

The Triangle

Volume 13, Issue 8
AA and Treatment Facilities

November/December 2005

Area 40's Newsletter

From Your Area Treatment Chair

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Since the spring assembly I have done two workshops. The weekend of June 10-12, I was in Fort Peck for a combined Treatment / Corrections workshop for District 21. It was a great first workshop and a wonderful adventure driving out on the Highline for the first time. June is a beautiful time out in District 21. Thanks to Pam for inviting us and to everyone for their hospitality. District 91 invited me to do a treatment workshop July 30. We had great attendance even though we were competing with an air show including the Blue Angels. Thanks to James for inviting me and being my host.

After the workshop in Fort Peck, I stopped at the Spotted Bull treatment center in Poplar to learn more about their program and to see if there was any way we could be of service. They do have a AA meeting there on Saturday nights that is open to outside attendance. Currently attendees are mostly local folks sentenced to AA by the court system. I also

drove out to Glendive and met with the staff at the Warm Springs Addiction Treatment Change (WATCH) East program. Local AA's had already started taking meetings into the facility every week. From our conversations, Jim H. and the local AA's, were able to begin a Bridging the Gap program, where they do a presentation about the BTG program each month and have clients fill out contact cards. Kevin M., treatment chair from District 71, has been gracious to add those contact cards to the monthly stack he sends out to districts from Montana Chemical Dependency Center (MCDC) and WATCH West. Thanks to everyone for their willingness to serve to get this program started up.

One thing that we are trying differently at WATCH East is to have people complete the cards half way through their 6-month commitment. That way local AA's have

plenty of time to get in touch, thereby avoiding the issues we have at some facilities where they might have already been released by the time the cards get into circulation.

Prior to the workshop in District 91, James B and I visited with the staff at the Pathways Treatment Center in Kalispell along with a representative from the local chemical dependency counseling center. We showed the video HOPE and then talked about how we might be of service to them. We got a very positive reception, especially about the Bridging the Gap program and James has already begun to receive referrals. We have also been able to serve as a resource in locating BTG contacts for their clients going out of state.

Another project has been working with MCDC to implement some requested changes. These changes include going to a panel format where only outside AA's share during the

From Your Area Treatment Chair Continued..

meetings due to some sharing from patients that staff deemed as too intimate. As a panel, outside participation is restricted, which was another desired change due to the problematic participation of guys from the local pre-release center who were coming to the meeting looking for dates. During this process, Lew R., who had been the dedicated, tireless coordinator of that meeting for years decided to resign, which was a disappointment, but District 71 got a new coordinator (Alana H.) quickly to fill the gap. We have also been working with the facility staff to move the meeting to an earlier time which would allow out of town sponsors to not have to travel home so late at night. We have also been working to get additional districts to participate so that District 71 doesn't have to cover 2 Saturdays a month.

I've been working to create a district schedule for the WATCH West program like we have for MCDC. This has been a long, complicated

process. We have decided to approach it more informally for now rather than involve district committees because each district works their institution meetings a little differently. But hopefully we will be able to establish an informal schedule soon so that more AA's can become engaged in the process and to take some of the responsibility off of District 71 to provide volunteers for meetings every week. Thanks to all of you who continue to be willing to serve those state facilities.

During my travels, people have had so much interest in the Treatment Survey which GSO completed last spring that the survey results can be found on pages 6-7 of this issue. If you wish to have an electronic copy, please email me at treatment@aa-montana.org.

I still have two additional projects on my 'to do' list. One is developing a directory of all the facilities in the state with AA and facility contact information as well as guidelines for each facility. The other project is to

make sure staff at each facility know about AA and the website to get local meeting information for clients before they are released. I'd like to develop a packet of materials available to anyone leaving the facility. This packet would include pamphlets and local meetings lists or at least our Area 40 website information.

There seem to be so many opportunities to serve and the question remains how to find the time to do all that is needed. I am looking forward to meeting with the treatment committee so we can share additional experience about how better to carry the message into treatment facilities and to treatment professionals as well as discuss what more we can do to serve the still suffering alcoholic.

Thank you for allowing me to serve,
Lee G.

From AA Treatment Facilities Guideline

Treatment facilities 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 facilities, and to set up means of "bridging the gap" from the facility to an A.A. group in the individual's community. A treatment facilities committee may function within the structure of a general service committee on the area or district level or it may serve within the structure of a central office/ intergroup. Prior to forming these committees, this Twelfth Step work is sometimes

handled by an individual group or member. As A.A. groups grow in number in a community, experience suggests that a committee works more effectively. In some parts of the country, A.A.s interested in carrying the message into treatment and correctional facilities work together on Hospitals and Institutions committees independent of, but in cooperation with, general service and intergroup committees. This structure also works well—especially in areas where lines of communication between the various service entities remain open.



**All I want for Christmas is
someone to send me an
article for the Triangle!**

A Member Shares Her Experience

My experience with AA began in a treatment center. I had reached bottom. I was done. My addictive behavior was threatening my marriage, my family, my job, and ultimately my life.

I got to treatment by giving up and asking for help. I had spent months, maybe years, lying in bed at night making plans to quit. "Tomorrow would be different," I would tell myself. "If I can't taper off and quit in a month, I'll call the doctor I know that works in this area," I would bargain. I thought about and attempted every way to stop I could. All except admitting the problem and telling someone else what was going on.

After I finally gave up and asked for help, the local treatment center in my town was where I turned. Even though I was a pharmacist, and could have gone to some special *professional* place, something led me to get help that day-then and there. I walked in that Monday morning, told them I needed some help, could I come back tomorrow after my son's birthday party. They thought it would be better to just stay.

Treatment is what I needed to clear some of the fog from my brain. It was a safe place to detox and be shielded from the world for a little while. I missed my family and my roommate snored, but I was in the right place. Shame and remorse slowly became recovery and hope.

The most important thing treatment did for me was to introduce me to the fellowship of Alcoholics Anonymous. I went to my first meeting a few days into my stay. This meeting was a beginners meeting designed for those in treatment. It was brought in by a local AA group. I was terrified. What if someone there knew me? Things were a little fuzzy that first meeting, but I saw hope. I felt that maybe there was a way through all this crap that I had made of my life. I continued to go to meetings while in treatment and during out-patient care. After *graduation*, I continued to go to that beginners meeting at the facility and to an after-care meeting held that same night. I think I was too scared not to. It seemed important to them, and I was feeling better.

The treatment center and what was to become my home group stressed the basic essentials for recovery. Both emphasized sponsorship and home groups. I was also taught about the disease of alcoholism at both places. It seemed to be all they talked about. I followed their suggestions and did most of what they asked.

Today, 5 ½ years later, sponsorship and a strong home group are still vital to my recovery. My home group still brings that meeting to the treatment center and always welcomes the treatment centers clients to the meetings at our club. I try to share my treatment experience whenever possible. My recovery happened because others passed on to me what they were

shown. It's all found in the Big Book of Alcoholics Anonymous. I get to keep recovery by giving away what I've been given, by sharing my experience, and by going through the book with other women like me.

I'm writing this after spending the afternoon on Flathead Lake with my closest friends. My home group gathered there today for our annual group inventory. I got to hang out with a bunch of AA members discussing how to make our group stronger and more attractive. And we got to eat a lot. This day reminded me once again how unimportant I am. My only job is to stay sober and help other alcoholics to achieve sobriety. My primary purpose is to carry our message to the still suffering alcoholic. We do it as a group; I do it as an individual. I have done this first by going to treatment myself, then by continuing involvement with others who come from treatment facilities. I know that treatment is not for everyone-but it's what I know. I'm grateful that I had a place to go when I was desperate enough to ask for help, but I'm most grateful that that treatment center introduced me to Alcoholics Anonymous.

Libbie L.

Kalispell, MT

From the District 72 Treatment Chair

“Each day, somewhere in the world, recovery begins when one alcoholic talks with another alcoholic, sharing experience, strength, and hope”. My recovery began by another alcoholic carrying the AA message to me while I was in treatment. I didn’t know you could just go to AA; I thought you had to go to treatment before they would let you in! The only thing I knew about Alcoholics Anonymous was who my best friend, Terry, who I took my first drink with when I was 13, went to treatment and then AA, and she wasn’t drinking anymore. I did know one thing, though, and that was that booze had me down for the count and I didn’t have a clue how to stop. I was suffering from debilitating depression, had just had my fourth suicide attempt plus I had used every ounce of will power I had in me to stop drinking and I had failed. I was miserable with alcohol and I was miserable without it. It was baffling to me because my will power worked well in other areas of my life. So I went to treatment to get some rest and take a break from all the “stress” in my life. I was exhausted trying to get people to act right as well as trying to change the outside conditions in my life, so I would be OK and wouldn’t be so miserable and have to drink so much and act the way I did. And maybe they could teach me how to do that in treatment. Plus, I thought maybe I’d meet some cute guy and we could live happily ever after! I did what Terry did not only because she wasn’t drinking anymore but also because she had a peace about her I didn’t have but that I wanted.

One of the things that stands

out to me from my experience in that treatment center was the “outside” people from AA coming in and talking about drinking like I drank and thinking like I thought. It was the first time I had ever heard anyone talk about how I felt inside. Some people even talked about trusting in a God that they used to hate and I identified with that; I hated God and everything associated with God. Imagine my terror when I heard that my only hope of recovery from alcoholism was a spiritual experience.

I thought surely those AA people were being paid for spending time with us. The thought of doing something, anything, with no profit motive, or any other, was a foreign concept to me. I found out later of course that they were doing that as part of their recovery to stay alive. I thought, “Man, those poor people. I hope my life never gets to be that boring”. Nonetheless I was intrigued by what they were saying and certainly attracted to them because I knew they had been where I had been and it wasn’t because they had read it in a book; it was because they had actually experienced it. The difference between them and me, though, was that they had a solution and I didn’t. It gave me hope because I thought maybe, just maybe, if they could do it, I could do it. It clearly was working for them. I was out of resources, hopeless and desperate, so I became willing to do what they did.

I was fortunate enough to be in a treatment center where they encouraged me to get a sponsor and get involved in AA when I got out. They stressed that although



So I went to treatment to get some rest and take a break from all the “stress” in my life.

treatment was helpful, it was a temporary solution and that Alcoholics Anonymous was a permanent solution. They also told me treatment was not AA and AA was not treatment. Going to that treatment center is what got me connected to AA.

That’s why I was excited when I became the Treatment Committee Chair for District 72. It’s given me an opportunity to give back what has been so freely given to me. I’m able to share my experience and hope with people in treatment centers just like those people that came in and shared it with us. Whether it’s going to MCDC for a meeting or lining up temporary contacts through the Bridging The Gap Program, I get to be a part of recovery and get out of the self-centered isolation I can slip into so easily. As with any action I take in Alcoholics Anonymous (which I usually don’t want to take!), I do feel “amazingly lifted up and set on my feet”. I had it so backwards for so many years; I thought I had to take it to get it. I don’t. I can’t be thinking about myself (my problem!) when I’m working with another alcoholic. I also found out the hard way (as I’ve learned

From the District 72 Treatment Chair Continued..

most things in AA) that I can't keep it unless I give it away. Didn't get that either. I get it today. I understand why those people who came into that treatment center didn't charge money for what they did; the reward is beyond anything monetary! If I follow a few simple rules I get to be comfortable with life today, regardless of the conditions, without drinking or filling my body and mind with

chemicals. I have also been given, through working the steps with a sponsor, a relationship with a loving God that I used to hate, just like the book promises. I'm very grateful to those people for taking the time to come to that treatment center and also grateful that since that time I've had many examples in my life of what life in Alcoholics Anonymous (".....so that newcomers may find the fel-

lowship they seek") is about. So, there are a lot of ways to carry the message in AA, and whether it's in a treatment center, at an AA meeting or one-on-one with another alcoholic woman, I've learned it all from people in Alcoholics Anonymous carrying the message to me! For me it all began with my exposure to AA in that treatment center.

Becky W.

Treatment Fact:

Bill Wilson was treated at Towns Hospital in New York City by William D. Silkworth in November 1934. At that time, Towns Hospital was the leading institution for the treatment of alcohol addiction.

From the District 91 Treatment Chair

Hi, my name is James B., and I'm an alcoholic. My sobriety birthday is June 9, 2003. I got introduced to a Treatment Center by trying to outrun the cops when I was pulling a horse-trailer. It took five patrol cars to get me stopped. My boss bailed me out of jail and told me that I needed to make a decision. I could continue on the way I'd been going, or go to treatment. I chose treatment. I spent 36 days in a 21 day program.

During that period of time my life changed. It changed because I was introduced to AA. I was full of fear and afraid of life. My older brother had died of this

disease in 2000, and I felt all alone and had no one to turn to. With the help of a counselor, I was introduced to the man who became my sponsor. Without the help of my counselor, I am sure that I would not have been able to overcome my fear and ask another man for help. Because of AA, my life has changed. I am no longer filled with fear. I was taught early on that service work is essential to my recovery. I learned this through sponsorship and a strong Home Group. I have a good life today and it all started with treatment and a counselor who cared. Oh yes, I am currently District 91 Treatment Chair.

Overheard at Meetings:

Going to an AA meeting for relationship advice is like going to a proctologist for a sore throat.

Treatment Facility Communities within AA

In April, 2004, the General Service Conference Committee on Treatment Facilities requested that the General Service Office Treatment Facilities (TF) staff person request further shared experience on the scope of TF Committee activities from areas, districts, and intergroups/central offices in the US and Canada. The surveys were mailed throughout North America in June, 2004.

174 people completed the questionnaire & the Summary of Questionnaires was distributed in January, 2005. The Summary is 13 pages long; this document is a synopsis of that Summary.

The Survey asked 8 questions.

Which Committee do you represent?

- 40 of the responding members (or 22.9%) represent a General Service Area.

- 58 (or 33.3%) represent a General Service District.

- 63 (or 36.2%) represent a Central Office/Intergroup.

- 10 (or 5.7%) represent an A.A. Group.

- 3 people gave no answer.

Which Area/ District is your Committee located in?

The Summary includes a table indicating which area and/or district the person represents. 23 (out of 93) Areas did not respond at all; however, there were approximately 20 responses from people that did not indicate any Area of which they are a part. Area 64 (Tennessee) had the most participants (10) and many Areas had only 1 or 2 responses. Every respondent's comments are included in the Summary.

What types of facilities does your committee have experience with?

- 20% (146) people have experience with In-patient facilities

- 15.7% (114) people have experience with Detox facilities

- 13.9% (101) people have experience with Out-patient facilities

- 10.7% (78) people have experience with Halfway houses

- 10.6% (77) people have experience with In-patient Psych./ mental health facilities

- 9.6 % (70) people have experience with Juvenile facilities/ Group homes

- 6.7% (49) people have experience with Homeless shelters

- 5.9% (43) people have experience with Out-patient psych./mental health facilities

- 4.1% (30) people have experience with Nursing home/ assisted living centers

- 2.6% (19) people have experience with Safe house/Crisis centers

26 members indicated that they also have experience with Corrections Related Facilities and approx. 30 members named the specific facilities that they have direct, personal interaction with.

Would your committee like the TF Desk at GSO to share collected experience on AA service work at these facilities?

160 (92%) of the respondents said "YES" they want the T.F desk at GSO to share collected experience on A.A. service work at these facilities. Only 2 people (1.1%) said "NO" they do not want to know about collected experience and 12 (6.9%) gave "NO ANSWER."

What services does your committee provide?

- 26.9% (147) people said their com-

mittee provides AA Literature

- 25.1% (137) people said their committee communicates with facility staff

- 24.9% (136) people said their committee takes in AA meetings

- 23.1% (126) people said their committee does Bridging the Gap

Approximately 16 other members said that they provide "Other Services" (including such items as "message of the day" and "rides to meetings").

Does your committee also meet with TF professionals? If not, does another AA committee? If yes, which committee?

- 62.6% (109) people said their committees meet with treatment professionals

- 29.3% (51) people said their committees do not meet with treatment professionals

- 8.0% (14) people gave no answer

Of those that said their committee does not meet with treatment facility professionals:

- 45.1% (23) said another committee meets with treatment professionals

- 49.0% (25) said no other committee meets with treatment professionals

- 5.9% (3) people gave no answer

Of those that said another committee meets with treatment facility professionals, there were 6 different types of committees listed: 11 said CPC, 7 said PI, 4 said Correctional Committee, 2 said District Treatment and 1 said that [their county's] Bridging the Gap committee meets with treatment facility professionals.

How has the TF landscape in your area changed over the past 10 years?

It appears that every single answer to this question was printed in the Summary. There is a section entitled "Numbers" and the most noteworthy sta-

Treatment Facility Communities within AA Continued..

tistics state that 11 respondents have had no change in their number of facilities and 6 people said facilities have closed or downsized as a result of insurance restrictions. Under “**Types of Changes**,” 12 respondents said there are more outpatient facilities, 4 said that clients seem to be younger & 1 person said that an “administrator asked me to compromise our Traditions and incorporate their philosophies into our meetings but I refused.” As for “**Length of Stay**,” 11 respondents said stays in treatment have been shortened and 3 of these are because of insurance coverage. In the section entitled “**Content**,” the most common response was that “there is some staff confusion over Singleness of Purpose” but only 3 (out of 13) gave this response. “**How A.A. Helps**” includes several pages of answers and the most common observation is that “it is a challenge to get enough groups & individuals to chair meetings (4) and keep the temporary contacts list current... even though there is a need for more B.T.G.

service (3). “**Site Specific Reports**” is also several pages long and none of the answers were repeated since the focus is on specific sites. Several people indicate that there are less in-patient facilities and more out-patient or day-treatment programs. A couple of people shared about legal issues: 1 facility (in Delaware County) “dropped [AA] from taking weekly meetings to [the facility] because of a court ruling that AA is a religious organization.” Another facility (in Washington) “was recently sued for requiring that patients attend AA meetings.”

The Survey invited participants to share your committee’s experience with any of the topics mentioned above.

There were approximately 50 responses to this request and the answers were divided into 6 sections: General Observations, Bridging the Gap, Working with Youths, Facilities, Requesting Support and Experience of Committee Members. Al-

though all of the sharing is interesting & noteworthy, the most fascinating items are somebody who stated that a facility has “had AA meetings and because the volunteers acted as counselors, they stopped inviting them to bring meetings to their patients.” Perhaps these people will read the Summary, in which another member shares about interacting with treatment facility staff people and said: “It is best for me to keep my ideas and experiences out of the conversation unless asked. I just offer AA services like most things in my sobriety. I had to learn the hard way -- by error.”

If you wish to have an electronic copy of this survey, please email treatment@aa-montana.org.

Treatment Fact:

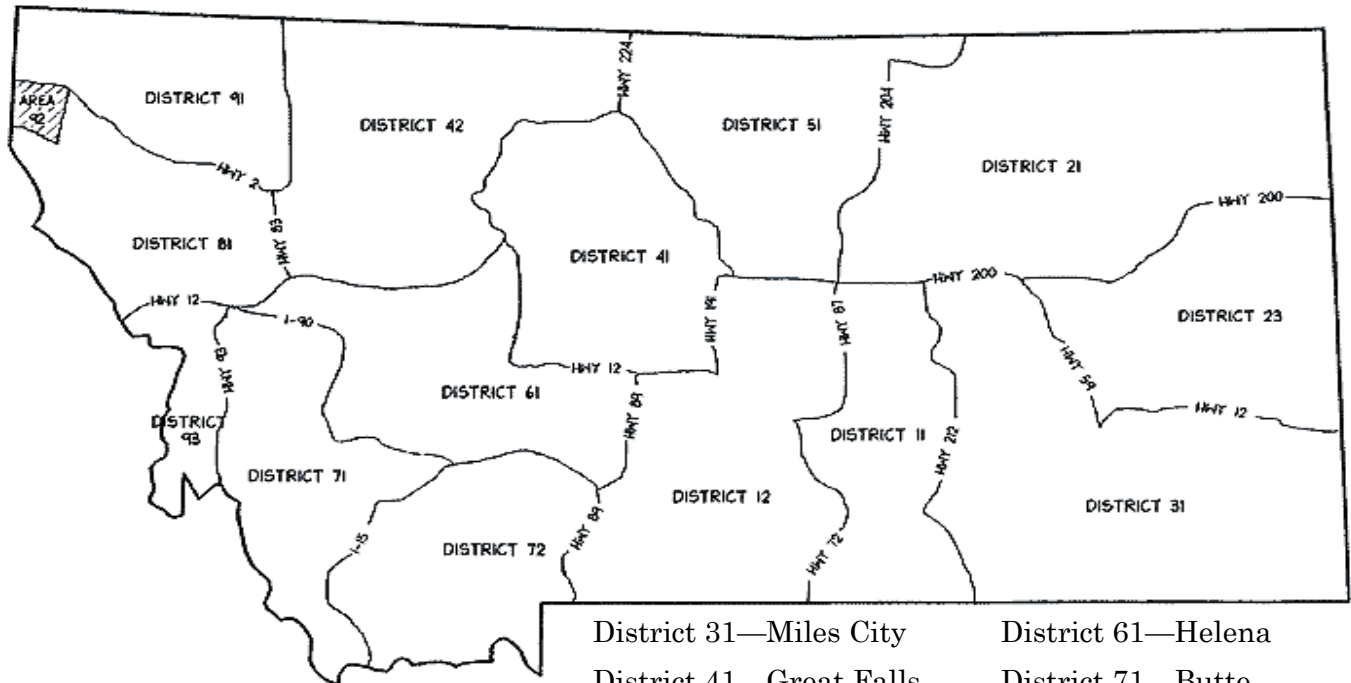
In 1939, Rockland State Hospital, a New York mental institution, was the site of one of our first A.A. hospital groups.

A Member Shares His Treatment Experience

Hi everyone, my name is Paul W., and I am an alcoholic. My introduction to AA was after an invite from a minister to attend an AA meeting, followed by that I get in his car for the ride to the meeting. Man of God or not, I was still scared, and had been for some time. I quickly was asked if I needed help by the man who became my sponsor, and we began a journey of discovery about this disease of alcoholism, recovery from this disease, and learning how to live in the solution. Part of living in the solution for me is my involvement in our local treatment center, where they asked us to

bring an AA meeting to their alcoholic patients each week. Through trial and error, we came up with a format that I would like to share with you. We have a format that repeats every two weeks, to accommodate the shorter periods of stay for some treatment clients. The first week, we discuss the Disease Concept of Alcoholism, and we discuss the Physical Craving, the Mental Obsession, and the Spiritual Malady. Following this we discuss the Progression of our disease, and finish with sharing our experience with the 12 Steps. The second week, we begin our meeting with talking

about our Third Tradition, following this with the Home Group, Sponsorship, Plan for Recovery, and finally Hope. Since our Home Group is responsible for chairing this meeting, at our business meeting we have Home Group members sign up to chair this meeting each month, usually having two people per month. This works really good, and we also announce it during our regular meetings. Attending these meetings regularly helps me to remember that I am an alcoholic, and I get to see first hand what it is still like out there when I go to treatment meetings.



District 11—Billings

District 12—Laurel

District 21—Wolf Point/Glasgow

District 23—Glendive

District 31—Miles City

District 41—Great Falls

District 42—Cut
Bank/Choteau/ Shelby

District 51—Havre

District 61—Helena

District 71—Butte

District 72—Bozeman

District 81—Missoula

District 91—
Kalispell/Whitefish/

Triangle Tidbits

- Thanks to all of you who submitted articles for this issue of the Triangle. The next Triangle issue will be dedicated to AA's Cooperation with Professionals. If you would like to share your experience with us, please do so by submitting an article.
- The next issue will come out in mid-January. Deadline for submission of articles is January 1, 2006. Send to the address below.
- Yea, I got one "Overheard at Meetings" for this issue, but I need more for next month. I'm still looking for a "You might be an alcoholic if..." to use. Please send one in if you have one.
- If you are having an event and would like it listed, please provide the information to the address below.
- Check your subscription date located on the mailing label. If your subscription has expired, please mail \$10 to the Triangle at the address below. Checks should be payable to Area 40. If your group cannot afford the subscription, you will continue to receive a copy.
- The mailing list is continually being updated. If your group is not receiving the Triangle, please send the correct mailing address to the address below.
- The Triangle's address is 4522 Shasta Lane, Billings, MT 59101 or Triangle@aa-montana.org.
- Contributions to Area 40 should be mailed to Area 40 Treasurer, PO Box 495, Helena, MT 59624.

Calendar of Events

- **BILLINGS— First Saturday—Dec 2-3—Cleve H.—373-1213**
- **LAUREL—Where does AA get its Direction—Dec 17—Andy P. 860-0178**
- **HELENA—It's In the Book Group Speaker Event—Jan 21, 2006—Pat K. 449-4639**
- **HELENA—Pockets of Enthusiasm—March 17 & 18, 2006—Pat K. 449-4639**
- **LEWISTOWN—Area 40 Spring Assembly- April 8-10, 2006 - Andrew W. 777-5136**
www.aamontana.org
- **BOZEMAN—Spring Roundup-June 2, 3, & 4, 2006—Kurt W. 586-4635**
- **BILLINGS—Fall Roundup—September 8-10, 2006—Don B. 656-0727**
- **LEWISTOWN—Area 40 Fall Election Assembly—September 16-17, 2006— Andrew W.777-5136**

We absolutely insist on
enjoying life!
Get in the sleigh!

