Saint Luke Institute

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Alcohol Use Disorder: Adult Children of Alcoholics

by Nancy Parfitt Hondros, MA, ATR-BC, LGPAT, LGPC

Like a ripple in a pond, the mental health impact of alcohol use disorder extends far beyond the individual suffering from it to family members, friends, and coworkers. The Substance Abuse and Mental Health Services Administration (SAMSHA) estimates that alcoholism affects one in 10 children in the United States. Mental health impacts on children affected by alcohol use include increased incidence of depression and anxiety, behavioral difficulties, and increased likelihood of developing substance use disorders.

Adult children of alcoholics (ACAs) often internalize the trauma of familial instability and unhealthy messages that can result from alcohol use. As children, they develop coping mechanisms for survival, but the trauma often lingers into adulthood. Common coping mechanisms include people-pleasing, approval-seeking, need for control, and strong judgment of self and others. These skills have a protective benefit in younger years. As adults, however, consistent use of these behaviors or thought patterns can result in difficulties in many areas of an ACA's life.

ACAs can find help for these issues through individual and family therapy or support groups, including ones based on the 12-step model for recovery from substance addictions.

Twelve Step Programs

Al-Anon and Alateen, organizations formed to help families and friends of alcoholics and problem drinkers, are based on the 12-step principles of Alcoholics Anonymous and recognize that alcohol use disorder is a family disease. These groups provide mutual support for the family members living with or impacted by alcoholism. As those living with a family member with alcoholism grow up and create a life outside of the family, they begin to realize that they have dysfunctional behavior patterns. These groups can help address the family members' desire to "rescue" the person suffering from alcohol use and focus on developing healthy coping behaviors independently.

Adult Children of Alcoholics (ACA), started in 1978, developed from Alateen. The fellowship respects the impact of living in a challenging and emotionally unhealthy family system and provides ACAs with resources to address the emotional and mental health consequences of growing up in that environment.

Common Traits and Behaviors

In 1978 ACA published a "Laundry List" describing common behaviors and traits people who interact with ACAs may notice. Among these traits are isolation and fear of authority figures, harsh self-judgement and low self-esteem, approval-seeking, and an overdeveloped sense of responsibility. Some behaviors can meet the ACA's need to gain a sense of control that was lost in childhood. An ACA may have a tendency to deny their difficult childhood out of embarrassment or to avoid the pain of the distressing memories.

Growing up with a parent with alcohol use disorder can affect the ACA's interpersonal relationships, resulting in difficulty trusting others, fear of rejection or abandonment, and

"...the ripple effect of alcoholism impacts one in 10 children in the United States."

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Case Study | Father Tim

"Curious," thought Fr. Kevin, head pastor at the parish where he and Fr. Tim both served. He appreciated the heavy load Fr. Tim willingly carried so the parish could run smoothly. Yet he was hearing complaints from the parish staff, who said that Fr. Tim expected perfection, had no tolerance for mistakes, and could be harsh and short-tempered. Their frustration peaked when he tried to control every facet of their work, sometimes taking projects away to complete them himself. Fr. Tim seemed to carry a weight that he did not want to share with others. Fr. Kevin also observed Fr. Tim's refusal to join his brother priests for dinners and outings. He heard grumblings about his chronic late arrivals to celebrate daily Mass and complaints that he sometimes smelled of stale alcohol.

When Fr. Tim was 19, his father died from a car accident caused by drunk driving. Fr. Tim criticized himself for not having a more Christian reaction to his father's death. The death was a relief. His father could be great fun. He'd sing, dance, and tell jokes. When he drank, he became a different person. His father's criticism, demeaning humor, and threats to his mother and sisters were frightening. After his death, his mother started working multiple jobs to provide for the family. Wanting to ease his mother's burden, Fr. Tim took over the care of his siblings and many household duties, but his efforts never seemed to satisfy his mother. Outside of family responsibilities, he focused on his studies and involvement in the youth ministry. All of this never seemed like enough. The perfect family life Fr. Tim wanted was not a reality.

When the parish accountant called Fr. Kevin, frustrated with Fr. Tim's unreasonable demands, he knew that he needed to address the issue. He spoke to Fr. Tim about the complaints and his concerns for his well-being. Fr. Tim reacted defensively, citing his desire to protect the parish. He reluctantly agreed to a clinical evaluation at Saint Luke Institute out of respect for Fr. Kevin.

During the evaluation Fr. Tim shared his family history, emphasizing his childhood need to anticipate potential problems to minimize his family's stress and connecting it with his ability to manage problems as they arose in the parish. He admitted that he did not make time for socializing or have any interest in developing friendships and acknowledged that he hated unexpected changes or problems

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Case Study *continued*

in the parish. He acknowledged his nightly drinking to relieve stress but denied its impact on his ability to celebrate Mass on time. The evaluation team recommended Fr. Tim participate in the SLI Intensive Outpatient Program, focusing on his alcohol misuse, mild depression, his controlling behaviors, and his unresolved anger toward his father and mother. Father Tim was not convinced that he could benefit from the program but agreed to stay for treatment.

Gradually, through individual therapy and a range of peer therapy groups, Fr. Tim recognized his intense anger toward his parents, his fear of the unexpected, and his tendency to avoid people. After he started medication for depression, he noticed that his focus improved, and he was less defensive about feedback from peers. Fr. Tim accepted his therapist's recommendation to find a support group and began to attend ACA meetings.

In the meetings, Fr. Tim heard stories that resonated with his own childhood experience and recognized that others had similar or even more difficult experiences. The meetings helped him understand that his thoughts and behaviors were ways of protecting himself from his family's chaos. Fr. Tim was relieved to learn that he could begin healing the wounds of his childhood through ACA and his intensive work at Saint Luke Institute. With these supports and interventions, he learned skills to manage his anxiety, set healthy boundaries, and build healthy interpersonal relationships.

Upon Fr. Tim's return to the parish, Fr. Kevin and others noticed Fr. Tim's more relaxed approach to his work and his new energy for engaging with brother priests. The parish staff noticed an immediate difference. They responded enthusiastically to Fr. Tim's more collaborative and trusting management style. As Fr. Tim became more engaged and less defensive, he received positive feedback for his efforts and more acceptance from others.

For confidentiality reasons, names, identifying data, and other details of treatment have been altered.

Adult Children of Alcoholics *continued*

tolerance of others' unhealthy behaviors. They may suffer from spiritual disengagement or disillusionment, as well as anxiety and depression. All of these issues, including the increased likelihood of developing a substance use disorder, can negatively impact their personal and professional life and ability to form healthy relationships. These concerns can be addressed through a multi-dimensional approach.

Therapeutic Approaches

An evaluation by a mental health professional can determine the need for medication, group psychotherapy, or trauma-informed psychotherapies. Active involvement in ACA meetings can reduce the ACA's emotional burden. An ACA in recovery learns to offer him or herself what they may have missed in their childhood.

Self-compassion, accepting mistakes as inevitable, and being less guarded are some hallmarks of recovery. Others may notice changes in behavior as the ACA begins the recovery process. These could include:

- A renewed connection with God
- Less reactivity to criticism and more receptivity to others' ideas
- More engagement with others
- Increased self-assuredness and less self-criticism
- Improved concentration and more confident decision-making

Ultimately, the ripple effect of familial addiction can be stopped, and the ACA can integrate their past experiences with alcoholism into a fulfilling, healthy life.

Nancy Parfitt Hondros, MA, ATR-BC, LGPAT, LGPC is an art therapist at Saint Luke Institute in Silver Spring, Maryland.

Intensive Outpatient Program

Frequently Asked Questions

What is an Intensive Outpatient Program?

Intensive outpatient treatment is a widely accepted level of care for individuals struggling with mental health and behavioral challenges who do not require 24-hour supervision. Our IOP closely mirrors the essential components of our former residential program.

Therapy is provided Monday through Friday between 9 a.m. and 5 p.m. Clients engage in a comprehensive program of individual and group therapy, skills and psychoeducational groups, art therapy and healthy lifestyle programs, as well as spiritual integration groups. We also provide EMDR and biofeedback as needed. IOP clients can focus on their emotional and spiritual healing in a structured setting without the restrictions of 24-hour residency while relieved of daily ministry assignments.

How is IOP Different from Outpatient Treatment?

IOP is integrated. You work with a team of professional care providers – physicians, psychologists, psychiatrists, spiritual integrators as well as a nutrition and exercise coach. They communicate with each other to provide a comprehensive therapeutic environment. With outpatient treatment it is up to you to assemble a professional team and facilitate their commitment to coordinate your care holistically.

IOP is intensive. You step away from ministry to focus all your attention on growth and wellness. You meet with your primary therapist twice a week, versus weekly or monthly in outpatient treatment. You have weekly meetings with your spiritual integrator, as opposed to once a month. You can address your issues with a concentrated, comprehensive focus. Research shows this format results in progress sooner.

How is IOP Different from Residential Treatment?

Residential treatment is recommended for those who require more supervision. Individuals struggling with issues such as self-harm, severe trauma, psychosis, or debilitating cognitive decline would not be suitable for an outpatient program.

With IOP you maintain the rhythms of daily life in the evenings and on weekends, when you are free to relax, read, pray or explore historical and cultural Washington, DC. This schedule also facilitates a more natural transition back to ministry after completing the program. You maintain cell phone and internet access. You remain more connected to everyday life. You are more autonomous and more responsible for your self-care.

To learn more about our Intensive Outpatient Program, visit our website at SLI.org/IOP.

Saint Luke Institute

8380 Colesville Road, Suite 300
Silver Spring, MD 20910-6264
301-445-7970

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