CONCERNED PERSON'S GROUPS

Facilitators may want to follow a more structured plan in the group's beginning stages, based on the nature of the Concerned Person's Group. During those first few weeks certain information needs to be communicated to the group members in order to raise their awareness levels. Until they are more informed about the disease of chemical dependency on a personal basis and how it has affected their lives, it will be difficult for them to recognize their options.

Provided below is a brief eight-week outline of general topics that could be covered. Beyond this time period, facilitators can deal with more specific or more spontaneous topics.

Session I: **Group Rules**

A. Introductions (see Concerned Person's Activities)

B. Rules should be few in number and must be accepted by the total group.

Session II: **Chemical Dependency**

A. Feelings Chart (see Appendix and Concerned Person's Activities)

B. Disease Concepts (see Appendix)

Session III: **Family System**

A. Family Roles (see Concerned Person's Activities)

B. The Disease as a Family Illness (see Concerned Person's Activities)

Session IV: **Enabling**

A. Definition (see Concerned Person's Activities)

B. Behavior Examples
Session V: Feelings I

A. Identification (see General Activities)

B. Checklist (see General Activities)

Session VI: Feelings II

A. Learned Behavior

B. Dealing with Anger (see General Activities)

Session VII: Defenses

A. Indentification (see General Activities)

B. Recognition

Session VIII: Coping Strategies

A. Survival in a Chemically Dependent Family System

B. Self Concept and Preservation

Some of the activities on the following pages may coordinate with these first eight weeks and others are to be used whenever it seems appropriate.
CONCERNED PERSON'S GROUP GOALS

Children in chemically dependent families have learned to survive in an atmosphere of anger, resentment, fear, mistrust, etc. Living in this environment has taught them behaviors that will take time and patience to change. Offering these students support in the changes they are struggling to make is essential. Helping these students to see reality and to no longer see inappropriate behavior as being acceptable are key factors in group work.

Listed below are goals that you as a facilitator can strive for in working with Concerned Person's Groups:

1. Let them know that they are not alone, that there are others who are going through the same experience and know how they feel.

2. Help them sort out their confusion and let them know that they are not "crazy." Alcoholics/drug abusers will deny the severity of their problems, deny that certain events ever took place, and will be very inconsistent in their behavior. The students need help in sorting all this out.

3. Get them to understand and accept that their family members' chemical dependency is not their fault and that they cannot control it. It is a disease and alcoholics/drug abusers can recover.

4. Help them separate the person from the behavior and help them understand that the family members' abusing is not a sign that they do not love them. The students are asked to try to remember, if they can, what it was like before the family member started using heavily.

5. Get them to do things for themselves, first of all by understanding their role in their family and by stopping any behavior which enables their family members to continue using.

6. Urge them to start doing positive things for themselves. Sometimes contracts with the students are used to achieve this goal.
7. Help them deal with their anger towards the nonchemically dependent member, who did not protect them and who did not make things better.

8. Make them aware of the high risk they have of becoming chemically dependent themselves or of marrying a chemically dependent person. When children of alcoholics/drug abusers are about to leave home, they tend to believe that their troubles are now over. It helps to make them aware that they still run higher risks for problems in some areas.

KEY CONCEPTS IN A CONCERNED PERSON'S GROUP

As the facilitator of a Concerned Person's Group, you will want to communicate the following insights and concepts to the group members:

1. Don't allow the chemically dependent person to lie to you and accept it for the truth, for in so doing you encourage this process. The truth is often painful, but get at it.

2. Don't let the chemically dependent person exploit you or take advantage of you, for in so doing you become an accomplice in the evasion of responsibility.

3. Don't let the chemically dependent person outsmart you, for this teaches him/her to avoid responsibility and lose respect for you at the same time.

4. Don't lecture, moralize, scold, praise, blame, threaten, argue with a person when drunk or sober, or pour out liquor/pills. You may feel better, but the situation will be worse.

5. Don't accept promises, for this is just a method of postponing pain. In the same way, don't keep switching agreements. If an agreement is made, stick to it.

6. Don't lose your temper and thereby destroy yourself and any possibility of help.

7. Don't allow your anxiety to compel you to do what the chemically dependent person must do him/herself.

8. Don't cover up or abort the consequence of using. This reduces the crisis but perpetrates the illness.

9. If at all possible, seek good professional help. You need it as well as the chemically dependent person.

10. Above all, don't put off facing the reality that chemical dependency is a progressive illness that gets increasingly worse as using continues. Start now to learn, to understand, and to plan for recovery. To do nothing is the worst choice you can make.
GROUP WARM-UP ACTIVITIES

SWEAT SHIRT READING

1. Form a circle.

2. Participants are asked to volunteer, one at a time, to have their "sweat shirts" read.

Front and back readings (short captions) are made by all group participants in regard to how they view the person who has volunteered.

The front of the sweat shirt relates to first impressions or how one appears to the general public.

The back sweat shirt reading concerns one's "real self" and how he/she "feels" and sees himself/herself!

Example:    (front)  I'm a big, warm teddy bear.
            (back)  But I've got a tiger in my tank

            (front)  Life of the party
            (back)  Running scared
THE CIRCLE WARM UP

1. A group of about seven people sits in a tight circle with knees actually touching.

2. They bend forward in the chair with knees cast downward, looking at the floor (soft lights or darkness).

3. The group is asked to take turns around the circle in order, saying a single sentence each. (At first, the topic of sentences is provided by facilitator.)

4. **Suggestions:**
   a. Opinion of cigarette smoking.
   b. A feeling I had today - How I feel at this moment - Something I like to dislike about myself.

Hotter topics:
   a. Feeling when coming down from drugs; sexual problems; father, mother, brother, sister; or a specific need of the group or an individual.
   b. How I feel when someone in group cries.

Later, withdraw direct guidance. Ask a fluent member to comment on any topic when warmed up.

1. The sentences of each person may be about anything - not the same subject.

2. The leader may wish to join the group - to emphasize intra-group relations.

3. The members shift back in seats and look at each other.

Suggest topics as "Say something about another person in the group," or "Whom I felt closest to and why."

Some examples of sentence beginnings include:
I get anxious when... I worry about... I feel guilty for... I feel bad when/about... I am happy when... I feel good when/about... My biggest problem is... Marriage can be... My family is or makes me... My boyfriend/girlfriend... My goal in life is to... My downfall is... My strengths or good points are... My weaknesses/bad points... I love... Loving someone... It is fun to...
ONE WORD WARM UP

1. Select three people or divide into three groups.

2. Two of the three will relate in a specific physical manner (hold hands, maintain eye contact, or stand/sit back-to-back).

3. The two people carry on a conversation. They alternate in speaking only one word at a time. Try to understand the full meaning of one word and try to reach the other person by the one-word rule.

4. The third member records responses as given with no interruption.

5. After 5 minutes the activity may stop.

6. Read the words to the group and discuss:

a. Conscious intent of the words

b. Their understanding of the meaning

c. Emotional reaction

If people are evading, allow time to overcome the need for defense. If this persists - say "One Word" or "No Questions."

BEHIND THE BACK TECHNIQUE

An individual voluntarily retires psychologically from the group or retires behind a screen. Since that person is hypothetically not present he/she may not verbally answer the group. The group members then discuss the person's situation and behavior and express their feelings toward him/her. (Or put student in center circle.)
SELF CONCEPT VS. GROUP CONSENSUS

Group members are asked to write two personality sketches; one describing how they see themselves, the other interpreting the group's impressions.

The leader collects the papers and reads unidentified self-descriptions to the group one at a time. The group then guesses the author of each self-description. Once the person is identified, the second sketch, the judgment of the group's impressions, is read to the group for their point-by-point confirmation or correction.

ESSENCE

Participants express their reactions, in analogical terms, to a person known to the whole group:

- If he/she were a color – what color?

- What kind of food?

- What country?

- What animal?

- What smell?

- What furniture?

- What period in history?

Express the essence of the subject rather than anything factual.
THE CONTINUUM OF DRUG USE - ABUSE - AND DEPENDENCY

1. Just as a child grows, so does the illness of alcoholism.

2. People depend on chemicals to change their feelings.

3. Dependency can take months or years to progress.

Step 1. LEARNING STAGE

- A person learns about alcohol and how it temporarily changes one's feelings.

- There are no harmful consequences for the adult.

Step 2. SEEKING STAGE

- A person seeks out opportunities to use chemicals to change feelings: after work, Friday night plans.

- Most people stay here.
Step 3. LOSS OF CHOICE STAGE

- A person is physically and emotionally addicted to chemicals.

- The person's family is affected also
  
  Family makes excuses - "Dad is sick"

  Children stop bringing friends home - "too embarrassed"

  Family tries to throw out supply

  Family members feel it's their fault

  Some may imitate behavior they hate

TREATMENT, SPECIAL HELP, RECOVERY

Family members are affected and also need help.

Step 4. ILLNESS, INSANITY, ACCIDENTS, DEATH
<table>
<thead>
<tr>
<th><strong>TITLE:</strong></th>
<th>Family Illness in Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE:</strong></td>
<td>To develop the awareness that each family member is affected by the disease of chemical dependency and plays a role in that illness.</td>
</tr>
<tr>
<td><strong>PROCEDURE:</strong></td>
<td>Talk about the various roles and let the students identify themselves in these roles.</td>
</tr>
<tr>
<td><strong>MATERIALS:</strong></td>
<td>Handout on &quot;Family Illness in Children&quot;</td>
</tr>
<tr>
<td>FAMILY ILLNESS</td>
<td>CHILDREN</td>
</tr>
<tr>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>VISIBLE QUALITIES</td>
<td>INNER FEELINGS</td>
</tr>
<tr>
<td>FAMILY HERO</td>
<td>VISIBLE SUCCESS</td>
</tr>
<tr>
<td></td>
<td>DOES WHAT'S RIGHT</td>
</tr>
<tr>
<td>SCAPEGOAT</td>
<td>HOSTILITY</td>
</tr>
<tr>
<td>LOST CHILD</td>
<td>WITHDRAWN</td>
</tr>
<tr>
<td>MASCOT</td>
<td>FRAGILE IMMATURE NEEDS PROTECTION</td>
</tr>
</tbody>
</table>
FAMILY DISEASE

FAMILY:

The family is changing; it may no longer be the socio-economic basis for the traditional community, but a family of some kind, however broadly we define it, is an emotional survival system. The family is a unit that each of us is involved with, in one form or another. Every chemically dependent person has a survival system that includes other people and chemical dependency is indeed a family illness. Every chemically dependent person has a significant impact on the lives of several other people, especially within the family.

FAMILY ADDICTION:

As chemical dependency in a family member becomes more and more apparent, the family struggles to control the chemically dependent person's behavior; the family's whole lifestyle changes. As the family struggles to cope, they typically become bound in a destructive pattern of recurring, predictable, bad situations, e.g., calls from school or police. The chemically dependent person withdraws and becomes sullen or violent.

Just as the chemically dependent person suffers, so does the family; but often they can't seem to bring about any kind of change in their lives. It seems that concerned persons become addicted to the chemically dependent person in much the same way as the dependent person is addicted to chemicals.

The chemically dependent person eventually reaches a point at which he/she begins to feel bad about him/herself but may work hard at masking those feelings. Every chemically
dependent person needs to become aware that he/she is really hooked, that mood-altering chemicals are more important than anything in the world, e.g., family, friends, school, jobs, etc. About this same time, a really fantastic denial system offers the false awareness that the "next time" things will be different, and that the drug use can be controlled. The chemically dependent person fails again and again, and soon begins to feel helpless and worthless.

Something very similar to this also happens to the family members, who are emotionally involved with the chemically dependent person. Coping with the dependent person's behavior now becomes a central focus. Somehow they grin and bear the harmful consequences as each cycle ends. They know, in their hearts, that they cannot change the dependent person. At the same time, something quite like the behavior of the chemically dependent person's denial system tells them that they can help the chemically dependent person, if they can remedy the situation. If they can just hold on, things will be different - "next time."

The cycle continues to repeat itself and the family suffers more and more. Those people, whose own sense of emotional well-being is deeply dependent upon the addict, also begin to feel helpless and worthless. Everyone in the family of the addict becomes involved in a no-win game called "next time it will be different."

ENABLING:

As the disease progresses the concerned persons begin to accept the role of enabler for the chemically dependent person. Another way to describe an enabler is as a hurt, angry, frightened caretaker for the dependent person. Loving family members become saviors: "I know I can help if I can only find the answers." They become using partners: "Right now he/she needs me and if we use together we will stick together and lick this thing." They may become victims or martyrs whose mission in life is to suffer. They become the tough guy: "What this kid needs is military therapy." Family members establish themselves as being responsible for the chemically dependent person. In each of these roles there is the implicit assumption that the concerned person can somehow change the chemically dependent person, and it is this assumption together with the dependent person's defiance that keeps the game going.
Meanwhile, the family is unaware that their efforts to take responsibility for the dependent person, feeds his/her resistance to change. Suggesting this to the family usually causes more guilt, more anger, more shame and usually also reinforces the idea that somehow they may have been the cause of the chemical use in the first place.

**GAINING AWARENESS:**

It is only through gaining knowledge about the roles each person plays in family systems that unhealthy families start to understand their own addiction to the addict, and only then can each person take responsibility for his/her own part in the system.

It is important to be non-judgmental. It is also important to join support groups like A.A., Al-Anon or Alateen so the family members can learn to give up their caretaker roles and can begin their own emotional growth apart from the chemically dependent person.

**LETTING GO:**

This means that family members are willing to deal with their own addictive roles. It's a difficult problem for the family to work through the process of "letting go." Therapy for the family can help when members are willing to start growing and when members look realistically at the alternatives:

1. to go on putting up with the crazy behavior.
2. removing the dependent person from their lives.
3. coming to terms with the fact that no one can change other people; caretaking does not cause healthy change in anyone.

The end of a caretaking relationship involves a loss, and a great deal of sadness. This loss can be likened to the death of a loved one because the grief process will need to take place before it is possible to let go and free oneself from this addictive relationship which has, until now, been so important in the caretaker's life.
Elizabeth Kubler-Ross, in her book, *On Death and Dying*, describes the five stages:

The following is an adaptation:

1. **Denial**

   The family members deny that there is a problem (normal to do). Denial seems to stem from fear—fear of betraying the loved one or fear of therapy. The goal is to help this person feel safe.

2. **Anger**

   At this point the family member asks "Why?" or "Why me?" Anger will cause the concerned person to become so enraged that they get into crazy behavior not realizing that the dependent person is in control. They are lost in their own addiction.

3. **Bargaining**

   In this stage, parents bargain by saying, "After all, I'm the parent, and the parent must be in control," or they say, "There must be something I can do." Parents need to "let go" and feel their powerlessness to change another person in order to move on to the next stage in their grief work.

4. **Depression**

   When anger no longer seems to help, when bargaining appears futile, the family members will experience a period of depression.

5. **Acceptance**

   Some peace of mind is available to people who are able to take these steps. Once a dependent person gets through these stages he/she has pretty well come to terms with the death of the relationship to mood-altering chemicals. The same is true for concerned persons as they let go of their caretaker roles.

LET GO AND LET LIVE!
TITLE: When Someone In the Family is Chemically Dependent

OBJECTIVE: To be able to identify specific behaviors practiced in a chemically dependent family.

PROCEDURE: Read the handout and then compare your family members' responses to similar situations. Group members give examples of what their family members' responses are to these situations.

MATERIALS: Handout on "When Someone in the Family is Chemically Dependent"

WHEN SOMEONE IN THE FAMILY IS CHEMICALLY DEPENDENT

Mom makes excuses for Dad's behavior. ———> Bill can't come in today... he's too tired.

Johnny feels like it's his fault.

Mary thinks if she makes Dad happy, he won't drink anymore. ———> Tonight, if I make Dad's favorite dish, maybe he wouldn't drink!

Tim is embarrassed and thinks other kids will find out that Dad is drinking.

Barb is angry and gets into trouble so Dad will notice her again. ———> If I skip school again, Dad will have to notice me!
<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Family Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVE:</td>
<td>To gain insight into the personal role the group member plays in their family and the choices available.</td>
</tr>
<tr>
<td>PROCEDURE:</td>
<td>Have each student fill in the blanks and discuss new insights they gained about themselves as members of their families.</td>
</tr>
<tr>
<td>MATERIALS:</td>
<td>Handout on &quot;Family Problems&quot;</td>
</tr>
</tbody>
</table>

**FAMILY PROBLEMS**

My role in the family is ________________________________

Our family problem is ________________________________

How does it affect me? ________________________________

Whom can I talk to about it? __________________________

Whom can't I talk to about it? _________________________

Why?

How can I help myself?

How can I help my family?
TITLE: Family Dining Table

OBJECTIVE: Students will be able to visualize how their family members interact with one another.

PROCEDURE: 1. Go through activity steps with group members. Each student is given a piece of paper, pencil, and color crayons.

2. Students are to draw their dinner tables and use circles to indicate where each family member sits. (If family members eat elsewhere, sketch where they are located in relation to the table.)

3. Next pick one color that symbolizes each family member and color his/her chair.

4. Each student explains his/her drawing to the group.

5. Students should also explain who talks to whom around the table.

MATERIALS: Blank paper, pencils, color crayons
**TENDENCIES DEVELOPED FROM BEING RAISED IN AN ALCOHOLIC FAMILY**

**WHAT HAPPENS?**

The characteristics we seem to have in common due to our being brought up in an alcoholic household:

1. We tend to become isolated and afraid of people and authority figures.

2. We tend to become approval seekers and lose our identity in the process.

3. We are often frightened by angry people and personal criticism.

4. We often feel guilty when we stand up for ourselves and tend to give in to other's wishes, demands, requests, etc.

5. Having been blamed so often for so much, we have a tendency to feel at fault and blame others for everything.

6. From living with sick people who were not there emotionally for us, we tend to be fearful of rejection and desertion. To avoid these painful feelings we tend to do self-destructive things in our attempt to hold on to our relationships.

7. We tend to be attracted to compulsive people such as alcoholics, overeaters, gamblers, etc.
8. We become compulsive personalities ourselves to comfort our painful feelings.

9. We tend to live life from the viewpoint of victims (believing we have no control over what happens to us) and continue to become victims in our relationships with others (spouses, family, employer, friends, etc.)

10. We tend to have an overdeveloped sense of responsibility, which enables us to try to control other people and events around us. It is easier for us to be concerned with others than ourselves. This enables us to not look too closely at ourselves.

11. We tend to become addicted to excitement.

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

13. We may have "stuffed" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (DENIAL).

14. We tend to judge ourselves harshly and have a very low sense of self-esteem.

15. Alcoholism is a family disease and we tend to take on the characteristics of that disease (such as denial, dishonesty, defensiveness, preoccupation with the alcoholic, blaming others, self pity, etc.).

16. We tend to quickly react, rather than think through a proper response.

WHAT WE CAN DO ABOUT IT

We learn by attending Al-Anon meetings on a regular basis that we can live our lives in a more meaningful manner; we learn to change our attitudes and old patterns of habits, to find serenity, even happiness.

We learn that alcoholism is a five-fold disease (mental, emotional, social, physical, and spiritual), which either ends in death, insanity or remission. Our family members were afflicted by this disease and we were affected by their behavior. This awareness is the beginning of the gift of forgiveness.
Through the process of learning to put the focus on ourselves, and asking God and others for what we need, we discover that others accept us. We begin to have less fear, grow in self-esteem and need less approval.

We learn how enabling (being over-protective) allows the alcoholic to be unaware of the consequences of his/her behavior (helping the denial). We begin to show our love in a new way, by allowing them to receive all the negative consequences of their own behavior (i.e., detachment and tough love).

We learn and apply Al-Anon slogans: "Let Go And Let God," "Easy Does It," "One Day At A Time," "Keep It Simple," etc.

We realize that in the past we felt helpless in that other people and events controlled our feelings and we were powerless over our reactions. Now we learn to accept responsibility by:

1. feeling our feelings
2. accepting them
3. choosing whether or not to express them in a responsible way.

We learn that it is okay to ask for and accept help from others.

We learn to apply the Serenity Prayer:

GOD GRANT ME THE SERENITY TO ACCEPT
THE THINGS I CANNOT CHANGE,
COURAGE TO CHANGE THE THINGS I CAN,
AND THE WISDOM TO KNOW THE DIFFERENCE.
**TITLE:** Enabling

**OBJECTIVE:** To help students recognize their enabling behaviors.

**PROCEDURE:** Read and absorb the information provided and have the students discuss their own enabling behaviors.

**MATERIALS:** Handout on "Enabling"

---

**ENABLING**

The dictionary definition of ENABLE is: to make able, possible or easy. The dictionary does not say its a murderous weapon, but it is!

When I enable the people I love, I cheat them of the human right to be responsible for their own lives. When I enable the people I love, it's not for their own good, it's for my own benefit. It's one of my ways of controlling people and situations.

Enabling means manipulating people into making the decisions I judge to be right.

Tough love means giving them the support and freedom to make their own decisions and not judging them.

Enabling means insisting on helping people who are trying to solve their own problems.

Tough love means letting a person I love know I care and will offer support while he/she works out solutions.

Enabling means I will make it easy for my children to have what I feel is a good life.

Tough love means letting go of them and accepting whatever life they choose.

Each of us has the right and obligation to make his/her own decisions. It is character-destroying to usurp that right. If I try to govern another person's life, I will fail. When I fix my thoughts on improving my own life, I can count on the help of a higher power.

Enabling is a learned behavior I choose as a way of controlling situations and people, so I can be more comfortable myself. I do it innocently, not knowing it is destructive to me and those I love. As a result of this protective behavior, I invite people to be dependent on me while I grow dependent on their needing me. I choose to be a caretaker of others, because I get a pay-off. I get a superior feeling from controlling others which I
desperately need as my self-esteem is low. In the beginning, I chose this behavior not because I was a bad person, but because I'm a good and loving person who was caught up in some uncomfortable situations. Now that I am aware of this behavior, I am responsible for changing it.

I know I can't change over night. It's something I will have to work at every day, maybe every hour. It won't be easy and will sometimes be painful for me, but it will be worth it. By setting those I love free from my enabling behavior, I will set myself free to discover the real me!
Concerned Person's Do's and Don'ts

To recognize what to do and what not to do when dealing with a chemically dependent person.

Read, discuss and help students identify for themselves what they are doing and what they need to change in learning to live with a chemically dependent person.

Handout on "Concerned Person's Do's and Don'ts"

CONCERNED PERSON'S DO'S AND DON'TS

DO'S

1. Do remember you are not the only one with a chemically dependent loved one.

2. Do look for help in Alateen, Al-Anon, A.A. and other local and community councils on chemical dependency.

3. Do learn all you can about chemical dependency, a family disease.

4. Do be honest with yourself and others.

5. Do use your talents in ways that interest you.

6. Do develop a sensible attitude about chemical dependency.

7. Do remember that not only the chemical dependent person, but all the members of the family are emotionally involved with the disease.

8. Do find someone other than a relative whom you can confide in.

9. Do learn to forgive yourself and others - you only hurt yourself by holding grudges.
10. Do keep your trust in your Higher Power.

11. Do take your inventory and admit your faults to one person.

12. Do pass on your knowledge of concerned persons to others.

**DON'TS**

1. Don't make it easy for the chemically dependent person by covering up for him/her and taking on his/her responsibilities.

2. Don't try to make the chemically dependent person stop using - you can't; only he/she can.

3. Don't argue with an active chemically dependent person.

4. Don't hide or throw out his/her chemicals. He/She will only buy more.

5. Don't take it personally when the chemically dependent person blames you for his/her using - he/she'll use any excuse.

6. Don't use drugs or alcohol as a means of escaping family situations.

7. Don't condemn, judge, or criticize - remember that chemical dependency is a disease.

8. Don't make your family member's problem the number one thing in your life.

9. Don't expect things to get better over night.

10. Don't expect to change anyone but yourself.

11. Don't allow self-pity to grow inside of you. It will destroy you.

12. Don't over-react to the chemically dependent person's problems.
WHAT IS CO-DEPENDENCY?

My good feelings about who I am stem from being liked by you.

My good feelings about who I am stem from receiving approval from you.

Your struggles affect my serenity.
    My mental attention focuses on solving your problems or relieving your pain.

My mental attention is focused on pleasing you.

My mental attention is focused on protecting you.

My mental attention is focused on manipulating you "to do it my way."

My self-esteem is bolstered by solving your problems.

My self-esteem is bolstered by relieving your pain.

My own hobbies and interests are put aside. My time is spent sharing your interests and hobbies.
Your clothing and personal appearance is dictated by my desires, as I feel you are a reflection of me.

Your behavior is dictated by my desires as I feel you are a reflection of me.

I am not aware of how I feel, I am aware of how you feel. I am not aware of what I want, I ask what you want. If I am not aware, I assume.

The dreams I have for my future are linked to you.

My fear of rejection determines what I say or do.

My fear of your anger determines what I say or do.

I use giving as a way of feeling safe in our relationship.

My social circle diminishes as I involve myself with you.

I put my values aside in order to connect with you.

I value your opinion and way of doing things more than my own.

The quality of my life is in relation to the quality of yours.
**TITLE:** Twenty Questions

**OBJECTIVE:** To explore areas in which the chemically dependent person is affecting your life.

**PROCEDURE:** Use one or two of these questions to inspire good round-table discussion.

**MATERIALS:** Handout on "Twenty Questions" and pencil

---

**TWENTY QUESTIONS**

1. Does your unhappiness at home affect your school work?

2. Do you resent your chemically dependent parent's excessive use?

3. Does the fact of having a chemically dependent person in your family hamper your social relations and activities?

4. Do you treat the chemically dependent person with contempt or allow your friends to ridicule him or her?

5. Have you ever attempted to escape the problem?

6. Do you feel inferior, frustrated, and depressed?

7. Do your problems in the home distort your reasoning and behavior?

8. Will you permit your ambitions for the future to be influenced by a family member who is using?

9. Have you become less spiritual through living with a chemically dependent person?

10. Would you marry a chemically dependent person?
11. Have you experimented with chemicals yourself?

12. Have you learned to detach yourself emotionally from your family member's problem without detaching yourself from your family member as an individual?

13. Do you give enough time and interest to Alateen to replace resentment and self-pity?

14. Do you believe that Alateen/Al-Anon "helps those who help themselves?"

15. Can learning about other people's problems help you to understand your own?

16. Can your attitude influence the other members of your family to accept the problem?

17. Can you strengthen the family circle?

18. Can you be happy in your home if you apply what you have learned from Alateen/Al-Anon meetings?

19. Has your association with Alateen/Al-Anon deepened the affection and understanding between you and your chemically dependent family member?

20. What things in the program first helped you and what has continued to help you most?
**TITLE:** Personal Inventory (adapted from Step 4 Inventory for Alateen, Al-Anon Family Groups)

**OBJECTIVE:** To be able to take a personal inventory of one's self.

**PROCEDURE:** Students will need to take some time with this exercise because it is a weekly chart. If your group meets once a week, the chart could be distributed one week and used for discussion the next week. Students can share what they discovered about themselves and areas they need to change.

**MATERIALS:** Handout on "Personal Inventory," and pencil

---

**PERSONAL INVENTORY**

*Just For Today I will take my own inventory.*

I may be able to fool others, but I can't fool myself ... so ... I WILL BE HONEST.

<table>
<thead>
<tr>
<th></th>
<th>MON.</th>
<th>TUE.</th>
<th>WED.</th>
<th>THURS.</th>
<th>FRI.</th>
<th>SAT.</th>
<th>SUN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will try not to lose my temper.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;One day at a time.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will try not to be selfish.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;God grant me courage to change the things I can.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will not call anyone names.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Easy does it.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need and will ask for the help of my Higher Power.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Let go and let God.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will promptly admit that I am wrong if I am.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;... Courage to change...&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| I will try not to worry. |
| "God grant me serenity..." |

| I will try not to criticize others. |
| "Take your own inventory." |

| I will try not to talk back. |
| "God grant me wisdom..." |

| I will try to understand that my alcoholic parent is sick. |
| The American Medical Association recognizes alcoholism as a disease. |

| I will try to understand that my alcoholic parent doesn't mean to be mean, argumentative, thoughtless, or violent. |
| "God grant me wisdom to know the difference." |

| I will try not to indulge in self-pity. |
| Everyone has problems; the most important thing is how you meet them. |

<p>| I will do my necessary work without delay and without blaming anyone else. |
| &quot;First things first.&quot; |</p>
<table>
<thead>
<tr>
<th>MON.</th>
<th>TUE.</th>
<th>WED.</th>
<th>THURS.</th>
<th>FRI.</th>
<th>SAT.</th>
<th>SUN.</th>
</tr>
</thead>
</table>
|I will try not to take out my bad moods on my family.  
   "Easy does it." |

|I will work on one bad habit at a time.  
   "One day at a time." |

|I will not hate my parents.  
   Love and compassion is better for me. |

|Let me forgive as I am forgiven.  
   "... with the help of my Higher Power..." |