

# ABOUT A.A.

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...a newsletter for professional men and women

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## Bridging the Gap: A.A. and the Treatment Center

In recent years, more and more people have been coming to A.A. from treatment centers. Understandably, some recovered alcoholics who have achieved sobriety in hospitals or rehabilitation centers feel a strong sense of allegiance to the centers, and may experience a feeling of isolation or uneasiness when they first attend A.A. meetings in the communities where they live. Under such circumstances, these newcomers to A.A. may have difficulty making the transfer of loyalties that experience indicates is necessary to their continued sobriety.

To help such people achieve a smoother transition, A.A. welcomes the opportunity to cooperate with treatment centers. Sometimes, when A.A. members can meet with patients to share their experiences as recovered alcoholics before the patients are released, the A.A.'s can help make plans to provide the newcomers with a contact at their first meeting. Our experience has shown that the new people are then much more disposed to attend A.A. meetings regularly.

One example of such a cooperative program between A.A. and the staff of a treatment facility was instituted in a hospital in Oklahoma City. After a planning meeting between the A.A. members and hospital counselors, two A.A.'s were invited to attend a meeting that the aftercare counselor held with all patients due to be released the following week.

The counselor began the meeting with a discussion of patients' program after their release and then introduced the A.A. members, who talked about their own experience in maintaining sobriety and stressed the importance of frequent meetings. The A.A.'s also offered to provide a temporary contact for any patient interested. All such patients were assigned A.A. members as "interim sponsors," who called them on their first day home and, that same day, picked them up, took them to an A.A. meeting, and introduced them to other members. The temporary sponsors continued to provide support and information until the newcomers felt acclimated—usually until the new people had chosen their own sponsors. This program has proved very effective in bridging the gap between in-patient care and the local A.A. program.

Efforts at cooperation work both ways. Sometimes, it is the A.A. committees on cooperation with the professional community or institutions committees that will approach treatment center staff members to initiate activities. At other times, plans for cooperation are launched by the professionals. Treatment facilities that would like to start such programs will find the new worldwide list of A.A. central or intergroup offices invaluable. It is available at no cost from G.S.O. On occasion, a hospital or rehabilitation center will request an A.A. directory (Eastern U.S., Western U.S., Canadian, or International), which lists names and addresses of A.A. members by state and city. But the directories are confidential and were created for the use of A.A. members only. The listing of central offices makes referrals to A.A. possible in most communities where there is any substantial A.A. population.

Directory requests from non-A.A. sources are referred by G.S.O. to the A.A. General Service Conference delegate in the area from which the request comes. The delegate's approval is needed before the directory can be issued. That procedure is the result of a General Service Conference recommendation.

## Highlights of the 1982

### A.A. General Service Conference

*Gordon Patrick elected new chairperson* — A.A.'s 32nd annual General Service Conference met at the

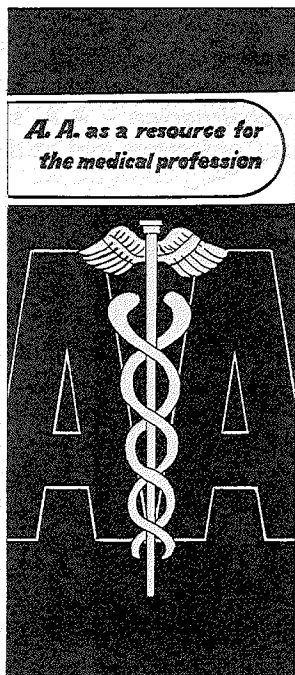


*Gordon Patrick*

Hotel Roosevelt in New York City April 18-25, 1982, and the first order of business was the announcement that Gordon M. Patrick, nonalcoholic (Class A) trustee, would succeed Dr. Milton Maxwell as chairperson of the General Service Board. Mr. Patrick, who was elected to the board in 1975, is a senior consultant with the management consulting firm of Beech & Partners, Ltd., Toronto, and is a consultant to the Donwood Institute. Formerly associated with the Addiction Research Foundation of Ontario, he is a member of the Association of Labor-Management Administrators and Consultants on Alcoholism. He was chairperson of the trustees' Treatment Facilities Committee and has also served on the Committees on Literature and Cooperation With the Professional Community.

The nonalcoholic trustees, who make up about one-third of the General Service Board, are essential to A.A.'s smooth functioning with the "citizen" community. The Eleventh Tradition states that an A.A.'s anonymity must not be broken at the level of public media—press, TV, radio and films. Thus, effective communication would be more difficult without the contributions of these valuable members of the General Service Board.

*New leaflet on physicians and A.A.* — The draft of a new A.A. leaflet, "A.A. as a Resource for the Medical Profession," was approved to replace the pamphlet "Alcoholics Anonymous and the Medical Profession." The earlier publication emphasized the concept of alcoholism as an illness.



*Artist's design for new leaflet*

Recognizing the medical profession's greatly expanded awareness of alcoholism as an illness and increased

knowledge of effective treatment, the new leaflet concentrates on approaches used by doctors who are familiar with the program in helping problem drinkers. Members of the medical profession share techniques for combating patient denial and introducing alcoholics to A.A. It includes a list of A.A. pamphlets recommended to potential newcomers to the Fellowship. "A.A. as a Resource for the Medical Profession" will be available in the late fall.

### Information for the Alcoholic Professional

A.A. members employed in the field of alcoholism can benefit from the accumulated experience of their peers through our Guidelines For A.A. Members Employed in the Alcoholism Field. This little-known, valuable source of information covers in-the-field experiences of scores of A.A.'s, representing over 600 years of continuous A.A. sobriety and more than 400 years of professional service. Their positions range from recent casework on skid row to heading national programs. Written by and for A.A. members, the material is limited strictly to suggestions about life as an A.A. member, and does not offer advice about professional matters.

Subjects discussed include the types of A.A. experience that can be of value in an alcoholism job (length of sobriety; A.A. service; knowledge of the Traditions; familiarity with publications, related agencies, the A.A. network in your area, etc.), with emphasis on the fact that professional skill, not A.A. membership, qualifies a worker in the field. Other areas addressed are: "What about anonymity?"; "What are some methods used to keep roles clearly distinct?"; and "What is the 'secret of success' in filling both roles successfully?"

Guidelines For A.A. Members Employed in the Alcoholism Field is available from G.S.O. at no charge for up to ten copies, and at 20¢ per copy for larger quantities.

### A.A. for the Hearing-Impaired Alcoholic

In keeping with efforts to provide more extensive services for the hearing-impaired alcoholic, the A.A. General Service Office has recently installed a Telecommunication Device for the Deaf (TDD or TTY).

The number is (212) 686-5454.

In addition, groups and professionals involved with the deaf have been asked to send specific information on contacts and suggestions for reaching the hearing-impaired alcoholic. The information received will be used in A.A. service literature.