

Treatment Committee WORKBOOK

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This workbook is service material, reflecting A.A. experience shared with 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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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, newcomers, 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 easier place for an A.A. member to find a suffering alcoholic than in a treatment facility or outpatient treatment setting. According to A.A. Membership Surveys, approximately one third of our members cite treatment facilities as the 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.

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 residential 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, 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, GSO and to their local central office/intergroup. Many areas, districts and central offices/intergroups use part of the contributions they receive to 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 roundups 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 (CPC), and Public Information (PI) Committee liaisons to Treatment Committee meetings.
5. In areas where Bridging the Gap (BTG) and Hospitals and Institutions (H&I) Committees are active, it is often helpful to coordinate activities among the different committees so as not to confuse or frustrate the newcomer or treatment facility staff member.
6. Make presentations to three treatment facilities or outpatient treatment settings and offer follow-up presentations every four months to accommodate staff changes.
7. Set up Treatment Committee literature displays in district meetings, area meetings, seminars, conventions, etc.
8. Create a local Treatment Committee presentation based on the Treatment Committee Workbook and local experience, i.e., for psychiatric hospitals, nursing homes, youth non-correctional facilities, shelters, halfway houses, and a variety of other treatment settings.
9. Create a Temporary Contact (Bridging the Gap) program.
10. Contact one or more nursing homes to offer A.A. presentations or meetings in person or with a virtual platform.
11. Contact one or more psychiatric hospitals to offer A.A. presentations or meetings.
12. Contact one or more homeless shelters and offer A.A. presentations or meetings.
13. Contact one or more halfway houses and offer A.A. presentations or meetings.
14. Contact one or more outpatient rehabilitation programs and offer A.A. presentations or meetings in person or via virtual platform.
15. Contact local Veterans Administration Hospitals or facilities and offer A.A. presentations or meetings in person or via virtual platform.
16. Work to reduce apathy within the Fellowship; find a co-chair and interested people in order to achieve all the above.
17. Write to the General Service Office with additional suggestions for this list.

Some challenges and opportunities noted by Treatment Committees

In the past three decades, some areas of the U.S. and Canada have experienced considerable change regarding treatment services provided, by whom, and in which settings. However, regardless of changes in newcomer demographics, changes in frequency of problems other than alcohol, or variances in the nature or severity of newcomer “bottoms,” our purpose has remained unchanged: to carry the A.A. message to anyone seeking a solution to a drinking problem. Listed here are a few of the challenges our members have faced and the principles they used to address them.

Challenge/ Change	A.A. principle and/or experience
More young people in treatment.	Committee members should remain focused on the symptoms of alcoholism, since that is one of the common elements that bind our fellowship, rather than focusing on gender, age, or other demographic.
More outpatient treatment sometimes makes it more difficult to bring an A.A. meeting into a facility.	Committees may see this as an opportunity to introduce newcomers to meetings in their communities.
Newcomers sometimes have problems other than alcohol, including mental health challenges and problems with drugs.	Stay in our lane. Remind newcomers that A.A. helps with sobriety — freedom from alcohol — and encourage them to seek support from appropriate resources for problems other than alcohol. In particular, keep A.A. meetings focused on our primary purpose, rather than having them become non-specific recovery meetings, which can create confusion and difficulty for newcomers when they begin attending outside A.A. meetings.

Each local committee may wish to inventory which types of treatment exist in their community, and what the particular challenges are to carrying the message in those facilities so that they can effectively reach out to professionals and develop strategies based on A.A. principles and experience for working with newcomers in these settings.

Emphasizing the differences between A.A. and treatment

Professionals and clients alike may not understand the difference between treatment and Alcoholics Anonymous, so it is up to the A.A. volunteer or committee member to make these distinctions clear.

Some members shared that they found it important to point out that treatment staff members are paid for their time, and that many have professional training, education or licensing, while A.A. members do their service for free, and because they have to “give it away to keep it.” Other A.A.s like to remind new

members that the only qualification that A.A. members have is their own experience with alcoholism and recovery through A.A. and the Twelve Steps. Some other important distinctions:

- Treatment centers may recommend different models of recovery or medications, while A.A. members stick to the message of recovery found in the A.A. program.
- Treatment center staff members may not embrace ideas like one-day-at-a-time, anonymity, personal inventory, self-support or the idea of a Higher Power, concepts that A.A. members rely on.
- Treatment Centers, whether hospital based, for-profit or nonprofit set particular criteria for entering and staying in a treatment program. In A.A., you are a member if you say you are.

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 covers 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 with Professionals” 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 car-

rying the A.A. message. The committee carries the message of A.A., rather than the ideas of any one individual. One way committee members can apply this Tradition is by 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 Four each group should be autonomous except in matters affecting other groups or A.A. as a whole.

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, those in treatment, 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 Nine A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

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 avoid controversial subjects and simply carry the A.A. message.

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.” Most A.A.s agree that this tradition also applies to video and other public forms of the Internet and social media platforms. 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 those in treatment, 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 these 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 Settings,” “Bridging the Gap,” and “How A.A. Members Cooperate with Professionals.”
2. While A.A. members are not professionals when doing Twelfth Step work, volunteers should be informed about any expectations a facility has regarding attire and appearance. Good relations are built on good impressions.
3. Personal conduct is also important while inside these facilities. We are sober A.A. members, and our behavior should reflect our integrity as A.A. members.. 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 has 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 may not! Let our new friends see, hear and talk to an example of what the A.A. program can do for a hopeless drunk.

Suggested Dos

1. Tell how A.A. works for you — also that it is not easy.
2. Tell what A.A. is (this is mostly in the Preamble).
3. Tell what we are doing, such as helping them make the transition from treatment to A.A.
4. Try to show a video from aa.org: “Sobriety in A.A.: We made changes to stop drinking” or “25 and Under,” as appropriate.
5. Play some AA Grapevine audio recordings or episodes of the Grapevine podcast
6. Leave some copies of AA Grapevine, La Viña¹
7. Leave some A.A. literature.
8. Talk about sponsorship. Talk about the importance of a home group and explain open/closed meetings.
9. Show the newcomers how to find meetings using the Meeting Guide app.
10. Explain the importance of anonymity, reassure the newcomers that they do not have to fear being seen at an A.A. meeting.
11. 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.

¹Committees in French-speaking areas may wish to share copies of La Vigne, a locally produced French language publication.

Some Ways of Approaching Treatment Facilities Personnel

The following describes A.A. experience in approaching treatment facilities personnel. The collective experience of A.A.s on Treatment Committees has shown that the personal approach is always best.

Treatment Committees often find it helpful to **Learn something about the Treatment Facility** — How large is the facility? Does the treatment program stand alone or is it part of a hospital or other medical facility? Do they serve mostly men or women? Young or older? From the local community or from a wider geographic area? Residential treatment or outpatient? Does the treatment program embrace a twelve-step model or another approach?

Most treatment programs have a website that will provide a good deal (but not all) of this info. An approach from an A.A. member who has “done their homework” prior to reaching out can make a positive impression.

Another trend members have shared about is a dramatic decrease in the number of inpatient or residential treatment programs. Many alcoholics who get treatment today do so in an outpatient program. Knowing this may help shape how you approach the treatment professional and how your committee organizes its activities.

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 or emailing for an appointment. The communication 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 (CPC) 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 Settings,” “If You Are a Professional,” “A.A. in Your Community,” “Where Do I Go From Here?” and the leaflet “Information on Alcoholics Anonymous.” Links to or copies of our month-

ly magazine, available in English (AA Grapevine) and Spanish (La Viña), might also be included. For more information see aa.org. and aalavina.org.

2. **Information About A.A. Traditions** — The principles of the A.A. Traditions should be briefly and 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** — A.A. members may be available to help start an A.A. meeting within the facility.
4. **Share the Meeting Guide app** — A.A. volunteers might consider downloading the Meeting Guide app onto their smartphones or tablets in order to demonstrate how it works to treatment center staff and newcomers.

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.

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 GSO. 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 those in treatment 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 on local meeting lists or on the Meeting Guide app, but the contact A.A. member may receive *Box 4-5-9* and other appropriate mailings, if GSO is notified .

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

Carrying the message virtually

Sometimes treatment centers won't allow A.A. members to bring in face-to-face meetings, due to a health crisis, staffing issues, or other reasons. In such cases A.A. members have found creative ways to stay connected with the alcoholics in

these programs. Virtual platforms might be used to continue with regular meetings, temporary contact work and even sponsorship — all online. In some communities, members have created cards or fliers with virtual meeting information and dropped them off at treatment centers along with A.A. literature. If virtual meetings are not possible, many facilities will still gladly accept A.A. literature that might help the alcoholic during their treatment and guide them to outside A.A. upon their release.

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.

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. Some A.A. members report that efforts to get professionals to attend these kinds of events are most successful when details about the event and expectations are clearly communicated.

How can Treatment Committees Help Groups with an Influx of Clients from a Treatment Program?

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 attend 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, district committee or intergroup committee might take responsibility for approaching the treatment facility administrator to discuss the matter.

As usual, the personal approach is the best — an email or phone call 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 can explain why sending great numbers of clients to one A.A. group can be challenging for the group. He or she might offer a plan to have clients attend several different meetings.

GSO publishes a service piece entitled “Sharing Experience on Coping With an 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 GSO 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 Non-correctional Youth Facilities

In recent years our work with young people in treatment facilities has increased significantly. Some sharing is offered below, and GSO is always glad to receive shared experience from A.A. members engaged in this kind of service work.

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.

Carrying the message to young people can be done most effectively if we stress the "joy of living."

Treatment Committees embarking on service projects with non-correctional 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.

In addition to the valuable sharing below, members will find several personal accounts from A.A. members with mental health issues (and A.A. members who have worked with them) in the pamphlet "A.A. for Alcoholics with Mental Health Issues — and their sponsors."

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 meetings 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 "The Twelve Traditions 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 AA 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 a podcast or audio recording from AA Grapevine or La Viña, or view an A.A.W.S. video.

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

In many places Treatment Committees coordinate these hospital or 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 treatment or 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 (CPC), Corrections, (PI), 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 other committees and 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.

Committee Members Share Their Experience Strength and Hope: Carrying the Message to 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 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, those potential AA members in treatment 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 the newcomer in treatment to have an opportunity to meet A.A. members who would likely be at a meeting the newcomer 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 Public 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 Settings

Some local Treatment Committees offer presentations to professionals, and meetings for those in treatment, 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
- Detoxification and sobering 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 translations of A.A. literature and materials for A.A. members who face access barriers.

Committees will find lists of all such materials in GSO'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

Professionals sometimes group alcoholism and drug addiction into a single category. Nonalcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. However, A.A. traditions suggest that while anyone may attend open A.A. meetings, only those with a desire to stop drinking problem may attend closed meetings.

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

Our Third Tradition (short form) states: "The only requirement for A.A. membership is a desire to stop drinking." The original long form goes on to say "Our membership should include all who suffer from alcoholism. Hence we may refuse none who wish to recover."

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 go beyond helping alcoholics recover from alcoholism. Our experience has shown that nonalcoholics do not get the identification and long-term support they need from attendance at A.A. meetings, and may benefit from finding a Twelve Step fellowship better suited to their problem.

Recovery from alcoholism is the focus of all A.A. meetings.

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!

“Bridging the Gap” Between Treatment and A.A. Through Temporary Contact Programs

Simply put, a temporary contact is an A.A. member who works with newly sober individuals 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.

In many places, A.A. committees inform treatment settings about the temporary contact service and are given opportunities to present information directly to the newcomers. Then it is up to the newcomer 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 those in treatment.

A number of areas have created fliers or business cards describing their temporary contact service. Some have even added QR code with the web address or email address for the temporary contact program. These can be distributed to treatment facilities where professional staff can share with newcomers who may then initiate contact.

Guidelines for A.A. Members Who Are Temporary Contacts or Bridging the Gap contacts

1. The temporary contact volunteer makes direct personal contact with the newcomer while he/she is still at the treatment facility — either by telephone, visiting the facility, attending a meeting together or whatever contact is available.
2. Remember, temporary contact programs and BTG are not intended to become a long-term A.A. relationship, but simply to help ease the newly

released member's transition to outside A.A and to help get them started on the road to sobriety in their home community.

3. Experience suggests that it is best for a Briding the Gap volunteer to be accompanied by another A.A. member when meeting the newcomer. One of the two temporary contacts should have at least a year of sobriety.
4. Experience has also shown that temporary contacts work best when care is given to match A.A. member volunteers and newcomers by gender and, if possible, age.
5. Special care should be taken to ensure that any requests for temporary contacts that come from minors or other vulnerable members be handled carefully.
6. The contacts and newcomers make every effort to attend at least one meeting together on the day of the newcomer's release from treatment.
7. Thereafter, 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.
8. The contact familiarizes newcomers with A.A. books, pamphlets, schedule of meetings, the local intergroup or central office and the Meeting Guide app.
9. 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.")
10. A temporary contact is an A.A. enjoying a comfortable, stable sobriety, preferably for at least a year.
11. 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 A.A. volunteer and the newcomer to get together before the newcomer'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 Briding the Gap or Temporary 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 and introduce them to Meeting Guide app.
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 Area General Service Committee or through intergroup offices, either through their Treatment, CPC, 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. Bridging the Gap committees everywhere have found that literature is of enormous help in carrying the A.A. message. Many use GSO’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. Many Bridging the Gap and Temporary Contact committees share resources with one another on the Bridging the Gap Workshop Weekend website: www.btgww.org.

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.

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 GSO upon request or can be found on the Treatment Committee page on GSO’s A.A. Web site.

Treatment Committees | Alcoholics Anonymous (aa.org)

Temporary Contact/ Bridging the Gap Contact Request Pamphlet

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. Website at www.aa.org.

**FOR PEOPLE
IN TREATMENT**

A.A. Bridging The Gap Request

Connecting Those
in Treatment to the
A.A. Community

What do I have to do?

This flier includes a simple sign-up form. You can fill it out and send it to the address or email listed on the back. Be sure to include your contact information. Someone from A.A. will be in touch soon.

What will happen if I sign up?

A Bridging the Gap contact from A.A. will reach out to you. 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. So your BTG contact will help make sure you get to a meeting right away.

Is there any obligation?

There is no obligation to participate in any way. A.A. members focus on helping people who ask for help. We also respect the right of anyone to go their own way.

What if I will be living in a different community after treatment?

If you are moving to or returning to a different community, be sure to put that on your sign-up form and the A.A. volunteers will do their best to connect you with someone in the community you'll be headed to.

Is there anything I should know about A.A. and A.A. meetings?

Meetings are typically listed as "open" or "closed" meetings.

What is Bridging the Gap?

Bridging the Gap is a voluntary temporary contact program designed to help the alcoholic in a treatment program or other kind of formal setting to make the transition to a life of sobriety in Alcoholics Anonymous.

Many people find it difficult to make the transition from treatment to a life of sobriety.

In order to bridge this gap, A.A. members have volunteered to be temporary contacts and to introduce newcomers to Alcoholics Anonymous.

Who can request contact through Bridging the Gap?

People from all kinds of programs, including Detox Centers, Hospitals, Treatment Centers, Aftercare programs and IOPs can ask for an A.A. volunteer to connect with. For those leaving a Correctional facility, there is a separate program called Contact Upon Release. Visit <https://www.aa.org/corrections-correspondence-service-insider-request-form>

Is Bridging the Gap for me?

If you are in a treatment program and want to stop drinking (or stay stopped), Alcoholics Anonymous wants to help. Bridging the Gap is especially helpful for those who have not been to A.A. or who don't have strong A.A. connections in the town or city where they will be living after treatment.

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.

Am I an alcoholic?

Only you can decide for yourself if you belong in A.A. Our third tradition says that "The only requirement is a desire to stop drinking."

- **Open meetings** are available to anyone interested in Alcoholics Anonymous' program of recovery from alcoholism. Nonalcoholics may attend open meetings as observers.
- **Closed meetings** are for A.A. members only or for those who have a drinking problem and "have a desire to stop drinking."

At both types of meetings, it may be requested that participants confine their discussion to matters pertaining to recovery from alcoholism.

There are different meeting formats: Some discuss literature like the Big Book, others feature a topic discussion or have a speaker who will talk about how they got sober and what life is like today.

There are also meetings in different languages and meetings for women only, men only, young people, beginners or other groups.

What about my anonymity?

A.A. members who attend meetings all over the U.S. and Canada agree that anonymity is important. So you can feel comfortable attending meetings without worrying that someone will see you or talk about your attendance. Many A.A. members decide to share about their participation in A.A. with family and friends, but it will be up to you to decide if and how you share this information. A.A. members are also careful not to put their faces or last names on anything that would publicly associate them with A.A.

Other Ways to Find A.A.

Some who get out of treatment prefer to find A.A. on their own. In most areas, a list of local meetings is available. To find your local office or service entity, please visit www.aa.org/find-aa.

Another great way to find local meetings is the Meeting Guide App for iOS and Android smartphones www.aa.org/meeting-guide-app

Bridging the Gap/Request Form

Date: _____

Name: _____

Facility Name: _____

Location: _____

Your age range (circle one):

Under 21 22-35 36-60 over 60

Gender identity: _____
(e.g. Male, Female, Non-binary)

Preferred Language: _____

How can we contact you?

Call/Text: _____

Email: _____

Call Treatment Facility: _____

Discharge Information: _____

Date of Discharge: _____

Town or City: _____

Zip or Postal Code: _____

Province or State: _____

Please send this form to:



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www.aa.org

F-183

11M – 12/23 (GP)

Temporary Contact/ Bridging the Gap Contact Volunteer Pamphlet

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. Website at www.aa.org.

12TH STEP SERVICE OPPORTUNITY

A.A. Bridging The Gap Volunteer

Connecting Those
in Treatment to the
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 to take them to a variety of meetings and introduce them to other A.A. members.

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 GSR, or your BTG coordinator, Corrections or Treatment chairperson.

Please note: Volunteers will 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. Remember, 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 a couple of weeks or after the newcomer has attended a variety of meetings and hopefully found a sponsor. 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.



Bridging the Gap/ Volunteer Form

Date: _____

First Name: _____

Last Name: _____

Location: _____

Your age range (circle one):

Under 21 22-35 36-60 over 60

Gender identity: _____
(e.g. Male, Female, Non-binary)

Preferred Language: _____

City: _____

State or Province: _____

Zip or Mail Code: _____

Phone (day): _____

Phone (evening): _____

Home Group: _____

Home Group Location: _____

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

Date: _____

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

*Thank You for your service in
Alcoholics Anonymous*

Workshops and Presentations

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 excellent 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*, AA Grapevine or La Viña, 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.
6. Discuss the AA Grapevine and/or La Viña as tools for carrying the A.A. message into treatment settings.

Presentations to Treatment Setting Clients and Professionals

Two service pieces are available from GSO on giving informational presentations to treatment setting administrators, clients and staff. Contact the Treatment desk at tf@aa.org or (212) 870-3400 if you would like copies of these guidelines.

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. 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!

3. 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.
4. 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.
5. Be on time, well groomed, and courteous.

A suggested presentation outline:

1. 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.
2. Explain what A.A. is and is not, with emphasis on our primary purpose, non-affiliation, and anonymity.
3. 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.
4. Distribute literature: "A.A. at a Glance," "A.A. in Treatment Settings," "If You Are a Professional," "Information on Alcoholics Anonymous." Mention that more A.A. literature is available from local intergroups or central offices or from GSO. You can also mention that much of A.A. literature, including the Big Book, is available for free on aa.org.
5. Invite the treatment setting staff to attend open A.A. meetings. Your local CPC committee may have a program in place for this purpose.
6. 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 GSO.

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 drunkalogs. Keep comments strictly to A.A.-related matters. *Do not comment on the facility's policies or practices!*
3. Familiarize yourself with the pamphlets "A.A. in Treatment Settings," "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.” 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. video or DVD, such as 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, Meeting Guide app 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 own experience. Steer discussion away from therapeutic “issues.”*
11. Thank you and close.
12. Provide contact information:
As noted above, many committees create cards or fliers with basic information on how to contact AA or find local meetings.

These might say something like:

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

Contact:

- Your Local or Area Treatment Committee (contact information)
- Your Local Intergroup or Central Office (contact information)
- The A.A. General Service Office
P.O. Box 459
Grand Central Station
New York, NY 10163
- The Treatment Desk at GSO (tf@aa.org)

Working With CPC 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 *CPC 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, CPC Committees work with professional staff in treatment settings.

A member active in CPC 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.

In many areas, liaisons have been established among these committees — for example, Corrections, Treatment, Institutions and P.I. committees send a liaison to CPC 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.

Sample Meeting Format and Discussion Topics

SUGGESTIONS FOR LEADING BEGINNERS MEETINGS

- What Kinds of Meetings Work Best
- How Leaders Can Prepare Themselves
- Suggested Topics for Meetings

This booklet is for all A.A.s. Although it is written mainly to help the group holding beginners meetings, or the member leading them, any other A.A. will find it worthwhile reading.

By receiving and giving A.A. help, every one of us becomes a link in a chain around the world. All of us cling to the chain to save our lives, and yet each of us is part of it—depending on all the others to help keep the chain unbroken.

So this booklet explores ways to strengthen the links—ways through which we can stay sober by helping other alcoholics stay away from one drink, one day at a time. It is a collection, from A.A. groups everywhere, of suggestions for helping A.A. newcomers gain sobriety and grow in the program.

MU-1

HOW IT WORKS

Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. Their chances are less than average. There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.

Our stories disclose in a general way what we used to be like, what happened, and what we are like now. If you have decided you want what we have and are willing to go to any length to get it — then you are ready to take certain steps.

At some of these we balked. We thought we could find an easier, softer way. But we could not. With all the earnestness at our command, we beg of you to be fearless and thorough from the very start. Some of us have tried to hold on to our old ideas and the result was nil until we let go absolutely.

Remember that we deal with alcohol — cunning, baffling, powerful! Without help it is too much for us. But there is One who has all power — that One is God. May you find Him now!

Half measures availed us nothing. We stood at the turning point. We asked His protection and care with complete abandon.

Here are the steps we took, which are suggested as a program of recovery:

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

(OVER)

P-10

Service Material from the General Service Office

SUGGESTED TOPICS FOR DISCUSSION MEETINGS

GENERAL IDEAS

1. **The Twelve Steps**
Some groups discuss one Step a week or read a chapter from [The Big Book or Twelve Steps and Twelve Traditions](#) and allow for discussion after.
2. **The Twelve Traditions**
Some groups after conclusion of the weekly Step discussions and/or readings will have a few meetings that focus on the A.A. Traditions from either [Twelve Steps and Twelve Traditions](#) or [Alcoholics Anonymous Comes of Age](#).
3. **The Twelve Concepts for World Service**
Some groups use the fifth week in a month to have a "service speaker" sharing experience on the Twelve Concepts. Other groups will read directly out of the pamphlet [Twelve Concepts for World Service Illustrated](#) or [The A.A. Service Manual combined with Twelve Concepts for World Service](#) and allow for questions and answers along with discussion.
4. Readings from [As Bill Sees It](#) or [Daily Reflections](#) can inspire discussion.
6. [Living Sober](#) also has many topics used by groups.
7. Some A.A. slogans can be used as topics—such as "Live and Let Live," "Easy Does It," "First Things First," and "H.A.L.T." (Don't get too Hungry, Angry, Lonely, or Tired).
8. Other topics may be found in [AA Grapevine's](#) monthly section on "Discussion Topics."

SOME SPECIFIC TOPICS

- | | |
|-----------------------------|------------------------------------|
| 1. Acceptance | 4. Complacency |
| 2. Attitude of gratitude | 5. Contempt prior to investigation |
| 3. Belief in a Higher Power | 6. Dependence |

SMF-56

Service Material from the General Service Office

A.A. PREAMBLE®

Alcoholics Anonymous is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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SMF-92

Sample Letters

Example:

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

Program Director,
Facility name
City, State, Zip

Dear _____:

As you probably 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 that gap, our committee of sober A.A. members would like to offer your clients the opportunity to participate in our Temporary Contact program, also called Bridging the Gap.

Our volunteers are available to meet with the newly released (or about-to-be-released) clients from your facility in order to introduce them to A.A. meetings near their 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.

We ask that this A.A. help be offered to those clients who wish it and that any requests for assistance be shared back with our committee using the attached form or the contact information below.

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

Yours in service,

Treatment Committee
City, State, Zip Code, Phone Number

Local flier 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 (here provide local contact information, hotline number or dedicated email address)

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

*Example letter to Treatment Facility or Outpatient Setting
Administrators when confusion arises about what A.A. is or how A.A.
members carry the message*

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)

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

Literature Guide

The front and back pockets of the Treatment Kit have samples of material especially useful for committee members. Here is an expanded list of A.A. information in five categories: basic guidance for members of Treatment committees; literature for individuals in treatment; information useful for professionals; A.A. Guidelines and other service material; and videos. This material is available in English, French and Spanish, and can be viewed on the A.A. GSO website at www.aa.org

Basic Guidance for Members of Treatment Committees

- A.A. in Treatment Settings
- 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

Literature for individuals in Treatment

- 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?
- The A.A. Member—Medications and Other Drugs
- 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?
- A.A. for Alcoholics with Mental Health Issues — and their sponsors

Information Useful for Professionals

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 a Problem Drinker in the Workplace?

Audiovisual materials

GSO produces A.A. material in Braille, American Sign Language and a variety of other languages. Many are available online, others can be purchased on CD or DVD. These A.A. materials may be helpful when carrying the message to alcoholics who experience access barriers to receiving the message when in treatment.

A.A. Guidelines and other service material

GSO 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 GSO if you would like any of the following service pieces (call GSO or e-mail tf@aa.org):

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

Resources for Leading Beginners Meetings

A valuable item for Treatment Committee service, the Beginners Kit contains an eight-page service pamphlet of suggestions,* plus 12 Conference-approved pamphlets.

Braille and American Sign Language (ASL) Material

Some A.A. books, booklets, and pamphlets are available as audio recordings (online and on CD) and in Braille for visually impaired alcoholics. The Big Book and Twelve Steps and Twelve Traditions are also available in American Sign Language (online at aa.org and on DVDs for purchase). Other Conference-approved videos are close-captioned for the deaf and hard of hearing alcoholic. Check the catalog of Conference-approved literature for other items.

Translations of A.A. Literature into Other World Languages

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

* Also available on GSO's A.A. website, www.aa.org.

AA Grapevine and La Viña

The AA Grapevine (in English) and La Viña (in Spanish) are excellent tools 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 versions of Grapevine stories as well as the weekly podcast, event calendar and sobriety calculator are all available at aa.grapevine.org.

Members can follow Grapevine and La Viña on Instagram to get daily inspiration, humor, and A.A. news. Subscribe to the AA Grapevine and La Viña YouTube channel to find A.A. stories, history and AA service how-to videos.

The Grapevine app is all things Grapevine right on your smartphone. The monthly magazine, the articles archives, the podcast, the daily quote, an enhanced sobriety calculator, and the A.A. events calendar. App-exclusive features include a spiritual maintenance checklist and the ability to share articles, and your own experience, strength, and hope with other Grapevine app users. The app allows for more content each month too. Service-oriented members will find easy ways to be a part of the AA Grapevine Community in our Get Involved section. You'll be able to read Grapevine anonymously wherever you go. You can also listen to each month's articles on a playlist, and listen to the podcast playlist right on the app. A locally produced publication called La Vigne may be available for French speakers.

There are also many Grapevine/La Viña books in English and Spanish that might be helpful for the newcomer, including:

- Voices of Women in A.A.: Stories of Experience, Strength & Hope
- Beginners' Book: Getting and Staying Sober in A.A.
- One on One: A.A. Sponsorship in Action
- Sober & Out
- Young & Sober: Stories from AA Grapevine
- Frente a Frente
- Mujeres en AA
- Un Día A La Vez
- Felices, Alegres y Libres

Treatment Committee Discount Packages

A Treatment Committee Discount Package (P-69) contains helpful A.A. literature. 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.

