

FOR AA MEMBERS EMPLOYED IN THE ALCOHOLISM FIELD

WHAT ARE THESE GUIDELINES SUPPOSED TO DO?

This material is limited strictly to suggestions about life as an AA member. As members of AA we do not presume to give advice about professional matters - there is nothing here about how to do your professional work.

As you will see, the strength and hope shared here stress the value of a strong foundation of recovery in AA for members who take jobs in the field of alcoholism. We hope they will sustain and enhance such a recovery. In addition, the experience passed on here, based on trial-and-error efforts over the years, may help our Fellowship to maintain the favoured position it occupies in most alcoholism circles.

FOR WHOM ARE THESE GUIDELINES INTENDED, SPECIFICALLY?

These suggestions are for the benefit of any AA members who are employed as professionals or in other paid work in alcoholism programmes or agencies. This includes people in three principle types of non-AA job in the alcoholism world:

1. Direct face-to-face services to alcoholics (such as those given by social workers, counsellors, nurses and physicians);
2. Programme, consultant, administrative, research, planning and educational positions, not necessarily involving actual person-to-person services to alcoholics, and those concerned more with alcoholism and
3. Any combination of the above.

ON WHAT EXPERIENCE IS THIS GUIDELINE BASED?

These suggestions are based on actual North American in-the-field experience: of scores of AA members who put their experiences in writing for this sharing-session-in-print. They answered in detail a questionnaire that the General Service Office (GSO, US and Canada) sent to them. Their positions range from recent casework on skid row to heading national programmes for many years.

WHAT KINDS OF AA EXPERIENCE CAN BE HELPFUL IN AN ALCOHOLISM JOB?

1. AA members who answered our questionnaire were agreed that several years of uninterrupted sobriety in AA should be behind you before you tackle any professional job in the field of alcoholism. Five years was mentioned most frequently, but a couple of people said three, but in any case, quality of sobriety was more important than mere quantity on its own.
2. Experience in several AA Groups, not just one, is most valuable, respondents indicated. As well as Group jobs, the kinds of AA service experience recommended include the following: volunteer work in institutions, time as a GSR or Local/Central Service Office representative, or membership of some AA committee.
Some members have held positions as trusted servants in AA and at the same time worked for alcoholism agencies. Experience has proved that an AA who is well-informed about both AA and the professional responsibility can offer valuable service in both roles. The General Service Conference has affirmed that AA members employed in the alcoholism field are eligible for service within the Fellowship provided they have the necessary AA qualifications.
3. Faith, courage and self-discipline were repeatedly emphasised as attributes a member needs on any job in this field. ". . . and you'll also develop humility, patience, tolerance and good humour to survive in the alcoholism business", one member added.
"Remember," wrote another, "you may be the only AA experience your non-AA colleagues ever have, so you have to be an example of what AA can do."
4. An understanding of AA Traditions and how they developed out of experience is "absolutely indispensable" for AAs employed in the alcoholism field.

One man wrote "To deepen my understanding, I read the books "Alcoholics Anonymous", "Twelve Steps and Twelve Traditions" and "AA Comes of Age" over and over.

Traditions mentioned often include

- **Three** - membership requirement;
 - **Five** - primary purpose;
 - **Six** - outside enterprises;
 - **Seven** - self-support;
 - **Ten** - non-endorsement;
 - **Eleven** - public relations.
5. Up-to-date familiarity with developments in AA was recommended by many, ". . . so that you won't misrepresent AA by mistake or through ignorance . . ." as one member put it. Mentioned as useful for this purpose were all AA pamphlets, the Guidelines, "AA Around Australia" and the annual (confidential) report of the General Service Conference, all available to any AA member.

Especially helpful:

- “The “Australian AA Service Manual””
- “*Twelve Concepts for World Service*”
- “*How AA Members Co-operate*”
- “*AA In Your Community*”
- “*AA and Occupational Alcoholism Programs*”
- “*AA in Treatment Centres*”
- “*AA in Prisons*”
- “*If You Are a Professional*”
- “*Information on Alcoholics Anonymous*”
- “*The Twelve Traditions, Illustrated*”.

6. In the public mind, AA is often confused with various agencies in the alcoholism field; consequently several respondents said it is necessary to know these agencies, what they do, and how they differ from AA. As the names and status of these agencies in Australia are now subject to frequent change, contacts are given below for some national peak or information bodies from whom other details may be requested:

- WA: ADIS: 08 9442 5000; country: 1800 198 024
- NT: *Amity Community Services*: 08 8981 8030; country: 1800 629 683.
- SA: ADIS: 1300 13 1340
- Qld: ADIS: 07 3326 2414; country: 1800 177 833
- NSW: ADIS (Alcohol & Drug Information Service): 02 9361 8000; country: 1800 422 599
- ACT: *Alcohol & Drug Program*: 02 6205 4545
- Vic: *Direct Line*: 03 9416 1818; country: 1800 136 385
- Tas: ADIS: 03 6222 7511 (9am-5pm)
- *Australian Drug Information Network (ADIN)* <www.adin.com.au>
- *Centre for Education and Information on Drugs and Alcohol* <www.ceida.net.au>
- *Alcohol and other Drugs Council of Australia* <www.adca.org.au>
<<http://www.adca.org.au>>
- *National Drug and Alcohol Research Centre* <www.med.unsw.edu.au/ndarc>
- *Al-Anon Family Groups, GPO Box 1002H, Melbourne 3001.*

7. AA contributors to this Guideline agreed overwhelmingly that it is professional skill and experience, not AA membership, which qualifies one for professional positions. Nevertheless, several said that continuing professional education and work have also enriched their AA life. The following experience, qualities and character traits were also acknowledged as being important:

- Lots of *Twelfth Step* experience;
- A good knowledge of AA in the area in which you work - not only of many AA Groups, but also Local/Central Service Office, committees, clubhouses, etc;
- Ability to be objectively critical of your own performance and motives and

- Some have found it helpful to have a sponsor who does not work in the alcoholism field.

PROBLEMS YOU MAY ENCOUNTER IN YOUR AA LIFE WHEN YOU BECOME A PROFESSIONAL IN THE FIELD OF ALCOHOLISM

At first, and perhaps surprisingly, you may find that other AA members seem to misunderstand your new job. In AA's earlier days, some of our longer-sober members reported that they were accused of 'making money out of AA' when they took jobs in the field of alcoholism and found it hard not to get resentful over that kind of criticism.

AA has grown up a lot since then, but even so, our respondents said regretfully that an AA member in a new alcoholism job may still be a victim of misinformation or lack of information on the part of other members. This is particularly tricky, since you may feel you are being attacked personally when the cause is really a misinterpretation of principles. You may be tempted to 'set matters straight' or 'have it out', which may only make matters worse.

WHAT TO DO ABOUT IT:

"I feel quite secure in my own heart and mind" one respondent said, "that my job is a good thing and that I deserve getting paid for it, as long as I do not take advantage of AA for personal gain of any sort, or exploit AA to get my job done."

From another, *"When I'm faced with criticism, I try not to act hastily. I take time to think it through and discuss it, considering the long-term effects not only on myself, but also on other people."*

Another respondent replied, *"Often, what seemed at first to be a good thing to do quickly in my personal interest has turned out to be, on reflection, not the best thing in the long run, either for myself, for the agency employing me or for the Fellowship of AA as a whole."*

And another: *"You are not paid to stay sober, to go to AA meetings, to do the First, Third, Tenth, Twelfth or any other Steps, or to live within the spirit of AA's Traditions. If you do these things on your own, for your own sake, with no pay for doing them, you are not a 'paid' or 'professional' AA member; you are paid for your professional services, not for your AA membership."*

But this is not always clear, especially to newer AA members, who sometimes seem to feel that ". . . anyone being paid for doing anything in the field of alcoholism is somehow betraying or compromising AA". In one member's words, *"As AA members become better informed, they realise that many agencies offer services for alcoholics which AA does not provide."* and *". . . upon reflection, the more mature members realise that for professional services, a professional fee is appropriate."* (See also pp. 115-117 in "Alcoholics Anonymous Comes of Age").

Another respondent said that before taking such a job, she discussed it thoroughly with her AA friends to make sure they understood. Several said that keeping in close touch with other members who have such jobs gives you tips for handling such problems, and provides encouragement and support.

In several places, AA members employed in the field get together regularly for informal sharing on AA problems, plus, of course, experience, strength and hope! Check with your nearest AA Local/Central Service Office or General Service Office. *"Don't let criticism bother you,"* an old-timer wrote. *"just plug ahead doing a good honest job, and keep on being a good AA member on your own time. The static will pass eventually."*

WHAT IS THE SECRET OF FILLING BOTH ROLES SUCCESSFULLY?

Can you keep it perfectly clear in your own mind whether you are acting right now in your paid (non-AA) job role, or functioning as an AA member?

"Standing at the hospital bedside of an unconscious alcoholic", one physician in AA explained, "there's no doubt it's my service as a doctor that is called for, not some Twelfth Step talk." But it is not always that easy.

One medical social worker wrote, "Talking to clients with alcohol problems, I have to think through very carefully - considering the possible results - whether to blurt out impulsively my own AA story, or cool it and use my influence as a professional caseworker. I ask myself two questions: first, what does this patient need most at this minute? And second, am I boosting my own ego or putting the patient's welfare first?"

An member who is an alcoholism counsellor in a hospital wrote: "It's not enough to keep it clear in your own head in which capacity you are acting. Sometimes, in case conferences about patients, I discovered painfully that the 'civilians' on the staff, all of whom know I am in AA, got terribly mixed up about AA because they could not tell when I was speaking as an AA member and when I was playing my impersonal, professional role."

Many AA members working in the alcoholism field agreed that it is important to explain or symbolise in some way, whenever possible, exactly in which role or context you are behaving. Try to make it clear to both clients and colleagues, so that they do not confuse AA actions with professional behaviour. One way to do this, several programme directors noted, is to be sure that job titles never contain the initials 'AA'. They tell us professional agencies save themselves lots of grief by using the term 'alcoholism counsellor', never 'AA counsellor'. Sticking to one role at a time and clearly demonstrating the difference between your AA actions and your job performance are plainly in the best interests of both the professionals and AA.

WHAT METHODS CAN BE USED TO KEEP ROLES CLEARLY DISTINCT?

Techniques for keeping roles separate vary widely. At one extreme, there are those who are absolutely unyielding in their refusal to discuss their job with AA members or at an AA meeting (and vice versa). At the other extreme, there are those who talk easily about both in all settings, but always use some simple qualification. For example: *"As an AA member, I feel so and so, but as a professional person, I would recommend such and such . . ."* Several members wrote: *"From nine to five on my job, I am a paid professional. But after hours, I turn into just another alcoholic trying to improve the quality of my sober life."*

A majority of our respondents seemed to feel that what is needed most is quiet common sense: keep it simple, approach each situation on its own merits, be sure you are deeply acquainted with AA Traditions and their application and watch your language carefully.

WHAT OTHER TRAPS CAN JOBS IN ALCOHOLISM SET FOR MEMBERS?

1. Recurring ego inflation, especially if you begin to see good results on your job. *"Humility and gratitude are not only more becoming; they are also much safer, more in line with AA teachings, and far more helpful in my own growth", one member summarised.*

Another wrote, "Try never to feel or sound like an expert on AA either at your AA

Group or on your job. And try to avoid thinking or acting like an expert on alcoholism either at AA meetings or in professional non-AA circles."

2. Failure to give credit where due, especially to non-AA professionals who perform services for alcoholics, is also an easy mistake to make. *"Everyone deserves and needs sincere appreciation. I have found that being liberal with praise - just a decent human courtesy - helps foster a climate of friendliness and co-operation."*
3. Getting impatient and critical of the ideas, practices and attitudes of non-AAs whose ideas are different from your own is a danger respondents warned about. *"It does absolutely no good, makes your own job harder and creates enemies for AA"* wrote the assistant director of a large institute, *"Curb your eager-beaver impulses to keep ramming AA down everybody's throat. Never get trapped into arguments about AA, and avoid the inclination to try to defend, explain, or interpret AA. The Fellowship's results speak eloquently for themselves. Clam up and let them"* he said. *"Try not to brag about AA, make outlandish claims about its success, or describe it as the only or whole answer to alcoholism."*

If and when your non-AA colleagues do express any interest, take them or encourage them to go to AA meetings, or offer them one simple pamphlet such as *"If You Are a Professional . . ."* or *"A Member's Eye View of AA"*.

WHAT ABOUT FUND RAISING AND RESEARCH?

Experience has shown that these two subjects can cause misunderstanding between AA and the professional world; such problems can easily be solved, if not avoided.

1. **Fund Raising:**

If the names of widely-known AA members appear in connection with fund appeals, this can be and sometimes is misinterpreted to mean that AA itself is seeking donations, or that AA endorses the organisation asking for money. Therefore, there is some feeling that AA members' names should never be used in fund raising or in any way that might imply AA endorsement of or affiliation with any programme or organisation.

According to Tradition Seven, no AA office or Group accepts money or gifts from non-AA sources. In accordance with Traditions Six and Ten, AA is not allied with and does not endorse or oppose any other organisation or programme.

Members who understand the principles behind these Traditions can prevent many troubles. See pp 155-156 and 176-179 in *"Twelve Steps and Twelve Traditions"* (Traditions Six and Ten), and pp 107-114 and other sections in *"AA Comes of Age"*.

2. **Research:**

When a professional agency wants to use AA members in research projects, it can be ticklish. Some AA members are not interested in alcoholism research and some even fear that such research could publicise their AA membership. Some professional agencies do not yet understand AA's primary purpose, or that no AA office, Group or any other unit can require AA members to do anything!

Nonetheless, a number of worthwhile research projects involving AA members as private citizens have been accomplished when properly prepared. See Guideline GL-24: *"Co-Operation in Research & Non-AA Survey Projects"*.

WHAT ABOUT ANONYMITY?

Saying "I am in AA" or otherwise revealing your AA membership, or using your full name and/or an identifiable photo, is a violation of *Tradition Eleven* only when it is done at the level of press, TV, radio, films or other public media. None of our respondents even remotely favoured changing this Tradition in any way. No one even hinted that it is ever all right to violate it under any circumstance. The values of this Tradition for individual recovery, as well as protection of our Fellowship, are clearly spelled out in "*AA Comes of Age*", "*Twelve Steps and Twelve Traditions*" and the pamphlets "*The AA Tradition - How It Developed*" and "*Understanding Anonymity*".

No respondent questioned our ethical responsibility never to reveal the AA membership or alcoholism of any other member, just as no one questions the privileged, confidential nature of the doctor-patient, lawyer-client, priest-parishioner relationships. As you know, AA publications, offices, Groups and committees make every effort not to reveal in any way the identity of other AA members. Some workers in the field feel special efforts are necessary to make sure they never slip up and inadvertently reveal the name of anyone in AA to anyone else, ever.

Whether or not you disclose your own AA membership is your own affair, and if you do, it does not violate the *Eleventh Tradition* as long as you do not do it in the public media. It has always been left strictly up to the individual to decide whether or not to tell family, friends, employer or colleagues, whether in private conversations, in speaking engagements or when trying to help an alcoholic into AA. It still is.

No Tradition covers this kind of personal communication explicitly. In fact, the *Fifth*, *Ninth* and *Twelfth Steps* specifically suggest that we do tell people how we are trying to help ourselves recover. Such private revelations are built into our recovery programme. Every one of us, when we first approach AA, is twelfth-stepped by someone who tells honestly and openly of his or her own alcoholism and recovery in AA. No AA Tradition or custom has ever suggested that it is good for members to hide their illness or keep secret their recovery from it. We are not ashamed of being recovering alcoholics. Even to say, simply "I am a recovering alcoholic" publicly in print, on TV or anywhere else, is not a break of any AA Tradition as long as AA membership is not broadcast or published; most respondents understand the difference. (The principles underlying *Tradition Eleven* are explained in the pamphlet "*Understanding Anonymity*".)

So, although it is perfectly okay to say "I am a recovering alcoholic" or to reveal AA membership *on a personal basis*, we found a wide range of thoughtful opinion on when and where it is acceptable to do either of these in other than one-to-one situations. Some respondents said they often identify themselves simply as "recovering alcoholics", because this may help chip away at the stigma surrounding alcoholism and in the long run may contribute to changing the stereotype of the alcoholic and attitudes toward alcoholics.

On the other hand, other respondents pointed out a disadvantage. They said if it is known you are a former victim of active alcoholism, you are immediately viewed in some circles as a 'special pleader with a vested interest', and this may lessen your influence as a supposedly objective, professional person. Apart from strict adherence to *Tradition Eleven* and to a policy of never revealing either the alcoholism or the AA membership of anyone else, to set up a rigid policy for yourself and never deviate from it no matter what the circumstances was not recommended.

MISCELLANEOUS SUGGESTIONS

From the wealth of good experience shared with us, we've also culled a few miscellaneous tips you might find helpful:

1. Remember that your basic training in alcoholism is subjective, personal experience. Non-AAs naturally have to see the illness objectively, from other, outer directions, not from the inside. This does not necessarily mean one view is better than the other, simply that they are different, but both can be true, good and helpful to the sick alcoholic.
2. Be sure to maintain, outside or in addition to your job, a personal AA life of your own.
3. Go regularly to AA meetings, not as a guest expert or big shot, but as a listening `newcomer' trying to stay sober.
4. Never be afraid to say you are wrong, you're sorry, you don't know, you goofed or you need help.
5. If your job threatens your sobriety, by all means get out of it. The alcoholism business is not the right vocation for everybody, in AA or out of it. And no job is as important as your sobriety.
6. If you speak as an AA member, be sure to emphasise that you speak only for yourself, since no AA member can speak for or represent AA as a whole.
7. **NOTE:** Some AA members prefer the term 'recovering alcoholic' rather than 'recovered alcoholic'. Within AA, it is probably clear that the former term means we are always trying to get better, but it is doubtful if non-AAs appreciate this fine distinction, so the term *recovered alcoholic* is probably less confusing to the public.

WHAT HAS AA HISTORY SHOWN ABOUT AAs IN ALCOHOLISM JOBS?

For more than half a century AA members have been working professionally in the field of alcoholism. Our co-founder Dr Bob S, in addition to his personal AA twelfth-stepping, also treated alcoholics in his professional capacity as a physician. In 1944 Marty M. pioneered educating the public about alcoholism. She had the full support of Dr Bob, Bill W & other early AA members. They saw then that the organising and fund raising necessary for public education on alcoholism were outside AA's ability and primary purpose. In 1957, as Bill W. pointed out in "AA Comes of Age", many AAs were already successfully employed to work on alcoholism problems by non-AA organisations in such capacities as social workers, researchers, educators, nurses, personnel advisers, rehab farm managers and many others.

Looking back, we can clearly see how that it would be unreasonable and futile to try to prevent AA members from using any professional skills they have in institutions and programmes concerned with alcoholism. Many AAs have made remarkable professional contributions to the world's knowledge and understanding of alcoholism while acting fully within both the letter and spirit of the AA Traditions. It can be done; it has been done.

Many professional men and women in AA, in addition to carrying the AA message of recovery freely to other alcoholics, have used their non-AA expertise to help alcoholism agencies and facilities perform for alcoholics many of the vital services which AA cannot and does not offer.

They function as psychiatrists, fund raisers, psychologists, corrections officers, jurists and counsellors and as such give medical and legal aid, feed, clothe, shelter, perform research, provide vocational aid, public education, community organisation, etc. *"We see that we have no right or need to discourage AAs who wish to work as individuals in these wider fields"*, according to Bill W (*"AA Comes of Age"* - p117), *"It would be actually antisocial were we to discourage them."* He once advised some professionally-employed AAs to remember that many professionals are much newer in the alcoholism field than we are and our experience can be of great value to them if we share it with modesty and humility.