

# A.A.® Guidelines

## Treatment Facilities Committees

from G.S.O., Box 459, Grand Central Station, New York, NY 10163

A.A. Guidelines are compiled from the shared experience of A.A. members in various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (U.S. and Canada). In keeping with our Tradition of autonomy, except in matters affecting other groups or A.A. as a whole, most decisions are made by the group conscience of the members involved. The purpose of these Guidelines is to assist in reaching an *informed* group conscience.

### HOW A.A.s CARRY THE MESSAGE TO ALCOHOLICS IN TREATMENT FACILITIES

In trying to reach the alcoholic who is in a treatment facility or rehab, A.A.s work together, insofar as possible, by using suggestions from those who have had experience carrying the message into treatment facilities. These Guidelines provide a summary of shared experience of A.A.s who have carried the message into treatment facilities. A Treatment Facilities Workbook, available from the General Service Office, contains detailed information about carrying the message into treatment facilities, including ways to approach treatment center personnel, presentations and workshops, temporary contact programs, and other helpful information. The workbook is sent to committee chairpersons at no charge and is listed in the literature catalog.

### PURPOSE

Treatment facilities 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 facilities, and to set up means of “bridging the gap” from the facility to an A.A. group in the individual’s community.

A treatment facilities committee may function within the structure of a general service committee on the area or district level or it may serve within the structure of a central office/intergroup. Prior to forming these committees, this Twelfth Step work is sometimes handled by an individual group or member. As A.A. groups grow in number in a community, experience suggests that a committee works more effectively.

In some parts of the country, A.A.s interested in carrying the message into treatment and correctional facilities work together on Hospitals and Institutions committees independent of, but in cooperation with, general service and intergroup committees. This structure also works well—especially in areas where lines of communication between the various service entities remain open.

### HISTORY

Since A.A.’s co-founders first stayed sober by carrying the A.A. message into hospitals, many other alcoholics have discovered the great value to their own sobriety of working with suffering alcoholics in treatment facilities.

In 1934, Bill W. kept trying to help drunks in Towns Hospital in New York City. None of them seemed interested at that time, but Bill

stayed sober. Dr. Bob worked with thousands of alcoholics at St. Thomas Hospital in Akron, Ohio. In 1939, Rockland State Hospital, a New York mental institution, was the site of one of our first A.A. hospital groups.

Today many A.A. meetings take place in treatment facilities all over the world. Twelfth Stepping and sponsoring other alcoholics — where they are—has long been one of the most important and satisfying ways of keeping ourselves sober.

Services to treatment facilities used to be combined with corrections facilities under the title Institutions Committee. In 1977 the General Service Conference voted to dissolve its Institutions Committee and form two new committees, one on correctional facilities and one on treatment facilities. For more information on A.A.’s work in hospitals and treatment centers, see the book *Alcoholics Anonymous Comes of Age*.

### HOW TO GET STARTED

Since hospitals and treatment facilities do not permit unauthorized visitors to enter their facilities, the first step is to establish contact with administrators. In some areas, the initial contact may be by a committee on cooperation with the professional community (C.P.C. committee). A meeting to discuss ways A.A. can cooperate with the facility within our Twelve Traditions will help avoid numerous pitfalls later.

If possible, arrange for informational presentations to the facilities’ staff for the purpose of explaining what A.A. is and is not. The General Service Office can provide service material offering suggestions for informational programs. The video “Hope: Alcoholics Anonymous” explains the principles of A.A., our primary purpose and many other aspects which will be of interest to administrators, counselors and patients.

The pamphlet “A.A. in Treatment Facilities” describes different types of meetings in treatment centers. In some instances, regular A.A. groups meet in facilities where they rent space in the Tradition of self-support and function in the same way as groups which meet in church basements, schools, etc. The patients are welcome to attend the meetings and this is a practical and simple way of introducing patients to A.A. while they are still in treatment.

“Treatment facility meetings” differ from those of the regular group. They are A.A. meetings held for patients and residents, and they are usually not open to A.A.s in the community. A.A. members are sometimes invited to arrange these meetings for the patients, and these members often bring in one or two other speakers. Such

meetings are often the responsibility of a local treatment facility committee. Other times these meetings are arranged by the treatment facility administrators.

Alcoholics in treatment are often able to go to regular meetings of A.A. groups in the community. Care should be taken to ensure that groups receive adequate notice so they can be prepared for the visitors.

All A.A. groups and members should be given the opportunity of sharing in and doing this type of Twelfth Step work. It has proved a good idea to have members from many groups serve on these committees. A chairperson is then elected and plans are developed so that each treatment facility in the area will be assured of A.A. help and cooperation.

Treatment facilities committees usually convene every month to make assignments and handle other related business. Some of the committees have shared the following activities with us. Perhaps some of these ideas and programs might be used in your area.

1. Workshops have proved an effective way of informing and preparing new committee members for their work with patients and in sharing the experience of the member already involved in this form of service.
2. Other areas have developed sets of guidelines that are helpful for A.A.s newly involved in taking meetings to patients.
3. Many committees have sent letters to all treatment facilities in their areas explaining what A.A. does and does not do.
4. The video "Hope: Alcoholics Anonymous" has been a useful tool for both staff and patients.

### **BASIC FUNCTIONS OF T.F. COMMITTEES**

1. With approval of administration, takes A.A. meetings into facilities within its area.
2. Encourages group participation. In some areas each group has a representative on the T.F. committee.
3. Coordinates temporary contact programs.
4. Arranges purchase and distribution of literature for these groups and meetings.

### **RELATIONSHIP WITH TREATMENT**

1. Seeks to understand, respect, and adhere to all treatment facility regulations.
2. Makes information about A.A.'s function and purpose available.
3. Assists in the formation of new A.A. meetings in treatment facilities.

### **MEETINGS—SPEAKERS**

In some areas, groups are assigned to specific times at specific facilities and this system works very well. However, sometimes

commitments are not followed through. The major problem seems to be deciding who is responsible for finding speakers. The specific responsibility can be given to:

1. The contact chairperson or "meeting sponsor" for each facility, who then seeks out individual speakers.
2. An individual appointed by the chairperson.
3. The chairperson of the committee, who arranges for rotation among groups in the area.
4. Committee members who assume the total responsibility, rotating the assignments among themselves, but obtaining other speakers as well.

All people responsible for meetings at treatment facilities concur that the more outside members who participate, the better. The patient then has an opportunity to hear varied A.A. talks, and has a better chance to identify.

The importance of dependability cannot be overemphasized.

### **LITERATURE AND AUDIOVISUAL MATERIALS**

Most committees feel that adequate literature supplies and audiovisual materials are essential for treatment center meetings. It is especially important that each patient is supplied with a list of local A.A. meetings. Supplies are financed and obtained in several ways:

1. Donated by area or district general service committees or local intergroups.
2. Purchased with group contributions designated for this purpose.
3. Provided by groups through their T.F. representatives (where the committee is organized and functioning to this extent).
4. Donated by members of the committee.
5. Special funds — Such as special containers at regular meetings, marked "For Treatment Facilities Literature."

Note: Treatment Facilities Discount Packages are available from G.S.O.

### **TEMPORARY CONTACTS AND SPONSORSHIP**

Experience shows that even though a patient may have been participating in a group or meeting in a treatment facility, there is anxiety about the transition to a regular group on the outside. With the reminder that A.A. has only sobriety to offer, many committees do try to provide some additional personal contact so this transition period can be made easier. In many places, this is referred to as "bridging the gap" between treatment and a home group. The pamphlet "Bridging the Gap" is available from G.S.O.

1. A growing number of areas have established temporary contact programs. Contact G.S.O. for details.

2. Where there is a local intergroup, newly released patients may be put in contact with an A.A. member who may act as a temporary sponsor or contact.
3. In some areas, patients are allowed to attend outside meetings and this makes “bridging the gap” easier.
4. The contact chairperson or meeting sponsor meets the patient when he or she is discharged from the facility. Since sponsorship is personal, many areas have found it helpful to have patients select their own sponsors once contact with the outside has been made.

The initial contacts do not necessarily continue as sponsors, but do serve as a vital link between the facility and the outside A.A. group.

When G.S.O. receives a request for A.A. contacts from a treatment facility professional, a friendly letter of explanation about anonymity is sent with a list of central offices, intergroups and answering services enclosed.

### **INFORMING THE FELLOWSHIP**

As in all A.A. activity, communication on progress is important. Such communication can be maintained through:

1. Group representatives at district, area or intergroup/central office meetings.
2. The use of newsletters or bulletins distributed by the area, district or intergroup/central office.
3. Announcements at regular A.A. meetings by T.F. committee members.

4. Treatment facilities workshops at area assemblies and regional or state conferences and conventions.
5. Monthly committee meetings to which all A.A.s are invited. Committee minutes help keep everyone well informed and provide a good record of committee activity and progress. G.S.O. appreciates receiving committee minutes, if possible.

### **RELATIONSHIP TO AL-ANON**

Many areas report it is helpful to cooperate with Al-Anon Family Groups, in order that the family of the patient may gain a better understanding of our Fellowship. For information, contact Al-Anon Family Group Headquarters, Inc., 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617. Tel: (757) 563-1600.

### **RELATIONSHIP TO G.S.O.**

G.S.O. maintains a mailing list of treatment facilities chairpersons and committee members (U.S. and Canada).

Committee chairpersons receive the Treatment Facilities Workbook, and are on the mailing list for *About A.A.*, a newsletter for the professional community, and *Box 4-5-9* that sometimes contains a section on treatment facilities news.

Please keep in touch so that your activities may be shared through *Box 4-5-9*. Your comments may add experiences to the files, to help others who are involved in this rewarding area of service.

