Role of the Clergy: The Effects of Alcohol and Drugs on the Person and the Family

Reverend C. Roy Woodruff, Ph.D.

This article is reprinted from Seminary Journal, *Volume 9, Winter 2003. To obtain the full NACoA report, visit www.nacoa.org.*

There is no question that the need is there—in all parishes—for priests who know how to help those in their charge who struggle with personal addiction or the addiction of a loved one. After all, there are so many who need this kind of help. Alcoholism and other forms of chemical dependency are major, pervasive public health problems that are responsible for the death and ill health of millions of Americans each year, and profound confusion and suffering by their families and children.[1]

No segment of society is immune. While the patterns of addiction and its specific practical consequences may be different in wealthy suburbs, the inner city, and rural areas, the problem nevertheless cuts across all economic, social, and religious divides. And the harm extends beyond the alcoholic or drug-using individual to the entire social network dependent on him or her. Addiction is definitely a family disease, not only because there is a demonstrated genetic component, causing it to run in families, but also because of the way all family relationships are distorted in response to the addicted individual's behavior.[2]

Children who grow up in alcoholic or drug-dependent homes are especially vulnerable.[3] An unstable family life places their entire future well being in jeopardy. More than other children, they are prone to physical illness and injury, emotional disturbances, educational deficits, and behavior problems. In addition, these children are at high risk for alcoholism or drug abuse in later life. Every parish must be concerned about children like these in its care.

The question is, "How can today's priest be trained to fill the needs of individuals, families, and children affected by alcohol or drug dependence?" A new project is underway, with input from clergy of diverse faiths, that hopefully will provide some answers.

"People in all walks of life are getting better by means of attitudes and practices they define as spiritual."

Addiction and Spirituality

There is a growing recognition, both inside and outside the framework of traditional religion, that there is a spiritual dimension to addiction. Christopher D. Ringwald, a journalist who covers drug treatment issues, has recently documented the fact that people in all walks of life are getting better by means of attitudes and practices they

define as spiritual. His book, *The Soul of Recovery,* draws on interviews with some 300 alcoholics, addicts, experts, counselors, and family members in order to demonstrate that spirituality or God is "where the real action [is] in the treatment and recovery of people addicted to drugs."[4]

In an earlier study, also based on in-depth interviews, I found that alcoholics who had had a spiritual conversion experience during their addictive behavior gained an enormous resource for recovery which was transformational in their ability to gain and maintain sobriety.[5] I also found that those who became active in a parish relationship, in addition to an AA group, clearly had greater resources for spiritual growth, enhanced personal relationships, and a healthier attitude toward themselves and God.

"A study…has found that religion and spirituality can lower the risk of addiction."

Similarly, a study conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University has found that religion and spirituality can lower the risk of addiction among adolescents and adults, and that it can be an important factor in people's recovery.[6]

Gerald G. May, the author of *Addiction and Grace*, suggests another connection between addiction and spirituality.[7] He sees addictive behavior, or any unhealthy attachment, as a sign of spiritual malaise. Recovery, in this paradigm, means the loosening of all attachments, replacing them by the love of God.

Whether or not one accepts this understanding of recovery, it is obvious that the presence of a chemical addiction is a barrier to spirituality. One cannot choose freely and behave responsibly while under the influence of alcohol or psychoactive drugs; moreover, the need for these drugs tends to displace all other values in an individual's life.

Barriers to the Training of Priests

If addiction is a spiritual problem, and if spirituality is potentially an important contributor to recovery, one would think the subject would fall squarely within a priest's scope of responsibilities. Unfortunately, however, clergy in many if not most major U.S. religious faith groups and denominations feel poorly equipped to deal with the problem as it presents itself in their congregations. CASA surveyed clergy around the country and found that while virtually all the priests, ministers, and rabbis surveyed (94.4 percent) considered addiction to be an important issue that they confront, only a small minority (12.5 percent) had done any coursework on the subject during their theological studies.[8]

There are complex reasons for this state of affairs. A surface explanation is competition for space in the curriculum. Seminaries traditionally have focused on theology, philosophy, and the art of preaching; pastoral counseling is a recent addition and must include the entire spectrum of personal and family issues. Addiction is a complex, difficult subject, and it may not seem feasible to do it justice within severe time constraints.

Another possible explanation is that because the prevailing model of addiction emphasizes its biochemistry, counseling and treatment have become the province of health professionals. Those designing seminary curricula may have decided to leave the issue to these experts. But the CASA report judges that this attitude has created a "disconnect" between faith leaders' awareness of the severity of the problem and its spiritual ramifications, and the development within faith communities of the knowledge and skills needed to address the problem. CASA finds a comparable disconnect in the thinking of health professionals, who acknowledge that religion and spirituality are important aids to recovery, but who generally have not taken advantage of these important assets in dealing with the disease.

There may be other reasons why seminaries do not work more actively to address problems of alcohol and drug dependence. Addiction is a chronic disease, requiring long-term commitment to an individual's treatment, the support of his or her recovery, and the support of other individuals who are affected. If there is no model of an effective course of action that can be pursued within the limits of a priest's time and energy, it is unlikely that much will be done.

"If there is no model of an effective course of action that can be pursued within the limits of a priest's time and energy, it is unlikely that much will be done."

Yet, as the CASA report points out, the failure of pastoral leaders to become involved is unfortunate. Churches, synagogues, mosques, and temples are basic institutions where people find support in their difficulties in life. If a family is in trouble and its faith community looks the other way, its members may draw the conclusion that they are being rejected, or that their religion has nothing useful to offer them.

The CASA report recommended a series of measures, beginning with the expansion of seminary training on the subject of addiction, to overcome the multiple disconnects between awareness and action.

Developing a Set of Core Competencies

The Johnson Institute (JI) and the National Association for Children of Alcoholics (NACoA), recognizing the need to develop an adequate knowledge and skill base for clergy, convened a panel of experts to study the faith community's role in this area and to recommend ways clergy training on the subject could be enhanced. JI has forty years' experience in the design and implementation of programs of early intervention and recovery from alcoholism, and has always viewed alcoholism as an illness that affects the entire family. For nearly 25 years, NACoA has been the leading advocate on behalf of children of alcohol or drug-dependent parents.

This interdenominational panel, which met in Baltimore, Maryland, in November 2001, with the support of the Substance Abuse and Mental Health Services Administration (SAMHSA), issued a report assessing the state of seminary training in the United States.[9] It found that the offerings of today's clergy training institutions vary greatly, with some institutions providing little specific instruction on the subject, and only a few offering complete curricula on addiction. In seminaries accredited by the Association of Theological Schools in the U.S. and Canada, most students enrolled in generalist programs receive little specialized training; at most, an elective course.[10] Reflecting on their own experience, the panelists also noted that the training that is provided may occur too soon, before the clergyperson-in-training has had the life experience to appreciate the need for the information.

The panel recommended that a second panel be convened to develop a set of "core competencies," a listing of the basic knowledge and skills clergy need in order to help addicted individuals and their families. This second panel, which was selected to represent diverse religious perspectives; levels of leadership; and working experience with congregations of diverse socioeconomic status, ethnicity, urban or rural location, and geographical region, met in Washington, D.C., in February 2003. Over the course of a two-day meeting it completed the task of developing the core competencies.[11]

The Structure and Content of the Core Competencies

Because priests have different opportunities in different situations—small vs. large congregations, and adult vs. youth ministries, for example—the core competencies are designed as a general framework which can be expanded upon to apply to different pastoral situations. They reflect the scope and limits of the typical pastoral relationship, and are intended to mesh with the most common spiritual and social goals of such a relationship. Included among these pastoral functions are the following:

- Offering comfort and support to individuals
- Creating communities of mutual caring within parishes
- Educating parishioners and sometimes the larger community about issues of importance to people's well being

The panel outlined the knowledge base that is needed before a priest or other minister can take on the subject of addiction and begin the

task of integrating it into his ministry. He or she needs to know something about:

- The neurological mechanisms and behavioral manifestations of the disease
- Its effect on cognitive functioning
- How alcohol or drugs function in the addicted individual's life
- The various environmental harms to families, workplaces, and society as a whole
- The experience of alcohol and other drug dependence—how the disorder affects the "inner world" of the addicted individual and family members

Panelists suggested that a minister should also be able to articulate a "theological anthropology" of addiction; an explanation, in the terms of the particular faith tradition, of how it is a barrier to spirituality and of how recovery can be achieved. The tradition's texts and liturgical practices can serve as resources.

The core competencies are not just elements of knowledge; they are better described as elements of "know how." The panel concluded that, once appropriately trained, pastoral ministers would know how to:

- *Show up*. They would be alert to "windows of opportunity" for contact, assessment, intervention, and treatment.
- *Be dressed*. They would be "prepared internally" with necessary information, resources, and teaching tools.
- *Get through the door.* They would know how to establish effective healing relationships with those affected by addiction.
- *Stay in the boat.* They would do more than hand people off to treatment; they would establish a therapeutic alliance with professionals, congregational caregivers, and the affected individuals and their families.
- *Know when to leave.* They would respect appropriate boundaries and know when to bring their involvement to a conclusion.

These elements of knowledge and practical skills are spelled out in the finished set of twelve core competencies.

"A first step is to bring them to the attention of leaders in seminary training…"

Next Steps

NACoA is working with leaders of multiple denominations and pastoral counseling organizations to disseminate the core competencies widely in faith communities. A first step is to bring them to the attention of leaders in seminary training, and to foster conversations about what should be taught and how it can be fitted into the curriculum. A curriculum development effort has begun, including both pre-ordination and continuing education components. Educational tools will also be developed, including the following:

- A pastoral care outline, giving advice to pastors on when, how, and how extensively to intervene with addicted individuals and their families; how to identify and evaluate community resources; and how to reintegrate the recovering addict into the community
- A preaching and teaching guide, with sample sermons and appropriate religious texts
- A bibliography of resources on addiction and spirituality
- Online courses specifically to teach the lessons implicit in the core competencies

A nationwide "mentors" and "fellows" program is also envisioned. In each major denomination a "mentor" would be identified, who could guide professors in that denomination in their efforts to develop programs or courses. In each seminary there would be a "fellow" who would be responsible for developing such a program or course. Multi-year stipends would be considered.

Conclusion

Faith communities, in their various forms and practices, always have been called on to care for the sick and impaired. The functions of healing,

guiding, sustaining, and reconciling are historic and deeply embedded forms of ministry, and they are extremely relevant to parish ministry today. Addictive disorders are clearly evident within parish communities just as they are outside of them, and those who are addicted to alcohol and drugs, and their families and children, need to be able to find pastoral caregivers who are knowledgeable and equipped for this ministry. It is the goal of this Clergy Education and Training Project to make it more likely that their needs will be met.

Reverend C. Roy Woodruff, Ph.D., is a Certified Pastoral Counselor and Diplomate of the American Association of Pastoral Counselors (AAPC), and a Licensed Professional Counselor in the Commonwealth of Virginia. He retired as executive director of AAPC in June 2003, and now serves as a consultant and adjunct seminary professor. He is a member of the Expert Consensus Panel for the Clergy Training Project and author of *Alcoholism and Christian Experience*, among other publications.

Notes

1. See *Substance Abuse: The Nation's Number One Health Problem*, prepared by the Schneider Institute for Health Policy, Brandeis University, for the Robert Wood Johnson Foundation (Princeton, NJ, February 2001).
2. For a description of the distorted relationships within an alcoholic home, see Claudia Black, Ph.D., M.S.W., *It Will Never Happen to Me*, 2nd edition, revised (Bainbridge, WA: MAC Publishing, 2001).
3. "Children of Addicted Parents: Important Facts" (Rockville, MD: National Association for Children of Alcoholics).
4. Christopher C. Ringwald, *The Soul of Recovery: Uncovering the Spiritual Dimension in the Treatment of Addictions*, (Oxford University Press, 2002).
5. C. Roy Woodruff, *Alcoholism and Christian Experience* (Philadelphia, PA: Westminster Press, 1968).
6. *So Help Me God: Substance Abuse, Religion and Spirituality* (New York: National Center on Addiction and Substance Abuse at Columbia University, 1996).
7. Gerald G. May, *Addiction and Grace* (New York: Harper & Row, 1988).
8. Accompanying statement by Joseph A. Califano, Jr., Chairman and President, CASA, p. ii.
9. "Substance Abuse and the Family: Defining the Role of the Faith Community. Phase I: Clergy Training and Curriculum Development." Report of an Expert Panel Meeting, Baltimore, MD, November 14-15, 2001, prepared by the National Association for Children of Alcoholics for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), under Contract No. 01M00873601D.
10. This assessment was made by Daniel O. Aleshire, Ph.D., Executive Director, Association of Theological Schools.
11. "Substance Abuse and the Family: Defining the Role of the Faith Community. Phase II: Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Other Drug Dependence and the Impact on Family Members." Report of an Expert Consensus Panel Meeting, Washington, D.C., February 26-27, 2003.

CORE COMPETENCIES FOR CLERGY AND PASTORAL MINISTERS IN ADDRESSING ALCOHOL AND OTHER DRUG DEPENDENCE AND THE IMPACT ON FAMILY MEMBERS

These competencies are presented as a specific guide to the core knowledge, attitude, and skills which are essential to the ability of all clergy and pastoral ministers to meet the needs of persons with alcohol or other drug dependence and their family members.

1. Be aware of the:
   - generally accepted definition of alcohol and other drug dependence
   - societal stigma attached to alcohol and other drug dependence

2. Be knowledgeable about the:
   - signs of alcohol and other drug dependence
   - characteristics of withdrawal
   - effects on the individual and the family
   - characteristics of the stages of recovery

3. Be aware that possible indicators of the disease may include, among others: marital conflict, family violence (physical, emotional, and verbal), suicide, hospitalization, or encounters with the criminal justice system.

4. Understand that addiction erodes and blocks religious and spiritual development; and be able to effectively communicate the importance of spirituality and the practice of religion in recovery, using the Scripture, traditions, and rituals of the faith community.

5. Be aware of the potential benefits of early intervention to the:
   - addicted person
   - family system
   - affected children

6. Be aware of appropriate pastoral interactions with the:
   - addicted person
   - family system
   - affected children

7. Be able to communicate and sustain:
   - an appropriate level of concern
   - messages of hope and caring

8. Be familiar with and utilize available community resources to ensure a continuum of care for the:
   - addicted person
   - family system
   - affected children

9. Have a general knowledge of and, where possible, exposure to:
   - the 12-step programs of AA, NA, Al-Anon, Nar-Anon, Alateen, A.C.O.A., etc.
   - other groups

10. Be able to acknowledge and address values, issues, and attitudes regarding alcohol and other drug use and dependence in:
    - oneself
    - one's own family

11. Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and other drug dependence.

12. Be aware of how prevention strategies can benefit the larger community.

(NACoA, 2003)