated relationship failures, job instability, or inability to follow through on goals and commitments

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Powerlessness Evidence Inventory

Building an Undeniable Case for Step One

The Purpose of Evidence

Denial is persistent. It whispers: 'It wasn't that bad,' 'I can handle it,' 'I don't really need this work.' The purpose of this inventory is to gather specific, concrete evidence that overcomes denial — not to punish yourself, but to build a foundation of honesty strong enough to support genuine recovery.

Powerlessness Over Family Patterns I've Repeated

Relationships, choices, or situations where you recreated the family dynamic despite vowing you never would

List specific evidence — names, dates, situations, consequences. Be concrete and honest.

What does this evidence tell you about your need for comprehensive recovery?

Powerlessness Over Emotional Responses

Times when your emotional reaction was driven by the childhood wound rather than the current reality

List specific evidence — names, dates, situations, consequences. Be concrete and honest.

What does this evidence tell you about your need for comprehensive recovery?

Powerlessness Over Substance Use

Evidence that your substance use was beyond your control — broken promises, failed attempts, loss of choice

List specific evidence — names, dates, situations, consequences. Be concrete and honest.

What does this evidence tell you about your need for comprehensive recovery?

Powerlessness Over the Connection Between the Two

Evidence that family-of-origin pain drove substance use, and that substance use intensified family-of-origin patterns

List specific evidence — names, dates, situations, consequences. Be concrete and honest.

What does this evidence tell you about your need for comprehensive recovery?

Unmanageability Evidence

Specific ways your life became unmanageable due to the combined effects of family dysfunction and substance use

List specific evidence — names, dates, situations, consequences. Be concrete and honest.

What does this evidence tell you about your need for comprehensive recovery?

Your Step One Statement

Based on all the evidence you have gathered — across every exercise in this intensive — write your comprehensive Step One statement. Include both dimensions: powerlessness over the substance AND powerlessness over the effects of family dysfunction. Include specific evidence of unmanageability.

I admit that I am powerless over... // The evidence of my powerlessness includes... // My life has become unmanageable in these ways... // I am ready to...

PART 2 OF 5 · READING

The Laundry List — 14 Traits of Adult Children

The ACoA program identifies 14 common traits — sometimes called "The Laundry List" — that adult children of alcoholics and dysfunctional families tend to develop. These traits are not diagnoses. They are descriptions of patterns that millions of people who grew up in chaotic, addictive, neglectful, or abusive family systems recognize as their own experience. Reading them is often the first moment of recognition: "That's me. I thought I was the only one."

1. We became isolated and afraid of people and authority figures. The child who learned that adults are unpredictable, unsafe, or unavailable develops a template that says: people are dangerous. This creates isolation in adulthood — a profound loneliness that exists alongside a simultaneous terror of closeness.
2. We became approval seekers and lost our identity in the process. When a child's survival depends on keeping a parent calm, pleased, or functional, the child becomes an expert at reading and responding to other people's needs. This comes at the cost of the self. The child never develops a stable sense of who they are, independent of other people's reactions.
3. We are frightened by angry people and any personal criticism. In a dysfunctional home, anger often preceded violence, chaos, or abandonment. The child's nervous system wired anger as a threat signal. In adulthood, even normal expressions of frustration trigger a survival response — fight, flight, freeze, or fawn — that is wildly disproportionate to the actual situation.
4. We either become alcoholics, marry them, or both. This is the repetition compulsion. We recreate the familiar emotional environment of childhood, not because we enjoy it, but because our nervous system is calibrated for chaos and doesn't know how to function in calm. Healthy feels boring. Chaos feels like home.
5. We live life from the viewpoint of victims. The child who was genuinely victimized by family dysfunction sometimes carries that identity into adulthood, where it becomes a lens through which all experience is interpreted. This is not weakness — it is an unhealed wound.
6. We have an overdeveloped sense of responsibility. The parentified child — the one who raised siblings, managed a parent's emotions, kept the household running — becomes the adult who cannot stop caretaking. This over-responsibility feels like virtue but is actually a form of self-abandonment.
7. We get guilt feelings when we stand up for ourselves. Setting boundaries was dangerous in the family of origin. Saying no, expressing needs, or prioritizing oneself led to punishment, withdrawal of love, or escalation of chaos. The guilt of self-advocacy is a conditioned response, not evidence that advocating for yourself is wrong.
8. We became addicted to excitement. The nervous system calibrated by childhood chaos becomes dependent on high stimulation. Calm feels threatening because in the family of origin, calm was the precursor to the next explosion.
9. We confuse love and pity and tend to "love" people we can pity and rescue. When love was expressed in the family through caretaking, crisis management, and sacrifice, the child learns

that love equals rescuing someone from their pain.

10. We have stuffed our feelings and lost the ability to feel or express our feelings. The child who learned that emotions were unsafe — that expressing sadness led to being shamed, expressing anger led to violence, expressing need led to disappointment — learns to suppress the entire emotional system. This creates the numbness and disconnection that drives substance use.

11. We judge ourselves harshly and have a very low sense of self-esteem. The internalized critical voice is the voice of the dysfunctional family system, now operating from inside. This is not your voice — it is a recording that was installed before you had any say in the matter.

12. We are dependent personalities who are terrified of abandonment. Abandonment fear is often the engine beneath all other ACoA traits. It drives people-pleasing, over-functioning, tolerance of abuse, inability to set boundaries, and frantic attempts to control relationships.

13. We are para-alcoholics who took on the characteristics of the disease without even picking up a drink. The effects of alcoholism are transmitted through the family system. You don't have to drink to be affected by alcoholism.

14. We are reactors rather than actors. Rather than making proactive choices based on values and goals, adult children tend to react to whatever is happening around them — managing crises, responding to other people's moods, and living in a perpetual state of response rather than intention.

For those in SUD recovery, the Laundry List is often a revelation: it explains WHY the substance was necessary. It provides the missing piece that traditional Step One doesn't fully address — the underlying system of pain, adaptation, and dysfunction that the substance was managing.

Reflection Questions

1. Which Laundry List traits do you most strongly identify with? Read them again slowly and notice which ones produce a physical reaction — tightness, tears, recognition, defensiveness.

2. Can you trace a direct line from a specific Laundry List trait to your substance use? For example: "I stuffed my feelings (Trait 10), which created internal pressure, which led me to drink to relieve that pressure."

3. Which trait did you NOT recognize in yourself at first, but upon deeper reflection, you realize is operating subtly in your life?

4. How do these traits show up differently now that you are in recovery versus when you were in active use? Have any gotten more intense without the substance to manage them?

5. If you could address one trait that you believe would have the greatest positive impact on your recovery and your life, which would it be? Why?

CHECK YOURSELF · CHECK-IN 3 OF 5

Internal Unmanageability — Emotional & Psychological Chaos

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I experience chronic anxiety, hypervigilance, or a sense of waiting for something bad to happen

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I judge myself harshly and carry a constant inner critic that tells me I am not good enough, too much, or fundamentally flawed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have difficulty identifying what I am feeling — emotions are either overwhelming or absent

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I carry deep shame that feels different from guilt — it is not about what I did, but about who I am

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I struggle with depression, hopelessness, or a persistent sense that something is missing from my life

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I experience emotional flashbacks — sudden, intense emotional states from childhood that are triggered by present-day events

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I oscillate between emotional numbness and emotional overwhelm, with little middle ground
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I have a pervasive fear of abandonment that drives many of my decisions and relationships
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Laundry List Deep Dive

Personalizing the 14 Traits of Adult Children

How to Use This Exercise

For each of the 14 ACoA traits below, rate how strongly it resonates with your experience, then explore how it has manifested in your life and — critically — how it connects to your substance use. The goal is to make the connection between the childhood pattern and the adult consequence visible and undeniable.

Trait 1: Fear & Isolation

"We became isolated and afraid of people and authority figures"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 2: People-Pleasing

"We became approval seekers and lost our identity in the process"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 3: Hypervigilance

"We are frightened by angry people and any personal criticism"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 4: Repetition Compulsion

"We either become alcoholics, marry them, or both — or find another compulsive personality to fulfill our sick abandonment needs"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 5: Victim Identity

"We live life from the viewpoint of victims and are attracted by that weakness in love and friendship relationships"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 6: Over-Responsibility

"We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 7: Guilt & Self-Sacrifice

"We get guilt feelings when we stand up for ourselves instead of giving in to others"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 8: Chaos Addiction

"We became addicted to excitement"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 9: Rescuing & Caretaking

"We confuse love and pity and tend to "love" people we can pity and rescue"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 10: Emotional Numbness

"We have stuffed our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 11: Harsh Inner Critic

"We judge ourselves harshly and have a very low sense of self-esteem"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 12: Abandonment Terror

"We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 13: Para-Alcoholism

"We are para-alcoholics who took on the characteristics of the disease without even picking up a drink"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Trait 14: Reactivity

"We are reactors rather than actors"

How strongly does this trait resonate with your experience? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How does this trait show up in your life TODAY? Give specific examples.

Where did this pattern originate? What childhood experience taught you this?

How has this trait connected to your substance use? Did it drive you to use, create consequences that led to use, or intensify in sobriety?

Laundry List Summary

1. Which three traits scored highest? Together, what story do they tell about the core wound from your family of origin?

2. Looking across all 14 traits, what is the most dominant theme — fear, control, emotional suppression, abandonment, identity loss, or something else?

3. How has understanding these traits as ADAPTATIONS (not defects) changed the way you see yourself?

4. Write a Step One statement that integrates both your SUD and ACoA experience: "I am powerless over [substance] AND over the effects of [family dysfunction], and my life has become unmanageable in these ways..."

YOUR EXERCISE

ACoA Trigger Mapping

When the Past Hijacks the Present

Triggers as Time Travel

ACoA triggers are moments when a present-day situation activates a childhood survival response. Your nervous system detects a pattern that resembles the original threat and fires the same alarm — even though the current situation is not the same as the childhood situation.

Abandonment Triggers

Common examples: Partner unavailability, canceled plans, being excluded, perceived rejection, someone being late, feeling forgotten

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Authority/Control Triggers

Common examples: Being told what to do, performance reviews, rules/structure, feeling controlled, expectations from others

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Criticism/Shame Triggers

Common examples: Feedback, mistakes, being corrected, disapproval, comparison to others, perceived judgment

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Conflict/Anger Triggers

Common examples: Raised voices, disagreements, tension in a room, someone being upset, unpredictable moods

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Intimacy/Vulnerability Triggers

Common examples: Being asked how you feel, physical closeness, emotional depth, someone showing care, needing to depend on someone

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Chaos/Calm Triggers

Common examples: Too much peace (feels unsafe), boredom, lack of crisis, sudden change, unpredictability

What specific situations trigger this response in you? Be as detailed as possible.

What is the childhood experience being activated? What does the trigger connect to?

How has this trigger category led to substance use, relapse urges, or destructive behavior? What is your typical reaction cycle?

Creating a New Response

1. Which trigger category is most dangerous to your sobriety? Why?

2. What would it look like to pause between the trigger and the reaction? What could you do in that pause?

3. Write an "If/Then" plan for your most dangerous trigger: "If [trigger occurs], then I will [new response] instead of [old reaction]."

4. What support do you need to interrupt the trigger cycle? Who can you call? What practice can you use?

PART 3 OF 5 · READING

The Dual Recovery Perspective — When SUD Meets ACoA

For millions of people, substance use disorder and adult child of alcoholic/dysfunctional family patterns are not separate conditions — they are two expressions of the same wound.

The typical progression looks something like this: A child grows up in a family where alcoholism, addiction, mental illness, violence, or severe dysfunction is present. The child develops survival adaptations — hypervigilance, emotional suppression, people-pleasing, hyperresponsibility, approval-seeking, isolation. These adaptations allow the child to navigate an unsafe environment, but they come at a cost: the child's emotional development is disrupted, their attachment system is compromised, their sense of self is underdeveloped, and their nervous system is chronically activated.

As the child grows into adolescence and adulthood, the internal pressure created by these adaptations becomes unbearable. The young person discovers substances. And substances work. Alcohol provides the emotional release that has been blocked since childhood. Opioids provide the sense of safety and comfort that the family system never offered. Stimulants provide the energy and focus to maintain the exhausting performance of normalcy.

The substance becomes the missing piece — the regulation tool, the emotional processing system, the attachment substitute that the family of origin failed to provide.

This means that for many people, substance use disorder is not the primary problem — it is the primary solution to a primary problem that began long before the first drink or drug.

This has critical implications for recovery:

First, getting sober is necessary but not sufficient. Removing the substance removes the coping mechanism without addressing the pain it was managing. This is why many people experience profound emotional upheaval in early recovery — not because something is going wrong, but because everything the substance was suppressing is now surfacing without a buffer.

Second, many relapse triggers are actually ACoA pattern activations. The abandonment terror triggered by a partner's unavailability, the shame spiral triggered by criticism, the emotional flooding triggered by conflict — these are not simply "triggers." They are childhood survival responses being activated by present-day situations that resemble the original family environment.

Third, the recovery community itself can activate ACoA patterns. The authority structure of treatment, the vulnerability required in group therapy, the need to trust sponsors and counselors — all of these can trigger the same survival responses developed in the family of origin.

Fourth, dual recovery requires dual awareness. You must learn to ask two questions simultaneously: "Is this about my addiction?" and "Is this about my family of origin?" Often the answer is both.

The good news is that the tools of both programs work together. The 12 Steps provide a framework for addressing the spiritual and behavioral dimensions of both conditions. Therapeutic work — individual therapy, trauma processing, inner child work — addresses the developmental wounds that the steps alone may not fully reach.

Reflection Questions

1. Can you trace the progression described above in your own life — from childhood dysfunction, to survival adaptations, to substance use as a "solution"? Write your version of this story.

2. What has gotten harder since you got sober? What emotions, patterns, or struggles have intensified now that the substance is no longer buffering them?

3. Have you experienced relapse triggers that you can now recognize as ACoA pattern activations? What was the childhood survival response underneath the craving?

4. How have your ACoA patterns shown up in your recovery community or treatment experience? Have you struggled with trust, authority, vulnerability, or over-functioning in recovery settings?

5. What would a truly comprehensive recovery look like for you — one that addresses both the addiction and the family-of-origin wounds? What is currently missing from your recovery program?

CHECK YOURSELF · CHECK-IN 4 OF 5

Dual Recovery Awareness — SUD & ACoA Intersection

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I recognize that my substance use was at least partly an attempt to manage feelings and patterns that originated in my family of origin

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I understand that getting sober addresses the substance but not necessarily the underlying ACoA patterns that drove me to use

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have experienced "dry drunk" symptoms or emotional relapse even while abstinent, and I can connect this to unaddressed family-of-origin issues

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I recognize that some of my relapse triggers are actually emotional flashbacks or ACoA pattern activations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I understand that my recovery must address both the addiction and the family system effects to be truly comprehensive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I can identify specific ACoA traits (people-pleasing, hypervigilance, abandonment fear) that have directly contributed to my substance use or relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I am willing to do the work of both SUD recovery and ACoA recovery, even though this feels overwhelming

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I recognize that my recovery program is incomplete without addressing the childhood roots of my adult dysfunction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Dual Timeline

Mapping the Path from Dysfunction to Substance Use to Recovery

Two Stories, One Life

This exercise traces two parallel timelines through your life: (1) the family dysfunction and its effects on you, and (2) the emergence and progression of your substance use. By mapping them side by side, you can see how the family wounds created the conditions for the substance use.

Early Childhood (0-7)

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Middle Childhood (8-12)

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Adolescence (13-17)

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Young Adulthood (18-25)

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Adulthood (26+)

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Recovery / Present

FAMILY/ACoA TRACK

What was happening in your family during this period? What were you learning about emotions, relationships, and yourself?

SUBSTANCE USE TRACK

What was happening with substances, compulsive behaviors, or coping mechanisms during this period?

CONNECTION

How did the family track influence the substance track during this period? Can you see the cause-and-effect?

Timeline Integration

1. Looking at your complete dual timeline, at what point did the family dysfunction most clearly create the conditions for substance use? What was the mechanism?

2. What is the single most important insight this timeline reveals about why you used substances?

3. How does understanding the family-of-origin roots of your substance use change the way you think about your recovery needs?

4. Write a narrative summary: "My story, told honestly, goes like this..." (Include both the family dimension and the substance dimension.)

PART 4 OF 5 · READING

The Nervous System Legacy — How Your Body Carries the Family Story

Understanding what happened to your nervous system in childhood is not optional intellectual exercise — it is the neurobiological foundation for why ACoA Step One matters, why willpower alone cannot change these patterns, and why recovery requires both top-down (cognitive, behavioral) and bottom-up (somatic, neurological) approaches.

Children who grow up in dysfunctional families develop nervous systems that are calibrated for threat. When a child lives in an environment where safety is unpredictable — where a parent might be loving one moment and raging the next, where evening routines could be calm or catastrophic, where the emotional climate changed without warning — the child's autonomic nervous system adapts to that unpredictability by remaining in a chronic state of activation.

Dr. Stephen Porges' Polyvagal Theory describes three states of the autonomic nervous system: ventral vagal (safe, social, connected), sympathetic (fight or flight), and dorsal vagal (collapse, freeze, shutdown). Children in safe, attuned family environments spend most of their time in ventral vagal — calm, curious, connected. Children in dysfunctional family environments spend much of their time oscillating between sympathetic activation (hypervigilance, anxiety, irritability) and dorsal vagal collapse (numbness, dissociation, depression, shutdown).

Over time, these states become the nervous system's default settings. By the time an adult child enters recovery, their nervous system has been running a threat-detection program for their entire life. Their baseline is not calm — their baseline is activated. Their resting state is not safety — their resting state is vigilance.

This nervous system legacy explains many ACoA patterns that cannot be changed through insight or willpower alone:

Hypervigilance is not a choice — it is a nervous system trained to scan for danger that never received the signal that the danger has passed. You cannot simply decide to relax when your autonomic nervous system is running a program that says relaxation equals vulnerability equals danger.

Emotional flooding is not weakness — it is a nervous system that lacks the regulatory capacity to process emotions at a manageable intensity. The child who was never co-regulated by an attuned caregiver grows into an adult whose emotional processing system is underdeveloped. Emotions come in at full volume with no dimmer switch.

Emotional numbness is not indifference — it is the dorsal vagal shutdown response. When the nervous system has been overwhelmed too many times, it protects itself by dampening all emotional signals. You lose access not just to painful emotions but to all emotions — including joy, connection, and love. This is often the state that drives substance use: the person is not seeking pleasure but seeking to feel anything at all.

For people in SUD recovery, this neurobiological understanding is transformative. It explains why early recovery feels so physically uncomfortable. It explains why therapy that is purely cognitive

often fails to produce lasting change — because the patterns are encoded in the body, not just the mind. And it explains why recovery must include body-based practices — breathing exercises, movement, somatic therapy, mindfulness, yoga — that directly address the nervous system.

The nervous system can be retrained. Neural pathways can be rebuilt. The default settings installed in childhood can be updated. But this requires understanding what was installed, patience with the pace of neurological change, and consistent practice of the regulation skills that your family of origin never provided.

Reflection Questions

1. Which nervous system state — sympathetic activation (fight/flight/anxiety) or dorsal vagal collapse (numbness/freeze/shutdown) — feels most like your default? When did this become your baseline?

2. Can you identify moments when your nervous system hijacked your behavior — when you reacted from survival programming rather than from present-moment awareness? What triggered the survival response?

3. How did substances regulate your nervous system? Did they calm the hypervigilance, activate you out of numbness, or both at different times?

4. What body-based practices (breathing, movement, yoga, somatic work) have you tried or are you willing to try as part of addressing the nervous system dimension of your recovery?

5. If your nervous system has been running a threat-detection program since childhood, what does it need in order to begin receiving the signal that you are safe enough to heal? What would that safety look like?

CHECK YOURSELF · CHECK-IN 5 OF 5

Childhood Survival Roles Still Operating

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I played the role of caretaker, hero, scapegoat, lost child, or mascot in my family, and I still play this role in adult relationships

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I learned to read other people's moods and needs before my own, and I still do this automatically

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I developed hypervigilance as a survival skill and remain unable to fully relax or let my guard down

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I learned that my needs were not important, and I continue to minimize or ignore my own needs in favor of others'

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I became the "responsible one" in my family and continue to over-function in ways that exhaust and deplete me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I learned to be invisible or to perform in order to avoid conflict, and I still struggle to show up as my authentic self

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I developed a tolerance for unacceptable behavior in childhood, and I continue to tolerate treatment from others that I know is not healthy

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I learned to equate love with chaos, rescuing, or sacrifice, and I struggle to recognize or accept healthy love

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Family System Map

Mapping the System That Shaped You

Why This Matters

Your family was a system — a set of interconnected roles, rules, and dynamics that shaped every member. Understanding the system helps you see that your patterns were not random choices but logical adaptations to the specific environment you grew up in. You cannot change what you cannot see.

Mother / Primary Female Caregiver

What was this person's relationship with alcohol, drugs, or other compulsive behavior?

How did this person express (or suppress) emotions? What was their emotional range?

What role did this person play in the family system? (Enabler, aggressor, victim, peacemaker, absent, etc.)

What messages — spoken or unspoken — did this person teach you about emotions, relationships, and coping?

Father / Primary Male Caregiver

What was this person's relationship with alcohol, drugs, or other compulsive behavior?

How did this person express (or suppress) emotions? What was their emotional range?

What role did this person play in the family system? (Enabler, aggressor, victim, peacemaker, absent, etc.)

What messages — spoken or unspoken — did this person teach you about emotions, relationships, and coping?

Sibling(s)

What was this person's relationship with alcohol, drugs, or other compulsive behavior?

How did this person express (or suppress) emotions? What was their emotional range?

What role did this person play in the family system? (Enabler, aggressor, victim, peacemaker, absent, etc.)

What messages — spoken or unspoken — did this person teach you about emotions, relationships, and coping?

Grandparents or Other Significant Family

What was this person's relationship with alcohol, drugs, or other compulsive behavior?

How did this person express (or suppress) emotions? What was their emotional range?

What role did this person play in the family system? (Enabler, aggressor, victim, peacemaker, absent, etc.)

What messages — spoken or unspoken — did this person teach you about emotions, relationships, and coping?

Your Role in the Family System

What role did YOU play in the family? (Hero, scapegoat, lost child, mascot, caretaker, mediator, etc.)

Describe your role...

What survival strategies did you develop to navigate this system? (People-pleasing, invisibility, achievement, rebellion, humor, emotional shutdown, etc.)

List the strategies you developed...

Which of these strategies are still operating in your adult life and recovery? How?

Connect childhood strategies to current patterns...

The Unspoken Family Rules

The Three Rules

Claudia Black identified three rules that govern dysfunctional families: Don't Talk, Don't Trust, Don't Feel. These rules are rarely spoken aloud but are enforced through silence, punishment, or emotional withdrawal.

1. "Don't Talk" — What topics were forbidden in your family? What happened when someone broke the silence? How does this rule operate in your adult life and recovery?

Explore the "Don't Talk" rule...

2. "Don't Trust" — How was trust broken or never established in your family? How do you experience trust (or the lack of it) in your current relationships and recovery program?

Explore the "Don't Trust" rule...

3. "Don't Feel" — What emotions were permitted and what emotions were forbidden in your family? How does this rule show up in your emotional life today?

Explore the "Don't Feel" rule...

YOUR EXERCISE**Survival Role Inventory**

Identifying the Roles You Played — and Still Play

Roles as Survival Strategies

These roles are not character traits — they are survival strategies. A child in a dysfunctional family system unconsciously adopts a role that serves a function in the family. The problem is that these roles persist into adulthood, long after the original family system has changed or dissolved.

The Hero / Responsible One

CHILDHOOD FUNCTION

Achieved, performed, made the family look good. Over-functioned to create an illusion of normalcy.

ADULT CONSEQUENCES

Perfectionism, workaholism, inability to ask for help, burnout, identity fused with achievement

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

The Scapegoat / Problem Child

CHILDHOOD FUNCTION

Acted out, got in trouble, diverted attention from the real family problem. The "identified patient."

ADULT CONSEQUENCES

Rebelliousness, legal problems, conflict in relationships, substance use, self-destructive patterns

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

The Lost Child / Invisible One

CHILDHOOD FUNCTION

Withdrew, became quiet and small, asked for nothing. Survived by not being noticed.

ADULT CONSEQUENCES

Social anxiety, isolation, difficulty asserting needs, underachievement, feeling invisible or irrelevant

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

The Mascot / Comic

CHILDHOOD FUNCTION

Used humor, charm, or distraction to defuse tension. The family's emotional pressure valve.

ADULT CONSEQUENCES

Difficulty with serious emotions, deflection, superficial relationships, fear of depth, anxiety masked by humor

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

The Caretaker / Enabler

CHILDHOOD FUNCTION

Managed the addict's behavior, covered up consequences, held the family together through self-sacrifice.

ADULT CONSEQUENCES

Codependency, over-giving, resentment, loss of self, inability to receive, attraction to people who need "fixing"

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

The Mediator / Peacekeeper

CHILDHOOD FUNCTION

Negotiated conflicts, absorbed tension, smoothed over crises. The family's emotional shock absorber.

ADULT CONSEQUENCES

Conflict avoidance, hypervigilance to others' moods, anxiety in uncertain situations, difficulty expressing own needs

How strongly did/do you identify with this role? (1-5)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Describe specific ways this role operated in your childhood family AND how it continues to operate today.

How has this role connected to your substance use or your recovery? Has it helped or hindered?

Role Summary & Integration

1. What was your primary survival role? What was it protecting you from?

2. How does this role currently cost you in your relationships, your recovery, and your sense of self?

3. What would it look like to begin releasing this role? What are you afraid would happen if you stopped playing it?

4. Who would you be if you were not defined by this role? What authentic qualities, needs, and desires exist underneath it?

YOUR EXERCISE

Inner Child Letter Writing

Speaking to the Child Who Survived

Why Inner Child Work Matters

The 'inner child' is the part of you that carries the original wound — the child who adapted, survived, and endured the family dysfunction. That child's unmet needs, unexpressed emotions, and unhealed pain are the engine driving many of your adult patterns and your substance use.

Letter FROM Your Inner Child to Adult You

Write a letter from the perspective of yourself as a child — the age when the family dysfunction was most impactful. Let that child speak honestly about what they experienced, what they needed, what they felt, and what they want you (the adult) to know.

Dear [adult me], // I need you to know that when I was little...

Letter TO Your Inner Child from Adult You

Now write back to that child from your adult self — the self who is in recovery, who is doing this work, who has survived. Tell the child what you want them to know. Offer the comfort, validation, truth, and protection they needed and didn't receive.

Dear little [me], // I want you to know that what happened was not your fault...

Connecting the Inner Child to Your Recovery

1. What unmet needs from childhood are you still trying to get met through substances, relationships, or compulsive behavior?

2. How does your inner child show up in your recovery — in meetings, in therapy, in relationships with sponsors or counselors?

3. What does your inner child need from you TODAY in order to feel safe enough to begin healing?

4. What commitment are you willing to make to your inner child as part of your recovery?

PART 5 OF 5 · READING

From Surviving to Thriving — The Promise of Dual Recovery

ACoA Step One is not the end of the story — it is the beginning. Admitting powerlessness over both the substance and the family-of-origin effects is not a sentence of permanent victimhood. It is the doorway to a recovery that goes deeper than sobriety, deeper than symptom management, deeper than simply surviving. It is the doorway to actually thriving.

The ACoA program includes "The Promises" — a vision of what becomes possible when the work of recovery addresses the whole person. These promises include discovering your true identity apart from the roles you played in the family, developing the ability to feel and express a full range of emotions, learning to set boundaries without guilt, forming relationships based on mutual respect rather than dependency or caretaking, and developing an inner loving parent to replace the critical voices that were installed in childhood.

What does thriving look like in practice?

It looks like developing self-awareness — the ability to pause between stimulus and response and choose, rather than react. When the criticism comes, instead of instantly flooding with shame and reaching for escape, you can recognize: "This is the old pattern activating. I am safe. I can tolerate this feeling. I can respond rather than react."

It looks like emotional competency — the ability to identify, feel, and express emotions without being destroyed by them or numbing them with substances or compulsive behavior. This is the direct reversal of ACoA Trait 10 (stuffing feelings).

It looks like relational health — the ability to be authentic in relationships, to tolerate imperfection in yourself and others, to set boundaries, to trust appropriately, and to receive love without sabotaging it.

It looks like an integrated identity — knowing who you are apart from the roles you played (caretaker, hero, scapegoat, lost child) and the substances you used. Developing values, preferences, interests, and a sense of self that is genuinely yours rather than a performance designed to keep others comfortable.

It looks like a regulated nervous system — one that can move flexibly between activation and calm, that can tolerate stress without collapse or explosion, that can engage with others from a place of safety rather than surveillance.

It looks like making peace with the past — not condoning what happened, not forgetting, not pretending it didn't matter, but releasing the grip that the past has on the present. Understanding that what happened to you was not your fault, but that healing is your responsibility.

The journey from ACoA Step One to these promises is not quick. It is not linear. It will involve grief — real, deep grief for the childhood you deserved and didn't get, for the years lost to addiction and dysfunction, for the relationships damaged along the way. Grief is not an obstacle to recovery. It is part of recovery.

Step One is where that journey begins. Not with defeat. With honesty.

Reflection Questions

1. Which of the ACoA Promises resonates most deeply with what you want your recovery to look like? What would it change about your daily life?

2. What grief are you carrying that needs to be acknowledged and processed? What did you lose — in childhood and in active addiction — that you have never fully mourned?

3. What does "thriving" — not just surviving — look like for you? If you could describe your life in full recovery from both SUD and ACoA patterns, what would a typical day look like?

4. What is the most courageous step you could take right now toward the kind of comprehensive recovery described in this section?

5. Write a letter to your younger self — the child who survived the family dysfunction. What do you want them to know about what you are doing now to heal the wounds they carried?

YOUR EXERCISE

Boundary Assessment & Development

From No Boundaries to Healthy Boundaries

Boundaries and ACoA

Adult children of dysfunctional families typically have one of two boundary patterns: no boundaries (enmeshment, people-pleasing, inability to say no) or walls (complete shutdown, isolation, refusal of intimacy). Neither is a healthy boundary. Recovery requires learning the middle ground.

Physical Boundaries

Your body, personal space, physical safety, touch, rest, nourishment

On a scale of 1-5, how healthy are your boundaries in this area? (1=None/Walls, 5=Healthy & Flexible)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What does your current boundary pattern look like in this area? Too porous, too rigid, or inconsistent?

What would a healthy boundary look like in this area? What specific boundary do you need to set?

Emotional Boundaries

What feelings you take on, how much you absorb from others, protecting your emotional energy

On a scale of 1-5, how healthy are your boundaries in this area? (1=None/Walls, 5=Healthy & Flexible)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What does your current boundary pattern look like in this area? Too porous, too rigid, or inconsistent?

What would a healthy boundary look like in this area? What specific boundary do you need to set?

Relational Boundaries

What you tolerate in relationships, how much you give vs. receive, what behavior you accept from others

On a scale of 1-5, how healthy are your boundaries in this area? (1=None/Walls, 5=Healthy & Flexible)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What does your current boundary pattern look like in this area? Too porous, too rigid, or inconsistent?

What would a healthy boundary look like in this area? What specific boundary do you need to set?

Time & Energy Boundaries

How you spend your time, what demands you accept, saying no to requests, protecting your recovery time

On a scale of 1-5, how healthy are your boundaries in this area? (1=None/Walls, 5=Healthy & Flexible)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What does your current boundary pattern look like in this area? Too porous, too rigid, or inconsistent?

What would a healthy boundary look like in this area? What specific boundary do you need to set?

Recovery Boundaries

Protecting your sobriety, people/places/things, what you will and will not expose yourself to

On a scale of 1-5, how healthy are your boundaries in this area? (1=None/Walls, 5=Healthy & Flexible)

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What does your current boundary pattern look like in this area? Too porous, too rigid, or inconsistent?

What would a healthy boundary look like in this area? What specific boundary do you need to set?

The Guilt of Boundary-Setting

1. When you set a boundary, what guilt messages arise? Whose voice are they in?

2. What is the worst thing you believe will happen if you maintain a boundary? Has this actually happened, or is it a fear from childhood?

3. Write a boundary affirmation: "I have the right to _____. Setting this boundary does not make me _____. It makes me _____."

4. Who in your recovery supports your boundary-setting? Who undermines it? What does this tell you about those relationships?

YOUR EXERCISE**The Inner Loving Parent Practice**

Becoming the Parent You Needed

Re-Parenting Yourself

ACoA recovery involves developing an 'inner loving parent' — an internal voice of compassion, wisdom, and safety that replaces the critical, shaming, or absent voice that the family of origin installed. This is not about blaming your parents. It is about providing yourself NOW with what was missing THEN.

Identifying the Inner Critical Parent

1. What does your inner critical voice most often say to you? Write down its most common messages word for word.

2. Whose voice is this? Can you trace it back to a specific person, or is it a composite of the family system's messages?

3. How does this voice contribute to your substance use or relapse risk? What does it drive you to do?

4. When is this voice loudest — what situations, emotions, or vulnerabilities activate it?

Developing the Inner Loving Parent

1. If you could create the perfect loving parent — one who is wise, compassionate, firm, and safe — what would they sound like? What would they say to you right now?

2. For each critical message you identified above, write a loving parent response. (Example: Critic: "You're pathetic." Loving Parent: "You're struggling, and that's human. Let's figure this out together.")

3. What does your inner child need to hear DAILY from a loving parent? Write 3-5 daily affirmations in the loving parent's voice.

4. How can you practice inner loving parenting during challenging recovery moments — cravings, emotional triggers, shame spirals?

Daily Re-Parenting Commitment

Write a commitment to daily re-parenting. Include: (1) a morning check-in with your inner child, (2) a specific practice for when the critic activates, and (3) an evening reflection on how you parented yourself today.

My daily re-parenting commitment: / / Morning: I will... / When the critic speaks: I will... / Evening: I will reflect on...

YOUR EXERCISE

Comprehensive Dual Recovery Plan

Integrating SUD Recovery and ACoA Healing

The Whole Picture

This exercise brings together everything you have discovered in this intensive into a comprehensive recovery plan that addresses both the substance use disorder and the adult child patterns. The most effective recovery programs address both dimensions simultaneously.

SUD Recovery Foundation

1. What are the non-negotiable elements of your sobriety program? (Meetings, sponsorship, therapy, medication, etc.)

2. What are your top 3 relapse triggers, and what is your response plan for each?

3. Who are the people in your SUD recovery support system? (Sponsor, therapist, home group, accountability partners)

4. What daily practices anchor your sobriety?

ACoA Recovery Integration

1. What ACoA recovery resources are you willing to engage with? (ACoA meetings, ACoA literature, inner child therapy, family-of-origin work with a therapist)

2. What are the top 3 ACoA patterns you have identified that most need attention? What is your plan for each?

3. What body-based practices will you incorporate to address the nervous system dimension? (Breathwork, yoga, somatic therapy, etc.)

4. What does your inner loving parent practice look like on a daily basis?

Integration — Where SUD and ACoA Meet

1. How will you practice dual awareness — recognizing when a situation is activating your addiction, your ACoA patterns, or both?

2. What is your plan for when an ACoA trigger threatens your sobriety? (The abandonment that makes you want to drink, the shame that makes you want to use, etc.)

3. How will you communicate your dual recovery needs to the people in your support system?

4. What does comprehensive recovery look like for you in 30 days? 90 days? One year? Describe the life you are building.

Your Recovery Promise

Write a promise to yourself — not a promise of perfection, but a promise of commitment. Acknowledge where you are, what you have learned, and what you are committed to doing. This is your Step One declaration, your recovery commitment, and your promise to the child who survived.

Today I acknowledge that... / / I have learned that... / / I commit to... / / To the child who survived: I promise...
