Preconference – Southern Districts
3-1-2020

About 90 people in attendance.

Feedback is broken down by question. In some cases discussion is then categorized into DCM/Alt DCM comments and GSR/Alt. GSR and other members because that was the order in which discussion occurred. Comments are generally in the order spoken. Not all comments were captured but most were.

1. Create a pamphlet for mental health professionals.

DCM and Alt. DCMs

- All for this pamphlet for mental health professionals – CPC purpose is to educate and influence medical professionals of all types. There are a lot of people who are alcoholics and mentally ill.
- Sees this pamphlet as another way to have the hand of AA to be there.
- Surprised we don't already have this.
- This pamphlet is way overdue. People who are outside this room may have issues other than alcohol. This will help those professionals with getting the newcomer to us.
- Helps with clarify with misinformation that the mental health professionals may have about AA.
- Our primary purpose is working with the still suffering alcoholic and this could be a way to help us carry out our primary purpose.
- Love literature – AA resource for a health care professional. Some of the information being proposed is already in that pamphlet.

GSR and anyone

- There is a pamphlet that came out in 2018 – AA for Alcoholics with Mental Health Issues and their sponsors (P87) – many things found in this pamphlet are repeated in the suggested language. Maybe we could just give that pamphlet to the professional. We could be more diligent about circulating that pamphlet.
- Calling attention to the difference between medical and mental health providers could be perceived as AA making a distinction between the two communities; we should avoid this.
- It could be better to not make a pamphlet but to make a live document on the web that can be changed when we receive feedback from providers. It could be printable too.
- How much input from the professional community before making this pamphlet. Trying to bring 2 communities – alcoholic with mental health issues and the professionals – we should reach out for their input before printing.
- There is another pamphlet called – that has this information in it – A Members Eye View.
- The professional packet from the CPC committee already has information. CPC should be talking to the professions. If the mental health profession isn't clearly in the literature we should add them. However the CPC packet – it's already pretty big and the professionals only have so much time. Remember talking directly to a professional is better than a pamphlet.
- It would be better talking to the professionals one-on-one instead of adding more paper for them to read.
- Similar information in other pamphlets - Rather change a pamphlet than create a new one.
- Encourage that we create this because there are a lot of people that their main issues is mental health and they are an alcoholic too.

- Useful – we get a lot of students from colleges who are going into the mental health care field who come to meeting– it would be good to be able to give them this too. It could useful to groups near universities.
- Who is a mental health worker? Not all are medical professionals. It would be good to have language so they now how to talk to alcoholics. Very valuable.
- Request for action for Delegate- Retrieve a list of pamphlets and send out so we can tell what the need is.
- Concern pamphlets are not the best way to get to people – digital presence is more important and more economical.
- Titles matter for pamphlets – make this clear so professionals can identity that pamphlet is for them.
- Mental health provider – informational discussion on what is the definition of a mental health care provider. Per an online cite by the Mayo Clinic. While we have no affiliation the information was useful.
    - Mental health providers are professionals who diagnose mental health conditions and provide treatment. Most have at least a master's degree or more-advanced education, training and credentials. Be sure that the professional you choose is licensed to provide mental health services. Licensing and services depend on the provider's training, specialty area and state law.
    - Below you'll find some of the most common types of mental health providers. Some may specialize in certain areas, such as depression, substance misuse or family therapy. They may work in different settings, such as private practice, hospitals, community agencies or other facilities.
    - Psychiatrist - A psychiatrist is a physician — doctor of medicine (M.D.) or doctor of osteopathic medicine (D.O.) — who specializes in mental health. This type of doctor may further specialize in areas such as child and adolescent, geriatric, or addiction psychiatry. A psychiatrist can diagnose and treat mental health disorders, provide psychological counseling, also called psychotherapy and prescribe medication
    - Psychologist - A psychologist is trained in psychology — a science that deals with thoughts, emotions and behaviors. Typically, a psychologist holds a doctoral degree (Ph.D., Psy.D., Ed.D.). A psychologist can diagnose and treat a number of mental health disorders, providing psychological counseling, in one-on-one or group settings, cannot prescribe medication unless he or she is licensed to do so and may work with another provider who can prescribe medication if needed.
    - Psychiatric-mental health nurse - A psychiatric-mental health nurse (P.M.H.N.) is a registered nurse with training in mental health issues. A psychiatric-mental health advanced practice registered nurse (P.M.H.-A.P.R.N.) has at least a master's degree in psychiatric-mental health nursing. Other types of advanced practice nurses who provide mental health services include a clinical nurse specialist (C.N.S.), a certified nurse practitioner (C.N.P) or a doctorate of nursing practice (D.N.P.). Mental health nurses vary in the services they can offer, depending on their education, level of training, experience and state law, can assess, diagnose and treat mental illnesses, depending on their education, training and experience and can — if state law allows — prescribe medication if they're an advanced practice nurse
    - Physician assistant - A certified physician assistant (P.A.-C.) practices medicine as a primary care provider or in collaboration with a physician. Physician assistants can specialize in psychiatry. These physician assistants can diagnose and treat mental health disorders, counsel on diagnoses, treatments and prognosis, and provide education and prescribe medication
    - Licensed clinical social worker - If you prefer a social worker, look for a licensed clinical social worker (L.C.S.W.) or a licensed independent clinical social worker (L.I.C.S.W.) with training and experience specifically in mental health. A licensed clinical social worker must have a master's

degree in social work (M.S.W.) and some have a doctorate in social work (D.S.W. or Ph.D.). These social workers provide assessment, diagnosis, counseling and a range of other services, depending on their licensing and training, are not licensed to prescribe medication and may work with another provider who can prescribe medication if needed.
    - Licensed professional counselor - Training required for a licensed professional counselor (L.P.C.), licensed clinical professional counselor (L.C.P.C.) or similar titles may vary by state, but most have at least a master's degree with clinical experience. These licensed counselors provide diagnosis and counseling for a range of concerns, are not licensed to prescribe medication and may work with another provider who can prescribe medication if needed.
- Is it time to change our language? It is important when talking with the professionals to talk in their language.
- It would be good to add how to contact AA in the pamphlet.
- Like how the suggested wording of the pamphlet talks about mental health from 2 points of view; how AA sees it and how the mental health professional sees AA.
- There is still judgement by AA's toward other AA's who seek outside professional help.
- Maybe this pamphlet will spark the interest of the professional wanting to refer people to AA.
- If someone can see easily find the information is available online, then may it will reach who needs it.
- Couple years ago – external audit – revelation – the professional community doesn't connect with out literature because it has AA speak. We should need to consult with the professionals to make sure the language is correct.

2. Make an edit to the AA preamble to use pronouns which do not denote gender.

<u>Preamble</u>

- I don't see why we wouldn't do this. It's not part of the first 164 pages and the preamble is owned by the grapevine. The preamble has already been edited before. This is just updating it to make the language more updated. Adjusting to "people" seems no nonsense adjustment that is more inclusive.
- Inclusivity is on the mind of GSO. Concern that the demographics of AA do not match the county.
- Is there really a need for this? Most people identify as male/female.
- It's important to try not to step on people's feelings and that all feel welcome. We can't protect everyone's feelings, but we can try to be better.
- There is a large number of people in this country that does not identify male/female.
- Person includes everyone, but man/woman does not.
- You can change the preamble if you want. It's a little different all over the country.
- Gender specific pronouns can cause problems in the meetings. If you need to eliminate gender specific pronouns. AA is a fellowship of people so let take out words that are more inclusive.
- Meetings have a lot of LBGTQ members- they have already changed the pronouns to make people more inclusive. We should create inclusivity in all of our meetings not just the LBGTQ meetings.
- Anything that increases inclusivity we need to do.
- We have autonomy – we are a men's meeting and our preamble reflects our demographic. Your group should change by group conscience if you want change.
- What about changing it from men and women for the sake of women – the way the preamble is written make women feel like secondary thought. This would make women more inclusive. (Several view it like this.)
- This is a nice gesture. Maybe instead of "people" changed to "fellowship".
- There is a lot of resistance to changing the basic text of AA. This is not the first 164 –that it is a separate issue.

- The preamble is seen by people outside of the AA community and is used to help them understand who and what we are about. We are not men or women but people.
- I've been to meetings where this has been changed. In thinking about this. Each group should be autonomous except in matter effecting other groups or AA as a whole. This does affect other people as a whole we need a common message.
- This is an outward facing documents that many see by people who are not involved in our fellowship. We hear from professionals that AA is not always inclusive – this could be a way to correct that view.
- When considering changing anything it's difficult. But in order to meet the times it is necessary to take an honest look and welcome in new opinions. Is there a better change?
- It's about changing pronouns – men and women are not pronouns.
- The big books says we are a society of men and women. The entire idea of changing the preamble means maybe having to change the big book to make it match.

Big Book – doesn't believe it will pass but still want to have information from the groups. The groups need to know that this is being talked about.

Didn't talk about it – ask the groups to email our delegate what they think about this. It's more syntax editing and not content editing. delegate@area72aa.org

3. Establish a Grapevine Instagram account

- This is talking about taking existing videos and audio recordings already available at the Grapevine and putting them on Instagram.
- "It's a no – it goes against the traditions".
- Instagram is about promotion and not attraction.
- How will they generate viewership?
- Concern there could not be a comment section because it would break someone's anonymity.
- Don't see how this is a useful tool to have people find us. Connecting with alcoholics in person is more important.
- Very particular about anonymity on social media. How will the traditions factor into it?
- The idea is reach the general public. Concern it would be a way to track members of AA.
- I do not like this idea. Didn't like the LinkedIn. A lot of my generations has a problem with escapism and extract them from realism.
- AA is person to person and social media is not like that. Instagram is online promotion.
- Totally against – don't trust technology – it's supposed to be private but is it? Don't see the benefit of it.
- Should we put AA content on Instagram and is it the best place for it? Some don't know what Instagram is. AA has done a great job making videos to attract new people and communicate with professionals. If you go to YouTube people are blurred out. Someone has to take the lead in this – in my view AA through the conference structure – we must lead or get out of the way on technology. We have done a good job being principled so far.

4. Consider several Big Book it related to accessibility and relatability (Discussion topic on the agenda. How does your group feel about the accessibility and relatability to the Big Book? Do we need to do something about it?

Is there something that needs to be done? How does your group feel about it?

Create a new translation of the Big Book, into Plain Language

- This could be a companion book if it is a translation of the Big Book to be at a 5th grade level. Like the idea of a study guide but the topic of inclusivity the less than reading level and advanced placement book causes separation.
- Ok with it. Heard some good stories how people have learned to read through the big book. The big book taught him how to read. People learned to read with their sponsor helping them.
- I have watched people learn to read, mispronounce words, etc…
- Not for the plain language – people who struggle with reading will struggle with plain language too. It's really the people in the group who are supposed to help someone who is struggling. Sponsorship.
- I got sober in Alaska. There were a lot of people who could not read the book. It's harder for people who do not have a higher education. We need a basic translation so others can read and comprehend what is in the big book. I want to make it easier for people to get and feel successful.
- Concern about rural areas not understand the big book.
- Concern about the cost associated with creating this. We should have an idea of cost to even consider it. ***Clarification – there is no agenda item. There is only a discussion request.***
- I came in at 17 – 1st year of college – when I first opened the big book I didn't understand the wording. It was suggested to have someone who had working knowledge of the big book take me through it and then I understood.
- Put this in Gods hand. Experience shows me the value of one alcoholic to another alcoholic. Concern this might take away from that.
- Should we create a plain language translation to help understand the program? The 12x12 is an easier read and explains the program.
- We could use the plain language to get a general understanding of the program and then learn more later. We don't always understand what the Big Book means. When I first opened the book I didn't understand it and wanted to throw it away. I have seen many like me who struggled with the hard words and having easier words would bring more people into the program.
- I have grown to love the big book I had to learn to grow and get past the things that upset me and I have grown to love the text.
- Maybe make a combined book. One page the original text and on the adjacent page plain language.
- Normally I used cliff notes to cheat my way through life. Difficulty teaches us things that are useful in the world.
- Would this be translated into Spanish or French? ***Clarification by delegate – No.***
- Over time language changes. My grandfather wrote a book in 1905 – reading his book is different because of the language used. Our big book was written in the 1930s. It is important to have a 1930 dictionary to understand it. You will find there are many different definition for similar words – new understanding and new meanings. Keep this in mind – when people trying to read and understand something written 80 years ago.
- English as a second language – when I came to AA – even though English wasn't my language and I didn't understand the words I worked with a sponsor to understand the big book. I had to learn what humble meant. When I asked my sponsor to help me he asked if I was willing to go to any lengths which to me meant learning how to read the book.
- Plain language is a natural language. It is language in its own right – and should not be considered dumbing down.
- Sponsoring young people with the current big book is challenging. Could we see another young person working with another young person through the current big book.

- Nobody has mentioned that this isn't a problem.

- Comprehending the big book as written is a problem that exist and prevents people from getting this program.
- Why isn't there a pamphlet that explains the big book – like Dr. Bob asked for when the Big Book was first written? Reference to the Akron pamphlet.

Create a Big Book workbook or study guide

- I would like a study guide to be written by someone who has already done the steps/program.
- Sometimes it feels inconvenient for me to be a sponsor, but I still need to do it. Having a study guide would be a way to help someone get the program. It helps people pass on the message. We could make study guides.
- It's about helping the still suffering alcoholic.
- A workbook is a good idea but as members we need to be there to help someone go through it.
- Maybe a study guide would help a person in jail who doesn't have access to a sponsor?
- We could have a study guide but it would not take the place of a sponsor.
- All for a study guide – it would be nice when working with sponsees. Use the aa dictionary to keep focused when working with new people
- Having a work group could help with comprehension.
- Concern from a 9th tradition. It would become an organized effort of doing the steps and concern if violates tradition 9.
- Would a workbook be an easier softer way for me? Caution that it should not replace a sponsor.
- Would a study guide make this simple program more complicate a simple process?
- There are already a lot of big book workbooks out there that sponsors use that are not published by AA. Not sure we need to duplicate the effort. We could invest money in other things.

5. Update the pamphlet AA for the Black and African-American Alcoholic

- I'm a new GSR and I am responsible for the hand of AA to always be there. We have sober sisters walking into sobriety and they are Caucasian and African-American. It means the world to me as a new GSR that I am reasonable to all of them.
- Updating the pamphlet? Why? Maybe use the money to create a space for African American healing space. Maybe use the money for African Americans to come and learn foundational items, workshops as to what AA is and stands for.
- The pamphlet is for all of us to help us all understand each other better.
- I was present 20 years when this pamphlet first came out – and part of the discussion what should be in it. Cautions a pamphlet is no good if you don't pick it up and read it. Give it out, introduce people to literature. This room looks the same way(demographically) when I started. There was only 2 of us. I didn't think about being black I thought about getting sober. Someone told me I have a problem with alcohol and I should fix it and I had to do that through AA. This program made me a winner. All the literature made has a little message for me. The literature is valuable. We don't need a new pamphlet but someone to introduce people to the pamphlet.
- We are all here to get sober – this disease doesn't discriminate color – we are here for a common goal. I never feel less than because of my color; we all practice the same steps and traditions. Make a pamphlet for other people and teach others how to make it more inclusive. We have one massage one program and we don't need to single out race.
- We look for a common solution. Been in many rooms where I was the only black person in the room – so what we are all hear for one purpose. We are all trying to get sober and maintain sobriety. We are about attraction and not promotion. If they want what you have then they will ask you.

6. Create an AAWS podcast comprised of existing materials?

- Explain that a podcast is prerecorded audio content you can access through a couple different places. It's like a speaker tape that can be downloaded. There is already audio content available on the grapevine website. This would be an expansion of that. We are trying to catch up digitally.
- "I think yes." I love listening to speaker tapes – but more important for me I think about this could be something for the struggling alcoholic that may help them hear a solution.
- I have heard of a lot of ways people get to AA – not sure they will find AA through a podcast.
- "It's a great idea."
- I am a podcast consumer – lots of good information on alcoholism as well as people's experience, strength and hope.
- If we have an AA podcast there needs to be new information needs to come out on a regular basis.
- How will the content be veted? AA program and not outside issues? There may be some editorial concerns. ***Clarification by delegate - Grapevine editors have final say currently on editing the grapevine this would be no different.***
- This would be a great tool for people who can't get to meetings as much as they want too. It would be a great tool to find the solution.

Closed with the responsibility statement.