

Ballot Issue:

We propose that the following statement on "I Statements" be posted on the ACA website as a resource: "Why Using "I" Statements is So Important!". When sharing with an individual or as part of a group, using "I" statements can make a big difference. An "I" statement is sharing in the first person, as opposed to using words such as "we," "they," "us," and "you." At first, it may seem like an insignificant detail, but using thirdperson statements is distancing and impersonal. It can even be an attempt to subconsciously control others or place responsibility outside of oneself. Example: "When you get abused, it hurts you." Change this to: "When I got abused, it hurt me." Sharing in the first person promotes selfresponsibility by divulging information only about yourself. When you are tempted to use the generic "you," "we," etc., try to catch yourself and replace it with "I." You will be surprised how different it feels and how much more you and others get out of your share. It may feel uncomfortable at first. That's because you are casting off your protective shield and revealing the real you. Remember: 1) An "I" statement exercises my selfcontrol. 2) "I" statements build my selfrespect while offering others a true opportunity to have a real relationship with me. 3) Struggling with "I" statements will often reveal the hidden aspects of the issues at hand. If you truly want to disclose your feelings so that you and others can learn more about YOU, use an "I" statement!

Argument in Favor

We find it a very helpful guideline for sharing. We have it available in Word.

History/ Reasoning

Part of the intro readings for our group meetings.

WSO Analysis

This offer of literature can be put into the Literature Approval Queue and it can also be put into the Best Practices section of the Website by the offering group.

Proposal #1	YES	NO	No Opinion
Answered: 199	87.94%	6.03%	6.03%
Skipped: 4	175	12	12

PROPOSAL 1

- We suggest changing the "you" statements within the statement to either "I" or "we" statements.
- Very important
- Recommend rewording to I statements instead of you statements.
- This is something each group may consider for itself. Our group has a paragraph on cross-talk we read which has some of the same directions.
- Just refer this to LitCom
- Also, sometimes it is possible not to use pronoun words at all Because, when using "I", it is used mainly by personal mind, by mind with 14 traits, mind who suffered and survived, so it contains all the conditioning brought by world, hence expresses it inevitably. Also there is real "I" hidden inside of ACA's, inner child. That's an individual "I", not of the world. Even feelings expressed by mind, could be different from feelings of inner child. Can't say exactly, but I guess it is written in Red Book. Also, in russian, in our meeting preamble, the "I" statement explanation already included.
- An abbreviated version of this may be useful in the meeting leaders guide format
- watch the codependence
- Our group has not had enough time to review the Proposals and will require the next 2 months to review and vote accordingly at the ABC
- It should not be forgotten that ACA is a "we" program.
- Group believes adding the statement to the Best Practices section is sufficient.
- close vote (only one vote apart)
- Our group feels this puts added pressure on newcomers who may find it very hard to speak and we strongly urge this not be discussed or approved.
- We feel the NO cross talk concept is so key to success in ACA and this proposal goes to that issue.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- We may be acceptable as it is used in our steps, and other literature.

Ballot Issue:

We propose that the Conference adapt or incorporate Tony A's 12 Steps from his book THE LAUNDRY LIST as the conference approved steps.

Argument in Favor

The steps conform more closely to the recovery needs of the adult child.

NOT PASSED

History/ Reasoning

A number of local meeting use these steps in lieu of the conference approved steps by group conscience because they resonate with the needs of our recovery uniquely with our traits.

WSO Analysis

If approved this proposal will replace the existing Conference Approved ACA 12 Steps with Tony A's version of the steps. Tony's steps could be added to our literature as an alternative form of the steps, however our Traditions do not allow WSO to publish other author's copyrighted work unless that author releases their copyright to the WSO. Tony A.'s 12 Steps were copyrighted by Tony and Dan F and appear in a book that was recently rereleased in a digital format. Tony A's widow has been contacted and asked about permission to use them. She asked for some time to give a response.

Proposal #2

Answered: 197 Skipped: 6

YES

64.47% 127

NO

25.89% 51

No Opinion

9.64% 19

PROPOSAL 2

- While Tony A's version may resonate more with Adult Children, replacing the approved version after 30 years may not be in the best interest of our program. There is the potential to alienate new members who are in another program.
 - Very important
- The multiple requests about attempting to obtain permission to use Tony A's copyrighted material should be combined
- Group with prop #5 & 16. Discuss, but we do NOT endorse whole re-writing of ACA literature. Important to discuss why or why not use these, clarify what groups can do, and how, if at all, these fit into the ACA program of recovery.
- Seems that #5 and #16 are the same issue as #2. Each one does not have to be discussed individually. But having access to Tony's 12 Steps is highly recommended.
 - There are redundant proposal involving Tony A's steps. We are voting "YES" on all of them.
- Replacing the Steps would undermine our identity as a 12 step, 12 Tradition fellowship.
 - We only use Tony A's 12-steps at our meetings.
- We were concerned that evidently only 30 or 40 people attend the business meeting, and urge that incorporation or adoption of Tony's steps be discussed over the next year so that all groups can become more familiar with the differences from the current steps.
- Most importantly, getting Tony A's widow's permission to use the original ACA 12 steps
- Choosing to replace steps that thousands of travelers have worked, rather than asking to coexist, does not seem in keeping with Tony A's spirit of love or embracing a loving HP.
- We want to see the Tony A steps offered as approved literature, but not as a replacement of the traditional steps.
- Our group favors the other ballot proposals (5, 16) where Tony A's steps would be *alongside* the current 12 steps (rather than replace)
- All of our groups use these steps
- This violates tradition 6 and 12 since it is a published work available for sale by two authors; Some meetings are using these steps in place of ACAWSO conference approved steps, without a clear separation as per ACA literature guidelines, which is already threatening the aforementioned Traditions and Trad 4; Trad 10 could be threatened if this passes; This is an unnecessary distraction as the ACA steps, as are, have a proven history of effectiveness. We feel these steps undermine an important aspect of healthy re-parenting of oneself by making Step 4 an inventory of one's parents solely, which can be part of the problem and a barrier to ACA's stated Solution.
 - flexible on how this is done
- Our group will require more time to review all the proposals so that we can form a consensus.
- Tony A's steps do not include an amends process, considered vital to 12 step work.
 - See response on Proposal 5
- Question was presented with a bit of ambiguity. Our group would like Tony's included as an addition. Not an alternative.
- Agree strongly. We have started using Tony A's 12 Steps in our meeting and feel they are much more reflective of ACA principles and values than the current 12 Steps.
 - Like the AA use of their Big Book, Tony's original adds weight and depth to our Program.
- This is SO important to the future and present of ACA. The AA 12 steps should NEVER have been put into our Big Red Book in the first place.
- Group is happy with the current 12 steps, would not like them to be replaced. However, would consider having these 12 steps additional supplement or side by side.
 - We have always used Tony's Steps. This is the work we do.
- Our group has decided to read both versions aloud. Both 1st steps, then read the 2nd step. etc. So the individual can feel for themselves.
- We feel it's OK to add Tony's steps to literature - not to replace the current steps.
 - The steps as is are working!
- The group conscience: step #1 needs to include "dysfunctional family". Please include that issue in the overall discussion.

Ballot Issue:

We propose that the WSO create a workbook on “Becoming Your Own Loving Parent.” Activities, questions and tools will be drawn from chapter 8, related parts of the BRB and ACA member suggestions.

Argument in Favor

The yellow workbook and Laundry List workbook are enormously valuable tools but neither focuses exclusively on the reparenting aspect of the solution. A “Becoming Your Own Loving Parent,” workbook will support ACAs in taking this essential aspect of the solution deeper.

History/ Reasoning

An important part of the ACA solution is learning to reparent ourselves. However, there is no workbook focused on this aspect of the solution alone. Some adult children, even after completing the 12 steps, don’t have a strong connection with their inner child and loving parent and need more support in this area. Gathering the many reparenting concepts woven through the BRB into one workbook will make it easier for adult children to locate and apply them. We envision a workbook of tools, activities and questions including: Questions that help us get to know the critical parent, inner child, teenager and loving parent better. Tools and exercises to help us better recognize and tend to these parts of ourselves. Activities and questions that help us access the inner child and unresolved grief. Having a workbook will make it easy for adult children to deepen their reparenting skills along with fellow travelers in groups, pairs, etc.

WSO Analysis

If approved the proposed literature concept would be a welcome addition to WSO’s Conference Approved literature and would be developed based on the availability of resources, e.g., volunteers, financial and staff time. The sample literature could be submitted to the Literature Review Subcommittee for initial evaluation to begin the process.

Proposal #3	YES	NO	No Opinion
Answered: 197 Skipped: 6	94.42% 186	1.52% 3	4.06% 8

PROPOSAL 3

- This is a brilliant idea that fills a major void in our program. The BRB states how important it is to our recovery, yet it gives no direction on how to make that shift happen in one's life.
- We would work this workbook.
- Very important
- Yes!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
- Excellent suggestion. Endorsed 100% of our group
- We should gather written shares about this like we did for Strengthening My Recovery.
- We think it's a great idea.
- Including material on the developmental tasks at each age would be helpful to have to map against our trauma inventory
- We feel any workbook should be concise and have a consistent approach. Existing workbooks are quite large, and newer members already have a huge amount of material to digest.
- Yes, important to address this gap.
- Many ACA's are still unclear about how to distinguish between the Critical Parent, Nurturing, Parent and Inner-Child based on our literature as is. This could provide a clarifying empowering tool which is a central distinction between the hope ACA offers and any other 12 Step program..
- Our group will require more time to review the proposals in order to form a consensus.
- We are concerned that adding more workbooks would keep people from reading the Big Red Book, which is already happening.
- Excellent idea!
- unanimous vote
- Looking forward to my copy!
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Would like additional information and workbooks to help in learning to become your own loving parent.
- When minority spoke, felt there were already a lot of books on the subject; that we were reinventing the wheel.
- We have one in progress

Ballot Issue:

We propose that the WSO revise BRB Chapter 11 and the sponsorship pamphlet for clarity and consistency. The word “sponsor” is used throughout the chapter and elsewhere in the BRB. However, under direct sponsorship, instead of “sponsor” the word “Fellow Traveler” is used. This leads to confusion. We believe you recommend that all sponsors follow the Fellow Traveler method, meaning both are on equal footing. This method tries to prevent the sponsee from becoming triggered, in believing the sponsor is an authority figure. We recommend:

1. Defining, at the chapter start, that anyone on the ACA path of recovery, regardless of their time and progress in the program, is a fellow traveler.
2. Defining, at the chapter start, that not all Fellow Travelers can be sponsors, as per the requirements outlined in the BRB. (See #3.)
3. Changing “Fellow Traveler” to “Sponsor” under the heading “Direct Sponsorship.”
4. Clarifying that the “Fellow Traveler” method supports a relationship in which sponsor and sponsee are on equal footing, rather than in teacher/student roles.
5. Clarify the requirements of a sponsor (the type referred to as “traditional” in the pamphlet and “fellow traveler in BRB). From the WSO website: “A sponsor is someone who attends ACA meetings regularly and who has worked the ACA Twelve Steps. The person has made progress in recovering from the effects of growing up in a dysfunctional home.” Not all Fellow Travelers meet this requirement. We need clarification in chapter 11 about this and consistency between the website and pamphlet.
6. Adding that one of the supports a sponsor provides is to help the sponsee connect with their loving parent and inner child.

Argument in Favor

Clarifying the terms fellow traveler and sponsor would support both sponsors and sponsees to be on the same page and reduce confusion. Our group encourages members to contact fellow travelers who can be there if they don't have a sponsor, when their sponsor is unavailable and in addition to their sponsor.

History/ Reasoning

The way “fellow traveler” and “sponsor” are referred to in chapter 11 lacks clarity, leading some members to equate fellow traveler with sponsor. The pamphlet and the BRB appear to use the terms Fellow Traveler and sponsor to be one and the same. It is a fact that all sponsors are Fellow Travelers but not all Fellow Travelers meet the requirements to be a sponsor. We've had differing interpretations of this at our business meeting and would like to be on the same page. Also, in two places in chapter 11, the phrase, “fellow traveler or cosponsor” makes it sound like a fellow traveler is a cosponsor. This statement is referring to two different types of sponsorship, not one. The sponsorship pamphlet uses “traditional” whereas the BRB uses “fellow traveler.” We need consistency.

WSO Analysis

The Board agrees with the need to clarify this terminology. The Literature Committee could add it to the Literature Review queue and revise current documentation as time and resources allow. Revision of the two Sponsorship/Fellow Traveler tri-folds could be first on the list. Once we have the language in those documents approved by the Conference, we can prepare the changes for the BRB. A Second Edition of the BRB is being planned and the suggested clarifications can be added to that much larger long-term project that will take a great deal of effort and resources.

Proposal #4	YES	NO	No Opinion
Answered: 197 Skipped: 6	89.34% 176	3.05% 6	7.61% 15

PROPOSAL 4

- Consistency is vital!
- My group only talks in terms of "fellow traveler."
- Important
- Include this in BRB revision and in pamphlets
- We felt this would be an important clarification.
- There is confusion with how to implement this uniquely wonderful model of ACA sponsorship. Clarification could encourage more ACA's to become Sponsors and Sponsees, which is a current problem, as well as one since ACA's beginning, that may have jeopardized ACA as a whole in the past.
- editing function
- Our group will require more time to review to proposals in order to form a consensus.
- Please clarify, this proposal is difficult to understand as it is written.
- When person who I considered to be my sponsor committed suicide, I discovered he had been just a fellow traveler. I had suspected this all along, but he had been unaware of the distinction.
- There is a lot of confusion about sponsorship. In the San Francisco Bay area of California it is nearly impossible to even find a person willing to be a sponsor...even though entire conferences have been designed to address this issue.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Group agreed sometimes current wording can be confusing for newcomers, clarification would be helpful.
- unanimous approval
- Keep it simple.
- Our group had just read the pamphlet together the previous week and had almost universally felt at the time that it was confusing and mostly non-helpful.... Clarification seems very much needed....

Ballot Issue:

We propose that the WSO of ACA, and the Fellowship of ACA, “go to any lengths” to adopt the 12 Steps of Tony A. We request that Tony A.’s 12 Steps be printed in our ACA literature and texts, side-by-side with the already adapted 12 Steps from AA.

Argument in Favor

The AA 12 Steps have lead many of us from our addictions into sobriety/recovery, but many of us found we needed more. We heard the phrase “Emotional Sobriety” first mentioned by Bill W. in the AA Grapevine article in 1957, “Emotional Sobriety: The Next Frontier”. The term “Emotional Sobriety” was later echoed by Ernie Larsen in his publication of “Stage II Recovery”, and more recently, by Tian Dayton in her book “Emotional Sobriety”. Tony A.’s 12 Steps supply “The Solution” for Adult Children that seems to be missing in other 12 Step programs. Experiencing a void, many of us “Came To” in ACA. Tony A.’s 12 Steps are the Steps that heal us beyond the partial recovery many Adult Children experience with AA’s 12 Steps, those adopted by ACA. We believe there is great wisdom and healing in “being brought to clarity, doing a non-judgmental inventory of our parents, sharing the nature of our childhood abandonment, seeking the unconditional love of our Higher Power, and loving ourselves unconditionally” as mentioned in Tony A.’s 12 Steps. Tony A. stated in “The Laundry List” that he would have had a very limited and narrow recovery without practicing these concepts. There are those among us who now strongly agree with that statement. Going forward in time from Bill W.’s article “Emotional Sobriety: The Next Frontier”, we now believe that Tony A.’s 12 Steps provide the guidelines of how to achieve what Bill W. was reaching for all along: Emotional Sobriety.

History/ Reasoning

The 12 Steps of Bill W. and Dr. Bob have saved millions of lives from addictions and co-dependency. Many support group members owe their lives and sanity to the wisdom contained in those steps. We also believe that Tony A.’s 12 Steps are no less spiritually inspired when it comes to the maladies suffered by Adult Children. ACA members have used the 12 Steps of AA. However, their journey involves seeking relief from the effects of familial alcoholism and dysfunction, manifesting itself in what “The Identity Papers” of ACA describe as multi-generational unprocessed grief and PTSD. The complex PTSD from relationship trauma and compounded grief that many of us carry inside our hearts, bodies and souls drove us to the brink of relapse with our addictions, or to substitute new addictions to numb pain too great to endure. If we were lucky enough, we found our way to ACA meetings, and hopefully, a new stage of recovery. From our personal experience, we have come to believe that Tony A.’s 12 Steps as written in his book with Dan F., “The Laundry List”, are spiritually and therapeutically sound and essential in the quest for a broader and deeper recovery.

WSO Analysis

If approved this proposal will allow WSO to try to obtain permission to add Tony A.’s version of the steps in ACA Conference approved literature, but not replace the existing ACA Steps. Tony’s steps could be added to our literature as an alternative form of the steps. Our Traditions do not allow WSO to publish the copyrighted work of another author unless that author releases their copyright to the WSO. Tony A.’s 12 Steps were copyrighted by Tony and Dan F. and appear in a book that was recently rereleased in a digital format. Tony A.’s widow has been contacted and asked about permission to use them. She asked for some time to speak with others before giving a response.

Proposal #5	YES	NO	No Opinion
Answered: 196 Skipped: 7	77.55% 152	15.31% 30	7.14% 14

PROPOSAL 5

- This was our group's most controversial question. Some people voted no, but majority voted was yes.
- If we allowed to use the Tony A 12 steps, then would recommend discussion.
- Group with prop #2 & 16. Discuss, but we do NOT endorse whole re-writing of ACA literature. Important to discuss why or why not use these, clarify what groups can do, and how, if at all, these fit into the ACA program of recovery.
- Appears to be same as #2 & #16. Only one needs to be discussed by ABC.
- Under our open literature policy groups may use outside materials as they see fit. This assert (copyright) and any income it may generate are the property of the widow, not the fellowship. ▪ Important
- Except to what lengths? Depending on the cost of gaining rights to use the materials, it might not be worth it. There's another proposal to make these steps conference approved, which made sense to us.
- Most important is Tony A.'s widow's permission to use the original ACA 12 steps ▪ These are the bonified 12 steps
- Many travelers used Tony A's steps while his book was economically available in print. Now it's extraordinarily difficult to practice or to make these steps available without WSO support.
- we feel strongly that copyright issues be resolved within the boundaries of our Traditions, and are additionally uncomfortable with the language "go to any lengths," but love the language of Tony's Steps.
- Refer to comments in ballot measure 2. ▪ flexible on how this is done
- Should we bankrupt ACA taking this issue to the Supreme Court? This is written way too broadly. And Tony's Steps don't have an amends process. ▪ Reservations about the phrase "any lengths"
- Side by side is recommended, if permission to print them is granted.
- Group comments: They are good food for thought, but they are too much of a departure from what already works; Why would we vote to adopt something when we don't even know if we can have them - aren't we putting the cart before the horse; would rather make some slight changes to the ACA Steps than change completely
- We feel the phrase "go to any lengths" is alarming especially in regard to Tony A's widow. However, we are very much in favor of adopting Tony A's 12 Steps as the official 12 Steps of ACA
- Putting the "adult" back into Adult Children.
- Adopting the Tony A 12 steps is the Single Most Important work for ACA at this time.
- Group is happy with the current 12 steps, would not like them to be replaced. However, would consider having these 12 steps additional supplement or side by side. ▪ substantial unanimity
- Negative ramifications as being a 12-Step program if current Steps compromised; alienation potential members
- We would like to include Tony's steps as part of our history - not to confuse and complicate our current steps.
- We have always used Tony's Steps. This is the work we do.

Ballot Issue:

We propose that WSO creates a Directory page on the website listing the names and public contact information of the WSO Board OF TRUSTEE Members and their job descriptions. The list would also include the names of all the existing committees, who are the chairs for the committees and who are on the committees and their public contact information. The list should also include the description of the special worker jobs, who holds the jobs and their public contact information. The list should also include all of the other ways to contact WSO, that is, general phone numbers and general email addresses. We are not asking for personal e mail information or personal phone numbers. We are asking for transparency and a more personal approach putting a name to a job.

Argument in Favor

Having a list would make it easier for persons to find who is doing what and how to contact them. Right now only some of this information is scattered on the website and it is very difficult to sift through it all to find a contact person for a particular issue. Transparency is good.

NOT PASSED

History/ Reasoning

No directory exists and there is difficulty finding correct persons to contact on particular issues.

WSO Analysis

The WSO publishes an organizational chart here <http://www.repository.adultchildren.org/wso-organizational-charts> and has a "contact us" form on the website. We can look at ways of adding additional anonymous contact info, but having any Board member's personal name visible to the public online would be a violation of the anonymity principle in Tradition 11, the same as it is for any other member of ACA.

Proposal #6

Answered: 196 Skipped: 7

YES

54.59% 107

NO

30.10% 59

No Opinion

15.31% 30

PROPOSAL 6

- Protect Anonymity and be more transparent!
- Anonymity must be protected, although the information in the organizational charts should be listed (not flow chart) in a more prominent area of the adultchildren.org, NOT buried in the repository. Committee names are there, but no explanation of what the various committees are actually responsible for. Transparency will give people a better understanding of what the WSO is and how it works. There is the potential for more people to want to be of Service on the WSO level if it wasn't such a mystery.
- Good idea
- The website currently has contact info by office. That preserves anonymity while providing appropriate access. Additionally, it provides long-term consistency - we don't have to update contact info when positions rotate, etc.
- A contact person for the above would suffice, although the WSO may not have the resources.
- Although there has been much improvement in this area, we need to do more to improve communication.
- We support discussion of this topic but agree that anonymity is critical to our program. However, many of us expressed frustration at communicating with WSO (and in fact our group has e-mailed and written a letter for advise without a response to date). Make contact tabs available on every page.
- Please include first name and last initials only. Only BOTs should be completely identified, and then only on legal docs, not the website.
- Important to discuss the issue(s), whatever the outcome. ▪ 12th tradition says — anonymity is at most priority
- We do not want to discourage service nor jeopardize Tradition 11 anonymity.
- No one's anonymity should be broken, in keeping with Tradition 11.
- It is not difficult to get to the Repository where the agendas are posted, which gives the names of board and committee members. Other access to emails is given in the Contact Us list, that should be sufficient. ▪ close vote (only one vote apart)
- Our group also proposes that the website needs a lot of work...there is no responsiveness in it...We have written to you several times and never received an answer.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Many of our group members were surprised this was not out there yet. This really needs to be listed. ▪ unanimous against
- Already contact information for committees directly and indirectly through office; tremendous efforts would need to be made to keep this current; invasive and in violation of anonymity
- Would violate anonymity. ▪ Job Descriptions and Title Only No Personal Contact Info.
- anonymity is key to this group, naming people in these roles may make it harder to fill the positions
- If it can be done while maintaining anonymity.
- The group didn't feel especially strongly on this one, though was in favor....
- anonymity. AA World Service do not publish personal contact of any officers.

Ballot Issue:

We propose that so that more groups could participate through the delegate voting system we propose that delegates be allowed vote on proposals, brought to the ABC, using electronic methods(Survey Monkey), in advance of the ABC. An adjustment would need to be made in the final round of nomination procedure so that this can happen. The exact method of adjustment would need to be determined. There will be no change regarding delegates who want to travel to ABC meeting to vote.

Argument in Favor

Allowing delegates to vote in advance of the ABC using electronic methods makes it possible to get a broader participation by all groups. Making this voting step available to those who financially or physically cannot travel to ABC locations to vote would be more inclusive of the general fellowship ideas and suggestions. Survey Monkey is now used for the first 2 rounds and authentication is not an issue. So there should not be any issue of authentication or abuse in any additional rounds using Survey Monkey.

NOT PASSED

History/ Reasoning

Out of the 1600 meeting numbers less than 30 Delegates go to the ABC This is a small representation of groups, Many persons do not attend the ABC because of financial or physical limitations and the fellowship at large is not represented in the voting process.

WSO Analysis

All groups are encouraged to vote on the proposals before they become an ABC ballot item so we get a consensus of the groups conscience during that part of the process. Proposals that receive the required 2/3 majority then become ballot items to be voted on at the ABC. These ballot items are each discussed openly at the ABC and then after differing viewpoints are heard a vote is taken. Voting on the ballot items prior to the ABC would not allow for the inclusion of any new information that wasn't previously known before the ABC. The ballot item could therefore be decided by the prior votes that might no longer make sense because the number of pre-votes cast by reps prior to the ABC could outweigh the delegates voting in person at the ABC.

Proposal #7

Answered: 196 Skipped: 7

YES	NO	No Opinion
62.24% 122	25.00% 49	12.76% 25

PROPOSAL 7

- Not everyone that would want to attend the ABC in person is able to. The voting system needs to be overhauled to allow more program members/individual meetings the opportunity to hear the discussion and have their vote count. The issue is valid and needs to be addressed, although the proposal is flawed because voting prior to the discussion at the ABC is a bad idea.
- Ease of access is important
- WSO analysis missed the mark. While the wording of the proposal is a little fuzzy, the argument in favor is clear. Once the list of ballot proposals accepted for discussion is determined, groups should be able to vote in absentia. Obviously, they would not have the benefit of the discussion at the ABC.
- WSO should explain the impact of electronic methods on attendance (in person) versus participation (remote and on-site) with the ABC.
- This is not practical with our current structure, It is not feasible for large numbers of delegates to participate in a discussion and make any resulting motions remotely.
- We felt this should be discussed but appreciated the WSO analysis and caveats.
- Voting should not occur before full discussion. There are other ways to involve tele-delegates.
- Important to discuss the issue(s), whatever the outcome. While electronic voting / remote participation sounds like could be a positive (esp with cost of airfare/hotel), do see challenges with *advance* voting. Maybe these could be split -- option to participate *in real-time* remotely?
- We support great efforts be made to ensure inclusivity in a manner which reflects the the group conscience on ballot measures with all necessary and current information as it actually stands at the time of vote so that there would be no false group conscious vote based semi informed factions.
- Would it be possible to hold some type of online meeting so those who cannot attend in person can participate in line. It would cost over a thousand dollars for our group to send a representative and we can barely pay our weekly rent.
- A second round of Survey Monkey votes after the meeting would satisfy the WSO objections. Each ACA group should have one vote in this process.
- We find the possibility to vote electronically interesting, but not beforehand. But if it would be possible to attend the actual ABC electronically the votes could be cast in that format.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Unanimously against
- Meetings already vote on this forum; this gives individuals equal status as entire meetings to voice their individual opinions nullifying an entire group if the "delegate" disagrees with his/her fellows
- Group discussion is too important to the process to be skipped or skimped on.
- The pre ballot postal vote by survey monkey, but the delegate vote be in person with discussion to allow the process.
- There is a need to listen to discussions. A teleconference would be a good way to include more people in the discussions and in voting.

Ballot Issue:

We propose that a Telephone Conference Meeting Committee be created, since telephone conference meetings have issues unique and separate from face to face meetings. The purpose of the committee is to be a liaison between the board and the telephone meetings intergroup, and meetings. The responsibility of the committee is to field questions and concerns from the telephone community, interpreting them, making recommendation to the board and then giving explanations to the telephone community. Areas to be involved with are: Literature Issues, Autonomy Issues, Anonymity Issues, Safety Issues, Donation Issues, Clarification on sanctions, delisting and mixed messages. Ultimately a position of SERVICE BOARD TRUSTEE COULD BE CREATED REPRESENTING THE VIRTUAL COMMUNITY

Argument in Favor

The committee would know the issues involving telephone meetings and lesson the burden of those at the WSO level who do not understand the special issues of Telephone meetings. Telephone meetings have unique issues from face to face meetings. They do not have a voice in the fellowship. The telephone meetings with some direction could grow into a vital part of ACA and help spread the word to places which do not have meetings. The persons who attend the telephone meetings could and are inspired to start face to face meetings in areas where there are none. Having a committee may provide a place to have a dialogue and a voice for the telephone meetings. There are persons willing to become part of the committee.

History/ Reasoning

No Telephone Conference Meetings Committee exists.

WSO Analysis

The establishment of committees of the WSO is a serious institutional commitment of time and volunteer resources that should be made by WSO depending on the issues raised and the resources available. If the telephone meeting community wishes to form a subcommittee and support it, this might make issues within these meetings easier to resolve among the telephone community. The Board also has an open-door policy that allows groups to raise concerns at any time at the end of our monthly teleconference board meetings. It should be noted that WSO has no authority over how groups comport themselves other than requiring that they abide by the Steps and Traditions if they are to be listed on the WSO Meeting Directory.

Proposal #8

Answered: 196 Skipped: 7

YES

66.84% 131

NO

15.31% 30

No Opinion

17.86% 35

PROPOSAL 8

- With ADVANCE notification sufficient for all meeting members to receive.
- Discuss; however, we like the idea of a subcommittee vice a new committee.
- We would like these meetings to make their case at the ABC and be subject to questions about specifically what they need in support. A subcommittee might be appropriate.
- While we care about the concerns of the individuals supporting Virtual meetings and the special knowledge they have regarding the unique challenges of those formats, we do not think creating a Service Board Trustee is the manner in which to address these concerns. But we do believe the issues themselves have merit.
- Does not address
- We agree with the WSO analysis.
- There are already sufficient means of contacting the Board. Also, volunteers are hard to come by, even from Telephone groups.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- unanimously against. although the proposal may have been providing examples, a gentle reminder regarding "sanctions" when I am mindful of concept 12 I make better endeavors that no action should be personally punitive.
- Telephone meetings are free to meet however they like; focus here seems to be to have power on the WSO Board. Telephone meetings can affiliate with their IGs and Regions.
- Group conscience is too important to delegate up and away from the membership level.
- This falls under Region IG before the wso board.
- Recommend creating a Task Force to listen. Create a better, more open line of communication between WSO and Telephone Meetings.

Ballot Issue:

We propose that when Regions register with WSO, the Board of Trustees promptly (within 30 days) seat the duly elected Region Representatives as full members of the Board in accordance with the maximum number of Trustees set by the ACA foundational documents.

Argument in Favor

We need to uphold the ACA foundational documents so the WSO Board makeup fairly and equitably represents the fellowship. Right now the six current WSO Board Trustees, at most, represent 6 out of the approximately 62 Intergroups in our worldwide fellowship. Many volunteers on WSO committees are dedicating vast amounts of time into the work, but none are allowed to speak to or vote on agenda items during Board discussions at the monthly Board meetings. Meetings usually send a representative to their intergroup. Intergroups send a representative to their region. Regions send a representative to the WSO Board to be their voice for the fellowship. That was the way our service structure was designed to operate so that the WSO Board can effectively enact the conscience of our fellowship as expressed in the outcome of the ballots of delegates at our Annual Business Conferences. Seating region representatives on the WSO Board reflects that we are evolving and growing as a 12Step program just as we are as individuals in our own recovery. This practice is common among most other major 12 step fellowships as it considers all group consciences instead of just a select few.

History/ Reasoning

It has been the custom of ACA WSO Boards to welcome Region Representatives to the WSO Board as full Trustees since the Region Representatives directly represented a much larger group conscience of the fellowship than either Intergroup representatives or individual volunteers serving on the WSO Board.

WSO Analysis

Proposed Change: The Operating Policy and Procedure Manual (OPPM) is being revised by the WSO to address the ambiguity about the sitting of region reps on the Board of trustees. The Service Structure ad hoc committee is evaluating 9 other 12 Step programs to see what changes might be recommended for ACA to the WSO Board. Their work and the work of the Board is intended to help establish a clear framework for providing a representative body of Board members.

Proposal #9	YES	NO	No Opinion	
Answered:	196	71.43%	8.67%	19.90%
Skipped: 7	140	17	39	

PROPOSAL 9

- Important
- Not enough information provided, especially given the on-going study of other 12 Step groups.
- Continue revision of OPPM and include this as one of the issues to be resolved. "30 day" limit for inclusion should be negotiable
- This issue cannot wait until the OPPM is revised, or the service structure updated. We could use some clarity about the parameters of a region.
- One concern expressed in our group is that people could artificially generate regions to seat a majority of board members and execute a hostile takeover.
- We support ACAWSO in it's efforts to continue to be an effective organization through their Proposed Change.
- Premature proposal. The number of trustees has not been established yet. If approved, time would have way too many trustees on the board.
- A limited board helps avoid conflict. Voting from the Fellowship is binding on the board, but forcing new members onto the board can be more like a grenade.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- unanimous approval
- Meetings form service Board called Intergroup directly responsible to them; IGs form service board called Region responsible to them; Regions form service board named WSO directly responsible to those they serve.
- WSO is already working on this.

Ballot Issue:

We propose that the reference to prescription medication in the Big Red Book Chapter 1, page 13 be made more clear because genuine prescription medication use for both mental and physical conditions is often necessary. Therefore, the text would say in future editions: "we refrain from all prescription medication misuse" rather than "we refrain from all prescription medication use."

Argument in Favor

We recommend that "and prescription medication" be removed from the sentence in p.13 of the BRB and anywhere else its sentiment is expressed in ACA official literature.

History/ Reasoning

Bipolar and schizophrenia, depression and anxiety, all have aspects where prescription medications – while often over prescribed can be lifesaving. Also insulin, blood thinners or other medications for chronic physical conditions are prescription medications and so page 13's statement can be misinterpreted. AA does not officially make anti prescription edicts and has even had to blatantly state this because of old timers telling newcomers that prescription meds = insobriety. We feel that the inclusion of prescription drugs, especially when not even referring to psychiatric medication but actually to all prescription meds in this statement on p.13 is dangerous, life threatening and alienating from a program that formally acknowledges members' mental illness experiences in a way no other twelve step program does.

WSO Analysis

A Second Edition the BRB is being planned and if approved by the fellowship at the ABC, the suggested language can be added to that much larger project. This is a long-term project that will take a great deal of effort and resources.

Proposal #10

Answered: 196 Skipped: 7

YES

85.71% 168

NO

5.10% 10

No Opinion

9.18% 18

PROPOSAL 10

- Very important
- Combine with props #11 & 12 for discussion
- Similar in intent to #11 & #12, Include this in the recommendations for 2nd edition of BRB and pamphlets as needed
- A revision of such language is most appropriate. The LitCom should consult a Professional Advisory Committee (OPPM p.16) about any updates.
- There were several comments by individuals who take prescribed medications and feel "less than" when reading the current text in the BRB,.
- This is a very serious issue and needs action now rather than later. Could appropriate language be added to the web site and distributed to new and existing groups ?
- WSO has no right to judge members' medical needs, and addressing misuse is morally grounded.
- Some members have felt confusion and even left ACA over this issue. They have questioned whether ACA is a program which they qualify to be a part of if they take medication prescribed by a doctor. Some members believe they should stop taking medication (even if a doctor has prescribed it), otherwise they are not in recovery. Clarification between the distinction between use and misuse could eliminate this confusion and allow all ACA's to feel they are legitimate members of ACA in recovery while they are taking medicine prescribed by a doctor. This also fosters the spirit of inclusion forged during ACA's growing period which included anyone from other types of dysfunctional family systems.
- edit function
- We vote for this proposal but reject the argument in favor, which is something different from what is contained in the proposal itself.
- Misuse is the problem and "mis" should be added to all mention of prescription medicines. We should not undermine legitimate prescription use.
- unanimous vote
- How enlightening to discover a member who took up too much meeting time without finding solutions was taking prescription medication! We like the text as written. Those taking meds will continue to do so, but the text should not help keep them sick. We offer recovery, not just braces and crutches. Hope this helps.
- The entire use and prescription of anti depressants needs to be written about more clearly. Many suffer both on and off of medication and there seems little actual help in the medical community. Many are wrongly diagnosed etc.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- unanimous approval
- Great suggestion for committee revising BRB to consider
- "Misuse" should be mentioned right up front.
- We are in passionate agreement about these changes!

Ballot Issue:

We propose that this additional sentence should be added directly after the sentence in the previous proposal: "We also recommend that the adult child guards against the misuse of any other substances or processes to selfsoothe the pain of a dysfunctional childhood (eg, work, food, gambling, sex, relationships, shopping, internet use, exercise.)"

Argument in Favor

We recommend that "and prescription medication" be removed from the sentence in p.13 of the BRB and anywhere else its sentiment is expressed in ACA official literature.

History/ Reasoning

Bipolar and schizophrenia, depression and anxiety, all have aspects where prescription medications – while often over prescribed can be lifesaving. Also insulin, blood thinners or other medications for chronic physical conditions are prescription medications and so page 13’s statement can be misinterpreted. AA does not officially make anti prescription edicts and has even had to blatantly state this because of old timers telling newcomers that prescription meds = insobriety. We feel that the inclusion of prescription drugs, especially when not even referring to psychiatric medication but actually to all prescription meds in this statement on p.13 is dangerous, life threatening and alienating from a program that formally acknowledges members' mental illness experiences in a way no other twelve step program does.

WSO Analysis

A Second Edition the BRB is being planned and if approved by the fellowship at the ABC, the suggested language can be added to that much larger project. This is a long-term project that will take a great deal of effort and resources.

Proposal #11

Answered: 196 Skipped: 7

YES
81.12% 159

NO
8.67% 17

No Opinion
10.20% 20

PROPOSAL 11

- Very important
- Combine with props #10 & 12 for discussion
- Better to use terms of affirmation (do this) rather than negation (don't do this). The former leaves a void.
- Similar in intent to #10 & #12, recommend this be included in recommendations for 2nd ed BRB and pamphlets as needed
- A revision of such language is most appropriate. The LitCom should consult a Professional Advisory Committee (OPPM p.16) about any updates.
- Our group agreed with the recommendation to guard against the misuse of other substances or processes (like work, food, shopping, etc.).
- We agree with the spirit of this ballot measure, even if the wording were slightly different based on group conscience.
- edit function
- We vote for this proposal but reject the argument in favor, which is something different from what is contained in the proposal itself.
- We feel that this is not the appropriate page or section to make this addition. The other activities are mentioned elsewhere in the BRB in later chapters. We feel that the focus here, this early in the book, should be on substances that alter the mind or state of consciousness. Additionally, we feel that making this change may be too overwhelming to hit the newcomer on pg. 13 of the BRB.
- This should be adopted for clarity and for emphasis.
- unanimous vote
- There are too many copies of the original out there to change the text with revisions, which smacks of control issues and manipulation, lessening our credibility. Your personal recovery plan is your own affair, but some of us follow the Thomas Szasz model asking us not to place the cart before the horse. Propping up "mental illness" as an unmoveable fact hinders the certain promise of the complete recovery we offer. We don't get to ACA because we're well, yet we demand real recovery, not temporary relief. Please know that the process takes time, and continues for a lifetime. Submission of this question shows a certain somebody's quest for validation, but changing the text is not your solution. We cannot become flying monkeys here. We're nutty enough as it is without going about changing the text.
- All aca groups have members discussing this problem at meeting and we need guidance from our big book
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- unanimous approval
- Great suggestion for committee revising BRB to consider

Ballot Issue:

We propose that antiprescription medication use comments, rather than a misuse of prescription medication comments, be removed anywhere the sentiment is expressed in ACA/DF official literature or amended to make it clear that misuse is the issue.

Argument in Favor

We recommend that "and prescription medication" be removed from the sentence in p.13 of the BRB and anywhere else its sentiment is expressed in ACA official literature.

History/ Reasoning

Bipolar and schizophrenia, depression and anxiety, all have aspects where prescription medications – while often over prescribed can be lifesaving. Also insulin, blood thinners or other medications for chronic physical conditions are prescription medications and so page 13’s statement can be misinterpreted. AA does not officially make anti prescription edicts and has even had to blatantly state this because of old timers telling newcomers that prescription meds = insobriety. We feel that the inclusion of prescription drugs, especially when not even referring to psychiatric medication but actually to all prescription meds in this statement on p.13 is dangerous, life threatening and alienating from a program that formally acknowledges members' mental illness experiences in a way no other twelve step program does.

WSO Analysis

A Second Edition the BRB is being planned and if approved by the fellowship at the ABC, the suggested language can be added to that much larger project. This is a long-term project that will take a great deal of effort and resources.

Proposal #12

Answered: 196 Skipped: 7

YES	NO	No Opinion
78.06% 153	11.22% 22	10.71% 21

PROPOSAL 12

- Our group had a great many concerns that multiple perspectives of ACAs be included, including but not limited to: a) The perspective of those for whom a "mental illness" framework is useful, and who may or may not use meds or not use meds as part of emotional sobriety, and b) The perspective of those for whom "mental illness" is not a useful framework, and/or that framework may have been used to oppress, injure, abuse and / or otherwise harm us, AND for whom meds may or may not be a part of emotional sobriety. For these ACAs, "mental illness" narratives and meds have been used against an individual as part of abuse and harm, sometimes systematically. c) those of us who are survivors of psychiatric abuse d) those of us for whom psychiatry and such services are useful parts of healing All of these perspectives, and more, are real and important. We do not see them as mutually exclusive. However, due to the abuse suffered by some of us at the hands of systems and institutions organized as "mental health systems" and "mental health practitioners", we have a real concern about the framing of this question, regardless of our personal histories with medications of various types. We, as a group, approve of inclusion, and support anyone using anything that is helpful to their healing and well being. However, many of us are concerned about the underlying framework / perspective of this ballot question. In particular, we are concerned about the narrative of "mental illness" being assumed - for many of us, this is not reality, and this narrative is part of what has harmed us. This is why a "no" vote was cast.
 - Side literature can be sufficient, instead of costly reviewing of BRB.
- Similar in intent to #10 and #11 recommend this be considered for BRB 2nd edition and pamphlets as applicable.
- A revision of such language is most appropriate. The LitCom should consult a Professional Advisory Committee (OPPM p.16) about any updates.
- Refer to comments in Ballot Measure 10. We agree with the importance of consistency and clarity throughout ACA literature regarding a distinction between use and misuse of any substance.
 - Combine with props #10 & 11 for discussion
- We reject this proposal and reject the argument in favor, which is something different from what is contained in the proposal itself.
- We feel that the language as presently used is understandable and does not imply that users of prescription medication abuse or misuse. We feel that to make the proposed change would be excessive and confusing
 - Great suggestion for committee revising BRB to consider
- There's a difference between an inner child and mere childishness. This issue is cloaked with a desire to "help others," but belies the intent of the person putting forth the question, and that is validation of their addiction to being "mentally ill." Believe me, insanity is the close companion of all those attending 12-Step programs, but our pain and fear and anger are our best friends, because without them we would not do the grief-work and fear-purge that brings such relief. Hot tears of gratitude have come to me as I type this. Keep talking about this issue on your own time, but please don't alter the Red Book or it will water down the whole Fellowship. This is a personal matter, not an issue requiring others to weigh in with a vote. That's triangulation, and is not helpful in asking us to participate by "taking sides." We really don't want to have to revisit that power-play insanity from our childhoods. My father died last month, and the siblings and extended family are all lining up with stunning (yet predictable) power plays. Who was the favored offspring? Oh, that was me! But I stayed home from the memorial to chop wood and shovel snow, and to discuss with the members of my group these ballot proposals. Thank you, thank you, San Diego ACA!! Loved attending your 2007 Convention. It was the penultimate weekend of my life thus far.
 - This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote.
 - unanimous vote
- wording on this was a challenge to understand even with the book and a person from the ballot prep committee present during voting.

Proposal 2017-13

2017 ABC Ballot Proposals

Submitted by NZE019

Ballot Issue:

We propose that the WSO explains more specifically what 'closed' means anywhere that the term is used.

Argument in Favor

Some Adult Children are put off coming to meetings for the first time because they think 'closed' means membership of the group is at capacity/ full and therefore no new people can join.

History/ Reasoning

Some Adult Children are put off coming to meetings for the first time because they think 'closed' means membership of the group is at capacity/ full and therefore no new people can join.

WSO Analysis

The Website and Database Committee can add a better explanation to the "Find a Meeting" page on the website.

Proposal #13

Answered: 196 Skipped: 7

YES

89.29% 175

NO

2.04% 4

No Opinion

8.67% 17

PROPOSAL 13

- This would be an important clarification.
- Very important
- While we approve for discussion, it is to ensure the W&D Committee do this. Much needed on the website now. It will be nice if this is done by the time we get to S.D. so we don't even have to discuss it!
- As Utah has no "closed" meetings, it would be useful to define what that means in the Find a Meeting website page.
- It seems appropriate for public meeting list..
- see WSO analysis
- Most 12 step groups provide references to the meaning of this in footnotes. It would be a simple addition to add a sentence or footnote wherever this is discussed.
- WSO Analysis puts forward the solution in this ballot.
- unanimous vote
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Our group agreed this could be confusing if not explained, especially for newcomers.
- unanimous approval
- Always confusing; needs explanation in meeting directories
- Do away with the term "closed" - it puts off newcomers.
- Nobody in our group really even understood what closed means, or why we use the term at all, so again, this seems to very much need clarification.
- anyone not knowing what closed means needs to go to 90 meetings in 90 days

Ballot Issue:

We propose that all vetted ballot proposals for the annual ACA ABC, that are voted on prior to the meeting, be admitted to the agenda by a favorable vote of 50% by all voting groups (as opposed to the 2/3 demanded now).

Argument in Favor

ACA is at heart a bottomup organization. All voices count. Access to the annual agenda and subsequent decisionmaking process (and open discussion of relevant issues for the community) should be encouraged by making the process simple and access easy. Minorityvoices should be heard and different opinions debated; 2/3 majority is a very high limit to set on proposals, potentially blocking many proposals of significant value to the community and its sense of inclusion and belonging. If 50% of the participating community wants to discuss an issue or proposal, it should be more than enough (in regular meetings all proposals are welcome). The road from idea to agenda, as it is, is too long and too difficult. This proposal seeks to alleviate this.

NOT PASSED

History/ Reasoning

Very few ballot proposals actually reach the annual ACA ABC. Many are vetted for good reasons, but for those that are relevant, it seems to be an extraordinary large amount to demand 2/3 of the votes cast just to reach the agenda.

WSO Analysis

The 2016 ABC was the first in recent memory where none of the proposals became ballot items. The Board feels that one reason this happened is that the language that explains the proposal voting process may be unclear. Even with some changes to the language, many groups still think they are casting a vote for or against the proposal when in fact they are being asked to vote whether the proposal has enough merit to be discussed at the ABC. The ABC Committee has tried this year to further improve the language to help groups understand what they're being asked. Regarding the requirement for a 2/3rds affirmative vote to become a ballot item, requiring this substantial unanimity ensures that the ABC only takes up business that the groups approve by substantial unanimity.

Proposal #14	YES	NO	No Opinion
Answered: 196 Skipped: 7	61.22% 120	20.41% 40	18.37% 36

PROPOSAL 14

- The current voting system needs to be overhauled to allow more meetings and Intergroups the ability to vote. This proposal may not be the correct way to go in order to accomplish that.
- 51% would be a better number as it is a majority
- The current 2/3ds requirement is only a benefit if we were faced with 40-50 ballot proposals.
- Part of a larger discussion about group participation.
- We appreciated the additional clarity given for the 2017 ballot proposals.
- Important to discuss the issue(s), whatever the outcome.
- We would like clarification as to whether there needs to be 2/3rds of all registered groups or just those voting. We are not clear as to the reason for the difficulty obtaining votes. Clarification could change our decision. The issue being; are all ACA groups having the ability to have a say in the voting process, are there barriers which could improve access?
- although majority of our group members voted YES to include this proposal on the 2017 ABC agenda, one member abstained due to belief that the current rule of 2/3 of voting groups should vote favorably to place an item on the agenda - the current rule should remain in place, and it should not be amended to 50% of voting groups approval.
- current practice is too limiting
- 50% is not sufficient.
- Corporate law follows the model of there being a simple majority for shareholders (over 50%) and a 2/3 majority for the board. This seems to work best.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Most of group agreed that 50% vote or more should be considered, however one member stated that felt majority vote should prevail.
- unanimous against. not in keeping with concept 12 that matters whenever possible shall be agreed to by substantial unanimity
- Temporary fix; originally, vote was yes or no for ballot items. With the addition of "no opinion" option in recent years, seldom, if ever, will ANY ballot item pass. This inclusion effectively nullifies ANY opinion of the fellowship, so the WSO Board is free to do whatever it wants without the pesky interference of the opinion of the entire ACA fellowship.
- Prevents frivolous issues from coming forward.
- We do recommend that this be changed to state "a favorable vote of over 50%". The reason for this is that 50% is an even vote or tie, and not a majority. Anything over 50% would represent a majority.

Ballot Issue:

We propose that the fellowship would consider changing the first statement in The "Laundry List" to read as: These are characteristics we seem to have in common due to being brought up in an alcoholic or dysfunctional household.

Argument in Favor

Our group has come to believe in a consistent message throughout our literature, The "Laundry List" being one of the most powerful messages of identifying.

History/ Reasoning

Many of our newcomers drop in to a meeting and question if they belong with us due to a short view of qualifying when alcoholic household is mentioned.

WSO Analysis

If approved this is something that can be done fairly inexpensively in tri-folds, booklets, and online ebooks. It can then be included in our existing published books when revisions or new editions are printed.

Proposal #15

Answered: 196 Skipped: 7

YES

84.18% 165

NO

5.10% 10

No Opinion

10.71% 21

PROPOSAL 15

- Consistency is important!
- Good idea
- Properly placed in brackets it would be a clarifying addition. [or dysfunctional household]
- Our meeting has already made this change in our own initial readings.
- see WSO analysis
- We should be adding this to all mentions of our name in any publication from ACA. It is already absent in the acronym!
- Tony A's original Laundry List should not be altered in any way. If someone from ACA other than Tony A added the statement being offered for alteration, then it would be okay to update it. But, if Tony A put that at the beginning, then it should not be altered. Not everything needs to be altered. Sometimes we can just accept that we have to silently add the last portion of the statement in our minds, knowing it is shown in other places.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- unanimous approval
- As a historic document, the verbiage should NEVER be changed. As an add on clarification clearly labelled as an add-on, then it may be appropriate for the sake of inclusion.
- Too wishy-washy. We are who we are. It's up to the visitor to decide if they fit in. We don't have to trip over ourselves to make them feel included - that's called codependency.
- When this proposal refers to the "first statement" in the first sentence, it was a bit confusing. We thought it referred to item 1; when in fact, this proposal refers to changing the "preamble" to Laundry List, not the first item.
- The laundry list in the BRB doesn't have a statement at the beginning of it, so this proposal seems vague at best....

Ballot Issue:

We propose that ACA/WSO open up discussion among our fellowship to introduce Tony A's ACOA 12 Steps to our membership as conference approved material. We motion that ACA/WSO include on this years ballot discussion to make Tony A's 12 Steps available as conference approved material.

Argument in Favor

There are many groups in addition to our group that include Tony A's 12 Steps along with the Problem, The Laundry List and The Solution which encourages in the format at the beginning of the meeting. Some of us found out about Tony A.'s 12 steps for the first time last year at an ACA conference at Redondo Beach California. We researched further and listened to the recording of Tony's Talk where he introduced and talked about each step before the 1991 ACA conference in Florida. We have found this information useful in our recoveries and believe it ought to be available to all fellow travelers to aid in our recovery process.

History/ Reasoning

In 1991, Tony A. introduced the 12 Steps of ACOA at the 7th Annual Convention of Adult Children of Alcoholics at an optional support group before the conference. The ACA business conference adopted the A.A. steps in 1984 seven years before Tony wrote and developed his version. Although ACA uses and references the Laundry List, Common Traits of Adult Children our material does not include the steps which were written specifically for the adult child who suffers from abandonment, self doubt, inability to love and nurture ourselves and shame. Tony A's 12 steps provide a pathway for the adult child to heal the wounds suffered as children that are buried deep within us sabotaging our present day relationships. Similarly to the BRB, Tony A's book encourages healing through taking responsibility for our lives today by learning to forgive our perpetrators and ourselves.

WSO Analysis

Various forms of this issue has been addressed in ballot proposals #2 and #5 above.

Proposal #16

Answered: 196 Skipped: 7

YES

75.51% 148

NO

13.27% 26

No Opinion

11.22% 22

PROPOSAL 16

- Unless we get permission from his widow, none of the three proposals matter.
- Very important
- Combine with props #2 & 5. Discuss, but we do NOT endorse whole re-writing of ACA literature. Important to discuss why or why not use these, clarify what groups can do, and how, if at all, these fit into the ACA program of recovery.
- Seems similar in intent to #2 . Only one needs to be addressed by ABC
- This proposal is made moot by our open literature policy. Conference approval is not needed.
- We agree this should be discussed over the next year rather than the ABC making a decision now.
- Redundant
- Refer to comments in ballot measure #2.
- flexible on how this is done
- This isn't necessary since we are already free to read Tony's steps in meetings, as many groups do. Again, his steps do not include an amends process which we consider vital.
- Why discuss when we don't know if we can even use them.
- close vote (only one vote apart)
- Strongly agree.
- This is not a no vote. Only Proposal 5 was considered.
- Our group only wanted to consider proposal 5 so "No Opinion" should not be considered a "No" vote
- Copyright violation. Not supposed to engage in any activity that will negatively impact the fellowship, like a lawsuit for copyright infringement.
- Strongly.
- See comment for Proposal #2
- Get Tony's steps