

**TREATMENT FACILITIES
COMMITTEE
GUIDELINES**

Suggested Treatment Facility Guideline Revised April 2006

Guideline Number 1: Suggested Treatment Facility Guidelines

As taken from the AA guidelines from G.S.O. AA guidelines are compiled from shared experience of AA members in various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (Us and Canada).

In keeping with our Tradition of autonomy, except in matters affecting other groups or AA as a whole, most decisions are made by the group conscience of the members involved. The purpose of these guidelines is to assist in reaching and informed group conscience.

Taken from Treatment Facilities Workbook, AA World Services recommends guidelines for Treatment, issued by World Services, 1997

Guideline Number 2: Suggested Rotation of Treatment Meetings

The principle of rotation is a considerable way of allowing our Fellowship's vast growing of newcomers to become involved in above the home group level of service. At the same time, rotation helps to reduce temptations of potentially destructive ownership of "my meeting", competitions, and politicking.

Traditionally, rotation keeps A.A. members from becoming frozen in their positions and/or office. It also ensures that tasks like nearly everything else in A. A. are passed around for all to share.

To step out of an A. A. position like running a meeting or office you love can be hard. If one has been doing a good job, if one honestly feels that no one else has the time to do it, and if your friends support agree that you are the "right" person for the job, the decision to pass the meeting over to someone else is especially tough.

But it can be a real step forward in growth - a step into humility that is for some people the essence of anonymity.

Among other things, anonymity in Fellowship means that we forgo personal prestige for any A. A. work we do to help alcoholics achieve sobriety. And, in the spirit of Tradition Twelve, it ever reminds us "to place principles before personalities".

Rotation helps to bring us spiritual rewards far more enduring than by fame. With no A. A. status at stake, we needn't compete for titles or praise, we have complete freedom to serve as we are needed and called to.

Home Groups that facilitate meeting by their very nature rotate new members into their perspective service positions and are more apt to have an experienced member take the new person into the meeting a couple of times and to assist them with acclimation to the Guidelines of the Treatment Committee.

It is recommended that when a person can no longer fulfill their service role then they contact one of the Chairpersons and that the meeting just not is handed over. The Committee is compiling a list of persons and Home Groups that are willingly and able to assume responsibility for a meeting so one of them will be given the opportunity to serve. It is the responsible action of the Treatment Committee that we place persons from groups listed in the Central Committee Schedule and that will cooperate with this Committee and Central Offices.

With the case of individuals facilitating meetings rotation suggestions should be adapted by a group conscience of this Committee.

Taken from the Treatment Facilities Workbook issued by The General Service Office of New York 1997 and AA Treatment Facilities Pamphlet.

Guideline Number 3: Suggested Purpose of Treatment Facilities Committee

Treatment Facilities Committees are formed to coordinate the work of individuals' AA members and groups who are interested in carrying our message of recovery to alcoholics in treatment facilities and set up means of "Bridging the Gap" from the facility to an AA group in the community.

The basic functions of the Treatment Facility Committee is to take AA meetings into facilities within its area, coordinates Bridging the Gap, arranges purchase and distribution of literature for these meetings.

All AA groups and members should be given the opportunity of sharing and doing Twelfth Step Work. It has proved a good idea to have members from many groups serve on this Committee.

Treatment Facilities Committees usually convene monthly to make assignments and handle other related business. The members of the Committee are 'messengers' for their perspective meeting. Each member informed the Committee on "how it is going" at the meeting they facilitate.

The Treatment Facilities Committee of Central Office cooperates with the General Service Committee of our area and district.

Treatment facility meetings are different than home group meetings. The open speaker meetings are listed in the schedule and open to the outside and patients in the facilitates are welcome to attend the meeting which is a practical and simple way of introducing patients to AA while still in treatment.

There are also closed speaker treatment meetings held for patients but are not open to AA's in the community.

Taken from the Treatment Facilities Workbook issued by The General Service Office of New York 1997 and AA in Treatment Facilities Pamphlet.

Guideline Number 4: Suggested Qualifications for Treatment Facilities Chairperson and Committee Members

The area Treatment Facilities Committee usually consists of the area chairperson from the Central Office and a member from the General Service District.

These two members are usually elected or appointed to serve a two-year term. Procedures and qualifications vary with each area but experience suggests that candidates for the office of Treatment Facilities Chairperson is usually required to have three years of current and continuous sobriety and three years of active committee work at the area and local areas.

Committee members' qualifications vary again from area to area but experience suggests that good sobriety for exactly how long nobody can say. Some members handle this kind of AA activity nicely soon after getting sober, especially when they are accompanied by an experienced member. But others need time to get into this type of carrying the message, knowledge of the Traditions, absolute dependability and an ability to understand that we are guests at the facility and that AA is in no way affiliated with the facility yet we abide by the facility regulations which takes confidence and self-discipline. Each new member to the Committee should attend one meeting before assuming responsibility for their perspective meeting so they can be familiarized with the guidelines of the committee and the suggested 12th step format for facilitating meetings.

It is also recommended that a current committee member help the new person acclimate into Treatment by attending the new person's first meeting and familiarizing them with the TFC format, guidelines, Bridging the Gap, and the facility.

Taken from the Treatment Facilities Workbook issued by The General Service Office of New York 1997 and AA in Treatment Facilities Pamphlet

Guideline Number 5: Suggested for Working Within Treatment Centers and Hospitals Rules

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

- 1.) Acquaint yourself with the following AA conference approved pamphlets: AA Tradition - How It Developed, AA in Treatment Facilities, Bridging the Gap, and How AA Members Cooperate.
- 2.) Personal appearance is vital. Look as neat and well groomed as possible.
- 3.) Personal conduct is also important while inside these facilities. We are ladies and gentlemen, and our behavior reflects this. Be there early to set up the meeting, put out the literature and greet the patients and introduce yourself. Refrain from using foul language in any group situation. Be polite and respectful to the patients 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.
- 5.) The deeper and broader our understanding of all aspects of our Fellowship (including all three of our Legacies: Recovery, Unity, and Service), the more we have to offer the troubled newcomer.
- 6.) No 7th Tradition is observed at Treatment meetings.
- 7.) Do not talk about medication, psychiatry, or scientific theories of alcoholism. This is the territory for professionals. Our own personal spiritual life does not make us experts on religion.
- 8.) Never argue with a patient. If there is a problem beyond your control, quietly leave the meeting and ask a staff member to take care of the situation.
In addition, never argue with the staff as well.

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

When we are carrying the AA 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 is all they are going to know about AA. This is a very important responsibility. Remember, we already know that the AA program works. They don't. Let our new friends see, hear, and talk to a winner.

It is always a good idea to go over the paper of what AA is and what it is not. This is also somewhat reiterated in the non-affiliation statement.

Taken from the Treatment Facilities Workbook issued by The General Service Office of New York 1997 and AA in Treatment Facilities Pamphlet.

Guideline Number 6: Suggested Meeting Absence

Should a TFC member not be able to facilitate their perspective meeting on a temporary basis, or just for one meeting, that another person covering that same facility be called to fill in. If this cannot be achieved try and locate a person that facilitates at another facility within the TFC.

Since our Committee goals include cooperating fully with a facility, following the Traditions, and be familiar with the Committee format, calling a person already facilitating a meeting would be the most prudent choice, rather than sending in someone not familiar with the TFC format.

If a person to fill in cannot be located then at this juncture, a Chairperson should be called.

Guideline Number 7: Suggested Traditions as Pertained to Treatment

Tradition One - The Chairperson carries the message of AA, rather than of a specific treatment program, and is responsible for seeing that the message that the meeting is not disrupted by any one patient.

Traditions Three- Patients who are dually addicted may attend AA 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 Six - Experience has given us a simple guiding principle: We cooperate, but do not affiliate. We wish to work with treatment facilities administrators and staff, but we do not wish to be merged with them in the minds of administrators, clients, staff or the public. AA available to the treatment faculties, but public linking of the AA name can give the impression of affiliation. Therefore, an AA meeting or group that meets in a treatment facility should never bear the name of the facility.

Tradition Ten - AA's ought to abide by the rules and regulations of the treatment facility even though they may disagree with its policies. Although AA's may disagree with the methods used by some treatment facilities, they learn to "walk the walk" and simply carry the AA message. AA's who do Twelfth Step work in treatment facilities should not be diverted from primary purpose.

Taken from the Treatment Facilities Workbook issued by The General Service Office of New York 1997 and AA in Treatment Facilities Pamphlet.

Guideline Number 8: Suggested Bridging The Gap

Simply put, temporary contacts are AA members who work with clients who are being discharged from treatment facilities and help them bridge the gap to AA in the local community. Keep in mind this is basic Twelfth Step work. Experience suggests that it is best to be accompanied by another AA member when meeting the newcomer. One of the two temporary contacts should have at least a year of sobriety. Experience also suggests that men work with men and women work with women.

The intent of Bridging the Gap is to provide the newcomer with help for a limited time.

The pamphlet "Bridging the Gap" was developed to provide information to AA 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 Facilities 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 Treatment or H & I.

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

Areas have produced flyers describing their contact service. The flyers are distributed to treatment facilities and the program staff who can offer the clients the flyers and/or these flyers are also provided in AA's literature holder at meetings.

Guidelines for AA Members Who Are Temporary Contacts:

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

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

- 1.) You may be the first outside AA contact that the person meets. Be friendly and interested.
- 2.) Be on time for whatever appointment you make.
- 3.) As a volunteer member of the Contact Service Committee, your act of service consists of introducing the person to the local group or meeting. It is suggested that you explain what AA is and the Twelve Step program of recovery, and also what AA 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 AA 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 just shy.
- 9.) Use your own sense of what's happening in your contact's recovery to dictate how many meetings you take him/her to.
- 10.) Provide the contact with a meeting schedule.
- 11.) Keep the general conversation to AA related matters.
- 12.) Avoid becoming involved in discussions about your contact's treatment or confinement. We have no opinions about outside issues.
- 13.) Review with the newcomer the different meeting formats - cover the difference between open and closed AA meetings and accompany the newcomer to a variety of meetings. Give the newcomer an AA meeting schedule.
- 14.) Explain group membership and the value of having a home group. Also, explain sponsorship referencing the pamphlet "Questions and Answers on Sponsorship". Encourage the newcomer to get a sponsor.
- 15.) Acquaint the newcomer to AA conference approved books, especially the Big Book, pamphlets, and the AA Grapevine.

Taken from the Treatment Facilities Workbook issued by the General Service Office of New York 1997 and AA in Treatment Facilities Pamphlet and Bridging the Gap Pamphlet 1991.

Guideline Number 9: Suggested Guideline for Meeting Chair Person

The Treatment Facility Committee very strongly suggests that no one of the opposite sex chair meetings in gender specific meetings. Males should chair meetings in all male facilities and only females should chair meetings in all female facilities.

Taken from the Bridging the Gap Pamphlet issued by the General Service Office of New York 1991

Guideline Number 10: Suggested Approved Literature

Pamphlet holders at Treatment Centers/ Hospitals are for approved AA literature exclusively. Other materials should be respectfully removed from the holder and set aside.

Literature	Color	Used By	Printer	Phone
1.) Bridging The Gap	Green	Meeting Racks	Evenhouse	649-2666
2.) Bridging The Gap	Orange	Volunteers	Evenhouse	
3.) Suggested TFC Meeting Format	White	Meeting Facilitator	Evenhouse	
4.) Info On AA	White	Meeting Racks	Central Office (free)	
5.) Big Books	164 Page Books	All meetings	Central Office	
6.) Information on Alcoholics Anonymous "What AA does and does not do".				
7.) Treatment Facilities Discount Package p-69. Includes 148 items \$7.95/package				
Pamphlets		Meeting Racks	World Service	
AA at a glance	Where do I go from here		A message to teenagers	
Step wallet cards	This is AA		44 questions	
Is AA for you?	Young People and AA		AA for the Women	

How It Works	The AA member Medications and other drugs	Do you think your different
Questions and Answers on Sponsorship	AA for the older Alcoholic - Never too late	
A newcomer asks	AA in treatment facilities	How AA members cooperate
Problems other than alcohol	Too Young	What happened to Joe
It happened to Alice	A brief guide to AA	Understanding Anonymity
Bridging the Gap	Can AA help me too?	Black/African Americans share their stories

These packages are available in English and Spanish.

Taken from the Treatment Facilities Workbook, issued by The General Service Office of New York 1997. Also found in the AA in Treatment Facilities Pamphlet.

Guideline Number 11: Information on Facilities

Please, if you cannot make your meeting, call a person doing a different week at your facility to help you out. If not, then call a person already on the Committee. Our experience has been in the past that people thinking, they are helping, send AA members in that have no experience with the Treatment Committee function or cooperating with the professional community, which has led to some conflicts. Should you be unable to have the meeting covered, please call one of the Chair people and we will help out.

We are also asking if possible to lock up AA pamphlet racks because other programs are using them and in house treatment literature for storage. Having these materials would give the impression that AA is affiliated with these other programs.

1.) Ecmc:

9th floor room 981.

Keys distributed to Chairpersons

Pamphlet rack should be locked up after each meeting.

2.) Vets:

Meeting is on 10th floor

Inquire at Nurse's Station for key to room #1032A where AA bin with Big Books, Pamphlets, schedules, and other materials are stored in a plastic tote. Tote is returned to the Nurses who will lock in #1032A room.

Pamphlet rack should be locked up after each meeting.

3.) Salvation Army:

Sign in at Podium

Pamphlet rack should be locked up.

Guideline Number 12: The Traditions and Promises

- 1.) Tradition One - Our common welfare should come first; personal recovery depends upon A.A. unity.
 - 2.) Tradition Two - For our group purpose there is but one ultimate authority - a loving God as he may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
 - 3.) Tradition Three - The only requirement for A.A. membership is a desire to stop drinking.
 - 4.) Tradition Four - Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
 - 5.) Tradition Five - Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
 - 6.) 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.
 - 7.) Tradition Seven - Every A. A. group ought to be fully self-supporting, declining outside contributions.
 - 8.) Tradition Eight - Alcoholics Anonymous should remain forever unprofessional, but our service centers may employ special workers.
 - 9.) Tradition Nine - A. A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
 - 10.) Tradition Ten - Alcoholics Anonymous has no opinion on outside issues; hence the A. A. name ought never be drawn into public controversy.
 - 11.) 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.
 - 12.) Tradition Twelve - Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.
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- 1.) Promise One - If we are painstaking about this phase of our development, we will be amazed before we are half way through.
 - 2.) Promise Two - We are going to a new freedom and new happiness.
 - 3.) Promise Three - We will not regret the past nor wish to shut the door on it.
 - 4.) Promise Four - We will comprehend the word serenity and we will know peace.
 - 5.) Promise Five - No matter how far down the scale we have gone, we will see how our experience will benefit others.
 - 6.) Promise Six - That feeling of uselessness and self-pity will disappear.
 - 7.) Promise Seven - We will lose interest in selfish things and gain interest in our fellows.
 - 8.) Promise Eight - Self-seeking will slip away.
 - 9.) Promise Nine - Our whole attitude and outlook upon life will change.
 - 10.) Promise Ten - Fear of people and of economic insecurity will leave us.
 - 11.) Promise Eleven - We will intuitively know how to handle situations, which used to baffle us.
 - 12.) Promise Twelve - We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us - sometimes quickly, sometimes slowly. They will always materialize if we work for them.