Set the ground rules for the meeting. The chairperson is to make it clear to the alcoholic that each group member would like the opportunity to present his concerns without interruption. After all the group members have finished, then the alcoholic would have an opportunity to respond. It is important that the alcoholic, chairperson, and the group understand that this session is not a debate nor is it a trial. Rather, it is a form of discussion in which a group of sincere people can present their legitimate concerns about the health and welfare of someone they care about. It is important that the alcoholic be exposed to the full impact of the severity of the disease as it is expressed to him through those persons who are most meaningful to him. For this reason, the chairperson is instructed to interrupt any verbal entries by the alcoholic during the course of the meeting so that his “listener” stance is clearly kept.

Lead the process of the presentation of the data by indicating the order of their presentations. “Sir, it would be helpful, I believe, if we began with your material on why you, as commanding officer, have become concerned,” or “Since this has involved a significant part of your relationship at home, would you please start, Mrs. Joe?” Likewise, others in the room are requested to share in turn with appropriate comment. “You’re his buddy and you have become worried because . . .” “As the daughter you have been concerned for several years about this illness,” etc. The chairperson will start with the person who is the most influential and who has the most descriptive data. He will use the person last who is capable of the greatest emotional appeal to the identified alcoholic.

Close the session by summarizing the concerns of the group and by offering the choices of care that the group has agreed upon in advance. “Joe, what we want you to do is to get some help. You have these forms of care available . . .” and here the alternatives are given. Firmness is required here from the chairperson as he represents the group’s position. Reassurances and hope are the themes behind the firmness. “The service has a policy with this illness now. Your career is not in jeopardy if you accept help. This is a highly treatable disease and significant numbers have already gone through treatment successfully from all the ranks of the armed services.”

With the referral of the alcoholic (and family members, if any) to the appropriate program of care, of which A.A., Alanon, and Alateen, are primary resources, the chaplain is to follow up to make certain contact is made. It is suggested, in fact, that the primary contact for referral be made by the chaplain’s office itself. From this point on, the chaplain is now able to focus on providing aftercare counsel and support to both the alcoholic and concerned persons.