

*AREA 40- MONTANA*

*ALCOHOLICS ANONYMOUS*

*TEMPORARY CONTACT PROGRAM*

*REFERENCE WORKBOOK*

*AREA 40 TREATMENT FACILITIES COMMITTEE*

*10 Green Tree Dr.*

*Bozeman, Mt. 59714*

*(845) 901 6019*

*Revised 4/2016*

# INTRODUCTION

---

Congratulations for becoming involved in the Temporary Contact Program of Alcoholics Anonymous! This is exciting and rewarding 12th Step work where we really can help the alcoholic that is reaching out. Experience has shown that a large percentage of alcoholics being released from treatment, treatment based department of corrections (d.o.c) and correction facilities end up drinking within a very short time if they don't make it to that first meeting on the outside, and get to know recovering alcoholics in their own community.

This workbook is put together with information about the A. A. Temporary Contact Program with much help from our friends in other areas and states, along with the shared experience found in the Treatment Facilities Workbook and guidelines published by our General Service Office.

The suggestions here for setting up and doing Temporary Contact work are basic guidelines that have been found to work. We hope you find them helpful so your district can avoid having to re-invent the wheel. Dealing with individual treatment/d.o.c. facilities may require different presentation procedures. You may even discover different guidelines for your district. Whatever works, great! Sharing our experiences, suggestions, and questions keeps us all working together and sober.

If all the information looks overwhelming or confusing, relax. We're not in a horse race and there is no perfect way to do it. When remaining focused on the current step, and doing them one at a time, we have found things eventually fall into place with the help of our Higher Power and others. We are not alone when we communicate and ask for help.

I AM RESPONSIBLE...

When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that I am responsible.

# STATEMENT OF PURPOSE

---

The purpose of the Temporary Contact Program is to "Bridge the Gap" between A.A. meetings in treatment facilities, hospitals, prisons and jails and the first A.A. meetings upon release in the home community. Volunteer members of Alcoholics Anonymous usually acting in pairs, meet the client or inmate after release and accompany them to their first A.A. meeting. Like all 12th Step work, this is never paid for.

It is the goal of the Area 40 - Montana Treatment Facilities Committee and Corrections Committee to make this vital 12th Step work possible statewide. This reference workbook will focus on the Temporary Contact Program as it pertains to Treatment and Correctional Facilities. Concerning the Temporary Contact Program, the Treatment Facilities Committee's activities include:

- 1.) Assisting District Committees which: (a) meet with representatives of local institutions to arrange permission to work with their clients; (b) correspond with clients desiring Temporary Contact on discharge; (c) maintain the BTG database of Alcoholic Anonymous members willing to do Temporary Contact work and coordinate the arrangements for the actual 12th step call; (d) Inform and train group representatives about the program, what it is designed to do, how to use it, and what to do if there are any difficulties in the process.
- 2.) Performing the tasks outlined above where no local committee is active.
- 3.) Meeting and corresponding with the administrators of hospitals, and treatment facilities where Area level contact is appropriate.
- 4.) Assist the Corrections Committee with meeting and corresponding with facilities about the BTG program
- 5.) Distributing appropriate A.A. Conference approved literature to facilities.
- 6.) Informing the Fellowship of the Bridging The Gap Program through workshops or service panels and printed service material.

This 12th Step work may mean the difference between life and death for a fellow alcoholic. In the November of 1947 A.A. Grapevine magazine, Bill Wilson said:

"With each passing year we increasingly realize the immense importance of adequately presenting the program to every prospect who is in the least inclined to listen. Many of us feel this to be our greatest obligations to him and our failure to do so our greatest dereliction. The difference between a good approach and a bad one can mean life or death to those who seek our help. We have seen excellent prospects who received nothing but our brief and casual notice continue their stumbling journey to the undertaker, while seemingly impossible cases who had received careful and considerate attention recovered on the spot or later came back and found their sobriety. This careful and considerate attention can nowhere be better given than in the confines of a hospital. More and more, A.A. groups are adopting the idea of "sponsorship." Each newcomer is assigned a reasonably stable A.A. member whose ward he becomes during his brief period of introduction to our way of life."

# **WORK FLOW OUTLINE**

---

## **PRESENTATION TEAMS**

PROVIDE INITIAL PRESENTATION TO ADMINISTRATORS OF FACILITIES.(SEE "PRESENTATION TO STAFF")  
PROVIDE ROUTINE PRESENTATIONS TO PATIENTS/CLIENTS WHO THEN FILL OUR "CONFIDENTIAL CONTACT CARDS" ABOUT THEIR RELEASE DATE. (SEE "PRESENTATION TO "TF" AND "CONTACT CARD" FORM.)

## **DISTRICT TFC CHAIR - BTG COORDINATOR**

\*THE DISTRICT COMMITTEE CHAIR OR DESIGNATED "CONTACT COORDINATOR" PICKS UP THE "CONTACT CARDS" FROM THE FACILITY ON A CONSISTENT BASIS.

\*\* (LOCAL) \*\* CALLS VOLUNTEERS FROM THE "DISTRICT AA VOLUNTEER PHONE LIST" AND GIVES THEM INFORMATION FROM THE "CONTACT CARDS." (SEE "SUGGESTIONS FOR CONTACT COORDINATORS.")

\*\*(OUT OF TOWN)\*\* CALLS DISTRICT TFC CHAIR/CONTACT COORDINATOR OF THE DISTRICT WHERE THE PATIENT'S HOME TOWN IS LOCATED (AREA 40) AND GIVES THEM INFORMATION FROM THE "CONTACT CARDS."

\*\*(OUT OF STATE)\*\* CALLS AREA TREATMENT FACILITIES CHAIR WHO HAS LIST OF WORLDWIDE CONTACTS.

\*MAINTAINS THE BTG VOLUNTEER DATABASE FOR THE DISTRICT.

\*\*\*\*\*

## **A.A. VOLUNTEERS**

\*READ AND BECOME FAMILIAR WITH THE INFORMATION CONTAINED IN THE "VOLUNTEER PACKET."

\* GO WITH RELEASED PATIENT/CLIENT TO AN AA MEETING ON THE OUTSIDE. (12th STEP CALL)

\*\*\*\*\*

## **GROUP REPRESENTATIVE**

\*FUNCTIONS AS THE CONTACT AND COMMUNICATION LINK BETWEEN THE GROUP AND DISTRICT TREATMENT FACILITIES COMMITTEE/BTG COORDINATOR BY ATTENDING THE MONTHLY MEETINGS.

\*MAINTAINS A CURRENT LIST OF "A.A VOLUNTEER TEMPORARY CONTACTS," FROM YOUR GROUP AND PROVIDES A COPY TO DISTRICT TREATMENT FACILITIES COMMITTEE/BTG COORDINATOR ON A REGULAR BASIS.

\* ASSISTS IN TRAINING AND COORDINATING AA VOLUNTEERS FROM YOUR GROUP AND PROVIDING VOLUNTEER PACKETS TO NEW VOLUNTEERS.

\*\*\*

# Database And Resources

---

## DATABASE

DISTRICTS IN AREA 40 MAINTAIN A DATABASE OF CURRENT BTG VOLUNTEERS. VOLUNTEER SIGN-UP SHEETS ARE AVAILABLE ON LINE.( <https://www.aa-montana.org/pdf/area/btgSignupSheetLegalSize.pdf>) THESE SIGN-UP SHEETS SHOULD BE DISBURSED AND COLLECTED BY THE DISTRICT TREATMENT CHAIR/BTG COORDINATOR, OR ASSIGNED COMMITTEE MEMBER REGULARLY.

## PROTECTED ANONYMITY

THIS DATABASE IS ONLY ACCESSIBLE BY A DESIGNATED VOLUNTEER FROM EACH DISTRICT. THESE DESIGNEES ARE ELECTED TRUSTED SERVANTS ASSIGNED TO THIS RESPONSIBILITY BY THEIR RESPECTIVE DISTRICT.

EACH DISTRICT HAS TWO (2) ASSIGNABLE PASSCODES

(1)PASSCODE WOULD ALLOW ACCESS TO ALL CITIES/TOWNS IN AREA 40 AND THEIR RESPECTIVE VOLUNTEERS WHO ARE AVAILABLE TO BRIDGE THE GAP FROM TREATMENT AND/OR CORRECTIONAL FACILITIES. THE DESIGNATED AA MEMBER WOULD BE RESPONSIBLE FOR BRIDGING THE GAP FOR ALCOHOLICS IN FACILITIES LOCATED IN THEIR DISTRICT AND RETURNING TO TOWNS IN THEIR DISTRICT. THEY WOULD ALSO BE RESPONSIBLE FOR NOTIFYING BTG COORDINATORS IN OTHER DISTRICTS WHEN AN ALCOHOLIC IS GOING TO LOCATE IN ANOTHER DISTRICT.

(2) PASSCODE ALLOW FOR THE DESIGNEE TO ADD VOLUNTEERS AND REMOVE INACTIVE VOLUNTEERS FROM THE DATABASE FOR THEIR DISTRICT ONLY. NOTE-SOME DISTRICTS FOUND IT USEFUL TO PUT THE CURRENT BTG CONTACT INFORMATION INTO THE CITIES/TOWNS THAT DID NOT CURRENTLY HAVE A VOLUNTEER AS A REMINDER TO CONTACT THEM. PLEASE SEE RESOURCES BELOW.

FOR EXAMPLE: A DISTRICT TREATMENT COMMITTEE FROM DISTRICT X CONSISTS OF THE TREATMENT CHAIR, BTG COORDINATOR, AND 2 VOLUNTEERS.

THE COMMITTEE HAS DESIGNATED THE RESPONSIBILITY OF "BRIDGING THE GAP" TO THE BTG COORDINATOR, UPDATING THE DATABASE TO VOLUNTEER A, AND COLLECTING AND DISBURSING SIGN-UP SHEETS AT THE MONTHLY DISTRICT MEETINGS TO VOLUNTEER B.

PASSCODE (1) WOULD BE ASSIGNED TO THE BTG COORDINATOR & PASSCODE (2) TO VOLUNTEER A.

## RESOURCES FOR BTG

THE DATABASE IS AN IMPORTANT TOOL THAT IS USED IN AREA 40 TO "BRIDGE THE GAP". IF THERE IS NOT A VOLUNTEER LISTED FOR THE TOWN YOU ARE LOOKING FOR PLEASE CONTACT THE TREATMENT CHAIR/BTG COORDINATOR FOR THAT DISTRICT. A VOLUNTEER IN A NEIGHBORING TOWN MAY BE WILLING TO DRIVE GREAT DISTANCES TO CARRY THE MESSAGE AND REACH OUT THE HAND OF A.A..

HERE IS ADDITIONAL CONTACTS TO CONSIDER:

- \*THE DISTRICT TFC CHAIR/BTG COORDINATOR OF THE DISTRICT. THE AREA TF CHAIR MAINTAINS AN UPDATED LIST WHICH IS SENT OUT TO CURRENT DCMS AND TF DISTRICT CHAIRS.
- \*THE AREA TREATMENT FACILITIES CHAIR WHO HAS A LIST OF WORLDWIDE CONTACTS.
- \* THE DELAGATE/ALT DELEGATE AND AREA CHAIRS (PAST AND PRESENT).

# **VOLUNTEER INFORMATION PACKET**

The volunteer packet is information given to a new volunteer when they sign up on the A.A Volunteer List. This is to help them prepare for the 12th step call that they will eventually do as a Temporary Contact.

Experience has shown that the new volunteer should not be slung shot into a 12th step call without any basic information. This also aids the "Contact Coordinator, "saving them from having to answer a lot of extra questions, as they have other calls to make.

Suggested items for volunteer packet:

1. "Thank You Letter."
2. "Guidelines to Volunteers."
3. "A.A. Temporary Contact Program Sheet."
4. "Information on A.A" - Free Brochure from GSO. (F-2).

The "Bridging the Gap" pamphlet is available from GSO at a cost of .25 cents each which may be added to the packet.

AREA 40-MONTANA -TEMPORARY CONTACT PROGRAM Rev.04/16

Dear Temporary Contact Volunteer:

Congratulations for becoming involved in the Temporary Contact Program of Alcoholics Anonymous! This is exciting and rewarding 12th Step work where we really can help the alcoholic that is reaching out. Experience has shown that a large percentage of alcoholics being released from treatment end up drinking within a very short time if they don't make it to that first "meeting on the outside", and get to know recovering alcoholics in their own community.

The suggestions here for setting up and doing Temporary Contact work are basic guidelines that have been found to work. We hope you find them helpful. You may discover different guidelines as you grow in effectiveness and understanding. Whatever works, great! Please share your experiences with your District Treatment Facilities Committee or Contact Coordinator. Sharing our experiences, suggestions and questions keeps us all working together and sober.

If all the information looks overwhelming or confusing, relax. We're not in a horse race and there is no perfect way to do it. If you have any questions, please contact your group's Treatment Facility Committee/BTG representative or your District Treatment Facilities Chairperson/BTG coordinator.

Thank you and Good luck!

I AM RESPONSIBLE...

When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that I am responsible.

# **SUGGESTED GUIDELINES FOR TEMPORARY CONTACT VOLUNTEERS**

It is suggested that the Temporary Contact:

- 1.) Be an A.A. member enjoying a comfortable, stable sobriety, preferably for at least a year.
- 2.) Try to make direct personal contact with the client while he/she is still at the facility; either by telephone, by visiting the facility, or by attending a meeting together in the facility.
- 3.) Make every effort to attend at least one meeting together on the day of the client's release.
- 4.) Endeavor to take the newcomer to a variety of meetings, for at least two weeks, introducing him/her to other A.A. 's especially members who might have similar backgrounds or interests.
- 5.) Familiarize the newcomer with A.A. Conference Approved books, pamphlets, and a local meeting schedule.
- 6.) Explain sponsorship and urge the newcomer to obtain a sponsor without delay. (Much information pertinent to sponsorship is to be found in the pamphlet "Questions and Answers on Sponsorship.")
- 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 that the treatment facilities allow adequate time for the contact and the client to get together before the client's discharge date.



## A.A. TEMPORARY CONTACT PROGRAM

A Temporary Contact is a member of Alcoholics Anonymous who assists alcoholic patients "Bridge the Gap" between the facility and "outside" A.A. meetings. Assisting the newcomer aids the Contact's own sobriety and demonstrates A.A.'s Singleness of Purpose. The Contact's primary purpose is to introduce the newcomer to AA meetings near the newcomer's home.

The Temporary Contact program is 100% successful simply by virtue of its own existence and availability to the newcomer. Always, the guidelines should be: "... When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that: I am responsible."

The following paragraphs are suggestions to guide the Contact through events as they might happen. Other Hints and Hazards are outlined on the reverse side.

**BEFORE DISCHARGE:** A newcomer's request for help will be funneled from a District Treatment Committee Chair or "BTG Coordinator," to you as a Contact. Consider the possibility of visiting the newcomer's home on the day of discharge. This greatly increases the chance of later attending an "outside" meeting together.

**SCHEDULE THE MEETING:** Guarding anonymity, telephone the newcomer's home on the day of discharge and make an effort to attend a meeting together, preferably the same day. Agreeing to pick the newcomer up at his or her residence is always more successful than arranging to get together at the meeting place.

**PICK UP:** Take another A.A member with you whenever possible, as with all 12 step calls. Carry some literature with you in case there is none at the meeting. Newcomer literature packets made up of free pamphlets such as "Information on Alcoholics Anonymous," "A.A at a Glance," or "A Message to Teenagers," along with a meeting schedule is handy and can be prepared ahead of time. Be on time for whatever appointment is made.

**EN ROUTE TO THE MEETING:** Keep the general conversation to AA related matters; Explain your role as a Temporary Contact, rather than a sponsor. Explain both temporary and permanent sponsorship, and that members feel honored and usually accept when asked, unless they are sponsoring too many already.

**BEFORE THE MEETING:** Take time to introduce the newcomer to as many A.A members as possible. Encourage the newcomer to get phone numbers and make sure he/she has your phone number. If displayed, draw attention to any A.A. Conference Approved literature and A.A books for sale. Explain "Home Group," and make sure the newcomer receives a meeting schedule. Circle the meetings you attend.

**DURING THE MEETING:** Discreetly mention that there are no dues or fees, but if desired, a contribution to the basket may be given. Also, sharing is not required and members are glad to see newcomers.

**AFTER THE MEETING:** Ask the newcomer if he/she wants to join the group going out for coffee and a "meeting after the meeting." While there, try to include them in the conversation.

**RETURN TO THE RESIDENCE:** Assume the newcomer is confused about most of what has been said and heard. State that we try to "Keep it Simple," and take just "One Day at a Time." Offer a ride to the next meeting, preferably one within the next few days.

## HINTS:

\*Due to Confidentiality policies and schedules, visiting a newcomer in a facility may prove to be impossible. If feasible, and before discharge, attend the A.A. meetings where the newcomer may be sharing.

\*When Calling a newcomer's home, remember that someone else may answer the phone who may not know about the newcomer's desire to attend an A.A. meeting. Protect his or her anonymity by not disclosing your own association with A.A. or your purpose for calling.

- After discharge, the newcomer may have changed his or her mind about the further aid. Consider your responsibility ended after three attempts to telephone over several days has negative results (no. direct phone connection with the newcomer, he/she has plausible excuses, is hesitant, or declines help.) Leaving your phone number may prove helpful later.

\*If you discover that inadvertently a nonalcoholic has been referred to the Temporary Contact Program, explain what A.A. is and is not. If already en route to a meeting, an open meeting might be appropriate. Suggest other possible sources of help.

## HAZARDS:

\*Don't solicit members, try to persuade anyone to join A.A., or furnish initial motivation for newcomers to recover. "Don't make medical or psychological diagnoses, judgment about medications, engage in education or propaganda about alcohol, or provide domestic or vocational counseling.

\*Don't provide housing, food, clothing, jobs, money or other welfare or social services.

\*Don't accept any money for services.

\*Don't offer, or imply the offer, of any other service unless you personally want to perform that service.

\*Don't become a long-term taxi service, unless you want to.

\*Don't confuse the act of service with long-term sponsorship.

\*Don't become involved in discussions about the newcomer's treatment. We have no opinion on outside issues. It may help to bear in mind that the goal of both A.A. and the treatment facility is the same-the recovery of the alcoholic.

## CONCLUSION:

As a measure to strengthen the Temporary Contact Program, call the person on the Treatment Facilities Committee that contacted you, with the results of your efforts. Your feedback and ideas help to evaluate the health of the contact program and aid in presenting it to other areas. By initiating the call, you help the coordinator gather feedback and complete the circle of service.

## Information on Alcoholics Anonymous

FOR ANYONE NEW COMING TO A.A.

FOR ANYONE REFERRING PEOPLE TO A.A.

This information is both for people who may have a drinking problem and for those in contact with people who have, or are suspected of having, a problem. Most of the information is available in more detail in literature published by A.A. World Services, Inc. A list of recommended pamphlets and Guidelines is given on the other side of this sheet. This tells what to expect from Alcoholics Anonymous. It describes what A.A. is, what A.A. does, and what A.A. does *not* do.

### WHAT IS A.A.?

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, nondenominational, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

### WHAT DOES A.A. DO?

1. A.A. members share their experience with anyone seeking help with a drinking problem; they give person-to-person service or "sponsorship" to the alcoholic coming to A.A. from any source.
2. The A.A. program, set forth in our Twelve Steps, offers the alcoholic a way to develop a satisfying life without alcohol.
3. This program is discussed at A.A. group meetings.
  - a. Open speaker meetings-open to alcoholics and nonalcoholics. (Attendance at an open A.A. meeting is the best way to learn what A.A. is, what it does, and what it does not do.) At speaker meetings, A.A. members "tell their stories." They describe their experiences with alcohol, how they came to A.A., and how their lives have changed as a result of A.A.
  - b. Open discussion meetings-one member speaks briefly about his or her drinking experience, and then leads a discussion on A.A. recovery or any drinking-related problem anyone brings up.  
(*Closed meetings are/or A.A.s or anyone who may have a drinking problem.*)
  - c. Closed discussion meetings-conducted just as open discussions are, but for alcoholics or prospective A.A.s only.
  - d. Step meetings (usually closed) discussion of one of the Twelve Steps.
  - e. A.A. members also take meetings into correctional and treatment facilities.
  - f. A.A. members may be asked to conduct the informational meetings about A.A. as a part of A.S.A.P. (Alcohol Safety Action Project) and D.W.I. (Driving While Intoxicated) programs. These meetings *about A.A.* are *not* regular A.A. group meetings.

### MEMBERS FROM COURT PROGRAMS AND TREATMENT FACILITIES

In the last years, A.A. groups have welcomed many new members from court programs and treatment facilities. Some have come to A.A. voluntarily; others, under a degree of pressure. In our pamphlet "How A.A. Members Cooperate," the following appears:

We cannot discriminate against any prospective A.A. member, even if he or she comes to us under pressure from a court, an employer, or any other agency.

Although the strength of our program lies in the voluntary nature of membership in A.A., many of us first attended meetings because we were forced to, either by someone else or by inner discomfort. But continual exposure to A.A. educated us to the true nature of the illness .... Who made the referral to A.A. is *not* what A.A. is interested in. It is the problem drinker who is our concern .... We cannot predict who will recover, nor have we the authority to decide how recovery should be sought by any other alcoholic.

### PROOF OF ATTENDANCE AT MEETINGS

Sometimes, courts ask for proof of attendance at A.A. meetings.

Some groups, with the consent of the prospective member, have the A.A. group secretary sign or initial a slip that has been furnished by the court together with a self-addressed court envelope. The referred person supplies identification and mails the slip back to the court as proof of attendance.

Other groups cooperate in different ways. There is no set procedure. The nature and extent of any group's involvement in this process is entirely up to the individual group.

This proof of attendance at meetings is *not* part of A.A.'s procedure. Each group is autonomous and has the right to choose whether or not to sign court slips. In some areas the attendees report on themselves, at the request of the referring agency, and thus alleviate breaking A.A. members' anonymity.

## **INFORMATION ABOUT PRESENTATION TEAMS**

---

Now that your district has volunteers prepared and your contact coordinators are waiting for some Contact Cards, presentations are next.

It will be easier to tell if you have enough volunteers and when to increase presentations if you start out working with only one facility. Later, after having done several presentations at the same facility and having gained experience in handling many contact cards, a second facility could be approached.

Working with ONLY ONE FACILITY to start with is important for numerous reasons. Often when first starting out only a few people in the District are doing all the work. It is extremely easy to become overwhelmed before the local structure is ready to handle it. This can and has damaged the reputation of A.A and is discouraging for those trying to be responsible. It seems it is not our alcoholic nature to do only one of anything. We are not perfect, but we are being responsible and reliable if we proceed at this point with a slower and steadier growth pace.

There are two types of presentations. One is for the facility staff and the other for the patients. The staff presentation is usually done once to inform the facility about the Temporary Contact Program, ask their approval for starting the routine presentations to the patients, and discuss specifics for that facility.

Before contacting a facility, your initial Presentation Team should be ready to go. Initial staff contact can be made with a letter (sample attached) and a follow up telephone call. The personal approach of a phone call seems to work best. During the phone call let them know you would like to have a DVD player available to show them a DVD if they agree to meet with you.

1. Example of a Letter to a Treatment Facility

The Director Facility Address  
City, State, Zip

Dear \_\_\_\_\_,

We of Alcoholics Anonymous have recently formed a new committee to offer our help to your clients. We would like to cooperate with you in helping those clients who wish to do so make the transition from treatment to the A. A. program.

As you are well aware, the "wettest" and most "slippery" place in the journey to lifelong sobriety is the distance between the door of the facility and the nearest A. A. group or meeting. Many of us can tell you that, even though we were aware of A.A. while confined or in treatment, we were too hesitant and fearful to go to A.A. on our own once we were released.

In order to bridge the gap, A. A. members are interested in meeting with the newly released client and will introduce him/her to the A. A. group nearest that person's 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 do not offer jobs, housing, family or personal counseling, money, clothing, etc. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

We ask that our help be offered to those clients who wish it and that those requests be made as soon as possible. Because our Fellowship is anonymous, we ask that our members will be known to the facility by their first names only and their telephone numbers will be kept confidential.

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

Yours in A.A. service,

**Calling script to follow up with the facilities to see if they would like to have a presentation at their facility for their staff on BTG or to start an AA meeting:**

Hi, I'm ..... and I'm a volunteer from District XX, Alcoholics Anonymous. Based on our last conversation, you indicated that your facility would like to use our BTG volunteer program and/or start a new meeting at your facility.

**If they are not sure what BTG is, you can give them a description of the service.**

This is a service that connects patients new to recovery with a member of Alcoholics Anonymous in their neighborhood, town or city who will take them to meetings and help them get started in the AA program.

You should have received the pamphlets "If You Are a Professional," "AA in Treatment Facilities," and "Bridging the Gap."

**If they are ready to use the program:**

Do you have any questions about BTG or have you had any difficulties with it? If you think that it would be helpful to your staff to learn more about BTG or starting a meeting at your facility, we can come out to your facility and make a presentation. We are also available to give a presentation to your patients.

**If they are interested in having a presentation and/or starting a new meeting at their facility ask them the following questions:**

- Location of the presentation
- Staff contact name
- Dates and times for the presentation and/or when they would like to have a meeting(s).
- Ask what kind of facility it is – substance abuse treatment, in patient, out patient, general hospital, residential facility, psychiatric facility, etc. and if the patients have any special needs. We want to give our volunteers as much information about the treatment facility and the patients before sending them there.
- Ask about and take notes on any special procedural requirements the staff may discuss with you. Give the notes to the presentation team making the presentation at the facility.
- Tell them that you will get back to them to confirm a date for the presentation.

Leave your name, phone number, email address and best time to receive calls, so they have a way to contact you.

## SUGGESTED PRESENTATION TO TREATMENT FACILITY STAFF

The team should consist of two or three members. Remember to be well dressed and on time or early. It's easier to gather serenity in the parking lot or lobby for 15 minutes, than to try to undo the negative reaction of being late. It helps to be pleasant and have a smile if possible. We are representing Alcoholics Anonymous.

Be brief and to the point. Most likely the staff will be familiar with A.A. Avoid being abrasive or getting involved in any type of controversy no matter who is right. It has been reported that a facility lost interest after a well intention member said in effect: "Your patients are gonna die unless we help them."

We are simply there to inform them that the Temporary Contact Program is an effort to bridge the gap to A.A. on the outside world.

Following is the suggested presentation format:

1. Introduce yourself and inform them that you are there to explain the Temporary Contact Program. Hand out the A.A. literature you brought with you. (Bring 6 or more copies of each)

P-49	Bridging the Gap	cost .25 each
F-2	Information on A.A.	no charge

2. Show the tape "Hope: Alcoholics Anonymous." Since you will be showing the tape to the patients, the staff should review it first. It can be ordered from A.A. World Services, item number VS-16 for \$15.00.

3. Explain that you would like to be able to come into their facility to show this tape to the clients/patients that are interested in A.A. Also mention how A.A. members involved in the Temporary Contact Program will meet them when they are discharged and take them to a meeting. Once the clients/patients have indicated a desire for help, they would then fill out a Confidential Contact Card. The initial contact is made by the Temporary Contact Volunteer while the clients/patients are still in treatment, if possible. This is done by a personal visit, phone call or letter depending upon how much time is left in their stay. The Temporary Contact Volunteer is responsible for calling or meeting the client/patient on their day of discharge to go to an A.A. meeting. Point out the availability of Temporary Contacts throughout the world for those leaving the area.

4. When talking about the Contact Card point out that the information is needed to be able to make contact with the patient for an outside meeting in their home town. The information on the card is retained until contact is made and then it card is destroyed.

5. Review our traditions with particular emphasis on the **third** and **fifth**. Our traditions are based solely on past experience. Misunderstandings can be avoided depending upon how well the staff is informed up front. For example, the non-alcoholic addict should be-referred to other 12 step programs. Addicts who identify as having the disease of alcoholism, or have a history of alcohol abuse, or have a desire to stop drinking are invited to use this service. We are there to help only those who have a desire to stop drinking.
6. Open the discussion for questions. Frank, open honesty should be the guidelines for answering all questions. If you do not have an answer, admit it and promise to get back to them as soon as possible with an answer.
7. Committing to only one or two of the patient presentations a month to start is suggested. It should be known beforehand how many presentations your system can do and respond to. If you don't have enough team members or volunteers, it is OK to say: "We can only do one presentations per month at this time." You can always ask to increase it later. We need to remember to follow through with our commitments and do as we have promised.
8. Leave your name and phone number with the staff so they have a way to contact you if necessary.
9. Be sure to take notes on special procedure requirements the staff may discuss with you. Pass this information on to the Treatment Facilities Committee Chair.

#### OTHER WAYS TO WORK WITH FACILITIES:

The standard Presentation Team methods are proven consistent ways to find those alcoholics that desire help when they are discharged. There are other approaches that can be tried where Presentation Teams may not be possible.

Making arrangements with a facility to leave a Confidential Contact Card box with a display explaining the Temporary Contact Program. Those cards could be picked up on a regular basis, say once or twice a week. It is important that the person who is picking up the cards is responsible and consistent. The patients and staff may notice-if stale cards are left behind: We don't want to ruin our relationship with the facility or confidence of the patients by disappointments over promises not kept.

One final note; The Treatment Facilities Workbook has a great deal of information and suggestions concerning this type of presentation to Treatment Facilities Administrators and Staff.



# SUGGESTED TREATMENT FACILITY PRESENTATION OVERALL GUIDELINES

- 1.) Bring the video tape "HOPE: ALCOHOLICS ANONYMOUS," and enough "Contact Cards," to hand out to everyone in the room, just in case everyone were to sign up.
- 2.) Appearance should be neat and clean. To those inside we are a representative of Alcoholics Anonymous.
- 3.) Be on time or early. It's easier to gather serenity in the parking lot or lobby for 15 minutes, than to try to undo the negative reaction of being late.
- 4.) Avoid drunk-a-logs. The presentation is not an A.A. meeting.
- 5.) Be brief and to the point without rushing through the presentation and omitting pertinent information. As guests we remember that we may be taking up some of the patients' free time, or the facility therapy time.
- 6.) Now you are ready to begin. How you start depends on what has been agreed to between the facility staff and the A.A. Committees involved with the Temporary Contact Program.

# **SUGGESTED TREATMENT FACILITY PRESENTATION TO PATIENTS/CLIENTS**

Good evening, my name is \_\_\_\_\_ I am an alcoholic. I am here with \_\_\_\_\_ (names of the AA members with you). We are members of Alcoholics Anonymous and we are here tonight to talk to you about the AA Temporary Contact Program. The Temporary Contact Program provides a temporary contact person to help alcoholics make the transition from treatment to AA.

Our experience has taught us that one of the most slippery places in our journey to sobriety, is between the doors of the treatment facility and the doors of Alcoholics Anonymous.

We have brought along a short video, produced by the General Service Office of Alcoholics Anonymous. I have asked to run the tape for us. (Show video - Hope: Alcoholics Anonymous.)

At this time we would like to explain a little about Alcoholics Anonymous and what the Temporary Contact Program is all about.

Alcoholics Anonymous is a fellowship of men and women 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 AA membership. We are self-supporting through our own contributions. AA is not allied with any sect, denominations, 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.

AA is open to any person who has a desire to stop drinking. Many of our members are also addicted to drugs. If you have a problem with alcohol and drugs, and you have a desire to stop drinking, you are welcome. If you are addicted to drugs and have no problem with alcohol, we suggest that you seek out a twelve step program that deals with your drug of choice. The reason for this is that Alcoholics Anonymous has had very little success in trying to help nonalcoholic drug addicts. We feel that if we were to offer the hand of help to someone with a problem other than alcohol, we would actually be doing them a disservice.

The AA Temporary Contact Program is made up of AA members that help people make the transition from a facility to AA. Many of us either did not know how to find AA when we first started out, or we were too scared to go it alone. When we finally got up the courage to go, we were not able to reach out to a room full of strangers and ask for help. The sole purpose of the Temporary Contact Program is to help you get acquainted with AA in your neighborhood. If you would like a helping hand, we have an information card for you to fill out. The information you put on this card will be held in the strictest confidence. It will be used to find a temporary contact for you. Then the card will be destroyed. We match requests with volunteers based on three criteria; area code, sex, and age.

Your temporary contact will get in touch with you as soon as possible. Often this will be before you leave this facility. After you return home, they will introduce you to fellow members at an AA meeting in your home community. Their commitment to you is only short term. Sometimes longer term sponsorship develops between the newcomer and their temporary contact, but if it does not, there is no cause for concern. Your temporary contact will be willing to answer any AA related questions you may have.

Now we would like to turn the meeting over to \_\_\_\_\_ who will share a little about what A.A. has meant to him/her.

Does anyone have any questions? If so, we will be happy to answer them for you at this time. (Question & Answer period)

These are the cards we have been talking about. We will spend a few more moments if there is anyone who cares to finish filling one out. (Check that the cards are filled out legibly and completely).

We would like to thank you all for your time. If you did not fill out a card, we will leave some blank cards for anyone who may want to fill one out later. Or you can let the staff know and they can get in touch with us. Thank you again and good night.

