The Adult Children of Alcoholics/Dysfunctional Families Service Manual Draft V 0.2

Draft Review Process

1. The Service Network Committee meets twice monthly to review feedback received.
2. Feedback will be reviewed and additional updates and new content will be incorporated into the draft periodically.
3. Updated drafts will be posted to the service network committee page on the Service website, https://acawso.org/category/service-network-committee
4. Town Hall meetings will also be scheduled to encourage fellowship wide involvement.

Adult Children of Alcoholics/Dysfunctional Families

"The purpose of service is to support one another in becoming responsible for our own well-being. We lose our sense of personal responsibility when we are forced to separate from our feelings. Without emotional integrity, our actions become scattered and unfocused, and we are helpless in responding to our essential need for love and care."

Big Red Book, page 354

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Preface

How to use this manual

This manual and the ACA service structure *is designed to remain flexible and open to adjustment as ACA develops over time*. In the following pages, you will find direction for starting or maintaining a meeting including group service positions, meeting group best practices, running a business meeting, and service work beyond meetings. In the appendices you will find the readings, documents, and literature needed to address these topics.

As the fellowship grows, each meeting and Intergroup understands the importance of their delegates' attendance at the Annual Business Conference. ACA meetings will continue to form, to form into Intergroups, and Intergroups will come together to form Regions. Over time, more ACA members will also serve in the World Service Organization to carry out the work of the program. We hope that this manual will inspire and guide you to join us.

There are countless service opportunities to help carry the message to adult children who still suffer. We hope the guidelines here can provide you with some basic definitions and ideas to serve the ACA Fellowship at different levels. Finally, this service manual can help deepen our recovery work in service anchored in ACA principles, Twelve Steps, and Twelve Traditions.

ACA Commitment to Service

ACA Commitment to Service from page 601 of the ACA Fellowship Text, Big Red Book (BRB): others may benefit. I will perform service and practice my recovery by:

1. Affirming that the true power of our program rests in the membership of the meetings and is expressed through our Higher Power and through group conscience.

I perform service so that my program will be available for myself, and through those efforts,

2. Confirming that our process is one of inclusion and not exclusion; showing special sensitivity to the viewpoint of the minority in the process of formulating the group conscience so that any decision is reflective of the spirit of the group and not merely the vote of the majority.
3. Placing principles before personalities.
4. Keeping myself fit for service by working my recovery as a member of the program.
5. Striving to facilitate the sharing of experience, strength, and hope at all levels: meetings, Intergroups, Regional committees, service boards, and World Services.
6. Accepting the different forms and levels of service and allowing those around me to each function according to their own abilities.
7. Remaining willing to forgive myself and others for not performing perfectly.
8. Being willing to surrender the position in which I serve in the interest of unity and to provide the opportunity for others to serve; to avoid problems of money, property, and prestige; and to avoid losing my own recovery through the use of service to act out my old behavior, especially in taking care of others, controlling, rescuing, being a victim, etc.
9. Remembering I am a trusted servant; I do not govern.

Higher Power. Remind me that the direction of our program comes from the ACA members and the groups. Remind me that we must make our own decisions. . . that will help us fulfill ACA's primary purpose. Grant us the wisdom to make the best decisions for our groups, the service structure, and our fellowship as a whole. **(BRB, Page 531, Tradition 8 Meditation)**

Section 1. The ACA Service Structure

What is a Service Structure?

The service structure focuses on the primary purpose of carrying the ACA message to the adult child who still suffers. The Twelve Traditions, Twelve Concepts, Commitment to Service, and service structure is built on fellowship, unity, group autonomy, broad membership, and the ultimate authority of ACA – the Loving presence of a Power greater than ourselves, as expressed in our group conscience. All ACA members are encouraged to participate in the service Service Structure ensure that there will always be a meeting for adult children to attend. The structure. They do not need to demonstrate specific skills or experience to serve in ACA. Doing service helps us find balance away from codependent tendencies, fear of authority figures, and isolation.

The service structure consists of ACA members, groups, Intergroups, Regions, World Service Organization (WSO), WSO Committees, and WSO Board of Trustees. The service manual will describe each service entity in more detail. ACA members can come together to start a meeting, ACA meetings can come together to form an Intergroup, and Intergroups may join forces to establish a Region. There are thousands of registered ACA groups, hundreds of ACA Intergroups, and a handful of Regions are forming, all over the world. The World Service Organization is an organization of volunteer members that serve the worldwide fellowship. The WSO has committees, and an elected Board of Trustees. The WSO provides a sense of common purpose, stability, and continuity for meetings in various ways. For example, the www.adultchildren.org website is one place where ACA groups and the general public can find information, literature, and locations of meetings. The www.acawso.org website is another place where one can find information about ACA events, literature in progress, the business of the fellowship, etc.

ACA strives to maintain a defined service structure, but is not focused on an over-built organization or unneeded protocol. We avoid the tendency to over manage or control our trusted servants who are trying to do the best they can on behalf of the fellowship. We have faith in our trusted servants, whether they provide service to the group, Intergroup, Region, or World Service Organization (WSO). We avoid a style of authority over one another. We offer each other the opportunity to fulfill the duties we were elected to do. We avoid tying ourselves down with unreasonable rules and regulations. Governance or weighty organization is unnecessary when there is service coming from love.

Autonomy and the Service Structure

Each service body in the service network is autonomous. The wisdom of the Fourth Tradition allows every ACA service body the right to make its own decisions, run their own meetings, and choose the method for carrying the ACA message within their community. There is no governance or enforcement of rules in ACA.

Placing ACA first and cooperating with one another is essential for healthy autonomy in the service structure. Intergroups, Regions, and WSO serve as a resource for the groups, and the groups, in turn, are encouraged to provide willing trusted servants to do the work of ACA at all levels. The meetings and members may routinely seek guidance from service bodies or other members. When asked, Intergroups, Regions, or WSO ultimately must step back and let each group decide for themselves how to run their particular meeting. One of the few times the WSO or Intergroups or Regions might become directly involved would be in matters "affecting other groups or ACA as a whole."

Being autonomous does not mean that any part of the service structure is alone and operates in a vacuum. Any entity may seek input from and take into account the unity of the service structure when questions or challenges arise in a service meeting or group conscience decision.

Each service body has the right to make their own decisions. We can flourish if we are willing to focus on ACA principles and invite a Loving Higher Power into our decision-making processes. As healthy adults we can learn from our decisions, even when there may be counterproductive consequences. Each service body has the freedom to make mistakes and learn. We can try something out and if it doesn't work, we can change our minds, and change course. By allowing mistakes or changes, our decisions help us gain wisdom and tenacity.

Boundaries and Service in ACA

The ACA Big Red Book states that the purpose of boundaries is to allow us to remain safe, respected, and free of harm. The same concept applies to the service structure. We state the boundaries of the service structure clearly and honor them for the sake of ACA unity and individual recovery.

One type of boundary is a statement or request that we communicate to someone. One type of boundary is expressing needs. If we do this clearly as an action, the reaction of setting a boundary might not need to follow. Setting a boundary can be a statement or a request for a particular behaviour to cease or to be modified. When we establish a boundary, we must be willing to follow through. We must honor our boundary even if others do not.

The same concept applies to behaviors within the service structure. For example, if we ask someone who is abusive or disrespectful to service guidelines to stop the specific behavior, we must be willing to walk away from the person if they remain abusive. We do not negotiate our boundary with the person. We avoid discussions over why they do not honor it.

All boundaries remind us that the feelings, behaviors, and attitudes of others are separate from our own. The feelings and thoughts of others are not our responsibility. We can feel empathy for another person and show compassion, but we are separate from that person.

When a group sets a boundary based on group conscience, then it is that group's responsibility to maintain that

boundary. If members are questioning the boundary, then it may be time to consider a new group conscience. The following chapters will present members with guidelines on service roles, meeting structure and safety, business meeting structure and safety, Intergroup and Region structures and officer descriptions. The suggestions provided in this manual may help to determine and respect boundaries in personal recovery and in service.

Recovery from People Pleasing and Manipulation in Service

Our service structure honors recovery from living with the effects of growing up in a dysfunctional home. This includes recovery from people-pleasing behaviors. Service work and the service structure in ACA reflect an attitude of giving back to ACA what was freely given to us and carrying the message to adult children who still suffer. By uniting in service, we create a program for living which provides a sane alternative to the unmanageability of family dysfunction and alcoholism. We give back, and this is different from people-pleasing or acting as the hero child.

People-pleasing comes with manipulation based on a predetermined goal in mind. When we people-please, we are usually trying to manipulate outcomes or attitudes for our own self-interest, or in the interest of the adapted self, the Laundry List or Other Laundry List traits, etc.

To steer away from people pleasing, our meetings provide us with the mutual support we need to detach from dysfunction. We are willing to understand how we feel about what we are doing for ACA through the group and service structure, rather than the Traits, the adapted self, or our childhood family roles.

Rather than manipulating through people-pleasing or isolation, we learn to help ourselves by helping others. We refer to the Commitment to Service, the ACA Promises, Affirmations (BRB p. 329), Slogans (BRB p. 52), the ACA Solution, and the Flip Side of the Laundry List and Other Laundry List. We let go of outcomes, and we let in the loving guidance authority of something greater than ourselves. We see the footprint of a Loving Higher Power in our group decisions. This program gives us a secure structure to hold us as we connect our energy to a system of beliefs and a way of life consistent with serenity and peace. We see this when we give back through service.

The concept of giving back rather than manipulating through people-pleasing or isolation also applies to the service structure. The upside-down pyramid has ACA Members and Meetings at the “top” of the pyramid (see figure further below). This means that the fellowship is the foundation of our service structure. The membership is supported by Intergroups, who are supported by Regions, who are supported by the World Service Organization (WSO). In turn, each entity of the service structure supports one another: the groups support the WSO, the Regions, the Intergroups, who all support each other.

The service bodies work together to provide opportunities for service and to carry the ACA message. They do not govern and do not have the power to manipulate other service bodies. Everyone supports each other. In service, we learn with experience and practice, how to not to people-please or manipulate. We learn to support each other as we grow and heal from our Laundry List and Other Laundry List Traits. The service structure supports this healing and growth. For example, the voting structure of ACA focuses on positivity and growth, and places everyone on equal footing: registered meetings, intergroups, and regions each have a vote on fellowship business. Each service entity also has a say in what goes on the agenda of the Annual Business Conference.

This means that there isn't one service group--a Trustee, a Region, etc.--that can manipulate the outcome of the worldwide fellowship business. The voting process guides us to recover from the fear of authority figures, from acting out as a fearful authority figure, etc. This also means that no one is doing service in order to please another section of the fellowship. We are all responsible and hold each other accountable for the improvements and changes to the fellowship.

Any registered ACA group can submit a ballot proposal to the Annual Business Conference. A ballot proposal suggests a specific item to discuss at the annual business meeting. Ballot proposals address a need or change that will benefit the ACA fellowship. When a group submits a ballot proposal, they have an opportunity to make changes to the ACA fellowship as a whole, for the better. Everyone has a voice. Any registered meetings, intergroups, or region can submit a ballot proposal to suggest a change. Then, the worldwide fellowship votes on which ballots to discuss at the fellowship's annual business meeting: the Annual Business Conference (ABC). Finally, each registered meeting, intergroup, and region may send a delegate to represent their group and vote on their behalf at the Annual Business Conference. In this process, each service body has an equal voice, from the meetings, to the Regions (see Figure 2 at the end of Section 1).

We are all recovering Adult Children and need to be aware of how the Laundry List Traits surface in our interactions. The service bodies serve all ACA members, new and old members alike, to carry the message to adult children who still suffer. All ACA members are welcome to serve at the various levels of the ACA service structure. It is an amazing opportunity for growth. As we practice expressing our thoughts and feelings and setting healthy boundaries, we give service from a space of love.

What is ACA Service from a Space of Love?

When asked to serve, we lead by example rather than by directive. We avoid any style of governance or authority over one another. Our feelings of self-worth and adequacy start to grow as we successfully reparent ourselves, and we begin to trust our ability to love and serve others. We give service just by being present to support and encourage other members of the program as they make the transition from frightened adult children to whole human beings who are capable of acting with the spontaneity of a child and the wisdom of a mature adult. This central concept underlies and supports all forms of service.

Service Allows Us to Trust Ourselves

In ACA, we give service by reflecting for one another the progress we make. The healthy reflection awakens the inner spirit of freedom and joy. We trust this process of reflection because of the history of recovery in other Twelve-Step programs and the growing evidence of recovery in ACA as well. Healthy affirmation and reflection serves to redefine our self-image and increases our sense of self-worth.

Among program members, we do our best to reflect consistent care with each other as a way to nurture and build that which may have been missing in our families of origin. The burden of responsibility we feel when we attempt to reparent ourselves in isolation is eased by sharing the task with each other. The encouragement we exchange among ACA allows us to heal the separation between the adult and the child and become whole once again. Each individual's experience of recovery is an essential piece of the mirror of clarity, self-worth, joy, and freedom.

The child's need for concrete evidence of a loving Higher Power can be met by the presence and gentle presence of another human being. The adult's need for intimacy and self-expression can be satisfied by giving service in the fellowship. The uncertainty and doubt at the heart of shame and self-hate can be removed by the reality of being affirmed, respected, and loved. Our combined experiences and reflections of spiritual transformation provide a complete model and picture. This is the path towards a return to being restored to clarity and sanity. We learn to expect the best, and get it.

Trust does not mean that we are in denial about what happens around us. It does not mean that we allow our trusted servants to avoid fulfilling their responsibilities. Instead, trust means we realize that ACA is different from our family of origin or outside organizations. We avoid strapping trusted servants with unreasonable or excessive rules and regulations. ACA members, trusted servants, officers, committee chairs, Board members, etc. can be trusted to keep their word or at least be given a chance to do so. In ACA, we give and receive service with an attitude of love that helps ourselves and those we serve.

Why We Give Service in ACA: Self-Love, Unity, and Strength

There is a time in ACA recovery when we have decided to disconnect from our dysfunctional family's beliefs, but we have not yet reached the security of a spiritual awakening. In this transition, we may sense that there is no guiding force whatsoever. Our passage through this terrifying and often chaotic period of uncertainty and doubt is where we experience the power of our program and realize the importance of the service we give and receive. Steps Two and Three as core elements of connecting with a greater power and with our Inner Child in order to build trust and guidance in reparenting ourselves.

As the experience of service continues to evolve in ACA , we see the need to address the basic idea of service and to acknowledge the service we give to ourselves. Before we can serve one another, we must first be willing to love and serve ourselves. As children in dysfunctional and alcoholic families, we were made to feel that we were defective, that we were the ones who were dysfunctional, or that we were the cause of the family's distress. When we tried to make sense of our experience of pain, we had to reverse the normal sequence of cause and effect. We were made to believe that we were the problem. We react to this as adults by shaming, hating and punishing ourselves for needing love. As a result, during our ACA recovery, we may feel a need to retreat into emotional isolation during our recovery.

The healing we receive by giving service in ACA removes our deep feelings of inferiority in giving and receiving love. Our sense of inadequacy begins to disappear when we see the value of the service we give. Our idea of who we are and what we deserve starts to change as we see our real worth reflected in the eyes of other adult children. Our feelings of unworthiness are transformed into positive self-esteem as we realize how important our experience of recovery is to others in the program. We find willingness to become willing to love and serve ourselves.

By uniting in service, we create a program for living which provides a functional alternative to the unmanageability of dysfunction. With our increased sense of self-worth, we are able to let others love us in return. In being willing to again acknowledge and respond to our own needs, we regain our sense of emotional wholeness and reclaim the power which comes from taking responsibility for our own well-being.

Communication from a Space of Love in ACA Service

Below are some guidelines to practice communication from a space of love and respect. When communication or potentially contentious issues arise, we refrain from harsh, judgmental comments. We especially use caution when expressing differences in writing and in speaking. We try to use neutral language. We err on the side of honest, clear, and direct communication.

We are willing to pause, and reflect, before responding. We can avoid reacting. We try to stay centered, and calm (Laundry List Trait 14). We refrain from communicating in a caretaking way that is dishonest or manipulative. We remember that we are not responsible for other people's feelings and responses. Per the Tenth Step, if needed, we practice willingness to make sincere and prompt amends to the affected parties. Per the Ninth Step, not only do we make amends, we strive to make behavioral changes. Before communicating a disagreement in writing about a conflict or a contentious issue, we can first attempt to communicate in person, or make a phone call to the other ACA member(s). If an ACA member feels it is necessary to consult a group or ACA as a whole about a matter, they will communicate to the other ACA member(s) who are involved, and let them know directly, before escalating the dispute.

In order to practice the principles of unity and mutual respect, a few steps can help keep in mind unity, the core principle of the First Tradition. This does not preclude us from expressing differences, but it reminds us that we rely on one another to serve the fellowship, which is our primary responsibility. We agree to keep the following in mind: first, we can weigh a conflict's importance against the damage it may cause to ourselves, the other individuals involved, and the service group's ability to do its work. Ask yourself "How important is this?" Second, we refrain from jumping into a conflict that doesn't involve us directly.

We recognize that none of us is perfect; we are not above all other Adult Children who teach ourselves honestly. In giving service to each other, we show we are united by the common bring our own challenges with interpersonal communication. Service work can provide many important opportunities for us to grow personally and spiritually, if we are willing to look at the belief that we can transcend the burden that is the legacy of family dysfunction, addiction, or alcoholism. By taking the action of responding to ourselves and one another with love, we simultaneously allow ourselves to give and be given to in a way that heals the wounds of our childhood. In turn, we meet our simple human requirements for attention, love, and respect.

Our "Upside-Down Pyramid": The ACA Service Structure Chart [still under development]

"…may we find the spirit of cooperation and a willingness to seek help from the ACA Service Structure. My group is autonomous, but it is not alone." (BRB, page 512, Tradition 4 Tradition Meditation)

Figure 1. The Service Structure of ACA

[to be added soon]

Figure 2. The Voting Service Structure of ACA

Meetings, Intergroups, & Regions
Delegates
WSO

Doing Service at the Meeting Group Level

"Higher Power. May I remember that ACA and its meeting and service structure are different than my family of origin. May I be patient and avoid reaching for the easiest way out when I am confronted with a difficult situation. Help me and my ACA group ask for help in keeping our meetings safe and recovery-oriented. Also help us celebrate the things that we do right." (Big Red Book Tradition 9 Meditation)

Meeting Participation

Service work as a Secretary, Treasurer, Greeter, etc. begins at the meeting group level. It is the meetings who participate with a "fellowship as a whole" that provide the guidance for developing the framework that will assure the ACA program will continue. The meetings are responsible for developing the network by which they can carry the message to others seeking recovery through the ACA program, communicate with the ACA fellowship as a whole (12th Step/1st Tradition), and ensure the future of ACA. All members of ACA are invited to attend the ABC and each meeting is asked to send one voting Delegate and an alternate Delegate.

Meeting Types

1. **Closed Meeting/Open Meeting**: Many ACA groups hold closed meetings, which means the meeting is reserved for those identifying as an adult child. Guests are asked to attend an open meeting, which is open to friends and relatives of the adult child. For some ACA members, closed meetings offer a sense of safety and stronger identification among those sharing or speaking at the meeting.
2. **Step Study:** ACA groups that thrive and grow typically focus on reading and studying the ACA Twelve Steps. The ACA basic text you are reading offers an extended study of the Twelve Steps in Chapter Seven. Additionally, ACA offers a Twelve Step Workbook, which further details how to work the Twelve Steps. Chapter Seven or the Workbook can be read and discussed in ACA meetings. Typically, an ACA group will begin with Step One and read a portion of the Step at each meeting. By this method, the Steps are read and studied during many weeks.
3. **ACA Twelve Traditions Study:** Our experience shows that ACA groups are strengthened when their members read and discuss the Twelve Traditions. ACA groups usually study one Tradition a month with the number of the Tradition corresponding to the number of a given month. For example, the Tradition One would be read and discussed during one meeting in January. Tradition Two would be discussed in February and so on. The Twelve Traditions can be found in Chapter Nineteen.
4. **Newcomer/Beginner Introductory Meeting:** Many newcomers have expressed confusion over what they should be doing in the ACA program. Many have suggested that the group offer an introductory meeting to newcomers. While we don't want to separate newer members from the main meeting, some ACA groups ask newcomers if they would like an introductory meeting in another room. If so, the new person will accompany two group members to another room to learn about the basics of the ACA program. ACA members explaining the program to a newcomer should use a copy of The Laundry List (Problem) and the ACA First Step. It is not necessary to cover all Twelve Steps during an introductory meeting, but emphasize working the Steps with a sponsor. Most newcomers need to know about the disease of family dysfunction and the effects of growing up in a dysfunctional home. The Six Suggestions of Recovery are also a topic of discussion.

5. **Writing Meeting:** Each member of the meeting writes for twenty minutes on a given topic or one of the Twelve Steps. What was written is then read aloud and shared with the group.
6. **Small Groups:** After opening the meeting together as a large group, the meeting is divided into smaller discussion groups to allow everyone the chance to share. The smaller groups may rejoin one another at a specific time to close the meeting together; or each small group may end its meeting when the meeting time ends.
7. **Speaker Meeting:** The chairperson shares for 10 minutes on a recovery topic. Then one or two ACA speakers share for a total of 20 minutes. This is followed by open sharing among the group members.
8. **Birthday Meeting:** Usually occurs once a month. In addition to handing out monthly recovery chips, ACA groups give away yearly medallions that represent a person's length of time attending ACA meetings. The group usually has a speaker who shares his or her story during the meeting. The medallions are handed out at the end of the meeting. Some groups serve a birthday cake or refreshments at this monthly meeting.
9. **Panel Discussion:** Three or more speakers form a panel, and each shares for 10 to 15 minutes for the first half of the meeting. The remainder of the meeting is allocated to open sharing or question and answers.

How to Start an ACA Meeting

An ACA meeting is when two or more Adult Children gather together to share their experience, strength and hope with each other for recovery. The program grows because someone has a need to begin a new meeting and tries to meet that need.

Before starting an ACA Meeting, consider the following steps:

1. Read, download and/or print the free Guidelines for New Meetings brochure.
2. If you haven't already, sign up for The Traveler monthly newsletter to keep up with announcements, news and events from around the ACA fellowship.
3. If there is an Intergroup nearby, they can offer support. You can also find other resources directly from other Intergroup websites and members@adultchildren.org
4. Get the word out to your community by placing ACA Trifolds (Finding Emotional Sobriety, 25 Questions – Am I an Adult Child, etc) in libraries, with counselors, community bulletin boards, and/or with other 12 Step fellowships (subject to their permission). These and other trifolds can be purchased directly from WSO.
5. Register the meeting with WSO.
6. The Sample Format can be used, in the beginning, until the group decides to hold a group conscience meeting to make changes.
7. The Handbook for Adult Children, starting on page 557 in our fellowship text, also offers assistance and includes a meeting format.

To Start an ACA Meeting, we suggest the following:

A. ACA Meetings follows the Twelve Steps and Twelve Traditions

The ACA Traditions provide guidelines for group conduct just as the ACA Steps provide guidelines for individual recovery. Tradition 4 states, "Each group is autonomous except in matters affecting other groups or

ACA as a whole. We cooperate with all other Twelve-Step programs."

B. Locate a Facility

A group needs a safe place to meet. Any place that has a private meeting room will do. Groups have found space in recovery centers, Intergroup centers, recovery clubs, community centers, churches, beaches, parks, schools, hospitals, libraries, recovery book stores, or public service organizations at reasonable rents. Some meetings have started in someone's home, but usually found the need to move into a larger, "neutral space" within a few months.

C. Getting Group members

When a group of ACA people starts a new meeting, a number of tools are available to them that they can use to get the information out to interested people.

- Ask ACA people for support.
- Register with the ACA WSO to get your meeting listed on the adultchildren.org website.
- Contact the nearest Intergroup and your Region to publicize and get support for your meeting.
- Start with a business meeting as early as possible to develop a meeting format and ensure a group conscience.

D. **Anonymity**

Anonymity allows us to share our feelings and to experience an "Identity" apart from a "label". "Who you see here, what you hear here, when you leave here, let it stay here," is a good rule to follow in creating a safe place to share our feelings and recovery without fear of gossip, retaliation, or of our anonymity being broken.

E. Attraction

Ours is a program of attraction, not promotion, however, we must do our best to get out the word about who we are and what we have to offer (brb p542). If ACA meetings already exist in the area, you may want to distribute a flyer announcing your new meeting to them. If they don't, you may want to distribute fliers with permission at other Twelve-Step meetings and invite a few close friends.

You can post your flyer at some referral centers or business offices that help people seeking recovery, but ask first. Contact your local newspaper and have your meeting listed among other Twelve Step meetings. This should be a simple announcement about the time, place, and focus of the meetings. (brb p560).

F. Newcomers

The love and respect we offer to newcomers is a reflection of the love and respect we are learning to offer ourselves.

G. Safety Policies

Longer discussions on business items need to be handled in a regular business meeting before or after the regular meeting. (brb p594) At a regular business meeting draw up your meeting plan for what to do with disruptions at meetings according to group consensus. Some ideas you may consider: (needs to be revisited)

1. Keep Tradition One: Our common welfare should come first; personal recovery depends on ACA unity.
2. Ask those who disrupt …….. to leave.
3. Ask those who disrupt to take one week (two weeks, four weeks…) away from this meeting.
4. Offer those who disrupt an opportunity to earn their way back into the meeting by making amends to the group and by performing a designated service.
5. Ban individuals who continue to disrupt the meeting.

6. Escort a person who is disruptive from the meeting. Escorting is done by a group of meeting members designated to do this as determined in a Business Meeting.
7. Shut down the meeting immediately and have all members depart for the common welfare.
8. Call the police if there is clear and present danger to lives, health, or property.
9. Ask help of an other group, intergroup, region or wso (needs to be revisited).

https://adultchildren.org/wp-content/uploads/Literature/Guidelines_for_New_Meetings_EN-US_LTR.pdf

Established Meetings – Things to do

1. Make sure your meeting information is current in the WSO Meeting List. Instructions for updating meeting information can be found here.
2. Your local Intergroup can be a helpful resource as well as help your group save money on literature. You can search the Intergroup Listing. If there currently isn't an Intergroup is in your area, consider forming an Intergroup with other meetings. You can send an email to intergroups@adultchildren.org for help with this.
3. The Conducting a Business Meeting trifold can help with business meeting ideas.
4. The Crosstalk and Good Enough Group booklets can provide helpful insights on keeping the meeting safe and healthy.
5. Take a look at the Best Practices page to find more ideas for keeping the meeting safe and healthy.

10. Registering your meeting with WSO

11. Sample Meeting Formats

This manual contains a sample meeting formats or “scripts” to include in a meeting format. You may also refer to the ACA Fellowship Textbook, Intergroup, Region or ACA WSO for other samples.

Sample Meeting Format
Hello. My name is (your first name).
Welcome to (name of meeting) meeting of Adult Children of Alcoholics.
Please be sure all cell phones are turned off, or muted during the meeting.

ACA Preamble states:
Adult Children of Alcoholics (ACA)/Dysfunctional Families is a Twelve Step, Twelve Tradition program of men and women who grew up in dysfunctional homes. We meet to share our experience of growing up in an environment where abuse, neglect and trauma infected us. This affects us today and influences how we deal with all aspects of our lives. ACA provides a safe, nonjudgmental environment that allows us to grieve our childhoods and conduct an honest inventory of ourselves and our family—so we may (i) identify and heal core trauma, (ii) experience freedom from shame and abandonment, and (iii) become our own loving parents.

By practicing the Twelve Steps, by focusing on the Solution, and by accepting a Higher Power of our understanding, we find freedom from the effects of alcoholism and other family dysfunction. We identify with “The Problem” and learn to live in “The Solution”, one day at a time.
Will you please join me in a moment of silence followed by the Serenity Prayer?
I’ve asked _____ to read The Problem (or The Laundry List).
I’ve asked _____ to read The Solution.
I’ve asked _____ to read The Twelve Steps.
You may have related to our readings even if there was no apparent alcoholism or addiction in your home. This is common because dysfunction can occur in a family without the presence of addiction. We welcome you.
If you are attending an ACA meeting for the first time, will you please introduce yourself by your first name? This is not to embarrass you, but so we may welcome you and get to know you. (Lead applause). We are glad you are here. Keep coming back. May we go around the room and introduce ourselves by our first names.
My name is _____.

The ACA program is not easy, but if you can handle what comes up at six consecutive meetings, you will start to come out of denial. This will give you freedom from the past. Both you and your life will change. In the beginning, many of us could not recognize or accept that some of our current attitudes or behaviors result from some experience related to alcoholism or dysfunction in our childhood. We behave as adult children, which means we bring self-doubt and fear learned in childhood to our adult interactions. By attending six meetings in a row and regularly attending thereafter, we come to know and begin to act as our True Selves.

We encourage each member to share openly about his or her experiences as time allows. This is a safe place to share your adult and childhood experiences without being judged. To allow everyone a chance to share during the meeting, we ask

each person to limit their sharing to five minutes (three to four if the meeting is large).

What you hear at this meeting should remain at the meeting. We do not talk about another person's story or experiences to other people. Please respect the anonymity of those who share with us today.

We do not cross talk during the sharing time. Cross talk means interrupting, referring to, or commenting on what another person has said during the meeting. We do not cross talk because adult children come from family backgrounds where feelings and perceptions were judged as wrong or defective. 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 to others.

Today's meeting is a _____ (Step Study, Open or Topic discussion, Tradition Study, Speaker, or other).
We will begin sharing now and will end at _____ (approx. 15 minutes before the close of the meeting).
(Leader can call on people who raise their hands, or you can go around left to right/right to left – leader or meeting choice.)
(Newcomers reading:)
Newcomers to share no matter how haltingly, incoherently, or disorganized. Telling our stories out loud allows us to hear our problem, recognize it, and validate that truth.

What we share about and how we share depends on where we are in our recovery process. As time goes along, our sharing evolves. The first topic is generally what brought us to an ACA meeting then our sharing changes over time as our recovery progresses.

In our early shares, we often wail, complain, cry, rant, rave, blame, and whine; this is a necessary stage that brings us out of denial. When we speak our thoughts aloud, we see we have a problem and what it is.
Once we make our discomfort real by voicing it, we can recognize our problem so we can solve it.
When we begin to share our discoveries about our problems, feelings start to rise within us, and we begin to learn how to express them.

We learn how to describe our feelings about a current problem or how we overreacted to a situation.
When we begin tracing feelings about a current situation back to our childhoods and a similar problem, we see that neither of those situations have been resolved.

That is when we begin looking at and talking about possible solutions to resolve the current and the childhood problem.
We commit ourselves to a plan of action to those continuing problems and talk about it.
We begin to share our healing as we progress in our recovery.
Sometimes we hear a topic brought up by another person, and we share about the topic and how it relates to our recovery.

Eventually, we begin describing a problem we have resolved and how we did that; finding that the root of it was buried deep in the past and solving a current problem by working on our early experience. In this way we affirm our own

recovery for ourselves and our fellow ACAs.
Recovery happens in ACA. We find ourselves sharing our triumphs, fun, accomplishments, and serenity. (as spoken in the zoom meeting)

We can now begin sharing.
(Group sharing ends.)
It's now time for the Seventh Tradition (pass the basket) which states that "Every ACA group ought to be self supporting, declining outside contributions." Newcomers are encouraged to buy literature/books and need not contribute at their first meeting.
Can someone read the Twelve Traditions?
Now it's time for the:
• Secretary's Announcements
• Treasurer Report
• Intergroup Committee Report
Does anyone have any other ACA related announcements? (If time allows)
Does anyone else have a desire to share? (and/or)
That's all the time we have for sharing. Thank you for being here and please keep coming back. If you did not have a chance to share, please speak to someone after the meeting if you need to talk.
It is time to read The Promises.
Will _____ please close the meeting with the prayer of your choice?
(stand and form a circle by holding hands).
Keep coming back. It works!

SAMPLE SCRIPT #2: STEP STUDY MEETINGS

Note: If a Step study is the format of the meeting, the chairperson should read this section when announcing to the group the type of meeting that is occurring. This section can be read after the group has finished opening readings and is ready to begin the meeting sharing. The chairperson then reads:
The focus of this meeting is recovery, through the study, application, and practice of the Twelve Steps of ACA.
As children, we developed behaviors to survive our dysfunctional family. We carried these behaviors, attitudes, and feelings with us into adulthood. They are the source of our pain, unhappiness, and isolation.
If we wish to change our lives, we must learn a new way of life. The Twelve Steps are the tools that teach us how to live with a greater awareness. Through a process of awareness, acceptance, and action, we will begin to recover from the effects of family dysfunction.
In Steps One through Three, we will become aware that we are powerless over the effects of the disease of family dysfunction — that our lives are unmanageable. We will come to an acceptance of the fact that only a Power greater than ourselves can restore us to sanity. We make a decision to turn our will and our lives over to the care and guidance of a God of our understanding. We see this God as a loving parent who cares for us.
In Steps Four and Five we will continue the process of self- discovery and self-awareness by making a written inventory of attitudes and behaviors. We also see the generational nature of this behavior and how it was transmitted to us by our dysfunctional parents or relatives. With ACA, we learn to forgive ourselves and our parents. We change our behavior. In Step Five we tell our story with clarity and humility to our sponsor. We will learn to trust ourselves and break down the walls of isolation we have

hidden behind.

In Steps Six and Seven we will become willing to have God remove our defects of character. We also learn to integrate our Laundry List survival traits. We transform them into spiritual assets when possible.

In Steps Eight and Nine we will become willing to make amends for our inappropriate behaviors. We take responsibility for our actions and feelings. We also learn to be gentle with ourselves and to protect our Inner Child during this process. We balance taking responsibility for our inappropriate behavior with being aware that we also are protecting a wounded child within. We do not balk at making difficult amends, but we lovingly reparent ourselves during this process as well.

In Steps Ten through Twelve, having now begun the process of recovery, we will learn how to make the Steps a part of our daily lives. We will continue to take personal inventory, learning more about ourselves as we grow. We will seek to improve our contact with our Higher Power through prayer and meditation. We seek to learn God's will for us, and we ask for the power to carry that out. Finally, in Step Twelve, having experienced a spiritual awakening, we learn to practice these principles in all our affairs and to carry the message to those who still suffer. If we wish to keep what we have gained, we must learn to give it away, wherever and whenever we can. We must get out of ourselves. We insist on enjoying life and being a part of life. Each week we will focus on one of the Twelve Steps. By discussing the Steps, we develop an awareness of how to practice the Steps in our daily lives. Tonight's Step is_____.

SAMPLE SCRIPT #3: WELCOMING NEWCOMERS

Note: Many newcomers have expressed confusion over what they should be doing in the ACA program. While ACA groups do a good job of welcoming new members, handing out literature and telephone numbers, we are being asked by the newcomers to give more direction. Many have suggested that the group offer an introductory meeting to newcomers. We believe this can be done without separating new members from the regular meeting for long periods of time. We try to avoid a meeting that is made up of new members only. However, an introductory meeting or two can work as long as it is understood that the new person needs to be in regular meetings as soon as possible. Some groups have incorporated a newcomer introductory element into their meeting formats. Adding a newcomer introduction to your meeting format will lengthen the amount of time it takes to read the format at the beginning of the meeting. We are not suggesting that you incorporate all of this information into the format. We offer this information as a general guide on how to orient newcomers into ACA.

At the beginning of the meeting, some ACA groups ask if anyone is attending his or her first meeting. The chairperson then asks if the person would like an introductory meeting in which one or two group members explain some of the elements of ACA: identifying with The Laundry List (Problem), getting a sponsor, and working the Twelve Steps. The meeting chairperson would say:

"Is there anyone here for his or her first meeting? Would you like to have an introductory meeting to learn more about ACA? You are welcome to remain in this meeting and talk to someone about ACA after the meeting. Or you can go with a couple of ACA members to another room to talk about the ACA program. We are glad you are here."

"In our early ACA days, our codependent or self-abuse story is all we seem to have to share about. We come to ACA because we are in great confusion or pain. At the same time, many of us are inwardly numb from years of suppressing our feelings and thoughts. Talk of feelings or trauma in meetings seems to pass over our heads. We relate to the meetings nonetheless.

Some of us find hope at our first meeting and are eager to make a start on the program. Others are still in denial but continue to attend meetings because of the honesty and acceptance. Still others do not know what to do or if life is worth living; nothing seems to make sense. Some of us remember little of

what is read or said during our first meeting. During this phase of early recovery, we listen. We begin to consider talking about what happened to us.

Newcomers may speak about whatever is on their minds. For example, we might say:

My name is _____. I'm here because _____.

This is my story _____. I'm feeling _____.

I hope to get _____from coming here."

ACA members explaining the program to a newcomer may use a copy of The Laundry List (Problem) and the ACA First Step. We keep it simple, remembering how we felt at our first meeting. It is not necessary to cover all the Twelve Steps during an introductory meeting, but emphasize working the Steps with a sponsor. Most newcomers need to know about the disease of family dysfunction and the effects of growing up in a dysfunctional home. This is covered in The Laundry List (Problem). They also need to know about Step One, which address the effects of growing up in a dysfunctional family and which ties into The Laundry List (Problem). These two elements – Laundry List and Step One – are usually sufficient to orient the person to the program. If the person would like an additional introductory meeting, please accommodate the person. We can also mention the six suggestions.

THE SIX SUGGESTIONS FOR ONGOING RECOVERY

While ACA members avoid giving advice, we can share our recovery experience. These six suggestions of ACA recovery represent the basics whether we are a newcomer or a member with years in the program. These suggestions work in the first year of recovery or the 20th year. We find them helpful in getting the newcomer to focus on himself or herself.

1. Stop acting out with food, sex, relationships, gambling, spending, or alcohol/drugs.
2. Become willing to attend ACA meetings regularly and break the "don't talk" rule.
3. Listen for a sponsor and remain open to working the ACA Twelve Steps.
4. Get the ACA "big book." Give yourself a break and read it.
5. Consider the possibility to ask for telephone numbers. Don't isolate.
6. Seek a Higher Power.

12. Sharing/Talking in Meetings

ABOUT SHARING IN ACA MEETINGS

Here, we offer some general guidelines on sharing at ACA meetings. Most people arrive at ACA meetings not knowing how to share or talk in meetings. In the beginning, we encourage ACA members to share whatever comes up. There is no wrong way to share at an ACA meeting, as long as we are not abusing others verbally or cross talking. ACA members listen with respect and empathy as we share. After awhile our sharing begins to take on a general form of recalling our childhood experiences and how we use the Steps and meetings to address those experiences. We talk of transforming The Laundry List traits into usable tools for our personal growth. We also talk of spiritual growth, living in the moment, and having fun. We learn how to play and enjoy life in ACA.

Sharing or talking at ACA meetings can be intimidating for some while it is confusing to others. At the same time, some adult children seem to talk freely at ACA meetings without making progress toward recovery. Our recovery is gauged by the changes we make in our lives and the progress we make in working the ACA Twelve Steps. Some ACA members may be using their talking skills to avoid focused Twelve Step work or reparenting work. These ACA members are knowledgeable about ACA dynamics. But they tend to avoid Step work and miss out on the benefits of the program. We do not say this to discourage anyone from sharing or talking in meetings; however, real change comes with working the Steps, using a sponsor, and associating with other recovering adult children. We must also be consistent in meeting attendance.

Other adult children can be timid about sharing in meetings. They believe they are being disloyal to the family. This is not the case. There is a difference between being disloyal and seeking help by talking about our lives in an ACA meeting. For some of us this is the first time we have challenged authority. Our dysfunctional family is an authority of sorts. We challenge the family secrets and rules by talking about our childhood and teen years.

It is important that we balance our sharing. We share details about our family history and living as codependent adults. We constantly sought love and affirmation from people who could not give it. We also share details about living in the moment through the Twelve Steps, self-acceptance, and hope for the future. We can talk about our past and balance that with what is happening now.

In the beginning, some of us lack Twelve Step knowledge unless we have been active in another Twelve Step fellowship. When we are new, we listen to other group members sharing about a particular Step or recovery topic. By listening, we learn about how we are powerless over the effects of family dysfunction in Step One. We hear others share about a Higher Power in Step Two and doing a personal inventory in Step Four. In the latter Steps, we learn about ineffectual behaviors, making an amends list, daily inventory, and having a spiritual awakening. We also hear about focusing on ourselves and living one day at a time. Group members share about using the telephone and a sponsor to ask for help.

When we arrive here, we usually have an “abuse-logue” or codependent story, but little recovery. This is common. We start from where we are. Our “abuse-logue” is a similar concept of the “drunk-a-logue,” which is the qualifying portion of an AA story. During this portion of the story, the AA member will “qualify” as an AA member by detailing his or her drinking history. In ACA, we qualify as well by detailing our dysfunctional family history and the traits we developed to survive. It is important that we share the details of our family roles, inner messages, and feelings of fear and loss. Knowing our family history and labeling it properly without denial is critical to staying focused on recovery. We learn this detail and find our loss by talking about it.

As we listen to others and as we work the Steps, our story becomes more balanced between what happened in the past and what we are doing in the moment to change. We begin to have more than

stories of abuse or neglect to talk about. When sharing in meetings, we mix reflections of our past with the changes that are occurring in our daily lives. We realize we are growing emotionally and spiritually. We are changing. We are beginning to see that we have choices.

One's sharing or talking in ACA meetings can evolve through various stages. The following phases are a guide to assist group members on the path to learning their story. Simply recounting our abuse or neglect history without feelings and without balance is not our true story. We must take time to learn the effects of growing up in a dysfunctional home and then reflect upon how ACA can help us change. It is then that we find our loss and our purpose in life. The time lines of these phases are flexible. Some members may be in a certain phase for a longer or shorter amount of time.

Phases of Sharing: Growing and Becoming Involved in ACA Meetings

We cannot overstate the critical need to attend ACA meetings regularly and to share or talk about our personal growth by working the program. Regular attendance at ACA meetings allows us to sound out our progress in recovery.

We learn to share our personal growth with friends who affirm us and celebrate with us. This is a major difference from our family-of-origin, which withheld praise or true affirmation. Learning to share or talk in an ACA meeting can happen in various phases. Consistent attendance at meetings can come in phases as well; however, experience shows that irregular meeting attendance hinders recovery.

The phases mentioned here will not fit everyone in the same manner. We offer these phases as a loose guide to what we might be sharing in meetings at six weeks, six years, or 15 years. These phases are suggested only. Some ACA members will get involved in meetings, choose a sponsor, and begin working the Twelve Steps in the first year. Others will be involved in therapy for a year before committing to regular meeting attendance or sharing in meetings. Still others will drift in and out of ACA until they are ready to focus on themselves. Here are some basic phases of sharing and fellowship involvement.

Newcomer Sharing (1–6 weeks):

Newcomers to ACA are often unclear about how to share or speak during an ACA meeting. The new person can also feel intimidated or confused by meeting topics. Each meeting offers new terms that include: Twelve Steps, cross talk, Laundry List, affirmations, shame, Inner Child, sponsor, Intergroup, and so on. With time, most of these terms are explained, but the new person can ask for explanations at the end of the meeting as well.

Newcomers may speak about whatever is on their minds, or just listen. For example, we might say:

My name is _____. I'm here because _____.
This is my story _____. I'm feeling _____.
I hope to get _____from coming here.

Early Sharing (6 weeks – 1 year):

During this phase, we learn to describe hitting a bottom or the crisis that brought us to ACA. Learning to recognize your bottom and share about it is a critical part of recovery.

Bottoming out can range from being drug addicted and homeless, to having a life of luxury and standing but still void of feelings and intimacy. There are camouflaged bottoms as well. Many times our lives seem manageable and in order, but we sense that something is not right with us. This is a subtle bottom that we label as the blues, depression, or something else. It has the same traits of isolation, unhappiness, and moments of despair that most bottoms have. Read the Chapter on Hitting Bottom to learn more about this phase of recovery.

We also become aware of denial and its various forms during the first year of sharing or talking in meetings. ACA denial can involve blaming, minimizing, and rejection of facts. We also are in denial when we sanitize

an
episode of our lives by downplaying certain facts of a painful incident. In ACA, we face our denial about our parents' addiction or other dysfunction.
We face our own behavior as well. The best way to face the denial is to read ACA literature and detail how you were treated as a child. We name what happened to us and claim what happened to us. As we attend ACA meetings regularly, we become aware of the hurt, blame, and shame. We talk about these experiences and feelings out loud to the people at the meetings. During the first year in recovery, we also can ask someone to sponsor us and begin to talk about what happened. We begin to work the Steps and attend ACA meetings on a regular basis. We learn about the Inner Child and inner Critical Parent. We begin our search for a Higher Power as well.
During the first year, we find an ACA support group where we feel comfortable attending meetings. This is known as a "home group" by many ACA members. We begin to help out with group duties of chairing meetings, ordering literature, or making refreshments. We notice other newcomers and begin to welcome them to ACA as we were welcomed.

Cleaning Up the Wreckage of the Past Sharing (1 year to 3 years):
During this phase, we come to believe that ACA is a safe place. We are familiar with attending meetings, working the Steps, and giving service. Many of us have completed a personal inventory in Steps Four and Five and have begun the process of cleaning up the wreckage of the past. We also have begun to confront the inner Critical Parent. We become more gentle with ourselves by comparing the messages of the Critical Parent with what a Loving Parent would say to us.
We also learn during this phase that ACA recovery is not a linear progression upward. We see that recovery can have peaks and valleys. There are spikes of joy and hope followed by a dip into self-doubt or blame. Some
of us deal with fear, self-harm, or worry. In meetings we share about the chaos of our lives, but we notice progress all the same. Many times we have attended a meeting and listened to ACA members sharing about the topic we were facing that day. If we are working a certain Step, we seem to find ourselves in meetings where that very Step is discussed. We get help and encouragement from ACA meetings.
During this phase, we talk about learning to use the phone, the Steps, and the meetings to begin the process of reparenting ourselves. We share about attempting to help others even though we may be hurting. We talk of walking through pain or fear with the help of a Higher Power. We learn to ask for help. We make a commitment to break the isolation of our lives and to let other people into our lives.

Putting Our Life in Order Sharing (2 years to 6 years):
This phase is similar to the previous phase; however, we struggle less with fear and self-doubt. We are more adept at using the tools of recovery. We recognize our denial sooner, and we have faith that our feelings will not destroy us. Turning over control and resentment can become easier. We talk of retiring survival traits and feeling more comfortable with who we truly are. We attend meetings regularly and talk about life's challenges as they arise. We talk about feelings of insecurity, anger, and self-pity that might arise. We also talk about self-acceptance and hope. We talk about having fun and relationships.
We learn we can survive our feelings and our codependent urges. We are committed to reparenting ourselves and connecting with the Inner Child. We are helping out with the group and sponsoring others through the Twelve Steps. We are living life one day at a time, with a growing sense of self-forgiveness and wholeness. There can be rough days, but we have come to believe that we have self-worth. We begin to have a greater understanding of grief and loss.

Self-Sponsorship Sharing: Irregular Meeting Attendance (Can occur anytime):
Some of us find the ACA program and become active in meetings only to drift away. We become inconsistent in meeting attendance. Most of us who do this are not committed to meetings or working the Twelve Steps with a sponsor. Some of us "sponsor" ourselves, which is risky. We use fear of authority figures or self-sufficiency to avoid asking someone to help us work the ACA program. We reject the ACA axiom, which states that adult children cannot recover alone. When we "sponsor" ourselves, we are subject to isolation, intellectualization, or denial.
Those of us who have uneven meeting attendance may have attended meetings regularly in the past. We found relief only to drift away once our lives improved. We forgot that the disease of family dysfunction is progressive and incurable. We forgot we could relapse into codependent behavior. Without an active ACA program, we could resume the traits of stuffing our feelings, confusing love with pity, and accepting high levels of abuse as normal. Some of us returned to our old ways of thinking and acting without giving ACA a chance. We returned to moments of rage and self-condemnation. We became a controlling authority figure again. Or we became a victim to manipulate others. In this phase of our recovery, we are usually unwilling to release control or to admit our powerlessness over the effects of growing up in a dysfunctional home. We either disbelieve in ourselves, or we are afraid to move forward. Both of these obstacles can be overcome. When we think about it, we are actually more afraid of success than failure.
During this inconsistent phase, many of us still respect ACA. We enjoy the meetings when we attend. But we cannot seem to work the Steps or let someone help us with our lives. We are stuck. We attend meetings on an irregular basis and feel frustrated that we are not making progress toward true happiness. We may have stopped some of our more destructive behaviors. But we find that we have switched to other compulsions or unhealthy acts. We still judge ourselves harshly or project blame onto others. Our experience shows that this phase can serve as a starting point for new personal growth if we are willing. That is the key. We don't have to believe the Twelve Steps will work. We only have to be willing to work them with someone who is knowledgeable. We confront our denial and make a start to a new way of life in ACA.

Oldtimer Sharing and Giving Service (6 years and up):
We remain active in ACA meetings, and we understand that giving service is love for ourselves and others. We sponsor others and greet newcomers at meetings.
We take care of ourselves as well. Although we have time in the program, we ask for help. We share in meetings about working the Steps, sponsoring others, and reparenting ourselves with self-love. We also share about learning to say "no." And we learn to say "I don't know." We support the Twelve Steps and Twelve Traditions. At a group business meeting, we state our opinion and support the group decision whether we agree or not.
We share about life on life's terms. We share our successes and let others celebrate with us. We talk about our feelings and insecurities as well. We talk about our spiritual awakening and the true connection to a Higher Power through the Inner Child.

Suggestions for ACA Speakers and Lead Shares Occasionally, ACA members are asked to speak at an ACA meeting or to start off group sharing with extended remarks on a given recovery topic.
When asked to speak at a group, convention, or other ACA event, we are expected to share our life story before finding recovery and what has happened since finding recovery. The key to speaking at an ACA meeting involves balancing your remarks with an equal amount of family dysfunctional history, living codependently or addictively as an adult, and living life in recovery with the Twelve Steps, sponsorship, and ACA meeting attendance. Each part is important. By telling all of our story in a balanced manner, we build identification, demonstrate honesty, and offer an example of how the ACA program works in our lives. We

tell our story with enough detail to break through the denial of dysfunctional living. We break the “don’t talk” rule and get honest about our parents’ behavior and our own behavior. We do not belittle or shame ourselves when telling our stories, but we must be honest about what happened. We seek identification with other ACA members instead of seeking sympathy or self-pity when telling our story. When we are honest, we find empathy and acceptance among other group members.

The same principles of sharing hold true if we are asked to share briefly as the lead share at the beginning of an ACA meeting. The lead share (first speaker) will talk for 10 to 15 minutes on the topic of the meeting. The person offers his or her experience and recovery on the topic.

In addition to working the Twelve Steps, we suggest that ACA speakers place some emphasis on attending meetings, getting a sponsor, using the telephone, seeking a Higher Power, giving service, and fellowshipping with others outside of regular meetings. Some ACA speakers will read each of the Twelve Steps, sharing his or her experience with the Step. If you have not worked all of the Steps, you can share on the Steps you have completed and other aspects of recovery. If you have not worked any of the Twelve Steps, we urge you to make a beginning so that your story is balanced with recovery.

(See segment on Hospitals and Institution Meetings and Prison Meetings for sharing or talking in these meetings.)

Safety in Meetings

In ACA, we create a safe place to open up and share… We simply do not make comments either positive or negative about another person's share before, during, or after a meeting.

Safety in Meetings is outlined in the Red Book on p 584-585 as follows:

1. Tradition One – Our common welfare should come first; personal recovery depends upon ACA unity.
2. Two or more group members can ask the disruptive person to leave the meeting and return when they are willing to work recovery.
3. If the problematic behavior persists, ask the person to take a two week break from the meeting.
4. If the person is disruptive and will not leave the meeting, escort him or her from the meeting if the person is not violent.
5. If the disruptive person becomes violent or threatening, shut down the meeting immediately and have all members depart for the common welfare.
6. Call the police if there is danger to lives, health, or property.

For the Disruptive Person, We Suggest (adapted from Sunlight of the Spirit group safety protocols):

1. Invite the person to talk in the hall, and say, "Our Group does not feel safe with you in the meeting, and we would like you to leave."
2. If they refuse to go to the hall, During the meeting, say "Our Group does not feel safe with you in the meeting, and we would like you to leave."
3. If they refuse to leave, Interrupt the meeting and Say, "The meeting is unsafe and I need you all to leave. Sorry for the inconvenience, there is another meeting tomorrow."
4. Stay with the Disruptive Person until they are out of the building.
5. If they refuse to leave, Let them know, you will call the Police.
6. Call the Police and Stay with the person until they are out of the building.

Cross Talk and Group Conscience

In ACA, we create a safe place to share by not using "cross talk". Cross talk is interrupting, giving advice, or making comments about another person's sharing. It is also talking to someone or making distracting noise during sharing time. When others share with us, just listen; our reality, our truth, our ideas, our feelings, our self-image, our beings are affirmed.

When we focus only on our own recovery (keeping out of other people's), we are taking responsibility for our own lives. We do this by presenting all statements in the "I", first-person, form.

You may see the ACA fellowship text or the booklet, Cross Talk for more information.

Some groups incorporate a definition of cross talk into their meeting format. This definition is usually read just before the group begins a discussion on the meeting topic.

The term "cross talk" means interrupting, referring to, commenting on, or using the contents of what another person has said during the meeting. Cross talk also refers to any type of dialog that occurs as the meeting is in process as well. Members talking to one another or discussing what someone has just said is cross talk.

Many ACA members come from family backgrounds where feelings and perceptions were judged as wrong or defective. In ACA, each person may share his or her feelings and perceptions without fear of judgment or interruption. In ACA, we create a safe place to open up and share. As part of creating that safety, cross talk is not permitted.

We respect these boundaries for two reasons: First, when we were growing up no one listened to us; they

told us that our feelings were wrong. Second, as adults we are accustomed to taking care of other people and not taking responsibility for our lives. In ACA, we speak about our own experiences and feelings; we accept without comment what others say because it is true for them. We also work toward taking more responsibility in our lives rather than giving advice to others. Here are various forms of cross talk:

> Interrupting: Each member of ACA should be able to share, free from interruption. When someone is sharing, all others should refrain from speaking, including side conversations with a neighbor. Gestures, noise, or movement could also be considered interruption if it were grossly distracting.
>
> Referring to: In ACA we keep the focus on our lives and our feelings. We do not make reference to the shares of others except as a transition into our own sharing. A very general "what's been brought up for me is…" or the occasional "thank you for sharing" is fine, but please do not make more detailed references to another person's share.
>
> Commenting on: In ACA we accept what each person shares as true for them. We go to great lengths to avoid creating the climate of shame that enforced the three primary rules of a dysfunctional family: don't talk, don't trust, don't feel. In ACA, we simply do not make comments either positive or negative about another person's share before, during, or after a meeting. In like manner, we never speak about the contents of another person's share. Everything that is shared in an ACA meeting is considered privileged and confidential and must be treated with the utmost of respect. Unsolicited advice can be a form of commentary and should be avoided.

Fixing Others

In ACA, we do not touch, hug, or attempt to comfort others when they become emotional during an ACA meeting. If someone begins to cry or weep during a meeting, we allow them to feel their feelings. We support them by refraining from touching them or interrupting their tears with something we might say. To touch or hug the person is known as "fixing." As children we tried to fix our parents or to control them with our behavior. In ACA, we are learning to take care of ourselves and not attempt to fix others. We support others by accepting them into our meetings and listening to them while they face their pain. We learn to listen, which is often the greatest support of all.

The guidelines listed above are what keep ACA safe, allowing us to heal from our past. Most adult children want to cooperate with meeting rules and guidelines. Many new members may not understand the cross talk rule or other meeting guidelines for several meetings. Under these circumstances, we can quietly explain the rules after the meeting.

However, any group member who believes he or she has been cross talked can ask the chairman of the meeting to restate the cross talk rule. This can be done during the meeting when the cross talk has occurred. If the chairperson is asked to restate the cross talk rule by someone in the meeting, the chairperson has a choice to restate the rule or to talk with the cross talking person after the meeting.

If the cross talk is more serious or a nuisance, the chairperson or the person who has been cross talked can ask for an immediate group conscience vote. Under this scenario the person or chairperson would stop the meeting and say: "I would like to have a group conscience vote at this time. Would the group members like the cross talk to discontinue?"

A group vote can strengthen the group's resolve to stop cross talk. Each cross talk situation can be

different. We want to balance keeping our groups safe from cross talk with our own responsibility to educate new members about group decorum. In most cases, a gentle reminder works.

Newcomers and “13th Stepping”

Newcomers can be particularly vulnerable to emotional, financial, and sexual abuses. Some people attending ACA meetings have not grown beyond their victim or victimizer scripts and may attempt to meet their own needs through manipulation of newcomers. This is known as the “13th Step” in most Twelve Step programs. This violates the safety of the meeting and can drive away some newcomers. The love and respect we offer to newcomers is a reflection of the love and respect we are learning to offer ourselves.

We learn to respect ourselves and to honor ACA when we avoid acting out with someone new. If we are struggling with this area of our lives, we are usually not applying the program, or we are not willing to face our internal pain. Perpetrator or manipulative behavior is almost always driven by our avoidance of facing past harm and neglect. If this is the case, we ask a Higher Power for the willingness to change. We ask a sponsor to help us work the program.

ACA Commitment to Addressing Predatory Behavior

ACA meetings have one primary purpose: to carry the message to adult children who still suffer. This group believes that allowing predatory behavior to occur in and around meetings creates a distraction from this purpose.

We come into the rooms of ACA to find healing from childhood experiences of being victimized. As the Other Laundry List states, some of us may act out this trauma by becoming victimizers ourselves. As a result of childhood dysfunction, perpetrators learn early to detect and take advantage of those who have not yet learned to trust their instincts or set healthy boundaries. We call this predatory behavior.

By maintaining a proactive approach to addressing this dynamic, our meeting is less vulnerable to recreating dysfunction and secrecy. As we practice healthier connections in ACA, we monitor our motivation to connect with the newcomer or other members. We strive to respect one another’s boundaries. We avoid using the fellowship to solicit emotional gratification, personal or financial favors, or romance and sexual encounters. We refrain from taking advantage of perceived authority, such as service roles or long time membership within the fellowship, to assert control over other members.

If you feel uncomfortable about the approach from a member, before, during or after the meeting, we suggest you speak up! The 12th Tradition of Anonymity is not a shield from openly addressing inappropriate behavior. Rather, as the ACA Solution suggests, the healing begins when we risk moving out of isolation. We urge you to speak to one or more trusted members or bring up your concern at a group conscience meeting. We believe that openly addressing predatory behavior is the responsibility of all ACA members and every group.

We aren’t perfect. If you don’t feel the group is taking your concern seriously, please seek support outside the meeting, which may include trying other meetings.

Examples of Scripts in group meetings to preserve safety:

Example #1 It is this group's conscience to provide a safe, respectful, and inclusive meeting place for all attendees, which we view as critical to achieving our primary purpose: helping adult children to achieve emotional sobriety. In order to provide a welcoming environment for everyone, we ask that each person here refrains from any language and behavior that threatens the well-being of any of our members. This includes predatory behavior which we define as exploiting someone's vulnerabilities for self-serving purposes including romantic, sexual, financial, emotional, or psychological. If any person feels unsafe or in jeopardy at any time and for any reason, we encourage you to report that to a trusted servant of this group, such as a member of the Safety Committee. We also remind you that it does not go against any ACA Traditions to call the proper authorities if someone may have broken the law.

Example #2 Some people attending ACA meetings have not grown beyond their victim or victimizer scripts and may attempt to meet their own needs through manipulation of newcomers, who are particularly vulnerable to abuse. This violates the safety of the meeting and can drive away some newcomers. We strive to practice anonymity, confidentiality, and respect for others so that the meeting will be a safe place for each and every adult child.

Example #3: Our meeting must be a safe place where we remain mindful of each person's right to choose how they interact and who they interact with. We practice recovery's spiritual principle of attraction not promotion. We do not use the program to solicit recovery, romance, financial help or any other services. We remain willing to inventory when we may be coming from our own unmet needs as we interact with each other. We do this because we know many of us, particularly newcomers, have not yet learned to feel comfortable saying no or setting boundaries. Therefore we do not solicit or give advice without explicit consent. Hand holding, handshakes, hugs are all optional. "No, thank you" is sufficient. While we give space to experience our program, we are truly grateful you are here and we look forward to getting to know each other and answering questions before and after the meeting. We aren't perfect. The welcome we give you may not show the warmth we have in our hearts for you but if you will keep coming back you will see that we love and accept you in a very special way. Should you feel uncomfortable or question the approach of a member please speak with a meeting officer or trusted member.

Example #4: Newcomers can be particularly vulnerable to emotional, financial and sexual exploitation. While we strive to keep all of our meetings safe, there may be an attendee who attempts to meet their needs through manipulation of group members. This is called the "Thirteenth Step," which violates the safety of the meeting and is not part of our program. We therefore encourage newcomers to take common sense precautions when getting to know fellow ACAs. We suggest meeting in a public place, meeting with more than one person at a time, and any other steps you would take when you first meet people. If you have concerns about the conduct of a group member, please discuss it with your sponsor, a fellow traveler, a member of the meeting or that person directly and if necessary, it will be discussed at a Group Conscience or Group Business meeting.

Example #5: Our meeting must be a safe place where we remain mindful of each person's right to choose how they interact and who they interact with. We practice recovery's spiritual principle of attraction not promotion. We do not use this meeting to solicit romance, financial opportunities or any other services not specifically supported by this group through group conscience. We remain willing to inventory whether we might be coming from our own un-met needs as we interact with each other. We do this because we know many of us, particularly newcomers, have not yet learned to feel comfortable saying no or setting

boundaries. Should you feel uncomfortable about the approach from a member, before, during or after the meeting, please speak with a meeting officer or a trusted member. In ACA, we do not "cross talk" in the meeting. Cross talk means interrupting, referring to, or commenting on what another person has said during the meeting. We do not cross talk because adult children come from family backgrounds where feelings and perceptions were judged as wrong or defective. In ACA, each person may share feelings and perceptions without fear of judgment. 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 to others. Sharing our own experience can be done with "I" statements instead of "you" or "we" statements or referring to someone present by name. When listening to others share their experience, we hold back comments, responses and distractions. It is suggested rather than referring directly to someone else's share, a person might use language like: "What comes up for me is: …..dot, dot, dot…." In ACA we do not touch, hug or attempt to comfort others when they become emotional during an ACA meeting. If someone begins to cry during a meeting, we allow the person to feel their feelings without interruption. To touch or hug the person is known as "fixing." As children, we tried to fix our parents or to control them with our behavior. In ACA, we are learning to take care of ourselves. We support others by accepting them into our meeting and listening to them. We allow them to feel their feelings…….in peace.

13. Business Meetings
    a. Introduction to Business Meetings and Group Conscience in ACA
    b. [Pull in data from input Justine collected]
    c. [and add sections based on Trifold]

14. 7th Tradition

15. Phone Contact Form

16. Common Meeting Readings

17. The ACA Preamble

Holding a Business Meeting

Because our program focus is on recovery, ACA members occasionally attend business meetings to share their feelings without addressing the issues for discussion. While feelings are an important part of our recovery, we have found that it is best to share on the business at hand because of the limited time that most business meetings operate under. At business meetings, we ask questions, listen, and think about our response before speaking.

That said, ACA business meetings are not without emotion. Some ACA members speak with feelings and compassion while staying on the topic and without acting inappropriately in the meeting.

The chairperson of the business meeting can ask individuals who act out to leave unless they can conduct themselves in accordance with the rules of order, discuss only the business at hand, and accept the group conscience processes, deliberations, and decisions gracefully *(BRB 596)*

Tradition Four *(SMR p124)*

"The groups are given freedom to make mistakes. In other words, every group has the unabashed right to be wrong. And when wrong, their decision then becomes part of the growth process, both for the meeting and, more especially, for the meeting members." BRB p. 511

The intrepid members who start a meeting may wish someone would give them the thumbs-up sign whenever they make a decision. Should we open with the Serenity Prayer? Should we read the Laundry List or does the Problem have more impact? Do we time the shares? Do we pass the basket at the end? The variables are endless. Each group is autonomous so long as their actions do not affect other groups or ACA as a whole. The group is at liberty to establish its own flavor and meeting style. Some will favor a style that is laid back; others may want more structure. The choice is a group's to make.

ACA cooperates with all other 12 Step programs, but we do not dilute our message in the process. Our focus is on recovery from the effects of being raised in an alcoholic or dysfunctional family using the 12 Steps and reparenting. Whatever choices a group makes, above all, we remember who we are. We are our own program, not an extension of other 12 Step programs.

On this day I will respect the group's autonomy in my effort to carry the ACA message to the adult child who still suffers. I will help keep the focus of ACA on recovery from the effects of being raised in an alcoholic or dysfunctional family

What is a business meeting?

Even in the healthiest ACA group, issues arise that need to be discussed. When it is time to discuss simple things like who will buy the coffee, or more complex concerns regarding meeting safety, this is when it’s appropriate to have a business meeting.

Business meetings aren’t for sharing our stories and feelings; they’re meant to gather us together to discuss recent concerns and make decisions as a group. These meetings can last 15 minutes, rather than an hour or more, like our recovery meetings.

Why hold a business meeting?

We hold special business meetings so that the “business” of our group does not take away from precious

sharing time during our regular recovery meetings. Here are some examples of issues that might be discussed:

- nominations, elections or filling a service position, such as meeting Secretary
- changing the meeting format
- changing the meeting location
- configuration of room setup
- method/timing of sharing
- security, safety or grievance problems
- general concerns of the fellowship
- decisions to buy and sell ACA literature
- position on non-ACA materials or announcements
- regular meeting readings
- hosting events
- voting on Intergroup issues
- finances, including contributions to Intergroup, Region, and World Service
- Annual Business Conference (ABC) representation
- ballot or group conscience issues as submitted by WSO

When to hold a business meeting

Each meeting is autonomous and can make its own decisions, including decisions about when to hold its business meetings. Typically, regular times are scheduled: eg, immediately following the first meeting of each month, or the last meeting of each quarter.

Some meetings seem able to conduct business quickly and without issue at the end of their regular meetings, and hold business meetings only when a more serious concern presents. It may be necessary to hold a business meeting in order to decide when to hold business meetings!

Any member of the group should feel safe enough to call for a business meeting if they feel it is necessary, and to add items to the agenda.

Announcing your business meeting

It is good practice to give group members enough notice that a business meeting is coming up, so they can arrange to be there if they wish to. Business meetings can be announced at the end of regular meetings for several weeks prior to the meeting taking place.

Sometimes, a serious issue arises that cannot wait, and business meetings are called to take place immediately. Typically, this happens only in cases of serious safety issues; most other things can wait.

Setting an agenda

It may be a good idea to elect one person to keep track of items for the business agenda. This can be the group secretary or another volunteer.

Agenda items can be submitted by any group member who has a concern, but should not be related to personal issues between members.

Some groups ask members to submit business items via email, with enough time to prepare the agenda, perhaps a week or two in advance of the meeting. Any member who suggests a business item may want to be sure to attend the business meeting in order to address their concern or explain to other members what exactly is meant by their suggestion.

The business agenda can be distributed to all members via email, or if no email list exists for the meeting, it can be provided to members on the night of the meeting, at the prior week's meeting.

During Zoom meetings, the agenda may be shared by a host or co-host of the meeting.

Conducting a Business Meeting

Business Chair

Anyone at the meeting may serve as Chair; typically, the meeting Secretary fills this role. If the group does not have a Secretary, someone can volunteer to fill this role, or members can rotate to fill this Service role. The Chair is responsible for keeping the meeting on track, calling for discussion and votes when business items are introduced, making sure the Traditions are followed, that the group conscience is established, and that the minority voice is heard.

Minutes/Secretary

It may be a good idea for someone to take notes of what occurs during the meeting. Volunteering to take notes is an opportunity for Service. If group members agree, the meeting can be recorded; this is not an issue in a business meeting (as it would be in a regular recovery meeting), because there are no personal shares. A recording can help the note-taker capture all items, and may be shared with those who were unable to attend the meeting, if the group agrees to do so.

Business items

Typically, Old Business is discussed first, if there is any. Perhaps some business items were tabled (left unresolved until next time) at the prior meeting because there wasn't enough time, or because a decision could not be reached.

New Business is discussed next, each item in order of appearance on the agenda, and votes are called to reach decisions on each item.

Discussion and voting

Typically, in smaller, more casual groups, each agenda item is presented, brief discussion follows, with members expressing their opinions for and against the item, and then a vote is called. (NOTE TO EDITORS: are we going to have Roberts Rules in the Appendices? If so, a reference might go in this section.)

Roberts Rules (modified?) Check pta version

It is important that each group member feel heard, if they have something to say, and be given a *very brief* amount of time to speak to any issue they feel strongly about, especially if they disagree with the majority of other members. Sometimes, these members' opinions will change the minds of others, and a new vote will have to be called.

Group conscience process

Minority opinions

Service Positions at the ACA Meeting Level

Introduction to the Positions in an ACA Meeting

Each meeting provides opportunities for service which keep the meeting operational. In a typical meeting, several people do a little of the work and the jobs get done, officers like chairs, secretaries, treasurers, intergroup representatives, literature persons, sponsors, contact persons, etc..

Group Chairperson
Meeting Leader
Secretary
Treasurer
Literature Chairperson
Intergroup Representative

ACA Group or Meeting Officers

Secretary

1. The group secretary updates meeting information with its Intergroup and WSO for changes in meeting location and times, secretary or treasurer, or addresses and phone numbers. Meeting information should be updated annually. Notify the facility in which you meet when you are turning over the key to a new secretary. Provide their name, address, and phone number.
2. The secretary opens and closes the meetings unless this is delegated to another trusted servant.
3. The secretary safeguards the meeting facility key. The secretary or meeting chairperson asks for volunteers to clean up the room when the meeting is over.
4. The secretary arranges for meeting leaders and speakers. We try to select speakers with an ACA message that reflects the Twelve Steps, the Inner Child and reparenting one's self with ACA principles.
5. The secretary and group members welcome newcomers at meetings.
6. The secretary and group chairperson are responsible for the unity and safety of the meeting; however, the secretary can ask for help in reminding members of the "no cross talk" rule and the limit on the amount of time that one is allowed to share.

7. The secretary announces when birthday meetings will be held and coordinates medallions, cards, refreshments, and a cake or treats.
8. The secretary presents his or her report and announcements at meetings.
9. The secretary announces service opportunities becoming available. The opportunities include: chairing meetings, serving as an Intergroup Representative, serving as group treasurer, helping with group duties, and carrying ACA meetings into treatment centers, psychiatric units, or prisons. It is recommended that group members have six months of recovery before taking on a meeting within a facility.
   Former group secretaries are encouraged to continue their Twelve Step work by carrying the to ACA what ACA has given them. Some secretaries become an Intergroup Representative for the meeting.
10. The outgoing group secretary helps the incoming secretary to update the new meeting information with the Intergroup, World Service Organization, and the meeting facility.

Treasurer

(if this office is vacant, the group secretary assumes these responsibilities). The group or meeting treasurer:

1. Collects and records 7th Tradition donations.
2. Pays meeting expenses (rent, Post Office box, etc.).
3. Reimburses members who present receipts for refreshments, literature, copies, recovery chips, etc.
4. Keeps a prudent reserve (usually two month's meeting expenses).
5. Sends 60 percent of remaining group funds to Intergroup and 40 percent to World Service Organization each month.
6. Suggests, when the 7th Tradition donation is taken, that the standard dollar donation of the 1950s does not cover the cost of carrying the message today. Two dollars is more appropriate.
7. Offers a monthly financial report to the group, detailing donations, expenses, and fund balance.
8. Should have one year or more in the ACA recovery program and have an exemplary

record of honesty.

Intergroup Representative

(if this office is vacant, the secretary assumes these responsibilities). The Intergroup Representative:

1. Attends and participates at Intergroup and or World Service Organization (teleconference) meeting each month.
2. Communicates information and activity announcements from the Intergroup and WSO to his or her meeting. This information is usually reported weekly.
3. Makes concerns and questions of meetings known to Intergroup and World Service Organization. Also conveys experience, strength, and hope from Intergroup and WSO.
4. Gets involved with the Intergroup and WSO Committees: WSO Office, Literature development, *ComLine* Newsletter, Treasurer, Website support, and Special Events.

Literature Chairperson

(if this office is vacant, the secretary assumes these responsibilities). The group or meeting literature person:

1. Orders literature from Intergroup or WSO.
2. Makes additional copies of depleted table literature.
3. Displays literature at each meeting.
4. Works with secretary to determine what literature should be stocked. May help group secretary with other duties.

Other Possible Service Positions

Positions such as Public Information volunteer or Hospitals and Institutions coordinator are typically filled by group members who have a working knowledge of the Steps and Traditions. There are also positions for newcomers that include meeting greeter, set up/clean up people, and meeting timer to ensure that each person can share at meetings. Newcomers should also be encouraged to chair meetings once they have demonstrated an understanding of meeting guidelines.

Meeting Representative to Intergroup

1. Attend Intergroup meeting monthly

2. Represent your meeting when reporting what the meeting is doing, share information and concerns with Intergroup
3. Participate in Intergroup discussions
4. Report to your meeting what Intergroup and World Service is doing for our benefit (answers to questions/suggestions made because asked/ activity announcements)
5. Carry information, concerns, and activity announcements from Intergroup and World Service to your meeting
6. Volunteer for service on the Intergroup Board as officers or committee chairs
7. An Intergroup Representative also attends Regional Service Meetings.

a. WSO Representative
b. WSO Delegate

An ABC Delegate is an elected representative of a meeting or a WSO service body that is registered with WSO. Groups are autonomous and can decide for themselves who their delegate shall be, although it is highly recommended that the delegate have been a regular meeting attendee for at least a year and will be able to attend one of the Delegate Training sessions. Delegates participate in the discussion and voting at the ABC as part of presenting the views of the group they represent. In addition to representing their group at the ABC, a delegate can serve in other ways.

•In January, before the ABC, a delegate may assist their group by shepherding the Ballot process for the submitted proposals.
•After the ABC, delegates can offer their insights, as well as their experience, strength and hope by participating in ABC surveys.
•They may also be expected to provide a written report to their group.
•A delegate may also be inspired to volunteer for a WSO Committee.
•They may also offer their insights to a first-time delegate the following year.

Delegates who travel to an ABC may receive partial or full reimbursement from the group they represent, depending on the financial resources of that group. Any member of the fellowship can attend the ABC. However, an individual group may have only one registered delegate. An exception is that two individuals may share the position of voting delegate for their group as long as they are both registered and have indicated how they will share their responsibilities, e.g., person A will cover the first day and person B will cover the second day. More information for Delegates may be found on the acawso.org website.

Doing Service at Other Levels

WHAT IS AN INTERGROUP?

ACA members, who represent ACA meetings in a specified area (e.g., geographic, virtual or language-based), work together to enrich the ACA program. An Intergroup provides services that single meetings cannot do alone. The Intergroup generally meets once a month to provide services for the meetings that participate in the Intergroup. Intergroups play a vital role in carrying the ACA message to the still-suffering adult child through public outreach. The Intergroup assists both newcomers and their associated meetings by directing newcomers to those meetings.

WHAT AN INTERGROUP DOES

There are many ways an Intergroup may support their associated meetings:

1. Assist new ACA groups to establish themselves.
2. Reach out to meetings that are un-affiliated with an Intergroup.
3. Maintain an email distribution list to communicate with their associated meetings.
4. Maintain a website of ACA events and ACA resources, such as an Intergroup newsletter, a list of people to speak about the ACA program for ACA meetings and community events.
5. Maintain and distribute a list of current meeting times and locations.
6. Maintain a telephone helpline to serve newcomers.
7. Provide service opportunities for ACA members.
8. Answer questions from the public and professional community related to the ACA program.
9. Provide information about ACA to local Hospitals & Institutions (e.g., the community at large, high schools/colleges/universities, prisons and jails, mental health facilities, therapists).
10. Sponsor and/or host workshops, special events, (e.g., workbook groups workshops, retreats, conferences, play-days, dances, parties, sports, ACA Birthday Party in January, songfests, fundraisers).
11. Purchase books in bulk and sell them to groups with a possible discount.
12. Share communication from the World Service Organization with the ACA membership.
13. Communicate questions/concerns of the ACA membership to the Region and/or World Service Organization.
14. Pay full or partial expenses for a delegate to represent the Intergroup at the Annual Business Conference (ABC).
15. Donate books and literature to libraries, hospitals, correctional facilities, and the professional community.

Intergroup Level Service

"Higher Power. Help me remember that ACA has one primary purpose, which centers the fellowship and which simplifies most discussions. Help me remember to ask myself a simple question when I am doing the business of ACA: 'Does what we are about to do support the primary purpose of carrying the ACA message to another adult child needing help?'"

Tradition Five Meditation (ACA Big Red Book)

It is often financial beneficial to all meetings to group together as an Intergroup (IG) to serve the local ACA Fellowship, rather than each meeting duplicating the same services. Intergroups serve an important function within the structure of ACA as a whole. They play a role in upholding Tradition Five. In Tradition Five, we focus on our primary purpose. We carry the ACA message with anonymity and a sincere desire to help others. We practice anonymity in carrying the message, by making the message the focus, rather than making our personality the focus. ACA Members who take on the service of starting or participating in Intergroup level service take on a valuable service role and provide leadership in ACA. The WSO Intergroup Subcommittee in Member Services Committee helps groups develop and facilitates Intergroups in accordance with the Twelve Traditions.

HOW TO START AN INTERGROUP

For those who know what an Intergroup is and just need a refresher overview of how to proceed, one is given below.

1. Set up a meeting date, time, and location (or teleconference call-in number and access code; a search of the internet reveals free teleconferencing services).

2. Contact other meeting Secretaries or other meeting leaders to pitch the idea of having an Intergroup and invite them to participate. Give them the date, time, and location address or teleconference access information. Create and get flyers to the meetings inviting all members to the Intergroup development meeting.

3. Get a commitment from two or three people from different groups to participate in the first six Intergroup meetings to ensure the Intergroup's early survival.

4. At the meeting, expect to lead the conversation, since you called the meeting, explaining the mission of an Intergroup, what an Intergroup is, what it does, and how it operates.

5. At the meeting, appoint a volunteer to take meeting minutes (if no volunteer, take them yourself).

6. Get contact names, phone numbers, e-mail of participants.

7. Ask each participant what problems their meeting is experiencing. Brainstorm possible solutions.

8. Ask each participant what their meeting has done successfully to carry the message to those who still suffer.

9. Ask participants to commit to taking on the job of an ***Intergroup Officer*** (Chair, Vice Chair, Treasurer, Recording Secretary) or ***Committee Chair*** (Hospitals & Institutions, Literature, Newsletter, Office, Outreach to Meetings, Public Information, Special Events, Website...).

10. Furnish the volunteers with job descriptions before holding elections. **Elect These volunteers who feel they can fulfill those roles.**

11. Ask for the Treasurer or other reliable volunteer to open an Intergroup bank account.
12. Ask participants to invite members of their meetings to take on Intergroup jobs not yet filled.

13. Ask elected officers and committee chairs to prepare verbal reports for the next scheduled Intergroup meeting to define the job they volunteered to do, their priorities, and their plans on how to proceed.

14. Determine the best time, date, and place (can be on teleconference) for the next Intergroup meeting.
15. Call participants between the initial meeting and before the next one to welcome them, ask them if they have any questions about ACA, meeting concerns, or other agenda items for the next meeting. E-mail the minutes of the first meeting along with the agenda for the next meeting.

HOW AN INTERGROUP OPERATES

1. Intergroup Meetings are Business Meetings – Leave Your Inner Children at Home
Promise to compensate them for good behavior in some child-agreed upon fashion. Intergroup meetings deal with the serious business of meeting the ACA mission - helping people save their own lives. The Intergroup meeting is not a forum to misbehave or act out at the expense of that mission. Drama and manipulation are not acceptable.
2. Follow the Agenda
The most efficient way to get things done is simply to follow the agenda of the meeting. If all participants do that, the work is accomplished.
3. Decisions are Made by Taking a Group Conscience
This is the vote of the Intergroup members on matters affecting the group. In ACA all power rests with the members of the program, not in "trusted servants." Every member has a voice. Any decision reached is to be, as much as possible, a reflection of the will of the group and a reflection of the spirit of our fellowship, not merely a majority vote. For "substantial unanimity" to exist, every member needs to be considered and a unanimous vote needs to exist when possible.
4. Substantial Disagreement and Substantial Unanimity
If there is substantial disagreement on the issue, more information and discussion may be needed before "substantial unanimity" can exist. The issue is then tabled until the next Business meeting and then reconsidered. If considerable disharmony continues, the issue may be dropped altogether to maintain the unity of the meeting (Tradition #1).
5. Minority Opinion
Members who have an opinion on an issue that is in the "minority" have the right to present their concerns at the Intergroup meeting. At times, the explanation of a minority opinion may sway the majority into adopting the opinion as the majority opinion. This works by allowing the minority voter to explain the reasoning behind his or her vote. Only the minority person(s) may speak. After the minority opinion is heard, the Chair asks if anyone has changed his or her mind. If it appears that the decision may be changed by another vote, it is done. If it appears that the decision may not be changed by another vote, motion is not approved.
6. One Vote
Intergroup representatives and trustees are allowed only one vote per issue, even if they represent more than one meeting. Visitors may join the discussion, but they do not vote.
7. Trusted Servants Represent Their Meetings
Intergroup representatives are the "trusted servants" of the meetings they represent. They have the responsibility to pass information to their meetings and get input from their meetings on Intergroup concerns and projects. They also bring to the intergroup the input, concerns, needs and wants of the meetings they represent.
8. Finances
The "power of the purse" determines how much or how little can be done at the Intergroup level. ACA Intergroups are funded by 7th Tradition donations from the meetings that support this service board with money, manpower and resources. The free, downloadable WSO trifold, **"Suggested Banking/Accounting Procedures"** contains ideas on handling money. It discusses Accountability (selecting a treasurer, bookkeeping, monthly reporting, recourse for missing funds), Banking (US & abroad), and Service Network Support (groups are responsible to support the service boards that are directly responsible to them).
9. Office Operations
An Intergroup may or may not have a physical office, but as a community focal point, Intergroups typically have a telephone number, e-mail, a post office box, and a bank account. The office function is to disseminate information and literature and answer incoming questions.

10. Autonomy
Each group makes its own decision on policy in keeping with the 12 Traditions. The Traditions provide guidelines for group conduct just as the Steps provide guidelines for individual recovery.
11. Crosstalk
Crosstalk during business meetings is the same as in a group meeting. While someone is talking, crosstalk is interrupting verbally, making noise or gestures, pacing or walking aggressively, or talking to someone or the speaker. It is also giving unasked for advice or making negative comments about what someone has talked about. During telephone meetings, it is also not muting your phone when you are not speaking.

Safety in Intergroup Business Meetings

At a regular business meeting draw up your meeting plan for what to do about disruptions at meetings using group consensus. Some ideas you may consider:

- Keep Tradition 1: Our common welfare should come first; personal recovery depends on ACA unity.
- Ask those who disrupt to leave.
- Ask those who disrupt again to skip the business meetings for a month or more depending on the severity of the disruption.
- Offer those who disrupt an opportunity to earn their way back into the meeting by making direct amends to the group and performing a designated service.
- Ban individuals who continually disrupt the meetings.
- If it is not a teleconference, escort a person who is disruptive from the meeting. At a business meeting it should be determined which people are designated or if the entire group will stand in unison to quietly "herd" the disrupter out the door. If it is a teleconference, the person who set it up can mute a disrupter.
- If disruption is severe, close the meeting immediately and have all members depart for the common welfare.
- Call the police if there is clear and present danger to property, health, or lives and tell them truthfully what is happening – "We're having a meeting here at _____ facility and (name or description of individual) is _____ (e.g. threatening to "get" or kill us, assaulting by hitting/kicking, throwing chairs, smashing windshields with a tire-iron...)."

OFFICER AND COMMITTEE CHAIR JOB DESCRIPTIONS

Meeting Representative to Intergroup

1. Attend Intergroup meeting monthly
2. Represent your meeting when reporting what the meeting is doing, share information and concerns with Intergroup
3. Participate in Intergroup discussions
4. Report to your meeting what Intergroup and World Service is doing for our benefit (answers to questions/suggestions made because asked/ activity announcements)
5. Carry information, concerns, and activity announcements from Intergroup and World Service to your meeting
6. Volunteer for service on the Intergroup Board as officers or committee chairs

Intergroup Chairperson

1. Updates Intergroup Meeting Information: Sends to WSO changes in Intergroup meeting date, time, and location as well as current contact information for the Intergroup Trustees
2. Opens, facilitates, and closes the meeting
3. Coordinates with and encourages other Intergroup Trustees and Committee Chairs
4. Orients incoming Intergroup Chairperson
5. Turns position over to New Chair after 2-year term limit expires

Intergroup Vice Chairperson

1. Opens, facilitates, and closes the Intergroup meeting in the absence of the Chair
2. Assists Intergroup Chair as needed
3. Learns all aspects of Chairperson position and fills it if it becomes unexpectedly vacant

4. Orients incoming Intergroup Vice Chair
5. Turns position over to new Vice Chair after 2-year term expires

Intergroup Treasurer

1. Records incoming 7th Tradition donations from meetings
2. Keeps a prudent reserve (3 months expenses) and pays bills of Intergroup operations
3. Pays Intergroup expenses (rent, telephone, P. O. Box, etc.) ahead of time or on time
4. Reimburses Committee Chairs who present receipts for approved projects: refreshments, literature, copies, recovery chips, etc.
5. Reports the financial status of the Intergroup each month at the Intergroup meeting Intergroup

Recording Secretary

1. Develops, prints, and provides Intergroup meeting agendas
2. Records, prints, and provides minutes of previous Intergroup meeting
3. Updates, prints, copies, and distributes Intergroup meeting directory

Region Representative

1. Each month sits in, participates, and takes notes on what the Region is doing and what they need from us to do their jobs better
2. Shares Region meeting information with Intergroup each month
3. Takes Intergroup questions and concerns to the Region for answers, direction, and guidelines
4. Represents the collective whole of the Intergroup (not just himself/herself)
5. Steps up as needed and becomes a Region Director, Committee Chair, or Committee member.

Liaison to WSO

1. Each month sits in, participates, and takes notes on what WSO is doing and what they need from us to do their jobs better

2. Shares WSO meeting information with Intergroup each month

3. Takes Intergroup questions and concerns to WSO for answers, direction, and guidelines

4. Represents the collective whole of the Intergroup (not just himself/herself)

5. Steps up as needed and becomes a WSO Trustee, Committee Chair, or Committee member

Committee Chair – Hospitals & Institutions and Community Outreach

1. Contacts local therapists, hospitals, and institutions (including jails, prisons, schools) to determine their needs from ACA (literature, meeting lists...)
2. Updates meeting information in local newspapers and 211 Helpline listing 3. Submits proposals to Intergroup to fund sample packets or requested sets of literature to hospitals & institutions 4. Arranges for delivery or mailing of sample materials (books, workbooks, and trifolds) to major institutions; arranges delivery of other literature requested
5. Oversees mailing of literature and/or meeting directories to therapists, meeting hubs, Alano Clubs once every three years 6. Generates cover letter for above mailing

Committee Chair – Literature

1. Presents proposals specifying costs for: copies of Intergroup and/or WSO literature

2. Orders literature from WSO as needed

3. Regularly photocopies or orders depleted literature to distribute to meetings

4. Distributes literature ordered in advance by meetings

5. Presents all receipts of approved expenditures to the Intergroup Treasurer for reimbursement

6. Creates new literature as needed either by self or with committee, but must edit through committee

7. Formats newly created, committee-edited material

8. Presents proposal to adopt newly created material

10. Sends copies of all new literature developed by the Intergroup to WSO

Committee Chair – Newsletter

1. Compiles approved ACA Intergroup minutes, meeting directory, events, activities, and articles on recovery

2. Submits draft to Intergroup Chair for approval

3. Publishes and distributes approved ACA newsletter through e-mail and website if available

4. Archives approved newsletter

Committee Chair – Outreach to ACA Meetings

1. Visits or calls each local meeting on a regular rotation at least once every two months that do not send a representative to Intergroup

2. Introduces self as the representative of the Outreach Committee for your Intergroup and explains briefly what an Intergroup (IG) does and what it provides to meetings.

3. Asks meetings without a representative to elect a meeting representative to attend the Intergroup meeting each month

4. Updates meeting information and contact information of Trusted Servants (phone contact for meeting directory, Meeting Secretary, Treasurer)

5. Provides meeting with sample packets of ACA literature trifolds

6. Informs meeting of the existence of the Big Red Book and Steps workbook

7. Conveys information, questions, and concerns from meetings to Intergroup
8. Conveys to the meeting the Intergroup responses to their information, questions, and concerns

9. Takes literature orders with the accompanying donation and delivers the literature to the meeting

Committee Chair – Special Events

1. Plans and produces social events and educational workshops
2. Creates & distributes announcements to invite ACA members to participate in events

Committee Chair – Speakers Bureau

1. Compiles list of volunteers willing to be speakers at meetings, workshops, & community venues

2. Matches speakers with requests made for speakers

3. Follows up with critiques of venues and speakers to improve experiences for all

Draft Section on Updated Trusted Servant, Service Positions

We suggest that service positions terms be at least six (6) months in duration up to one year.

Meeting Secretary

1. Registers meeting with the adultchildren.org (ACA WSO) office

1. Sends meeting information changes to ACA WSO and Intergroup

2. Maintains Google Drive; monitors incoming emails

3. Maintains Service Rota

4. Maintains the meeting script/format

5. Makes announcements regarding meeting news/updates or upcoming Business Meetings or open service opportunities

2. Leads/Chairs Business meetings

3. Creates and maintains Business meeting agendas

4. Maintains Business meeting minutes/notes

5. Chairs the meeting – instead of having a dedicated Chair/Moderator

Tech Host

For Zoom meetings

1. Keeps Zoom account log in and “Host Key” information secure

2. Claims Host Key and assigns Co-Host capabilities to Trusted Servants
    a. Co-Hosts have same capabilities as Host except for making other co-hosts.
3. Sets Zoom security protocols for meeting per Group Conscience
4. Monitors and maintains serenity and safety of the meeting (muting open mics, disruptive behavior and enacting safety protocols per Group Conscience)
5. Screen shares meeting readings or BRB via Kindle (some meetings choose not to screen share)

Meeting Treasurer (Should have minimum of one year attending ACA meetings)

If the meeting belongs to an Intergroup that provides the meeting platform (Zoom) and website with meeting information, a Treasurer may not be needed.

1. Establishes method to receive 7th Tradition donations online
    a. Will need to use personal banking information
2. If the meeting is responsible for its own expenses, ensure funds are maintained per Group Conscience
3. Maintains and pays expenses (Zoom account) if applicable
4. Sends Seventh Tradition donations to the local ACA intergroup, region, and World Service Organization offices (60% to Intergroup/Region; 40% to WSO).
5. Maintains and reports the financial activities to the members as designated by the meeting's Group Conscience (weekly, monthly, etc.).

Chairperson/Moderator

1. Welcomes newcomers. Greets newcomers before meetings, talks with them after the meeting, and provides New Member Packets.
2. Chairs the meeting – reads the format/script
        i. Maintains serenity and safety of the meeting

Intergroup Representative

1. Attends Intergroup meetings.

2. Makes concerns and questions of meeting known to the Intergroup.
3. Continues to offer support to the Intergroup or communicate service needs to the meeting. Distributes information collected to the meetings (events, news, literature, etc.).

ACA WSO Group Representative

1. Attends monthly WSO Board of Trustees teleconference meetings.
2. Makes concerns and questions of meeting known to ACA WSO.
3. Continues to offer support to ACA WSO or communicate service needs to the meeting.
4. Registers as a delegate to represent meeting at WSO ABC.

Additional Service Opportunities:

1. Meeting Contact List

In addition to the service roles listed meetings also utilize online services (many at no cost) such as:

1. Google Mail (Gmail) for a dedicated contact email address
2. Google Drive to create and store shared documents (meeting script/format) and spreadsheets (meeting contact list, service roster)
3. Zoom
4. Skype
5. In the Rooms
6. WordPress
7. Slack
8. WhatsApp
9. PayPal
10. Venmo
11.

Region Level Service

Regions (from Starting an IG draft)

***Regions Are the Third Level of The Aca Service Network Between Intergroups And the* World Service Organization (WSO)** in a geographical area. They serve the Intergroups that choose to affiliate with them. Regions open channels of communication between the member Intergroups and WSO as well as between member Intergroups in areas where no Intergroup exists. A Region Representative to WSO may serve on the world service level as an officer, committee chair, or committee member. Regions are autonomous to select the focus of their efforts to carry the message. A Region, for example, may focus on area-wide educational workshops, conventions, or perhaps hosting an Annual Business Conference (ABC). Regions may elect a WSO Representative who may be seated on the WSO Board of Trustees.

[from Service Network and OPPM edit when Appendix II is edited too. Add how to start a Region tips and steps to start a Region.]

Regions build bridges of communication and support to bring Adult Children out of isolation and into fellowship. Regions provide direct connections between the world service organization and the fellowship. They provide information and support, and connect people within the fellowship to encourage participation as trusted servants and to grow meetings full of experience strength and hope throughout the world.

An example on an ACA Mission statement can be found here (To hear how they came up with a Mission Statement, the Greater Western ACA Region may be contacted at (661) 269-3937 or via the website comment box)

In order to embody the vision and accomplish the mission of an ACA Region, we suggest that there is need for the following found in the Big Red Book titled *How to Start an ACA Intergroup or Regional Service Committee*:

a. Register with the WSO Region Subcommittee in order to avoid duplication of efforts.
b. Document the following to the Region Subcommittee for certification:
    i. An established group of trusted servants willing to create a regional framework
    ii. The designated geographic area of the map created and approved in 2019 that is being represented.
    iii. Participation of Meetings and Intergroups throughout the geographical region.
    iv. A service plan that will meaningfully improve recovery throughout the Region.
    v. Minutes and/or other documentation that reflects organizational information.
    vi. Consider sending a representative to the Regions subcommittee of MSC.

When the above qualifiers have been met, the Region subcommittee of the Member Services Committee will recommend the Region to the Board of Trustees for certification. When a region is certified, it can submit a candidate to the Nominating Committee. Regional Trustees must meet the same eligibility requirements as all other Board Trustees.
(from OPPM p. 49)

Regional Trustees
The Service Structure Committee has begun creating Region maps (See Appendix II).

A Regional Trustee can be elected to the board when a vacancy is available and the candidate has been properly presented to the Nominating Committee for consideration. It is recognized that a Regional Trustee is essentially serving two groups simultaneously, i.e., ACA WSO and their Region.

While it should be self-evident about the differences in these roles, the following general guidance is offered to help avoid confusion.

When doing general Board work and committee work, which includes attending WSO Board meetings, the Regional Trustee is serving the entire ACA Fellowship rather than one geographical region. This Trustee is, therefore, directly responsible to the entire ACA Fellowship.

The Regional Trustee will represent both the minority and majority concerns of those in their Region to the Board. When they become a Board member, it is understood that their Region accepts on faith that they may have information available to them that perhaps the Region does not have nor will be given, and therefore the Regional Trustee is expected to act in service to ACA WSO to the best of their ability. (OPPM (Operating Policy and Procedures Manual p. 12)

1. World Service Organization

Consider service at the World level, we're all the same as you, adult children in recovery, absolutely flawed but willing.

We have a website dedicated to World Service Organization and service in ACA, https://acawso.org/, click here for more information. You can submit a request to be of service to a committee or in general here.

Many ACA members are professionals with expertise in finance, office systems, or computer networking. They donate their time and expertise to ACA service because they want to give back to the fellowship that brought them sanity. The fellowship benefits from their service work, which is but one part of a greater effort by the entire fellowship. There is no professionalism here. These are professionals doing the good work of ACA alongside fellow ACA members from all levels of social standing, education, and recovery. All ACA members have a talent or passion that can benefit ACA's well being.The heart of the matter is that the demand for ACA meetings and ACA support is far greater than the number of groups and volunteers we have available to meet the demand. But our members meet that call each day, each week, and each month. We do all we can to make ACA available to the greatest number of people. We give our time and our own money because we believe in helping one another.

Most board members test out world level service by doing committee work first to see what they'd like to do. Treasury Literature Website Member and Public Services Signal Hills Office European Committee If you are interested in getting an idea of "what's out there" you can click on contact us and we can connect you with a committee chairperson who can tell you what they do.

The monthly teleconference is another good place to go to hear what the WSO does every month (pasted information below) You can poke around on the repository to get an idea of what "we" do. Attending WSO teleconferences and being nominated by a board trustee is part of what is required to become a trustee. The specific details are included in the bylaws and the OPPM.

The WSO Board meets monthly in an open Teleconference on the Second Saturday at 11:00 to 12:30 Pacific Time. All ACA members are invited to attend the Teleconferences.

Starting on March 9, 2019 we have been using Zoom for the Monthly Teleconference. Access numbers can be found here.

The Meeting ID is 228 809 511. Telephone numbers for West Coast USA 669 900 6833 and East Coast USA 929 205 6099Find a local number here. You can also attend the Teleconference using your computer or smartphone. Click here for information, you will need to install an App.

World Service Organization (from Intergroup Subcommittee Starting an IG)

World Service manages corporate business for and communicates with. ACA members and groups all over the world.

1. Maintains a warehouse and office, telephone, post office box, and website
2. Hires paid workers such as an Operation Manager, Special Workers, office personnel, warehouse personnel
3. Special Workers, Office Personnel, and warehouse personnel
    a. Answer the telephone and email and triage the messages
    b. Respond to incoming mail and e-mail, and answer or forward all requests
    c. Package and ship literature around the world.
    d. Arrange for printing and distribution of ACA literature through third party venues such as Amazon and printing companies in foreign countries.

e. WSO hosts the Annual Business Conference each year
f. Produces Guidelines for service network committees.
g. WSO Board members and committee members also develop, produce, present, and distribute recovery literature and oversee the translations of ACA recovery literature

2. Annual Business Conference

Brief History and Purpose

In 1983, the Adult Children of Alcoholics (ACA) Business Conference (BC) was organized by the Central Service Board. This was later changed to the Annual Business Conference (ABC). The Conference was established for the purpose of bringing unity and consistency to the ACA fellowship. This was to be done by establishing guidelines for both service and communication links within ACA. The ABC is held on the Thursday and Friday prior to the fourth (4th) weekend of April each year. Any exception to this timing must be approved by the Board. The AWC begins immediately following the ABC on Friday night. There are many groups and individuals that work together to ensure successful events.

In 1987 the ABC Committee was authorized to print and mail ABC communication intended for the individual meetings and Intergroups. The minutes from the ABC, in addition to being sent to all Intergroups, were sent to all registered delegates present at the ABC where addresses were known. In 2013, for the first time the ABC was held outside of the United States in Birkerod, Denmark. A motion was passed in 2015 to host an annual recovery event to be held, when possible, in conjunction with the ABC. This was subsequently named the ACA World Convention (AWC) The first annual AWC was held in Delray Beach, Florida. The AWC started on Saturday night, after the closing of the ABC, and continued through Sunday afternoon. In early 2017, the WSO Board passed a motion to hold the ABC on Thursday and Friday so that the AWC could be extended an extra day – from Friday night through Sunday afternoon. The Delegate Training Subcommittee was created at the 2016 ABC. Its goal was to better prepare the Delegates for their role.

Required Roles, Committees and Responsibilities

A Host Committee search team is tasked with locating Intergroups and Regions who are interested in hosting future ABC/AWC events. The ABC requires that the following roles be filled:

ABC Committee Chair

The Conference Chair (aka the ABC Chair) is the individual who presides over the proceedings of the ABC meeting.

- Nominations will be taken by the Board for this role through the end of January, with announcements of the need to fill this role made at three or more prior Board monthly Teleconferences. The Board may also nominate a candidate.
- The Conference Chair will be chosen by the Board by mid-February. This decision will be based on the past experience attending ABCs as well as demonstrated ability to be effective in a role that requires a calm but firm demeanor.
- The Conference Chair will not have a vote as a delegate.

Candidates for this role shall be selected from those who either volunteer or are identified for their abilities. If possible, this person should have prior experience in some major role associated with a recent ABC, preferably as the Vice Chair. They are ratified by the ABC delegates. An ABC Committee shall be formed if one does not already exist.

- The term of service is one year with a maximum of two consecutive terms. After a hiatus of two years, an individual may again serve in this role.
- The ABC Committee Chair works with the Host Committee as needed.
- One or more WSO Special Workers may be utilized as they are available.
- Responsible for ensuring that the Delegate binders are completed, provided online before the ABC, and also printed for distribution to all on site registered delegates. An abbreviated version of the binder is given to guests. Two extra copies of the Delegate binder should be produced for the WSO archives.
- Together with the Board Liaison, the ABC Committee Chair is responsible for the following:
    - Ensuring that the ABC is held in accordance with the ACA WSO ByLaws and this document.

- Preparation and distribution of notifications to the Fellowship about the ABC, both through email blasts and information in the Traveler Newsletter

The ABC Chair is responsible for ensuring the following reports are submitted:

- A monthly written report for the Board Teleconference to be filed with the Board Secretary at least three days prior to the meeting.
- A written summary of all results of the Ballot Proposals included on the ABC agenda, including a very short synopsis of the discussions, resultant motions, amendments and outcomes of same – within one week after the ABC.
- A written summary within one week of anything from the ABC proceedings that require action by the Board.
- A written summary within one week of additional items brought before the ABC body for discussion and potential action.
- A written summary of recommendations to the Board for future such events – to be prepared after hosting a meeting that includes the ABC Committee including the Vice Chair, current and future Host Committee Chairs and pertinent sub-committee chairs, Delegate Training Sub-Committee Chair, Ballot Prep Chair, Board, Finance and Technology Liaisons, the Conference Chair and Secretary, and any WSO Special Workers involved in planning and executing the events(s).

Note: The summaries in b), c) and d) above will be written as an article for the July edition of the ComLine. The completion of the duties of the ABC Committee Chair after an ABC shall be upon completion of the final ABC report.

ABC Committee Vice-Chair

Shall maintain regular contact with the ABC Committee Chair and be included in all meetings and electronic communication. This person shall be well enough informed to be able to step into the Chair role if it should be required.

Delegate Training Sub-Committee (DTSC) Chair

The DTSC is responsible for both pre-ABC training sessions as well as training during the ABC. The purpose is to help guide ABC Delegates in understanding how the ABC is conducted and their role in the process.

Conference Secretary

The Board Secretary will work with the ABC Committee Chair to determine the best way for the minutes to be taken. If extra help is needed, the Host Committee will be contacted. The ABC will be recorded as backup documentation. Along with the Host Committee that ensures that logistics and facilities are managed on the ground, there are also many roles at the Board and Committee level that are associated with these two events. Those that are common to both events are:

- Board Liaison – a member of the Board who serves as the conduit for information between the Board and the main event Chairs and Committees for the ABC and AWC
- Finance Liaison – a member of the Finance Committee who helps ensure that the financial aspects of the two events are monitored closely
- Technology Liaison – a member of the Website and Database Committee who helps ensure that the venue, the technology vendors and the event Committees understand the needs of WSO for both events
- Host Committee Chair – a member of the Host Committee who is responsible for ensuring that the

needs of both events are managed •Facilities Coordinator – a member of the Host Committee who helps ensure that the needs of both events are honored.

The basic requirements for the minutes are:

- Who was present, including Delegates, Board members, non-voting attendees, and other individuals who fill pertinent roles.
- A listing of meeting segments and what reports were given during those segments. Reports that are included in the Delegate Binders will be referenced but not repeated within the minutes.
- Motions made, who made them, seconded them, pertinent discussion (names of speakers are not required), votes and outcomes.

All motions and their results must be made available for the Board Secretary to add to the Board's May Monthly Teleconference Agenda. The draft minutes will be due within two months after the completion of the ABC. At that time they will be posted on the WSO website with a link sent to the delegates. Final minutes must be completed by October 31st and will be included in the Delegate binder for the following year.

Parliamentarian

A Parliamentarian will be available during the ABC to ensure that the Modified Robert's Rules of Order are followed (see Appendix X). It's important to note that the Traditions, Concepts and the OPPM will supersede any version of Robert's Rules.

The ABC and Delegate Voting

All Proposals on the ABC agenda do not automatically become motions. The process is as follows:

a. The Proposal is read by the Conference Secretary.
b. Delegates briefly discuss its merits.
c. Any delegate may then choose to create a motion from the proposal, citing that it is a motion derived from which specific Proposal number that was originally submitted by the registered group listed on the Ballot.
d. Another delegate must then second the motion. If so done, it proceeds like any motion using parliamentary procedures.
e. There will be limited time provided for discussion, based on the number of Proposals on the agenda and the remaining needs of the agenda.
f. Delegates may only speak once about a motion, unless there is time remaining after all have spoken.
g. A 60%21 vote of the delegates is required for a motion to be passed and forwarded to the WSO Board for possible action. (See Concepts VI, VII, and VIII for detail on the relationship and responsibilities of the ABC and WSO Board.)
h. If the vote is not unanimous, the minority may make a case. If there are many people in the minority, a time limit for rebuttal will be set at the start.
i. The majority is then asked if any one of them have changed their vote. If not, the original vote stands. If anyone has changed their mind, a new vote is taken. The results of that vote determine the conclusive outcome. Per the ByLaws, the group conscience obtained from the delegates in attendance shall provide direction and recommendations to the Board for conducting the business of ACA WSO. It is also the Board's responsibility to provide information about how proposals or suggestions will impact the fellowship in ways that the delegates may not be aware of.

   NOTE: Motions may be made from the floor by any Delegate during the ABC according to guidelines provided by the Conference Chair. The Delegates will then determine if any of these motions are of a time

sensitive nature and should be discussed and acted upon during the ABC. If any floor motions are not deemed time sensitive, they will be referred to the Board for potential action.

3. ACA World Convention

A motion was passed in 2015 to host an annual recovery event to be held in conjunction with the ABC. This recovery event was named the ACA World Convention (AWC). In 2016 the first annual AWC was held in Delray Beach, Florida. The AWC started on Saturday night, after the closing of the ABC, and continued through Sunday afternoon. As noted previously, in early 2017 the WSO Board passed a motion that moved the ABC from Friday and Saturday to Thursday and Friday so that the AWC could be extended an extra day – from Friday night through Sunday afternoon. Host Committee: The group whose city wins the bid to host the next ABC and/or AWC will be called the Host Committee. The ABC Committee Chair shall help guide the work with a Host Committee and oversee their work to produce the ABC.

WSO Committees

The Committees of the Board of WSO
(Listed alphabetically)

ABC/AWC Committee *[abc@adultchildren.org]*
https://acawso.org/category/abc-committee/

> **Delegate Training Subcommittee** *[DTSC@acawso.org]*
> https://acawso.org/category/delegate-training/

Archives Committee *[archives@adultchildren.org]*
https://acawso.org/category/archives/

Ballot Prep Committee *[bpc@adultchildren.org]*
https://acawso.org/category/ballot-prep/

Distribution Center Oversight Committee *[dcoc@acawso.org]*
https://acawso.org/category/dist-ctr-oversight/

European Committee *[ec-chair@acawso.org]*
https://acawso.org/category/european-connection/
European Committee website: https://www.acawsoec.org

Executive Committee *[**ADDRESS?**]*
https://acawso.org/category/executive-committee/

Finance Committee *[treasurer@adultchildren.org]*
https://acawso.org/category/finance/

Information Technology Committee *[webservant@adultchildren.org]*
https://acawso.org/category/information-technology/

Literature Committee *[litstaff@adultchildren.org]*
https://acawso.org/category/literature-committee/

> **Comline** *[Comline1@adultchildren.org]*
> https://acawso.org/category/comline-notices/

> **Literature Evaluation Subcommittee** *[**ADDRESS?**]*
> https://acawso.org/category/literature-development-subcommittee/

Literature Translations Subcommittee *[ADDRESS?]*
https://acawso.org/literature-translations/

Member Services Committee *[mscchair@adultchildren.org]*
https://acawso.org/category/outreach-committee/

Global Members Subcommittee *[globalmembers@adultchildren.org]*
https://acawso.org/category/global-members/

Intergroup Subcommittee *[intergroups@adultchildren.org]*
https://acawso.org/category/intergroups/

Members Subcommittee *[members@adultchildren.org]*
https://acawso.org/category/member-outreach/

Regions Subcommittee *[regions@acawso.org]*
https://acawso.org/category/regions/

The Traveler Newsletter *[thetraveler@adultchildren.org]*
https://acawso.org/category/the-traveler-newsletter/

Young Adults and Teens Subcommittee *[youngadults.teens@adultchildren.org]*
https://acawso.org/category/young-adults/

Nominating Committee *[chairnomcom@acawso.org]*
https://acawso.org/category/nominating-committee/

OPPM Committee *[oppm@adultchildren.org]*
https://acawso.org/category/oppm/

Public Services Committee *[pscchair@acawso.org]*
https://acawso.org/category/public-information/

Hospitals and Institutions Subcommittee *[hichair@adultchildren.org]*
https://acawso.org/category/h-and-i-committee/

Service Network Committee *[svc@acawso.org]*
https://acawso.org/category/service-structure-committee/

Representation, Equity, and Accessibility Ad Hoc Committee *[represent@acawso.org ?]*
https://acawso.org/category/diversity/ (?)

Meeting and Service Safety Ad Hoc Committee *[ADDRESS? meeting-safety@adultchildren.org ?]*

https://acawso.org/category/ad-hoc-meeting-and-service-safety-committee/

HR Ad Hoc Committee for *[**ADDRESS? hr@acawso.org ?**]*
https://acawso.org/category/human-resources/

Addressing Predatory Behavior Working Group *[apb@acawso.org]*
https://acawso.org/category/apb/

The Twelve Traditions of ACA

Adult Children of Alcoholics has the Twelve Steps of ACA, so why do we also need Twelve Traditions? It is commonly believed that the Twelve Steps provide direction for the individual member, while the Twelve Traditions provide comparable guidance to ACA groups and the service structure. The ACA Traditions outline fellowship unity, group autonomy, and the ultimate authority of ACA – a loving God – as expressed in our group conscience. The Traditions offer wisdom on being self-supporting as a fellowship and on avoiding promotion when attracting new members. There is also guidance on the use of special workers who help make Twelfth Step work possible. The ACA Traditions frame our leadership style in the language of being a trusted servant. We avoid a style of governance or authority over another. When asked to serve, we lead by example rather than by directive.

The Twelve Traditions guarantee simplicity in our primary purpose and in membership requirements for ACA. There is only one requirement for ACA membership – desire. The primary purpose is to carry the ACA message to other adult children. Anonymity coming from love underlines all of the Traditions and our group conduct. With the Twelve Traditions, we sustain ACA groups that allow the ACA Solution of reparenting one's self to emerge and thrive.

The ACA Twelve Traditions were adapted from the Twelve Traditions of Alcoholics Anonymous. Our groups, Intergroups, and World Service Organization have built on a framework that has worked so well for AA. While we have cited some AA experience in this writing, this chapter contains a detailed picture of ACA's proven experience with the Traditions.

We have learned from our own experience that the Twelve Traditions are nonnegotiable. The principles of each Tradition fully complement one another and are not in conflict with one another. For example, the principle of unity in Tradition One resonates with each principle in the following eleven Traditions. Group decisions that follow the Traditions and their intent have a signature that we learn to recognize as a group conscience. By adhering to the Traditions, we begin to see God's footprint in our group decisions. We begin to understand how we feel about what we are doing for ACA through the group and service structure.

In this section, the Twelve Traditions are explored in detail. Each Tradition is introduced by individuals sharing their personal experience with the Tradition. These shares were voluntarily recorded at ACA meetings, conventions, retreats, and by invitation. The shares are followed by a Tradition Insight which highlights the spiritual principles and function of the Tradition. The insights are followed by questions and a meditative thought.

The Twelve Traditions are reprinted and adapted from the original Twelve Traditions of Alcoholics Anonymous, and are used with the permission of Alcoholics Anonymous World Services, Inc.

TRADITION ONE

Our common welfare should come first; personal recovery depends on ACA unity.

Meditation

Higher Power. I am your trusted servant seeking to support my ACA group and its primary purpose. Please remind me that the life of my program and my own recovery depends upon my willingness to put the group's welfare above my own will. Help me recognize unity.

ACA's journey to find its identity as a fellowship has created a proven unity that underpins our primary purpose of carrying the ACA message to suffering adult children. ACA unity is based on our similarities rather than our differences. Adult children come from many different family types. We have different viewpoints, but we are the same at the core. We are a group of trauma survivors who can depend upon each other as we heal and recover. Our groups have been tested by a fire that has forged our future as a viable fellowship. Through unity, the groups have emerged with a maturity that has withstood growing pains and the evolution of the program. We are a fellowship of adult children from alcoholic and other dysfunctional families.

At first glance, the First Tradition seems to put a meeting's common welfare above individual recovery. When we think about this possibility, we must ask: "Can we even have personal recovery without ACA unity?" Our First Tradition frankly says "No." ACA members working the Twelve Steps recognize the need to place the group's survival ahead of their own selfish needs or their fear-based urge to control others. In ACA, we learn to keep our groups safe and inviting for our members.

Do established meetings placing the common welfare of the group first have problems or conflicts? Sure. But at such healthy meetings, problems become opportunities to further one's recovery. The groups' members have learned to trust one another and to disagree without being disagreeable. The group members trust the collective decision-making process known as a group conscience.

ACA meetings include business sessions that typically precede or follow a regular ACA meeting. At the typical ACA business meeting, reports are given on group finances and the general operations of the group. Groups carrying the ACA message into prisons or treatment centers may discuss the needs and development of these meetings as well. These meetings are known as Hospitals and Institutions meetings. ACA group members with recovery experience volunteer to conduct a meeting in these facilities or help out with meetings conducted in the facilities.

An ACA business meeting also addresses a group's problems and solutions. These discussions typically are called a group conscience. At a group conscience, each group member is allowed to share his or her point of view on the issue at hand. Each member is equal and has an opportunity to share his or her thoughts and solutions. The group conscience is similar to a healthy family seeking a resolution everyone is content with, or at least which everyone can take ownership in.

How about what some members would consider an unhealthy ACA meeting? First of all, a meeting is not unhealthy just because one or two people say so. Unhealthy ACA meetings typically don't survive, but those that struggle usually share some common traits. Problems at unhealthy or struggling meetings tend to fall into three categories: interpersonal squabbling between ACA members; suspicion about the handling of group donations; and older members gripping the group with self-righteous control. There are other scenarios that can give a group

the label of being unhealthy or “sick,” but these seem to dominate.

Listening to members complain about the meeting or group, one gets the sense of the meeting being dominated by a small group of individuals. Occasionally, one individual can appear to dominate a group. When this happens, group unity and the sense that all group members are equal suffer. The group’s future and its ability to attract new members to sustain itself can hang in the balance. If it can be clearly determined that the group is controlled by a few members, the remaining members of the group must summon the courage to speak up. However, no one should be a single spokesperson. Those believing the group is not adhering to ACA principles must talk about their thoughts with one another and with a sponsor or friend. There should also be prayer and thoughtfulness about what should be done. Decisions about what to do should be measured by the principles of unity and the most loving path to take. There should be no harsh talk. There should be no gossip that could be followed by an ambush at a business meeting.

Without thoughtful action, some of these ACA groups can die. The group withers because group members cannot apply the principles of the Twelve Steps or Twelve Traditions in their lives long enough to place the group first.

In other cases, the group changes direction and finds new strength. Group members call a business meeting to discuss unity in addition to the problem at hand. If the members are humble and value their ACA group, a Higher Power will enter the discussion and show the path for cooperation and group survival. We have seen this happen many times in the history of ACA groups seeking unity over personal gain.

Group members who once believed they could not tolerate one another discover their differences are not that important when the survival of the group is on the line. They realize the group suffers when ACA members fail to cooperate for a common purpose. When the group suffers, so does the individual who cannot recover alone.

ACA members not getting along or failing to place ACA first can trigger relapse for some ACA members. Resentments fester, and members in the conflict are tempted to pick up the destructive tools of manipulation, gossip, and dishonesty. ACA members can fight dirty when they believe they are threatened, whether the potential for harm is real or not. We learned how to fight by stealth or with verbal razors from the best – our family.

An ACA relapse can bring a return to our dysfunctional family role. When a member walks away from ACA over a dispute or resentment, he or she can face adult child addictiveness.

An ACA member in relapse can binge on food, drugs, sex, gambling, spending, or some other compulsive or obsessive activity. Some ACA relapses involve extreme isolation and a refusal to communicate with anyone. The common behaviors of fearing authority figures, judging oneself without mercy, and tolerating abuse can return during relapse. We may have changed some of our most harmful behaviors, but some of us can switch to another harmful behavior or compulsion during an ACA relapse. Our survival traits learned as children can return with greater fierceness and emotional pain than before recovery.

Does the First Tradition mean ACA members should give up their identity or personal recovery to gain unity? Do we all have to think alike and act alike for the common good? To the contrary, group members will usually find their individuality honored and celebrated in ACA. They find the greatest support for their program and identity while attending meetings that work in unity.

Those of us with dysfunctional childhoods may not have had a healthy experience in dealing with problems and resolution. Many ACA members have learned to form opinions, and to argue constructively in an ACA group business meeting, perhaps for the first time in their lives. We may have been told to stay quiet or were scolded as children for talking. In ACA, however, we are asked to speak up and express our views. We are encouraged to find our true voice and identity. We are asked to add our views and our voice to ACA unity.

TRADITION TWO

For our group purpose there is but one ultimate authority – a loving God as expressed in our group conscience. Our leaders are but trusted servants; they do not govern.

Meditation

Higher Power. I understand that you make your voice heard in a group conscience. I ask you to remind me that the life of my program and, therefore, my own recovery depends upon my willingness to put the group's welfare above my own will. Where I disagree with the common view of my fellows in service, allow me to state my case honestly and respectfully. Allow me to listen to and consider the views of others. May I state my view and support all group decisions, including the ones I might disagree with. Your will, not mine, be done.

Many new members of ACA wonder who is in charge of meetings and groups. It is only natural since we have a history of fearing authority figures or being authority figures. We can be hypervigilant about identifying the authority figures in any group so we can survive as we did in childhood. By identifying what we believe to be the authority figures, we reason we can adapt as we did as children in a dysfunctional home. But ACA is different than other groups or organizations. We don't have rules that delegate powers or a structured chain of command. ACA is different than our families.

For those of us who are new, it is easy to make wrong conclusions about ACA's benign organizational structure. If there are numerous newcomers at a meeting, it is easy for them to assume that older members know everything and are in charge. If it is not the older members, then we conclude it must be the chairperson of the meeting. But the chairperson changes frequently. Maybe the secretary is the one in charge since he or she unlocks the meeting door, orders literature, and takes minutes at the business meeting. But the secretary takes direction from the group conscience. "Who runs ACA anyway?" some newer members have asked.

Fortunately, our Second Tradition reminds us that our real authority in ACA meetings and service work is "a loving God as expressed in our group conscience." We will discuss more about that group conscience, but for the moment, just note that our leaders – chairpersons, secretaries, group representatives, and the like – are not in charge. No one is in charge of ACA. We do elect trusted servants directly responsible to those they serve. They have no power. They serve the fellowship from the motives of compassion, love, and humility.

For those who might flirt with the notion of being in charge, ACA gives them a chance to learn the meaning of ACA service. By watching other trusted servants in ACA, these members soon learn the value of serving rather than taking. Hold-over notions of being in charge evaporate. Only God as expressed in the group conscience is in charge.

New ACA meetings are often established by one determined individual, who then assumes the tasks of the meeting secretary, treasurer, group leader, and general "jack-of-all-trades" for the meeting. In many cases, such leadership is necessary when a new meeting is just forming. When this person does a good job, the meeting soon starts to grow. Others usually affirm the person's position of leadership simply because the founder of the meeting usually understands group operations and has the meeting key. This is where a good leader begins the transition to being a

trusted servant by remembering the Second Tradition and the Higher Power as the ultimate authority in ACA. The trusted servant looks for ways to get newer members involved in group service. He or she politely asks for help in setting up the meeting room, carrying the meeting room key, and ordering literature or making refreshments for the meeting. All of these duties are chances to get members involved in their group and to take ownership in the group.

The leader or founder of a new group also encourages others to take on service positions for the meeting. A business meeting is called to discuss these positions of secretary, treasurer, or group representative. The wise trusted leader knows to avoid keeping a tight hold on the reigns of the meeting or group. He or she knows that involvement in the meetings leads to meaningful change for the individual.

Since the group founder has done a good job, the group will probably elect the person to continue one of the leadership roles. In that moment, the group founder moves from being a leader by necessity to a trusted servant by election of the group members. This transition from founder to an elected trusted servant is subtle but critical for the group's growth and future. By taking an active role in the group, its members have assumed responsibility for their meeting. They share the responsibilities, but they also share the rewards of helping others.

Meanwhile, the group has also experienced a healthy group conscience. All the leaders can follow this example of being a trusted servant within the Twelve Step format. In subsequent business meetings, the original leader will probably choose to step down and let others take full leadership of the meeting.

Conversely, some new leaders try to govern their meeting with a tight fist. They think they know what is right for ACA and the group; there is no room for discussion at business meetings or settings involving ACA matters. These control-seeking members can be disruptive and divisive. They seem to act like "tradition lawyers" and are willing to split hairs over business meeting rules, meeting agendas, and voting procedures. Their shortsighted behavior, if left unchecked, can literally kill the group. Business meeting disputes spill into regular meetings and feelings are hurt and resentments fester. Members stop attending the group or feel unsafe to support the group. The group suffers until someone asks a loving God to enter a group business meeting and their regular meetings.

Group members may rise up and call a special meeting to discuss the group's direction. If circumstances have deteriorated enough, the original founder or trusted servant may be voted out of office. As a result, the disenchanted "leader" may leave the meeting, feeling abandoned by the group. But the meeting will continue as long as it follows the Steps and Traditions of ACA.

AA identifies controlling group members as "bleeding deacons." They may have meant well in starting an ACA group, but they failed to work the ACA program. Some of these members have turned into authority figures who harm the group's ability to help others. The good news is that these "bleeding deacons" can learn from their experience. By applying the ACA program, they can become trusted servants and ultimately become elder statesmen. Such is the strength of the program, and of the Second Tradition, when we allow a Higher Power to guide our behavior.

In conclusion, no one has authority over another in ACA, but we do have elected leaders who serve those who elect them. They do not govern, but they lead by example. Our group conscience is a spiritual method by which a Higher Power is expressed in our discussions and our

decisions. Most of our decisions are based on what is best for the most, instead of what is best for the few. Through humility, we surrender our egos and place the group first in our decisions on ACA matters. Humility does not mean we are a doormat or that we have no opinion. It means that we are willing to stay focused on ACA principles. We open the door to listen to direction from our Higher Power. We bring our Twelve Step experience to these discussions. We apply surrender, hope, willingness, forgiveness, and other Step principles in our group business meetings and group discussions. We learn discernment and see that some ideas appear good and appealing; however, they can divert us from seeking the best for ACA. We can expect the best from our decisions and get it.

TRADITION THREE

The only requirement for membership in ACA is a desire to recover from the effects of growing up in an alcoholic or otherwise dysfunctional family.

Meditation

Higher Power. Help me recognize my desire to recover from the effects of growing up in a dysfunctional home. Give me willingness to attend meetings to recover from these effects. I participate in ACA because I want to change and help others. Thank you for leading me to these rooms where I belong. Thank you for giving me the courage to walk into an ACA meeting and stay and find my place. I am finally home. I finally know where I fit.

In the early days of Alcoholics Anonymous, the fellowship looked for appropriate requirements for membership. The budding AA fellowship and its struggling groups feared that certain alcoholics would certainly sink marginal groups while bringing unwanted scrutiny to others. After much stumbling, AA came to realize that membership requirements could not be applied if AA was to become the inclusive, spiritual program that we know of today. Indeed, if the suggested membership requirements received from the AA groups had been implemented, the founders of AA would not have been allowed to join. AA settled upon a single requirement for membership: a desire to stay sober.

This brings us to ACA's Third Tradition. What membership requirements do we impose on those considering ACA membership? Following AA's lead, our Third Tradition reminds us to avoid creating a long list of requirements on ACA membership. Anyone having the desire to recover from the effects of growing up in a dysfunctional home qualifies, regardless of whether alcohol was a factor in the home. That is it. There are no screening committees, questionnaires, or waiting periods to join. You are an ACA member when you say you are.

In ACA, we welcome society's misfits into our meetings, as we have discovered that we are all misfits or have felt like such to varying degrees. Adult children who are codependents, addicts, debtors, overeaters, sexually compulsive, alcoholics, and gamblers are members if they have a desire to recover from the effects of a dysfunctional family. We cannot turn away anyone seeking help from the isolation and madness of the effects of a dysfunctional upbringing. With the simple requirement, ACA has a diverse fellowship with a variety of individual experiences. We are a fellowship of great width and depth.

Our single requirement for ACA membership gave rise to ACA's spirit of inclusion. Our membership includes adult children from homes without alcoholism being a factor. Soon after ACA was founded, adult children from homes with other forms of dysfunction began showing up and identifying with the ACA message. The Laundry List traits described their behavior and thinking in the same manner as adult children from alcoholic or addicted homes. These adult children attended ACA meetings and embraced recovery. They claimed the Inner Child and Loving Parent just like the ACA member from an alcoholic home. We see no difference in these members. Their voice is the voice of ACA.

In ACA, developing a desire to recover from the effects of growing up in a dysfunctional family can be one of our greatest tools of recovery. We need a sincere desire to sustain us. The effects of family dysfunction did not occur overnight, so recovery will not occur overnight. We will need desire and willingness to work our program consistently. Desire coupled with willingness is a strong formula for change.

TRADITION FOUR

Each group is autonomous except in matters affecting other groups or ACA as a whole. We cooperate with all other Twelve Step programs.

Meditation

Higher Power. Help my home group remain focused on the Twelve Step process of recovery while still having its own personality and flavor. When the actions and decisions of my group might affect ACA as a whole, may we find the spirit of cooperation and a willingness to seek help from the ACA service structure. My group is autonomous, but it is not alone.

ACA, like most other organizations, has a structure which begins with individuals forming ACA groups. The groups form Intergroups to help organize meeting activities in their geographical area and to carry the ACA message into treatment centers and other facilities. Intergroups help the groups explore ideas of carrying the message within a given community. Intergroups may occasionally establish a local helpline or contact person, who answers inquiries about ACA. Regions are formed by several Intergroups in a geographical area. There is also the World Service Organization which provides support to the Intergroups and Regions around the world. WSO also provides support to areas where there is no Intergroup.

So what controls do the Intergroups hold over the meetings, and what controls does the WSO hold over meetings, Intergroups, or Regions? None. Each ACA group is autonomous, but the groups routinely seek guidance from Intergroups, Regions, and WSO for group affairs. There is no governance or enforcement of rules in ACA. Intergroups and WSO serve as a resource for the groups, and the groups, in turn, are encouraged to provide willing trusted servants to do the good work of ACA at the Intergroup, Regional, and WSO levels.

One of the few times the WSO or Intergroups might become directly involved would be in matters "affecting other groups or ACA as a whole." While WSO and Intergroups can and do provide guidance to ACA meetings, when asked, they ultimately must step back and let meetings decide for themselves how to run their particular meeting.

Being autonomous does not mean that ACA groups are alone or operate in a vacuum. As stated, ACA groups seek input from the service structure when questions or challenges arise in ACA meetings. For example, the WSO periodically is asked whether certain reading materials can be used in meetings. The answer is always, per our Fourth Tradition, that each meeting is free to select the material for use in their meeting. WSO and Intergroups do not approve or disapprove material selection for meetings. There are suggested guidelines in the ACA Literature Policy trifold. The trifold asks groups to pick materials or books that focus on the Twelve Step process and Twelve Traditions. The groups are asked to avoid books which might promote a particular author or move the group toward a therapy-session setting. While groups are autonomous, it is a standard for ACA groups to use The Laundry List (Problem), The Solution, the Twelve Steps, and Twelve Traditions as the foundation of their traditional meeting format. The use of these standard readings, and nonaffiliation with outside entities, are required for a group to be

considered an ACA group.

Another common question is how does a meeting resolve a conflict between its group members? Or how do we handle members who might be disruptive in meetings? Again, the WSO or Intergroup does not intervene in these situations, but can offer suggestions on how past situations have been handled. Typically, the group would contact the Intergroup on these matters first. However, any group can contact the WSO with questions or to seek experience, strength, and hope.

With all this talk of group autonomy, a question arises: Can allowing such autonomy really work? Couldn't a meeting make some really bad decisions? Yes. Indeed, many ACA meetings over the years have made poor decisions – ones that subsequently caused them much grief. But like a family, we learn through such decisions, generally coming out much wiser from the experience. Groups that remain close to the Twelve Steps and Twelve Traditions tend to ride out difficult times more smoothly. They tend to survive. Through experience, ACA groups have gained a measure of toughness and durability while still offering warmth and acceptance to its members.

The wisdom of the Fourth Tradition allows every ACA group the right to make its own decisions. Within the guidance of the Traditions, the groups run their own meetings and choose the method for carrying the ACA message within their community. The groups are given freedom to make mistakes. In other words, every group has the unabashed right to be wrong. And when wrong, their decision then becomes part of the growth process, both for the meeting and, more especially, for the meeting members.

These are the groups that gain wisdom and some tenacity by learning from their mistakes. The group survives and can flourish if the members are willing to focus on ACA principles and invite a loving God into their decision-making processes. Placing ACA first and cooperating with one another is essential for healthy group autonomy.

Cooperation brings us to the second part of the Fourth Tradition: "We cooperate with all other Twelve Step programs." There are many different Twelve Step programs based on AA's original Steps and Traditions. Sometimes comparisons are made among the members of the various programs. "My program is better than your program," has been heard but adds little in the effort to truly help others. After years of listening to members of many Twelve Step programs, we have come to realize that all these programs have a purpose to help others seeking a better way of life. ACA is an autonomous program that helps thousands of adult children in ways that no other program can. We are an experienced fellowship that is equal to other Twelve Step programs. We are not superior or inferior.

TRADITION FIVE

Each group has but one primary purpose – to carry its message to the adult child who still suffers.

Meditation

Higher Power. Help me remember that ACA has one primary purpose, which centers the fellowship and which simplifies most discussions. Help me remember to ask myself a simple question when I am doing the business of ACA. 'Does what we are about to do support the primary purpose of carrying the ACA message to another adult child needing help?

The AA program learned early on that the fellowship should do one thing well instead of doing many things poorly. ACA has adopted a similar attitude. While we encourage diversity in our fellowship and taking reasonable risks for personal growth, the fellowship focus remains constant. We carry the message to others and avoid distractions that could divert our groups from this singleness of purpose. Each group decision must ultimately answer this question: "Does the decision we are about to make contribute to carrying the ACA message?"

By adhering to our primary purpose of carrying the message to those who still suffer, ACA avoids getting involved in outside causes. Some of the causes seem notable, while others are obviously political or controversial. We have learned that even noble causes can divert ACA from its singleness of purpose. Good causes can come with affiliations or expectations that ACA avoids. We are an autonomous fellowship who answers to its membership and no one else. We are guided by the fellowship voice and a Higher Power.

The message we carry in ACA meetings, treatment centers, and to professional groups is a clear message free of affiliation with outside issues. We don't mix the ACA message with other causes or philosophies, no matter how noble. To do so would cloud the ACA message of recovery. The message we carry is that ACA works for those who are willing to surrender, ask for help, and accept it. Recovery cannot begin until the adult child admits that he or she is powerless over the effects of family dysfunction. The admission of powerlessness is followed by an acknowledgment of an unmanageable life. With ACA, there is hope for another way of life that moves us away from isolation and toward others and God.

Each of us comes to ACA with many talents. As we grow in our recovery, we discover even more talents within us. We also discover that we share many common experiences with others growing up in dysfunctional households. Through attending ACA meetings, we find we are not alone. With our common experiences, we find that we can help one another in ways that others cannot because we carry with us empathy and an understanding of the disease of family dysfunction. With our experiences as children and adults, we can reach a suffering adult child when few others can. We are not bragging, but we know what we are talking about because we have lived it We have survived family dysfunction, and we have found a sure way to move beyond mere survival. A bewildered or confused adult child, who is suspicious of most people, will trust another adult child in a matter of moments upon hearing a piece of the person's story. We have

the gift of identification. By carrying the message, we embrace the power of identification. We don't have to promote ACA. Our stories and sincerity attract people to ACA and to a better way of life.

When first entering the ACA program, most are surprised to discover others with childhood experiences similar to their own. Listening to the stories of others, we realize we have much in common. Soon newcomers begin sharing their own stories as well. The new person discovers that his or her personal experience is similar to the experience of others. The person finds a common bond, something many hadn't found with others before coming to ACA. With this common bond, we learn to work together so that the group and ACA survives. We learn that we cannot recover alone or in isolation.

Our Fifth Tradition reminds us of the single-minded purpose of our program – carrying the message to others looking for a way out of confusion or despair. When carrying the ACA message, we stick to our story and to the principles of recovery. We don't proselytize, bully, evangelize, or manipulate the person we are attempting to help. We also don't accept abuse or stay in the presence of someone who obviously does not want to hear the message of recovery. While we don't preach, we also do not shy away from sharing briefly about the spiritual aspect of the ACA program. However, this topic usually comes up after we have created identification with someone with a few stories about our growing up years in a dysfunctional home. As a simple guide to help build identification while carrying the message, we use the common behaviors or The Laundry List (Problem). With the common behaviors, we tell pieces of our story that soon has the listener wanting to hear more, or in some cases, interrupting to tell some of his or her story. In addition to creating identification and carrying a clear ACA message, we encourage the listener to attend a meeting that night or as soon as possible. This is where the Twelfth Step intersects with the Fifth Tradition and produces the ACA message, which can be irresistible for the person wanting help.

At the same time, if the person is unreceptive to ACA ideas, we move on. ACA works best for people who want it, instead of people who need it.

[1] Fund-raising events can be dances or conventions for ACA members and friends.

TRADITION SIX

An ACA group ought never endorse, finance, or lend the ACA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

Meditation

Higher Power. Grant me the wisdom to know when a group project will carry the message of recovery to those who still suffer, or will direct group energy away from carrying the message. Guide us away from discussions about property, prestige, or endorsing causes that are not ACA. Give me the courage to speak clearly and thoughtfully for what I believe honors Tradition Six.

ACA is an awesome program, right? Wouldn't it be great to expand ACA to have some ACA Counseling Centers? Perhaps we could have some hospitals for persons recovering from abusive relationships? We could even form some political action groups to force our legislators to enact laws to resolve such relationship problems. While we are at it, why not just save the world?

We are not trivializing the ACA program or these causes with outlandish ideas. ACA is a mature program on the front line of life, offering sure hope to some of the world's most injured people. We don't balk at stating that ACA has been tested. We have been the last hope for many adult children, but we cannot do all things for all people. We are a fellowship of recovering adult children. This is our focus.

The problems of the world are easy to see, and we are often eager to attempt to fix them. But few of us would know how to manage a worldwide effort to end abuse, neglect, or other forms of terrible dysfunction. We would soon be so busy trying to manage all the programs of such an effort that we would be diverted from our primary purpose. Shortly overwhelmed, we would eventually have to save ourselves if it was not too late. Our Sixth Tradition cautions us against such grandiose plans. Does that mean we cannot become involved with other organizations? Well, yes and no. As individuals, many of us can and do offer much to many non-ACA programs. We volunteer our time and contribute to the outside group as individuals. The problem arises when we try to identify such programs with our ACA group. There are many fine community groups, treatment programs, or therapists who would like to link their programs or practices to the ACA program, but we must decline their offers. To accept could eventually lead us into controversy or link us to groups outside of ACA. To be associated with such groups in the public eye can confuse those seeking our help. We could turn people away by appearing to endorse or affiliate with an outside entity.

For example, an ACA group may receive an offer from a treatment center to jointly sponsor a community outreach program about dysfunctional families. The center believes in the ACA program and its fine work. With good intentions, the recovery center wants to finance the event and provide the site. In return, ACA gets its name in the newspaper or on television along with the recovery center. Is this a good idea? It is tempting to accept such an offer. We would like the publicity and a chance to reach adult children with our message. However, our Sixth Tradition reminds us of the pitfalls in such joint efforts. In the public eye, we would be linked to the

recovery center and in violation of Tradition Six. ACA is not a recovery center program. It is an autonomous Twelve Step program grounded in spiritual principles. It would be better to let the recovery center sponsor its own event, while ACA would remain autonomous and carry the message to clients in the center.

Additionally, Tradition Six reminds ACA groups and service committees to avoid owning property or assets of great value. To own property sets up the group for discussions on asset ownership that are not relevant to ACA recovery. ACA clubhouses, overseen by a board of directors separate from ACA, are one way that groups have found a consistent meeting place while keeping discussions of land and assets separate from the meetings. Other ACA groups avoid the issue of property by renting meeting space from a variety of facilities without affiliating with the facility.

Tradition Six keeps ACA free of outside influences and reminds us not to lend the ACA name to any related facility or outside enterprise. By following this Tradition we also avoid money and prestige issues that would hinder our primary purpose.

TRADITION SEVEN

Every ACA group ought to be fully self-supporting, declining outside contributions.

[add tradition meditation]

TRADITION SEVEN INSIGHT

Most adult children fall into three main categories when it comes to handling and spending money. Some are financial wizards, spending much of their time chasing stock trends. Others may struggle between paychecks, wishing they could earn more money, while sinking deeper into debt. At the same time, some adult children live within their means and know when enough is enough. They tend to delay gratification and can avoid seeking outside financial help to bail them out. When things sour financially for them, their lives tend to work out. They have resources and options by living modestly. The money or resources show up, and they move on.

This is one of the principles of the ACA program. We don't have a lot of money, but membership donations show up when there is a need. Group members respond and believe in what their group is doing for ACA and its members. In ACA, we don't hoard excessive amounts of money. But we do need cash to pay the rent, order literature, and fund helplines and ACA events. Our members give donations because they know they are helping themselves by giving the right way. Before ACA, many of us gave our bodies, minds, or souls for the wrong reasons. In ACA, we learn to give for the right reason, and we learn the right amount to give. We give our fair share and let others give their fair share, so we all take ownership in ACA. There is a story in AA history that illustrates the need for members to support their groups and service structure for their own good. The year was 1948 and a well-meaning person left the AA fellowship $10,000 in a will with no strings attached. Since AA was struggling with keeping open its small office and answering a constant stream of mail, the fellowship could have used the money. The story continues with AA trustees struggling with the possible consequences of accepting this large sum of money. During the discussion, the trustees realized that the gift could possibly open the door to future donations that would one day bring great wealth and great potential harm to the fellowship. For AA trustees knew that large sums of money held by AA groups or service boards inevitably turned into squabbles over how to spend the money. Taking the $10,000 would be like taking the first drink, AA trustees reasoned. And once the word was out that AA accepted large donations, surely others would follow. With donations f lowing in and wealth apparent, AA members would reason that AA no longer needed donations. And therein lay the problem. AA realized that its members must pay their own way to keep their program for themselves. To allow outside entities to contribute, or to allow individual members to give more than his or her fair share, could diminish the key spiritual principle of everyone giving

back what was freely given.

History shows that AA refused the $10,000 gift and established the principle of fellowship "poverty." AA was to remain poor to keep the fellowship free of excessive riches. The decision also limited arguments over money and the handling of money. However, it is understood in AA that groups and World Services need money to reach out to the suffering alcoholic. Individual AA members and their groups are asked to help support that effort, and they respond with gratitude. The money shows up. AA members own their fellowship by giving their time and by giving in the meeting basket.

ACA is in a similar situation. Our groups and services depend on individual and group donations. The principle of being fully self-supporting through our own contributions has been established at the group level and throughout the ACA service structure. No ACA member should be pressured to give money or be made to feel less-than for not being able to contribute. At the same time, ACA members with financial resources are asked to contribute their fair share. We know of ACA members who spent lavishly and courted great debt before finding the program, only to become tight-fisted once finding ACA. They seem unable to contribute with good spirit to the fellowship that has given them new life and, in some cases, better wage-earning potential. We would ask these members to consider the spiritual meaning of giving. This is the giving that helps an ACA group carry the ACA message to its greatest potential. We are not talking about large sums of money, but it does take money to carry the message effectively. This is where spirituality and money mix. It mixes with giving by the individual for the right reason and for the right amount for that person.

Tradition Seven instructs the ACA groups to be fully self- supporting and to decline outside contributions. The Tradition also reminds us of the spiritual principle of giving, and of giving with a willingness to help another. Some members give their time in sponsorship, while others give their talents in the service structure. We all try to support our group and the service structure as best as we can. Tradition Seven teaches us how to give and how to handle money in a spiritual manner.

Tradition Seven also reminds us of our need to pay our own way as a group or fellowship. While it is noble to turn away large gifts from an outside source, we cannot expect others to pay our own way at the group level. Refusing outside contributions means that we pay rent or attempt to pay rent for meeting space. Some churches and hospitals choose to offer such a meeting room free of charge. They view ACA as a positive addition to the community. To honor our Seventh Tradition, the ACA meeting should still make some payment for use of the room. We want to pay our own way to honor the Seventh Tradition and to show support of something we believe in. We want to be fully self-supporting so that ACA remains alive. We want ACA to be free of entanglement and to be available when someone reaches out for help.

TRADITION EIGHT

Adult Children of Alcoholics should remain forever non- professional, but our service centers may employ special workers.

MEDITATION

Higher Power. I am here to do your will. Help me give for the right reason with the right amount. Help me remember that I have a different life today because of ACA. May I be willing to give back what was freely given to me. May I claim spiritual ownership in this fellowship.

TRADITION EIGHT INSIGHT

ACA actively encourages its members to seek therapeutic help from a paid professional, but ACA sponsorship and Twelfth Step work are free. Always. No one should ever be paid for sponsoring another adult child. No one is paid for carrying the ACA message into treatment centers, prisons, or other facilities that might house adult children. Accepting money for Twelfth Step work or service work does not succeed because the exchange of the ACA gift of hope cannot be sold or purchased. ACA hope must be given and received without strings attached. Money fouls this spiritual transaction. Always.

But what about the ACA member who works for the treatment center, or who becomes an employee of an agency that provides services to adults affected by addiction or family dysfunction? What about the ACA member who becomes a counselor and accepts clients from ACA? Aren't these people making money off of ACA's good name? Aren't they selling sponsorship or something?

Some would answer yes to these questions. Yet, the clear line between professionalism and nonprofessionalism emerges when we look at ACA experience on these issues.

First, there is no professional class in ACA even though some members might hold an advanced degree or have a prominent position in society. Each ACA member is equal to the next and has an equal voice regardless of job status or career track. We are all adult children who relate to one another at the level of empathy instead of the level of employment or lack of employment. Some ACA members struggle with holding a job, but they still have something to offer ACA. They can still contribute.

Many ACA members are professionals with expertise in finance, office systems, or computer networking. They donate their time and expertise to ACA service because they want to give back to the fellowship that brought them sanity. The fellowship benefits from their service work, which is but one part of a greater effort by the entire fellowship. There is no professionalism here. These are professionals doing the good work of ACA alongside fellow ACA members from all levels of social standing, education, and recovery. All ACA members have a talent or passion that can benefit ACA's well being.

Other forms of service work such as group secretary, group representative,

Intergroup representative, or WSO trustee are volunteer positions without pay. Members elected to these positions accept them with an attitude of giving service rather than receiving anything of monetary value. These trusted servants often pay their own way to meetings and conferences on behalf of ACA.

Looking at ACA sponsorship and one recovering ACA helping another, one finds no professionalism here as well. The exchange of recovery and support between ACA members working the program together is free. The fellow traveler model of ACA sponsorship allows each person to help the other. The sponsor helps the sponsee, and the sponsee can help the sponsor in working the program. As stated before, money would foul this exchange of love and support for another.

In the past, as we worked out our experience with the ACA Traditions, there were questions about ACA members working for Intergroups and other ACA service boards. Some Intergroups had offices to maintain, telephones to answer, office floors to clean, and literature to ship. In the beginning, ACA tried to use volunteers to handle these endless tasks, but volunteers can only be asked to do so much. Usually these duties would fall to a few volunteers who faithfully did this work for many years without pay. The fellowship benefited from their service work, which was done without thought of recognition or wages. They did their volunteer work for free and for the love of ACA.

A few special workers were hired to run ACA offices and answer telephones. Common sense revealed that they were not professionals benefiting from ACA's name and should be paid comparable wages for their work. Their office work helped ACA carry its message by helping adult children locate meetings or by putting an ACA member in touch with someone needing to talk. These special workers are often ACA members with fellowship knowledge that allows them to bring an insightful touch to ACA work.

The issue of professionalism or someone attempting to earn money off of ACA's name tends to surface in two main areas. In the early days of our fellowship, there were many ACA members wanting to publish books and articles telling their stories for a fee. Some ACA members published books and made money, but most of these folks seem to have moved on since the market is now flooded with every kind of Twelve Step book imaginable. The issue here was more about breaking anonymity rather than making money off of ACA's name.

Those crossing the line of professionalism tend to involve a therapist who conducts group sessions for adult children, calling the session an ACA meeting and charging the clients for the sessions. While the professional may liken the sessions to an ACA meeting, it should not be labeled as an ACA meeting or group. To do so clearly violates ACA's Tradition of remaining nonprofessional, not to mention violating other Traditions.

Through ACA experience, we have learned that ACA and professionalism will not mix. However, ACA members are encouraged to hire a knowledgeable professional for counseling work. This is recovery work done outside the fellowship, but which

contributes to a person's recovery.

We know that sponsorship, Twelfth Step work, and special workers do not fall under the category of professionalism. Sponsorship and Twelfth Step work are free, but the special worker should be paid for his or her good work. All aspects of recovery in general are free. Donations to the meeting basket are voluntary.

Tradition Eight addresses a wide range of issues. The heart of the matter is that the demand for ACA meetings and ACA support is far greater than the number of groups and volunteers we have available to meet the demand. But our members meet that call each day, each week, and each month. We do all we can to make ACA available to the greatest number of people.

We give our time and our own money because we believe in helping one another.

TRADITION NINE

ACA, as such, ought never be organized, but we may create service boards or committees directly responsible to those they serve.

MEDITATION

Higher Power. Remind me that the direction of our program comes from the ACA members and the groups. Remind me that we must make our own decisions. Guide us when we discuss the need to hire special workers that will help us fulfill ACA's primary purpose. Grant us the wisdom to make the best decisions for our groups, service structure, and our fellowship as a whole.

How is any organization expected to function without being organized or structured by rules? Who ever heard of a successful company without some organization? Don't we need some form of governing board keeping the meetings in order? Yet, here is our Ninth Tradition reminding us NOT to be organized. How is ACA supposed to function?

ACA is an exception from the normal rules of how to run a business or organization. Other organizations have governing boards which assert their power onto the rest of the organization. The governing boards put out the directives needed to keep everyone else in line. As a Twelve Step organization, ACA does not have any such directives because experience shows they don't work for adult children. Too many rules, or any rules, would ruin ACA and its effectiveness in helping adult children.

When an Intergroup or the WSO is asked for direction on a certain matter, these committees typically answer with "We suggest ..." or "Our experience shows ..." There are no directives. No one can tell ACA groups how to run their meetings. There is no authoritative governance in ACA.

But what about an ACA group facing someone who regularly interrupts the meeting or who makes it unsafe with such behavior? Can't the group organize a committee to keep the meetings safe? Can't the Intergroup be asked to organize a subcommittee dedicated to group safety?

While a committee on group safety might sound like a reasonable idea, the truth is such a committee would lead to unnecessary organization. A safety committee would take away from the power of group members to handle their own affairs. The committee would place group safety in the hands of a few people, when safety is the responsibility of each ACA member.

A committee on group safety would invariably lead to a set of rules that groups could use to expel troublesome ACA members. Bad idea. Our experience shows that we cannot organize committees or create rules to expel anyone unless we want to ignore Traditions Nine or Three. Within ACA we simply don't have that kind of power. The Ninth Tradition reminds us to avoid trying to create such power with rules.

We must remember that disruptive members are not the norm in ACA. Groups only occasionally encounter such individuals who usually change their behavior or

move on from ACA. Our groups have demonstrated maturity, compassion, and assertiveness in handling these situations throughout the years.

There are actions the group can take to remain safe without organizing a committee or expelling the errant member. Often, when dealing with a problem person, two or three ACA members with demonstrated recovery will talk to the person after the meeting. In some cases, this can become an opportunity to do a Twelfth Step in the fashion that a sponsor might do it. With such extra effort, disrupters are often enlightened to change their behavior and join the group. If the disruptive behavior continues, then the ACA members can ask the person to take a break from meetings until he or she is willing to work the program. The group can ask the person to seek counseling help as well.

Each situation is somewhat different. Some disruptive members may refuse a request by experienced group members to step aside and talk it out. The person's behavior is a menace to the meeting while the meeting is in progress. This is the person who continually disrupts others' sharing, even after multiple group consciences asking him to stop. It is clear he or she has no intention to abide by the rules or meeting decorum. Such a person could be asked through another group conscience to leave the meeting until he or she has a change of heart regarding disruptive behavior. The person has a choice. In this scenario, the disruptive member decides his or her membership status in ACA, instead of the group banning the person from meetings. If he chooses, he removes himself from the fellowship by his unwillingness to change disruptive behavior.

In a more serious example, the group might be confronted by an individual who continually makes threats against other ACA members. Or a non-member could show up and threaten the group or an individual member. For example at one meeting, an abusive husband arrived at the door for the purpose of accosting his estranged wife. The wife was hiding from him at the time, but he knew about her attendance at ACA meetings. When he refused to leave the meeting voluntarily, the meeting secretary called the police. The man was detained until the wife was able to leave the premises without harm. Such instances are extremely rare. Most ACA meetings will run a lifetime without having to ask anyone to leave.

Many of us arrive at ACA wounded and angry. We hurt, so we want to hurt others. However, no one has the right to harm anyone in ACA. We must avoid our misguided attempt to recreate our dysfunctional family system through the ACA group. Angry or disruptive members are usually acting out their family role, unknowingly reconstructing their dysfunctional family setting. Some of us can relate to this claim. We realized that our disruptive behavior allowed us to blame the group. We could avoid working on ourselves by blaming group members for imagined wrongs and slights. The tolerance we found in ACA allowed many of us to change.

Experience shows that our groups have met these situations without forming special committees. The groups have used common sense and assertiveness to

handle each situation.

While we have talked much about the lack of organizational rules in ACA, we must note that our meetings and service committees are not without structure. Our meetings and service committees have procedures to conduct meetings in an orderly fashion. Yet, there is no organizational system of rules that gives anyone power over another.

With service grounded in love, ACA creates service boards and committees directly responsible to those they serve. The committees have bylaws and procedures but, as such, are not organized into a governing body.

Service committees develop ACA literature, organize Hospitals and Institutions meetings, and sustain helplines for adult children seeking help. ACA members accepting the call of service work provide the energy we need to do the good work of ACA around the globe. There could easily be 300 million adult children in the world, so the work ahead remains steady. But we make progress each day.

One of the guiding principles that holds ACA together without rigid organization is the same principle we use when dealing with a problematic group member. The principle is trust. When dealing with a problematic person, we trust our decision as a group to work. We stand ready to wait out the results with group unity.

With trust, we also avoid the tendency to manage or control our trusted servants who are trying to do the best they can on behalf of the fellowship. We trust our trusted servants to do the right thing, whether they serve at the group, Intergroup, or WSO level. We trust them to fulfill the duties they were elected to do. We avoid strapping them with unreasonable rules and regulations. ACA has a defined service structure, but it is not mired in over-built structure or unneeded protocol.

This trust is grounded in our Identity Paper on Service. In ACA, we give service with an attitude of love that helps ourselves and those we serve.[2] When there is service coming from love, governance or weighty organization is unnecessary.

Trust does not mean that we are in denial about what happens around us. It does not mean that we allow our trusted servants to avoid fulfilling their responsibilities. Instead, trust means we realize that ACA is different than our family of origin or outside organizations. Our families could not be trusted to keep their word or follow through on promises. ACA members can be trusted to keep their word or at least be given a chance to do so.

[2] 1987 Identity Paper: “The Importance of Service in ACA.”

TRADITION TEN

Adult Children of Alcoholics has no opinion on outside issues; hence the ACA name ought never be drawn into public controversy.

MEDITATION

Higher Power. Help me to honor ACA's primary purpose, and focus my sharing in meetings on topics of recovery. Help me remember that ACA is a spiritual program and not a political, religious, or other type of program.

TRADITION TEN INSIGHT

ACA members are a lot alike, but each member is free to believe and to think as he or she wishes. Even though our experiences as adult children are similar, and we work the Twelve Steps to recover, each person is an individual. Each person has ideas and dreams of his or her own. However, stating those ideas as ACA opinion or saying that ACA supports this or that cause goes contrary to Tradition Ten. As a fellowship, we have no opinion on outside issues. We exist for one purpose: To carry the message to those still suffering from the effects of growing up in a dysfunctional family. We avoid public controversy, and some group controversy, by focusing on what we do best.

As we move from isolation into ACA recovery, some of us become more involved in issues that matter to us, including those of political and social natures. We also find ourselves becoming more confident in sharing our opinions with others. However, within the ACA meeting, we also realize that discussions need to remain focused on our individual experiences with ACA recovery. This is a focus of our Tenth Tradition, reminding us to keep personal ideologies apart from the ACA meetings. Our members attend ACA meetings to share their recovery experience and to hear the program experience of others. They rightfully expect to hear discussions on ACA recovery topics.

Have you heard the story about the Washingtonian Society, a group started shortly before the Civil War? It was begun by alcoholics as a program to help them stay sober, much as AA does today. However, as they grew, the Washingtonians found their meetings becoming embroiled in political causes. The abolition of slavery was becoming a hot topic, causing much squabbling in the meetings. Soon various politicians were finding the Washingtonian Society to be a useful tool to further their political causes. After the Civil War, temperance crusaders joined the group to fight against demon alcohol. Then, it became necessary to push for passage of laws banning all liquor.

Unfortunately, as the Washingtonians got mired in these issues, their ability to help alcoholics was all but lost. The society eventually stalled and disbanded.

When historians surveyed the wreck of this once promising fellowship, it was easy to see that the Washingtonians lost their focus of helping suffering alcoholics. They tried to be too many things for too many causes. Many of the causes were

worthy, but for the Washingtonians to take a position as a group set up the fellowship for internal disagreement and public criticism. Both happened, and both contributed to the Washingtonian demise.

This experience is one of the reasons that ACA, as a whole, avoids discussion on outside issues. ACA groups and our service structure honor Tradition Ten and create a safe and consistent place to discuss ACA recovery. We leave legislation, education, and raising public awareness about family systems, abuse, or neglect to those involved in such endeavors. These are good causes, but they are outside ACA's reach and purpose. Our individual members are free to take on these issues, but as a fellowship we decline. In the discussion of Tradition Eleven, we will further see how ACA interfaces with the general public and how our fellowship avoids public controversy through the principle of anonymity.

TRADITION ELEVEN

Our public relations policy is based on attraction rather than promotion; we maintain personal anonymity at the level of press, radio, TV, films, and other public media.

MEDITATION

Higher Power. I ask you to guide me in maintaining my anonymity at the level of all media because no one speaks for ACA or gives the appearance of speaking for ACA. We attract others to ACA by our good works and the good word of others. Help me discern when I might break my anonymity for a suffering adult child looking for a way out of confusion. This person might be a co-worker or a family member. Help me know when to share some of my story, or when to remain quiet and maintain my anonymity. May I avoid speaking out of turn, or using my ego to share with people who may not be interested in ACA. At the same time, give me courage to share this program when the moment is right.

Many baffled or dejected people who find ACA are amazed at our program and what it has to offer. Even adult children with years of recovery in other Twelve Step programs find our program and new meaning in their lives. They are astonished at the level of identification and understanding found in ACA and not found elsewhere. Newer ACA members have said: "I had no idea that something like this existed. I can identify with so much. I never knew something like this could be available."

For every person who finds ACA through a flyer, a counselor, or other source, there are perhaps 1,000 who could use it but never make it to our doors. There are many reasons. Some are not ready to seek recovery, while others do not believe they have a problem and ignore suggestions to get help. Others are referred elsewhere where they may or may not find the help they need. Thousands visit the ACA websites, nibble at the fellowship literature, but move on for reasons of their own. ACA is not for everyone.

Finally, there are heartbreaking cases of adult children who are ready for ACA, but who cannot find us, or are without an ACA meeting in their area. This is no one's fault. As a fellowship, we are doing the best that we can to reach the most people. In addition to holding meetings and events, ACA members post informational flyers, list their group in the newspaper and hold meetings in facilities where adult children are being treated. But the need for ACA is sometimes greater than our resources. We are making progress. We claim progress and not perfection.

As we carry our message to the public, we must remember that ACA is a viable and proven program that lines up nicely with decades of clinical and medical research on the disease of family dysfunction. No other fellowship addresses the body, mind, and spirit in the manner of ACA understanding. We don't brag about our fellowship. Yet, we are a program that works for some of the most complex human conditions of the 21st century. We have a proven solution that brings sure relief and real change. ACA is a way of life that fulfills a person emotionally and

spiritually. As a fellowship, too, we can ask for what we need and get it. We can give respect and receive respect from helping professionals who would consider referring our program.

When carrying the message to the public, we avoid using grand pronouncements or gimmicks. It would be tempting to find an important personality to promote ACA or to appear on national television, touting the ACA solution. But is this really okay? It might be great publicity for the individual, but what would it mean for ACA and the principle of anonymity in Tradition Eleven? We have to adhere to personal anonymity at the level of press, radio, and other media to avoid entangling the ACA message with individual personalities. At the same time, we must meet the need to inform the public about our program.

In ACA, we have learned that the spiritual principle of anonymity means much more than merely identifying by our first name only at meetings. Anonymity means that we are willing to surrender our notions of personal ambition. Whether we would admit it or not, appearing in the media using our full name sets us apart from other ACA members. By doing so, we begin to feel different and the feeling of isolation creeps in. We also get the feeling that we are required to perform or say the right thing, which is a version of our people-pleasing trait. We can set ourselves up for an ACA relapse by placing ourselves in the public eye.

Some ACA members disagree with the anonymity of Tradition Eleven, claiming that it is a method to hide family secrets. This is a faulty assumption. Maintaining our anonymity at the level of press, radio, film, television, and other media cannot be compared to keeping family secrets. ACA members are free to reveal their stories at meetings and among anyone else they feel comfortable sharing with. We urge prudence here of course.

Technically, we could also use our first and last names at meetings and events, because ACA meetings do not rise to the level of press, radio, film, or other media. We typically use only our first names to show the newcomer that his or her identity is safe in the meetings. We offer this anonymity to our members. We also avoid breaking the anonymity of a fellow ACA member by telling his or her story to another person. We may have good intentions for telling the details of someone else's story to others, but we try to avoid this. As the saying goes: "What is said at ACA meetings stays at ACA meetings."

So what is the middle ground on carrying the ACA message? How do we get out the good word to the public about ACA? Borrowing from previous experience, ACA has discovered that attraction, rather than promotion or personal publicity, is the sure course. We have already mentioned personal publicity, so here is one definition of promotion: Promotion is soliciting support even where the person has no direct involvement. For example: "Vote for my candidate" or "Send money to my charity." These are promotional acts. Another way organizations promote themselves is through enticing others with various promises to use the organization's services or

products. They say: “Join my weight reduction program and quickly lose those 60 pounds.” Attraction is different. Attraction is making information available about ACA without strings. There are no pitches and no grand promises. This means that ACA members let others know about the program without promoting ACA or breaking personal anonymity.

Sharing how ACA has helped us as individuals can result in the attraction of new members. This is where telling our story in Step Twelve converges with attracting others to the program in Tradition Eleven. We may share our story at a Hospitals and Institutions meeting or on a panel at a professional workshop. We may also work Step Twelve while volunteering for an ACA helpline or placing informational flyers about town.

Flyer campaigns and Hospitals and Institutions meetings are usually coordinated by an ACA group or Intergroup. Upon occasion, Intergroups and groups also supply information about ACA to hospitals, therapists, social workers, and clergy. In areas without active Intergroups, the group can place a meeting notice in the local newspaper that lists Twelve Step meetings. In the same manner, the WSO has an outreach function to reach hospitals and therapists around the world. The WSO also maintains two web sites, www.adultchildren.org and www.acawso.org, with forums and ACA related information available to the world at large. This is informational, and thus not promotion.

When we carry the ACA message to those who still suffer, we keep it simple. We share our personal experience about growing up in a dysfunctional home. We share honestly and openly about how we were raised and how we found the ACA program. We may share about The Laundry List (Problem) traits and the Twelve Steps as well, depending on the setting. We don’t shy away from our growing-up experiences, but we balance that sharing with recovery experiences as well.

Our best public relations policy is twofold. We survive and grow as a fellowship by carrying the message to others in a manner that creates attraction rather than promotion. We also flourish through the good word of others who know about our program and recommend us.

TRADITION TWELVE

Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

MEDITATION

Higher Power. Help me see the connecting thread that anonymity brings to the ACA program. Give me the willingness that I need to practice ACA principles instead of a false self personality.

Anonymity underlined by humility is the bedrock of ACA principles. Anonymity is a spiritual principle that anchors not only the Twelve Traditions, but also the Twelve Steps. Each of the Twelve Steps has an inherent element of anonymity, which diminishes our egos and places God in the center of our lives. Anonymity is the spiritual thread that links each of the Twelve Traditions together.

We practice anonymity in Tradition One when we place unity and the survival of the group ahead of our own selfish desires and wants. In Tradition Two, we practice anonymity by asking a loving God to enter our group conscience decisions. The Higher Power anonymously shows us the path to take on a given ACA action. In Tradition Three, anonymity is in our desire for personal change. We are asking the false self to step aside into anonymity and to allow the True Self to emerge. We desire to replace our codependence by reparenting ourselves with respect and gentleness.

There is also anonymity in group autonomy in Tradition Four. Each ACA group is anonymous to its community, yet the group provides a haven for suffering adult children. The group seeks no recognition and anonymously helps anyone with a desire to get better. In Tradition Five, we focus on our primary purpose. We carry the ACA message with anonymity and a sincere desire to help others. We practice anonymity in carrying the message, by making the message the focus, rather than making our personality the focus.

In Tradition Six, we practice anonymity by declining to link the ACA name to any related facility or outside enterprise. ACA meetings remain anonymous by not placing the ACA name on signs or clubhouse marquees.

In Tradition Seven, we are self-supporting, which means we don't rush about trying to use our personalities or the ACA name to drum up outside money. We pay our own way in anonymity. We do this by dropping money into the ACA meeting basket without thought of being recognized.

In Traditions Eight and Nine, anonymity ensures that our Twelfth Step work and service work are nonprofessional and always free. ACA members who serve on service boards and committees do so for free and without thought of recognition. Anonymity speaks again in Tradition Ten when we are reminded that ACA has no opinion on outside issues. While the individual has opinions and thoughts on outside issues, the fellowship, as a whole, remains silent. We remain anonymous as a fellowship. We ask our membership to not entangle ACA

in political or social issues.

Traditions Eleven and Twelve directly address anonymity and its spiritual application and meaning. No one speaks for ACA at the level or press, radio, film, television, or other public media. We maintain our personal anonymity. We also choose the path of anonymity when we place ACA principles before personalities.

When woven together by anonymity, the spiritual principles of the Traditions create a vibrant tapestry of ACA wisdom that cannot be easily torn. In this spiritual fabric, we see that anonymity is the spiritual foundation of all our Traditions.

But what is anonymity more specifically? For some ACA members, anonymity is merely stating their first name at ACA meetings to protect their identity. Many ACA members fear repercussions from family members. They fear that family members might find out the person is attending ACA and identifying the parents as dysfunctional. Dysfunctional parents still in denial can act poorly if they find out that a grown child has identified with ACA. Anonymity serves these ACA members well.

There is also an historical meaning of anonymity that fits ACA in a way that is specific to our Twelve Step fellowship and no other. The meaning applies to the Alateens, who founded the first ACA-like meetings. Some of the Alateens had stepped up to Al-Anon and were attending meetings with a dysfunctional parent. Some of these Alateens believed they could not share fully in front of their parents about what was going on in the home. Others felt uncomfortable sharing in front of adults focused primarily on adult issues. These young people needed a meeting where they could have anonymity. They wanted to share on pertinent topics that did not revolve around spousal drinking, which was the focus of Al-Anon. In response, they started two meetings–Hope For Adult Children of Alcoholics and Generations. They created anonymity so they could truly break the “don’t talk” rule of a dysfunctional home.

Anonymity also means that we do not talk about someone else’s story or sharing that occurs during our ACA meetings or events. What is said at meetings stays at meetings. If we do not have permission, we avoid sharing another’s story even under good intentions. At the same time, gossip or the sharing of another’s story under poor motives has no place in ACA. We protect personal anonymity at all costs to keep our meetings safe. By keeping ACA safe, we strengthen our group unity, and we attract new members who are an important life source for the fellowship.

ACA anonymity means that we know who we are. We do not need recognition or accolades for the service we give to ACA. We don’t need recognition or distinction but we do not avoid it either. If someone wants to praise us or honor us, we allow it. We celebrate it. We have earned it. However, we are just as comfortable and focused on service to others without the need to be honored or set apart. Through anonymity, we understand that we have a great gift. We know that we can help other adult children when few others can.

With the promise of ACA anonymity, we begin to feel more comfortable with telling our story in meetings. We also discern how much to tell people who are not in recovery. Some ACA members, feeling excited at having found ACA and its gifts, have made the mistake of telling too much of their experiences to family members or friends. They feel hurt or betrayed when the person gossips about them or minimizes their recovery work. By listening to others or our sponsor, we learn when it is appropriate to "break" our anonymity with family or friends. We are not compelled to tell anyone of our involvement in ACA. However, we learn what to tell and not tell, if the moment arises for us to open up about our lives.

There is a second part of Tradition Twelve, which gives us specific direction in practicing the spiritual foundation that anonymity brings. The Tradition reminds us to place principles before personalities.

ACA is program of people, and therefore a program of diverse personalities. Our membership is made up of people in varying degrees of codependence, addiction, and PTSD recovery. Some of our members are new and still hurting from growing up in a dysfunctional home. Others have worked through some of the effects of being raised in a dysfunctional setting. There will be conflicts, hurt feelings, and differences of opinion in ACA. There will be people storming out of business meetings, thinking they have been poorly treated in the meeting. Some have been mistreated, and some have not. There will be trusted servants believing they have been shunned and unappreciated by the group. There will be game players, not yet committed to ACA recovery, who manipulate others and unwittingly disrupt another's recovery through selfishness. There will be romantic relationships that sour and occasionally spill into meetings. Some group members may unwisely take sides.

However, anonymity is there ever reminding us to place principles before personalities. And it works. Each one of the scenarios mentioned above has been met with Tradition Twelve anonymity. Held up against anonymity, our perceived wrongs, gossip, and pettiness hold no light. When we place principles before personalities, we change as people, and we honor ACA. Anonymity ensures that everyone gets collective credit for ACA's success.

The Twelve Service Concepts of ACA

Introduction

The 12 Concepts of Service are intended to be practical applications of the basic spiritual principles represented in the 12 Traditions and 12 Steps. They evolved as guidelines for service through trial and error, initially within the AA program. They were later adopted by the ACA program and continue to evolve, ensuring that our distinct program has the structural and service-related integrity in place for all members, at all service levels. The 12 Concepts of Service create a link between the traditional structure of our fellowship and the legal framework governing the business operations of the ACA World Service Organization.

Origins

In the early days of Alcoholics Anonymous (AA), one man approached another with a gift of recovery. It was said that one could keep their sobriety by passing on the gift of recovery to another who was spiritually sick and suffering. The 12 Steps were written to provide a reproducible structure for this process of recovery.

In essence, it simply took one alcoholic to carry the message of recovery to another, and soon, one person turned into two working together. Two turned into three, and three turned into more. As groups began to form and more questions arose, internal conflict within these groups and external distractions threatened not only their unity, but also the new-found sobriety of their members. The 12 Traditions were written to help meetings function effectively by establishing clarity of purpose and operating principles designed to support this purpose.

As the fellowship continued to grow and its needs grew, it became apparent that centralized service offices could help with meeting some of those needs; particularly the need for providing information to people seeking meetings. However, there was concern these service offices could assume ultimate authority – and it seemed imperative to clarify that power rested in the fellowship as a whole. While groups remained autonomous, a Conference was established with delegates from each group coming together to vote on how to run these service offices. The 12 Concepts of Service clarify the relationship of delegation and accountability that exists between the Conference and its service arms, including the General Service Office of AA.

As new programs were born from the successful model developed by AA, the Steps, Traditions, and Concepts were adapted to meet the particular needs of each new fellowship. Adaptation ensures that the primary purpose of each program can be clearly established, and its particular needs met, while the foundation of recovery through unity and service is passed on, anchored in what has become known as the three legacies of the 12 Steps, 12 Traditions, and 12 Concepts of Service.

In the late 1970s, the fellowship of Adult Children of Alcoholics (ACA) grew from the collaboration of members of both AA and Al-Anon, coming together to address specific needs that arose as a result of growing up in alcoholic families; needs they found difficult to address in their primary programs. By 1984, enough of these meetings had formed to warrant establishing ACA as an autonomous 12 Step and 12 Tradition organization, with the primary purpose of helping people recover from the effects of growing up in alcoholic or dysfunctional families. The initial body of literature of this new program included suggested 12 Steps, 12 Traditions, the Problem, and the Solution. The Twelve Concepts for ACA World Service draft version 02.11.2021 for submission to the Concept Study Group to the Service Network Committee for inclusion in the draft ACA Service Manual as introduction to the Twelve Concepts of ACA World Service.

As the young fellowship quickly expanded, conflict arose. A new document was developed to address the danger of losing personal recovery and endangering the very existence of the program by acting out on old (that is, unrecovered) behaviors,

such as taking care of others, controlling, rescuing, being a victim, etc. while offering service to the fellowship. This document is known as “The Suggested Commitment to Service.” Since 1990, Board members in the ACA World Service Organization have been required to sign this document.

In 1994 internal conflict and resulting money troubles became so pressing that the office maintained by the World Service Organization (WSO) had to be closed. As a result, the record of WSO activity for the next years is fragmented, and we know little about any discussions preceding the adoption of the 12 Concepts of Service into the body of ACA literature. We do know that a version of the Concepts was adopted in January 1997 and incorporated into the Commitment to Service later that year. When ACA published its own fellowship text in 2006, both the 12 Concepts of ACA Service and the Suggested Commitment to Service were included, thereby becoming part of the foundation of ACA service work.

Recovery – Unity – Service

The three legacies of 12 Step recovery: the 12 Steps, 12 Traditions, and 12 Concepts, are often compared to a three-legged stool – when one leg weakens or breaks, the stool wobbles or falls. Just as in the world of geometry a triangle with three equal sides is the most stable, this is also true in the world of recovery. Each leg of the triangle needs attention, care and understanding as an individual works a program of recovery. What role do the Twelve Concepts for ACA World Service play in maintaining the unity of our fellowship and supporting our personal recovery?

Service is a necessary part of carrying the message of recovery to adult children who still suffer – this includes providing resources to the fellowship, such as meeting information and literature, resources that allow us to connect with fellow travelers worldwide and to learn about the Experience, Strength, and Hope of others on the path to recovery. The Twelve Concepts guide us in keeping our world services and groups focused on carrying a consistent ACA message while maintaining a service structure responsible to the fellowship voice.

Concept III recognizes the need to clearly define the working relationships existing between the ACA meetings, the ACA WSO Board of Trustees, and its staff and committees. Concept VI acknowledges that the Annual Business Conference (ABC), consisting of delegates from meetings across the world, has the principal responsibility for the maintenance of world services, as well as the final decision respecting large matters of general policy and finance. Concept VI further delegates to the Trustee members of the WSO the chief initiative and the active responsibility for implementing decisions made about these matters by the ABC. By doing this, Trustees of the WSO are granted the authority to interact with legal and financial institutions outside of ACA, acting on behalf of the fellowship (Concept VII).

The Twelve Concepts for ACA World Service outline the responsibilities involved in running the ACA WSO, as well as the authorities required to do so effectively. Concept XII further specifies that “none of the Conference members shall ever be placed in a position of unqualified authority over any of the others” – what this means is that any authority granted is always clearly defined and thereby qualified, for example by a job description for a specific service position. As Concept I states, the ultimate (that is, unqualified) authority for ACA World Services should always reside in the collective conscience of our fellowship. The Twelve Concepts for ACA World Service draft version 02.11.2021 for submission to the Concept Study Group to the Service Network Committee for inclusion in the draft ACA Service Manual as introduction to the Twelve Concepts of ACA World Service.

Participation is Key

Whether chairing a meeting, organizing an Intergroup or regional service body, participating in the ABC as a delegate from their home group meeting, volunteering on a WSO Committee or serving as a Trustee on the WSO Board, none of this would be possible without the participation of individual ACA members giving service. The collective conscience of our whole fellowship is constituted by individual members coming together in service; service begins by showing up to a meeting, thereby making the meeting available to others.

To ensure that every ACA member has the opportunity to participate fully in this process, the Concepts identify three basic rights that every member of our fellowship is granted, whether or not they are actively involved in a specific service role: the Right of Decision (endowed to all trusted servants), the Right of Participation (ensuring effective functioning), and the Right of Petition (ensuring minority opinion and grievances will be heard and considered). In concert, these rights ensure that every member can and will be heard in the process of establishing the collective conscience of our fellowship. These rights prevail at every level of service, from the WSO to the ACA meetings we participate in for the benefit of our personal recovery. By granting every member of our fellowship these basic rights, we ensure that information about the will of the fellowship can freely flow and be acted upon within a relationship of mutual trust at every level of service.

Service Depends on Recovery

Authority, Responsibility, Trust – these are terms we struggle with as adult children, coming from dysfunctional family environments in which authority was often abused, responsibility was ill defined, and trust was therefore impossible. While Tradition Two reminds us about the importance of trust in service leadership, many adult children do not understand what that means. We may be tempted to act out on our Laundry List traits within the service positions we assume, such as our fear of authority figures or our overdeveloped sense of responsibility.

This dilemma is addressed in the Suggested Commitment to Service which reminds us that we practice service so that the program will be available for ourselves, while possibly benefiting others, and that we keep ourselves fit for service by working our own program of recovery. This document is not found in other 12 Step programs and is presumed to be unique to ACA. It acknowledges that the survival of our fellowship depends on a recovery-oriented approach to service and offers the guidance needed to foster a healthy relationship between service and personal recovery. As we study the Suggested Commitment to Service, we are reminded that we perform service to practice our recovery, and that healthy service and the unity of our fellowship depend on a continued commitment to personal recovery.

Learning to Trust

While the Suggested Commitment to Service offers guidelines for a healthy relationship between personal recovery and service work, the Concepts provide structure and guidance for a healthy relationship among different service arms of our fellowship. They offer a framework for what it may mean to practice trustworthy leadership. They outline ways in which (service) responsibility can be defined and (service) authority can be qualified in the context of specific relationships of delegation and accountability. By practicing the Twelve Concepts for ACA World Service and incorporating them into our service work, we have the opportunity to experience healthier ways of being in relationship with our fellow travelers and the world. The Twelve Concepts for ACA World Service draft version 02.11.2021 for submission to the Concept Study Group to the Service Network Committee for inclusion in the draft ACA Service Manual as introduction to the Twelve Concepts of ACA World Service.

A Trustee Reflects on her Experience, Strength, and Hope with the Concepts

I think of the Steps, Traditions and Concepts like a house. The Steps offered the way into a loving family home of recovery. The Traditions, like walls surrounding us providing safety and stability. The Concepts, a protective roof, responsible for the contents of our home; the service structure, the fellowship voice, matters of over-all policy and finance.

As members in early recovery, rarely do we climb to the roof, yet it determines the current and future functioning upon which the fellowship remains strong and safe.

Though I entered ACA by The Steps, further along the journey I found The Traditions to be a path of spiritual principles bringing a sense of peace and clarity, not only to service relationships, but to all of my relationships. Those principles became a practice of accepting a higher purpose at work in my life.

It is said The Steps are how I work on the relationship with myself, the Traditions on my relationship with others and the

Concepts on my relationship to the world. Given the many gifts I received practicing The Steps and Traditions, how could I not want to go further and learn about The Twelve Concepts?

Living within my core values of connection and spirituality, there are certain words that catch my attention repeatedly within The Twelve Concepts. They are unity, collective conscience, rights, responsibility and authority. These act as the lights within my house to guide decisions.

My first introduction to the Concepts as a member in service was working on a presentation for the Annual Business Conference. I could clearly see the importance of the Commitment to Service as a sort of inventory to the working of The Traditions and The Concepts. Regardless of the service role we may have, perhaps at the group level, being part of a WSO committee, or serving as a Board member, we work in unity with the collective conscience of the service body. We honor the rights of decision, participation and petition of all its members.

As members we place our trust in our ABC delegates, committee chairs and Board members to manage the business of ACA. We entrust the Board with the serious care and concern of financial and legal matters for the welfare of our organization.

In my time on the Board, I have been blessed with the opportunity to observe and participate in thorough discussion and debate on matters big and small. Final decisions are made using the principle of substantial unanimity, and always the minority opinion is given serious consideration.

For my personal recovery, this experience has strengthened my commitment to humility, to put getting things right above being right or taking the easy or quick way out. It has required that I face uncomfortable situations in the interest of healthy future functioning. Gratitude for a life changing program strengthens my commitment to be guided by the Concepts so that others may continue to receive the gift of recovery.

Erin D

Concept I – The final responsibility and the ultimate authority for ACA World Services should always reside in the collective conscience of our whole fellowship.

Concept II –Authority for the active maintenance of our world services is hereby delegated to the actual voice, the effective conscience for our whole fellowship.

Concept III –As a means of creating and maintaining a clearly defined working relationship between the ACA meetings, the ACA WSO Board of Trustees, and its staff and committees, and thus ensuring their effective leadership, it is herein suggested that we endow each of these elements of service with the traditional Right of Decision.**The right of decision as defined herein refers to:1) the right and responsibility of each trusted servant to speak and vote his/her own conscience, in the absence of any contrary mandate, on any issue regardless of the level of service;2) the 12 Steps, 12 Traditions, and the Commitment to Service will be followed by trusted servants in decision making;3) delegates to the Annual Business Conference are trusted servants and therefore equally guided by the 12 Steps, 12 Traditions, 12 Concepts, and the Commitment to Service;4) standard practice that decisions made by subcommittees are subject to the authority of the service body which creates its mission and defines its parameters.

Concept IV – Throughout our structure, we maintain at all responsible levels a traditional Right of Participation.

Concept V –Throughout our structure, a Right of Petition prevails, thus assuring us that minority opinion will

be heard and that petitions for the redress of grievances will be carefully considered.

Concept VI – On behalf of ACA as a whole, our Annual Business Conference has the principal responsibility for the maintenance of our world services, and it traditionally has the final decision respecting large matters of general policy and finance. But the Annual Business Conference also recognizes that the chief initiative and the active responsibility in most of these matters would be exercised primarily by the Trustee members of the World Service Organization when they act among themselves as the World Service Organization of Adult Children of Alcoholics.

Concept VII –The Annual Business Conference recognizes that the Articles of Incorporation and the Bylaws of the Adult Children of Alcoholics World Service Organization are legal instruments: that the Trustees are thereby fully empowered to manage and conduct all of the world service affairs of Adult Children of Alcoholics. It is further understood that our World Service Organization relies upon the force of tradition and the power of the ACA purse for its final effectiveness.

Concept VIII –The Trustees of the World Service Organization act in this primary capacity: with respect to the larger matters of over-all policy and finance, they are the principal planners and administrators. They and their primary committees directly manage these affairs.

Concept IX –Good service leaders, together with sound and appropriate methods of choosing them, are, at all levels, indispensable for our future functioning and safety. The primary world service leadership must necessarily be assumed by the Trustees of the Adult Children of Alcoholics World Service Organization.

Concept X –Every service responsibility should be matched by an equal service authority – the scope of such authority to be always well defined whether by tradition, by resolution, by specific job description, or by the Operating Policy and Procedures Manual and bylaws.

Concept XI –While the Trustees hold final responsibility for ACA's World Service administration, they should always have the assistance of the best possible standing committees, corporate trustees, executives, staffs, and consultants. Therefore the composition of these underlying committees and service boards, the personal qualifications of their members, the manner of their induction into service, the systems of their rotation, the way in which they are related to each other, the special rights and duties of our executives, staffs and consultants, together with a proper basis for the financial compensation of these special workers, will always be matters for serious care and concern.

Concept XII –In all its proceedings, Adult Children of Alcoholics World Service Organization shall observe the spirit of the ACA Twelve Traditions, taking great care that the conference never becomes the seat of perilous wealth or power; that sufficient operating funds, plus an ample reserve, be its prudent financial principle; that none of the Conference members shall ever be placed in a position of unqualified authority over any of the others; that all important decisions be reached by discussion vote and whenever possible, by substantial unanimity; that no WSO action ever be personally punitive or an incitement to public controversy; that though the WSO may act for the service of Adult Children of Alcoholics, it shall never perform any acts of government; and that, like the fellowship of Adult Children of Alcoholics which it serves, the WSO itself will always remain democratic in thought and action.

The Twelve Concepts are reprinted and adapted from the original Twelve Concepts of Alcoholics Anonymous and are used with the permission of Alcoholics Anonymous World Services, Inc.

Group Readings

The Laundry List – 14 Traits of an Adult Child of an Alcoholic

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process.
3. We are frightened by angry people and any personal criticism.
4. We either become alcoholics, marry them or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims and we are attracted by that weakness in our love and friendship relationships.
6. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our own faults, etc.
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.
8. We became addicted to excitement.
9. We confuse love and pity and tend to "love" people we can "pity" and "rescue."
10. We 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).
11. We judge ourselves harshly and have a very low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.
13. Alcoholism is a family disease; and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.
14. Para-alcoholics are reactors rather than actors.

Tony A., 1978

Note: The Laundry List serves as the basis for The Problem statement.

The Flip Side of The Laundry List

a. We move out of isolation and are not unrealistically afraid of other people, even authority figures.

b. We do not depend on others to tell us who we are.

c. We are not automatically frightened by angry people and no longer regard personal criticism as a threat.

d. We do not have a compulsive need to recreate abandonment.

e. We stop living life from the standpoint of victims and are not attracted by this trait in our important relationships.

f. We do not use enabling as a way to avoid looking at our own shortcomings.

g. We do not feel guilty when we stand up for ourselves.

h. We avoid emotional intoxication and choose workable relationships instead of constant upset.

i. We are able to distinguish love from pity, and do not think “rescuing” people we “pity” is an act of love.

j. We come out of denial about our traumatic childhoods and regain the ability to feel and express our emotions.

k. We stop judging and condemning ourselves and discover a sense of self-worth.

l. We grow in independence and are no longer terrified of abandonment. We have interdependent relationships with healthy people, not dependent relationships with people who are emotionally unavailable.

m. The characteristics of alcoholism and para-alcoholism we have internalized are identified, acknowledged, and removed.

n. We are actors, not reactors.

The Other Laundry List

1. To cover our fear of people and our dread of isolation we tragically become the very authority figures who frighten others and cause them to withdraw.
2. To avoid becoming enmeshed and entangled with other people and losing ourselves in the process, we become rigidly self-sufficient. We disdain the approval of others.
3. We frighten people with our anger and threat of belittling criticism.
4. We dominate others and abandon them before they can abandon us or we avoid relationships with dependent people altogether. To avoid being hurt, we isolate and dissociate and thereby abandon ourselves.
5. We live life from the standpoint of a victimizer, and are attracted to people we can manipulate and control in our important relationships.
6. We are irresponsible and self-centered. Our inflated sense of self-worth and self-importance prevents us from seeing our deficiencies and shortcomings.
7. We make others feel guilty when they attempt to assert themselves.

8. We inhibit our fear by staying deadened and numb.
9. We hate people who “play” the victim and beg to be rescued.
10. We deny that we’ve been hurt and are suppressing our emotions by the dramatic expression of “pseudo” feelings.
11. To protect ourselves from self punishment for failing to “save” the family we project our self-hate onto others and punish them instead.
12. We “manage” the massive amount of deprivation we feel, coming from abandonment within the home, by quickly letting go of relationships that threaten our “independence” (not too close).
13. We refuse to admit we’ve been affected by family dysfunction or that there was dysfunction in the home or that we have internalized any of the family’s destructive attitudes and behaviors.
14. We act as if we are nothing like the dependent people who raised us.

The Flip Side of The Other Laundry List

1. We face and resolve our fear of people and our dread of isolation and stop intimidating others with our power and position.
2. We realize the sanctuary we have built to protect the frightened and injured child within has become a prison and we become willing to risk moving out of isolation.
3. With our renewed sense of self-worth and self-esteem we realize it is no longer necessary to protect ourselves by intimidating others with contempt, ridicule and anger.
4. We accept and comfort the isolated and hurt inner child we have abandoned and disavowed and thereby end the need to act out our fears of enmeshment and abandonment with other people.
5. Because we are whole and complete we no longer try to control others through manipulation and force and bind them to us with fear in order to avoid feeling isolated and alone.
6. Through our in-depth inventory we discover our true identity as capable, worthwhile people. By asking to have our shortcomings removed we are freed from the burden of inferiority and grandiosity.
7. We support and encourage others in their efforts to be assertive.
8. We uncover, acknowledge and express our childhood fears and withdraw from emotional intoxication.
9. We have compassion for anyone who is trapped in the “drama triangle” and is desperately searching for a way out of insanity.

10. We accept we were traumatized in childhood and lost the ability to feel. Using the 12 Steps as a program of recovery we regain the ability to feel and remember and become whole human beings who are happy, joyous and free.
11. In accepting we were powerless as children to “save” our family we are able to release our self-hate and to stop punishing ourselves and others for not being enough.
12. By accepting and reuniting with the inner child we are no longer threatened by intimacy, by the fear of being engulfed or made invisible.
13. By acknowledging the reality of family dysfunction we no longer have to act as if nothing were wrong or keep denying that we are still unconsciously reacting to childhood harm and injury.
14. We stop denying and do something about our post-traumatic dependency on substances, people, places and things to distort and avoid reality.

The Problem

Many of us found that we had several characteristics in common as a result of being brought up in an alcoholic or dysfunctional household. We had come to feel isolated and uneasy with other people, especially authority figures. To protect ourselves, we became people-pleasers, even though we lost our own identities in the process. All the same we would mistake any personal criticism as a threat. We either became alcoholics (or practiced other addictive behavior) ourselves, or married them, or both. Failing that, we found other compulsive personalities, such as a workaholic, to fulfill our sick need for abandonment.

We lived life from the standpoint of victims. Having an overdeveloped sense of responsibility, we preferred to be concerned with others rather than ourselves. We got guilt feelings when we stood up for ourselves rather than giving in to others. Thus, we became reactors, rather than actors, letting others take the initiative. We were dependent personalities, terrified of abandonment, willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. Yet we kept choosing insecure relationships because they matched our childhood relationship with alcoholic or dysfunctional parents.

These symptoms of the family disease of alcoholism or other dysfunction made us “co-victims”, those who take on the characteristics of the disease without necessarily ever taking a drink. We learned to keep our feelings down as children and kept them buried as adults. As a result of this conditioning, we confused love with pity, tending to love those we could rescue. Even more self-defeating, we became addicted to excitement in all our affairs, preferring constant upset to workable relationships.

This is a description, not an indictment.
Adapted from The Laundry List

The solution is to become your own loving parent

As ACA becomes a safe place for you, you will find freedom to express all the hurts and fears you have kept inside and to free yourself from the shame and blame that are carryovers from the past. You will become an adult who is imprisoned no longer by childhood reactions. You will recover the child within you, learning to accept and love yourself.

The healing begins when we risk moving out of isolation. Feelings and buried memories will return. By gradually releasing the burden of unexpressed grief, we slowly move out of the past. We learn to re-parent ourselves with gentleness, humor, love and respect.

This process allows us to see our biological parents as the instruments of our existence. Our actual parent is a Higher Power whom some of us choose to call God. Although we had alcoholic or dysfunctional parents, our Higher Power gave us the Twelve Steps of Recovery. This is the action and work that heals us: we use the Steps; we use the meetings; we use the telephone. We share our experience, strength, and hope with each other. We learn to restructure our sick thinking one day at a time. When we release our parents from responsibility for our actions today, we become free to make healthful decisions as actors, not reactors. We progress from hurting, to healing, to helping. We awaken to a sense of wholeness we never knew was possible.

By attending these meetings on a regular basis, you will come to see parental alcoholism or family dysfunction for what it is: a disease that infected you as a child and continues to affect you as an adult. You will learn to keep the focus on yourself in the here and now. You will take responsibility for your own life and supply your own parenting.

You will not do this alone. Look around you and you will see others who know how you feel. We will love and encourage you no matter what. We ask you to accept us just as we accept you.
This is a spiritual program based on action coming from love. We are sure that as the love grows inside you, you will see beautiful changes in all your relationships, especially with God, yourself, and your parents.

The 12 Steps of ACA

1. We admitted we were powerless over the effects of alcoholism or other family dysfunction, that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understand God.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and, when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understand God, praying only for knowledge of God's will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others who still suffer, and to practice these principles in all our affairs.

The Twelve Steps are reprinted and adapted from the original Twelve Steps of Alcoholics Anonymous and are used with the permission of Alcoholics Anonymous World Services, Inc.

The Twelve Traditions

1. Our common welfare should come first; personal recovery depends on ACA unity.
2. For our group purpose there is but one ultimate authority – a loving God as expressed in our group conscience. Our leaders are but trusted servants, they do not govern.
3. The only requirement for membership in ACA is a desire to recover from the effects of growing up in an alcoholic or otherwise dysfunctional family.
4. Each group is autonomous except in matters affecting other groups or ACA as a whole. We cooperate with all other Twelve-Step programs.
5. Each group has but one primary purpose – to carry its message to the adult child who still suffers.
6. An ACA group ought never endorse, finance or lend the ACA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every ACA group ought to be fully self-supporting, declining outside contributions.
8. Adult Children of Alcoholics should remain forever non-professional, but our service centers may employ special workers.
9. ACA, as such, ought never be organized, but we may create service boards or committees directly responsible to those they serve.
10. Adult Children of Alcoholics has no opinion on outside issues; hence the ACA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we maintain personal anonymity at the level of press, radio, TV, films, and other public media.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

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The Twelve Concepts of ACA

Concept I

The final responsibility and the ultimate authority for ACA World Services should always reside in the collective conscience of our whole fellowship.

Concept II

Authority for the active maintenance of our world services is hereby delegated to the actual voice, the effective conscience for our whole fellowship.

Concept III

As a means of creating and maintaining a clearly defined working relationship between the ACA meetings, the ACA WSO Board of Trustees, and its staff and committees, and thus ensuring their effective leadership, it is herein suggested that we endow each of these elements of service with the traditional Right of Decision.*

*The right of decision as defined herein refers to:
1) the right and responsibility of each trusted servant to speak and vote his/her own conscience, in the absence of any contrary mandate, on any issue regardless of the level of service;
2) the 12 Steps, 12 Traditions, and the Commitment to Service will be followed by trusted servants in decision making;
3) delegates to the Annual Business Conference are trusted servants and therefore equally guided by the 12 Steps, 12 Traditions, 12 Concepts, and the Commitment to Service;
4) standard practice that decisions made by subcommittees are subject to the authority of the service body which creates its mission and defines its parameters.

Concept IV

Throughout our structure, we maintain at all responsible levels a traditional Right of Participation.

Concept V

Throughout our structure, a Right of Petition prevails, thus assuring us that minority opinion will be heard and that petitions for the redress of grievances will be carefully considered.

Concept VI

On behalf of ACA as a whole, our Annual Business Conference has the principal responsibility for

the maintenance of our world services, and it traditionally has the final decision respecting large matters of general policy and finance. But the Annual Business Conference also recognizes that the chief initiative and the active responsibility in most of these matters would be exercised primarily by the Trustee members of the World Service Organization when they act among themselves as the World Service Organization of Adult Children of Alcoholics.

Concept VII

The Annual Business Conference recognizes that the Articles of Incorporation and the Bylaws of the Adult Children of Alcoholics World Service Organization are legal instruments: that the Trustees are thereby fully empowered to manage and conduct all of the world service affairs of Adult Children of Alcoholics. It is further understood that our World Service Organization relies upon the force of tradition and the power of the ACA purse for its final effectiveness.

Concept VIII

The Trustees of the World Service Organization act in this primary capacity: with respect to the larger matters of over-all policy and finance, they are the principal planners and administrators. They and their primary committees directly manage these affairs.

Concept IX

Good service leaders, together with sound and appropriate methods of choosing them, are, at all levels, indispensable for our future functioning and safety. The primary world service leadership must necessarily be assumed by the Trustees of the Adult Children of Alcoholics World Service Organization.

Concept X

Every service responsibility should be matched by an equal service authority–the scope of such authority to be always well defined whether by tradition, by resolution, by specific job description, or by the Operating Policy and Procedures Manual and bylaws.

Concept XI

While the Trustees hold final responsibility for ACA's World Service administration, they should always have the assistance of the best possible standing committees, corporate trustees, executives, staffs, and consultants. Therefore the composition of these underlying committees and service boards, the personal qualifications of their members, the manner of their induction into service, the systems of their rotation, the way in which they are related to each other, the

special rights and duties of our executives, staffs and consultants, together with a proper basis for the financial compensation of these special workers, will always be matters for serious care and concern.

Concept XII

In all its proceedings, Adult Children of Alcoholics World Service Organization shall observe the spirit of the ACA Twelve Traditions, taking great care that the conference never becomes the seat of perilous wealth or power; that sufficient operating funds, plus an ample reserve, be its prudent financial principle; that none of the Conference members shall ever be placed in a position of unqualified authority over any of the others; that all important decisions be reached by discussion vote and whenever possible, by substantial unanimity; that no WSO action ever be personally punitive or an incitement to public controversy; that though the WSO may act for the service of Adult Children of Alcoholics, it shall never perform any acts of government; and that, like the fellowship of Adult Children of Alcoholics which it serves, the WSO itself will always remain democratic in thought and action.

The Promises

1. We will discover our real identities by loving and accepting ourselves.
2. Our self-esteem will increase as we give ourselves approval on a daily basis.
3. Fear of authority figures and the need to “people-please” will leave us.
4. Our ability to share intimacy will grow inside us.
5. As we face our abandonment issues, we will be attracted by strengths and become more tolerant of weaknesses.
6. We will enjoy feeling stable, peaceful, and financially secure.
7. We will learn how to play and have fun in our lives.
8. We will choose to love people who can love and be responsible for themselves.
9. Healthy boundaries and limits will become easier for us to set.
10. Fears of failure and success will leave us, as we intuitively make healthier choices.
11. With help from our ACA support group, we will slowly release our dysfunctional behaviors.
12. Gradually, with our Higher Power’s help, we will learn to expect the best and get it.

The ACA Bill of Rights

1. I have the right to say no.

2. I have the right to say, “I don’t know.”

3. I have the right to detach from anyone in whose company I feel humiliated or manipulated.

4. I have the right to be treated with dignity and respect.

5. I have the right to make mistakes and learn from them.

6. I have the right to be wrong.

7. I have the right to make my own choices and decisions in my life; I do not have to feel guilty because someone does not like what I do, say, think, or feel.

8. I have the right to grieve any actual or perceived losses.

9. I have the right to all of my feelings.

10. I have the right to feel angry, including towards someone I love.

11. I have the right to change my mind at any time.

12. I have the right to a spiritually, physically, and emotionally healthier existence, though it may deviate entirely or in part from my parents’ way of life.

13. I have the right to forgive myself and to choose how and when I forgive others.

14. I have the right to take healthy risks and to experiment with new possibilities.

15. I have the right to be honest in my relationships and to seek the same from others.

16. I have the right to ask for what I want.

17. I have the right to determine and honor my own priorities and goals, and to leave others to their Higher Powers.

18. I have the right to dream and to have hope.

19. I have the right to be my True Self.

20. I have the right to know and nurture my Inner Child.

21. I have the right to laugh, to play, to have fun, and the freedom to celebrate this life, right here, right now.

22. I have the right to live life happy, joyous, and free.

Other useful Documents

There are a number of other important documents that cover doing service in ACA.

OPPM - Operating Procedures and Policy Manual

The latest OPPM can be found on the service website under the quick links on the bottom right side menu. The latest OPPM is stored at the following web link, https://acawso.org/wp-content/uploads/2020/09/wso-oppm-current.pdf.

The OPPM has the latest documented procedures for the WSO Board and it's committees.

Glossary