Treatment Committee WORKBOOK

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This workbook is service material, reflecting A.A. experience shared at the General Service Office. A.A. workbooks are compiled from the practical experience of A.A. members in the various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (U.S. & Canada).

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Contents

Introduction

This Treatment Committee Workbook is dedicated to the many A.A. members who carry the message into treatment facilities and outpatient settings. The contents are the result of the shared experience of professionals, clients, A.A. members, and the trustees' and Conference Treatment and Accessibilities Committees.

The primary purpose of a Treatment Committee is the same throughout the United States and Canada, to carry the A.A. message to the alcoholic who still suffers. There is probably no better place for an A.A. member to find a suffering alcoholic than in a treatment facility or outpatient treatment setting. According to the A.A. 2014 Membership Survey, 32% of our members cited treatment facilities as a factor most responsible for them coming to A.A. Carrying the message to alcoholics in treatment is basic Twelfth Step work — sharing experience, strength and hope — giving it away in order to keep it!

Some A.A. members may be apprehensive about doing this kind of Twelfth Stepping. If they follow the suggestions presented in this Workbook and stick to the basics of the A.A. program, their efforts will be successful and rewarding. To quote Chapter 7 of the Big Book: "Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail. . . . Carry this message to other alcoholics! You can help when no one else can. You can secure their confidence when others fail."

Why A.A. Members Carry the Message Into Treatment Facilities and Outpatient Settings

Since its beginning in 1935, the Fellowship of Alcoholics Anonymous has cooperated with treatment facilities. Bill W. himself was a product of a treatment facility — Towns Hospital in New York City. After he had finally put together several months of sobriety, Bill returned to Towns to try to work with other alcoholics. This was the beginning of A.A.'s Twelfth Step work in hospitals.

After he sobered up, Dr. Bob, a surgeon, realized the need for an alcoholism ward at St. Thomas Hospital in Akron, Ohio, where he worked. With the loving assistance and dedication of Sister Ignatia, Dr. Bob established a ward for alcoholics; together, they reached over 5,000 alcoholics.

The principle of carrying the A.A. message to other alcoholics was fundamental to the recovery and continued sobriety of A.A.'s co-founders and early A.A. members. Today, through the practice of this principle — the Twelfth Step — A.A. has grown and the A.A. message has been carried around the world. A.A.s who carry the message into treatment facilities and outpatient settings continue to follow the path for sobriety laid out by A.A.'s co-founders. These A.A.s help alcoholics in treatment recover through the A.A. program and find happy, useful, sober lives.

In the past three decades, some areas of the U.S. and Canada have experienced considerable changes regarding treatment services provided, by whom, and in which settings. Some committee members say that they are finding more women and young people in treatment, more clients with drug problems and mental illness, and higher bottoms.

Some committees have noticed that the number of inpatient facilities has decreased and the number of outpatient facilities has increased. Other committees mention shorter stays in treatment, reduced insurance coverage, and more Narcotics Anonymous (and other fellowships) meetings. Still other committees have found that more alcoholics are seeking treatment in individual or group therapy. Some committee members have told G.S.O. that they are encountering less understanding of the difference between treatment and A.A. and of the difference between A.A. and other Twelve-Step fellowships.

On the other hand, some Treatment Committees say that the treatment settings have not changed much in their areas in the past ten to fifteen years, or that services have increased.

Each local committee may wish to inventory which types of treatment exist in their community so that they can effectively present A.A. to the professionals who work in these settings and to alcoholics seeking professional treatment.

Forming a Treatment Committee

To carry the A.A. message effectively, members have formed Treatment Committees. In addition to bringing the message of hope for recovery to alcoholics in a variety of treatment settings, A.A.s on Treatment Committees demonstrate to administrators and staff "how it works" and are instruments of attraction to the A.A. program. The active Treatment Committee provides information about A.A., as well as literature and guidelines for setting up A.A. meetings in treatment facilities and outpatient settings.

This Workbook suggests ways of carrying the A.A. message into treatment facilities and activities for local Treatment Committees. As each group is autonomous, so is each area. Each committee determines its needs, then follows through within the treatment structure that exists in the area.

The A.A. Guidelines on Treatment Committees, along with other Treatment Committee literature and material are compiled from the experience of A.A. members in the various service areas. They also reflect guidance from the Twelve Traditions and the General Service Conference of the United States and Canada.

Qualifications for Committee Members

The area Treatment Committee usually consists of the committee chairperson and at least one A.A. member from the general service district, intergroup or central office. These members are usually elected or appointed to serve a two-year term. Procedures and qualifications vary with each area. Experience suggests that solid sobriety, a knowledge of the Traditions and absolute dependability are the qualifications needed to serve on Treatment Committees.

Qualifications for Chairpersons

The chairperson of the area Treatment Committee is generally elected by the members of the area committee to serve a two-year term. Candidates for this office are usually

required to have at least five years of current and continuous sobriety and three years of active committee work at the area and local levels. In some areas the Treatment Committee chairperson is appointed by the chairperson of the area general service committee; in other areas the chairperson is elected by assembly members.

Keeping Committee Members Informed

Now that an active Treatment Committee has been established in your area, how do you go about keeping committee members informed? Regularly scheduled committee meetings help keep everyone informed of activities and commitments and also provide opportunities to share problems and solutions.

1. A notice to committee members about a forthcoming Treatment Committee meeting will improve attendance.
2. Minutes are an important record of the Committee's transactions, and they allow new members to become familiar with past committee actions and ideas.
3. Several area Treatment Committees periodically distribute a newsletter as a means of sharing ideas with district, and central office and/or intergroup Treatment Committees.

Treatment Committee Expenses

The expenses incurred in carrying the A.A. message into treatment facilities and outpatient settings are met in different areas in several ways. Money is needed to purchase literature and cover printing, postage, telephone, travel and other miscellaneous expenses.

A.A. groups generally contribute to their area, district, G.S.O. and to their local central office/intergroup. These contributions help meet the expenses of Treatment Committees at the various service levels. It helps to have an annual budget.

In some places, groups contribute directly to Treatment Committees by means of special containers passed at meetings, in addition to the regular basket. Members are invited to contribute to the special container for the purpose of purchasing literature for treatment settings.

Working with Other Treatment Committees

There is a definite need for good communication between Treatment Committees, not only within general service areas and districts but throughout our service structure. Many areas, states, provinces and regions hold conventions, conferences and round-ups in addition to their assemblies. These are ideal times to plan special meetings or workshops for members of Treatment Committees.

The Group Treatment Representative

The group Treatment representative is a "messenger" for his or her A.A. group, bringing information to and from the local Treatment Committee meeting. The representative informs the group of openings for speakers and chairpersons of meetings in treatment settings and also reports on the needs and activities of the committee.

Some Suggested Activities for Treatment Committees

This list is intended as a committee starting-point only. It is our experience that if a committee group conscience selects a single project and follows it through to completion, there is a great sense of unity and love and service shared by all committee members. For further experience, please review the Treatment Committee Workbook, talk to experienced members in the area and remember that our first responsibility is to the Traditions of Alcoholics Anonymous.

1. Study Treatment Committee Workbook and related materials.
2. Purchase Treatment Committee Workbooks for all committee members.
3. Send a list of Treatment Committee meetings to all D.C.M.s and to local Intergroup/Central Offices.
4. Invite Corrections, Cooperation With the Professional Community, and Public Information Committee liaisons to Treatment Committee meetings.
5. Make presentations to three treatment facilities or outpatient treatment settings and offer follow-up presentations every four months to accommodate staff changes.
6. Set up Treatment Committee literature displays in district meetings, area meetings, seminars, conventions, etc.
7. Create a local Treatment Committee presentation based on the Treatment Committee Workbook and local experience, i.e., for psychiatric hospitals, nursing homes, youth noncorrectional facilities, shelters, halfway houses, and a variety of other treatment settings. Use of the DVD *Hope: Alcoholics Anonymous* or the DVD *A.A. Videos for Young People*, where appropriate, may be helpful.
8. Create a Temporary Contact (Bridging the Gap) program.
9. Contact one or more nursing homes to offer A.A. presentations or meetings.
10. Contact one or more psychiatric hospitals to offer A.A. presentations or meetings.
11. Contact one or more homeless shelters and offer A.A. presentations or meetings.
12. Contact one or more halfway houses and offer A.A. presentations or meetings.
13. Contact one or more outpatient rehabilitation programs and offer A.A. presentations or meetings.
14. Contact local Veterans Administration Hospitals or facilities and offer A.A. presentations or meetings.
15. Work to reduce apathy within the Fellowship; find a co-chair and interested people in order to achieve all the above.
16. Write to the General Service Office with additional suggestions for this list.

Working Within the Traditions

The guiding principles of the A.A. Fellowship are contained in the Twelve Traditions. The responsibility for preserving the Traditions rests with A.A. members alone. In order for A.A.s to preserve these Traditions, we must understand them. Also, we cannot expect non-A.A.s to be aware of our Traditions. Therefore, A.A.s must be well informed about the Traditions in order to explain them to professionals.

The General Service Office receives many telephone calls regarding treatment settings and the A.A. Traditions. Most frequently, A.A.s report that a treatment setting has broken one or more of "our" Traditions. The A.A. program is all encompassing to A.A.s, but not to nonalcoholics. The Traditions are for A.A.s to follow, and A.A.s who are experienced in carrying the message into treatment settings come to learn this truth and are in a position to explain the Traditions to administrators and staff, showing them how the Traditions allow A.A.s to be more effective in their Twelfth Step work.

A.A. literature, which studies the Twelve Traditions in depth, includes *Twelve Steps and Twelve Traditions* and the pamphlets "A.A. Tradition, How It Developed" and "The Twelve Traditions Illustrated." In addition, the first few pages of the pamphlet "How A.A. Members Cooperate" point out ways in which all the Traditions are relevant for A.A.s in cooperating with the professional community. Finally, treatment facilities administrators and A.A.s who have carried the message into these settings share their experience in the pamphlet "A.A. in Treatment Settings."

It should be noted that not all the Traditions apply directly to Twelfth Step work in treatment settings. Also, sometimes A.A. members find themselves applying several Traditions at once when carrying the A.A. message into treatment settings. Finally, the following examples are idealized situations, not practical applications of the Traditions in Twelfth Step work.

Tradition One points out that "personal recovery depends upon A.A. unity." The unity of an A.A. meeting held within a treatment setting is essential for carrying the A.A. message. The chairperson carries the message of A.A., rather than of a specific treatment program, and is responsible for seeing that the meeting is not disrupted by any one patient.

Tradition Two reminds us that "a loving God as He may express Himself in our group conscience" is the ultimate authority for our group purpose. A.A. members who carry the message into treatment settings, like all A.A.s, are but trusted servants. They learn to allow the Higher Power to govern the meeting.

Tradition Three "The only requirement for A.A. membership is a desire to stop drinking." This Tradition is the basis for all A.A. meetings held in treatment settings. Patients who are dually addicted may attend A.A. meetings *as long as one of their problems is alcohol.* Only the patient may decide whether he or she has a desire to stop drinking.

Tradition Five is really what Twelfth Stepping in treatment settings is all about: "Each group has but one primary purpose — to carry its message to the alcoholic who still suffers." This is what A.A.s do best — share their experience, strength and hope with suffering alcoholics. There can be no more important commitment for an A.A. member than to carry the message.

Tradition Six "An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige

divert us from our primary purpose." Experience has given us a simple guiding principle: *We cooperate, but we do not affiliate.* We wish to work with treatment facilities administrators and staff, but we do not wish to be merged with them in the minds of administrators, clients, staff or the public. A.A. is available to the treatment facilities, but public linking of the A.A. name can give the impression of affiliation. Therefore, an A.A. meeting or group that meets in a treatment facility should *never* bear the name of the facility.

Tradition Seven "Every A.A. group ought to be fully self-supporting, declining outside contributions." Much of A.A.'s success and respect by the public lies in our adherence to this Tradition. In treatment facilities, this Tradition applies when an A.A. group is given free use of a meeting room. In this situation, the group may arrange a payment in kind to the facility. However, when A.A.s conduct a meeting for patients only, no contribution is required, as this meeting is not an A.A. group.

Tradition Eight "Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers." A.A. members who carry the message into treatment settings do not get paid for their Twelfth Step work. They carry the A.A. message because it helps them stay sober.

Tradition Ten "Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy." A.A.s ought to abide by the rules and regulations of the treatment facility even though they may disagree with its policies. Although A.A.s may disagree with the methods used by some treatment facilities, they learn to "walk the walk" and simply carry the A.A. message. A.A.s who do Twelfth Step work in treatment facilities should not be diverted from their primary purpose.

Tradition Eleven "Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films." A.A.s who carry the message into treatment settings represent A.A. itself to a facility's personnel and should remember that they are the "attraction" to A.A. not only for the clients, but also for all staff members.

Tradition Twelve "Anonymity is the spiritual foundation of all of our traditions, ever reminding us to place principles before personalities." The concept of principles before personalities enables A.A.s who carry the message into treatment settings to keep their primary purpose first. "Let us always remember that anonymity — not taking credit for our own or others' recovery — is humility at work." ("The Twelve Traditions Illustrated")

Guidelines and Suggestions for Working Within the Treatment Facilities' Rules and Regulations

The following guidelines for carrying the A.A. message into treatment settings were formulated and suggested by an area Treatment Committee. Remember, *non-A.A. professionals cannot be expected to be aware of A.A.'s Traditions.* A.A. members are invited guests in the facilities. Cooperation is the key to successful Twelfth Stepping in treatment facilities.

1. Acquaint yourself with the following A.A. Conference-approved pamphlets: "A.A. Tradition — How It Developed," "A.A. in Treatment Facilities," "Bridging the Gap," and "How A.A. Members Cooperate."

2. Personal appearance is vital. Look as neat and well groomed as possible.
3. Personal conduct is also important while inside these facilities. We are ladies and gentlemen, and our behavior reflects this. Be there on time or five minutes early. Refrain from using any foul language in any group situation. Be polite and respectful to the residents and staff. We are there as their guests.
4. Cooperate with the facility. Although we have our own Traditions which guide us, when we are inside any facility or institution we follow their rules to the letter. The reasons for their rules may not seem clear to us, but it is not up to us to question them. We just cooperate fully.

Some of these guidelines may seem to be strongly stated, and for some very good reasons. In many cases, lots of hard work have gone into establishing the relationship which enables us to be invited into a facility. Careless action on any level by any A.A. member could destroy that trust, and we would no longer be permitted to carry the A.A. message into that facility.

When we are carrying the A.A. message into a treatment facility, we are not just one drunk talking to another. In their eyes, we represent the entire Fellowship of Alcoholics Anonymous. How we look, act and talk are all they are going to know about A.A. This is a very important responsibility.

Remember, we already know that the A.A. program works. They don't! Let our new friends see, hear and talk to a winner!

Suggested Dos

1. Try to show the video DVD *Hope: Alcoholics Anonymous*, or the DVD *A.A. Videos for Young People*, if appropriate.
2. Tell how A.A. works for you — also that it is not easy.
3. Tell what A.A. is (this is mostly in the Preamble).
4. Tell what we are doing, such as helping them make the transition from treatment to A.A.
5. Play some Grapevine audio recordings — always good listening.
6. Leave some copies of AA Grapevine, La Viña or la Vigne.
7. Leave some A.A. literature.
8. Talk about sponsorship.
9. Talk about the importance of a home group and explain open/closed meetings.
10. Last but not least, when you make a commitment to be at a treatment facility, BE THERE! This is very important.

Suggested Dont's

1. Recruit clients for the treatment setting.
2. Solicit members.
3. Engage in or sponsor research.
4. Make medical or psychological diagnoses or prognoses.
5. Provide treatment services, hospitalization, drugs or any medical or psychiatric treatment.
6. Offer spiritual or religious services.
7. Engage in education about alcohol.
8. Provide housing, food, clothing, jobs, money or any other welfare or social services.
9. Provide domestic or vocational counseling.
10. Accept any money for services or any contributions from non-A.A. sources.

Some Ways of Approaching Treatment Facilities Personnel

The following describes A.A. experience in approaching treatment facilities personnel to: (1) set up A.A. meetings within the facility; (2) put on information programs for professional staff; (3) invite professionals to A.A. workshops on treatment facilities; and (4) discuss the effect on a local A.A. group when a treatment facility sends a large number of clients to the meeting. The collective experience of A.A.s on Treatment Committees has shown that the personal approach is always best.

Approaching a Treatment Facility Administrator

A good way of making contact with a treatment facility is through someone who either works there or is known to the administrator. This type of personal referral is often a successful means of "opening the doors" of the facility to the A.A. meetings.

Contact with a treatment facility administrator can also be initiated by telephoning for an appointment. The call should be brief and to the point. It is usually made by the chairperson or a member of the Treatment Committee, although this policy varies from one area to another. In some areas, the initial contact with professional staff is made through the Cooperation With the Professional Community (C.P.C.) Committee. Communication between committees is important, so that administrators do not receive duplicate calls. Although most treatment facilities administrators are likely to be familiar with A.A., it may be helpful to give a short introduction to A.A. over the phone. A lengthy discussion should be reserved for the visit with the administrator.

If an administrator cannot be reached by telephone or email, a letter may be sent which briefly outlines the reason for contacting him or her and requests an appointment as soon as possible. Whatever method is used to approach a treatment facility administrator, A.A.s who are members of Treatment Committees agree that the most effective telephone calls and letters include some or all of the following elements:

1. **Information About A.A.** — Quote the A.A. Preamble or describe briefly what A.A. is and what it can and cannot do. A letter may include A.A. pamphlets such as "A.A. in Treatment Facilities," "If You Are a Professional," "A.A. in Your Community," "Where Do I Go From Here?" and the leaflet "Information on Alcoholics Anonymous." Our monthly magazine, AA Grapevine, might also be included. For more information see G.S.O.'s website: www.aa.org.

2. **Information About A.A. Traditions** — The principles of the A.A. Traditions should be clearly stated, but an in-depth discussion should be reserved for the visit with the administrator.

3. **Request for Cooperation with the Treatment Facility in Establishing an A.A. Meeting within the Facility** — Suggest the name of an A.A. contact, give the mailing address and phone number of the Treatment Committee, intergroup or central office. A letter may explain that outside A.A. members are available to help start an A.A. meeting within the facility.

Experience suggests the importance of remembering that visits with the treatment facilities administrators should be conducted in the spirit of A.A. Twelfth Stepping — the sharing of experience, strength and hope with professionals who are participating in the recovery of suffering alcoholics.

4. Approaching a Treatment Facility Administrator About the Influx of Clients to a Local A.A. Group — Administrators of treatment facilities cannot be expected to understand the dynamics of A.A. groups — how they function or the Traditions which keep them together over long periods of time. Sometimes clients from a treatment facility "descend" on a local A.A. group in large numbers, thereby upsetting the balance of the group by "weighting" it on the side of too many newcomers for the group to handle. In such an instance, the area Treatment Committee is responsible for approaching the treatment facility administrator to discuss the matter.

As usual, the personal approach is the best — a telephone call or letter to the administrator requesting an appointment. If a working relationship has already been established with the administrator, the problem is usually resolved with little fuss. The A.A. member explains why sending great numbers of clients to one A.A. group is detrimental to the group. He or she will then offer a plan to have clients attend several A.A. groups in the area with assistance of A.A. members. A.A. literature, such as the pamphlets "The A.A. Group" and "A.A. in Your Community," might be given to the administrator with encouragement to read it thoroughly.

Remember, A.A. Traditions and guidelines are the responsibility of A.A. members. Professionals in the field of alcoholism will be receptive to approaches from A.A.s that are conducted in the spirit of cooperation. They usually welcome information about A.A. when it is offered in this manner.

Types of A.A. Meetings in Treatment Facilities

Regular A.A. Groups and Treatment Facilities A.A. Meetings

Two types of meetings are held in treatment facilities. The first is a "regular A.A. group" which is self-supporting and completely responsible for its own affairs, which may be listed in the local A.A. meeting list as well as at G.S.O. This type of group meets the definition of an A.A. group as stated in the long form of Tradition Three: "Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation."

The second type of meeting held in treatment facilities is a "treatment facilities A.A. meeting." It is usually restricted to clients or residents only and not open to A.A.s in the community. This meeting is often brought into the facility by local A.A.s. It is basically a beginners meeting. The chairperson provides the speaker(s). The meeting is not listed in the regional A.A. Directory, but the contact A.A. member may receive *Box 4-5-9* and other appropriate mailings, if G.S.O. is notified.

Information about A.A., as well as A.A. Traditions and guidelines for conducting meetings within a facility, can be explored in depth during a visit with the treatment facility administrator.

Information Programs for Professional Staff

Informational programs for professional staff have been helpful in many areas in terms of explaining what A.A. is and is not and what the Fellowship can and cannot do. This Workbook contains a section called "Workshops and Presentations" as a resource. Service material entitled "Presentation on 'What A.A. Is and What It is Not' for Alcoholism Treatment Program Professionals And/Or Clients" is referenced in that section and might be used as a guideline in making presentations.

And remember that the video "Hope: Alcoholics Anonymous" was produced specifically with treatment facilities in mind. It explains, in 14 minutes, the principles of A.A.: what A.A. is and isn't, primary purpose, sponsorship, home group, the Steps and Traditions and basic recovery tools. (The video is also a wonderful tool for introducing clients/patients to A.A.)

Inviting Treatment Facilities Personnel to A.A. Workshops

Good relations with treatment facilities personnel are often encouraged through inviting them to participate in area, district or local workshops on carrying the A.A. message into treatment facilities. Frequently, these professionals obtain a clearer picture of A.A. from this involvement, and A.A.s benefit from their participation.

Treatment Facilities Clients Attending 'Outside' A.A. Meetings

Some treatment facilities personnel bring their clients to A.A. meetings in the community. G.S.O. publishes a service piece entitled "Sharing Experience on Coping With Influx of New Members," which provides experience from A.A. groups on how they handled groups of treatment facilities clients in their meetings. You can contact G.S.O. to have one mailed to you or e-mail tf@aa.org for an electronic copy.

Other Types of Treatment Settings

Carrying the Message into Noncorrectional Youth Facilities

Currently there exists limited experience with taking A.A. meetings into youth facilities. If your committee has further experience to share with the Fellowship we would be happy to hear from you. It has been noted that attendance by many of the adolescents in these facilities is either court ordered or mandated by the facility. Therefore they can be somewhat nonreceptive. Experience has shown that we should continue to carry the message to be able to reach the youth that may want what we have. As one member doing this work remarked, "You can never tell when the seed will fall on fertile ground."

Possible Challenges: Some of the particular challenges that face A.A. members who take meetings into these type of facilities are: 1) Having speakers who are at ease with younger people and with whom the young people can identify. 2) Ensuring that A.A.'s singleness of purpose is made clear to all concerned — A.A. members, staff and clients

of the facility. 3) Remaining patient with the younger person's denial that alcohol is a problem for them. Many seem willing to acknowledge their drug problem, but feel that alcohol is not a danger to them. 4) Finding appropriate A.A. volunteers who are prepared to coordinate the meeting on a consistent basis.

Possible Solutions: 1) Some A.A. groups have "adopted" certain youth facilities where they support, though not exclusively, the A.A. meetings taking place. 2) Some youth facilities allow their young clients to attend outside meetings. Care should be taken by the A.A. members that the facility realizes the limitations of the A.A. members' and groups' responsibility in this matter. 3) A.A. members should be aware that they are interacting with adolescents and should avoid situations which might be compromising. Working with a young alcoholic should be done by at least two A.A. members. One may be more experienced and one more attuned to the younger person's situation. Remember this is Twelfth Step work at its best. 4) Meeting formats can vary. One type which seems to work well is to have a speaker and then have time for questions and sharing from the clients. Another can focus on Step One from the Twelve and Twelve. Occasionally showing the DVD *A.A. Videos for Young People* can be effective.

The challenges of reaching the younger alcoholic in a noncorrectional setting are varied and can at times seem insurmountable. We must remember that our obligation is to carry the message. This can be done most effectively if we stress that the Joy of Living is our theme.

Treatment Committees embarking on service projects with noncorrectional youth facilities may wish to contact the local A.A. Corrections Committee to be sure that they are not duplicating efforts. Experience shows that many of these facilities have both treatment and corrections components. Occasionally, Treatment Committees bring meetings into corrections settings. It is up to the local area, district or intergroup conscience to determine how best to share service between committees. Good communication and cooperation between the committees is essential when there is crossover.

Carrying the A.A. Message Into Psychiatric Mental Health Settings

A.A. members have been carrying the message of experience, strength and hope to patients in public and private psychiatric and mental health settings since the early days of Alcoholics Anonymous. In 1939, Dr. Russell Blaisdell allowed A.A. members to bring meetings into Rockland (New York) State Hospital. Alcoholics recovered there and, with A.A. involvement, many patients in similar settings continue to recover today.

Carrying the A.A. message to alcoholics in treatment settings, such as locked psychiatric units, detoxification units, or medical-surgical units, where alcoholics might be dually diagnosed with mental illness, often requires additional flexibility and extra cooperation with facility staff. However, A.A. members who have experience carrying the A.A. message of recovery into psychiatric treatment settings have shared that this work is very similar to that found in other types of treatment settings. The essential elements for success include enthusiasm, preparation, and a good understanding of A.A.'s Twelve Steps and Twelve Traditions.

Even though some alcoholics in these settings may have severe mental or emotional problems, their desire to achieve sobriety is often as strong as that of any other member of our Fellowship. As in most A.A. meetings the readiness of those in treatment

settings to accept A.A. is as varied as those of individuals attending outside meetings.

Some alcoholics in these types of treatment settings may be able to engage, in a meaningful way, with regular meetings, while others may not. Thus, traditional formats of A.A. meetings may not always be appropriate for patients in psychiatric treatment settings. Some patients may, for example, find meeting that last an hour too long; they may get up and walk around the room and sometimes interrupt the meeting.

A.A. volunteers might want to know what to expect before attending meetings in psychiatric settings; thus, good communication with the facility staff is important. Following are a few suggestions that A.A. members who carry meetings into psychiatric settings have shared:

- If hour-long meetings are too long, perhaps shortening the time to 30 to 40 minutes might help.
- Illustrated pamphlets such as "Twelve Steps Illustrated," "Is A.A. For Me?," "It Happened to Alice," "What Happened to Joe," can be useful recovery literature in these settings. One committee has successfully used cartoons from the A.A. Grapevine book, *A Rabbit Walks Into a Bar*. Choosing a cartoon that illustrates an aspect of alcoholism or recovery or a passage from the Big Book, can be used as a topic for discussion.
- Where appropriate, the committee might use an A.A. Grapevine video recording or view an A.A.W.S. video recording. *Hope: Alcoholics Anonymous* and *Young People's Videos* can be a helpful introduction to A.A.

Not surprisingly, as in all A.A. meetings, it is the sharing in treatment setting meetings that seems to help patients the most.

Most Treatment Committees coordinate treatment setting meetings. However, finding A.A. members to participate in this rewarding Twelfth Step work can sometimes be a challenge. Recruiting happens in a variety of ways. Often former patients who are now solid A.A. members can be very helpful with these patients. However, a history of psychiatric hospitalization is certainly not a requirement. Some committees pass along the need for committee members at home group business meetings, at informal social gatherings of A.A. members, or at district, area, or intergroup meetings. Some committees place notices in local A.A. newsletters or set up information booths at A.A. events. Simply asking an A.A. friend to accompany you to the meeting on a trial basis works well, too.

It is important for A.A. members who participate in treatment setting A.A. meetings to remember that A.A. has no opinion on outside issues, such as diagnosis, treatment or medications.

Cooperating with Administration and Staff in a Hospital

A direct communication channel to the professional(s) responsible for the care of patients in these various settings is key to the success of these efforts. Thus, Treatment Committees find that they must cooperate with other committees involved in different aspects of service work. This means developing an understanding with Cooperation

With the Professional Community (C.P.C.), Corrections, P.I., Bridging the Gap (BTG), Hospitals & Institutions (H&I), or other committees (by whatever names they are known) on the intergroup, district, or area levels, to clarify respective responsibilities. Many problems or misunderstandings can be avoided simply by holding regular meetings with treatment setting administrators.

When approaching the administration of a treatment setting, the Treatment Committee may want to enlist the help of the local Cooperation With the Professional Community Committee, if there is one. It is vitally important that facility staff members are aware of A.A.'s primary purpose of recovery from alcoholism, the A.A. volunteer's nonprofessional status, and that A.A. does not provide social services. In the initial meeting with staff, A.A. volunteers can learn of facility expectations regarding dress, conduct, safety, and confidentiality. A.A. members may be asked to sign a document verifying their receipt of facility rules and regulations and should carefully read any paperwork required by the treatment facility. Not all A.A. members are comfortable signing their full name as an A.A. member and those who aren't might be better suited for other forms of service. Those who do sign the paperwork need to fully understand and be willing to comply with all rules/regulations prior to commencing such service.

Staffs of treatment facilities sometimes express concern that patients unfamiliar with A.A., those who have had an unfavorable experience with A.A., or those with mental disorders will want to avoid A.A. meetings in the facility or upon discharge to the community. Conducting a demonstration A.A. meeting for the staff, perhaps with the cooperation of the local P.I. Committee, if there is one, can be helpful in these situations. During this presentation, A.A. members conduct a short 10- or 15-minute A.A. meeting in a familiar local format and allow patients and staff to ask questions afterwards. Members of local Treatment, Hospital and Institutions or Bridging the Gap committees, working in pairs, can also help a patient transition to A.A. in the community upon discharge from the hospital.

Carrying the Message to Outpatient Treatment Settings

One Treatment Committee is actively cooperating with three outpatient treatment facilities in three different towns in their district. They report that listening to experienced members and reviewing the G.S.O. Treatment Committee Kit and Workbook helped them to foster excellent opportunities for members in their district to carry the A.A. message of recovery. The following is their experience in this type of setting:

"At each of the facilities, A.A. members approached decision-makers with a clear understanding of what A.A. is and isn't, and what A.A. members might and might not be able to do to support the facilities' endeavors to help their clients. Fortunately, all three facilities had been under leadership which encourages A.A. participation for their alcoholic clients. So the basic challenge at all three was to determine the most effective way to carry the A.A. message.

"A.A. members who regularly attended one or more meetings in the same town where the facility was located agreed to work with the professionals. At all three facilities, agreements evolved which proved most appropriate for the clients, the facilities,

and participating A.A. members. Though the three facilities are independent of one another, professionals at each identified the same two important needs which A.A. members could address.

"First, clients in their facilities would be well served by A.A. Information talks to help alleviate some of the fear of what would happen at the meetings they were required or encouraged to attend as part of their treatment plan. The second important need was for clients to have an opportunity to meet A.A. members who would likely be at a meeting a client could choose to attend.

"At one facility an A.A. Information talk was already taking place monthly through a committee designed to provide A.A. Information talks at non-A.A. facilities. Through communication and participation, four of the A.A. meetings in town agreed to make regular announcements for two to three people to sign up monthly and simply attend the already scheduled A.A. Information talk. If clients fulfilled their meeting requirement by attending a meeting in that same town, they would have great odds of seeing a familiar face.

"A year and a half after establishing this arrangement, the committee is happy to announce that there are numerous sober members of A.A. now attending groups whose members they met during their facility's A.A. Information talk. These members state they attended a certain meeting because they knew someone they had already met in A.A. would be there.

"At a second facility, it was agreed upon that two A.A. Information talks per month would be most helpful. The Treatment Committee member who established contact with the facility agreed to conduct one of the talks while inviting other members to begin participating. The second monthly commitment was filled through the Information Committee. Six months later and four A.A. members from meetings in the facility's town rotate to do the talks. Soon, both monthly talks will be fulfilled by members from local meetings.

"The third facility followed similar suit and it was decided that two A.A. Information talks would be scheduled on the same day, one in the daytime for afternoon clients and one in the evening for a second set of clients. Because A.A. groups already meet within the walls of this facility, the Treatment Committee member decided to simply post the sign-up sheet and make announcements at the groups. A.A. members from these groups have consistently filled the commitments and sign ups are two to three months out.

"Finally, the Treatment Committee also cooperates with outpatient facilities with respect to literature. To start, the district paid for literature racks filled with pamphlets and When and Where meeting directories to be placed in the facilities and a few different groups adopted the racks to maintain the literature.

"Then a member of the Treatment Committee took on duties to inform members at the A.A. meetings about A.A. pamphlets that are now on hand at the facilities. This committee member is making a monthly announcement at their home group which participates at one of the facilities. They are helping additional committee members to do the same at a number of other participating groups.

"So to cooperate with these three outpatient facilities, the combined effort of about 14 people serve on the Treatment Committee, including Coordinators, Meeting Announcement Makers, Literature Trackers, Literature Announcers, and A.A.

Information Talk Presenters and Attendees. Nine committee members have coordinating duties with terms of a year or more. Five committee members have announcement duties with terms of at least three months. And, around 15 members a month are carrying the message through the A.A. Information talks.

"It is an honor to have the chance to cooperate with the outpatient treatment facilities because, as many of us know, the opportunity to be of service is vital in our efforts to maintain sobriety, all while carrying the A.A. message to the alcoholic who still suffers."

Carrying the Message Into Other Treatment Settings

Some local Treatment Committees offer presentations to professionals, and meetings to clients, in facilities such as:

Court-ordered treatment meetings
Halfway and three-quarter houses
Crisis centers and safe houses
Sober living transitional homes
Nursing homes, retirement communities, and assisted living facilities
Veterans Administration facilities
Homeless shelters and detoxification centers.

Occasionally, Treatment Committees assist Corrections Committees (especially when the facility is both corrections- and treatment-related), some offer Twelfth Step calls in hospitals, or A.A. meetings in head trauma units of hospitals.

Committees are free to approach and cooperate with a wide variety of facilities. Your committee's informed group conscience will determine which facilities to approach and which projects to undertake.

Carrying the Message to Alcoholics Who Speak Other Languages or Who Experience Access Barriers to Receiving the Message:

Many alcoholics in need of help do not speak English as a first language, or may experience other access barriers to receiving the A.A. message and participating in A.A.'s three legacies — recovery, unity and service. Committees may wish to take an inventory to see how they are overcoming access barriers to bring the A.A. message to individuals in treatment facilities whose first language is not English; to members who are ill, homebound or living in retirement or skilled nursing facilities; to individuals who are blind or deaf or have vision or hearing loss; those who may learn, read, or process information differently; and to those who may be wheelchair users; and still others may use canes or walkers, or have other mobility-related needs.

Local intergroups and central offices may be able to answer questions about available foreign translations of A.A. literature and materials for A.A. members who face access barriers.

Committees will find lists of all such materials in G.S.O.'s A.A. literature catalog. It is also helpful if your area or district has an Accessibilities Committee with whom you might cooperate.

Singleness of Purpose

Some professionals refer to alcoholism and drug addiction as "substance abuse" or "chemical dependency." Nonalcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings, but only those with a *drinking* problem may attend *closed* meetings.

Today many A.A. members find themselves faced with difficulties that ostensibly have nothing to do with their alcoholism and for which they seek help from persons or agencies outside A.A. Although this is not a new practice (the early A.A. members also sought help for other problems), it is perhaps more widespread today because both A.A. members and the helping professionals are more aware of the problems encountered by alcoholics during their recovery process.

Whatever the cause, it is a fact that alcoholics who are recovering in A.A. often confront problems other than alcohol for which they must seek help. Most frequently, these problems include family difficulties, mental and emotional troubles requiring psychiatric help, spiritual or religious dilemmas, eating disorders, etc. Alcoholics Anonymous does not offer any panaceas for the multitude of problems that A.A.s may experience in sobriety. For these difficulties, extra help should be sought. A.A. does offer a solution to one problem: alcoholism. This singleness of purpose unites alcoholics in a common bond, which is the key to recovery in A.A.

One recurring problem faced by A.A.s who carry the message into treatment facilities is the increasing number of nonalcoholic drug addicts being referred to A.A. Some treatment settings are inclined to view all "substance abusers" and alcoholics as having the same common addictions and they are treated accordingly. A.A.s who carry the message into treatment settings often find that nonalcoholic drug addicts are encouraged by professional staff to attend A.A. meetings within the facilities. In addition, because of the effectiveness of the A.A. program in providing post-treatment support to alcoholics, nonalcoholic drug addicts are often referred to A.A. when they are discharged. In such cases, the practices of the treatment facility are clearly at odds with A.A. Traditions.

A.A. policy regarding nonalcoholic drug addicts is clear. *Open* meetings are available to anyone interested in the Alcoholics Anonymous program of recovery from alcoholism. *Closed* meetings are for A.A. members only, or for those who have a drinking problem and "have a desire to stop drinking."

A.A.'s singleness of purpose must be communicated to the administrators and staff of treatment settings by the A.A. Treatment Committee, as that committee has the task of informing and sharing with these professionals about A.A. policy and Traditions. A.A. meetings within a facility cannot be "substance abuse meetings." Although enlightening treatment facilities personnel on the reasons for abiding by A.A. policy on this matter is often difficult and time consuming, experience has shown that the most effective communication by A.A.s is handled in a cordial manner and in the spirit of cooperation.

In the pamphlet "Problems Other Than Alcohol" Bill W. addressed his concern for the growth and survival of the A.A. Fellowship. This concern led our co-founder to answer "no" to the following questions:

- Can a nonalcoholic pill or drug addict become an A.A. member?
- Can A.A.s who have suffered both alcoholism and drug addiction, and who have

formed a group to help other A.A.s who are having drug problems, refer to such a special-purpose group as an A.A. group?

- Can nonalcoholic drug or pill addicts attend closed A.A. meetings?

Regardless of our sympathies, Bill explains that it is the first duty of A.A. members to ensure our own survival. To stray from our single purpose will result in the collapse of the A.A. Fellowship, leaving the suffering alcoholics who follow us with no place to go.

Prescribed Medication

Well-meaning A.A.s often discourage other A.A.s from taking prescribed medication which they mistakenly identify as being harmful. In the pamphlet "The A.A. Member — Medications and Other Drugs," A.A. members are cautioned not to assume the role of doctors in "prescribing" to other A.A.s.

We are not doctors is also an extremely important guideline for A.A.s who carry the message into treatment facilities. There should be no interference by A.A. members with the policies of treatment facilities regarding the use of medication. The administrator of a facility and the Treatment Committee member have already agreed upon this before A.A. is given permission to hold meetings within the facility. Therefore, A.A. members who "prescribe" to patients in the facility are jeopardizing the very existence of the A.A. meeting within that facility. Remember — A.A.s are invited guests! "Our primary purpose is to stay sober and help other alcoholics to achieve sobriety."

The pamphlet "Problems Other than Alcohol" may also be a helpful resource for Treatment Committees.

Temporary Contact Programs to "Bridge the Gap" Between Treatment and A.A.

Simply put, a temporary contact is an A.A.member who works with clients who are being discharged from treatment settings and helps them bridge the gap to A.A. in the local community.

The pamphlet "Bridging the Gap" was developed to provide information to A.A. members about temporary contact programs. It contains general guidelines and suggestions for temporary contacts and includes important points to remember.

Bridging the Gap through temporary contact programs may be handled differently in various parts of the U.S. and Canada. In some places, this service may be under the auspices of the Area Treatment Committee or a Hospitals and Institutions Committee. Some areas have formed "Bridging the Gap" Committees while others have a Temporary Contact Service as a committee separate from the Treatment Committee or H&I.

In many places, A.A. committees inform treatment settings about the temporary contact service and are given opportunities to present information directly to clients. Then it is up to the client to let A.A. know if he or she wishes to have a temporary contact upon discharge. Some temporary contact services accept requests for temporary contacts from either treatment professionals or clients.

At least one area has produced cards describing their contact service. The cards are distributed to treatment facilities and the professional staff gives the cards to clients who may then initiate contact.

Guidelines for A.A. Members Who Are Temporary Contacts

1. The temporary contact makes direct personal contact with the client while he/she is still at the treatment facilitiy — either by telephone, visiting the facility, attending a meeting together or whatever contact is thought necessary.
2. The contacts and newcomers make every effort to attend at least one meeting together on the day of the client's release from treatment.
3. Thereafter, for at least two weeks, the contact will help the newcomer to attend a variety of meetings, introducing him/her to other A.A.s, especially members who might have similar backgrounds or interests.
4. The contact familiarizes newcomers with A.A. books, pamphlets, schedule of meetings, the intergroup, etc.
5. Explain sponsorship to the newcomer, and the importance of obtaining a sponsor without delay. (Much information pertinent to sponsorship is to be found in the pamphlet "Questions and Answers on Sponsorship.")
6. A temporary contact is an A.A. enjoying a comfortable, stable sobriety, preferably for at least a year.
7. The series of phone calls, involving busy people, to line up an appropriate temporary contact can be very time consuming. It is therefore important to communicate with the treatment facility about allowing adequate time for the contact and the client to get together before the client's discharge date.

A few cautionary words from those who have offered this kind of service before. These are not rules, but a sharing of experience:

1. You may be the first outside A.A. contact that the person meets. Be affable, friendly, interested.
2. Be on time for whatever appointment you make.
3. As a volunteer member of the Contact Service Committee, your act of service consists of introducing the person to the local group or meeting. It is suggested that you explain what A.A. is and the Twelve Step program of recovery, and also what A.A. does not do.
4. Try to avoid becoming a long-term taxi service.
5. Try not to confuse the temporary contact service with long-term sponsorship.
6. Take the time to introduce the person you escort to as many A.A. members at the meeting as possible. Be sure to include an introduction to the group secretary and/or meeting chairperson.
7. If a group goes out for coffee after the meeting, ask your contact if he/she wants to join the "meeting after the meeting."
8. Try not to push your contact; some people are very shy.
9. Use your own sense of what's happening in your contact's recovery to dictate how many meetings you take him/her to.
10. Provide the contact with a meeting schedule.

11. Keep the general conversation to A.A. related matters.
12. Avoid becoming involved in discussions about your contact's treatment or confinement. We have no opinions about outside issues.

Setting Up a Temporary Contact Program

Many temporary contact programs are channeled through intergroup offices, either through their Treatment, C.P.C., or Institutions Committees. Those committees may coordinate to obtain lists of A.A. temporary contacts. Sometimes, if the intergroup office has referred an individual to a detox unit, an automatic system of temporary contacts is set up for that individual upon his or her release.

In some areas, individual groups sponsor an A.A. meeting at the treatment facility and initiate temporary contact connections with newcomers as the latter get ready to leave the facility. In most cases, however, the more effective programs seem to result from a group's working through a local Treatment Committee.

Scores of A.A. volunteers across the United States and Canada are helping to bridge the critical gap between treatment and Alcoholics Anonymous. BTG committees everywhere have found that literature is of enormous help in carrying the A.A. message. Many use G.S.O.'s pamphlet, "Bridging the Gap," but increasing numbers are developing their own fliers and pamphlets to satisfy local needs. Because these are produced for individual areas and not for A.A. as a whole, they do not require the approval of the General Service Conference.

Some Bridging the Gap/Temporary Contact Committees are finding that patients are staying for shorter durations at treatment settings, making for extra time challenges when arranging A.A. contacts. Your committee may wish to check with the facility administration to see how long patients remain in the facility.

In one district local treatment facilities are provided with calling cards for interested alcoholics:

TEMPORARY CONTACT

Call this number and leave a number where you can be reached before or upon leaving detox or treatment. An A.A. member will call you and help introduce you to our fellowship in your area.

Tel: XXX-0000

Temporary Contact/ Bridging the Gap Contact Request

The following temporary contact forms can be scanned, and blank space is open on each for personalization with a local committee's contact address. Electronic copies (via e-mail) are available from G.S.O. upon request, or can be found in the Treatment Committee section on G.S.O.'s A.A. Web site at www.aa.org.

For AAs on the INSIDE

A.A. TEMPORARY CONTACT/ BRIDGING THE GAP REQUEST

CONNECTING INSIDE A.A. MEMBERS TO THE OUTSIDE A.A. COMMUNITY

Bridging the Gap

Part of Bridging the Gap between an individual in a facility and A.A. is the Temporary Contact Program, which is designed to help the alcoholic in an alcoholism treatment program make that transition.

As you know, one of the more "slippery" places in the journey to sobriety is between the door of the setting and the nearest A.A. group or meeting. Some of us can tell you that, even though we heard of A.A. within the facility, we were too fearful to go.

The video *Hope: Alcoholics Anonymous*, shown to clients in treatment, emphasizes the importance of having a *temporary contact* as the essential link between treatment and recovery.

It is suggested that the temporary contact take the newcomer to a variety of A.A. meetings; introduce him or her to other A.A.s; insure that he or she has phone numbers of several A.A. members and share the experience of sponsorship and a home group.

A.A. Bridging the Gap/ Temporary Contact Program

Dear A.A. Member,

We have a program in this area called The A.A. Bridging the Gap/Temporary Contact Program. If you are interested, you can be matched upon your discharge to an A.A. member in your home community. This Temporary A.A. Contact volunteer will take you to up to six A.A. meetings, introduce you and help you get acquainted and comfortable in A.A. During this time you will learn more about sponsors, home groups, working A.A.'s Twelve Steps and service.

Your Bridging the Gap contact is temporary only. They are there to support you, answer questions and explain the A.A. program of recovery. They will not provide housing, food, clothing, jobs, money or such other services. You may hear basic suggestions for sobriety that the Fellowship shares, including don't drink; go to meetings; read the Big Book; call your sponsor and work the Steps.

Past experience has shown that attending an A.A. meeting as soon as possible after discharge is vital to making a sober transition to life on the outside. Many of us have been where you are now and know that the program of A.A. and its fellowship can do for you what it had done for us and countless others.

Individuals who are soon to be discharged may need to accelerate their request through the BTG Coordinator or the Area Corrections & Treatment Committee volunteers. Let them know if you need immediate processing.

Some professionals refer to alcoholism and drug addiction as "substance abuse." Non-alcoholics are, therefore; sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend open A.A. meetings, but only those with a drinking problem may attend closed meetings.

Bridging the Gap/ Temporary Contact Request Form

I am within three months of my discharge date. I would like to have an A.A. Temporary Contact who will provide a link for me to the A.A. community through meetings and introduction to other A.A.s.

Name: _____

SEX: ❑ Male ❑ Female

Doc Number: _____

Facility: _____

City: _____

Province or State: _____

Zip or Postal Code: _____

Discharging to: (Town or Area): _____

_____

Date of Discharge: _____

City: _____

Province or State: _____

Zip or Postal Code: _____

Daytime Phone : _____

Please mail to:

For AAs on the OUTSIDE

A.A. Temporary Contact/ Bridging the Gap Volunteer

Connecting
Inside A.A. Members
To the Outside
A.A. Community

A.A. Bridging the Gap Program

Dear A.A. Member,

The Bridging the Gap Program, or BTG, connects the new member being discharged from a facility to A.A. in their community. You are being asked to be that connection, what is called a Temporary Contact.

When a new, soon-to-be discharged member contacts us, we match that person to a Temporary Contact in the community where they will be living. If you have volunteered for this type of service, we will call you, get the okay and then send you their contact information.

Your job is simple. You contact the new A.A. member and arrange to take them to an A.A. meeting, preferably within 24-48 hours of their discharge. Your commitment is taking them to as many as six meetings.

During this time, you help them become acquainted, get phone numbers and perhaps locate a sponsor and a home group. You introduce them to others in A.A. so they have a broad, healthy base, then you are available to serve as a Temporary Contact for another person.

Please note: *It is not intended that you become their sponsor, even temporarily. It is best if the word "sponsor" is not used to describe this type of service. The term Temporary Contact is preferred.*

If you are willing to be the hand of A.A. when a member from a facility reaches out for help, complete the Temporary Contact form and give it to your G.S.R., or your BTG coordinator, Corrections or Treatment chairperson.

Volunteers need to adhere to the rules facilities have regarding contact with residents, both while they are in the facility and after they are discharged. The BTG coordinator can provide the necessary information for each facility.

Suggestions for the Temporary Contact

1. Remember you may be the first outside member of A.A. the contact meets. As such, you are representing all of us. It is important to be relaxed, friendly and interested.
2. Keep the general conversation related to recovery. Avoid discussing the new member's discharge. We have no opinion on outside issues.
3. Take time to introduce the new person to as many A.A. members as possible. Do not, however, push your contact. Some people are very shy.
4. Invite them to the "meeting after the meeting" if there is one. Show them we are happy, joyous and free and that sobriety can be enjoyable.
5. Your commitment is usually finished after attending six meetings or as soon as a sponsor has been located. Use good recovery related judgment about when to end the relationship.
6. Make sure the newly released A.A. member receives meeting schedules, phone numbers and A.A. literature.
7. Encourage the new member to attend meetings as often as possible, to find a home group and to get a sponsor as soon as possible. Let them know even a temporary sponsor now would be acceptable.
8. Share your experience, strength and hope with the newly discharged member, just as you would anyone else new to A.A. in your community.
9. Be familiar with the suggestions of the BTG program contained in the pamphlet. We don't offer or imply any other service and assistance unless we personally want to provide it.
10. Please respect the complete anonymity of the new member.

First Name: _____

Family Name: _____

SEX: Male ☐ Female ☐

City: _____

Province or State: _____

Zip or Postal Code: _____

Daytime Phone: _____

Nighttime Phone: _____

Home Group: _____

Location: _____

This information is confidential
and will remain inside A.A.

Date: _____

Please cut this part and remit to your GSR, your BTG coordinator, Corrections or Treatment chairperson.

Thank You for Serving
Alcoholics Anonymous

Treatment Committee

Many Treatment Committees have found that workshops — taking a hard look at local needs, opportunities and attitudes as well as the Traditions and service structure — are fine tools for exploring ideas and settling on methods for carrying the A.A. message into treatment facilities.

Other kinds of brief presentations on treatment settings could serve the same purpose. For example, excerpts from the A.A. Guidelines, material from this Workbook, *Box 4-5-9* or Grapevine might spark ideas for a question and answer session.

A discussion period, in which the entire group breaks up into smaller groups, could focus on the following topics (or topics of your own choosing):

1. Discuss forming a Treatment Committee.
2. Review ways of reaching treatment settings personnel.
3. Share ideas on bridging the gap between treatment and local A.A. groups.
4. List ways of attracting members to this form of Twelfth Step service.
5. Discuss appropriate A.A. literature, and the DVDs *Hope: Alcoholics Anonymous* and *A.A. Videos for Young People*.
6. Discuss the Grapevine as a tool for carrying the A.A. message into treatment settings.

Presentations to Treatment Setting Clients and Professionals

Two service pieces are available from G.S.O. on giving informational presentations to treatment setting administrators, clients and staff. Call the Treatment desk at G.S.O. at (212) 870-3400 if you would like copies of these guidelines. Electronic copies are available by e-mailing tf@aa.org, or they can be found on G.S.O.'s A.A. Web site in the section for Treatment Committee.

Presentations by A.A. members generally include a video and follow an outline which explains what A.A. is and is not; where it is; and what it's like. In addition to specific requests, presentations may be set up on a regularly scheduled basis. A recurring presentation is usually coordinated through a local or area Treatment Committee. Such presentations may be adapted to meet your needs.

The goals of these presentations are to impart knowledge about A.A. and to try to correct any misconceptions that may be held by the treatment setting's staff and clients, as well as to foster a cooperative attitude between the treatment setting administration and staff and A.A.

Presentations to Treatment Setting Administrators and Professional Staff

Some basic guidelines:

1. Familiarize yourself with the A.A. literature that relates to treatment facilities, especially the Treatment Committee Workbook and the pamphlet "Speaking at Non-A.A. Meetings."

2. Review the DVD *Hope: Alcoholics Anonymous* and note the comments which can be made before and after its showing.
3. Make brief notes on the topics to be covered. Talk about A.A., not your personal problems and experiences. Never comment on facility policies or practices!
4. Allocate a certain amount of time to each segment of your presentation. Then . . . trim it down! Allow time for questions and answers. It's better to finish early than to push too much, too fast into the presentation. You can always come back.
5. Work with other members of the Treatment Committee or your group in preparing for this presentation. It may be helpful for you to run through or even "rehearse" this presentation a few times.

A suggested presentation outline:

1. Be on time, well groomed, and courteous.
2. Introduce A.A. and yourself as a resource, with a desire to help the alcoholic but with no opinion on the treatment setting's policies.
3. Show the DVD, *Hope: Alcoholics Anonymous*.
4. Lead a discussion on the film.
   a. Explain what A.A. is and is not, with emphasis on our primary purpose, nonaffiliation, and anonymity.
   b. Describe what it means to practice a program of recovery with emphasis on: what happens at meetings; the benefits of a home group; what temporary contacts and sponsors do; working on the Steps. Encourage questions and comments. Refer to other A.A. resources and to other Treatment Committee members, when necessary.
5. Distribute literature: "A.A. at a Glance," "A.A. in Treatment Facilities," "If You Are a Professional," "Information on Alcoholics Anonymous," "Problems Other Than Alcohol." Mention that A.A. literature is available from local intergroups or central offices or from G.S.O.
6. Invite the treatment setting staff to attend open A.A. meetings. Your local C.P.C. committee may have a program in place for this purpose.
7. Offer to come back for other presentations/discussions, to help meet their goals. Remember that this, too, is basic Twelfth Step work. The professionals you are presenting to touch the lives of many alcoholics. You can help them to inform their patients about A.A.'s message.

And if you have any comments or suggestions — please contact the Treatment Desk at G.S.O.

Presentations to Treatment Setting Clients

Some basic guidelines:

1. Remember that this is basic Twelfth Step service. The goals of A.A. and the treatment setting are the same: *The recovery of the alcoholic.*
2. Avoid drunkalogues. Keep comments strictly to A.A.-related matters. *Do <u>not</u> comment on the facility's policies or practices!*

3. Familiarize yourself with the pamphlets "A.A. in Treatment Facilities," "Bridging the Gap," and "Speaking at Non-A.A. Meetings" before your presentation. Working with members of the Treatment Committee or with your group, it may be helpful for you to run through or even rehearse the presentation the first few times.
4. Provide copies of the following Conference-approved pamphlets: "Questions and Answers on Sponsorship," "Where Do I Go from Here?," "A.A. at a Glance," "Information on Alcoholics Anonymous," "Problems Other Than Alcohol." You should also provide copies of a local A.A. meeting list or directory.
5. Always remember that *you* are representing Alcoholics Anonymous. Be on time, courteous, and well groomed. For many in your audience, this will be their first impression of Alcoholics Anonymous. Make it a good one!

A suggested presentation outline:

1. Introduction: Why you're there. (To carry the message of Alcoholics Anonymous; what it is and what it is not.)
2. Show an A.A. DVD, such as *Hope: Alcoholics Anonymous* or *A.A. Videos for Young People*.
3. Read and explain the A.A. Preamble.
4. Explain, *in general,* the Twelve Steps and Twelve Traditions.
5. Briefly describe the various types of A.A. meetings: open, closed, speaker, discussion, etc.
6. Mention the local A.A. meeting list and worldwide availability of A.A.
7. Share some ideas about what they may expect in A.A.: The Home Group, Sponsorship, Fellowship, Service.
8. Tell them about A.A. literature: Books, pamphlets, videos, tapes, the Grapevine, La Viña, etc., and where they may be obtained.
9. Outline the Temporary Contact Program.
10. Always try to leave time for a general question and answer session. *Stick to A.A. and your <u>own</u> experience. Steer discussion away from therapeutic "issues."*
11. Thank you and close.

For additional information on Alcoholics Anonymous, the information program, and how we can help . . .

Contact: Your Local or Area Treatment Committee
Your Local Intergroup or Central Office
Your: General Service Office
Grand Central Station
P.O. Box 459
New York, NY 10163

And . . . if you have any comments or suggestions — please contact the Treatment Desk at G.S.O.

Working With C.P.C. and Corrections Committees

The A.A. Guidelines on Treatment and on Cooperation With the Professional Community define the purpose of the two committees.

Treatment Committees are formed to coordinate the work of individual A.A. members and groups who are interested in carrying our message of recovery to alcoholics in treatment settings, and to establish means of "bridging the gap" from the facility to an A.A. group in the individual's community.

Corrections Committees are sometimes combined with Treatment Committees and referred to as Institutions Committees. In some locales these may be called Hospitals and Institutions (H&I) committees.

Some facilities are both treatment- and corrections-related. Occasionally Treatment Committees will bring meetings into these facilities. In this situation, it is important for Treatment and Corrections Committees to communicate clearly with one another to share responsibilities.

Members of *C.P.C. Committees* provide information about A.A. to those who have contact with alcoholics through their profession. This group includes physicians, nurses, members of the clergy, lawyers, social workers, psychiatrists, union leaders, and industrial managers, as well as those working in the field of alcoholism. Information is provided about where we are, what we are, what we can do, and what we cannot do. An attempt is made to establish good cooperation between A.A.s and the professional community.

In many areas, C.P.C. Committees work with professional staff in treatment settings. A member active in C.P.C. shared how it works in his area and group:

"Sometimes, there is conflict between what we think the newcomer should be doing and what the treatment facility feels is needed. Since we are not doctors or professional therapists, we should not enter into competition at these levels. Better that we try to work within the treatment facility's structure than to deny an alcoholic the opportunity to find Alcoholics Anonymous.

"If we don't agree with the facility's approach, it's still better to cooperate and develop open dialogue rather than attack its policy and alienate ourselves both from the facility and from those we're trying to help. When a conflict arises between the A.A. group and a treatment facility, the loser is invariably the newcomer."

Although mutual respect between A.A. members and staff of treatment facilities has been increasing in recent years, certain strains and stresses remain. Central to all the difficulties is a lack of knowledge, each about the other. Except for hasty visits for detoxification, many A.A. members have little awareness of what the various professions have to offer.

In many areas, liaisons have been established among these committees — i.e., Corrections, Treatment, Institutions and P.I. committees send a liaison to C.P.C. committee meetings. There are many instances of overlapping responsibilities. It should be clearly established that A.A. committees are not in competition with each other. Local circumstances determine who does what.

In keeping with our Traditions, who or what committee carries the message is not important as long as the A.A. message of recovery is carried to the still-suffering alcoholic.

Example:

To Treatment Facility or Outpatient Setting Administrators

Dear Administrators,

Over time three main issues have arisen concerning Alcoholics Anonymous' relation to treatment facilities. In an attempt to clarify our position, we would like to review three important principles: our primary purpose, nonaffiliation and anonymity.

Primary Purpose: A.A.'s primary purpose is to help its members to stay sober and to carry the A.A. message to those who still suffer from alcoholism.

Our Third Tradition states: "The only requirement for A.A. membership is a desire to stop drinking. Our membership should include all who suffer from alcoholism. Hence we may refuse none who wish to recover."

Suffering and recovery from alcoholism form our common bond. Over the past eighty-plus years, A.A. has had significant experience and success with helping alcoholics. We welcome the opportunity to share what we have to offer with anyone who wants help with a problem with alcoholism.

Recovery from alcoholism is the focus of all A.A. meetings. All are welcome to attend "open" A.A. meetings. Nonalcoholics are not eligible to attend "closed" meetings, nor can they become A.A. members.

A.A. does not wish to be exclusionary, but in order to continue to be effective with alcoholics we must adhere to our primary purpose. History has indicated that we cannot remain effective if we attempt a focus unrelated to recovery from alcoholism. Our experience has demonstrated that nonalcoholics do not get the identification and long-term support they need from attendance at A.A. meetings.

Nonaffiliation: "An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose." (Tradition Six)

We are eager to work with the administrators and staff of treatment facilities, but we want to avoid being linked with the facility in the perspectives of administrators, clients, staff and the public. A.A. resources are available to treatment facilities, but any connection of the A.A. name to the facility can create the impression of affiliation. Therefore we ask that no A.A. group or meeting bear the name of the facility in which it meets. Nor should any facility imply any affiliation with Alcoholics Anonymous.

Experience has provided us with this simple guiding principle. We cooperate, but we do not affiliate.

Anonymity: A.A.'s co-founder Bill W. considered the Concept of Anonymity "most responsible for our growth as a fellowship and most vital to our continuity."

Cooperation by the press regarding anonymity over the years has been remarkable and publicity given to the A.A. program in all areas of the media has contributed to many alcoholics deciding to seek help.

We ask for your assistance in maintaining our Tradition of personal anonymity by not identifying members by full name or in recognizable photos as "members of Alcoholics Anonymous."

Experience has shown that alcoholics and potential members of A.A. may avoid any help that may divulge their identities as alcoholics.

Thank you in advance for your attention and cooperation and we would welcome letters and comments from you. We send our very best wishes to all of you.

Yours in A.A. service,
Name of Committee
Address
City, State, Zip Code
Phone Number

Example:

Letter to a Treatment Facility or Outpatient Setting from a Local Treatment Committee

The Director
Facility
Address
City, State, Zip

Dear _____:

We of Alcoholics Anonymous are a service committee to offer our help to your clients. We would like to cooperate with you in helping those clients who wish to make the transition from treatment to the A.A. program.

As you know, one of the most difficult places in the journey to lifelong sobriety is the distance between the door of the facility and the nearest A.A. group or meeting. In order to bridge the gap, A.A. members are interested in meeting with the newly released client and will introduce him/her to the A.A. group nearest that person's home.

Our purpose is to extend a hand, in the spirit of our Twelve Steps of Recovery, to assist the newcomer to find the same help in staying sober that we ourselves found. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

We ask that A.A. help be offered to those clients who wish it and that those requests be made as soon as possible. Because our Fellowship is anonymous, we ask that A.A. members be known to the facility by their first names only and their telephone numbers be kept confidential.

We look forward to cooperating with your facility. We hope our joint effort make continuous sobriety possible for many.

Yours in A.A. service,
Treatment Committee
City, State, Zip Code
Phone Number

Example:

A.A. CONTACT SERVICE
(Bridging the Gap/Temporary Contact Service)

Getting back into the "real world" isn't always easy for an alcoholic. Many of us had never been sober on the outside, and we admitted that the first days out were a little frightening. Sometimes, we didn't know if we would stay sober.

Even new members of A.A. usually know that they can't make it alone. The dilemma for some of us was that we weren't sure we could make it in A.A. either. We said things to ourselves like "Where will I find a meeting I can be comfortable in?" or, "Who will I be able to trust?" It was tempting to give in to "I won't fit in," or "I'm too different." Lots of alcoholics think like this. We did.

Many of us who have made the transition to sober and happy lives in our communities still remember the first days on our own. It was hard to know what to do. Now we see that we can help the new people getting out. The primary purpose of A.A. Contact Service is to introduce newly released residents of treatment facilities and hospitals to A.A. on the outside. You can get in touch with us through our P.O. Box.

A.A. Contact Service is a committee of alcoholics helping other alcoholics. We are all A.A. members, and being alcoholics ourselves, we know that the people you will meet in your first days out could make all the difference. We hope that we will hear from you.

A.A. Contact Service
P.O. Box
City, State, Zip Code
Phone Number

Conference-approved Literature Catalog

A.A.s who carry the message into treatment settings may benefit from reading the catalog of "Conference-Approved A.A. Literature and Other Service Material." The catalog includes descriptions of *audiovisual materials,* including the DVD *Hope: Alcoholics Anonymous,* which was prepared especially for use in treatment settings and was recently given a new look.

The following pamphlets are useful for A.A.s in Treatment Service.

A.A. in Treatment Settings
The A.A. Member — Medications and Other Drugs
Is A.A. for You?
Is A.A. for Me?
Frequently Asked Questions About A.A.
A Newcomer Asks
Questions and Answers on Sponsorship
Too Young?
A Message to Teenagers
Young People and A.A.
A.A. for the Native North American
Women in A.A.
LGBTQ Alcoholics in A.A.
Many Paths to Spirituality
Access to A.A.: Members share on overcoming barriers
The "God" Word
A.A. for the Black and African American Alcoholic
A.A. for the Older Alcoholic— Never Too Late
Problems Other Than Alcohol
A.A. at a Glance
Where Do I Go From Here?
The A.A. Group
The Twelve Traditions Illustrated
Wallet Card (Twelve Steps, Twelve Traditions and the Serenity Prayer)
Bridging the Gap
Speaking at Non-A.A. Meetings
Central Offices, Intergroups and Answering Services for U.S. and Canada
A.A. for Alcoholics with Mental Health Issues — and their sponsors

A.A. pamphlets that may help treatment facilities personnel understand the A.A. program include:

How A.A. Members Cooperate With Professionals
A.A. in Your Community
If You Are a Professional
A.A. as a Resource for the Health Care Professional
Is There Problem Drinker in the Workplace?
A Member's-Eye View of Alcoholics Anonymous

G.S.O. produces A.A. material in Braille, CD and DVD formats. These A.A. materials may be helpful when carrying the message to alcoholics who experience access barriers to receiving the message who are in treatment. Service material is available to assist American Sign Language (ASL) interpreters with A.A. language (call G.S.O. or e-mail access@aa.org).

Treatment Committee Discount Packages

A Treatment Committee Discount Package (P-69) contains helpful A.A. literature and is sold for $7.90. Committee Discount Packages are also available in Spanish (SP-69) and French (FP-69) at the same cost. Contact the Treatment desk at the General Service Office or inquire about this package at your local Intergroup/Central Office.

A.A. Grapevine, La Viña and La Vigne

AA Grapevine is an excellent tool for carrying the message to alcoholics in treatment. Because it is a monthly magazine, it will continue going to the recovering alcoholic after he or she leaves treatment and will serve as a reminder of recovery 12 times a year. Audio and other material are also available from Grapevine. A Spanish-language magazine, La Viña, is bimonthly, as is the French-language magazine La Vigne.

Service Material

G.S.O. has service material available to A.A. members upon request. This material differs from Conference-approved literature in that it has not come about through Conference Advisory Action. It is produced when there is a need for readily available information on a specific subject. Service material reflects A.A. group experience and special and timely information.

Contact the Treatment desk at G.S.O. if you would like any of the following service pieces (call G.S.O. or e-mail tf@aa.org):

A.A. Guidelines (on) Treatment Committees*

Presentation: What A.A. Is and What It Is Not, For Treatment Facilities Administrators and Professional Staff

Presentation: What A.A. Is and What It Is Not, For Treatment Clients, Sharing Experience on Coping With Influx of New Members

Guide for Leading Beginners Meetings

This is a valuable item for Treatment Committee service. This Beginners Kit contains an eight-page service pamphlet of suggestions,* plus 12 Conference-approved pamphlets. (M-1) $2.75.

Braille and American Sign Language (ASL) Material

Some A.A. books, booklets, and pamphlets are available on CD and in Braille for visually-impaired alcoholics. The Big Book and *Twelve Steps and Twelve Traditions* are available on DVD in American Sign Language. Other Conference-approved videos are close-captioned for the deaf and hearing-impaired alcoholic. Check the catalog of Conference-approved Literature for other items.

Foreign Translations of A.A. Literature

For information about A.A. literature in other languages, contact the General Service Office, or check the catalog.

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* Also available on G.S.O.'s A.A. website, www.aa.org.