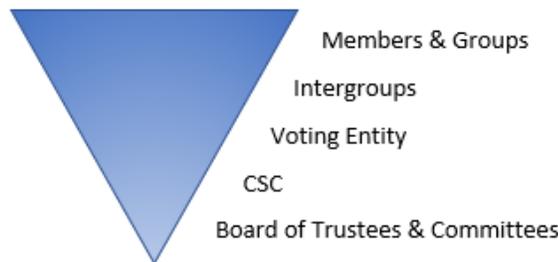


H&I Service Handbook

Introduction

1. Purpose: This handbook is to provide helpful information to individuals serving codependents who are in residential facilities where attendance at meetings open to the public is restricted.
2. Audience: Codependents who want to carry the message to residents of hospitals & institutions/facilities. This involves the entire Fellowship not just those involved in H&I service.
3. Preface/ Introduction: Comments about service and H&I service
 - 3.1. Self-care and serving codependents in need.
 - 3.2. In H&I service work it is important that each of us has worked our program long enough to have seen our Higher Power remove some defects of character related to care-taking issues. Many people with whom we come in contact through this type of service work have a deep need for being taken care of, so we must be vigilant about boundaries and forming healthy relationships. For a comprehensive guide please read **CODA'S TWELVE TRADITIONS AS GUIDES TO SERVICE WORK** at <http://outreach.coda.org/index.cfm/service-guidelines/twelve-traditions/>
 - 3.3. Fifth Tradition:
Each group has but one primary purpose -- to carry its message to other codependents who still suffer.
 - 3.4. Twelfth Step:
Having had a spiritual awakening as the result of these steps, we tried to carry this message to other codependents, and to practice these principles in all our affairs.
 - 3.5. Inverted Pyramid



- 3.5.1. The broad pyramid top represents the members of CoDA. Authority, power, and direction resides with them through their Voting Entity (VE) Delegates who vote at the annual CoDA Service Conference (CSC). Members of meetings exercise power through the group conscience process. Authority and power flow down to and through a meeting's trusted servants and Intergroup/Community Service Groups, then on to the VE and the VE's delegates and eventually to the bottom of the pyramid. At the bottom, we find our CoDA board, committees and service corporations (CoDA, Inc. and CoRE, Inc.)
- 3.5.2. In the structure of CoDA, each group is autonomous regarding the decisions it makes as long as it does not affect CoDA Unity negatively by contradicting the Twelve Traditions of CoDA. There are no “rules” for service done by an individual or group.
- 3.6. Group Conscience See definition in section 4 of this document.

Index & Glossary

4. Glossary of Terms: The following terms are used in this publication. Some are acronyms and others are terms used in CoDA.
 - 4.1. BFII (Books for Inmates and Institutions): Funds donated to this program are used to purchase and send CoDA literature to residents in institutions in the US.
 - 4.2. CoDA Meeting Handbook: FSM Part 2 - Meeting Handbook (Fellowship Service Manual)
 - 4.3. CSC (CoDA Service Conference): CoDA’s annual business meeting of Delegates where the business of CoDA is transacted by group conscience. Meeting of delegates from CoDA voting entities that approves motions submitted by CoDA groups/voting entities (VE)/committees/Board, and guides implementation of these motions.
 - 4.4. CSG (Community Service Group) or intergroup: Provides services to the local meetings. These services may include meeting lists, newsletters, speakers list, workshops or other types of recovery activities (regional conferences, workshops, retreats). Local meetings, Intergroups, or Communities may send one or more service representatives to the VE

meetings. The number is usually determined by a group conscience of the VE. Not all VE's have Intergroups or Communities in which case the meeting Group Service Representatives (GSRs) attend the VE meetings.

4.5. ESH (Experience, Strength, and Hope):

4.5.1. Experience: sharing our experience before and in recovery of our responses to codependent behaviors.

Strength: sharing our healthy responses to codependent behaviors.

Hope: sharing the expectation of healthy and loving relationships.

4.5.2. Or another way to look at it is to answer the following questions:

What was it like?

What is it like now?

What we hope for the future?

4.6. Facility: something (as a hospital) that is built, installed, or established to serve a particular purpose. Note: In this document we will use both Institution and Facility interchangeably, as a place where residents are sent to be cared for by the place.

4.7. FSM (Fellowship Service Manual): a comprehensive description of our service structure and spiritual guidelines for applying the Twelve Traditions to our service work.

4.8. Group Conscience: The collective conscience of the group membership requires substantial unanimity on one issue before definitive action is taken. This is achieved by the group members through the sharing of full information, individual points of view, and the practice of CoDA's principles. A group conscience does not require unanimous vote to make action. It is a simple majority. See Part 1 of the Fellowship Service Manual available on the CoDA website: www.coda.org

4.9. GSR (Group Service Representative or Community Service Reps): Each meeting is encouraged to select a GSR to carry their group conscience decisions to the Intergroup or Community or, if no Intergroup/Community, to their Voting Entity. They also bring back important information to their meetings, such as updates, announcements, and flyers. (Usual term of service is 1 to 2 years.).

4.10. IMH (CoDA Institutional Meeting Handbook): A tool for running restricted CoDA meetings in institutions. See Restricted Meetings 5.12.

- 4.11. Institution: a building where people are sent to be cared for, especially a hospital or prison.
- 4.12. Restricted meetings: A CoDA meeting conducted in a facility where members of the Fellowship not residing in the facility cannot participate without going through additional facility procedures such as vetting or clearance.

Who Does H&I Service?

- 5. Individual Members: Members of the CoDA Fellowship
- 6. Groups: All CoDA groups including open discussion, step-study, open or closed
- 7. Intergroups/Community Service Group (CSG): Intergroups are made up of Group Service Representatives (GSRs) from area meetings and CoDA members from the local Fellowship.
- 8. Voting Entities – State/Provinces/Regions/Territories: A Voting Entity (VE) is a level of Fellowship within CoDA that handles the business aspects for a group typically made up of two or more Intergroups/CSGs and/or Meetings. An Intergroup/CSG may serve as a Voting Entity if decided by group conscience when it is the only Intergroup/CSG within a VE. The Voting Entity organization provides a bridge between Intergroups/CSGs, and CoDA, Inc.
- 9. Voting Entities - National: Each State and Territory of the United States of America and of each Country is automatically defined as a VE and entitled to send two (2) Delegates to the CoDA Service Conference (CSC).
- 10.CSC: CoDA Service Conference is the annual meeting of delegates from CoDA voting entities that approves motions submitted by CoDA groups/voting entities/committees/Board, and guides implementation of these motions.
- 11.H&I Committee: Hospitals and Institutions Committee is a committee of CoDA directly responsible to the CoDA Service Conference to facilitate trusted servants in reaching the codependent residing in a facility and limited in ability to go to CoDA meetings.
- 12.Resources:

- 12.1. Local: The number of local CoDA volunteers, financial support and commitment to H&I service. Do we have enough volunteers to be consistent in the service we choose to do?
- 12.2. Levels below you: CoDA support (financial, experience, or volunteers) from Intergroup or voting entity (VE). Are there any volunteers, financial help, or H&I service experience available from the Intergroup or VE to help with the service you want to do?
- 12.3. H&I Committee: for literature help, ideas on CoDA website <http://coda.org/index.cfm/service-info/h-i-main-page/> (link), or to help answer questions.

Things to Consider

13. Available Residential Population: What type of residential facilities do we have locally? For examples, see “Where?” item 30 below.
14. Coordination of Service: What is necessary to coordinate with the facilities? Contact person at the facility, designated CoDA member to be in contact with the institutional contact person, etc.
15. Resources: Local, other levels of support in CoDA, and the H&I Committee
 - 15.1. Local: The number of local CoDA volunteers, financial support and commitment to H&I service. Do we have enough volunteers to be consistent in the service we choose to do?
 - 15.2. Other levels of support in CoDA : financial, experience, or volunteers from Intergroup or voting entity (VE). Are there any volunteers, financial help, or H&I service experience available from the Intergroup or VE to help with the service you want to do?
 - 15.3. H&I Committee: H&I Committee for literature help, ideas found on the Hospitals and Institutions page (available from the service Info page) of the CoDA website, or to help answer questions.
16. Volunteers: The number of local CoDA volunteers available and willingness to commit for a time.
Do we have enough volunteers to be consistent in the chosen service?
Do they have enough recovery experience to maintain healthy boundaries?
Have they worked the 12 steps and working knowledge of the 12 traditions?

17. Time: Since this type of service work is so important to the recovery of the resident, how much time on a regular basis do the volunteers realistically have to commit to service work?
How long of a period of time (6 months, year, etc.) are they willing to commit?
18. ESH: How much recovery time do the volunteers have? Are they comfortable and effective in sharing?
Experience from other (not local) CoDA groups or CoDA members with H&I service experience in other 12 Step Fellowships.
19. Financial: Will the service we desire to do require funds, and where will the funds come from?
20. Consider the need for personal safety and anonymity of volunteers and the needs of the institutions for security. Are you willing to abide by the rules of the facility and ask about any safety concerns that you have?

What?

21. Possible Steps to Take: Types of service (small to large)
22. Contacting institutions

- 22.1. CoDA meeting announcements & meeting lists: Individuals and groups can prepare a bulletin board announcement for local registered meetings and make them available to facilities along with meeting lists for the larger area (intergroup, region, etc.). Resource: see Outreach Resource Guide under, Attracting Members-Meeting Announcements section.
- 22.1.1. This same announcement and meeting list can be mailed or better yet taken into local counselor's offices. (Outreach Committee, not H&I)
- 22.1.2. This same announcement and meeting list can be taken into other public places like police stations, libraries, community centers, and churches. (Outreach Committee, not H&I)
- 22.2. CoDA approved pamphlets and brochures with meeting info:
Into Institutions
Into counselors' offices (Outreach committee, not H&I)
Other public places like police stations, libraries, community centers, churches (Outreach Committee, not H&I)

- 22.3. Placing CoDA literature:
 - Books labeled with your local meeting info
 - Into Institutions
 - On book carts
 - In libraries

23. Donating to BFII:

- 23.1. Can be directed to local residential institutions (not to individuals).
- 23.2. Consider passing the basket a second time at meetings to fund BFII.

24. Inmate Sponsorship: Members of the fellowship who have worked the steps help guide in working the steps with codependents who reside in facilities and are unable to attend registered CoDA meetings. This program has been developed and coordinated by the H&I committee. (link?) *

25. Conduct panels in institutions: Speaker (one or more) meetings, step meetings, and open discussions usually followed by a time of questions (from residents) and answers.

26. Meetings with or without outside leadership/responsible CoDA member(s): Registered CoDA meetings available to the Fellowship held in a facility using CoDA Meeting Handbook as a guide to conduct meetings.

27. Restricted meetings without outside leadership/responsible CoDA member(s): CoDA meetings are not registered and not available to the Fellowship held in a facility using IMH. Meetings are run by residents of the facility.

28. Restricted meetings with outside leadership/responsible CoDA member(s): CoDA meetings are not registered and not available to the Fellowship held in a facility using IMH. Members of the Fellowship with institutional clearance assist residents in conducting meetings.

29. Some facilities (transitional, hospital, etc.) may allow residents to attend a phone meeting either one that exists as an alternate meeting or connected to a local group.

Where?

30.Examples of types of residential institutions:

Prisons:

- Federal
- Regional
- Local
- Military

Jails:

- Local city/county

Shelters:

- Women's
- Men's
- Homeless
- Rescue missions
- Single parent facilities

Drug treatment centers

Rehabilitation centers:

- Physical
- Emotional

Eating disorders

Sober living

Reform centers:

Youth

Hospitals

Nursing homes, care facilities

Hospice facilities

Assisted living facilities

Halfway houses

Indigenous facilities

Schools? (Primarily Outreach Committee)

Residential HS

Colleges and Universities

Technical schools

How?

31.Practicing the 12 Traditions in service work: It is important to remember that "without all of us participating and giving of ourselves in some way through service work, CoDA cannot survive." H&I service work is one way we can serve and grow in our recovery.

A good reminder and discussion on this issue can be found in "Service to Others" (page 85, Chapter 4, Co-Dependents Anonymous, Third Edition).

Some other good resources are:

The "Service Guidelines" section of the "Outreach" page of the CoDA website, www.coda.org.

"CoDA Guidelines for Following the Twelve Traditions in Service Work", available

as a printable PDF from the website, meeting materials, Fellowship Service Materials.

32. Contacting Institutions:

- 32.1. Sometimes institutions contact the H&I committee with requests to bring a meeting into their facility. Other times members of the local Fellowship initiate contact with facilities.
- 32.2. The key to bringing the message of CoDA into an institution is finding the door opener. It may be someone near the bottom of the authority chain like a librarian, social worker, therapist, or (addictions) counselor, someone at the top of the authority chain like the director of the program or warden, or someone in between.
- 32.3. So where do you start? Look on the internet to get an idea of the structure at the facility and call the facility. If you get a receptionist, introduce yourself and say I/we would like to speak with someone about the possibility of offering this program to the facility. This person may be able to save you several calls by directing you to the right person. Check out the "Volunteer Section" for the facility's website.
- 32.4. Don't assume that the staff wants you to come into their facility. A simple explanation of CoDA's Twelve Step program emphasizing that it deals with learning to develop healthy and loving interactions with each other will be needed. Personally sharing ESH may help.
- 32.5. You may then need to follow up with a face to face appointment to deliver more information, materials, and a plan for what service you plan to provide.
- 32.6. Through this process, it is important to become familiar with restrictions the facility has for visitors coming into the facility. Keep in mind that some things take longer than we would like or anticipate.
- 32.7. In keeping with the traditions, we offer the CoDA program which may help residents develop healthier and more loving relationships with each other and their family. We make no promises without the willingness of the individual to work the program. As the introduction of our Promises states: "I can expect a miraculous change in my life by working the program of Co-Dependents Anonymous." An honest effort is required.

33.Coordinating with volunteers and the facility:

Create a single point of contact -eg. responsible CoDA member with a specific facility contact.

34.Types of service: practical steps (The resources used for these steps are not provided by H&I committee.)

34.1. CoDA meeting announcements & meeting lists: Individuals and groups can prepare a bulletin board announcement for local registered meetings and make them available to facilities along with meeting lists for the larger area (intergroup, region, etc.). Resource: see CoDA.org, Outreach Resource Guide under, Attracting Members-Meeting Announcements section.

34.2. CoDA Pamphlets and brochures with meeting info:

Into Institutions

Into counselors' offices

Other public places like police stations, libraries, community centers, churches

34.3. Placing CoDA literature:

Books with meeting info into Institutions

On book carts

In libraries

35.Donating to BFII:

35.1. Can be directed to local residential institutions (not to individuals).

35.2. Consider passing the basket a second time at meetings to fund BFII.

36.Inmate Sponsorship: Members of the fellowship who have worked the steps help guide in working the steps with codependents who reside in facilities and are unable to attend registered CoDA meetings. This program has been developed and coordinated by the H&I committee. For more information, please go to the Hospitals and Institutions page on the Service Info Tab on the CoDA website(www.coda.org).

37.Meetings with formats other than regular sharing meetings.

37.1. Panels in institutions: A panel consists of 2-4 local CoDA members who go into the facility to share their experience, strength, and hope (ESH) and general information about CoDA with residents. The panel session may follow a general meeting format with reading of the Foundational Documents. It may be followed by the sharing of visiting members' ESH and a Q & A

time. The frequency of having the panels needs to be determined by the facility staff and availability of the CoDA members. This activity works well in facilities where residents' stays are short (less than two months) and as introductory meetings when several newcomers are present.

37.2. Speaker (one or more) meetings. May be followed by or include a Q&A time.

37.3. Step meetings using any of the CoDA material. In institutions with a four week or thirty day stay, a rotation of an introductory meeting followed by Steps One, Two, and Three can work well if meetings are held weekly.

37.4. Open discussions of a piece of CoDA literature like the pamphlets on Boundaries, Communication, "Am I Co-Dependent?", etc. possibly followed by a time of questions (from residents) and answers.

38. An initial panel or presentation of CoDA's program, to staff only, may be helpful.

39. Meetings with outside leadership/responsible CoDA member(s): Registered CoDA meetings available to the Fellowship held in a facility using CoDA Meeting Handbook as a guide to conduct meetings.

40. Restricted meetings without outside leadership/responsible CoDA member(s): CoDA meetings are not registered and not available to the Fellowship held in a facility using IMH. Meetings are run by residents of the facility.

41. Restricted meetings with outside leadership/responsible CoDA member(s): CoDA meetings are not registered and not available to the Fellowship held in a facility using IMH. Members of the Fellowship with institutional clearance assist residents in conducting meetings.

42. Occasionally, with the assistance of a counselor, chaplain, or some other institution staff member, arrangements may be made to use a speaker phone for a meeting facilitated by a CoDA member or members who are not physically present in the facility or to have institutional residents call to participate in an outside meeting.