

II.

**COOPERATION
WITH THE
PROFESSIONAL
COMMUNITY**

AGENDA

Conference Committee on Cooperation with the Professional Community

Monday, May 20, 2019 – 9 a.m. - Noon

Room 406

Chairperson: Kathi C.

Secretary: Diana L.

Conference Committee Members

Panel 68

Chuck B.

Kathi C.

Colleen H.

Panel 69

Cynthia B.

Barb D.

Alan F.

Brad M.

Gail P.

- ◆ Discussion and acceptance of trustees' committee report.
- A. Discuss progress on implementation of A.A.W.S. LinkedIn page.
- B. Consider request to remove text "They may help arrange hospitalization" from the pamphlet "Alcoholics Anonymous in Your Community."
- C. Review contents of C.P.C. Kit and Workbook.

Note: 1989 Conference Advisory Action

Each Conference Committee carefully consider their agenda items and strive to make their recommendations for Advisory Actions to the Conference at the policy level. To be more financially responsible, when a Conference Committee recommendation involves a substantial expenditure of money, an estimate of cost and its impact on the budget be part of that recommendation.

2019 Conference Committee on Cooperation with the Professional Community

ITEM A: Discuss progress on implementation of A.A.W.S. LinkedIn page.

Background Notes:

Advisory Action from the 2018 General Service Conference on Cooperation with the Professional Community (C.P.C.):

A.A. World Services, Inc. develop a company page on LinkedIn with the following goals in mind:

- To offer another digital resource, in addition to www.aa.org, where professionals can find accurate information about A.A.
- To broaden the reach of the *About A.A.* newsletter for professionals
- To offer a platform where our professional friends may recommend us
- To raise awareness of exhibits staffed by local C.P.C. committees at national and local professional conferences
- To expand the network of our professional friends and perhaps deepen the pool of Class A Trustee candidates
- By our presence on LinkedIn, to reinforce the continuing relevance and efficacy of A.A. to professionals

Additional Committee consideration from the 2018 Conference Committee on C.P.C:

The committee strongly suggested that those creating the LinkedIn company page consider adding some kind of disclaimer or explanation clarifying that A.A. is not affiliated with any of the organizations who appear in promoted content on the LinkedIn company page.

Following the 2018 Advisory Action and Additional Committee Consideration for creating a LinkedIn page, the trustees' Committee on Cooperation with the Professional Community/ Treatment and Accessibilities (C.P.C./T.A.) have discussed these items and asked the secretary to work with a consultant (Impact Collaborative) on the creation of a LinkedIn page. The findings of the consultant were provided to the trustees' committee at the January 2019 meeting.

The trustees' committee on C.P.C./TA reviewed the findings and agreed to respond to

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the consultant's questions and recommendations.

The trustee's committee noted the importance of having the Conference Committee on C.P.C. discuss the progress on implementation of an A.A.W.S. LinkedIn page, and agreed to forward the work of the consultant and the trustees' committee to the Conference C.P.C. Committee.

The consultant suggested a description for the LinkedIn page that would invite professionals to learn more about A.A. using language that is familiar to that audience. The consultant provided examples of profile descriptions from organizations familiar to professionals who might refer alcoholics to A.A.

In addition, the consultant included several questions and recommendations involving appearance, style, posting content, implementation and maintenance of a LinkedIn page.

Background:

1. Highlights from trustees' C.P.C./T.A. reports concerning LinkedIn (2017-2019)
2. Work from consultant (Impact Collaborative)
3. Trustees' committee responses to consultant's questions and recommendations

LinkedIn page activities (2017-2019)

Activities from 2017-2019 by the trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities (C.P.C./T.A) on creating a LinkedIn page:

- July 2017 The trustees' committee discussed the Conference committee's Additional Consideration requesting a complete exploration of all aspects of LinkedIn. The chair appointed a subcommittee to continue discussion on developing a LinkedIn C.P.C. presence, and bring back a progress report to the October 2017 meeting.
- October 2017 The chair of the trustees' subcommittee gave a progress report on considering LinkedIn as a platform for providing information about A.A. to professionals who come into contact with problem drinkers. The subcommittee will continue their work and present a written report for the January meeting.
- January 2018 The trustees' committee reviewed with appreciation the subcommittee's report on LinkedIn as a possible platform for reaching professionals. The committee agreed to forward to the 2018 Conference Committee on Cooperation with the Professional Community (C.P.C.) the report on LinkedIn.
- July 2018 The secretary gave a verbal progress report on the development of a LinkedIn page. The trustees' committee agreed to move forward slowly and mindfully on the development of the LinkedIn page, with realistic expectations about what a LinkedIn "company" page can accomplish.
- October 2018 The trustees' committee reviewed and discussed examples of how A.A. content could display on a LinkedIn page to achieve the goals included in the 2018 Conference Advisory Action. The trustees' committee requested that the secretary work with consultants on the creation of a page and report back in January.
- January 2019 The trustees' committee reviewed the progress report on creating a LinkedIn page and will respond to several questions raised in the report. The trustees' committee agreed that a description on the LinkedIn page that refers professionals to the aa.org website would meet the goals of the 2018 Advisory Action. The trustees' committee agreed to forward the progress report and trustees' responses to the 2019 Conference Committee on C.P.C.

Work from Consultant (Impact Collaborative)

Background

These points that emerged from the communication audit* were considered concerning professionals:

- Professionals are hungry for relevant and helpful information to address alcoholism.
- Use of the term “Cooperation with the Professional Community” is unintentionally off-putting — tends to sound as if A.A. is doing the professional a favor.
- Current assets/communications “speaking to” the Professional Community do not communicate in a language that is germane to their respective professions, or delivered across platforms that they frequently use.
- Existing assets speak more to those inside A.A. vs. healthcare professionals: quoting the Big Book; positioning shared experience vs. leveraging facts; and, using internal jargon.
- A.A. members within the Conference structure are not necessarily trained (or armed with effective tools) to forge and nurture relationships with the Professional Community.
- There are missed opportunities to engage professionals through increased, strategic cross-pollination of AA Grapevine and A.A.W.S. content.

It is suggested that the page address the following questions:

- What A.A. is (include explanation of A.A.W.S. and/or G.S.O.?)
- How it works
- Why anonymous
- Who A.A. works with
- Where can you find A.A.

* Impact Collaborative (IC) is the communications firm that completed the communications audit requested by the General Service Board as noted in the January 2018 Quarterly Board Report https://www.aa.org/pages/en_US/quarterly-report-from-gso.

Suggested description for a LinkedIn page

About Us

Welcome to Alcoholics Anonymous (A.A.) LinkedIn page for professionals.

A.A. is an international community of individuals who help one another get and stay sober. A.A.'s program of recovery is free, solution-oriented, and available to anyone, anywhere who wants help with a drinking problem. The only requirement is a desire to stop drinking.

For nearly 85 years, A.A. has been helping alcoholics live sober, productive lives. A.A. meetings can be found in 180 countries worldwide, and our materials have been translated into 90 different languages.

From its very beginnings, A.A. has collaborated extensively with healthcare professionals, judges, attorneys, probation and parole officers, mental health and human services agencies to ensure those with alcoholism or alcohol use disorder have a safe place to go to solve their problem with a proven, accessible, effective program.

A.A.'s Twelve Steps and meetings are the basis of the program. It works on the premise that alcoholism is a progressive, incurable illness that can be arrested by learning to not take a drink, one day at a time. Taking these steps offers a continuum of self-care — a way of living, without alcohol, that is working successfully for more than two million people around the world.

This elective format includes: group meetings; one-on-one guidance and support via sponsorship; and print, video, audio, and electronic publications that guide, encourage, and share real-life experiences of success.

A.A. holds a longstanding tradition of anonymity for its members. While much has changed around addiction societally, alcoholism still carries a stigma in many social and work settings. Providing an environment where someone looking for help can find it discreetly, safely, and at no cost will only contribute positively to their recovery.

For more information on Alcoholics Anonymous, or to find out how A.A. can help your patients, clients, or charges, visit www.aa.org/professionals.

Profile examples of outside organizations

The following examples were used by the consultant for language that might be familiar to professionals who might refer alcoholics to A.A.

Recovery Centers of America Profile

At Recovery Centers of America, our addiction treatment philosophy centers around offering evidence-based, individualized addiction treatment solutions for individuals & families struggling with drug & alcohol addiction – as well as co-occurring disorders. With an individualized approach to addiction treatment and a comprehensive continuum of care, we heal patients - and their families - from a life of active addiction & alcoholism to a life of hope and healing.

We deliver comprehensive addiction treatment services in a safe and comfortable environment. Our addiction treatment services include drug and alcohol detoxification, individual and group therapy, family counseling services for both patient and family, case management, life skills training, 12 Step education, psychiatric care, individualized aftercare planning, and recovery resources designed to support patients for life. With evidence-based treatment practices at each one of our neighborhood-based locations, we offer each patient and their family the highest quality addiction treatment services and an opportunity to heal, regain hope, rebuild and recover – for life.

If you or a loved one is struggling with addiction, don't wait, call or text us now at 1-800-RECOVERY or visit us at 1800RECOVERY.com

Al-Anon

About us

Membership in Al-Anon Family Groups is neither assumed nor implied for any visitors or followers of this site.

Anonymity is the spiritual foundation of all Al-Anon Family Groups Traditions. Al-Anon Members should remember that the Internet and other electronic forms of publication and communication are considered public media, no less than press, radio, films and TV.

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Al-Anon members do not identify themselves as members (by full name, photograph, or personal sharing) on public media, such as LinkedIn.

The purpose of this LinkedIn page is primarily for outreach to professionals who may learn more about Al-Anon Family Groups and in turn, refer patients/clients.

Al-Anon Family Groups are for families and friends who have been affected by a loved one's drinking. Nearly 16,000 local groups meet throughout the U.S., Canada, Bermuda, and Puerto Rico every week. Al-Anon Family Groups meet in more than 130 countries, and Al-Anon literature is available in more than 40 languages. Al-Anon Family Groups have been offering strength and support to families and friends of problem drinkers since 1951. Al-Anon Family Group Headquarters, Inc. acts as the clearinghouse worldwide for inquiries from those who need help or want information about Al-Anon Family Groups and Alateen.

For more information about Al-Anon Family Groups, go to al-anon.org, or find a local meeting by calling toll-free: 1-888-4AL-ANON.

Sobriety Works

About Us

Our mission is to provide superb recovery programs for persons suffering from chemical dependency. We hope to give our clients the opportunity to significantly enhance their quality of life through abstinence-based treatment and sober living environments.

Sobriety Works provides professionally operated outpatient treatment services and supportive sober living environments that are warm, nurturing, and focused on the people they serve. Based on the 12-Step model, our services are person-centered and individually tailored to meet each client's strengths, needs, abilities and preferences. We collaborate with judges, attorneys, probation and parole officers, mental health and human services agencies. In addition, a wide range of referrals are available dependent on individual client needs.

Sobriety Works is certified by the California State Department of Alcohol and Drug Programs and is covered by many insurance companies.

Consultant's Recommendations and Questions

Recommendations

- Give a basic definition of what Anonymity is and how that helps the client.
- Leave out a contact phone number and only use a link to the professionals' page.
- Use non- A.A. terminology in describing how A.A. works that are familiar to professionals.
- Use A.A. and Alcoholics Anonymous as the page name, with a reference to A.A.W.S. as the page owner.
- Use a logo/image that reflects a message that A.A. is clear, consistent, skilled, competent and qualified to be doing what it does. Do not use the blue people logo. It is not widely recognized outside of the website and does not send this message.
- Use materials that professionals can benefit from. We think it's beyond the scope, and not audience-specific to highlight the Big Book or Twelve & Twelve (for example).
- Focus on using positive language that invites and gets people interested, so they will want to learn more. Be careful using phrasing surrounding "what A.A. does not do" because it is not inviting, doesn't save time, and creates arm's length, and can be off-putting.
- Include audience page testing in the roll out plan. A group of professionals from a wide cross-section of backgrounds review and discuss the page. Past and current General Service Board members could be considered.

Questions:

- Is there a rollout plan?
- What is the timing of roll out plan?
- How will the profile be communicated out to the Professional Community who is unaware of A.A.? To the membership at large?
- Who will be maintaining the profile, posting, etc. (until Communications department is launched)?
- Is it too promotional to say, "The Original Twelve Step Program"?
- Does the blue people logo have to be on the profile?

Sharing from trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities

Is there a rollout plan?

- “As to a rollout plan, if we have a ‘modern day Saturday Evening Post reporter’ in our fellowship, that might be helpful. I don't know of a national print reporter that fits that bill, although I do know some in DC that might help steer us in the right direction.”
- “The roll out should include an email to all Conference members, Area P.I. Committees and local P.I. Committees. A focus on past Class A Trustees should also be part of the roll out.”
- “I defer to the committee, am unaware, would hope IC helps with this.”
- “I do not think there is a definitive rollout plan but rather done in concert with an approved media plan.”
- “The trustees' Committee on C.P.C./Treatment and Accessibilities (C.P.C/TA) is working on it.”

What is the timing of roll out plan?

- “I would consider a week before the conference.”
- “I defer to the committee, but hope that it comes in a timely manner-- can we go to Conference with a firm product and rollout plan?”
- “There is not a timeline for the rollout. Staff have done a good job of developing the prototype for this which will be available for Conference review in May. I anticipate once this has been reviewed and processed, the mechanics of where and when can be determined which includes a launch date.”
- “The (C.P.C/TA) trustees' committee is still working on it.”

How will the profile be communicated out to the Professional Community who is unaware of A.A.? To the membership at large?

- “I do not think that the trustees' committee or Conference committee has discussed this. However, I do think that it would be extremely appropriate for IC to make recommendations about effective communication methodology. This is why we have you. I would think that we might consider using our Class As to help us reach the Professional Community-- we should be thinking of mailing lists and easily accessible listservs (I can reach about 2000 of my neuropsychology colleagues within a day).”

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- “Our LinkedIn platform; A.A..org website; direct mail to presidents or chairs of professional associations, e.g. American Medical Assoc., National Medical Assoc., National Bar Assoc., American Bar Assoc., etc.; and better use of past and current Class As in those and other outreach efforts.”
- “This has not yet been discussed. I would offer for consideration the information be included in communication distributed at professional conferences, professional networks, Class A past and present. The local CPC committees can also make the information available within their communities.”
- “ We may need to build up our follower base on LinkedIn:
 1. Make sure “Friends of A.A.” know we have a LinkedIn Page:
 - a) Post links on our websites: aa.org and/or aagrapevine.org
 - b) Add a notice/announcement to the emails that go to professionals and/or add a notice/announcement to our standard mail correspondence with professionals
 - c) Include a notice/announcement in our bulletins (Box 459), newsletters (About A.A.), Printed/Digital (+App) Magazines: Grapevine & La Viña, “Future” A.A.W.S. App: “Meeting Guide”
 2. General Service Structure Communication (Upside down triangle):
 - a) Inform our membership through delegate reports and announcements; area and region assemblies; committee meeting notifications; districts (DCM reports); GSR reports at homegroups; Representatives for AAGrapevine and La Viña; direct communications from G.S.O., central and intergroup offices (emails and/or USPS letter notices).
 - b) A.A. live events such as regional and local forums, State Conventions, International Convention, Bridging the Gap (B.T.G.) National Workshop where Trustees, Directors, and staff from G.S.O. and AAGV; and area delegates.”

Who will be maintaining the profile, posting, etc. (until Communications department is launched)?

- “Public information should be able to answer all phone calls and emails to all the professionals. They should also be prepared to provide information to the A.A. membership.”

- “Short of having someone in our ‘communications department’ maintain this, I think on an interim basis we could ask an appointed committee member who deals with PR matters to do it... If need be, I can provide some input.”
- “I would think TCS on A.A.W.S., but with reliance on IC.”
- “As far as who will be maintaining the page, I would assume it would be our IT Department in conjunction with CPC.”
- “This has not been determined but I would offer G.S.O. staff.”
- “The CPC and/or PI Desks at G.S.O. should maintain the profile (until Communications dept. Is ready).”
- “Do not let the page become a “ghost town”: Be consistent! If we are going to have a LinkedIn Company page, we should keep it alive by updating it regularly. What can we give followers that they can actively use? Appeal to professionals with consistency, posting PSAs & videos targeting professionals. Using pamphlets & newsletters with purpose. (EX: Pamphlets: P11, P20, P23, P31, P25, P54, P46, P47, P48 – Information on A.A.: F2 – Open letters: F210 – Service Material: SMF 177). **Note:** Policies on copyright, distribution, permission for printing, posting, & sharing must be evaluated for all our service material that might be used in LinkedIn.”

Is it too promotional to say, “The Original Twelve Step Program”?

- “I do not think it is too promotional, but it does not need to be used as a description. It could imply that our steps have gone through a process of change.”
- “I think we should view LinkedIn as a “modern day phone book/yellow page” resource, and seek to find a balance between attraction and promotion.”
- “To say that we’re the ‘original 12-step program’ might be a bit too promotional. Perhaps we could say ‘A.A. is a 12-step program on which others have been based.’ But that’s a “claim” further down the list of our primary purpose and functions.”
- “I do not believe this is in accordance with humility and would not see this as a positive reflection on the fellowship.”
- “Well, I see a problem with it. I would reject it not because it’s too promotional, but because it is blatantly gimmicky. The Original X, Y, Z is used everywhere and strikes me as out of date. When I see it, I think ‘oh, they are trying to come back up top, but clearly are not there’.”
- “Referring to ourselves as ‘The original 12 step program’ is egotistical and should be avoided.”

- “I do not like the saying “the original twelve step program”. That is way too promotional for my liking.”
- “Yes! It comes across as ordinary, consumeristic and above all, automatically lumps our Fellowship with everyone else. Whereas the phrase, ‘Since 1935...’ invites the professional to investigate more about us, our history, our way of life. ‘...Close to a Century, carrying the message of experience, strength and hope....’ We may not have been first, but we are a strong and connected Community of people trying to live a sober life, a real way that has proven to work.”

Does the blue people logo have to be on the profile?

- “Logo is fine.”
- “The blue people are to be kept out of public domain in order to keep from being misused. We need to protect our copyright symbol so that we do not set up opportunities for litigation”
- “I think we should carefully consider this-- I think the blue people are copyrighted and are the closest things we currently have to a visual identity.”
- “Do we really need any sort of logo? I personally like the blue people but if it is advised by IC not to use it then I would concur.”
- “I think there needs to be a visual which IDs us however one has to know what the blue people mean and generally only members of the fellowship know this. It may not be acceptable but ‘A.A.’ is known to many and there is no guesswork as to who we are.”
- “The “Blue people logo” (silhouettes) denotes our Fellowship, its inclusiveness, and through the years has become a symbol of us. The secret is that A.A. members are mostly the only ones that know what the logo represents. Also, the logo has been part of aa.org for a long time and it should be replaced by a new one, more modern emblem using the new technologies out there like 3D characters, animation, and/or full color composite backgrounds/textures.”

Additional Sharing:

- “I agree with all the recommendations”

Give a basic definition of what Anonymity is and how that helps the client.

- “I would tap the Managing Editor (in the Publishing department) for this-- he is awesome at clear, concise-- with a request for 2 sentences focusing on how

anonymity allows people to seek and get assistance without concern for consequences from people finding out that care is being sought.”

- “There are no logs, no discussion of attendance, no records kept. I would NOT get into anonymity having to do with creating a level playing field or humility and all. What this audience needs to know is that this is CONFIDENTIAL.”
- “Anonymity can be explained, yes, and we should have a link to aa.org.”
- “People who need help are not seeking a detailed explanation on what and what is not maintained but rather they can seek help and their attendance and their souls will be kept in confidence.”
- “Anonymity helps the A.A. member go through three stages that will always be present in their life.

Stage 1: The ‘newcomer/beginner’ personal protection: We do not want to know who you are or where you come from. We can only show you what has happened to us, what we did to get out of active alcoholism and how we are doing now. It’s the ‘newcomers’ freedom to choose our way of life or not. Important feelings/emotions of security, belonging and hope begin to develop which are necessary for the recovery process. We are all alcoholics in recovery; ‘you are not alone anymore.’

Stage 2: The ‘active A.A. Member’ personal protection: People in our Community have always had the choice to remain anonymous when it comes to disclosure of the disease of alcoholism. We can break our anonymity anytime we want, most of us prefer to do this only when carrying the message of A.A. on a one to one basis or to any group of professionals/students/potential alcoholics. We always let others know about our principle of anonymity before any presentation, workshop or meeting. When it comes to the public level (radio, film, tv, press, internet, video, pics --- broadcasting), we do not show our full faces and/or full names because it destroys all three Stages, the welfare of others in A.A., our unity.

Stage 3: The ‘recovery process of A.A. Members’ throughout sober life: Our experiences indicate that we, as alcoholics have a tendency, drinking or not drinking, toward ‘bigshot-ism’. Our Program help us live under new principles like honesty, humility, and willingness, which gives us a second chance in life. The A.A. member should always be vigilant of old habits, behaviors, and attitudes that tend to arise in our daily living. We participate together with others A.A. members and our decisions are based on group consciousness. We live a true democratic process where we hear the minority,

everybody participates and no one is above anyone else – we are all equal; alcoholics in recovery living a life of serenity, responsibility, adulthood.”

Leave out a contact phone number and only use a link to the professionals’ page:

- “WHY would we do this?? Why would we not include a phone number????? I think we should offer multiple ways to connect, facilitating the user's preference. If I don't get a contact method I desire (e.g., phone, link, chat, etc.) that is appropriate to the venue, I simply leave. There are too many competitors that offer similar things, ease of use is important.”
- “There are those who have questions and sometimes need to talk to someone — the phone number is critical.”
- “This recommendation is confusing. **Suggestion:** On the LinkedIn Profile: There should be a link to our web pages (aa.org and/or aagrapevine.org) and most importantly, the email address of the CPC or PI desk at G.S.O. (CPC@aa.org – PI@aa.org). As soon as the Communication Department begins its endeavors, we should replace the CPC &/or PI emails with theirs.”

Use non-A.A. terminology in describing how A.A. works that are familiar to professionals.

- “YES! Be careful, however, to use broad terms that are not limited to one dimension. For example, some would say "client", others "patient", others, "addict". I think we have to go broad.”
- “Using language familiar to professionals is fine -- along with some language that regular people are familiar with, who might be there looking for help for their ‘garden variety alcoholic’...”
- “Agree that using language that professionals use can be helpful, along with some simple language for the average person. We don't want to make it too ‘clinical’ ...”
- “I think our profile/posture should be toward those who don't know us. Those who do, well, they know us...”
- “The use of aa terminology confuses the professional and at times can allow the fellowship to appear dated and over religious. For professionals who work within government agencies, there must be a clear separation of church and state and the staff may avoid referrals or discussion of A.A. due to the perception that A.A. is a religious organization. “

- “We should try our best to follow this recommendation:
Suggestions: Many of our Class A Trustees have the experience to help us here. We can also pay professionals outside A.A. to write this information for us, following full revision.
 - It’s very important to have a notice in everything we build using non-A.A. terminology saying why we are using it (Ex: Purpose: CPC: Communication to professionals). We would not like terminologies like ‘substance abuse’ to be adopted by our membership.
 - There are many terminologies used in A.A. that can explain how the program operates. Things like honesty, tolerance, and unity are words that explain well ‘how it works’. Confusion comes, when we as A.A. members try to explain to the outside world our Traditions, Concepts, and Third Legacy using our own language. It’s best to observe Dr. Bob’s last words to Bill W. (co-founders of A.A.); ‘Remember Bill, let’s not louse this thing up. Let’s keep it simple.’

Use A.A. and Alcoholics Anonymous as the page name, with a reference to A.A.W.S. as the page owner.

- “Agreed”
- “We should attempt to have the owner of the page as A.A.W.S., but the name of the LinkedIn page should be Alcoholics Anonymous ‘North America Region’ and/or Alcoholics Anonymous USA/Canada (including in parenthesis Puerto Rico, US & British Virgin Islands, Antigua, St Maarten & Cayman Islands, Guantanamo Base Cuba). Other G.S.O.s might follow our steps and build a LinkedIn page.”
- Most of the outside world does not recognize A.A. as A.A.W.S.. For them there is one Alcoholics Anonymous around the globe. There are many G.S.O.s, approximately 65 of them. Many countries like Great Britain, France, Mexico, Egypt, Russia, Japan, and South Africa have their own General Service Office.
- Bill W.’s dream was to create one A.A., one Fellowship. We who have had the experience of seeing A.A. work in other countries feel that there is only one A.A. Our Program has maintained uniformity with its literature, and the principles of recovery are present in all of us. After many years working on the development of A.A., Bill W. realized that the first G.S.O. was going to be USA and Canada (Ex: North America Zone/Region) with other countries included

that were part of and located outside the continental U.S. but close, like Puerto Rico, US Virgin Islands, etc.

- The rest of the world developed their own general service structure. Autonomous like ours, but always with the written experience of all the hard work made by our co-founders, past trustees, delegates, directors, staff and personnel from our two offices Grapevine & G.S.O.”

Use a logo/image that reflects a message that A.A. is clear, consistent, skilled, competent and qualified to be doing what it does. Do not use the blue people logo. It is not widely recognized outside of the website and does not send this message.

- “I think if we are going to establish something new we have to be aware of impact on existing copyright. Does IC have some ideas generated? It would be good to establish a new image and have broad G.S.B. acceptance of it. “
- “I do think that a visual identity is highly valuable. If we are thinking of doing something else, can we run that by counsel in relation to visuals and blues and all?”
- “Professionals do not know what the blue people means.”
- “**Suggestions:** (Image: Rectangular Banner 1.5” x 5” located on top of the Company page) We should prepare a set of banners and change it periodically. This set of banners should be full color in nature with 3d characters telling a story of how some members of A.A. arrived at our groups through the help of professionals. Example: In one side of the banner we should have the professional using a uniform (doctor, nurse, hospital background) and the client leaving the facility, the transition of the client with fear reflected on the face walking towards the other side of the banner, this part on the middle will have the words Alcoholics Anonymous on it, so it won’t be easy to see the movement of the individual. Then on the right-hand side, picture the new member appears happy, joyous and free with the sponsor, friends.

We do the same with corrections (jail/prison, judges), first responders (police/DUI, firefighters, ambulance/rescue), Human Resources (Corporate environment/office). The following is an example:



We should explore bringing back the circle with the triangle but this time a modern version (with depth, a 3D view) as our new logo. The Circle with the Triangle logo was discontinued by A.A. in the early 1990s, but it's still used consistently worldwide by our groups. Revamping the logo will contribute more with our primary purpose than the opposite. The following is an example:



The other alternative is to have two As close together using a bold character/font, 3D shape. These 2 letters are widely used by other entities outside A.A., but if that is the one we choose to use, we should register and trademark it, and begin to use it in all our official documents, literature, website.”

Use materials that professionals can benefit from. We think it’s beyond the scope, and not audience-specific to highlight the Big Book or Twelve & Twelve (for example).

- “YES. Big Book is core, but there is relevant bite-sized information relevant to each group. It would be great if we could batch a link that would contain the core materials for correction, for clergy, for counselors, for physicians, etc.”
- “I concur with all recommendations here, except I would still reference certain relevant sections of the Big Book and relevant AA Grapevine magazines as useful tools for professionals in addition to other suggestions from IC here.”
- “I’m not sure if the content should be strictly for nonalcoholics.”

- “I do not think professionals will find too much value in the Big Book or 12x12. For the most part, they will not take the time to read it nor will they understand the value of it. I do believe they will find value in daily quotes and the GV/LV books which are issue/person specific (The Voice of Women in A.A., A.A. in the Military, One Big Tent) as they can highlight stories which clients may directly and immediately relate to and can initiate the conversation which will lead the person into the room.”
- “Our Fellowship has much content directed towards professionals. Here are several by catalogue number:

Pamphlets:

- [“The A.A. Member-Medications and Other Drugs”](#) (P11),
- [“A Message to Corrections Professionals”](#) (P20)
- [“A.A. as a Resource for the Health Care Professional”](#) (P23)
- [“Alcoholics Anonymous in your Community”](#) (P31)
- [“Members of the Clergy ask about Alcoholics Anonymous”](#) (P25)
- [“Is There a Problem Drinker in the Workplace”](#) (P54)
- [“If You Are a Professional”](#) (P46),
- [“Understanding Anonymity”](#) (P47),
- [“Alcoholics Anonymous 2014 Membership Survey”](#) (P48)

Service materials:

- [“Information on A.A.”](#) (F2)
- [“An Open Letter to Health Care Professionals”](#)(F-210)
- [“A.A resource for Drug and Alcohol Court Professionals”](#) (F-177)

Audio files, and videos: Also, we have a great number of [video and audio files](#) (three directed to professionals) that can benefit the audience we want to impact. We should always recommend our PSAs and CPC/PI workshops for the professionals.

PowerPoint presentation: It’s important to say here that there is a [Power Point](#) presentation available for download from our website aa.org (This Power Points

file should be revised periodically for better resemble our present time). In many of the actual presentations made by our Fellowship to a group of professionals a short explanation of the 12 Steps and 12 Traditions is given to the audience, making the Big Book, the Twelve and Twelve relevant in the discussion. Students loves to ask questions about the Steps.”

Focus on using positive language that invites and gets people interested, so they will want to learn more. Be careful using phrasing surrounding “what A.A. does not do” because it is not inviting, doesn’t save time, and creates arm’s length, and can be off-putting.

- “I’ve often used ‘peer-to-peer’ assistance in my conversations with outsiders about what we do. That’s kind of a current term.”
- “Agreed.”
- “I absolutely agree that ‘what A.A. does not do’ should not be used. I was never a fan of that as it is a negative and we should remain positive.”
- “Agree 100%.”
- “This is a great idea that can work with professionals. We should begin by changing the title of these service pieces. To change the content will take more time and maybe years because we’ve been explaining what A.A. is through the A.A. Preamble which at some point only tells the audience what we don’t do. To improve this, asset-based language should be used, as opposed to deficit-based language. We should attempt to write a new description of who we are for the professional.”
- Here is an example of asset-based language I have come up with, that explains who we are:
 - “Since 1935 we’ve been building our Community with the responsibility of staying sober & helping others do so, one day at a time. We have locations in almost every country of the World. Not only in big cities, but in small towns, remote areas. Today, we have more than 2 million members and 120 thousand groups Worldwide. We’ve always been working with our friends of A.A.; like doctors/nurses, judges, first responders, human resources officers, clergy, reporters, correction officers, in order to connect the alcoholics that have a desire to stop drinking with our Fellowship. We have a suggested Program of Recovery for our members that has been proven to work, it is a way of life that

makes the sick, egocentric, narcissist individual experience a mature behavior, realistic disposition, rational attitude. We are always ready to extend our hand for all of those asking for help.”

Include audience page testing in the roll out plan. A group of professionals from a wide cross-section of backgrounds review and discuss the page. Past and current General Service Board members could be considered.

- “YES, YES, YES. We need target audience participation in creating as well as reviewing ALL our material.”
- “Agree that some ‘testing’ could be helpful, but we ought not give this project too long.... one which I've heard is now five years in the making.”
- “Agree 100% I am cautious regarding the amount of time this may take which would further delay the actual rollout date. A tight timeline should be developed and followed.”
- “We will gather data by sending a request via email to a variety of trusted servants, asking for their thoughts and insights once they have interacted with the LinkedIn page. Then, we can aggregate the data we have gathered to create a stronger targeted page.”

On search terms and link referring to professional page:

- “ONE additional thought: I fall into the category of a PROFESSIONAL that might refer people to A.A. I would be unlikely to follow any link that said, ‘FOR PROFESSIONALS’. I may be odd, you should check with others. But I can direct my own search.”

On the Page Description:

- “We should not be using IC’s suggested excerpt for the LinkedIn page. Service junkie lingo should be avoided, put focus on our experience showing that God has kept us sober and useful.”
- “I would rather we consider language like ‘Professionals working with alcoholics’ than ‘professionals’ or ‘friends-- being friendly with our friends’. (This is out of date and creepy). We need to occasionally use a large bin, but then also say things like ‘physicians, counselors, clergy, and corrections officers’ may serve or treat people with alcoholism (or people who drink excessively).”

2019 Conference Committee on Cooperation with the Professional Community

ITEM B: Consider request to remove text "They may help arrange hospitalization" from the pamphlet "Alcoholics Anonymous in Your Community."

Background notes:

A motion from Area 03, Arizona, passed with substantial unanimity, that in pamphlet P-31 "Alcoholics Anonymous in Your Community" under the section titled "What can you expect from A.A.?", under subsection 3 the first sentence, "They may help arrange hospitalization", be removed.

The following excerpt provides the context of the language to be removed:

What can you expect from A.A.?

1. A.A. members help any alcoholic who demonstrates an interest in staying sober.
 2. A.A. members may call on the alcoholic who wishes help — although they may feel it is best for the alcoholic to request such help first.
 3. **They may help arrange hospitalization.** [REQUEST TO REMOVE] Local A.A. offices often know where hospital treatment of alcoholism is available, though A.A. is not affiliated with any type of treatment facility.
 4. A.A. members are glad to share their experience with anyone who is interested, either in conversation or at formal gatherings.
-

Background:

1. 2017.10.26 Letter from Area 03, Arizona
2. Pamphlet "Alcoholics Anonymous in Your Community," available on G.S.O.'s A.A. website at https://www.aa.org/assets/en_US/p-31_AAinyourcommunity.pdf.

A RIZONA
REA 03 OF
LCOHOLICS
NONYMOUS
P.O. Box 21612
Mesa, Arizona 85277

Rick W
Conference Coordinator
Greetings Rick,

Area 03 Arizona would like to submit the following item to be considered as an Agenda Item for the 2018 GSC.

Motion

I move that in pamphlet P-31 "Alcoholics Anonymous in Your Community" under the section titled "What can you expect from A.A.?", under subsection 3 the first sentence, "They may help arrange hospitalization.", be removed.

Background

A literature review was completed by the area 03 CPC Committee. As a result of the review of the pamphlet "Alcoholics Anonymous in Your Community", P-31. It was thought the word "they" is ambiguous. Did this refer to the individual AA member or AA as a whole? The other 3 subsections clearly state that "AA members..." There is also some concern that someone considering coming to AA might assume that they would be hospitalized or someone considering coming to AA might expect AA to find treatment for them and pay the cost.

This motion was submitted to the Area. The assembly body passed this recommendation with substantial unanimity.

Thank you for this opportunity.

Gratefully, Yours in Service

Dave B
Delegate Area 03 Panel 66

2019 Conference Committee on Cooperation with the Professional Community

ITEM C: Review contents of C.P.C. Kit and Workbook.

Background notes:

Kits and Workbooks for C.P.C., Corrections, Public Information, Treatment Committee, and Accessibilities are reviewed by the appropriate Conference Committees during each General Service Conference.

Between Conferences, ideas for changes to a Workbook or to the contents of a Kit may be received. These may be reviewed by the appropriate trustees' committee and implemented.

Alternatively, the trustees' committee may choose to forward an idea to the Conference committee for review. Members of the Conference committee then have an opportunity to review proposed changes to a Workbook or Kit during the next General Service Conference.

[Note: Workbooks and Kits are service pieces. Suggested changes to their content do not become recommendations. They are put forth as Additional Committee Considerations.]

Content updates to the Workbook (rev. 6/18) include the guide letter samples, a suggestion for contacting military bases and veterans' facilities in addition to military and veteran affairs professionals whenever possible, and removing text "Let's Be Friendly With Our Friends: Friends on the Alcoholism Front."

Other Kit contents updated including: A.A. Guideline "Cooperating with Court, D.W.I. and Similar Programs" (Rev. 09/17) [MG-5]; Update A.A. Guideline "Public Information" (Rev. 04/18) [MG-7]; A.A. Guideline "Relationship Between A.A. & Al-Anon" (Rev. 03/18) [MG-11]; "For the Chairperson staffing an A.A. Exhibit (Rev. 10/18): Update "For Volunteers staffing an A.A. Exhibit (Rev 10/18).

Background attached:

1. C.P.C. Kit Contents List (See G.S.O.'s A.A. website [https://www.aa.org/assets/en_US/f-66w CPC Kit.pdf](https://www.aa.org/assets/en_US/f-66w_CPC_Kit.pdf).)
2. C.P.C. Kit (Mailed directly to the Conference Committee on C.P.C. only.)