

One Hour A.A. Treatment Meeting Format

1. Introduce yourselves and then Read –

Why We Are Here:

“We who have come to this facility to share experience, strength and hope with you today are members of Alcoholics Anonymous. In our capacity as A.A. members and invited guests, we have no affiliation with this facility. We are simply sober alcoholics who wish to help you achieve and maintain sobriety in A.A. Because the single most important aspect of A.A. recovery is one alcoholic relating to another alcoholic, the focus of this meeting will stay on the disease of alcoholism.

Many of us, in the beginning, felt we were not truly alcoholics because we used other substances or had mental problems. However, those of us who remained in A.A. did so because we discovered that regardless of our other problems, when examining our past we found that we could not drink safely. We encourage you to listen to our experiences, to try to connect the trouble in your life with the symptoms of alcoholism, and then decide for yourself whether you are an alcoholic. If you decide that you are, we look forward to having you join us on the road to a happy and enthusiastic life of sobriety.”

2. Open the A.A. meeting with a moment of silence and the Serenity Prayer.

a. (If two A.A. members) One of you reads the **Preamble** on the back of a When and Where or District 10 Mini Meeting pamphlet or at least the fifth paragraph of the **Foreword to the 1st Edition of the Big Book**.

b. One of you reads **How it Works pages 58-60 from the Big Book**.

c. Ask if anyone has experience with A.A. - it will help guide your discussion.

3. Each of you share your stories of experience, strength and hope in a general way for about 15 minutes each in turn. Try to keep your story simple and light, with emphasis on **Step One** ...we are not a glum lot.

4. Allow perhaps 15-20 minutes for the patients/clients to share and identify similarities and ask questions. *For a long term rehab or shelter, a topic (perhaps of their choice) or Step, Big Book, Twelve and Twelve or Grapevine literature discussion might be very appropriate. (Big Book stories take about 20 minutes to read)*

5. If it has not come up already, raise a few points if appropriate:

a. Emphasize through your own experience, the importance of identification of thinking, feelings and emotions versus comparison of backgrounds and misdeeds in meetings and willingness and open mindedness in listening to learn.

b. Explain a home group and what it means to you. What are open versus closed meetings, step vs. discussion and speaker meetings, and beginners meetings.

c. When the discussion gets to spirituality and God, remember, principles before personalities and that God (or whatever name they choose for a power greater than themselves) is of their own personal conception.

d. Explain the importance of Sponsorship and what it means to you.

e. **Familiarize the patients with Bridging the Gap (B.T.G.) by:**

Using the final 3 minutes of every meeting to read the “script” for B.T.G. Then advise them to ask a staff member, counselor or their case manager to help them to get a “bridge” upon discharge.

6. Close the meeting with a moment of silence and the Serenity Prayer.