A Newsletter for Professionals Spring 2016

About AA

A.A.'s Cooperation With Treatment Settings

From its beginning in 1935, A.A. has worked closely with hospitals and treatment settings to help the alcoholic client get and stay sober. A.A. cofounder, Bill W., himself was a patient of a treatment facility—the old Towns Hospital in New York City. Shortly after he got sober, Bill returned to Towns to work with other alcoholics. A.A.'s other cofounder, Dr. Bob, a surgeon, realized upon sobering up the need for an alcoholism ward at St. Thomas Hospital in his city, Akron, Ohio. With the sometimes tart tongued but always-dedicated assistance of (nonalcoholic) nurse Sister Ignatia, Dr. Bob established a ward for alcoholics. Together he and Sister Ignatia reached out to more than 5,000 alcoholics.

In carrying the message of sobriety into treatment settings, A.A. always has done so in the spirit of our Sixth Tradition, which states, "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." Thus, we cooperate but do not affiliate. A.A. is always at the ready to help alcoholics in 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 not bear the name of the facility.

Treatment facilities treat clients with a wide range of problems. A.A., on the other hand, is true to its single goal. A.A.'s Tradition Five spells out the aim of A.A.: "Each group has but one primary purpose—to carry its message to the alcoholic who still suffers." Within this context, there is probably no better place for an A.A. member to reach out to alcoholics than in a treatment setting. According to the Fellowship's 2014 Membership Survey, 32 percent of our members indicated that treatment was a major factor in their coming to A.A. In some groups, in fact, a majority of new arrivals have treatment center experience upon coming to A.A.

"A nice handshake between two parties."

If it is a short-term facility perhaps two or three meetings a week may be brought in by A.A. volunteers. These members do not act in a professional capacity. Carrying the message to alcoholics in these centers, and helping them assimilate into A.A. when they get out, is part of what A.A. members consider basic to their own recovery—sharing their sobriety with another alcoholic in order to keep it themselves.

According to Peter Luongo, a Class A (nonalcoholic) trustee on A.A.'s General Service Board whose experience in the alcoholism treatment field extends over 30 years, "The National Institute of Health (NIH) says that one of the hallmarks of good care in treatment facilities is the introduction of clients into Twelve Step Fellowships. Depending on the length of stay, it is generally more effective to bring the A.A. meeting to the facility—friendly in-reach works spectacularly and dispels any notions about what A.A. is and isn't. It's a nice handshake between two parties."

Two types of meetings are held regularly in treatment settings: (1) *A regular A.A. group meeting.* A significant number of A.A. groups rent space in treatment facilities and function in the same way as outside groups that meet in churches, schools and other

Towns Hospital in New York City, where Bill W. had his spiritual awakening; an ad for Towns Hospital in a newsletter, circa 1930s; St. Thomas Hospital, Akron, Ohio.

venues. Coming together on the premises of a treatment center or hospital has the advantage of making the meeting more accessible to clients in the facility. As the long form of A.A.'s Third Tradition clearly states, "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." (2) *A treatment facility A.A. meeting.* This differs from regular A.A. group meetings in that attendance often is limited to clients in the facility and outside A.A.s on a Treatment Committee who may be asked to chair the meeting and arrange for members to attend as speakers or discussion leaders. In some facilities, members of the staff are present as observers.

A.A. has been carrying the message into psychiatric/mental health facilities or state hospitals since the early years of our existence. In 1939, only four years after A.A. began, Dr. Russell Blaisdell (nonalcoholic) allowed A.A. members to take meetings into Rockland State Hospital in New York. Alcoholics found sobriety there and, with A.A. cooperation, many patients in similar facilities continue to recover today.

Welcoming Newcomers from Treatment Centers

If a hospital or rehab provides long-term treatment, patients may be allowed to go to "outside" meetings, and so fewer in-house meetings are needed. Outside meetings provide important opportunities for both A.A. members outside and treatment facility patients inside. For the regular A.A. it is an opportunity to do the essential Twelfth Step work of "helping another alcoholic to achieve sobriety." For the resident of the treatment center, it is a chance to see the A.A. fellowship in action in a community setting to which the client will, after all, eventually return. In regard to treatment center patients at outside meetings, A.A. does not expect administrators to understand the dynamics of A.A. groups—the way each autonomous group functions, nor the Traditions that keep them together. However, it does occur occasionally that clients from a treatment facility "descend" on a local A.A. group in large numbers, therefore upsetting the balance of the group by weighting it on the side of too many newcomers for the group to handle.

There are any number of ways to handle this type of situation, according to Kathi F., an A.A. member with considerable service experience, and she stresses that "communication, first and foremost, is key. Most districts and intergroups within A.A. have Treatment or Cooperation With the Professional Community (C.P.C.) committee chairs. It is their responsibility to reach out and set up individual meetings with the treatment center administrators." C.P.C./Treatment coordinators can go over the definitions of *open* and *closed* meetings, and what A.A. is and isn't, according to Kathi. The A.A. pamphlet "If You Are A Professional…" points out that "Some [treatment] professionals refer to alcoholism and drug addiction as 'substance abuse' or 'chemical dependency.' Nonalcoholics are, therefore, encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings as observers, but only those with a *drinking* problem may attend *closed* meetings." Meeting with treatment professionals, says Kathi, "helps make that distinction clear."

There are also steps local A.A. groups can take to make the experience of clients arriving from a treatment center as valuable as possible for these newcomers. In Kathi's home state of Arizona, A.A. groups often designate certain speaker meetings to be welcoming for patients from treatment centers, or even create special beginners meetings for these newcomers, focusing on the first three Steps of the A.A. program of recovery. Often, there is a "meeting within a meeting" devoted to the new arrivals, according to Kathi. "A.A. welcomes everyone with a desire to stop drinking" she says. "The important thing is to carry the message to the alcoholic, regardless of who referred him or her to A.A."

One Drunk Talking to Another

Finally, there is the individual contact so important for bridging the gap between treatment and outside A.A. In these situations, temporary A.A. contacts accompany newly-discharged alcoholics to their first outside meetings, introducing them to potential sponsors and sharing their personal experience in recovery. Most temporary contact programs, coordinated by treatment, bridging the gap, or (H&I) hospitals and institution committees, use the local A.A. central or intergroup office as a contact point. Almost every U.S. state and Canadian province maintains lists of A.A. members willing to be temporary contacts.

A.A. temporary contacts may make direct personal contact with treatment clients while they are still at the facility, either via phone or in person. They make an effort to attend at least one meeting together the first day of the client's discharge from treatment. For at least two weeks following, the temporary contacts take the newcomers to a variety of meetings, helping them get accustomed to the program and find which meetings suit them best. Contacts also familiarize newcomers with A.A.'s meeting schedules and literature, which would include *Alcoholics Anonymous*, the famous Big Book, which, on page 89, contains words at the heart of A.A.'s continued mission:

"*Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail.*"

In other words, one drunk talking to another, which is the way A.A. has worked ever since the program began.

How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or cpc@aa.org. We welcome your questions, comments and requests.