

*West Great Lakes
Intergroup
9th Annual
Conference
October 18, 2020*

***Our Journeys to Emotional
Sobriety***

***Workshop on
“How do I Work an ACA Program”
Step 1, Tools & Sponsorship in ACA***



Workshop Format

If you can read, you can lead! Consider using this script in your home group, to chair a quarterly beginners meeting after your meeting, or to host a workshop in your area ☺

Introduction.

[co-chair 1] Hello. My name is _____, I'm an adult child/ a member of ACA;

[co-chair 2] and my name is _____, I'm a member of ACA/ an adult child.

[co-chair 1] If you are attending an ACA meeting for the first time, will you please raise your zoom blue hand, or click on yes on the participants tab? ***(Lead applause)*** Welcome!

And we are glad for everyone here today. Thank you for empowering this event.

[co-chair 1 clears hands in the participants tab]

[co-chair 2] May I please have a show of hands of members who would be willing to share their experiences by speaking to our newcomers? ...*Pause*... Thank you. Please feel free to speak to us or any of these members about ACA [after the workshop]. There is only one requirement for ACA membership: the desire to recover from the effects of family dysfunction.

[co-chair 1] As our literature states, "this program is not easy, but if you can handle what comes up in six ACA meetings, you will start to come out of denial." [pretending that the truth isn't there when it's staring at me in the face.] To see if ACA is right for you, we suggest attending six meetings and finding a home group. When you're ready, it's suggested that you find a fellow traveler [someone who is more than a friend, the presence of another human being walking on the path of recovery together], or a step group to begin work on Step 1. This will give you freedom from the past. Both you and your life will change.

[co-chair 2] The focus of this workshop is: "**How do I work an ACA program?**" This workshop incorporates literature reading, sharing in groups, journaling, and drawing. We will read passages from the Big Red Book, the step workbook, and the Sponsorship trifold. We'll read a couple of paragraphs at a time, and then send you into zoom breakout rooms to share about the reading in groups of 2-4. **Please, during sharing time, try to stay on the topic of the two paragraphs we read.**

This workshop has a little bit of an adventure to its format. We will all be in a main room for a few minutes, and then, when it's time for sharing, you'll "magically" end up in the smaller "zoom breakout room," with a random group of people. When you get to the "break out room," you will get to start sharing, 2-3 minutes each. Then, we'll come back into the "main room," here. You might get to hear some **tibetan chimes when we come back to the main room, you'll have to wait and see!**

You can leave a break out room at any time, you can leave the meeting at any time, you can step away from the screen, and take a break, at any time.

In 30 minutes or so, there will be some time to journal, and to draw, while we play some music in the background. Before we start here are a few things you might need for this workshop:

- Find a comfortable seat
- Grab something to drink and a snack if you're hungry
- Reach for something to write or draw, if you feel like it.
- Prepare a 2 minute timer for the small group shares.
- Remember your lungs are here to offer you some space to breathe.

While you grab what you need, or take a few deep breaths, we will read over the crosstalk statement.

Crosstalk statement.

[co-chair 1] A few words about 'cross talk' and anonymity. We do not cross talk during the small group sharing time. We do not cross talk because adult children come from family backgrounds where feelings and perceptions were judged as wrong or defective. This means we don't interrupt, refer to, or comment on what another person says during their share. We accept without comment what others say because it is true for them. We work toward taking more responsibility in our lives rather than giving advice.

In ACA, we do not attempt to comfort or interrupt others when they become emotional during the meeting. We do not comfort others because as children, we may have been expected to fix our parents. Or, our parents controlled us with their behavior, asking us--the children-- to comfort them--the adults. To interrupt or private chat with a person to comfort them is known as "fixing". If someone begins to cry, we allow the person to feel their feelings without interruption. We are learning to take care of ourselves. What happens when others listen to us, just listen, and when we focus on just listening to others? Our truth, our feelings, our self-image, are affirmed.

In this workshop, we will try to focus on our own recovery. We are learning to take responsibility for our own lives, and we try to share with statements in the "I" first person form: "**I feel In my experience...**" This is a safe place to share your feelings and experiences without being judged. There is no wrong way to share at an ACA meeting, as long as we are not abusing others verbally or cross talking. We encourage members to share openly about their experiences, please time yourself in the small group shares.

No one is required to share.

Ok, Let's get started!

Reading Part 1

[co-chair 1] I've asked 1 person to read the first passage **(or)** Would anyone like to read the first passage?

[Participant 1: "Hello, my name is _____"]

A Selection from Big Red Book Ch. 6. "Questions and Answers about ACA"

Why We First Came to ACA

Our decisions and answers to life did not work. The best that many of us could do before finding ACA resulted in failed relationships. There was isolation and self-hate obscured by a lack of communication or odd behavior. Or there was success and notoriety while we felt empty inside. Our lives had become unmanageable. We exhausted all the methods we thought were supposed to make us happy and successful. In trying to reach our desired ends, we exhausted our resources. We often lost our creativity, our flexibility, and our sense of humor. No matter what we did, the results no longer gave us the thrill, the joy, the sense of power, or the feeling of elation they once did. We were at a dead-end. Continuing the same existence was no longer an option. Nevertheless, we found it almost impossible to abandon the thought of being able to fix ourselves. Even though we were whipped emotionally, we held out hope that a new relationship, a new job, or a move would be the cure, but it never was. We made the decision to seek help.

[co-chair 1 or 2 may share experience on why they first came to ACA

set a timer for 2 minutes each]

SHARING BREAK 1 (6 – 8 minutes)

[co-chair 2] Time for sharing! Now we will have a small group sharing time. You'll "magically" end up with a random group of people. When you get to the "break out room," you can start sharing, 1-3 minutes each. Depending on the size of the group in the break out room, you may not all get to share. There's no wrong way to share as long as you don't crosstalk. Whatever you share is private to your breakout group; we and other members of the larger group can't hear you, and it's not being recorded. You will come back automatically into the main room after 8 minutes, you might hear a tibetan chime or two, or three! And we will keep reading together.

Share your impressions on "why you first came to ACA." Here are some prompting questions that you may choose to refer to.

What brought me to my first ACA meeting?

Why did I decide to come to this event today?

When you get to the break out room, you'll see the questions in a message at the top. You'll also get a message with a 5 minute warning, and a 2 minute warning. At the end of the 8 minutes, you'll see a prompt asking you to come back to the main room - click yes.

For now, you should see a prompt asking you to join a break out room - click yes. Off you go! See you soon :)

Reading Part 2

[co-chair 2] Let's continue to read. I've asked a volunteer to read **(or)** Who would like to read?

[Participant 2: Hello, my name is _____

Selections from the Yellow 12 Step Workbook, Step 1.

Surrender

Surrender means we become **willing** to do whatever it takes to recover and find peace and serenity in our lives. We admit complete defeat and give up on notions that we can "fix" or control someone else. We become willing to attend meetings, work the Twelve Steps, and break through the denial of family dysfunction. Amazingly, an estimated 50 percent of adult children of alcoholics deny or cannot recognize alcoholism among their families. By growing up in a dysfunctional home we become desensitized to the effects of alcoholism, abusive behavior, and lack of trust.

There is Nothing Noble in the Struggle

I have been in situations where the outcome would have been better if I just said, "I can't do that." Instead I took on the impossible, failed, and beat myself up for it. I would go without recreation, sleep, and food to keep myself focused on the task at hand. Relentlessly, I considered different perspectives until I found a way to get the job done.

This depleted the energy I needed to survive.

I began to withdraw from my family and friends. One day I was sitting on the carpet in my home office looking at piles of paper. I couldn't organize the papers or find the ones I needed. I couldn't get off the floor. I could only cry. I thought my life would never get better, and I wanted to die.

My therapist said, "When you learn you can't do it, then you've got a chance. So far you keep finding more energy to keep trying. The best thing for you to do is to fall apart, realize your life is unmanageable, and understand that you can't do it all."

When my life got as bad as it could possibly get, I started coming to ACA. I discovered I had taken Step One by saying, "I can't do this anymore. I quit." My life got better from that moment on. I had hit a bottom.

While giving all you can is admirable, I have learned in ACA that it's better for me to know my capabilities and limitations. When I can't do something, I need to just let go. When I see my friends struggling now, I don't try to fix their lives for them. When they hit their "bottom" they will let go and reach out for help as I did. I have finally discovered there is nothing noble in the struggle. I surrender.

[co-chair 1 or 2 may share experience on Surrender/hitting bottom/focusing on others]

set a timer for 2 minutes each]

SHARING BREAK 2 (6 – 8 minutes) [Co-chair 2] Time for sharing. In groups of 2-4, share your impressions on "Surrender" - remember the sharing guidelines about crosstalk. Here are some prompting questions that you may choose to refer to.

[co-chair 2 may read these questions out loud]

Newcomers: When did I try to fix, understand, rescue or people-please other people? Do I spend time trying to figure out how to make things better for others? Do I judge myself up for not accomplishing tasks? Do I take on impossible tasks?

6 months or more in ACA: What does this mean: "there is nothing noble in the struggle"? What does surrender mean to me? If I surrender, does that mean that I have no choices?

Reading Part 3.

[co-chair 2] In this part of the workshop, we will read a little bit, and then we will take a writing break. You have two options to choose from, or maybe you'll write a little bit about both? Who knows! Let's continue the adventure! Who would like to read?

[Participant 3: Hello, my name is _____

Family Labels (from the yellow 12 step workbook: Step 1)

Step One requires that we admit that **our family is dysfunctional and the dysfunction affects our thinking and behavior as adults**. We must admit that we are powerless over the effects of growing up in a dysfunctional home. Our lives are unmanageable regardless of appearances of self-sufficiency. Social standing or compulsive self-reliance does not equal recovery. We must realize that will power or self-determination is no match for the effects of growing up in a sick family. We cannot figure it out on our own. We need help. We must shatter the illusion that we can reason out a painless solution.

Think about your experiences with family members, or what you have heard about family members, in connection with **addiction, religion, relationships, food, sex, work, etc.**

What label fits each of your family members? addict? enabler? religious? argumentative (keeps arguments going)? The labels serve the purpose of helping you find clarity; they are not judgmental.

If you were raised by addicts, enablers, spenders, workaholics, you could not have been substantially different as an adult.

Option 1. On a sheet of paper, in your phone, or in your mind, take some time to reflect on the labels below. You may write the name of a relative or their relationship to you, next to the number of the label that best describes them.

Example: Next to #1. I could write - mi tío Samuel / Nana / etc.

Next to #2, I could write - myself/ my brother

Next to #3. etc.

- | | | |
|--|--|--|
| 1. alcoholic/addict | 11. harsh, always critical, verbally abusive | 19. ladies man, player, "skirt chaser" |
| 2. used alcohol/drugs | 12. chronically ill, hypochondriac | 20. sexually aggressive, did not feel safe to be around them |
| 3. enabler | 13. pill popper (always taking something) | 21. violent, slapped others, pinched, threatened, glorified fighting |
| 4. religious | 14. great cook (always thought of others first) | 22. grabbed or wrestled inappropriately |
| 5. worked a lot (workaholic) | 15. obese sibling/relative | 23. thief, bogus check writer, inmate |
| 6. undependable, does not follow through | 16. emotionally ill | 24. argumentative (will not be quiet, keeps arguments going) |
| 7. heavy debt (always borrowing money) | 17. sickly child, too sensitive | 25. people-pleaser, behaves to make sure everyone has a good impression of them/everyone gets along, peacekeeper |
| 8. big spender (flashy clothes) | 18. always had their face in a mirror (thought they were better than others) | |
| 9. worried a lot (neurotic) | | |
| 10. perfectionistic (high strung) | | |

[co-chair 1] Ok, so that's option 1 that you can write about during the writing break. Before we get to the writing break, let's check out Option 2. Who would like to read?

[Participant 4: Hello, my name is _____

Family Diagram.

A family diagram or family tree reveals with greater clarity the effects of family dysfunction in our lives today. This is important Step One work.

You are not judging the family, you are looking for patterns and similarities. You are looking for your position in the structure. You begin to see the generational nature of addiction and dysfunction. You could not have turned out any differently as an adult.

The family diagram helps to come out of denial and admit **we are powerless over the effects of alcoholism or other family dysfunction.**

Option 2. Draw a simple family diagram or family tree. Next to each family member, add a label, using the labels from the list.

Option 3. What if I can't remember anything?

It's ok if you can't remember. You can take this time to draw, journal, reflect, meditate, or take a break.

Option 4. This is too much!! I'm overwhelmed.

You are not alone. You can take this time to breathe, turn off your video, step away from the computer, look around, rest your eyes, give yourself a hug, or take a break.

Writing Break 1. [7-10 minutes on any of the options]

Part 4. Reading.

[co-chair 1] [ask for tibetan chimes]

[co-chair 2] Welcome back! Let's read a little bit about the tools that help us work an ACA program. Who would like to read?

[Participant 5: "Hello, my name is _____"

How We Work a Program of Recovery [from the Big Red Book "How it Works Q&A" Chapter]

Individuals recover **at their own pace**. We have learned by experience that those ACA members who make the greatest gains in the shortest amount of time are using the tools of recovery.

Briefly, the ACA program involves going to meetings, actively practicing the Twelve Steps, and calling program people to discuss recovery.

We read ACA literature and associate with recovering people.

We define and enforce our boundaries; we build a personal support network and actively make contact with the child within or True Self. In addition to living the Twelve Steps, we practice re-parenting ourselves with self-love.

[Co-chair 1 or 2 may share on ACA tools that work for them: going to meetings, the Twelve Steps, calling program people, defining and enforcing our boundaries, personal support network, inner child-reparenting, etc.]

set a timer for 2 minutes each]

SHARING BREAK 3 – THE TOOL BELT (6 – 8 minutes)

[Co-chair 2] Below, there is a list of ACA tools. Take a minute to check off some tools that work for you. Folks who have six months or more may use the first list; newcomers may use the second list. With your sharing partners, you may share about how you work / would like to work your ACA Program.

[Co-chair 1 may ask a volunteer to read the ACA tools out loud]

Co-chair 1: Take a few minutes to look over the lists, and jot down some tools that work for you; and some tools that you are willing to consider adding to your toolbelt. If there's time, we'll give you a few minutes to share about it in break out groups]

If time: SHARING BREAK (6 – 8 minutes)

[Co-chair 2] Time for sharing. In small groups, share your impressions on “The ACA Tool Bag” - remember the sharing guidelines about crosstalk.

OR if we are running out of time: [Co-chair 2] would anyone like to share what tools they carry in their ACA toolbelt? Raise your zoom hand and we will call on 2-3 people, one minute shares, please.

What tools do you “carry in your ACA tool belt”?

6 months or more in ACA:

- | | |
|---|---|
| <input type="checkbox"/> Read ACA literature | <input type="checkbox"/> seeking/connecting with a sponsor/fellow traveler(s) |
| <input type="checkbox"/> journaling | <input type="checkbox"/> stepwork |
| <input type="checkbox"/> going to meetings | <input type="checkbox"/> reparenting |
| <input type="checkbox"/> pick up the phone | <input type="checkbox"/> seeking/connecting with inner child(ren) |
| <input type="checkbox"/> take a break | <input type="checkbox"/> getting to know your True Self |
| <input type="checkbox"/> ACA slogans | <input type="checkbox"/> define and enforce boundaries |
| <input type="checkbox"/> e-mail or text | <input type="checkbox"/> building a personal network |
| <input type="checkbox"/> seeking and connecting with a Higher Power | <input type="checkbox"/> other |
| <input type="checkbox"/> affirmations | |

Newcomers: are these tools appealing or do they sound challenging?

Tools that are appealing

- going to meetings
- getting started on the Twelve Steps in ACA
- calling program people to discuss recovery
- reading ACA literature
- journaling

Tools that seem challenging

- going to meetings
- getting started on the Twelve Steps in ACA
- calling program people to discuss recovery
- reading ACA literature
- journaling

Reading Part 4

[co-chair 1 asks for tibetan chimes] Ok, let's talk about sponsorship in ACA, shall we?

First we will read excerpts from the trifold on Sponsorship, on adultchildren.org → free literature link.

Who would like to read?

[Participant 4: "Hello, my name is _____"]

In ACA, the relationship between a sponsor and sponsee represents a spiritual connection between two people helping each other find life beyond the effects of growing up in a dysfunctional family. Adult children cannot recover alone or in isolation. Together, we learn to offer and accept healthy support. We learn what it means to be a friend.

“FELLOW TRAVELERS”

TYPES OF ACA SPONSORSHIP

Traditional: An experienced ACA member guides a sponsee through the Twelve Steps and helps them understand the ACA recovery process.

Co-Sponsor: Two ACA members with similar program time and experience support each other's continued recovery.

Temporary: ACA members in a treatment or institutional facility may use a short-term sponsor until a more permanent sponsor in an ACA home group may be found.

Long Distance: ACA members who are geographically isolated may use online or telephone meetings for support. Where circumstances prevent face-to-face contact with a sponsor, long-distance sponsorship can still be meaningful and effective.

The unique model of sponsorship practiced in ACA places the sponsor and sponsee on equal footing, seeking answers and solutions together. Through sponsorship, adult children find empathy. This is the mutual understanding that puts action into our identification with another adult child.

For many of us, ACA sponsorship will be our first chance to establish a relationship based on equality and mutual respect. This may be an unfamiliar concept since we come from families in which healthy relationships with respect and trust were not practiced.

We may ask for a potential sponsor's telephone number and then call to talk about ACA. If we find we are comfortable talking with that person, we ask if they are available for sponsorship. We also discuss expectations of a sponsor/sponsee relationship. We

might go through this process with two or three people. Eventually we ask one of them to be our sponsor.

In some areas, ACA sponsors are not readily available. In this situation, we may have to seek out a sponsor through a long-distance method or by visiting other towns where ACA is more active.

If we are asked to be a sponsor, we try to say “yes”. Sponsoring is one of the key actions that helps an ACA member maintain emotional sobriety while continuing to grow spiritually. By sponsoring others, we learn more about ourselves and the sequence of recovery. We learn that if we are working the Twelve Steps and attending ACA meetings regularly, we have something to offer another person. We can pass on the gift of recovery which was given to us.

It is also important to remember that an ACA sponsor:

- is not a parent, authority figure, or Higher Power to the person being sponsored,
- does not judge or invalidate the feelings or insights of the person being sponsored,
- does not do for a sponsee what they can do for themselves,
- does not give or lend money,
- does not become romantically or sexually involved with a sponsee

[If there is time, Co-chair 1 or 2 may share on sponsorship in ACA.]

set a timer for 2 minutes each]

IF TIME: SHARING BREAK (6 – 8 minutes) [Co-chair 2] Time for sharing. In groups of 2-4, share your impressions on “Sponsorship in ACA” - remember the sharing guidelines about crosstalk. Here are some prompting questions that you may choose to refer to.

OR if we are running out of time: [Co-chair 2] would anyone like to share what tools they carry in their ACA toolbelt? Raise your zoom hand and we will call on 2-3 people, one minute shares, please.

Closing Activity. The ACA Sponsorship Affirmations

[co-chair 1] Thank you for joining us today, and for sharing your journey of recovery with us. In ACA we learn it’s ok to ask for help, and to accept it. We learn that we are loved, lovable, and worthy to be of help to fellow ACA members.

[co-chair 2] Before we close this workshop, let’s take some time to reflect on some affirmations.

Affirmations with other program work are a powerful tool for addressing our inner critical nature toward ourselves and others. These affirmations represent basic truths that most of us did not receive as children, but we can claim in the ACA co-traveler model of Sponsorship.

With affirmations, we begin to challenge beliefs that may prevent ACA co-traveling. With these affirmations and other tools, we learn to reparent ourselves with gentleness, humor, love, and respect. You may read these affirmations regularly as you consider the possibility of recovery with someone else in ACA, and during your journey of recovery with a fellow ACA member.

[co-chair 1 and 2 read the affirmations] We, the co-chairs, are going to take turns reading the affirmations. We invite you to read them outloud and breathe with us at home, but please, stay muted.

I can ask for help without feeling like I am a burden.

[pause, breathe]

I am treating others with respect and expect others to treat me with respect.

[pause, breathe]

I can be equal in a relationship with another person.

[pause, breathe]

I have the willingness to do whatever it takes to recover.

[pause, breathe]

I am capable of selecting a healthy sponsor.

[pause, breathe]

I am willing to follow the suggestions of my sponsor in my path of recovery.

[pause, breathe]

I will work a strong ACA program one step at a time.

[pause, breathe]

I will celebrate the milestones in my recovery.

I have something to offer another person.

[pause, breathe]

I can help someone with what I have learned in recovery.

[pause, breathe]

I can help another ACA regardless of the type of abuse we experienced as children.

[pause, breathe]

I can share my experience instead of giving advice.

[pause, breathe]

I will avoid “fixing” or rescuing others.

[pause, breathe]

I will maintain healthy boundaries.

[pause, breathe]

I am more alike than I am different from another person.

[pause, breathe]

[co-chair 2] Now it’s time to engage our hands. In the space below, write down one of the above affirmations, or craft one of your own. Then either journal your thoughts about the statement or illustrate some aspect with a drawing. While we may not have time at the end of this exercise, you are welcome to share what you have written or drawn with your friends, during breaks throughout the day. We will take 5 minutes, or so.

You can take this time to journal about sponsorship, about the affirmations on sponsorship, or draw your impressions on sponsorship.

Closing (5 minutes before the end of the workshop)

[Co-chair 1] To preserve a safe space, please avoid giving unsolicited advice to our friends who have shared. Please, ask before commenting on someone's share, please ask before sharing your number or making a comment in a private chat. Please respect the anonymity of those who share with us today. Who you see here, what you hear here, let it stay here.

[co-chair 2] Please join us in closing with **the ACA Serenity Prayer:**

"Deep breath in . . and out . . ."

"Higher Power. Grant me the serenity, to accept the people I cannot change. The courage to change the one I can, and the wisdom to know, that one is me."

