

Making the A.A. Message Accessible



CAREGIVER



ACCESSIBILITY



RAMP



INCLUSION



BRAILLE



SIGN LANGUAGE



BLIND



WALKER



CRUTCHES



GUIDE DOG



AMPUTEE

While there are no special alcoholics, there are alcoholics who experience barriers to accessing the A.A. message. For some, a six-inch step can be an insurmountable obstacle. A locked access door, blocked ramp or parking problem can make it impossible to get to a meeting. Some members are ill, homebound or living in retirement or convalescent homes; others are Deaf or blind; have hearing or vision loss, learning, reading or information-processing challenges; and still others are elderly, use wheelchairs or canes, or have other mobility concerns. Literature may be hard to understand especially for those who experience reading difficulties or who are trying to access the A.A. message in a second language. Childcare issues may make it impossible to attend regular meetings. Remote geography or cultural differences may hinder contact with other members.

A local intergroup/central office can often provide information about the accessibility of meetings, and whether organized accessibility efforts exist in particular areas. This information is often included in local meeting lists and events flyers. When preparing these listings, it can be helpful to use appropriate symbols and to include a name and number to contact for additional accessibility-related information.

If we can do a better job of reaching out to alcoholics who face access barriers in receiving the A.A. message, we help them to carry the message to other alcoholics they may already know or will come into contact with, providing a powerful example that it's possible to achieve sobriety despite barriers.

Available for Accessibilities Committees:

- Accessibilities Kit — a three-ring binder with material to help A.A. members and committees

carry A.A.'s message of recovery to those with accessibility challenges. See complete kit contents on www.aa.org.

- Accessibilities Workbook — a resource with information on forming Accessibilities Committees, presentations to professionals and working with American Sign Language (ASL) interpreters.
- Accessibilities checklist (SMF-208)
- A.A. Guidelines on Accessibility for All Alcoholics (MG-16)
- A.A. Guidelines for Sharing the Message with the Alcoholic who is Deaf (MG-13)

Contact the Accessibilities desk at the General Service Office at access@aa.org.

THE ALCOHOLIC WHO IS DEAF OR HARD-OF-HEARING

"I wonder in meetings if people are saying out loud what appears on their faces," writes one A.A. member who is Deaf. "Are they expressing the sadness or anger I sense in their bodies or behind their eyes? Is this real or in my mind? I wish I could hear this meeting with all its noise, all the feelings! What's the laughter about? Who's speaking now? How are the newcomers doing?"

An A.A. who signs for his home group worries about the communication gap: "When hearing alcoholics join A.A., we listen to the message of sobriety over and over, and ultimately it can penetrate our fog. But most Deaf alcoholics in the Fellowship are denied the benefits of repetition."

The challenge of serving the alcoholic who is Deaf or Hard-of-Hearing goes beyond that of simple "hearing." For Deaf people who use ASL, for example, English is a second language. Idioms and colloquialisms are difficult to sign, and some phrases used in A.A. — such as "Rarely have we seen a person fail" — do not have comparable signs. ASL is a complete language, with its own unique grammar and sentence structure, and, likewise, the Deaf community is a unique culture, with unique customs, norms, and regional variations. So, working with the Deaf com-

munity can be similar to working with any group that has a separate language and culture.

A growing number of groups are providing signers to interpret for their members who are Deaf. Additionally, interpreters allow Deaf and hearing members to *share* experience, strength and hope with each other, as communication with the Deaf is not a one-way street. Most groups will agree to having a non-A.A. interpreter attend its closed meetings in such cases, recognizing that professional interpreters adhere to a strict code of ethics that assures the confidentiality of the A.A. meeting.

Accessibilities Committees, central offices and intergroups often maintain lists of qualified interpreters available for hire who are willing and able to sign for A.A. meetings and events. Providing a signer takes money, and if the group cannot afford the cost, there are other sources of help. Some local intergroup/central offices have provided resources in their annual budgets for helping groups hire interpreters, and some area committees have set up special funds. Some agencies provide interpreters for people who are Deaf, or the alcoholic may bring his or her own interpreter to a meeting.

It is important, however, not to let fears about money become the focus. Our primary purpose is to carry the message and, as the A.A. Responsibility Declaration indicates, "When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there." And for that, each one of us is responsible.

One area's Accessibilities Committee offers the following suggestions for groups interested in starting an interpreted meeting — as either a brand new meeting or part of an established group: (1) *Determine the need.* Do some research to find out if there are any interpreted meetings available in your neighborhood, and whether there is a need for such a meeting at the time or times that your group meets. (2) *If there is, make a commitment.* Is the group willing to pay for an interpreter week in and week out, even if sometimes no Deaf or Hard-of-Hearing people show up? Remember that the meet-

ing will be listed in the meeting book as interpreted. (3) *Designate a group member* to coordinate all the work related to an interpreted meeting, and if you plan to provide interpreter services at specific meetings and events, be sure to include that information on all flyers, published meeting lists and websites. (4) *Reach out to the Deaf community in your area.* Make up flyers; give them out at other interpreted meetings, and send them to local professionals who work with Deaf alcoholics. Notify your local intergroup/central office and Accessibilities Committees, in writing. (5) *Be patient.* It takes time to get a signed group going. And be aware that not all Hard-of-Hearing people want to identify themselves as such, and they may be sitting somewhere other than in the designated area. It may be helpful for A.A. members in your community to learn about A.A. meetings in ASL run by and for Deaf members on virtual platforms. One source for information about these is the Online Intergroup of Alcoholics Anonymous (www.aa-intergroup.org). Another resource to find ASL meetings is www.deafaa.org. Local Deaf Access Committees have useful information about resources for A.A. members who are Deaf, Deaf-Blind or Hard-of-Hearing. Contact the Accessibility Desk at GSO for more information: access@aa.org.

Some A.A. members learn some sign language in order to communicate with Deaf members. Even learning enough to greet Deaf or Hard-of-Hearing newcomers and encourage them to keep coming back can make a difference. Of course, like any other language, there is a vast difference between one who may have reached a basic level of proficiency and one who is a professionally trained interpreter. Nevertheless, A.A.s should not let a lack of ASL skills prevent them from reaching out to Deaf alcoholics. Pen and paper, as well as text messaging, are excellent tools for starting up a conversation.

Visual communication is important, and a wave of the hand or a tap on the shoulder can signal that you want the person's attention. Meeting facilities that provide microphones often provide assistive lis-

tening devices (ALDs) as part of their audio service. ALDs are used to improve hearing ability for people when they are unable to distinguish speech in ambient noise within a variety of meeting environments. Often in a noisy or crowded room it is almost impossible for an individual who is Hard-of-Hearing to distinguish one voice among many. ALDs are devices that help a person to hear and understand what is being said more clearly or to express thoughts more easily and can help Hard-of-Hearing members participate in the meeting. Several types of ALDs are available to improve sound transmission for people with hearing loss. Some are designed for large facilities such as classrooms, theaters, places of worship, and airports. Other types are intended for personal use in small settings and for one-on-one conversations; all can be used with or without hearing aids or a cochlear implant.

It is important also to invite Deaf and Hard-of-Hearing members to participate in every aspect of service within the group or at an A.A. event. Communication works both ways, and groups can ask Deaf members if they would like to give A.A. talks, with the interpreter switching gears and translating for the benefit of hearing members.

Resources available: The Big Book and *Twelve Steps and Twelve Traditions* in ASL are available for free online (aa.org and GSO's YouTube channel) and for purchase in DVD formats. The pamphlet "Access to A.A." is also available in ASL on DVD and online at aa.org. The AA Grapevine YouTube channel has a playlist of Deaf alcoholic stories at www.youtube.com/@AAGrapevine. In addition to the online meetings mentioned above, some A.A.s who are Deaf or Hard-of-Hearing participate in the *Loners-Internationalists Meeting (LIM)*. The Accessibilities Coordinator at GSO can also provide an Accessibilities Checklist to help groups assess their own levels of accessibility. Another incredibly useful resource is deafaa.org, a site coordinated by Deaf A.A. members (not affiliated with GSO).

ALCOHOLICS WHO ARE BLIND OR WHO HAVE VISION LOSS

Simply getting to a meeting can be the biggest problem for the alcoholic who is blind or whose eyesight is compromised. Intergroup/central offices and Accessibilities Committees often maintain lists of members who are willing to provide transportation to and from meetings and other A.A. functions. Some groups have asked their local intergroup/central offices to identify such members on Twelfth Step lists.

The members who are blind or have low vision may ask for assistance in orienting to the surrounding of the A.A. meeting room.

One group's experience illustrates what can be done to help any alcoholic not only get to meetings regularly but also to become a full participant in the group. The chairperson asked for volunteers to take a young blind man to meetings once a month; the volunteers were assigned specific dates, and if they couldn't take their turn, they were responsible for finding a substitute. The response was immediate and generous, and the young man is now able to attend all group meetings and participate fully in group activities.

Other A.A. members who are blind find that online meetings provide the opportunity to both participate in their own recovery and to carry the message to others.

Resources available: GSO has a list of A.A. books and pamphlets available in braille and large-print editions, as well as on audio formats: online, as audio-books, cassettes, and CDs. Audio versions of the Big Book and Twelve Steps and Twelve Traditions may be accessed free of charge on aa.org. Braille material, audiobooks, cassettes and CDs can be purchased online at www.aa.org or by contacting GSO directly at 212-870-3312. AA Grapevine and La Viña produce a weekly podcast and make audio of most magazine features available on their websites: www.aagrapevine.org and www.aalavina.org.

THE ALCOHOLIC WHO IS NEURODIVERGENT:

Neurodivergence is a term that describes people whose brains process information differently than most people. Neurodivergent people may have different strengths and challenges than the majority. The term “neurodivergence” can include those with Autism, Attention-Deficit/Hyperactivity Disorder (ADHD), Dyslexia, Obsessive Compulsive Disorder (OCD), Down Syndrome and Tourette syndrome to name a few.

Shared Experiences from Neurodivergent Members

“I process information delayed and may need a minute to understand. It took six years to remember the serenity prayer. The [PLBB \(Plain Language Big Book\)](#) has helped me not be distracted by big words or strange metaphors. As a person with ADHD and autism I have various sensory issues pertaining to hearing, touch, smell (physical reactions) and taste. There are times that these things become overwhelming (I may get overstimulated) and I may make noises or rock or shake to self-regulate. I also wear headphones (sometimes low visibility and other times over my ears); this is not to be rude but rather to support my focus on the message so that I can maintain my recovery via the message. Thank you to those who kindly ask questions or accept me without question. I am an alcoholic first, but I will continue to be me and honor my needs so that I can remain sober. I am proud of my neurodiversity as I am also proud of my queerness, and it’s important to know that neurodiversity is a spectrum, and everyone gets to choose whether they disclose and how they disclose, so proceed with love and kindness as we recover alongside you.”

“I have to spend so much energy that I don’t have masking my autism on camera and pretending at great personal cost to myself to be neurotypical by not stimming, wearing uncomfortable clothing, having the right facial expressions, posture, and

focus (some of the things that make in-person meetings difficult in the first place). It is much more effective for me to pay attention and not burn out if I can keep my camera off.”

“Even though ADHD is considered a disorder by medical professionals at this time, a lot of neurodivergent people, including myself, don’t like the use of that word when it applies to brain differences from birth. *My brain is different, but it’s not broken.* I need professional help and medication so I can navigate in a world built on the social norms and expectations of neurotypical brains. The analogy I like in this case is that I am 5’0” tall. I need a step stool to reach most things in my cabinets or to close the blinds at work. My height is not a disorder. It’s not something I can change with diet or exercise — it’s just the way I was built, how my genes expressed themselves. That step stool is a tool so I can cook in a kitchen that was built for the average westerner.”

Many neurodivergent people process information very literally and are less attuned to subtle phrases and cues. It can be helpful to communicate in the most direct way possible in both language and visual cues.

Some neurodivergent A.A. members shared their experience strength and hope with us, including these suggestions for meetings and sponsorship (noting that solutions that work for some members will not work for everyone):

Suggestions for Meetings:

- There is safety/comfort in the structure of a meeting — i.e. sticking to script, banners and slogans, starting and ending on time, time-keeping shares. One member shared the slogans were extremely helpful in keeping the program accessible with simple wording.
- Provide space between chairs and rows for fidgeting/movement (sometimes called “stimming”^{*}). Allow handicrafts or hand-fidget activities.
- Read a statement about the need for some members to move freely (explicit statement in the script).

- Take a break halfway through meeting.
- Visible clocks can be helpful for setting “guideposts.”
- Speed of information processing can differ for each individual. It can be helpful to allow members to write shares in advance for discussion meetings, or be provided a topic for a meeting in advance.
- Online meetings are essential as in-person meetings can be really taxing on some neurodivergent individuals due to “masking.”** Allowing a member’s video to be off can help with this too. Masking takes up a lot of energy both in-person and online.
- **For online meetings** — making sure documents/literature online can be used with screen readers.
- **For in-person meetings** — provide some of the discussed literature in large print or allow members to follow along with the audio version of the literature in headphones.
- Some members are sensitive to/overwhelmed by environmental factors such as loud noises (clapping), strong fragrances, and harsh, fluorescent lighting. It might be useful to bring this up at a business meetings to see if any accommodations can be made.
- A.A. members with Tourette’s might want to explain their outbursts to their home group. Members can support by listening and taking note.

Suggestions for Sponsorship:

- Be open to text communication instead of strictly phone calls or face-to-face meetings. The process of getting a sponsor can be overwhelming. Check with a newcomer if they’d like help finding a sponsor or would prefer to be assigned a person in their home group instead of choosing.
- It can be helpful to break down A.A. steps, traditions, principles etc. into bite-size pieces to make processing more accessible. For example, spending time on the topic of “powerlessness” and how it relates to your sponsee’s life before moving on

to the topic of “unmanageability” for Step One. Some folks find it useful to try a variety of different methods to complete step work, including mind maps, art, images, pictures, etc.

- Allow people to be responsible for their own program and set their own boundaries — the “always say yes to service and fellowship” mentality can be damaging to health and ostracize neurodivergent people. The ability to say no is important.
- Consider working Step Four together with your sponsee. Sometimes it helps to have someone there while writing or work is being done (some call this “body doubling”).
- Provide sponsees with options like video or audio resources (podcasts, speaker recordings, audio versions of A.A. literature).
- It might be helpful to have an emergency contact, in the case of an emergency.
- Many neurodivergent people take things very literally. It might be helpful to make things more explicit, i.e. make it a point to explain the “God of your own understanding” concept when the word “God” is used throughout the book. Try to avoid vague, lengthy explanations that require inference; direct language often works better.

***Stimming** — stimming, or self-stimulatory behavior, is a coping mechanism that autistic people use to manage their emotions, sensory experiences, and overwhelming situations. It can include repetitive body movements, noises, or use of objects.

****Masking** — a strategy that some autistic people use to appear non-autistic and blend in with their peers. It can involve consciously or unconsciously hiding or suppressing autistic characteristics and imitating behaviors. Masking has a negative impact on mental health. The hope is to have inclusive meeting spaces where autistic people don’t feel the need to mask.

Although terminology is always changing, we add these specific terms as a means to support communication around accessibility barriers.

ALCOHOLICS WITH PHYSICAL CONSTRAINTS OR WHO ARE HOMEBOUND

Some A.A.s with physical constraints can get to meetings; others cannot. Many who have difficulty walking or who use wheelchairs use public transportation to get to meetings. Other members with mobility problems rely on fellow members to drive them to and from meetings. A.A. members wishing to make their meeting spaces accessible have installed wheelchair ramps over steps to the meeting room, and arranged seating to create ample space for wheelchairs or walkers. Members have checked that nearby parking is available and verified that rest rooms are truly accessible, with ample room to maneuver within the confines of the room or stall. Many local meeting lists are coded to indicate meetings that are held in wheelchair accessible facilities.

Taking a meeting to an ill, homebound member can make a tremendous difference to them. The experience of one area's Accessibilities Committee tells the story well: "In the front of the meeting schedules, we enclose a notice headed, We Are Not Alone Anymore group: 'This group is for homebound members. We would like to bring a meeting to you. While there are no special alcoholics, there are alcoholics who experience access barriers to receiving the A.A. message. The We Are Not Alone Anymore group believes that when anyone, anywhere, reaches out for help, the hand of A.A. will be there.' We list our phone number and encourage homebound members to call for help. We also ask A.A.s who are not living with disabilities to volunteer their services."

Another area set up a "mobile group." The chair reported: "Volunteers will carry a regular meeting to members housebound for lengthy periods of time."

Resources available: Many homebound A.A.s participate in the *Loners-Internationalists Meeting (LIM)* as "Homers." Many online meetings are available. One source for information about these is the Online Intergroup of A.A., www.aa-intergroup.org.

OLDER ALCOHOLICS

Extending the hand of A.A. to older alcoholics can offer hope to a population that is frequently isolated. The support and recovery that membership in A.A. brings can be the pathway to a new life — regardless of one's age.

Many older adults have difficulty getting to A.A. meetings; they may have trouble driving or walking, and shrinking social networks can sometimes mean that fewer friends are available to help them. This is why elderly outreach programs have become so important within Alcoholics Anonymous.

Many A.A. members reach out to older alcoholics within their group, including those who need assistance getting to the meeting and participating in the meeting, as well as those who become homebound. Some groups also start Seniors in Sobriety (SIS) meetings, or designate certain meetings as Senior Friendly (SF). Many groups note with gratitude their appreciation for the older alcoholics. Many have long-term sobriety and can serve as valuable resources for the group — as sponsors and keepers of A.A. tradition and experience.

“When we started,” says the chair of an Accessibilities Committee that set up a phone service, “we were told, ‘If you raise expectations, be sure you deliver.’ That’s something I keep in mind always. Most of our callers are older people, and they look forward to seeing us. Often a live meeting at home gives them a new lease on life, even if temporarily. Our oldtimers are as important at home as at meetings, and we’re not going to let them disappear. We’re just giving back to them some of what they’ve given to us.”

The A.A. message can also be carried to professionals at social service agencies assisting elders, as well as elder care facilities, including retirement, assisted living and skilled nursing communities.

Resources available: Many elder A.A.s participate in online meetings. One source for information about these is the Online Intergroup of A.A., www.aa-intergroup.org. Additionally, there are some

A.A. publications available through GSO that focus on the experience of elder alcoholics, including: “A.A. for the Older Alcoholic — Never Too Late” and “Do You Think You’re Different?”

PARENTS AND CAREGIVERS

Getting to meetings and participating in other service-related A.A. activities can be difficult for parents with childcare responsibilities or those who have caregiving responsibilities, such as taking care of a sick parent or family member.

Many groups work with the local intergroup/central office to develop a list of meetings where kids are welcome or childcare is available. It can also be helpful to develop a list of A.A. members willing to participate in online/phone meetings with parents/caregivers who cannot attend meetings in person. Directing single parents or other caregivers to information about online meetings also creates opportunities for participation and A.A. sharing that is so beneficial to all members. Many groups welcome caregivers with A.A. members to closed meetings, seeing this as removing a barrier for the member participating.

Resources available: One source for information about these is the Online Intergroup of A.A., www.aa-intergroup.org.

UNDERSERVED AND REMOTE COMMUNITIES

Many A.A. members live in underserved or remote communities — communities that are difficult to reach because of geography, language or culture.

It could be a community that is remotely situated, or one that is right around the corner. We hope that all suffering alcoholics will be afforded the opportunity to receive the A.A. message and to participate in the A.A. program of recovery.

In some areas, Remote Communities Committees have been established to carry the message to members and potential members who are not being served. Contact the Accessibility Desk to find out more: access@aa.org.

Resources available: Additional A.A. publications available through GSO that you may find helpful include: "A.A. Guidelines for Remote Communities," "LGBTQ Alcoholics in A.A.," "Black in A.A. — Experience, Strength and Hope," "Hispanic Women in A.A.," "Many Paths to Spirituality," "Behind the Walls: A Message of Hope," "Indigenous People in A.A." and "Women in A.A." Additionally, a GSO staff member can provide shared experience on working with remote communities.

EASY-TO-READ LITERATURE

Members with difficulty reading, illiteracy and limited reading abilities can be less visible than other accessibility challenges. The group's literature chair can make a point of announcing that many books, pamphlets and *Grapevine* articles are available in audio format. Many groups read aloud, a practice which can help all new members learn the steps and traditions. Help with reading and comprehension can also be offered one on one through sponsors or other group members.

Resources available: There are audiovisual resources available through GSO. In addition, several pieces of illustrated and easy-to-read literature can be ordered from GSO, including the *Plain Language Big Book*. AA Grapevine carries a large inventory of e-books and CDs containing the shared experience, strength and hope of individual members.



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The AAWS AA Grapevine literature catalog has a separate section for Accessibilities materials. You can order this catalog from GSO at Box 459, Grand Central Station, New York, NY 10163; 212-870-3400; www.aa.org. Resources are also available from local and area Accessibilities Committees.

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