

A Sponsor's Toolbox – Getting a Newcomer Started and Through Steps 1-3

Materials

1. A Guide for Sponsors
2. Sponsoring Through the Steps
3. Plan of Eating pamphlet – go through paragraph by paragraph with sponsee
4. Dignity of Choice pamphlet – go through paragraph by paragraph with sponsee
5. AA Big Book
6. OA & AA 12&12
7. OA Workbook
8. 15 Questions – attached. Also in newcomer's packet.
9. Developing a Plan of Eating – 3 column exercise attached.
10. Slip Inventory – Slips are learning experiences. What did you learn?

First Things First: Before doing anything a new sponsor needs to study the OA pamphlets: *A Guide for Sponsors, Sponsoring Through the Twelve Steps, A Plan of Eating, Dignity of Choice* and *OA's Fifteen Questions*.

General Thoughts on Getting Newcomers Started

1. Set a time to talk or meet.
2. Set expectations in first conversation.
 - honesty – daily scheduled calls -
 - timeliness – assignments - read/write -
 - studying nature of problem
3. Talk every day. Share your experience with getting honest with the food.
4. Tell newcomers to view the *Newcomer's Orientation Video* on <http://oahelps.org> (Westchester United Intergroup website) and read the pamphlets in the Newcomer's Package.
5. Begin the first call by carefully discussing the 15 questions with them.
6. To help them understand the nature of the disease and eventually to establish a plan of eating - or to assess their plan if they already have a plan - have the newcomer read and highlight the *Plan of Eating pamphlet*. Discuss it page by page with them. Then do the same thing with the *Dignity of Choice* pamphlet up to the section with examples of plans of eating. This will take several calls.
7. After completing the study of the two pamphlets, have them do the 3 column A/B/C exercise and, with your help, establish a precise plan of eating they will now follow.
8. After a week or two of committing their food to you and following the plan, start them on the steps. Continue daily calls and committing of food.

9. Options for questions for writing on first three steps:
 - 30 questions in *A Guide for Sponsors* pamphlet (BB, 12&12, POE & Tools pamphlets)
 - Questions in *OA Workbook*
 - Questions in *Sponsoring Through the Twelve Steps* pamphlet
10. Suggest they don't deviate from their daily food plan once agreed on & committed
11. Suggest they weigh and measure their food (for now).
12. Suggest they weigh only once a month.
13. Suggest they make daily telephone calls to three other members.
14. Get them to go to as many meetings as possible.
15. By your example, begin demonstrating OA program principles, such as: *One Day At A Time*, *First Things First*, *Live and Let Live*, *Let Go And Let God*, no gossiping, no taking other people's inventories, and other principles. Lead them to feel and know that our program is one of love, concern and support. We are a fellowship of people who share a common problem and a common solution.
16. Remember that slips are learning experiences. Don't waste them! Have the sponsee do a slip inventory. Emphasize that immediately admitting a slip to you empowers him to get started again. Holding on to the secret usually leads to more eating. Slips do not need to become relapses.

Some General Suggestions for New Sponsors

17. Sponsor your experience: bingers, anorexics, bulimics, restrictors, gender.
18. Don't expect success; and don't fear failure. We do 12th step work to give what we have, so we can keep what we have been given. We're not sponsoring or telling our story to newcomers to get them abstinent, nor to keep them in the program. We sponsor to keep what we have. This is the right motive. This motive will keep our pride out of the way, and prevent many heartaches and disappointments when some of our sponsees choose not to accept the gift of the program.
19. Share your program. Keep the time on the phone program oriented. Don't allow social conversations to override our need to carry the message. It's important that the newcomer realize we're where we are because of the program.
20. Remember we are sharing our own experience. Don't give professional advice. We're not doctors, therapists, clergymen or family counselors. When people ask for such advice, guide them to the people who are competent to give it. Don't in egotistical vanity, give it yourself. The only thing we have to give is our experience in the program.

21. Don't avoid, or apologize for God when we're first explaining the program and our experience to newcomers. Remember the problem and the solution are physical, emotional and spiritual.
22. Don't make promises. The only thing we know for certain is that if someone follows the program sincerely, they will stay abstinent and find recovery. Initial abstinence from the numbing effect of compulsive overeating may mean feeling more pain. But as long as they are working the program completely, they can remain abstinent and serene in spite of problems.
23. Share your struggle. Don't allow yourself to be put on a pedestal. Let your sponsee know that you are only one bite away. Point out that you are only an instrument of a higher power.
24. Don't practice what you're going to say before you talk. Practicing is what leads to making-up what we're going to say and *selling* rather than sharing the program. *Tell them what happened to you.* We all know our own story very well.
25. Don't burn yourself out twelve-stepping. We can overdo it by taking ourselves away from our family too often or wearing ourselves out...to the point of setting ourselves up to eat again. OA comes first, but that does not mean OA activities. It means the principles we learn in OA come first.
26. Don't sponsor too many people. One may be enough for some; three or four may be okay for others. We should sponsor only that number to whom we can give the full benefit of our sponsorship.
27. If you give the program as it is written, you will be giving your newcomers a great gift, while at the same time holding on to the gift that the program has given you.
28. Don't predict who will make it, and who will not. It's impossible to know. Anyone can make it that follows the program sincerely, no matter what their background, their program, or the circumstances of their life. All that's needed is willingness...nothing else.

Fifteen Questions

This series of questions may help you determine if you are a compulsive eater. Many members of OA have found that they have answered yes to many of these questions.

1. Do I eat when I'm not hungry, or not eat when my body needs nourishment?
2. Do I go on eating binges for no apparent reasons, sometimes eating until I'm stuffed or even feel sick?
3. Do I have feelings of guilt, shame or embarrassment about my weight or the way I eat?
4. Do I eat sensibly in front of others and then make up for it when I am alone?
5. Is my eating affecting my health or the way I live my life?
6. When my emotions are intense - whether positive or negative - do I find myself reaching for food?
7. Do my eating behaviors make me or others unhappy?
8. Have I ever used laxatives, vomiting, diuretics, excessive exercise, diet pills, shots or other medical interventions (including surgery) to try to control my weight?
9. Do I fast or severely restrict my food intake to control my weight?
10. Do I fantasize about how much better life would be if I were a different size or weight?
11. Do I need to chew or have something in my mouth all the time: food, gum, mints, candies or beverages?
12. Have I ever eaten food that is burned, frozen or spoiled; from containers in the grocery store; or out of the garbage?
13. Are there certain foods I can't stop eating after having the first bite?
14. Have I lost weight with a diet or "period of control" only to be followed by bouts of uncontrolled eating and/or weight gain?
15. Do I spend too much time thinking about food, arguing with myself about whether or what to eat, planning the next diet or exercise cure, or counting calories?

Getting Honest About Your Food and Weight

Without a precise and honest *plan of eating* we waste endless hours arguing with ourselves and, ultimately, give in to our own lie that we can have just one bite and stop. Likewise, unless we consider quantity, we may not reach a healthy body weight, which is part of the definition of abstinence in OA. One way to begin is by looking at everything you consume. Construct a three column list of all the foods you commonly eat. Be very specific. Don't say vegetable – name the specific vegetable and how it's prepared. Don't say protein – name the specific protein such as steak or chicken or fish and how they are commonly prepared. Don't say sugar or candy – say the specific candy bar, ice cream, donut, cake or junk food. Include condiments, table sugar, sugar substitutes, salt. Leave nothing out that you eat or drink.

Column A

Foods that you know in your heart of hearts are triggers for you; foods that you often eat too much of; foods that you NEVER have just one of; foods that you consciously or unconsciously turn to when your feelings are particularly unpleasant OR pleasant; foods that call to you; comfort foods.

Column B

Foods that may not be, but sometimes might be, a problem.

Column C

Foods that clearly are not a problem for you; foods that you can take or leave; clearly not comfort foods; more often than not you don't overeat them.

Food Slip Inventory

1. The food is always the last to go, so inventory it first. Write down exactly what happened as if there was a video camera rolling.
2. Before the food went, there was some emotional or mental problem. Go back several hours or the previous 24 hours or a few days and come forward.
 - a. What feelings were you experiencing before the slip. (*It may help to think about this first and also to talk to someone else to get clear before writing*).
 - b. Were you avoiding facing something?
 - c. What lies did your disease tell you that you decided to believe? How did you decide that it was okay to eat and drink?
3. What was the spiritual problem? Was God anywhere? Did you do your morning 11th step work?

Going forward

4. What physical actions are you ready to take to become abstinent and stay abstinent?
5. What emotional actions are you ready to take to become abstinent and stay abstinent?
6. What spiritual actions are you ready to take to become abstinent and stay abstinent?

A GUIDE FOR SPONSORS – Study this before starting to sponsor!!

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Top Ten Characteristics of Effective Sponsors

Developed at a 1999 Workshop, Later Published in Lifeline

1. Abstinent: The sponsor is abstinent, and abstinence is the most important thing in their life.
2. Available: A good sponsor has the time to spend talking with the sponsee. They are available when needed for an emergency. They are available for personal contact in addition to the telephone.
3. Committed: The most effective sponsors are committed to the program, to sponsoring, and trying to pass on the message of recovery to others.
4. In recovery: The sponsor lives in recovery on all three levels – physical, emotional, and spiritual. They walk the walk as well as talk the talk.
5. Program foundation: They have a strong foundation in program principles, the steps, traditions, tools, and particularly the Big Book.
6. 12-Step based: The sponsor has knowledge and experience in working the steps. They try to apply the steps to everyday living.
7. Focused: The sponsor keeps the daily phone call with the sponsee focused on the steps and the program rather than social things.
8. Good listener: Effective sponsors are good listeners.
9. Clear expectations: From the beginning, the best sponsors set out clear expectations, limits and goals for the sponsor/sponsee relationship.
10. Shares experience only: Truly effective sponsors know their limits. They do not play God, therapist, counselor or social worker. They share their program experience only.
11. Humility: Good sponsors know when to say, “I don’t know,” or “I have no experience,” or “Perhaps this is a situation where you might need some help outside the 12-step rooms.” They don’t allow themselves to be put on a pedestal.
12. Honesty: The best sponsors are rigorously honest – both about themselves and with the sponsee. They do not enable. Their approach tends to be compassionate tough-love.
13. Supports and encourages: Effective sponsors help sponsees to grow, to learn to do new things, to take risks, and to learn from their mistakes.
14. Attitude: Good sponsors demonstrate compassion, empathy, patience, a sense of humor, and a positive attitude about life.

15. Knows when to let go: Good sponsors know when and how to detach with love and “let go” of sponsees when it becomes appropriate.

Tips on Sponsoring

(Developed at an OA meeting's workshop on sponsorship;
take what you want and leave the rest!)

1. Live in your own program to the best of your ability. You cannot give to others what you do not possess; live in the steps and use the tools.
2. Be honest and open about your own program with those you sponsor. Share your successes and hard times; if you attempt to disguise your struggle, your sponsee will realize it.
3. Realize the answers to questions and the suggestions for recovery are in the OA literature and the Big Book. You don't have to know all the answers, only where to find them.
4. Your experience is your foundation to sponsoring. Share your experiences, but remember, that was your experience, theirs may be different – and that's okay. As long as your guidance is in accordance with program, you are fulfilling your obligation.
5. Explain to a new sponsee what you are going to do; then do it. Explain that we are compulsive because we have problems coping dealing with life's issues. Explain that the process of working the 12 steps provides us with the tools to face and enjoy life, to the extent that the need to compulsively overeat will be lifted. Explain that your sponsorship is to guide them through that process.
6. Explain to a new sponsee what their responsibilities are. Agree on exactly what you will do and what they will do on things such as food plans, calling, writing, etc. Whichever path you choose, agreement between the two of you as to how to approach recovery is essential. It may be a very specific or very general agreement and the agreement may change, but begin by walking the path together.
7. Listen and accept. There is no good or bad recovery. We all do the best we can. Accept and support, but always offer program, even if you believe it threatens the relationship. We never need apologize for offering recovery. That is really all we have to give.

What do you say to someone who calls and says, “I want to eat!”

Comments at a BAIG 2010 workshop

1. What happened just before these the food thoughts since it's feelings that trigger the obsession?
2. Compliment them on picking up the phone before taking a bite.
3. Say "put down the food just for now."
4. Tell them to come up with the tool that would be most helpful at this time.
5. Assess what is currently going on in their life.
6. Ask them what they like best about their abstinence.
7. Ask them about their goals.
8. Get out of the kitchen. Move away from the food.
9. Make a gratitude list.
10. Say the serenity prayer.
11. Read some OA literature.
12. Share your strength, experience and hope.
13. What triggered the urge to eat?
14. Plan to attend a meeting, and keep coming back.
15. Ask for help from your Higher Power.
16. Have a hot or cold drink that is in compliance with your food plan.
17. Remember the goal is to abstain from the first bite.
18. Take an action other than eating.
19. Pray for willingness.
20. STOP!

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