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Recovery at work: seeking relief from toxic workplace behavior through the adult children of alcoholics and dysfunctional families model

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**RECOVERY AT WORK: SEEKING RELIEF FROM TOXIC WORKPLACE
BEHAVIOR THROUGH THE ADULT CHILDREN OF ALCOHOLICS
AND DYSFUNCTIONAL FAMILIES MODEL**

**A Research Project
Presented to the Faculty of
The Graziadio Business School
Pepperdine University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science
In
Organization Development**

**by
Matthew D. DeVandry**

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This research project, completed by

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under the guidance of the Faculty Committee and approved by its members, has been submitted to and accepted by the faculty of The Graziadio Business School in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE
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Abstract

The present study investigated whether the Adult Children of Alcoholics and Dysfunctional Families (ACA) 12-step recovery model might be relevant to reducing toxic workplace behavior. Seventeen participants in the ACA program were interviewed to answer what changes in work-life are experienced by those who have worked in the ACA program and what components of ACA do practitioners believe have been most influential in their work-life changes? Interviewees reported experiencing positive results in their work lives, categorized by internal, philosophical changes, changes in behavior regarding interpersonal issues, changes in behavior regarding issues of self, and changes in overall outcome. These findings suggest that the ACA model is relevant to toxic workplace behavior and provides a potential list of requirements for an ACA-principled program should one be ported to the workplace. Discussion is provided around implications for practice and recommendations for future research.

Keywords: toxic workplace behavior, alcoholics, dysfunctional, recovery

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While the title page carries the name of one author, this page provides, through the names it contains, a more realistic view of how this work came about.

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Chapter 1: Introduction

As the fog cleared around the record rates of people quitting their jobs during the COVID-19 pandemic, significant challenges to organization and employee well-being came into view. While nearly four million Americans voluntarily vacated their positions every month in 2021 according to the U.S. Bureau of Labor Statistics (Gittleman, 2022), Fuller and Kerr (2022) point out that average monthly quit rates have actually been increasing since 2009 and that 2021's numbers are part of a larger trend.

Toxic Workplace Behavior

Brassey et al. (2022) investigated the mass exodus in the context of employee mental health and well-being and found by surveying almost 15,000 employees and 1,000 HR decision-makers across 15 countries that toxic workplace behavior is, by far, the biggest driver of employee attrition, predicting more than 60% of the variance (Brassey et al., 2022). Likewise, Sull et al. (2022) reported during the first six months of the Great Resignation, toxic culture was the best predictor of attrition, 10 times better than how employees viewed their compensation. Both Brassey et al. (2022) and Sull et al. (2022) defined toxic workplace behavior as having disrespectful treatment, non-inclusivity, unethical behavior, cutthroat competition or backstabbing, and abuse or bullying.

Thanks to the toxic workplace, nearly 25% of employees dread going to work, do not feel safe voicing their opinions about work-related issues, or do not feel respected or valued at work (Mirza, 2019). These environments can lead to burnout symptoms such as fatigue and emotional dysregulation, mental health issues, and a significant increase in the chances of developing a major disease like coronary disease, asthma, diabetes, or

arthritis (Sull et al., 2022). Damage can seep into employees' personal life, with 30% of Americans reporting workplace culture makes them irritable at home (Mirza, 2019).

For organizations, toxic workplace behavior comes at a hefty price. According to Mizra (2019), toxic culture cost businesses \$223 billion in turnover and absenteeism over the previous five years. What is more, once employees leave, they are more difficult to replace as news of sour organization culture spreads and employer brands become tarnished (Sull et al., 2022). Those who stay in the employee of toxic workplaces may be less productive as the less resilient are more likely to remain (Brassey et al., 2022) and then disengage, reducing time and effort spent at work (Sull et al., 2022). When remaining employees are not at work, they spend more time at the doctor, in part addressing the illnesses toxic workplaces bring about. Healthcare costs from toxic workforces were estimated at \$16 billion in the U.S. in 2008. If these issues do not tax companies enough, 85% of CEOs and CFOs suspect toxic culture can lead to unethical or illegal behavior which is associated with lower financial value (Sull et al., 2022).

With such high risks and severe consequences, are employers doing something? Well, yes ... and no. Four of 5 HR leaders surveyed across the globe confirmed that mental health and well-being is a top priority for their organizations, leading to offerings such as yoga, meditation apps, well-being days, and training (Brassey et al. 2022). These efforts are aimed at managing the symptoms of toxic workplace culture, not the toxic workplace culture causing them, and their research shows that without mitigating the toxicity itself, other efforts are not likely to make a significant difference. Additionally, they found employees rating mental health and well-being-related dimensions consistently more troublesome than what employers perceived. Between a lack of

appreciation for the significance of the toxic workplace problem and then attempts to alleviate the symptoms but not the problem, many employers are seeing lower-than-expected results from their mitigation investments and may be stumped as to what is happening in their organizations.

Origin of Toxic Behavior

For enlightened organizations ready to target their workplace toxicity at the source, where do they aim? What's causing these toxic behaviors? The surprising answer may trace all the way back to the childhoods of the offending workers; adult toxic behavior may begin with childhood toxic stress.

According to the Harvard Center on the Developing Child, toxic stress is the human stress response systems' impact on the body "when a child experiences strong, frequent, and/or prolonged adversity ... without adequate adult support," (*Toxic Stress*, n.d., para. 5). The result can be a lifetime of mental health challenges including maladaptive coping skills and poor stress management, both in addition to significant physical sickness not necessarily tied to an unhealthy lifestyle (Franke, 2014). In the late 1990s, a CDC and Kaiser Permanente collaborative study of 17,000 people concluded similarly (Felitti et al., 1998), that those who had experienced abuse, neglect, or family dysfunction during childhood were more likely to develop unhealthy behaviors and serious disease in adulthood (Kashef, 2015).

How can employers hope to address toxic workplace behavior with so much of the population exposed to elements that cause it? Minor and Housman (2015) found that work toxicity requires both the preexisting markers in individuals and a conducive work environment to flourish. Also, Brassey et al. (2022) reported that the toxic stress response

may be reversed by experiencing supportive, responsive relationships. This indicates that healthier people, healthier organizations, and healthier results can be cultivated, but it also implies that doing so will require a non-traditional, perhaps taboo approach.

Adult Children of Alcoholics and Dysfunctional Families (ACA)

There is a program that addresses toxic behavior by facilitating supportive, responsible relationships. It seeks to reduce maladaptive behavior by bringing its participants awareness of it, its origin, how to reduce it in themselves, and how to be resilient to it in others. The program also teaches how to foster, seek, and engage in an environment where members can be themselves, find connections, and meaningfully contribute. It teaches how to advocate for a balanced life and how to cultivate an environment of individual and group growth. The program is the Adult Children of Alcoholics and Dysfunctional Families (ACA), one of a family of 12-step recovery programs; it is perhaps best known for its Alcoholics Anonymous (AA) program.

Where other 12-step programs focus on helping members relieve themselves of a particular addiction (e.g., drugs, alcohol), ACA helps members address the feelings, memories, and maladaptive behavior produced by childhood trauma. The term adult child is used for adults who grew up in dysfunctional homes and who exhibit identifiable traits that reveal past abuse or neglect. The foundational ACA text illustrates its model as treating the disease of family dysfunction which presents as post-traumatic stress stored in the body, behaviors developed by the mind to survive childhood trauma but that are counterproductive outside of that environment, and a dampened spirit/hidden true self.

The ACA program addresses this disease by bringing adult children together to share their experience, strength, and hope with one another through regular group

meetings, exposing adult children to healthy leader-follower and colleague relationships through sponsorship and one-on-one fellowship, teaching skills through 12-step classes to build powers of intimacy and conflict management, and by providing a supportive environment for practicing these skills.

To the workplace connection, the key outcomes of work engagement, job satisfaction, burnout symptoms, and intent to leave are best predicted by levels of toxic behavior, inclusivity, supportive growth environment, sustainable work, and freedom from stigma (Brassey et al., 2022). ACA seems well-suited to the aforementioned work outcomes through focused improvement in all of the factors:

- Reduced toxicity through quelling maladaptive behavior,
- Building comfort with inclusion through public acceptance of each other's narratives during 12-step meetings,
- Building capability to participate in a supportive growth environment through sponsorship, fellowship, and skill-building classes,
- Enabling more sustainable work by teaching members the skill of taking responsibility for what makes their efforts unsustainable, and
- Cultivating freedom from stigma through building acceptance in one's own mental health journey and appreciating the journey of others

Purpose of this Study

No previous study was found exploring the change in work life resulting from working in the ACA program. There has been some exploration into the impact of AA on its practitioners' work lives (Iversen, 2011) and the general 12-step program impact on executive leadership styles (Whiteside, 2013).

With this opportunity in mind, the research described in this paper takes an early step toward understanding if the ACA model or some part of it may be ported to the workplace to reduce toxic workplace behavior. It does so by examining two questions:

1. What changes in work life are experienced by those who have worked in the ACA program?
2. What components of ACA do practitioners believe have been most influential in their work-life changes?

Significance of Study

While organizations and their members slowly come to terms with the undermining nature of toxic behavior and its growing impact, there is a shortage of research into how a long-existing recovery program like ACA, a program designed to address toxic behavior and its causes, might be leveraged to relieve suffering at both the organization and individual levels. This study begins bridging the gap by illustrating a picture of work life after ACA and the most helpful instruments to improvement. Appreciating this image may inspire further research into the relevance of the ACA model to the workplace, paving the way to port the ACA model, or parts of it, to the workplace, broadening its toxic behavior relief.

Researcher Background

I found that the intersection of my professional life and the application of over four years as a member of the ACA program has helped me with my work life in a variety of ways. Over my 22-year career, I delivered various services to my employers and clients including product management, program management, executive coaching,

and change management consulting. While there has been success, there has also been frustration resulting from fear and behaviors developed during a dysfunctional childhood.

After finding ACA in 2018 and working the 12 steps in 2019, I began noticing positive changes in my own work life. For the first time, I understood and followed my own interests and intuition, enjoyed my work more and found myself bothered by it less, and grew in both emotional maturity and hard skills. I was more inclusive of, more collaborative with, and more accepting of others. When I was the target of toxic behavior, I took it less personally, was more assertive about establishing healthy boundaries, and recovered more quickly.

Most interestingly, I began to observe that the behaviors I had struggled to address before ACA were prevalent in the workplace and that the decorum of professionalism most always prevented acknowledging such behavior for what it was. As I progressed in my career and worked with more senior leaders, I saw how damaging these maladaptive traits could be, potentially impacting masses of people.

These and other experiences led me to ponder how the benefits I enjoyed from working in the ACA program might be leveraged to bring advantage to organizations and relief to individuals at scale. The Great Resignation response during the COVID-19 pandemic fueled this curiosity. With little research available to provide an answer, I set out to take the first steps toward understanding how the ACA model may serve a most urgent and profound need.

Organization of Paper

Chapter 1 introduced a problem in toxic workplace behavior, a curiosity about a solution in the ACA model, and a gap in the researched linkage between the two. The

purpose and significance of the study were discussed as was my intersection with the topic. In Chapter 2, the result of examining literature pertaining to toxic workplace behavior is provided that includes a deeper dive into understanding what toxic workplace behavior is, where toxic workplace behavior comes from, and what can be done to reduce toxic workplace behavior. Chapter 3 presents this study, its design, procedures, and considerations. It describes why this type of study was selected, how the study was conducted, and what factors were evaluated with respect to study validity, ethics, and practical logistics. Chapter 4 reports this study's results. It provides insight discovered during the study about the profile of the population studied and summarizes the findings for each research question. Chapter 5 summarizes the findings of this study, study limitations, implications for practice, recommendations for future research, and offers a few closing remarks.

Chapter 2: Literature Review

This paper introduces toxic workplace behavior, its significant negative impact on people and organizations, and how organizations are (or are not) addressing it. So far, it has revealed a link between childhood toxic stress and adult toxic behavior and shone a light on the prevalence of the problem. It submitted an unlikely candidate for relief in the ACA recovery model and proposed investigating the opportunity by exploring what changes in work-life ACA members are experiencing and what parts of the ACA program they believe to be most essential to those experiences. This chapter examines the foundation the literature provides for understanding toxic workplace behavior, its source, and interventions to reduce it. From these topics, the opportunity for furthering knowledge is explored along with the positioning of the current research.

What is Toxic Workplace Behavior?

In a sense, the definition of toxic workplace behavior is socially constructed, meaning that behavior considered toxic to one person may be ideal to someone else (Lipman-Blumen, 2006). However, research tells us that toxic behavior causes harm to people and organizations and that despite varied experiences with the phenomenon, there is agreement on what toxic behavior looks like. According to Pelletier (2010), after qualitatively asking subjects about their experiences with toxic leadership, theming their responses, and surveying a separate sample about which of the reported experiences they believed were toxic, eight types of toxic behavior emerged. It is noteworthy that while Pelletier (2010) specifies these behaviors as toxic leader behavior and much of the research into toxic workplace behavior focuses on leadership, these toxic behaviors may

be perpetrated by anyone regardless if they have appointed followers. Pelletier's (2010) typology of toxic behavior includes:

- attacks on self-esteem by demeaning, ridiculing, or mocking;
- lacking integrity by being deceptive, blaming others, taking undue credit, or bending the rules;
- being abusive through angry outbursts, being emotionally volatile, or coercing;
- social exclusion, as in excluding individuals from discussions or social functions;
- divisiveness, including ostracizing others or pitting people or groups against each other;
- promoting inequity through favoritism;
- threatening physical, job, or psychological security;
- a laissez-faire attitude exemplified by ignoring comments or ideas, disengagement, stifling dissent, or being rigid.

Pertaining to the social construction of these behaviors, experiences may be perceived on a spectrum, ranging from mild, unintended toxicity to absolute evil depending on the levels of dishonesty, hypocrisy, sabotage, manipulation, fraud, and unethical behavior portrayed (Lipman-Blumen, 2006; Maheshwari & Mehta, 2014).

The impact of the behaviors can scale perceived toxicity too. For example, in a study on toxic behavior in healthcare, Holloway and Kusy (2010) found that shaming, passive hostility, and team sabotage are the most prevalent toxic behaviors and, while the actual behaviors may not be perceived as evil by some, the effects of the behavior may, as they include poor patient care, serious consequences in patient safety and increased malpractice suits. Similarly, Maheshwari and Mehta (2014) provide insight into military

toxicity by paraphrasing Reed and Olsen (2010): “Toxic leaders erode unit cohesion and reduce team spirit and under worst case scenarios, toxic leadership could even lead to mutiny and death” (p. 22). If the behavior itself would not be perceived as heinous, a resulting death or similar horrible outcome may influence that view. Lipman-Blumen (2006) explains that these types of perceptions are important because toxicity is determined by those impacted.

Pelletier (2010) assembled a range of research to illustrate how toxic leadership is a compilation of other previously labeled leadership types. These include abusive leaders (Tepper, 2000; Tepper et al., 2007), known for their sustained hostile, but not physical, attacks; tyrannical leaders (Ashforth, 1997), who are experienced as distrusting, condescending and patronizing, impersonal, arrogant and boastful, and rigid and inflexible; destructive leaders (Einarsen et al., 2007), who intentionally harm subordinates and organizations through both physical and passive acts; bullying leaders (Rayner & Cooper, 1997), who leverage their superior strengths against someone in a weaker position; and laissez-faire leaders (Lewin et al., 1939; Lipman-Blumen, 2006), who ignore feedback, stifle dissent, or who fail to be flexible when it is warranted. Toxic leaders do add their own flavor though in that they play to the fears and needs of their constituents and are skilled at promoting an us/them dichotomy (Lipman-Blumen, 2006).

Though the definition of toxic workplace behavior is made complex by its socially constructed nature and its multiple dimensions, there is enough evidence to paint a universal picture. People may perceive toxic behavior differently, but we do, as Pelletier (2010) has shown, know it when we see it. Though the literature mostly focuses on

leadership toxicity as toxic leadership is the greatest driver of a toxic workplace (Sull & Sull, 2022), leaders are not the sole source of toxic workplace behavior.

What is the Source of Toxic Workplace Behavior?

The Toxic Triangle

Padilla et al. (2007) and Maheshwari and Mehta (2014) lay responsibility for negative organizational outcomes at the feet of a toxic triangle of toxic leader behaviors, susceptible followers, and a contributing environment. Coldwell (2021) agreed, explaining that toxic employees acquiesce to toxic leadership and therefore are complicit in generating a toxic organization.

At the organization level, toxicity may be encouraged through setting unreasonable goals, relentlessly chasing unreasonable profit, cultivating excessive internal competition, designing for or allowing cultures that encourage blame, or rewarding non-merit-based performance (Lipman-Blumen, 2006; Macklem, 2005; Pelletier, 2010). It is notable that these are the result of leadership decisions but the distinction from the leadership part of the triangle appears to lay in the fact that these are decisions impacting the organization as whole as opposed to behaviors acted out on teams or individuals directly. Leaders, as Coldwell (2021) portrays, are acting out of desperation in response to immense pressures from the likes of a digital revolution, increased competitive pressures, the COVID-19 pandemic, etc.

Coldwell (2021) explained that toxic employees acquiesce to toxic leadership and therefore are complicit in generating a toxic organization. According to Maheshwari and Mehta (2014), followers accept toxic leaders for a variety of reasons. For one, many toxic leaders are found to be charismatic which followers can be attracted. Those who follow

toxic leaders may have specific internal needs for comfort and safety which a toxic leader may promise to meet or even partially fulfill by allowing followers to be associated with them. A controlling leader may also ease the fears of followers during times of crisis and uncertainty. In addition to the allure of quelling fears, a toxic leader may find compliance by causing fear. Pelletier (2010) describes follower compliance out of fear, sometimes as the result of a direct threat from leadership. Maheshwari and Mehta (2014) expound on this, citing Jones (1996), “When the followers avoid disagreements with leaders for fear of reprisal, an opportunity arises for workplace toxicity to emerge,” (p. 21).

Toxic leaders do not develop their tendencies overnight, but rather over a long period of time when left unchecked (Maheshwari & Mehta, 2014). The same is true for the spread of toxicity through the organization (Goldman, 2008). Goldman (2008) found that a couple of toxic leaders and a single toxic exchange, when unaddressed, can infect masses of people across an organization. This toxic behavior bloomed from the leaders feeling hurt, which mirrors Maheshwari and Mehta’s (2014) insights that leadership toxicity stems from a perceived threat to status, power, and control. Ludeman and Erlandson (2004) observed that the greater authority leaders achieve, the more prominent their faults, which cycled even more toxic behavior.

What toxic organizations, toxic followers, and toxic leaders appear to have in common is people in fear. Leaders in fear of overwhelming pressures make organizational decisions leading to toxic causalities, leaders in fear of losing status through failure act toxically toward subordinates, and followers in fear of reprisal or uncertainty collude, perhaps unwittingly, with toxic leaders.

Linking Adverse Childhood Experiences

While adult fears and anxieties may seem like a sudden storm to those caught in them, much anxiety and the toxic behavior it drives hail largely from childhood events, then flow like a toxic river all the way into adulthood and the workplace. More specifically, Adverse Childhood Experiences (ACEs) result in toxic stress, which is a physiological response to continuous, significant stress without caregiver support (Ellis & Dietz, 2017; Hornor, 2015). Unaddressed, ACEs and toxic stress manifest in a variety of maladaptive adult tendencies: greater impulsivity (Kim & Choi, 2020), a higher degree of neuroticism, lower conscientiousness, and less openness to new experiences (Fletcher & Schurer, 2017), a higher likelihood of anxiety and depressive disorders (Kuzminskaite et al., 2021), and increased interpersonal difficulties due to emotional dysregulation (Poole et al., 2018). The literature is full of reports on these and other symptoms, any of which may lend themselves to the toxic workplace behaviors found by Pelletier (2010), and even more are revealed through understanding the established relationships between ACEs and Attachment Theory or ACEs and Emotional Intelligence.

Attachment theory presents the idea that children develop an internal organization of behaviors, called attachment styles, based on how they must adapt to their caregivers' responsiveness to children's needs, (Bowlby, 1982; Bretherton, 1985). Of the four styles of attachment, one is secure, meaning thanks to caregivers who were empathetic and responsive, a child becomes emotionally secure. The other three styles are considered insecure, where because of early experiences with lacking care, a child may be threatened by intimate relationships, developing maladaptive interpersonal patterns in an effort to avoid feelings of vulnerability (Erozkan, 2016; Grady et al., 2017). This research goes on

to describe how a higher number of ACEs are positively correlated with insecure attachment styles and (Dawson et al., 2014) bolsters the view that insecure attachment styles predict maladaptive coping strategies later in life.

Emotional Intelligence (EI) describes the extent to which individuals sense, process, and manage their emotions and the emotions of others (Goldman, 2008).

Espinosa and Rudenstine (2018) found that a higher number of ACEs correlated with lower EI. The basic premise of EI is that higher EI translates to better attunement with other people, so EI may become another way to understand the impact of ACEs on workplace behavior. However, whether EI can be tied directly to leadership success through research has been debated (Boatswain, 2022; Gransberry, 2022; Tee Liang Tan et al., 2022).

What can be Done to Reduce Toxic Workplace Behavior?

There are several strategies recommended for and attempted by organizations to cultivate a healthier workplace: soothing the victim, addressing the problem, and considering the ACEs of those in the workplace.

Soothe the Victim

One strategy is to focus on helping those experiencing the symptoms of toxic workplace behavior rather than reducing the toxic behavior itself. Managers, when made aware of a toxic situation, might help victims adapt to their circumstances, mentally reframe the problem, or work on the toxic relationship that troubles them (Colligan & Higgins, 2006). Organizations could focus on employee wellness and help employees feel supported and valued, leveraging Organization Support Theory (Rasool et al., 2021), to help employees weather the toxicity. There is value in these methods, but toxic

behavior and its perpetrators do damage in the long term. Palmer et al. (2017), describe a Dark Triad of high but subclinical scores in (a) narcissism, including feelings of entitlement and perceived superiority, (b) psychopathy, or high impulsivity and low empathy, and (c) Machiavellianism, or manipulative and deceitful behavior. They show that when those who score high in the Dark Triad perceive higher levels of organizational support, they engage in some types of counterproductive behavior less often.

Address the Problem

To address toxic workplaces more directly, Orr and Seter (2020) highlight four categories of interventions. The categories are HR interventions, which focus on building competencies in (a) individuals, (b) human resource interventions, which address role confusion, diversity issues, and anxiety around change, (c) techno-structural interventions, addressing organization structure, work design, and reporting relationships, and (d) strategic interventions, which consider culture change and how organizations address problems. They see changes at the organizational level being most effective as they cite implicit cultural approval, or leadership's unwillingness to address toxicity, a major contributor to bad behavior, specifically in the case of bullying. Orr and Seter's (2020) approach to organizational-level interventions includes examining leadership, culture, and values for the context of the toxic behavior and then addressing it as needed. They give examples of augmenting poor conflict management skills in the presence of widespread bullying or paying attention to role clarity when the company is taking on significant change.

Alan et al. (2023) gave an example of both a human relations and strategic intervention approach in response to clients in Turkey concerned with relational issues as

primary drivers for burnout and turnover. Across 3,000 employees from 20 large corporations, they implemented and evaluated a participative training program focused on respectful language, leadership behavior, and leader-subordinate interactions, through effective and peaceful communication, prosociality, and professional support. They found less separation at the leadership level, less toxic competition, higher employee reciprocity, higher workplace satisfaction, and a more collegial environment. Subordinates in the program reported higher professionalism, empathy, and support in their leaders.

Holloway and Kusy (2010) support a strategic intervention approach at the organization, team, and individual levels for changing toxic healthcare organizations. At the organizational level, their Toxic Organization Change System (TOCS) establishes values akin to professionalism, courtesy, and respectful behavior and then integrates the values into performance appraisal procedures. At the team level, TOCS evaluates teams for individual and process perpetrators through 360-degree assessments, understands who might be protecting toxic perpetrators because they have something to gain from them and who might be inadvertently prolonging the toxic perpetrators by buffering or interpreting the toxic behavior for the team and then rebuilds healthy team norms. Meanwhile, the model requires consistent, systematic, data-driven feedback to individuals along with time-bound, behaviorally specific professional objectives relating back to the organization's values based on civility and respect.

Consider the ACEs Connection

When considering the possibility of the ACEs connection to toxic workplace behavior, organizations have only a few, immature constructs from which they may draw

solutions. These include the trauma-informed workplace, attachment theory, and recovery-based insights.

Trauma-Informed Workplace. The trauma-informed workplace is a concept drawing from transformational leadership theory (i.e., the Sanctuary Model) and the recognition that many, maybe most, people bring trauma to and experience trauma in the workplace (Lam, 2021; Middleton et al., 2015). This impacts their behavior, thinking, and self-concept. Transformational leadership theory focuses on developing individuals to their fullest potential through idealized influence (doing what is ethical over what is expedient), inspirational motivation, intellectual stimulation, and individualized consideration. Middleton et al. (2015) describe the Sanctuary Model as a whole-culture approach to organizational change for the purpose of helping its members heal from various types of trauma while operating more effectively and collaboratively in their jobs.

The trauma-informed workplace can also be understood from its predecessor, trauma informed care, which Kusmaul et al. (2015) explains treats trauma-impacted patients in various healthcare settings focused on five principles: (a) safety, as in the emotional and physical safety of clients and service providers, (b) trustworthiness, perhaps through managing fairness and authenticity of messaging, (c) choice, by including people in decisions that will impact them, (d) collaboration, through communicating intention and inviting partnership, and (e) empowerment, as in being resourced and supported to pursue one's own interests.

Much of this work is in its infancy and is being implemented in a variety of ways including individual skill building around conflict, compassion, and other relevant topics such as organizational design for conflict resiliency and new and different measures of

organizational success (Lam, 2021). Results appear to be promising and appears to reside mostly in social service and healthcare organizations.

Attachment Theory. Perhaps not as popular as the Big Fives' role in organization interventions, attachment theory has found to be more accountable for variance in organizational variables (Simpson & Rholes, 2015). Attachment theory has been predictively linked to “affect and cognitions toward groups, perceptions, of social support from groups, satisfaction with groups, group functioning, and plans for group exit” (Simpson & Rholes, 2015, p. 265). Simpson and Rhodes (2015) curated research indicating parallels between parent-child and leader-follower relationships, predicting leader impact on followers and teams of followers, motives for becoming leaders, preference of leadership style by follower, impact on teams of followers, job burnout, and perceptions of the organization. They cited resources supporting the linkage between attachment styles and job performance, support-seeking behavior, prosocial behavior, antisocial behavior, and an indirect relationship with voluntary turnover.

This growing body of research, along with research into the work of evolving insecure attachment styles into a more secure style (Davila et al., 1997; Lopez & Gormley, 2002; Zhang & Labouvie-Vief, 2004), offers opportunity to work with the impact of ACEs in organizations informedly and perhaps compassionately and productively, though no research was found applying attachment style.

12-step Recovery Insights. 12-step recovery is a family of self-help/mutual-help fellowships that seek to address addictive behaviors. While the impact of recovery programs on participants' personal lives may get positive reviews (Timko et al., 2016) and the 12-step recovery has found its way into the workplace to relieve overwhelmed

employee assistance programs (Van Den Bergh, 1991), there are more researched links between how the world of work may make recovery from addiction more challenging than there are about how insights gleaned from addiction recovery may benefit organizations. Based on the connections between ACEs, the workplace, and addiction (Kiani et al., 2019; Lim et al., 2020; Zarse et al., 2019), this could be an opportunity for research. A search of the literature produced two sets of insights about ACEs and the workplace via 12-step recovery activity: Iversen's (2011) dissertation on the work needs and realities of those recovering from alcoholism and Whiteside's (2013) work on identifying the impact of 12-Step programs on executives' leadership styles.

Iversen (2011) explored the impact of organizational culture on the recovering addict, but did provide potential help toward relieving toxic workplace behavior through the recovery model. The study's participants had completed at least six months of a recovery program like AA and, during qualitative interviews, they shared what impact the program had on their work lives. Response themes included improved self-awareness, including awareness of their own perfectionist tendencies, fear, and anxiety, improved work-life balance, a servant model of work-life roles, or a humbler, service-oriented approach to working with others, and greater resilience to work challenges.

Whiteside (2013) more directly searched for the impact to work culture and found that the subjects continued to apply to their work lives what they had learned in 12-step recovery. Those learnings included an improved ability to connect with others, living a life more aligned with one's perceived identity, and developing compassion for self and others. More than half of the participants reported a belief that their professional successes and bottom-line results were possible because of their 12-step recovery work.

They believed a 12-step program would be moderately beneficial to leadership, citing learning to be of service, mentoring others, working the 12 steps, and working with a mentor to be most helpful in such a program.

When it comes to ACA specifically, the literature did not provide any notable references to ACA implications in the workplace. Any literature about adult children of alcoholics was about the risks resulting from their parent's behavior and only targeted children of alcoholics, not other types of dysfunction.

Positioning the Current Research

The literature expressed a coherent definition of toxic workplace behavior despite acknowledging the concept is a socially constructed one. The literature identified toxic leadership, toxic followership, and a contributing environment as necessary ingredients for a toxic workplace (i.e., the Toxic Triangle). The literature then talked about the original source for the Toxic Triangle, adverse childhood experiences, and toxic stress. What the literature did not do is provide significant proof of methods or models reducing toxic workplace behavior, especially those that address the source of toxicity. The present research sought, for the first time, to understand the results of a program designed to address what is understood to be the source of toxic workplace behavior.

Chapter 3: Methodology

This chapter describes the research design, participants, instrumentation, data collection, data analysis, and human subject protection involved in this study, which sought to understand if the ACA model or some part of it may be applied to the workplace to reduce toxic workplace behavior. It did so by examining two questions:

1. What changes in work life are experienced by those who have worked the ACA program?
2. What components of ACA do practitioners believe have been most influential in their work-life changes?

Research Design

I took a qualitative approach to the research design, as appropriate for an exploration into a nascent field of inquiry (Creswell & Creswell, 2023). To answer the research questions posed, phenomenological research through individual interviews appeared to be the best source of understanding. Therefore, the design called for inviting participants to discuss the changes in their work-life post-ACA and the ACA components that were most instrumental in the changes. These interviews were recorded either by video conference or in person, depending on participant preference.

Participants

Those invited to participate in interviews were required to have completed the ACA 12-step class, have participated in at least six months of ACA programming after completing that class, and be 18 years of age or older. In addition, because of the anonymous nature of the program and the potential sensitivity of the discussion, I only

invited participation from those with whom I had previously established a personal relationship through the ACA program.

Instrumentation

An interview guide (Appendix A) was created to guide participant responses. The interview had two objectives: 1) to understand how participants perceived the differences in their work lives after going through the ACA program and 2) to understand which ACA literature and activities participants perceived as most instrumental in those work-life changes. In addition to these two objectives, the guide helped me gather profile information about interviewees toward a better understanding of the population sample.

The interview guide provided two other benefits. It provided a script for guiding interviewees in protecting their confidentiality during interviews and it allowed for target time limits for each question, other than the profile questions.

Sample Profile

Six questions were posed to interviewees in an effort to better understand the population sample:

- As what gender do you identify?
- How many years do you have in recovery starting from the first recovery meeting you attended, even if that meeting was in a different 12-step recovery program?
- How many recovery classes have you completed, counting each instance of each class you've attended through completion?
- Counting from the first job you consider an "adult" job, how many years have you been working?
- In what industry is your job? You may name one industry for each job you work.

- Which of these best approximates your current contribution level: senior management or ownership, middle management, individual contributor, or freelance? If you have more than one job, identify the most senior level of contribution.

Changes in Work Life

Four prompts, along with contextual follow-up conversation, were used during the interview to answer the research question “What changes in work life are experienced by those who have worked the ACA program?” Those prompts were:

- “What, if anything, is different about your work life &/or how you experience it as compared to before you came through ACA?”
- “I’m going to read you some examples of toxic workplace behavior. As you reflect on when you may have experienced these or when you may have caused someone else to experience them, please share anything you see as different in your work life now, post-ACA. The examples: disrespectful treatment, non-inclusivity, unethical behavior, cutthroat competition or backstabbing, abuse/bullying.”
- “Next, I’d like for us to take a few minutes to review some ACA artifacts together. We can read some of these aloud if you like. As we do or after we’re finished, I invite you to note any examples that surface of how things are different in your work life post-ACA. Please feel free to illustrate any differences using examples from pre-ACA or post-ACA.”
- “Is there anything else you’d like to share about your post-ACA work life?”

Regarding follow-up conversations to changes in work-life questions, a pattern was detected in the first few interviews where interviewee answers were falling into three categories: philosophical shifts in worldview, behavior changes, and changes in the overall outcome. Once the pattern was observed, future interviewees were invited to answer in this context if their answers did not follow the pattern organically.

Most Influential ACA Components

Answers to the next research question, “What components of ACA do practitioners believe have been most influential in their work life changes,” were elicited by prompting interviewees to respond to the following:

- “Thinking about the content in these and other ACA artifacts (like the serenity prayer, the Big Red Book, the Problem, the Solution, the yellow workbook, the traits workbook, etc.), what comes to mind as having helped you the most with your work life and why?”
- “Thinking about the tools we use in ACA (attending meetings, practicing the steps, providing service, giving and/or receiving sponsorship, reaching out to or being reached out to by others), which of these have helped you the most with your work life and why?”

Data Analysis

Upon completion of interviews, audio data and transcriptions were reviewed to discover reported post-ACA changes in work life and the most influential ACA components. Observations were counted by the total number of interviewees with the answer in common and, for answers similar enough to be counted together, those answers were rolled into themes. For questions pertaining to changes in work life, themes were

sorted according to the categories appearing in the pattern that occurred during the interviews with an added intricacy, the “changes in behavior” category was split into changes in behavior pertaining to interpersonal issues and changes in behavior pertaining to issues of self. The resulting categories of themes were: internal changes, changes in behavior pertaining to interpersonal issues, changes in behavior pertaining to issues of self, and changes in outcome. The final report was then used to understand if the perceived results of the ACA program addressed toxic workplace behavior. During the analysis of the data, for any discrepancies or confusion about the answers, the interviewees were contacted for clarification. This resulted in two follow-ups.

Protection of Human Subjects

To ensure the safety of impacted human subjects, approval to conduct this research was sought from and given by the Institutional Review Board (IRB) which, as part of its process, required me to undergo Human Subjects Training conducted through the Collaborative Institutional Training Initiative (CITI). I completed this training on January 21, 2023. All research data was collected after IRB approval.

An informed consent form was provided to those who expressed interest in interviewing and the form was reviewed with participants prior to interviewing. Verbally and through the consent form, participants were assured that participation was voluntary, they could leave the study at any time, and they could take breaks anytime during the interview. Participants were reminded that their interviews and related data would be held confidential, various measures the researcher would take to maintain confidentiality were described, and during the interview, just prior to recording, interviewees were provided with final reminders of steps they could take to maximize confidentiality.

Chapter 4: Findings

To better understand if the ACA model or some part of it may be helpful in reducing toxic workplace behavior, this research investigated differences in work-life perceived by those who have worked the ACA program and which components of the ACA program those practitioners believe have been the most influential in the change.

This chapter reveals the findings from the 17 interviews by reporting the data and resulting key learnings in four sections. The first section discusses the profiles of the interviewees as ascertained by asking six questions at the beginning of the interviews. The second section illustrates the answer to the question, “What changes in work life are experienced by those who have worked the ACA program?” In the third section, the research solves for “What components of ACA do practitioners believe have been most influential in their work life changes?”

Profile of Sample

At the start of the interview process, subjects were asked six questions to establish the representation in the participant sample. Those questions revealed each person’s identified gender, number of years in recovery, number of recovery classes completed, number of years working, current industry, and current contribution level.

Identified Gender

Study participants were asked for their self-identified gender. Of the 17 participants, five identified as male, 11 as female, and one as born female, non-binary.

Number of Years in Recovery

For the number of years in recovery, interviewees were asked to count from the first time they attended a recovery meeting of any kind. Because 12-step recovery

includes a family of recovery programs (e.g., AA, Narcotics Anonymous, Co-Dependents Anonymous, Sex and Love Addiction Anonymous) and because some ACA members attend one or more programs before finding ACA, time in recovery was counted from the first recovery meeting of whatever 12-step recovery program was initially attended.

Out of 17 participants, years in recovery ranged from 3 to 16 years, with a mean recovery period of just over six years and a median recovery period of five years. I broke these 17 participants into three distinct groups: 1-4 years in recovery ($n = 6$), 5-9 years in recovery ($n = 9$), and 10+ years in recovery ($n = 2$)

Number of Recovery Classes Completed

Recovery programs are made up of a great many activities: regular meetings between members, interactions between sponsors and sponsees, and one-on-one or small group conversations between members (called fellow traveling) among others. Classes, though they are not referred to as such by members, are structured lessons with homework conducted among smaller, more intimate groupings than general meetings. Classes make use of workbooks to guide the focus of discussions and activities. Some programs offer only a single class while others, like ACA, offer several classes, each focused on its own specific content. Members may choose to work classes multiple times as they see fit for their own recovery. Interviewees were asked to share how many total classes they had attended, incorporating classes in 12-step programs outside of ACA, counting each class completion including multiple completions of the same class. The number of classes taken per member ranged from one to six with a mean of 2.64 and a median of 2.0.

Number of Years Working

When study participants were asked to indicate the number of years they have been working, they were asked to count from the earliest job they considered an adult job and not to include childhood jobs. The number of years worked per member ranged from five to 42 with a mean of 17.47 and a median of 15.0. The following table highlights this distribution. I broke these 17 participants into three distinct groups: 1-14 years working ($n = 6$), 15-28 years working ($n = 9$), and 29+ years working ($n = 2$).

Current Industry

Interviewees were asked to name the current industry in which they were working. Because some responses described in-progress transitions out of industries while others explained working multiple jobs at the same time, each potentially in a different industry, data reports all industries named, resulting in more industries counted than number of interviewees. Table 1 highlights the distribution of industries represented.

Table 1

Distribution of Industries

Industry Reported	Interviewees Identifying	Percentage of Sample
Entertainment	6	35%
Education	3	18%
Technology	3	18%
Healthcare	2	12%
Real Estate	2	12%
Other	7	41%

Current Contributor Level

Interviewees were asked to describe their current level of contribution by selecting one role from four options: freelance, individual contributor, middle management, or senior management/ownership. Those interviewees with multiple jobs

chose their highest level of contribution. In total, seven interviewees were individual contributors, five were senior/owners, three were middle management, and two identified as freelance contributors.

Perceived Changes in Work Life

Interviewees were asked three questions along with contextual follow-ups to elicit what differences they perceive in their work lives after working in the ACA program. Though the ACA program is indefinite, “working the program” in ACA is generally understood to mean completing and applying the ACA class named after the workbook entitled *The Twelve Steps of Adult Children*, affectionally referred to by members as “The Yellow Book Study,” influenced by the color of the workbook cover.

Data was gathered by capturing what interviewees directly told me (e.g., “I have better awareness”), by what interviewees described (e.g., “I could name my feelings in the moment”), and by what interviewees implied (e.g., “I felt anger when my boss spoke condescendingly to me”). Data gathered from interviewees was parsed into themes which were then separated into four categories: internal changes, behavioral changes regarding issues of self, behavioral changes regarding interpersonal issues, and changes in outcome. Internal changes describe philosophical shifts in the interviewee's worldview; behavior changes regarding interpersonal issues describe changes in tendencies in interacting with others; behavior changes regarding issues of self-describe behaving differently but not necessarily in the context of others; and changes in outcome describe overall program after-effect.

Internal Changes

Internal changes, or philosophical shifts in worldview, impacting work accounted for five themes discovered. These themes include an increase in awareness, confidence, accountability, and acceptance, and a change in the meaning of or motivation for work.

Awareness. All interviewees reported, described, or implied stronger awareness. The reports included awareness of thoughts, identification of feelings, an understanding of own strengths and weaknesses, and a keener perception of what was happening in the surrounding environment such as the behavior of others. As one user stated,

So much self-awareness, I would say that's number one over any kind of progress or change. It's the ability to observe what's happening. For instance, I've noticed a lot of authority stuff coming up [feelings arising], ... not only am I hyper aware of the authority issues coming up ... but I do feel like I have tools today to deal with that.

Self-Confidence. A stronger self-confidence was captured for all but one interviewee. Increased self-confidence was presented as a stronger belief in one's intuition, a stronger sense of personal identity, perceived progress toward one's potential, better alignment of actions to personal values, and fewer feelings of fear or at least less acting out of felt fear. One subject shared, "To see the confidence, to feel the confidence, more than anything, I think, is a big difference."

Accountability. In total, 14 of 17 interviewees expressed increased accountability for their actions. This took the form of confident humility, a willingness to accept responsibility for one's own actions, greater ability and intrinsic motivation to learn continuously, and a willingness to act on one's own behalf. Contrasting with laying blame or responsibility at the feet of others, one interviewee explained, "My reactions

aren't childish like they were in the beginning. I am taking more responsibility [for myself] and less responsibility in the sense of others.”

Acceptance. In total, 12 of 17 interviewees voiced a greater acceptance of others. Better accepting others meant a better understanding that all people have value, flaws, needs, experiences, feelings, different levels of access, etc. This composition results in a diverse range of expressions and behaviors that are to be accepted without trying to change them. For example, one interviewee was supervising an employee who had been exhibiting behaviors they considered dysfunctional. Upon drawing the employee's attention to the unwanted behaviors and encouraging them that they had what was needed to improve, they stated that they would like to resign. In the words of the interviewee,

I caught myself trying to talk her out of it and I was like, ‘Oh! What am I doing? This is a gift! She's realizing it's not a match and I know it's not a match.’ It was one of those moments where I was trying to take responsibility for her dysfunction ... I caught myself and realized it was a growth moment. So, [I told her that] ‘I will accept your resignation’ and I didn't need her to be happy or pleased.

Meaning/Motivation. In total, 9 of 17 interviewees experienced a shift in what work meant to them, what they were looking to get from or give to work, and/or the level of self-motivation driving them in their work or in choosing what to do for work. Several interviewees described a better balance of how much they relied on their work for a sense of identity; where previously most of their identity came from work, leaving them exposed to a crisis of identity during dark times at work, they now saw work as either only a portion of their identity or not an extension of their identity at all. Per one interviewee, “I'm ... seeing my financial health as a part of my overall health and being able to reduce my job to the size of like, a piece of my financial health is really helpful to me, rather than thinking of it [my job] as my identity.” Table 2 highlights the summary of internal changes alongside exemplar quotes from the interviewees.

Table 2*Summary of Internal Changes*

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
Awareness	17	100%	“So much self-awareness, I would say that’s number one over any kind of progress or change.”
Confidence	16	94%	“To see the confidence, to feel the confidence, more than anything, I think, is a big difference.”
Accountability	14	82%	“I am taking more responsibility [for myself and less responsibility in the sense of others.]”
Acceptance	12	71%	“I will accept your resignation’ and I didn’t need her to be happy or pleased.”
Meaning/Motivation	10	59%	“Being able to reduce my job to ... a piece of my financial health is really helpful to me, rather than thinking of it [my job] as my identity.”

Behavior Changes Regarding Interpersonal Issues

Five post-ACA changes in behavior were captured that pertain to interpersonal issues: agency, feeling secure, friendly environment, respectful treatment, and integrity.

Agency. All subjects recounted greater agency, where agency means standing up for oneself, doing so earlier with respect to when it became necessary, advocating for self more kindly, skillfully, and through healthier conflict, making decisions and taking actions that serve oneself over an unhealthy degree of self-denial or self-sacrifice, a willingness and an ability to establish and maintain personal boundaries, and answering “yes” or “no” to requests or advances as needed to serve one’s own best interest. One interviewee shared,

I think I had a history of letting people walk over me and not having a voice and speaking up. Since ACA, that has completely changed where I do speak up and that's made me a better manager, a better communicator ... learning how to deal with confrontation better and doing that in a good and healthy way as opposed to just getting angry as somebody.

Secure Behavior. All interviewees communicated more secure behavior. Secure behavior entailed a range of conduct including being less reactive and more tolerant in disagreeable circumstances, improved willingness and ability to deescalate rather than escalate heated conflict, greater curiosity and ability to listen to and appreciate opposing viewpoints, greater capacity to gracefully receive and evaluate criticism and compliments, a higher likelihood to admit not knowing the answer and subsequently asking for help, a higher likelihood to admit when one was wrong, and less feigning perfection. One interviewee, who manages a well-known musical artist, shared what it is like sitting with the artist's wife during a show:

If my boss' guitar goes out of tune, his wife ... would be like, 'he's got to fix that.' That's square in the middle of a show. There's no fixing anything at that point ... I don't care if his guitar bursts into flames, he can work it into the show ... but she [the artist's wife] panics. She's hypervigilant and panics through the entire process and I just say, 'Well, we have to accept that I can't change that.' I would have tried to fix it in the past.

Friendly Environment. In total, 15 of 17 interviewees cultivated a more friendly environment for themselves by nurturing what they considered to be healthy or conducive relationships while removing perceived unhealthy or adverse relationships. A friendly environment in the context of work took place in two channels. One channel was focusing on spending time with healthier colleagues, signing healthier clients, and/or employing healthier hires. Another path was to cultivate healthier personal relationships that provided better support and connection that in turn was perceived to make work challenges bearable or even more easily surmountable through work advice coming from

a better personal network. This is well evidenced by one particular comment during the interviews. Said one subject, “I have the strongest relationship with my supervisor that I’ve ever had with anyone I’ve ever worked for ... my ability to engage honestly, thoughtfully, and vulnerably ... it was the seedlings of trust that were built.”

Respectful Treatment. In total, 15 of 17 interviewees believed they treated others more respectfully. Respectful treatment was demonstrated in the way interviewees spoke to others, how they behaved toward others in or outside of their presence, how manipulative they were or were not, how they allowed others to solve their own problems or make their own decisions, how inclusive they were of others in decision-making and problem-solving, and in the nature of the environment they cultivated for their colleagues, clients, or employees. One interviewee described how the culture at work between the veteran employees and the new employees was one of cruel hazing, something they had experienced as they entered the company. As they grew in seniority there, they was expected to carry on the tradition, but they did not:

I’d already worked the ACA steps so, for me, what I did was make it a more supportive environment by helping the newbies ... because I know for me, like going into that and being bullied and being kind of like condemned in a way, I was never going to succeed with that kind of environment.

Integrity. In total, 11 of 17 interviewed shared a narrative about increased integrity. They described being more honest, clear, direct, transparent, and authentic with others. This took place, among other ways, through more honest conversations, by more frequently honoring commitments, and by more frequently sharing roadblocks to efforts with those who would be impacted. One subject, who used the word “honest” 14 times in the interview, more than two times any other interviewee, shared several examples of this. One such case took place when someone noticed their work in a niche part of the

real estate industry and asked them to join her real estate team, bringing customers along. The interviewee shared that instead of pretending that they were going to be great at all parts of this new job,

I was just honest with her and said, ‘Hey, I’m not good at follow up and I’m not good at paperwork. These [other skills] are my strengths ... if you want me to be on your team’ ... she ended up hiring [me and] somebody to do our social media and hiring somebody to hand the paperwork side for me and even do some of the follow-up stuff.

Table 3 highlights the summary of behavior changes regarding interpersonal issues alongside exemplar quotes from the interviewees.

Table 3

Summary of Behavior Changes Regarding Interpersonal Issues

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
Agency	17	100%	“I do speak up and that’s made me a better manager, a better communicator”
Secure Behavior	17	100%	“I just say ... ‘we have to accept that I can’t change that.’ I would have tried to fix it in the past.”
Friendly Environment	15	88%	“I have the strongest relationship with my supervisor that I’ve ever had with anyone I’ve ever worked for”
Respectful Treatment	15	88%	“What I did was make it a more supportive environment by helping the newbies”
Integrity	11	65%	“I was just honest with her and said, ‘Hey, I’m not good at follow up and I’m not good at paperwork. These [other skills] are my strengths”

Behavioral Changes Regarding Issues of Self

Another five themes emerged in behavior changes regarding issues of self. These include work/life balance, job fit, intentionality, self-care, and professionalism.

Work/Life Balance. In total, 12 of 17 subjects expressed awareness of and efforts to better balance the work/life ratio. This translated to working fewer hours, maintaining boundaries in the face of requests to perform work heroism, and taking more breaks or otherwise managing the pace of work to establish a sustainable tempo. Some interviewees changed jobs or even careers in pursuit of work-life balance, like this interviewee who left the Education field to work in Technology:

I even look forward to going to work, which is crazy. I still kind of struggle with boundaries a little bit sometimes, I still work later than I should if I want to finish something, but I feel like I've at least chosen a workplace that doesn't expect me to work nights and weekends ... I purposely selected a company that I felt like I'd have a bit more work/life balance at ... I have a really good boss who respects my needs to be a person.

Job Fit. In total, 12 of 17 interviewees took more measures to better understand what work best aligned with their personal needs and/or took action to transition to that work. Depending on the gap discovered between their previous situation versus the desired one, this resulted in a range of targeted changes including changes in current job responsibilities, new positions in the same company, changes in employer while maintaining industry, and changes in employer while changing industry. One interview described what he did when their company pushed them to do things they did not know how to do. They shared, "There are a couple of projects that are happening and some of it's falling on me and it's completely outside my wheelhouse ... I've been really clear with them through it saying, 'I'm not the expert on this. We have two vendors and people internally who know how to do this. I will facilitate whatever I can.'" As a result of this

and other direct negotiating recently, the interviewee received a large raise and a helpful shift in their job responsibilities.

Intentionality. In total, 11 of 17 interviewees began behaving more intentionally, better following their interests, taking more healthy risks, making better thought-out decisions, and taking more carefully planned actions. One interviewee shared the process that leads them to select certain jobs and turn down others. This participant said,

Intention is big for me. I like to think about my intention being my own serenity and health, mental and physical, and then remember that when I'm this solid, it affects others and I'm a part of something greater ... I also want to use what I'm good at and do things I love because I'm going to be better at things I love and it's all just going to keep multiplying." Another interviewee explained, "I have, after ACA, a greater ability to recognize that there cannot be growth without risk, that you have to take the risk of trusting people ... you can't receive unless you ask ... being able to risk rejection comes from a sense of actually believing in my own worth and ability, which I have found a lot of through ACA.

Self-Care. Nine of 17 interviewees began taking better care of themselves physically toward goals like on time job arrival, job performance, stamina for work, and better mood. Self-care took forms such as more sleep, more rest, more breaks, and less mood-altering substances such as drugs or alcohol. One interviewee had struggled their entire life with being late to work and had even been fired for it. They explained that after ACA: "I go to bed earlier. I know that I need ... about nine hours [of sleep] every night to function the next day. Before recovery ... I was staying up until one or two o'clock in the morning and I had to be up by six to be at work by seven. It just clearly was not working for me ... so yeah, sleep has been a big journey for me."

Professionalism. Eight of 17 interviewees found themselves acting more professionally, showing up to work on time, gossiping less, adhering to various professional norms, and cutting out illegal activities such as stealing from or selling drugs

at work. An interviewee who formerly gossiped a lot at work shared that not only did they stop gossiping after recovery, but they would remove themselves from gossip conversations:

I used to ... gossip about coworkers all the time,” she said, “and now I think it’s one of the ugliest things ... I remember accidentally slipping up in the most recent job I had ... I went to that coworker and said, ‘I’m sorry for talking about another coworker. That’s not the type of person I want to be and it’s not fair to you or the coworker I said something about’ ... I went from being the gossiper, to not gossiping ... to then being comfortable telling people, ‘I don’t want any part of this.’

Table 4 highlights the summary of behavior changes regarding issues of self alongside exemplar quotes from the interviewees.

Table 4

Summary of Behavior Changes Regarding Issues of Self

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
Work/Life Balance	12	71%	“I’ve at least chosen a workplace that doesn’t expect me to work nights and weekends ... I purposely selected a company that I felt like I’d have a bit more work/life balance at.”
Job Fit	12	71%	“I’m not the expert on this. We have two vendors and people internally who know how to do this. I will facilitate whatever I can.”
Intentionality	11	65%	“I also want to use what I’m good at and do things I love because I’m going to be better at things I love and it’s all just going to keep multiplying.”
Self-Care	9	53%	“I go to bed earlier. I know that I need ... about nine hours [of sleep] every night to function the next day.”
Professionalism	8	47%	“I used to ... gossip about coworkers all the time and now I think it’s one of the ugliest things.”

Changes in Outcome

The final five themes appeared as changes in outcome, or perceived overall impact, of the ACA program. These changes were improved individual performance, increased financial security, improved collaboration, increased feelings of serenity, and better team performance.

Individual Performance. All but one interviewee referenced improved individual performance in their post-ACA work lives. Individual performance took the shape of better health/energy at work, better work quality, being more functional and dependable at work, and building momentum of capability at work through faster learning. Per one subject,

I'm a lot less anxious ... I'm easier to be around, calmer, less reactive, and ... the effect that trauma and anxiety have on the nervous system ... I got smarter. It's like I'm able to use my brain better, I'm able to retain information better ... and what that has resulted in ... just nothing but positive feedback about my work and my abilities and my strengths and it's just made me a more productive and valuable employee ... I've gotten promotions, I've gotten pay raises, things like that.

Financial Security. All but two interviewees described increased financial security. As interviewees felt free to charge more, ask for raises, avoid unnecessarily quitting, and follow professional interests, they found themselves better compensated and working more sustainably. A photographer described their path to better financial security before ACA:

I had a tendency to undercharge, underearn ... accepting lower rates than I should have," and then after ACA, "one thing I needed to really work on was coming up with a sustainable pricing system ... really coming up with some scary big numbers for my pricing, but numbers that I knew ... what I really need to charge to be sustainable in my field." Relaying the result she said, "clients happily accepted those numbers and hired me and I had some really great successful shoots recently that just, it's just like a progressive confidence building ... things are really looking positive and looking up in my career right now and I'm actually feeling really good about it.

Collaboration. In total, 15 of 17 subjects experienced improved collaboration.

Improved collaboration was reported as working better with others, being more engaged with others at work, better earning respect and trust at work, having healthier work relationships, accepting the support of and better supporting others, and better leveraging their networks of people. One interviewee told a story about accidentally overhearing some coworkers talking about them:

This never happened before ACA but I actually overheard a coworker, she didn't mean for me to hear, but I overheard her saying something like, 'wow, you know, [interviewee] is so loving, so accepting, and so compassionate.' ... I've never heard anybody really talk about me like that." She went on to explain, "I've really created this bridge to connect with coworkers in a way that I feel like I belong whereas before ACA, I was constantly trying to show my worth ... was just going to anyone who would give me love and acceptance.

Serenity. Serenity is one of ACA's primary tenets and 14 of 17 interviewees indicated they experienced more of it at work after the ACA program. Serenity is feeling more joyful, peaceful, and stable, being less rocked by arising challenges, and having a sense that work is going well and/or improving. Here is an interviewee speaking on some of the day-to-day differences after ACA:

I'm beating myself up much less ... what I was doing is beating myself up internally, all day, every day, about how inadequate I was ... I'm recognizing that ... my expectations of myself are, they're honestly very unreasonable and I'm also recognizing that it's not a personal failure ... [speaking to herself] you got interrupted, you had to take this phone call, you had to put this fire out, you had all of these little things that have value ... you've done a great job today." Reflecting on the impact she summarized, "everything is more peaceful and calm and I'm probably more productive because I'm not ruminating so much about how productive I am, which sounds silly to even say it out loud now, that I put myself through that in the past.

Team Performance. In total, 13 of 17 interviewed identified team performance as having improved post-ACA. Improved team performance was indicated by healthier

team processes, better team outcomes, and by the interviewee perceiving themselves as a better team member overall. One subject eloquently shared:

I'm focused on the task now whereas before, I was focused on getting validation ... I'm focused on doing what I need to do with my coworkers instead of getting something out of it ... I think I'm a good team player ... because of ACA I am, whereas before, it was just more about me, me, me, me, me. Let me manipulate you and get you to like me so I can feel ok about myself ... now I can focus on what I'm there to do instead of getting my worth and value out of it.

Table 5 highlights the summary of change in outcome alongside exemplar quotes.

Table 5

Summary of Change in Outcome

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
Individual Performance	16	94%	"That has resulted in ... just nothing but positive feedback about my work and my abilities and my strengths"
Financial Security	15	88%	"Coming up with some scary big numbers for my pricing, but numbers that I knew ... what I really need to charge to be sustainable in my field."
Collaboration	15	88%	"I've really created this bridge to connect with coworkers in a way that I feel like I belong."
Serenity	14	82%	"Everything is more peaceful and calm and I'm probably more productive because I'm not ruminating so much about how productive I am"
Team Performance	13	76%	"I think I'm a good team player ... because of ACA I am, whereas before, it was just more about me, me, me, me, me."

Most Influential ACA Components

Interviewees were asked two questions along with some follow-ups to understand which components of ACA were most influential in their work-life changes. Though the questions were asked in such a way as to prompt interviewees to provide their one most

influential ACA literature and one most influential ACA activity, several subjects felt challenged in selecting only one of each and therefore offered more than one answer for each. All answers were captured.

Most Influential ACA Literature

When asked to identify the ACA literature most influential to the changes reported, interviewees named a total of eight artifacts: the Daily Reader, the Yellow Workbook, the Big Red Book, the Laundry List, the Serenity Prayer, the Traits Workbook, the Steps, and the Loving Parent Workbook.

Daily Reader. The artifact known as the Daily Reader to ACA members comes in several forms including a book titled *Strengthening My Recovery* (2013) that offers a passage of the day on which readers may meditate, a web page that serves the current day's passage and a daily email. The daily excerpts are based on the fellowship's founding text and are appreciated because of their single-serving nature, their shareability, and the fact that whatever readers are dealing with, the reading usually holds some wisdom for just such an occasion. In total, seven of 17 interviewees named the Daily Reader as one of the most influential artifacts.

Yellow Workbook. The *Twelve Steps of Adult Children Steps Workbook* (2007), referred to as the Yellow Workbook or Yellow Book by ACA members, is the workbook used by each participant during the ACA 12-steps class. This book was complimented for its ability to help its readers heal from past trauma and for teaching the actual steps and tools that launched a new way of life. In total, six of 17 interviewees cited the Yellow Workbook as one of the most influential artifacts.

Big Red Book. The foundational text of ACA known to its members as the Big Red Book is actually titled *Adult Children of Alcoholics/Dysfunctional Families* (2006). It is the source of all ACA programming and is lauded for helping its readers quickly find insight into everyday problems through its detailed index. Five of 17 interviewees mentioned the Big Red Book as one of their most influential artifacts.

Laundry List. The “Laundry List” states the 14 traits of an adult child of an alcoholic or other dysfunctional pattern. These traits can be read in several sources and are read aloud in almost every ACA meeting. This list reminds its readers both that they are not alone in their struggles and to be on guard for the behaviors described. Two interviewees claimed the laundry list as one of the most influential artifacts.

ACA Serenity Prayer. The ACA version of the Serenity Prayer is a mantra that helps ACA members acknowledge that though their situation may not be their fault, it is their responsibility and that to improve it, members must focus on changing their own behavior. One interviewee named the ACA Serenity Prayer as one of their most influential artifacts.

Traits Workbook. *The Laundry Lists Workbook* (2015) is the second of three workbooks published by the ACA World Service Organization to accompany the second of three ACA classes. The Traits study, as it is called, is considered an advanced study and is to be undertaken only after members have completed the original 12 steps work. The Traits study focuses on how the traits of an adult child may manifest themselves. One interviewee named the Traits Workbook as one of their most influential artifacts.

The Steps. The “Twelve Steps” can be found in many places throughout ACA literature and are read aloud in almost every meeting. These steps are the actions ACA

members take to navigate the traits toward fulfilling the ACA promises. According to an interviewee, the steps are what help ACA members take a more intimate look at themselves. One interviewee named the Steps as one of their most influential artifacts.

Loving Parent Guidebook. The *Loving Parent Guidebook* (2021) is the third of three workbooks published by the ACA World Service Organization to accompany the third of three ACA classes. This book is considered an advanced study and focuses on teaching the reader how to develop their own internal loving parent. One interviewee named the *Loving Parent Guidebook* as one of their most influential artifacts, saying it was the “most transformative, like relationally, both with yourself and others.”

Table 6 highlights the summary of the most influential ACA literature alongside exemplar quotes.

Table 6

Summary of Most Influential ACA Literature

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
Daily Reader	7	41%	“I’ve got it coming to me [via daily email] or it’s [the book] sitting on my end table where I drink my coffee in the morning, and I have friends who are sending me screenshots of it.”
Yellow Workbook	6	35%	“The yellow workbook was the most instrumental in my healing when I was the most raw and lost.”
Big Red Book	5	29%	“When I feel internal struggle, I can locate like, ‘what is the theme of this? Is it people pleasing? Is it resentment?’ Then I’ll flip to the index of the book ... then flip to a reading that is relatable.”
The Laundry List	2	12%	“Just seeing that list and relating to so many of them ...realizing that I’m not alone, coming out of denial ... noticing what your what your patterns have been.”
Others	4	24%	No Quotes Presented

Most Influential ACA Activities

Subjects cited six activities as their most influential to the changes described throughout the interviews: general meetings, fellow traveling, the 12-steps class, sponsorship, meditation, and providing service.

General Meetings. Wherever there are ACA chapters, there are ACA meetings where ACA members gather to share experience, strength, and hope with one another. This is done in a variety of ways, namely reading an excerpt aloud from ACA literature and then entertaining verbal shares on the topic or having a member share in greater depth about their recovery journey followed by other members verbally sharing how they relate to that narrative. In total, 10 of 17 interviewees identified general meetings as one of their most influential activities.

Fellow Traveling. Fellow traveling is what happens when two or more ACA members gather informally, in a more intimate setting than general meetings, and help each other with recovery topics. Six of 17 interviewees identified fellow traveling as one of their most influential activities.

12-Steps Class. The Yellow Book Study, or the 12-Steps Class, provides a structured, more intimate discussion environment where participants learn new skills and new ways of being according to the content in the *Twelve Steps of Adult Children Steps Workbook*. Six of 17 interviewees identified 12-Steps Class as one of their most influential activities.

Sponsorship. Willing ACA members who have completed the 12-Steps Class may sponsor less experienced members of the fellowship by sharing their experience strength and hope. Sponsees learn to develop healthier relationships with authority

figures and have someone to confide in while sponsors learn to wield authority kindly and responsibly. Four of 17 interviewees identified sponsorship as one of their most influential activities.

Meditation. As step 11 instructs, meditation and prayer can be used to connect with one's higher power. One interviewee identified meditation as one of their most influential activities.

Providing Service. Providing service to fellow ACA members can come in many forms but mainly centers on helping run, set up, and administrate meetings. One interviewee identified providing service as one of their most influential activities.

Table 7 highlights the summary of the most helpful activities alongside quotes.

Table 7

Summary of Most Helpful Activities

Theme	Interviewees Mentioning	Percentage of Sample	Quote from Interviewee
General Meetings	10	59%	There's nothing like getting in-person and sharing, you know, being vulnerable ... hearing others, you kind of hear your own story ... I feel like I develop like an empathy muscle when I'm there ... then it fosters connection.
Fellow Traveling	6	35%	"My work life improved the most after some relational healing ... I began to experiment in program with having healthy intimacy and vulnerability with others outside of a meeting."
Yellow Book Study	6	35%	"Putting me on a schedule and holding me accountable really worked for me."
Sponsorship	4	24%	"I wanted what my sponsor had and I was willing, at that time in my life, after hitting bottom, I was willing to go to any lengths necessary."
Others	2	12%	No Quotes Presented

Summary of Research Findings

The sample was more than two-to-one identifying female to male with one interviewee identifying as non-binary. ACA members with between five and nine years of recovery represented over half of the sample. The same ratio applied to the number of years interviewees have been working as adults, with just more than half working between 15 and 28 years. Several industries were accounted for in the sample with 17 interviewees representing 12 industries: entertainment, education, and technology had the highest representation. Finally, the sample provided a mix of contributor levels with most identifying as individual contributors, but with a healthy mix of senior management or owners, middle management, and freelance.

The data revealed that there was perceived change in work life after completing the ACA program. Interviewees in the sample indicated internal changes of improved awareness, confidence, accountability, acceptance, and meaning/motivation; improved interpersonal behavior in agency, secure behavior, friendly environment, respectful treatment, and integrity; improved behavior in issues of self of work/life balance, job fit, intentionality, self-care, and professionalism; and improved overall outcomes of better individual performance, better financial security, better collaboration, more serenity, and better team performance.

Regarding what interviewees found most influential to the changes in their work lives, results showed that when it comes to ACA artifacts, a combination of artifacts was influential more than any single artifact having a standout impact across the sample.

Chapter 5: Discussion

The present study examined the applicability of the ACA 12-step recovery model to relieving toxic workplace behavior. It did so by answering two research questions:

1. What changes in work life are experienced by those who have worked in the ACA program?
2. What components of ACA do practitioners believe have been most influential in their work-life changes?

In total, 17 people were interviewed who had completed the “Twelve Steps of Adult Children” class and who had participated in the general ACA program for at least six months after completing the class. This chapter discusses findings from and limitations to those interviews, implications for practice, and recommendations for future research. Finally, a few concluding remarks are offered.

Summary of Findings

Findings are shared here in three sections, corresponding to the group of interview questions asked about the sample profile and the group of interview questions asked about each research question. Relationships to topics in the literature are discussed.

Summary of Sample and Sample Implications

Due to the anonymity of the ACA program, demographic details about the study sample were not confirmed until interviews were conducted, though as a participant in the program and through the course of personal relationships I had with the subjects, much of the profile information was suspected.

Regarding identified gender and maturity, the sample was skewed female and on the younger side. The sample consisted of more than two times as many women than men

and though years in recovery and years working had wide ranges, only two participants had 10 or more years of recovery and only two participants had been working for 29 years or more. It may be worth noting that the freshman, sophomore, and senior ratios in years in recovery corresponded exactly to those ratios of years working, potentially indicating that participants are entering the recovery community at about the same age. If this is true, further research could shed light on whether there is a prime age range for people to be ready for recovery from the challenges their childhood trauma left them with, which could be helpful in determining ROI from such a work program.

Another profile-related question asked during interviews determined that participants were taking ACA classes multiple times and/or taking multiple classes. The mean number of classes taken was 2.64, with only three subjects reporting just one class taken. This could indicate either that subjects find enough value in the classes to return for more or that subjects are taking additional classes to find value that eludes them. Paired with the answers to other interview questions, it seems likely that interviewees are finding their investment in ACA to be productive enough to continue their journeys. Paired with the low number of years in recovery over 10 years, there may be an indication that ROI in ACA drops at this point. There could be a research opportunity here to determine why there are fewer ACA members with this tenure, which may motivate the ACA organization to adapt the program for more senior members if they want them to stay engaged and may incentivize any work-adapted version of ACA to be customized for members of different tenure.

Interview questions answered about interviewee industries and contributor levels revealed a well-represented population of workers, perhaps with an opportunity to dive

further if more specific applicability of such a recovery program is warranted. In total, 12 industries were represented across 17 workers. Multiple industries were counted for some interviewees as some worked more than one job or were transitioning from one industry to another at the time of the interview. There were seven individual contributors, five senior managers or business owners, three middle managers, and two freelancers represented in the sample. Based on the combination of industry indication with other questions answered, there may be an opportunity to better understand the toxicity in certain industries. In these interviews, the entertainment, education, and healthcare industries were repeatedly described as overtly toxic and these patterns were not detected for the other industries mentioned. With a better understanding of the levels, concentrations, and intricacies of toxicity in each industry, future work recovery programs may be customized for and directed at problem areas.

Significant Positive Work Life Changes Likely to Reduce Toxic Workplace Behavior

Answers to the first research question, “what changes in work life are experienced by those who have worked the ACA program,” indicate that ACA has a significant positive impact on the work lives of its members and that those changes may reduce toxic workplace behavior. ACA membership was shown to positively correlate with improvements in world view, in how ACA members behave toward themselves and others, and in overall work-life outcomes. ACA members, extrapolating from this study, are better at, for, and from work.

Research findings suggest that ACA members are less likely to perpetrate, tolerate, or cultivate toxicity in the workplace, and this may be true when they lead, follow, and shape organizations, thereby breaking away from all three points on the toxic

triangle (Maheshwari & Mehta, 2014; Padilla et. al., 2007). Some of the most compelling evidence for this can be found by comparing the themes resulting from the present research with Pelletier's (2010) typology of toxic behavior. The following text describes how themes discovered in this research may map to reducing each type of toxic behavior.

Attacking Self-Esteem. Attacking self-esteem happens through demeaning, ridiculing, or mocking. ACA members may not perpetrate attacks as often with interviewees reporting more self-awareness, more acceptance of others, more respectful treatment of others, being more intentional about their actions, being more professional, being better collaborators, and better team members. When they are on the receiving end of an attack, they are likely to stand up for themselves and take attacks less personally.

Lacking Integrity. A lack of integrity manifests as deception, blaming others, taking undue credit, or bending the rules. Self-awareness may be helpful here along with improved self-confidence, accountability, and integrity.

Being Abusive. Abuse in this typology looks like angry outbursts, being emotionally volatile, or coercing. ACA members may be less likely to perpetrate or tolerate abuse thanks to increased self-awareness, acceptance of others, respectful treatment of others, being more intentional about their actions, being more professional, being better collaborators, being better members of a team, being more likely to stand up for themselves, and taking attacks less personally.

Social Exclusion. Excluding others seems less likely for those who would do so less often on accident thanks to greater awareness and less often on purpose thanks to being more confident, secure, accepting, better nurturers of a friendly environment, more respectful, more intentional, better collaborators, and better team members. Thanks to

these same improvements, ACA graduates may be less likely to take social exclusion personally but also to stand up for themselves and ask to be included through their improved agency.

Cultivating Divisiveness. Pitting people against each other or being pitted against others both seem less likely for those with greater self-awareness, acceptance of others, accountability, those who cultivate friendly environments, treat others more respectfully, act with greater integrity, are better collaborators, and better teammates.

Promoting Inequity. Promoting inequity through favoritism appears less likely for ACA members as they show greater self-awareness, accountability, acceptance of others, cultivate more friendly environments, treat others more respectfully, act with greater integrity, are better collaborators, and better team members.

Threatening Security. Threatening physical, job, or psychological security seems less likely for ACA members as does tolerating this behavior due to improved awareness, confidence, accountability, more secure behavior, cultivating more friendly environments, treating others more respectfully, operating with greater integrity, being more intentional, acting more professionally, maintaining greater serenity, being a better collaborator, and a better teammate.

A Laissez-Faire Attitude. A laissez-faire attitude can be observed in ignoring comments or ideas, disengagement, stifling dissent, or being rigid. This attitude seems less likely to come from or be tolerated by those who are more self-aware, self-confident, accountable, accepting, who exhibit greater agency, behave more securely, treat others more respectfully, operate with greater integrity, act more intentionally and more professionally, and who perform, collaborate, and team better.

Table 8 maps out the research findings to toxic workplace behaviors.

Table 8

Research Findings Mapped to Toxic Workplace Behaviors

Category of Change	Theme of Change	Toxic Workplace Behaviors							
		Attacking Self-Esteem	Lacking Integrity	Being Abusive	Social Exclusion	Cultivating Divisiveness	Promoting Inequity	Threatening Security	Laissez-Faire Attitude
Internal	Awareness	x	x	x		x	x	x	x
	Confidence		x		x			x	x
	Accountability		x			x	x	x	x
	Acceptance	x		x	x	x	x		x
	Meaning/Motivation								
Interpersonal Behavior	Agency	x		x	x				x
	Secure Behavior	x		x	x			x	x
	Friendly Environment				x	x	x	x	
	Respectful Treatment	x		x	x	x	x	x	x
	Integrity		x			x	x	x	x
Behavior to Self	Work/Life Balance								
	Job Fit								
	Intentionality	x		x	x			x	x
	Self-Care								
	Professionalism	x		x				x	x
Outcome	Individual Performance								x
	Financial Security								
	Collaboration	x		x	x	x	x	x	x
	Serenity							x	
	Team Performance	x		x	x	x	x	x	x

ACA Components: Diverse but Valuable Appreciation

Perhaps the most valuable discovery driven by the second research question, “what components of ACA do practitioners believe have been most influential in their work life changes,” was not which ACA components were perceived as most valuable but why they were perceived as valuable. Among the list of activities and literature used in the ACA program, only general meetings was mentioned by more than 50% of

interviewees (10/17) as one of the most influential components of growth, with the next most cited component, the Daily Reader, at 41% (7/17), followed by a three-way tie for third with 35% (6/17) mentioning the Yellow Book, fellow traveling, and the Yellow Book Study. The reasons interviewees gave for why they cited each component reads like a list of requirements for successfully porting ACA to the workplace. Interviewees identified the following benefits realized through ACA activities and literature:

Daily, Relevant Content. Interviewees appreciated direct, daily access to thought-provoking content from the Daily Reader. They explained that it helped them relate their daily experiences to their recovery journey and that doing that in small, daily doses was helpful to their long-term recovery.

Accountability and Structure. The Yellow Book and other formal classes were reported to provide ACA members with the needed accountability and structure in confronting what had been holding them back, recovering from it, and developing skills to maintain emotional sobriety. Sponsors were mentioned as contributing to accountability.

An Indexed Help Reference. Thanks to its detailed index, several interviewees found the Big Red Book helpful with quickly finding content pertaining to challenges as they arose in everyday life.

Feeling Heard, Valued, and Normalized. Several interviewees described great relief and motivation from feeling like they were heard, valued, and that they were not alone in suffering from and trying to overcome adverse childhood experiences and all that came with it. They reported this relief coming from reading and hearing The 14 Traits of an Adult Child read aloud; from sharing their experience, strength, and hope

with other members who did not judge them; from hearing others share their narratives during meetings, classes, and in one-on-one conversations; and from giving service to the fellowship in some way.

Resources and Support. Interviewees were grateful for the ability to reach out to their sponsors or other ACA members to ask for or offer help in working through challenges or celebrating victories.

Learning New Skills. Interviewees shared their awareness that they learned important, new skills in ACA and that though these skills were taught most directly in classes, they were practicing them in the laboratories of meetings, in one-on-one conversations with sponsors, sponsees, and other members, when they practiced the steps; when contemplating various ACA literature, and when witnessing healthy behavior modeled by sponsors and other members.

Limitations

There were several limitations to this study that should be considered by those drawing from it for practice or future research including a small sample size, the sample being selected from a single region and two ACA chapters, the variability possible from a single researcher making observations from qualitative data, the impact of the personal relationship the researcher had with the interviewees, and the fact that interviewees were self-reporting about changes in work life outside of the workplace.

Sample Size

The present study's findings were based on interviews with 17 ACA members. Results for the first research questions were largely consistent but the results for the second question were not.

Sample Selection

Because of the foundational value of anonymity in ACA and the potentially sensitive nature of the topics discussed, I requested interviews only from personal connections I had made through my own recovery practice prior to beginning this research. This led to data gathering from a single region and from two ACA chapters within that region. Though ACA chapters the world over follow the same principles in their programming, there is leeway in how meetings are conducted.

Observer Bias

I made observations about interview data based on my grasp of the topic, my experience in the ACA program, my understanding of the interviewees through a personal relationship with each, and my interpretation of what was said during interviews.

Response Bias

Data for this study was gathered by asking subjects to self-report on the results of their work in the ACA program. Several limitations exist here that could impact results including, but not limited to, the desire to see benefit from their work in the ACA program, their relationship with me, and their desire to provide socially desirable responses.

Implications for Practice

Aside from intervening to prevent, reduce, or treat adverse childhood experiences and toxic stress when victims are still children, those wishing to apply these findings toward reducing toxic workplace behavior may wish to first empathize with those acting out, even those acting in the most aggressive way, as victims of previous toxic behavior.

Understanding that those exhibiting behaviors consistent with Pelletier's (2010) toxic behavior types are suffering, even if they do not realize it, may lead to a more palatable intervention. In addition, practitioners may benefit from empathizing with those who tolerate, or even embrace, toxic behavior, as they are likely previous victims of toxic behavior too.

For those perpetrating or suffering from toxic behavior, there are ACA programs all over the world, virtual and in-person, free, and welcoming. Understanding that vast numbers of people have experienced at least some toxicity in their childhoods and that the research curated in this paper suggests it prudent to normalize getting help, we would do well to hold ourselves accountable for developing in this way for ourselves, for our loved ones, and for our community.

At work, now knowing the extreme impact toxic leaders can have on others, screening, monitoring, supporting, and developing ascending leaders toward anti-toxic behavior seems as or more productive than doing so for any other skillset. Otherwise, practitioners may be interested in exploring the applicability of the currently available solutions presented in this paper (i.e., TOCS, attachment theory, trauma-informed workplaces) or craft a new program incorporating the findings of the current research, keeping in mind that to truly weed out toxic workplace behavior, workplaces will need to address all three points on the toxic triangle: toxic leaders, susceptible followers, and contributing environments.

Recommendations for Future Research

Though the present findings are promising and are built on research occurring over decades, they are still early with respect to their proven applicability in the

workplace. Because of this, there are a myriad of opportunities for future research. Research reliability and validity may benefit from research conducted in various regions and chapters, with larger sample sizes, and with multiple researchers. In addition, multiple methods such as survey data might add in ability to generalize findings.

In addition to the research that seeks to address limitations, it may be time to take an important step in reducing toxic workplace behavior: bringing a recovery-based approach into organizations. Future research may be best directed at piloting and studying a recovery-based approach to toxic workplace behavior, leveraging learnings from Holloway and Kusy's (2010) holistic TOCS model, Iversen's (2011) discoveries about what recoverees need from work, Whiteside's (2013) detections about 12-step recovery's impact on executive leadership style, the potential for evolving insecure attachment styles into more secure ones (Davila et al., 1997; Lopez & Gormley, 2002; Zhang & Labouvie-Vief, 2004), trauma-informed workplaces (Lam, 2021; Middleton et al., 2015), and this study's findings about ACA's benefits to work life and its implications for a successful toxicity-reduction program. Such research could be invaluable to understanding how to get toxic organizations to accept help with their toxicity, what design elements make for a successful recovery-based program, and what may be expected of a successful design. Salient questions could be:

- By how much are the benefits (e.g., awareness, accountability) of a recovery-based program improved and by what measure do those benefits reduce toxic behavior?
- How would the applied principles of the ACA program impact those with no or few adverse childhood experiences?

- What is the difference in impact between delivering a recovery-based toxicity reduction program virtually vs. in-person?
- What can be done to screen individuals, teams, and organizations for toxic tendencies and willingness to authentically invest in recovery?

Closing Remarks

At the start of my work on this thesis, I thought and hoped there might be some benefit to others from the intersection of my personal recovery journey, professional experience, and academic curiosity. As I attempt to write here about the impact of it being more rewarding than I ever expected, I try and fail to articulate separately my experience and the experience of my fellow traveler interviewees; I think that is exactly the point. Prior to our conversations, we were 18 adult children of alcoholics and dysfunctional families experiencing something separately. We, through choosing to talk to each other vulnerably and intimately, joined our journeys inextricably. This power has been and remains available at any time, to us and to the willing in organizations all over the world.

This work, reducing toxic workplace behavior, is important. The stakes are high and the decisions we must make soon about how we treat our planet, our union, and our increasingly dominant technology, it is all predicated on how we decide to treat each other. How then, will we decide on that? I submit that, as in ACA, we start with step 1, admitting that we are powerless over the dysfunction that came before us and that our lives have become unmanageable. From there, once we are no longer pretending we have it all together, we can begin to put it all together.

References

- Alan, S., Corekcioglu, G., & Sutter, M. (2023). Improving Workplace Climate in Large Corporations: A Clustered Randomized Intervention. *The Quarterly Journal of Economics*, *138*(1), 151–203. <https://doi.org/10.1093/qje/qjac034>
- Ashforth, B. E. (1997). Petty tyranny in organizations: A preliminary examination of antecedents and consequences. *Canadian Journal of Administrative Sciences*, *14*(2), 126-140.
- Boatswain, B. (2022). Today’s Manager: Integrating Emotional Intelligence and Leadership Skills. *Organization Development Review*, *54*(4), 76–78.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, *52*(4), 664–678.
<https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>
- Brassey, J., Coe, E., Dewhurst, M., Enomoto, K., Jeffery, B., Giarola, R., & Herbig, B. (2022, May 27). Addressing employee burnout: Are you solving the right problem? McKinsey Health Institute.
- Bretherton, I. (1985). Attachment Theory: Retrospect and Prospect. *Monographs of the Society for Research in Child Development*, *50*(1/2), 3–35.
<https://doi.org/10.2307/3333824>
- Coldwell, D. A. L. (2021). Toxic behavior in organizations and organizational entropy: A 4th industrial revolution phenomenon? *SN Business & Economics*, *1*(5), 70-77.
<https://doi.org/10.1007/s43546-021-00079-0>
- Colligan, T. W., & Higgins, E. M. (2006). Workplace Stress: Etiology and Consequences. *Journal of Workplace Behavioral Health*, *21*(2), 89–97.
https://doi.org/10.1300/J490v21n02_07
- Creswell, J. W., & Creswell, J. D. (2023). Research design: Qualitative, quantitative, and mixed methods approaches (Sixth edition). SAGE.
- Davila, J., Burge, D., & Hammen, C. (1997). Why Does Attachment Style Change? *Journal of Personality & Social Psychology*, *73*(4), 826–838.
<https://doi.org/10.1037/0022-3514.73.4.826>
- Dawson, A. E., Allen, J. P., Marston, E. G., Hafen, C. A., & Schad, M. M. (2014). Adolescent insecure attachment as a predictor of maladaptive coping and externalizing behaviors in emerging adulthood. *Attachment & Human Development*, *16*(5), 462–478. <https://doi.org/10.1080/14616734.2014.934848>

- Einarsen, S., Aasland, M. S., & Skogstad, A. (2007). Destructive leadership behaviour: A definition and conceptual model. *The Leadership Quarterly*, *18*(3), 207–216. <https://doi.org/10.1016/j.leaqua.2007.03.002>
- Ellis, W. R., & Dietz, W. H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics*, *17*(7), S86–S93. <https://doi.org/10.1016/j.acap.2016.12.011>
- Erozkan, A. (2016). The Link between Types of Attachment and Childhood Trauma. *Universal Journal of Educational Research*, *4*(5), 1071–1079.
- Espinosa, A., & Rudenstine, S. (2018). Trait emotional intelligence, trauma and personality organization: Analysis of urban clinical patients. *Personality and Individual Differences*, *123*, 176–181. <https://doi.org/10.1016/j.paid.2017.11.026>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fletcher, J. M., & Schurer, S. (2017). Origins of Adulthood Personality: The Role of Adverse Childhood Experiences. *The B.E. Journal of Economic Analysis & Policy*, *17*(2). <https://doi.org/10.1515/bejeap-2015-0212>
- Franke, H. A. (2014). Toxic Stress: Effects, Prevention and Treatment. *Children*, *1*(3), 390–402. <https://doi.org/10.3390/children1030390>
- Fuller, J., & Kerr, W. (2022, March 23). The Great Resignation Didn't Start with the Pandemic. Harvard Business Review. <https://hbr.org/2022/03/the-great-resignation-didnt-start-with-the-pandemic>
- Gittleman, M. (2022). The “Great Resignation” in perspective: Monthly Labor Review: U.S. Bureau of Labor Statistics. <https://www.bls.gov/opub/mlr/2022/article/the-great-resignation-in-perspective.htm>
- Goldman, A. (2008). Company on the Couch: Unveiling Toxic Behavior in Dysfunctional Organizations. *Journal of Management Inquiry*, *17*(3), 226–238. <https://doi.org/10.1177/1056492608318157>
- Grady, M. D., Levenson, J. S., & Bolder, T. (2017). Linking Adverse Childhood Effects and Attachment: A Theory of Etiology for Sexual Offending. *Trauma, Violence, & Abuse*, *18*(4), 433–444. <https://doi.org/10.1177/1524838015627147>

- Gransberry, C. K. (2022). How Emotional Intelligence Promotes Leadership and Management Practices. *Public Organization Review*, 22(4), 935–948. <https://doi.org/10.1007/s11115-021-00550-4>
- Holloway, E. L., & Kusy, M. E. (2010). Disruptive and Toxic Behaviors in Healthcare: Zero Tolerance, The Bottom Line, and What to Do About It. *Journal of Practice Management*, 25(6), 335-340.
- Honor, G. (2015). Childhood Trauma Exposure and Toxic Stress: What the PNP Needs to Know. *Journal of Pediatric Health Care*, 29(2), 191–198. <https://doi.org/10.1016/j.pedhc.2014.09.006>
- Iversen, C. (2011). Supporting individuals' transformation of the self at work during recovery from alcoholism (Doctoral Dissertation, Saybrook University).
- Jones, S. (1996). Collaborative management development pays off. *Management Development Review*, 9(7), 27–31. <https://doi.org/10.1108/EUM0000000004288>
- Kashef, Z. (2015, November 19). Toxic stress exposure in childhood linked to risky behavior, adult disease. YaleNews. <https://news.yale.edu/2015/11/19/toxic-stress-exposure-childhood-linked-risky-behavior-adult-disease>
- Kiani, A., Ramezani, S., & Atadokht, A. (2019). Predicting Suicidality and Addictions Among University Students Based on Adverse Childhood Experiences and Exposure to Family Members' and Friends' Suicide. *Practice in Clinical Psychology*, 7(2), 125–136. <https://doi.org/10.32598/jpcp.7.2.125>
- Kim, J. H., & Choi, J. Y. (2020). Influence of childhood trauma and post-traumatic stress symptoms on impulsivity: Focusing on differences according to the dimensions of impulsivity. *European Journal of Psychotraumatology*, 11(1), 1796276. <https://doi.org/10.1080/20008198.2020.1796276>
- Kusmaul, N., Wilson, B., & Nochajski, T. (2015). The Infusion of Trauma-Informed Care in Organizations: Experience of Agency Staff. *Human Service Organizations: Management, Leadership & Governance*, 39(1), 25–37. <https://doi.org/10.1080/23303131.2014.968749>
- Kuzminskaite, E., Penninx, B. W. J. H., van Harmelen, A.-L., Elzinga, B. M., Hovens, J. G. F. M., & Vinkers, C. H. (2021). Childhood Trauma in Adult Depressive and Anxiety Disorders: An Integrated Review on Psychological and Biological Mechanisms in the NESDA Cohort. *Journal of Affective Disorders*, 283, 179–191. <https://doi.org/10.1016/j.jad.2021.01.054>

- Lam, S. K. (2021). Building Resiliency and Collective Power in the Workplace Through Trauma Informed and Socially Just Conflict Transformation. *Global Journal of Peace Research and Praxis*, 3(1), Article 1.
- Lewin, K., Lippitt, R., & White, R. K. (1939). Patterns of aggressive behavior in experimentally created "social climates." *The Journal of Social Psychology*, 10, 271–299. <https://doi.org/10.1080/00224545.1939.9713366>
- Lim, M. S. M., Cheung, F. Y. L., Kho, J. M., & Tang, C. S.-K. (2020). Childhood adversity and behavioural addictions: The mediating role of emotion dysregulation and depression in an adult community sample. *Addiction Research & Theory*, 28(2), 116–123. <https://doi.org/10.1080/16066359.2019.1594203>
- Lipman-Blumen, J. (2006). *The allure of toxic leaders: Why we follow destructive bosses and corrupt politicians - and how we can survive them*. Oxford University Press.
- Lopez, F. G., & Gormley, B. (2002). Stability and Change in Adult Attachment Style Over the First-Year College Transition: Relations to Self-Confidence, Coping, and Distress Patterns. *Journal of Counseling Psychology*, 49(3), 355-364. <https://doi.org/10.1037/0022-0167.49.3.355>
- Macklem, K. (2005). The Toxic Workplace. *Maclean's*, 118(5), 34–35.
- Maheshwari, G., & Mehta, S. (2014). Toxic Leadership: Tracing the Destructive Trail. *International Journal of Management*, 5, 18–24.
- Middleton, J., Harvey, S., & Esaki, N. (2015). Transformational Leadership and Organizational Change: How do Leaders Approach Trauma-Informed Organizational Change...Twice? *Families in Society*, 96(3), 155–163. <https://doi.org/10.1606/1044-3894.2015.96.21>
- Minor, D., & Housman, M. G. (2015). Toxic workers. In *Academy of Management Proceedings* (Vol. 2015, No. 1, p. 13189). Academy of Management.
- Mirza, B. (2019, September 25). Toxic Workplace Cultures Hurt Workers and Company Profits. SHRM. <https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/toxic-workplace-culture-report.aspx>
- Orr, D., & Seter, M. (2020). OD strategies and workplace bullying. *Organization Development Review*, 52(3), 36-45.
- Padilla, A., Hogan, R., & Kaiser, R. B. (2007). The toxic triangle: Destructive leaders, susceptible followers, and conducive environments. *The Leadership Quarterly*, 18(3), 176–194. <https://doi.org/10.1016/j.leaqua.2007.03.001>

- Palmer, J. C., Komarraju, M., Carter, M. Z., & Karau, S. J. (2017). Angel on one shoulder: Can perceived organizational support moderate the relationship between the Dark Triad traits and counterproductive work behavior? *Personality and Individual Differences, 110*, 31–37. <https://doi.org/10.1016/j.paid.2017.01.018>
- Pelletier, K. L. (2010). Leader toxicity: An empirical investigation of toxic behavior and rhetoric. *Leadership, 6*(4), 373–389. <https://doi.org/10.1177/1742715010379308>
- Poole, J. C., Dobson, K. S., & Pusch, D. (2018). Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation. *Child Abuse & Neglect, 80*, 123–133. <https://doi.org/10.1016/j.chiabu.2018.03.006>
- Rasool, S. F., Wang, M., Tang, M., Saeed, A., & Iqbal, J. (2021). How Toxic Workplace Environment Effects the Employee Engagement: The Mediating Role of Organizational Support and Employee Wellbeing. *International Journal of Environmental Research and Public Health, 18*(5), Article 5. <https://doi.org/10.3390/ijerph18052294>
- Rayner, C., & Cooper, C. (1997). Workplace bullying: Myth or reality - can we afford to ignore it? *Leadership & Organization Development Journal, 18*(4), 211–214. <https://doi.org/10.1108/01437739710182313>
- Reed, G. E., & Olsen, R. A. (2010). Toxic leadership: Part deux. *Military Review, 90*(6), 58-64.
- Simpson, J. A., & Rholes, W. S. (2015). Attachment Theory and Research: New Directions and Emerging Themes. Guilford Publications.
- Strengthening My Recovery: Meditations for Adult Children of Alcoholics/Dysfunctional Families (2013). Adult Children of Alcoholics World Service Organization, Inc.
- Sull, D., & Sull, C. (2022). How to Fix a Toxic Culture. MIT Sloan Management Review. <https://sloanreview.mit.edu/article/how-to-fix-a-toxic-culture/>
- Sull, D., Sull, C., Cipolli, W., & Brighenti, C. (2022). Why Every Leader Needs to Worry About Toxic Culture. MIT Sloan Management Review. <https://sloanreview.mit.edu/article/why-every-leader-needs-to-worry-about-toxic-culture/>
- Tee Liang Tan, K., Mung Ling Voon, & Kwang Sing Ngui. (2022). Emotional Intelligence and Leadership Effectiveness: A Critical Review for Future Research. *Global Business & Management Research, 14*, 536–551.
- Tepper, B. J. (2000). Consequences of Abusive Supervision. *Academy of Management Journal, 43*(2), 178–190. <https://doi.org/10.5465/1556375>

- Tepper, B. J., Moss, S. E., Lockhart, D. E., & Carr, J. C. (2007). Abusive Supervision, Upward Maintenance Communication, and Subordinates' Psychological Distress. *Academy of Management Journal*, 50(5), 1169–1180. <https://doi.org/10.5465/amj.2007.20159918>
- The Laundry Lists Workbook. (2015). Adult Children of Alcoholics/Dysfunctional Families World Service Organization.
- The Loving Parent Guidebook. (2021). Adult Children of Alcoholics World Service Organization.
- Timko, C., Laudet, A., & Moos, R. H. (2016). Al-Anon newcomers: Benefits of continuing attendance for six months. *The American Journal of Drug and Alcohol Abuse*, 42(4), 441–449. <https://doi.org/10.3109/00952990.2016.1148702>
- Toxic Stress. (n.d.). Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- Twelve Steps of Adult Children Steps Workbook. (2007). Adult Children of Alcoholics World Service Organization.
- Van Den Bergh, N. (1991). Workplace Mutual Aid and Self-Help: INvaluable Resources for EAPs. *Employee Councelling Today*, 3(2), 9–19. <https://doi.org/10.1108/EUM0000000002856>
- Whiteside, K. (2013). Identifying the impact of 12-step programs on executives' leadership styles (Master's Thesis, Pepperdine University).
- Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., & Chambers, R. A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. *Cogent Medicine*, 6(1), 1581447. <https://doi.org/10.1080/2331205X.2019.1581447>
- Zhang, F., & Labouvie-Vief, G. (2004). Stability and fluctuation in adult attachment style over a 6-year period. *Attachment & Human Development*, 6(4), 419–437. <https://doi.org/10.1080/1461673042000303127>

Appendix A: Interview Guide

Pre-Recording Reminders:

- If video conferencing
 - Camera off
 - Change screen name to “anonymous”
- Advise to avoid sharing personally identifiable information
- Review all parts of consent form & request final consent
- Will ask some questions, will have you read something for one of the questions
- Timing around questions just to manage overall time – who’s timing?
- Advise that if interviewee experiences fatigue during interview, we may break until the subject is ready to continue.
- Take a breath

Upon Recording:

- If video conferencing, save to local drive

Interview Questions:

- Profile questions:
 - Gender
 - Years in recovery
 - Number of recovery classes worked
 - Years of working
 - Industry
 - Current contributor role
 - Senior management or ownership
 - Middle management

- Individual contributor
- Freelance
- (10 mins) What, if anything, is different about your work life &/or how you experience it as compared to before you came through ACA?
- (7 mins) I'm going to read you some examples of toxic workplace behavior. As you reflect on when you may have experienced these or when you may have caused someone else to experience them, please share anything you see as different in your work life now, post-ACA. The examples: disrespectful treatment, non-inclusivity, unethical behavior, cutthroat competition or backstabbing, abuse/bullying.
- (15 mins) Next, I'd like for us to take a few minutes to review some ACA artifacts together. We can read some of these aloud if you like. As we do or after we're finished, I invite you to note any examples that surface of how things are different in your work life post-ACA. Please feel free to illustrate any differences using examples from pre-ACA or post-ACA.
 - The Flip Side of the Laundry List
 - March 29th ACA Daily Affirmation
 - The Flip Side of the Other Laundry List
 - The ACA Bill of Rights
 - The Promises
- (3 mins) Thinking about the content in these and other ACA artifacts (like the serenity prayer, the Big Red Book, the Problem, the Solution, the yellow

workbook, the traits workbook, etc.), what comes to mind as having helped you the most with your work life and why?

- (3 mins) Thinking about the tools we use in ACA (attending meetings, practicing the steps, providing service, giving and/or receiving sponsorship, reaching out to or being reached out to by others), which of these have helped you the most with your work life and why?
- (7 mins) Is there anything else you'd like to share about your post-ACA work life regarding (provide prompts for help if needed):
 - Your work situation
 - Your behavior at work
 - Your work relationships
 - The results of your work
 - Your feelings about work or about what happens at work
 - Your feelings about yourself in relationship to work
 - Your feelings while you're working
 - Your process of work/how you work