

ACoA Step Three Intensive

Adult Children of Alcoholics · The Recovery Files

Learning to Trust When Trust Was Broken

A Dual-Recovery Approach for SUD & Mental Health

Your progress 0 of 6 parts done · Guarded · Control & hypervigilance · Deciding · The turning point · Trusting · Surrender as strength · Who Is This For?

This intensive is for anyone in substance use disorder and/or mental health recovery who also identifies as an Adult Child of an Alcoholic (ACoA) or grew up in a dysfunctional family system. It blends the ACoA Step Three with SUD recovery principles and mental health awareness to address the unique challenges of learning to trust when trust was broken in childhood.

In this workbook

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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

ACoA Step Three: The Decision That Terrifies

Step Three reads: "Made a decision to turn our will and our lives over to the care of God as we understood God."

For most people in recovery, this step is challenging. For Adult Children of Alcoholics and those recovering from both substance use disorders and the legacy of growing up in alcoholic or dysfunctional homes, Step Three can feel like being asked to jump off a cliff blindfolded — into the arms of someone who has already dropped you.

This is not weakness. This is the perfectly logical response of a nervous system that learned, through repeated experience, that trusting authority figures leads to pain. The child who watched a parent promise sobriety and relapse. The child who was told "I love you" by someone who then disappeared into a bottle. The child who depended on adults who were physically present but emotionally absent, erratic, violent, or checked out.

That child learned a lesson so deeply encoded in the body that it operates below conscious thought: depending on anyone or anything outside yourself is dangerous.

Now recovery asks you to do the very thing your survival system has spent a lifetime preventing.

Here is what Step Three is NOT: it is not asking you to become helpless again. It is not asking you to submit to an authority that will harm you. It is not asking you to stop thinking, stop choosing, or stop advocating for yourself. It is not a return to the powerlessness of childhood.

Here is what Step Three IS: it is the decision to stop trying to control everything with a will that was shaped by dysfunction. It is the acknowledgment that your current operating system — hypervigilance, control, self-reliance at all costs — was a brilliant survival adaptation that has now become a prison. It is the willingness to consider that there might be a way of living that does not require you to carry the entire weight of existence on your shoulders alone. It is a door, not a trap.

For people with dual recovery needs — healing from both substance use disorders and the wounds of growing up in an alcoholic home — Step Three sits at the intersection of two recovery journeys. The SUD recovery framework asks you to surrender the substance and the illusion that you can safely use. The ACoA recovery framework asks you to surrender the survival patterns and the illusion that hypercontrol keeps you safe.

The decision of Step Three is not a one-time event. It is a practice — a daily, sometimes hourly, choice to loosen the grip, to allow guidance, and to trust that the universe (or God, or the group, or the process, or love itself) is not the same as the dysfunctional home you grew up in.

You are not that child anymore. And the care being offered is not the care that failed you.

Reflection Questions

1. When you read "turn our will and our lives over to the care of God as we understood God," what is your immediate emotional and physical response? Where does the resistance live in your body?

2. How has your experience as an Adult Child of an Alcoholic specifically shaped your ability to trust a Higher Power or surrender control? Can you trace the connection between childhood experience and current spiritual resistance?

3. What is the difference between the helpless dependency you experienced as a child and the conscious, chosen trust that Step Three invites? Can you begin to separate the two?

4. If your substance use was partly an attempt to manage the pain of growing up in a dysfunctional home, what does it mean that recovery now asks you to heal BOTH the addiction and the childhood wounds simultaneously?

5. Write a letter to your younger self explaining what Step Three really means — as though you are the trustworthy adult that child needed but never had.

CHECK YOURSELF · CHECK-IN 1 OF 5

Decision-Making & Will

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

1. I have extreme difficulty making decisions because I fear making the wrong choice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I either make impulsive decisions to escape the discomfort of uncertainty or avoid decisions entirely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I second-guess myself constantly — even after a decision is made, I ruminate over whether it was right

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have difficulty distinguishing between my own authentic will and the people-pleasing patterns I developed to survive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I do not trust my own judgment because my judgment was formed in dysfunction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I often look to others to tell me what to do, then resent them for having that power

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. The phrase "turn our will and our lives over" triggers a fear of losing myself entirely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have difficulty knowing who I am apart from my roles, my addiction, and my family-of-origin patterns

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Surrender Spectrum

Distinguishing Healthy Surrender from Childhood Submission

Critical Distinction

For ACoAs, the word 'surrender' can trigger memories of helplessness, forced compliance, and having no choice. Step Three surrender is fundamentally different from childhood submission. This exercise helps you identify where you fall on the spectrum.

Helpless Submission

⚠ CHILDHOOD PATTERN — NOT STEP THREE

Having no choice, no voice, no power. Being at the mercy of someone who does not care about your wellbeing.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

How might you be confusing this childhood pattern with Step Three surrender?

Forced Compliance

⚠ CHILDHOOD PATTERN — NOT STEP THREE

Being made to comply through fear, punishment, or manipulation. Doing what you are told to survive.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

How might you be confusing this childhood pattern with Step Three surrender?

Exhausted Resignation

⚠ CHILDHOOD PATTERN — NOT STEP THREE

Giving up because you are too tired to fight anymore. Not trust — just collapse.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

How might you be confusing this childhood pattern with Step Three surrender?

Intellectual Agreement

✓ RECOVERY-ORIENTED SURRENDER

Understanding that surrender might be helpful but not feeling it. The head says yes; the body says no.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

What would it take for you to practice more of this type of surrender in your recovery?

Tentative Trust

✓ RECOVERY-ORIENTED SURRENDER

Trying to let go in small, measured doses while maintaining one hand on the steering wheel.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

What would it take for you to practice more of this type of surrender in your recovery?

Chosen Surrender

✓ RECOVERY-ORIENTED SURRENDER

A conscious, voluntary decision to release control — not because you are powerless but because you trust the care being offered.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

What would it take for you to practice more of this type of surrender in your recovery?

Embodied Trust

✓ RECOVERY-ORIENTED SURRENDER

Surrender that lives in the body, not just the mind. A felt sense of being held, supported, and safe enough to release the need to manage everything.

Do you recognize this type of "surrender" in your experience? When have you practiced it?

What would it take for you to practice more of this type of surrender in your recovery?

Your Surrender Profile

1. Where on the spectrum do you most often find yourself? Is your current Step Three practice closer to "exhausted resignation" or "chosen surrender"?

Define your surrender...

2. What specific experiences or supports would help you move from the childhood end of the spectrum toward the recovery end?

Define your surrender...

3. Write a statement that distinguishes YOUR Step Three surrender from the helplessness of your childhood: "Step Three is NOT _____ (childhood). Step Three IS _____ (recovery)."

Define your surrender...

PART 2 OF 5 · READING

The Broken Trust Blueprint: Why ACoAs Struggle with Surrender

Trust is not an abstract concept — it is a neurological blueprint that is laid down in the earliest years of life through thousands of interactions between a child and their primary caregivers.

When a child cries and is consistently comforted, the brain encodes: "The world responds to my needs. I am safe. Others can be relied upon." This is secure attachment, and it forms the foundation for healthy trust throughout life.

When a child cries and is inconsistently responded to — sometimes comforted, sometimes ignored, sometimes punished, sometimes met with a parent's rage or a parent's intoxication — the brain encodes a very different message: "The world is unpredictable. My needs may or may not be met. I cannot rely on anyone. I must manage my own survival." This is insecure attachment, and it is the default operating system of most Adult Children of Alcoholics.

There is a third pattern that is particularly relevant for ACoAs: disorganized attachment. This occurs when the person who is supposed to be the source of safety is simultaneously the source of threat. The brain faces an impossible paradox: "I need to move toward this person for safety AND move away from this person to survive."

This creates a nervous system that is perpetually caught between approach and avoidance — and it maps directly onto the Step Three struggle. The concept of a caring Higher Power simultaneously attracts (the longing for safety and comfort) and repels (the terror that trusting will lead to betrayal).

For those who also developed substance use disorders, the attachment blueprint intersects with the addiction cycle in critical ways. Substances became the reliable "attachment figure" that human beings never were. Alcohol was there every time. Drugs never forgot a birthday, never passed out when you needed them, never screamed at you unprovoked. The substance was the first relationship that felt dependable.

This is why Step Three is not simply a matter of willpower or "trying harder to believe." The resistance to surrender is not stubbornness or defiance — it is the body's protective intelligence operating exactly as it was designed to operate. Your nervous system is not broken. It was shaped by an environment where trust was dangerous.

Before Step Three can become accessible, the nervous system needs new experiences of safe, reliable, non-exploitative care that gradually update the blueprint from "trust is dangerous" to "trust is possible."

You cannot think your way into trust. You must experience your way into it, one safe interaction at a time, until the body begins to believe what the mind is trying to accept.

Reflection Questions

1. Based on the attachment descriptions above, which pattern most closely describes your early experience? How does that pattern show up in your ability to trust today?

2. Have you experienced the "approach-avoidance" conflict with Step Three — simultaneously wanting to surrender and being terrified of surrendering? Describe this internal battle.

3. Did substances serve as a "reliable attachment figure" in your life? How did the consistency of the substance compare to the consistency of the humans around you?

4. Who in your current life provides experiences of safe, reliable, non-exploitative care? If no one comes to mind, what steps could you take to begin building those relationships?

5. What would your nervous system need to experience — not just understand intellectually — in order to begin updating its trust blueprint?

CHECK YOURSELF · CHECK-IN 2 OF 5

Trust Wounds & Hypervigilance

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

1. I find it extremely difficult to trust anyone completely — including a Higher Power, the process of recovery, or people trying to help me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I am constantly scanning for signs that people will let me down, betray me, or abandon me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I learned early that the only person I can depend on is myself — and I still live by that rule
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. When someone offers to help, my first instinct is suspicion rather than gratitude
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I have difficulty believing that anything outside of my own effort can produce positive results
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I associate vulnerability with danger — letting my guard down has historically led to being hurt
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I test people repeatedly before I even begin to consider trusting them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. The idea of "turning my will and life over to the care of" anything or anyone feels terrifying, not comforting
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Trust Wound Timeline

Mapping the History of Broken Trust Across Your Life

Why This Matters

Trust wounds don't happen in a single moment — they accumulate across a lifetime. By mapping when and how trust was broken, you can see the pattern that makes Step Three so difficult.

Early Childhood (0-6)

What were your earliest experiences of trust being broken? Who was supposed to care for you, and how did they fall short?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Middle Childhood (7-12)

How did the family dysfunction affect your developing understanding of the world? When did you first realize your family was different?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Adolescence (13-17)

How did trust wounds manifest in your teenage years? Did you begin using substances, isolating, people-pleasing, or rebelling?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Young Adulthood (18-25)

How did childhood trust patterns follow you into adult relationships, work, and substance use?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Adulthood (26+)

How have trust wounds manifested in your adult life — in relationships, parenting, career, addiction, and recovery?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Recovery (Present)

Where are trust wounds most actively affecting your recovery today?

What happened during this period that damaged your ability to trust?

What message did you internalize about trust?

How does this message still operate in your life and recovery today?

Trust Timeline Summary

1. Looking at your entire timeline, what is the central trust wound — the core message about trust that runs through every period of your life?

2. At what point on the timeline did your substance use begin? How did it relate to the trust wounds that preceded it?

3. If you could speak to the child at the beginning of this timeline, what would you tell them about the trust they lost and the trust they can still build?

4. What would need to be true for you to begin writing a new chapter — one where trust is being rebuilt rather than destroyed?

YOUR EXERCISE

Authority Figure Mapping

How Past Authority Shapes Your Higher Power Concept

The Connection

Your concept of a Higher Power is shaped by every authority figure who ever had power over you. If those figures were unreliable, abusive, or controlling, your brain will project those qualities onto any Higher Power you try to trust.

Primary Caregiver #1

The person who was primarily responsible for your care

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Primary Caregiver #2

The second primary caregiver, if present

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Other Significant Family Member

Grandparent, aunt/uncle, sibling, or other influential relative

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Teacher, Coach, or Mentor

An authority figure from school, sports, or community

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Religious/Spiritual Authority

Clergy, religious teacher, or spiritual leader, if applicable

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Current Recovery Authority

The person currently guiding your recovery

How would you describe this person's character? Were they reliable, unpredictable, loving, controlling, absent, or abusive?

What did this person teach you about power, authority, and trust — through their actions?

Do you project any of this person's qualities onto your Higher Power concept?

Authority Figure Summary

1. Looking across all your authority figures, what is the dominant pattern? Were most reliable or unreliable? Loving or harmful?

2. Which authority figure has the strongest influence on your current Higher Power concept?

3. Is there any authority figure from your past who DID demonstrate trustworthiness? What did that experience teach you?

4. Based on this mapping, what qualities would YOUR Higher Power need to have in order for you to begin trusting?

PART 3 OF 5 · READING

The Control Paradox: How Self-Reliance Becomes Self-Destruction

Adult Children of Alcoholics are often the most capable, competent, and self-reliant people in any room. They had to be. When the adults in the house could not be relied upon, the child learned to rely on themselves. They became hyper-responsible, hyper-organized, hyper-aware of every shift in emotional temperature.

These are not character flaws — they are survival achievements of the highest order.

The paradox is that these same survival achievements become the primary obstacle to recovery. The self-reliance that kept you alive as a child now keeps you isolated. The control that created safety in chaos now creates rigidity in recovery. The hypervigilance that helped you read the room now keeps your nervous system in a state of perpetual exhaustion.

Step Three asks you to loosen the grip on the very mechanisms that kept you alive. This is why it feels like a death threat rather than an invitation.

In the context of substance use recovery, the control paradox manifests in specific ways. Many ACoAs who develop addictions initially used substances AS a form of control — to manage anxiety, to regulate emotions, to create predictability in inner experience when outer experience was chaotic. The substance was not a loss of control; it was the ULTIMATE form of control. "I cannot control my father's drinking, my mother's depression, or the chaos in this house, but I CAN control how I feel right now with this substance."

When this false control is removed in recovery, the ACoA is left with the original, unresolved terror of having no control at all.

The resolution of the control paradox does not come from forcing yourself to "let go." It comes from gradually discovering — through repeated experience — that there are forms of power that do not require control. Influence without manipulation. Connection without dependency. Strength without rigidity. Faith without certainty.

Step Three is not asking you to abandon the competence that kept you alive. It is asking you to expand your repertoire — to add trust, surrender, and receptivity to the toolkit that already includes vigilance, responsibility, and control. You are not replacing your survival skills. You are evolving them.

Reflection Questions

1. What specific survival skills did you develop as a child in an alcoholic or dysfunctional home? How have these same skills become obstacles in your recovery?

2. Did your substance use serve as a form of control — an attempt to manage internal chaos when external chaos was uncontrollable? How does recognizing this pattern change your understanding of your addiction?

3. What happens in your body when you imagine truly letting go of control in recovery? What is your nervous system afraid will happen?

4. Can you identify a moment in recovery when you experienced "power without control" — when something good happened that you did not orchestrate or force? What was that like?

5. If Step Three is about expanding your repertoire rather than abandoning your survival skills, what new skills (trust, receptivity, surrender) would most benefit your recovery right now?

CHECK YOURSELF · CHECK-IN 3 OF 5

Control as Survival Strategy

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

1. I feel compelled to control situations, people, and outcomes because letting go feels like inviting disaster

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have difficulty delegating or allowing others to handle things because I believe only I can do it right

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. When I cannot control a situation, I experience intense anxiety, panic, or anger

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I micromanage my recovery the same way I micromanaged my addiction — through sheer willpower

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I grew up in chaos and developed control as my primary way of creating safety

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I equate surrender with giving up, losing, or being weak — not with finding peace

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I would rather exhaust myself trying to manage everything than risk the uncertainty of letting go

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. My need for control has damaged relationships, blocked intimacy, and kept me isolated even in recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Control Pattern Inventory

Identifying What You Are Turning Over in Step Three

The Purpose

You cannot turn over what you cannot see. This inventory identifies the specific control patterns that Step Three invites you to release — not all at once, but gradually, as you build the trust that makes letting go possible.

Controlling Other People

EXAMPLES

Telling others what to do, managing their emotions, fixing their problems, giving unsolicited advice

How does this control pattern show up in YOUR life? Give specific, recent examples.

Where did you learn this pattern? How did it serve you as a child?

What is this pattern costing you in recovery and in life?

On a scale of 1-10, how ready are you to begin loosening this pattern?

Controlling Outcomes

EXAMPLES

Over-planning, refusing to accept uncertainty, catastrophizing when plans change

How does this control pattern show up in YOUR life? Give specific, recent examples.

Where did you learn this pattern? How did it serve you as a child?

What is this pattern costing you in recovery and in life?

On a scale of 1-10, how ready are you to begin loosening this pattern?

Controlling Emotions

EXAMPLES

Suppressing feelings, intellectualizing, staying busy to avoid feeling

How does this control pattern show up in YOUR life? Give specific, recent examples.

Where did you learn this pattern? How did it serve you as a child?

What is this pattern costing you in recovery and in life?

On a scale of 1-10, how ready are you to begin loosening this pattern?

Controlling Image/Perception

EXAMPLES

Perfectionism, people-pleasing, never showing weakness, performing wellness

How does this control pattern show up in YOUR life? Give specific, recent examples.

Where did you learn this pattern? How did it serve you as a child?

What is this pattern costing you in recovery and in life?

On a scale of 1-10, how ready are you to begin loosening this pattern?

Controlling Recovery

EXAMPLES

Doing recovery "perfectly," following rules but avoiding vulnerability, resisting suggestions

How does this control pattern show up in YOUR life? Give specific, recent examples.

Where did you learn this pattern? How did it serve you as a child?

What is this pattern costing you in recovery and in life?

On a scale of 1-10, how ready are you to begin loosening this pattern?

Control Inventory Summary

1. Which control pattern scored highest on your readiness to let go? Which scored lowest?

2. Is there a "master pattern" underneath all these individual control behaviors — one core fear that drives them all? Name it.

3. How has control impacted your substance use recovery specifically?

4. Write a Step Three intention: "I am willing to begin releasing my control of _____ and to trust _____ instead."

PART 4 OF 5 · READING

Dual Healing: Where ACoA Recovery Meets SUD & Mental Health Recovery

Many people in substance use disorder recovery discover, sometimes months or years in, that their addiction did not develop in a vacuum. Beneath the substance use lies a foundation of childhood experiences that created the conditions for addiction to take root.

In traditional SUD recovery, Step Three is framed primarily as a spiritual surrender — releasing the illusion that self-will alone can manage addiction, and accepting guidance from a power greater than the disease. This framing works well for many people. But for Adult Children of Alcoholics, the invitation to "let go and let God" bumps up against a pre-existing wound: the child who was forced to "let go" because no one was holding on.

The ACoA framework addresses Step Three differently. In ACoA, Step Three is not just about surrendering the addiction — it is about learning to trust for the first time, or re-learning to trust after trust was systematically destroyed. It is about reparenting the inner child who never had a reliable authority to turn to.

The mental health implications of this dual recovery are profound. Research consistently demonstrates that Adverse Childhood Experiences (ACEs), including parental substance use, family dysfunction, emotional neglect, and household instability, are among the strongest predictors of both mental health disorders and substance use disorders in adulthood.

Step Three, when approached through the lens of dual healing, becomes an integrative practice:

- From the SUD perspective: surrendering the substance and the addictive thinking that maintains it.
- From the ACoA perspective: beginning to trust that you are not alone, that care exists, and that you do not have to carry everything by yourself.
- From the mental health perspective: allowing the hyperactivated nervous system to begin standing down — to receive support, to accept treatment, to let therapy reach the deeper layers.

The individual in dual recovery must learn self-compassion for the pace of their progress — understanding that they are not "doing Step Three wrong" but are doing something extraordinarily difficult: learning to trust for the first time while simultaneously surrendering the only coping mechanism that ever felt reliable.

This is not a failure of recovery. It is the depth of recovery.

Reflection Questions

1. Do you identify as someone in "dual recovery" — healing from both substance use and the effects of growing up in an alcoholic or dysfunctional home? How do these two recovery paths intersect in your experience?

2. Has traditional Step Three language ("Let go and let God") been helpful or triggering for you? What language or framework would make surrender feel safer?

3. How many Adverse Childhood Experiences (ACEs) do you estimate you carry? How has this childhood adversity manifested in your adult mental health, relationships, and substance use?

4. What would it mean for you to approach Step Three not just as a surrender of addiction but as a first act of trust — as a reparenting of the child who never had reliable care?

5. What professional supports (therapy, psychiatric care, group work) do you currently have in place to support the depth of healing that dual recovery requires? What gaps exist?

CHECK YOURSELF · CHECK-IN 4 OF 5

Inner Child & Family-of-Origin Impact

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

1. Growing up, the adults in my life were unpredictable, absent, impaired, or emotionally unavailable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I learned as a child that my needs did not matter, would not be met, or were a burden to others
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I took on adult responsibilities at a young age — becoming the caretaker, mediator, or invisible child
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I carry deep shame that I believe is fundamentally about who I am, not just what I have done
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I have difficulty identifying what I need or want because I was never allowed to have needs
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I recreate the dynamics of my childhood home in my adult relationships — choosing partners or situations that feel familiar even when they are harmful
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I struggle with an inner critic that is relentless, perfectionistic, and impossible to satisfy
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I believe that I must earn love and acceptance through performance, caretaking, or self-sacrifice
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Inner Child Dialogue

Speaking to the Child Who Learned Not to Trust

The ACoA Inner Child

Step Three requires the inner child's participation, because it is the child — not the adult — who is most afraid of trusting. This dialogue allows you to speak to that child directly, to acknowledge their pain, validate their survival, and begin offering the care they never received.

Part 1: Acknowledging the Child

Close your eyes briefly. Picture yourself as a young child — at the age when things were hardest. Now write to them.

1. Dear younger me: I see you. What I want you to know about what you went through is...

Write to the child...

2. The ways you learned to protect yourself — the control, the vigilance, the walls — were not weaknesses. They were...

Validate their survival...

3. The adults in your life should have provided _____ but instead they provided _____. That was not your fault because...

Name what was missing and why it wasn't the child's fault...

Part 2: Listening to the Child

Now let the child speak. Write as though you ARE that child, using their language and their feelings.

1. (As the child): What I'm most afraid of about this 'Step Three' thing is...

Let the child express their fear...

2. (As the child): The last time I trusted someone, what happened was...

Let the child share the wound...

3. (As the child): What I would need to feel safe enough to trust again is...

Let the child name what they need...

Part 3: Reparenting Response

Now respond to the child as the loving, trustworthy adult they needed but never had.

1. (As the loving adult): I hear your fear, and I want you to know that this time is different because...

Reassure the child...

2. (As the loving adult): I promise to protect you by _____, and I will never ask you to trust blindly because...

Make a safe promise...

3. (As the loving adult): Together, we are going to approach Step Three by _____, at a pace that feels _____, because you deserve _____.

Create a safe plan together...

YOUR EXERCISE

Grief & Reparenting Letters

Processing What Was Lost & Providing What Was Missing

Why Grief Is Part of Step Three

As you begin to trust — a Higher Power, a community, a process — you will inevitably encounter grief. The care being offered now illuminates the care that was absent then. Grief is not a detour from Step Three; it is the emotional cost of opening the door.

Letter 1: To the Parent Who Couldn't Be Trusted

Write to the parent (or primary caregiver) whose addiction, dysfunction, or absence most damaged your ability to trust. This letter is for YOU — you will never send it.

Dear _____, / / What I needed from you was... / What I got instead was... / What this cost me was... / What I feel about this now is...

Letter 2: To Your Younger Self

Write to yourself at the age when things were hardest. Speak to that child with the love, understanding, and protection they deserved but did not receive.

Dear little _____, // I see what you went through, and I want you to know... / The way you survived was... / What I promise you now is...

Letter 3: To the Substance

For those in dual recovery: write to the substance that became the 'reliable parent' your family couldn't be.

Dear _____, // You came into my life when I needed... / What you gave me was... / What you took from me was... / I'm choosing to trust something else now because...

Letter 4: To Your Higher Power

Write to your Higher Power — however you understand that concept. Be completely honest about your fears, your anger, your longing, and what you need from this relationship.

Dear _____, // I have been afraid to trust you because... / What I need from you is... / What I am willing to try is... / What I am not yet ready for is...

Letter Integration

1. Which letter was hardest to write? What did that difficulty reveal about where your deepest wounds are?

2. What emotion surfaced most strongly across all four letters? How is that emotion connected to your Step Three work?

3. Did writing these letters shift anything in your body or your emotional state? What changed?

4. How can you continue the practice of writing as a form of grief processing and reparenting in your ongoing recovery?

YOUR EXERCISE

Dual Recovery Integration Map

Where ACoA Patterns Meet SUD & Mental Health Challenges

The Integration Principle

ACoA patterns and substance use disorders are not separate conditions — they are deeply interconnected systems that reinforce each other. This map makes those intersections visible so you can address both simultaneously.

Cravings & Urges

ACoA + SUD INTERSECTION

Cravings often spike when ACoA patterns activate — when trust is tested, control is threatened, or childhood emotions surface. The craving is less about the substance and more about the desperate need for emotional regulation.

INTEGRATION PRACTICE

When a craving hits, ask: "What ACoA wound just got triggered?" Name the childhood emotion underneath the craving.

How does this specific intersection show up in YOUR dual recovery? Give a concrete, recent example.

How does this intersection specifically affect your ability to practice Step Three?

Relationship Conflict

ACoA + SUD INTERSECTION

ACoAs bring hypervigilance, people-pleasing, and fear of abandonment into relationships. Conflict feels existentially threatening because childhood conflict meant someone might leave, rage, or drink.

INTEGRATION PRACTICE

In conflict, check: "Am I reacting to what is happening now, or to what happened then?" Separate the current situation from the childhood template.

How does this specific intersection show up in YOUR dual recovery? Give a concrete, recent example.

How does this intersection specifically affect your ability to practice Step Three?

Resistance to Treatment/Program

ACoA + SUD INTERSECTION

ACoAs resist authority because authority was untrustworthy. Together with SUD denial, these create a formidable barrier to trusting the recovery process.

INTEGRATION PRACTICE

Reframe resistance as information: "My nervous system is protecting me. What would make this feel safe enough to engage?"

How does this specific intersection show up in YOUR dual recovery? Give a concrete, recent example.

How does this intersection specifically affect your ability to practice Step Three?

Shame & Self-Worth

ACoA + SUD INTERSECTION

ACoA shame says "I am fundamentally defective." SUD shame adds "and I proved it by becoming addicted." The combination creates a shame so deep that receiving care feels undeserved.

INTEGRATION PRACTICE

Separate the two shames: "The shame of my childhood was placed on me. The shame of my addiction can be processed through recovery. Neither defines my worth."

How does this specific intersection show up in YOUR dual recovery? Give a concrete, recent example.

How does this intersection specifically affect your ability to practice Step Three?

Isolation & Withdrawal

ACoA + SUD INTERSECTION

ACoA isolation comes from the belief that no one can be trusted. SUD isolation comes from shame and secrecy. Combined, they create a fortress that keeps help out — and makes Step Three nearly impossible.

INTEGRATION PRACTICE

Practice "micro-connections" — small, safe acts of sharing that gradually dismantle the fortress without requiring full vulnerability all at once.

How does this specific intersection show up in YOUR dual recovery? Give a concrete, recent example.

How does this intersection specifically affect your ability to practice Step Three?

Your Dual Recovery Profile

1. Which intersection is most active in your life right now? How is the combination of ACoA patterns and SUD challenges creating a barrier that neither alone could create?

2. What professional supports are addressing BOTH your ACoA patterns and your substance use? Are there gaps?

3. How does understanding the ACoA-SUD intersection change your understanding of Step Three?

4. Write an integrated Step Three statement: "I am deciding to trust _____ with both my addiction and my childhood wounds, because _____."

PART 5 OF 5 · READING

Rebuilding Trust: From Decision to Daily Practice

Step Three says "made a decision." It does not say "achieved surrender." It does not say "completely trusted." It does not say "never struggled with control again." It says "made a decision" — and this language is intentionally humble. A decision is a beginning, not an accomplishment. It is a direction, not a destination.

For Adult Children of Alcoholics in recovery, the daily practice of Step Three looks different from the traditional model. The ACoA experience of Step Three is more often a gradual, iterative process that involves thousands of small decisions to trust rather than control, to receive rather than manage, and to allow rather than force.

The practice begins with awareness. Before you can choose differently, you must notice what you are currently choosing. Most ACoAs operate on autopilot — the control mechanisms are so deeply embedded that they run without conscious input. The first step in daily Step Three practice is simply noticing: "I am trying to control this outcome. I am refusing help because I don't trust it. I am micromanaging because uncertainty terrifies me."

Once awareness is established, the practice moves to choice. In the moment you notice the control pattern activating, you have a window — sometimes just seconds — in which you can choose a different response. Instead of taking over, you can ask for help. Instead of managing someone else's emotions, you can let them have their experience. Instead of refusing support, you can say "yes, thank you."

The practice deepens through relationship. Step Three is not a solitary exercise — it is relational. It is practiced in the context of a therapeutic relationship where you allow yourself to be helped. It is practiced in a recovery group where you speak honestly about your struggles rather than performing competence.

Each of these interactions provides a corrective emotional experience — evidence that trust can exist without exploitation, that care can be offered without strings, and that receiving help does not make you weak or dependent.

The practice also involves grief. As you begin to trust — a Higher Power, a community, a process — you will likely encounter the grief of what was never provided. The child within you may rage or weep or collapse, because the care being offered now illuminates the absence of care that existed then. This grief is not a setback. It is a sign that the walls are coming down, that the heart is thawing.

Finally, the practice requires self-compassion for the days when you cannot do it. There will be days when the old patterns take over completely. On those days, Step Three is not a failure. It is a practice you return to, the way a meditator returns to the breath after the mind wanders.

The decision is not made once. It is made again and again, with increasing frequency and decreasing resistance, until the new pattern begins to feel less like a leap of faith and more like coming home.

Reflection Questions

1. What does your current daily Step Three practice look like? If you do not have one, what would a realistic starting point be?

2. Can you identify specific moments in recent days when you chose control over trust? What would the alternative have looked like?

3. Where are you practicing Step Three relationally — allowing yourself to be helped, supported, or cared for by another person? If nowhere, what is blocking you?

4. Have you encountered the grief that comes with beginning to receive care — the grief of what should have been there and was not? How have you handled it?

5. Write a compassionate statement to yourself for the days when Step Three feels impossible — the days when you revert to control, isolation, and self-reliance. What would a loving parent say to you on those days?

CHECK YOURSELF · CHECK-IN 5 OF 5

Spiritual Disconnection & Higher Power Resistance

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

1. I have significant resentment toward God, religion, or spiritual concepts because of how they were used in my family or upbringing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. The concept of a "loving Higher Power" contradicts my lived experience — if something was watching over me, why did it allow what happened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I intellectualize spirituality to avoid actually experiencing it emotionally

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I use my resistance to traditional religion as a reason to reject all forms of spiritual connection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I feel unworthy of spiritual care or connection — as though I have done too much or am too damaged

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I confuse a Higher Power with the authority figures who failed, abused, or abandoned me as a child

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I struggle to distinguish between healthy surrender and the helpless submission I experienced in my family

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I want to believe in something greater than myself but cannot get past the wall of distrust

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Higher Power Reconstruction

Building a God of Your Understanding — Not Your Family's

Why Reconstruction Is Necessary

Most ACoAs carry a 'pre-installed' Higher Power concept shaped by their dysfunctional family system. Before you can turn your will and life over to the care of a Higher Power, you may need to demolish the old concept and build a new one from scratch.

Part 1: Demolishing the Old Concept

1. What was the Higher Power / God concept in your childhood home? Was it punishing, absent, weaponized, or conditional?

2. How was God or spirituality used in your family system? Was it a source of comfort or a tool of control, guilt, or shame?

3. What beliefs about God did you absorb from your dysfunctional home that you now recognize as projections of your family dysfunction?

4. What is the "old God" that you need to fire before you can build a new concept? Describe this false Higher Power in detail.

Part 2: Building the New Blueprint

"God as we understood God" means YOU get to define this relationship. Your Higher Power can be God, the Universe, Nature, Love, the Recovery Community, or anything that represents care greater than your isolated will.

1. What qualities would your ideal Higher Power possess? (Consider: patience, consistency, unconditional acceptance, gentle guidance, non-punishing, radical love...)

2. What would your Higher Power NEVER do? (Based on what was done to you that should never have been done.)

3. If your Higher Power could speak to you right now, what would its voice sound like? What would it say about your worth and your recovery?

4. Where have you already experienced the presence of something greater than yourself — in nature, in a meeting, in surviving what should have destroyed you?

5. Give your Higher Power a name, an image, or a feeling that is entirely YOURS — not inherited, not imposed.

Part 3: Establishing the Relationship

1. What would a daily relationship with this Higher Power look like in practice?

2. What is one thing you could "turn over" to this Higher Power today — not everything, just one thing?

3. How would you know if this Higher Power is working in your life? What would be the evidence?

4. Write a brief letter to your newly constructed Higher Power — introducing yourself, naming your fears, and expressing what you need.

YOUR EXERCISE

Daily Trust Practice

Seven Days of Building Trust — One Small Act at a Time

The Practice

Trust is not rebuilt through a single dramatic gesture. It is rebuilt through small, repeated experiences of safety. Each day this week offers one specific trust practice. Approach each day with curiosity, not perfection.

Day 1: Trust Your Body

TODAY'S PRACTICE

Today, practice trusting a physical sensation. When your body signals hunger, tiredness, or tension, respond to it without overriding, ignoring, or "powering through."

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: Where did your body ask for something? Did you respond or override? What was that like?

Day 2: Trust One Person

TODAY'S PRACTICE

Today, share one honest thing with one safe person — something you would normally keep to yourself. The practice is in the sharing, not the size of the disclosure.

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: What did you share? With whom? What happened in your body before, during, and after?

Day 3: Trust the Process

TODAY'S PRACTICE

Today, follow one suggestion from your sponsor, therapist, or recovery program **WITHOUT** modifying or debating it first. Just do it as suggested.

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: What suggestion did you follow? How did it feel to do something without controlling the process?

Day 4: Trust the Uncertainty

TODAY'S PRACTICE

Today, identify one situation where you cannot know the outcome — and practice sitting with the not-knowing without trying to control, predict, or plan your way out.

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: What uncertainty did you sit with? What was your anxiety level? Did the feared outcome happen?

Day 5: Trust Your Worth

TODAY'S PRACTICE

Today, accept one compliment, offer of help, or act of kindness without deflecting, minimizing, or feeling obligated to reciprocate immediately. Just receive.

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: What did you receive? How did it feel? Did you deflect, or did you let it land?

Day 6: Trust Your Higher Power

TODAY'S PRACTICE

Today, identify one specific worry, problem, or burden and consciously hand it to your Higher Power. Say it out loud or write it down: "I am giving this to ____." Then do not pick it back up.

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: What did you hand over? Did you pick it back up? What happened when you let it go?

Day 7: Trust the Journey

TODAY'S PRACTICE

Today, reflect on the entire week of trust practice. What has shifted? What felt impossible on Day 1 that now feels slightly more possible?

Morning Intention: How will you approach today's trust practice? What resistance do you anticipate?

Evening Reflection: Summarize your week of trust practice. What surprised you? What challenged you most? What will you carry forward?

YOUR EXERCISE

Personalized Step Three Declaration

Writing YOUR Version of Step Three

Your Declaration

The traditional Step Three prayer may not fit your experience — and that is okay. This exercise guides you through creating a personalized Step Three declaration that honors your ACoA experience, acknowledges your substance use recovery, and expresses the specific decision YOU are making.

Part 1: Preparation

1. What am I deciding to turn over? (Be specific — not "everything," but the particular patterns, fears, and control mechanisms you have identified.)

2. Who or what am I turning it over to? (Name your Higher Power — whatever concept you have built or are building.)

3. Why am I making this decision? (What has the cost of NOT making it been? What do you hope might become possible?)

4. What am I NOT giving up? (Name the parts of yourself — your agency, your voice, your boundaries — that you are KEEPING. Step Three is not self-abandonment.)

5. What does "care" mean to me? (Based on your work in this intensive, what does the care you are trusting actually look like?)

Part 2: Write Your Declaration

Using your preparation above, write your personalized Step Three declaration. This can be a prayer, a statement, a commitment, a letter, or any form that feels authentic to you. There is no wrong way to do this. The only requirement is honesty.

Suggested starting points:

- "Today I am deciding to..."
- "I release my grip on _____ and trust _____ with..."
- "To the child I was: I am choosing for both of us to..."

- "I cannot control _____, but I can trust _____."

Part 3: Living the Declaration

1. How will you use this declaration in your daily life? When will you read it? How will you keep it present?

2. What will you do on the days when this declaration feels impossible — when the ACoA patterns take over and control feels safer than trust?

3. Who will you share this declaration with? A sponsor, therapist, trusted friend, or recovery group?

4. Set a date to revisit and potentially revise this declaration as your recovery deepens. What date will you choose?
