
Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members

Substance Abuse and the Family:
Defining the Role of the Faith Community

Report of an Expert Consensus Panel Meeting
February 26-27, 2003
Washington, DC

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Introduction

The benefits of engaging the faith community in both the prevention and treatment of substance abuse and dependence cannot be overstated. According to SAMHSA's National Survey of Drug Use and Health, today, an estimated 7.7 million persons aged 12 or older need treatment for an illicit drug problem; 18.6 million need treatment for an alcohol problem. Compounding the problem, countless individuals in need of services cannot or do not receive them. Of the 7.7 million who need treatment for an illicit drug problem, only 1.4 million individuals received treatment at a specialty substance abuse facility. Of those not getting needed treatment, an estimated 362,000 reported they knew they needed treatment – among them, approximately 88,000 who had sought but were unable to get the treatment they needed.

SAMHSA has been responding to the needs of people with or at risk for substance use disorders creatively, thoughtfully, and with an eye toward outcomes that can be measured by lives of dignity and productivity. SAMHSA's vision is of a life in the community for everyone, a vision that is a hallmark of President Bush's New Freedom Initiative. SAMHSA is achieving that vision by emphasizing the twin goals of building resilience and facilitating recovery. In collaboration with the States, national and local community-based organizations, and public and private sector providers, we are working to ensure that people with or at risk for substance use disorders have an opportunity for lives that are rich and rewarding, that include jobs, homes, and meaningful rela-

tionships with family and friends. The engagement of the faith community is an integral part of that effort, particularly at the local level.

Thus, in November 2001, SAMHSA supported a meeting of an expert panel on seminary education, convened in collaboration with the National Association for Children of Alcoholics (NACoA) and the Johnson Institute (JI). That panel recommended the development of a set of “core competencies” – basic knowledge and skills clergy need to help addicted individuals and their families. To help develop those core competencies, SAMHSA, again joined by NACoA and JI, convened a more broadly based panel meeting in Washington, DC, on February 26-27, 2003. This report details the content of that meeting and the resulting core competencies recommended as a result of the collective work of the meeting participants.

The Structure of the Core Competencies

Recognizing that clergy and other pastoral ministers have an array of opportunities to address problems of alcohol and drug dependence based on their own positions (e.g., small vs. large congregations, adult vs. youth ministries), panelists agreed that core competencies should provide a general framework with application to diverse pastoral situations. The core competencies should reflect the scope and limits of the typical pastoral relationship and should be in accord with the spiritual and social goals of such a relationship. Panelists delineated the multiple, intersecting roles of the major-

ity of clergy and other pastoral ministers: to comfort and support individuals, to create communities of mutual caring within congregations, and to educate the congregation, and sometimes the larger community, about issues of importance to individual and community well-being. They recognized that each pastoral role offers specific opportunities to address alcohol and drug dependence and their impact on individuals and families. Panelists also recognized that each opportunity is unique, requiring a particular set of knowledge and skills.

Summarizing the Clergy's Base of Knowledge and Skills

Panelists agreed that, if clergy are to integrate work on alcohol and drug dependence into their pastoral roles, they need basic facts about these illnesses and their impact on the individual and family members. They need to be knowledgeable about:

- The neurological mechanisms and behavioral manifestations of alcohol and drug dependence
- The effects of alcohol and drugs on cognitive functioning
- The role alcohol or drugs may play in the life of an individual

- The various environmental harms posed by alcohol and drug dependence to families, workplaces, and society as a whole
- The experience of alcohol and drug dependence; how alcohol or drug use affects the “inner world” of the individual using them and how it can affect family members

Panelists also suggested that clergy should be able to articulate a “theological anthropology” of addiction, able to understand and explain in religious terms how addiction is a barrier to spirituality and how recovery can be achieved. The texts and liturgical practices of each individual faith can serve as important resources in these efforts.

Recommendations: Next Steps

Having developed a list of “Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members,” the panel suggested both strategies to communicate the competencies and tools to assist in integrating the competencies into clergy training. Suggestions included a public awareness campaign directed to religious, professional, and lay audiences; seminary curricula; pastoral care guides; and educational programs. (See pp. 11-12)

The purpose of the meeting was to develop core competencies that would enable clergy and other pastoral ministers to break through the wall of silence, and to encourage faith communities to become actively involved in the effort to reduce alcoholism and drug dependence and mitigate their impact on families and children.

Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and the Impact On Family Members

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

1. Be aware of the:
 - Generally accepted definition of alcohol and drug dependence
 - Societal stigma attached to alcohol and drug dependence
2. Be knowledgeable about the:
 - Signs of alcohol and 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 – 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 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 drug dependence.
12. Be aware of how prevention strategies can benefit the larger community.

Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members

Report of an Expert Consensus Panel Meeting

Purpose and Scope of the Clergy Training Project

The Substance Abuse and Mental Health Administration (SAMHSA), part of the U.S. Department of Health and Human Services, joined with both the Johnson Institute (JI) and the National Association for Children of Alcoholics (NACoA) to explore ways in which the faith community can help address both the problems of alcoholism and drug dependence and the harmful impact these substance use disorders have on children and families. As part of that effort, the organizations sought to identify ways in which the topic could be incorporated into the education and training of clergy – ministers, priests, rabbis, deacons, elders, and pastoral ministers, such as lay ministers, religious sisters, among others.

To that end, in November 2001, SAMHSA supported a meeting of an expert panel on seminary education that was charged with the job of undertaking an assessment of the state of seminary training on the subjects of alcohol and drug use and dependence. The panel found that seminary curricula and training programs vary extensively across the country, and few offer specific instruction focused on working with parishioners troubled with alcohol or drug use. With those findings, the panel recommended the development and implementation of a set of

“core competencies” – basic knowledge and skills clergy need to help individuals and their families, who also are profoundly affected, recover from alcohol or drug use and dependence.

They concluded that a clergy training and curriculum development project was warranted, and delineated a series of steps that should be taken to carry it forward. The first of those steps was to bring faith leaders together specifically to delineate those “core competencies.” They recommended that the core competencies” reflect the scope and limits of the typical pastoral relationship and be in accord with the spiritual and social goals of such a relationship. The goal: to enable clergy and other pastoral ministers to break through the wall of silence that surrounds alcohol and drug dependence, and to become involved actively in efforts to combat substance abuse and to mitigate its damaging effects on families and children. (For more detail, see Appendix B, Executive Summary, pp 21-23.)

Charge to the 2003 Expert Consensus Panel

To help develop those core competencies, SAMHSA, again joined by the National Association for Children of Alcoholics and the Johnson Institute, convened a more broadly based panel meeting in Washington,

DC, on February 26-27, 2003. Panelists represented diverse religious perspectives, levels of leadership, and working experience with congregations of diverse socioeconomic status, ethnicity, urban and rural location, and geographical region. This report details both the meeting participants' deliberations and the core competencies they recommended for adoption in clerical training and continuing education.

2 The members of this panel, as the group before them, recognized that the opportunities for clergy to engage in alcohol and drug abuse prevention and intervention vary based on the nature of role of the clergy and the nature of the congregation. For example, in a small congregation a pastor might have greater opportunities for one-on-one counseling than in a larger congregation. That pastor, thus, would be helped by a set of competencies related to alcohol and substance abuse counseling for both the affected individual and members of the family. Clergy also can benefit from knowledge about locally available Alcoholics Anonymous (AA), Al-Anon and other 12-step support programs, as well as about others in the community who are competent about addiction, intervention, and available supportive services. In contrast, a member of the clergy affiliated with a large congregation might need to develop other strategies to find help for individuals or to empower others to help, either on a paid or volunteer basis. Work with children and youth requires yet another set of special skills.

Accordingly, the panelists agreed that the core competencies developed should provide a general framework that incorporates the basic scope of knowledge and skills all clergy and other pastoral ministers need.

This core set then could be expanded to apply more directly to differing pastoral situations.

Definitions and Scope of the Discussion

In this document, the term “clergy” is a general term that includes individuals trained for and “called to” or “ordained for” a leadership role in their faith organizations. The term includes, but is not limited to, priests, ministers, deacons, rabbis, elders, and imams. At the same time, many religious denominations also train and call individuals – among them, religious sisters, lay ministers and nuns – to fill other leadership and supportive religious roles. In this report, those other individuals are referred to as “other pastoral ministers.” Whatever their role, clergy and pastoral ministers often have opportunities to teach or counsel individuals about alcoholism and drug dependence or to conduct educational programs for adults and youth. The training and education described in this report, therefore, refers to both clergy and other pastoral ministers.

The term “pastoral” is used to describe the religious or spiritual care of individuals. Leaders of congregations and supportive personnel perform pastoral functions when they counsel individuals or families, visit the sick and disabled, or, in a more general way, sustain religious or spiritual relationships with members of their congregations or other recipients of their ministry. The term also may be applied to functions that do not take place on a one-to-one basis, preaching, conduct of religious education classes, and the development of mutual assistance programs by lay congregants. The term “congregation” refers to a local, specific

religious institution – a particular church, synagogue, temple, or mosque, whether or not there is a specific, permanent physical edifice associated with the institution.

The overarching focus of the discussion undertaken and recommendations for the content of a core curriculum for clergy and other pastoral ministers by meeting participants was defined specifically as alcohol and drug dependence and the impact on affected individuals and all family members. Many of the principles and practical suggestions recommended by meeting participants may have application in relation to other addictive behaviors as well.

Preparatory Activities

Program participants received a number of materials in advance of the February 2003 meeting, specifically:

- The report summarizing the November 14-15, 2001 expert panel meeting convened by SAMHSA, NACoA and JI.
- A document summarizing the findings of a similar project, *Core Competencies for Involvement of Health Care Providers in the Care of Children and Adolescents in Families Affected by Substance Abuse*.
- Latcovich, MA. The clergyperson and the fifth step, in *Spirituality and Chemical Dependency*, Robert J. Kus (ed.). New York: The Haworth Press, Inc., 1995.
- Gallagher, FA. *Related to Alcoholism and Its Impact on Family Members: Core Competencies Needed by All Clergy and Any Pastoral Minister*, a draft core competencies discussion document prepared specifically for the meeting.

- National Association for Children of Alcoholics. *Core Competencies for Clergy and Pastoral Ministers in Addressing Alcoholism/Addiction and the Impact on Family Members*, a draft discussion document prepared with assistance from physicians who participated in the development of core competencies for health care providers.
- National Center on Addiction and Substance Abuse (CASA). *So Help Me God: Substance Abuse, Religion and Spirituality*. New York: Columbia University, November 2001.

Panel members were asked to review the documents and be prepared to work to achieve consensus on a set of core competencies for clergy and other pastoral ministers.

Establishing the Context of Deliberations

Acting as meeting facilitator, Jeannette L. Johnson, Ph.D., Director of the Research Center on Children and Youth at the State University of New York at Buffalo, proposed an initial framework for the process of deliberations. She observed that:

- Dependence on alcohol and drugs is our most serious national public health problem, affecting millions of individuals and their families. It is prevalent in all socio-economic sectors, regions of the country, and ethnic and social groups.
- Most individuals who abuse alcohol or drugs are productive members of society, not the stereotypical “street drunk.”

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- Because they offer spiritual support to individuals and communities, faith communities are ideally situated to help solve the problem, through prevention, intervention, and recovery support.
 - A “wall of silence” still stands between the faith community and people with alcohol and drug abuse and dependence, preventing faith communities from availing themselves of opportunities to help.

The meeting was to develop core competencies that would enable clergy and other pastoral ministers to break through that wall of silence and encourage them to become actively involved in the effort to reduce alcoholism and drug dependence and to mitigate its impact on families and children.

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Meeting participants received information from a broad array of presentations designed to reinforce their appreciation of the important role to be played by the faith community in responding to alcohol and drug abuse issues in the work of their ministries.

Sis Wenger, Executive Director, NACoA, reviewed the key findings of the report by the Center on Addiction and Substance Abuse, *So Help Me God: Substance Abuse, Religion and Spirituality*. She called attention to two significant “disconnects” that affect responses to addiction. Clergy often experience a disconnect between their awareness of alcoholism/addiction as a problem and the training and skills they have been given to address the problem. Health care providers exhibit a different disconnect: between knowledge and action. While they acknowl-

edge that religion and spirituality can be important assets in the process of recovery from alcoholism and drug dependence, they generally do not emphasize the importance of faith in healing.

In an overview of the science of alcohol and drug addiction treatment, *Substance Abuse Treatment: What Is It? Why Does It Seem Ineffective?*, A. Thomas McLellan, Ph.D., Director, Treatment Research Institute, University of Pennsylvania, called attention to unrealistic expectations and misconceptions that lead to the misuse or underuse of existing community-based treatment resources. In his view, treatment is a long-term process, not a single “place, pill, therapy, or religion.” The real work of recovery includes helping an individual reintegrate him- or herself into the community, the success of which rests frequently on the availability of community support.

Dr. McLellan asked meeting participants to recognize the striking parallels between alcoholism and drug dependence and other chronic, debilitating illnesses such as hypertension, diabetes, and asthma, and to acknowledge that treatment of each of these chronic conditions must include elements that address both individual behavior and the community environment. He advocated the establishment of clerical training and education that would enable clergy and other pastoral ministers to present appropriate information to their congregations, to recognize the early warning signs of chemical dependence in individuals, to motivate those individuals to accept treatment, to refer them to treatment, and to organize congregational support for those in recovery and their families.

Sis Wenger made a presentation on the effects of alcohol and drug dependence on the family, titled *Family Impact-Family Intervention*. She described the family dynamics of alcoholism and drug dependence and their impact on the emotional development of children in those families. She pointed out that, at times, these family dynamics play out in faith systems and congregations, impeding their capacity to assist those affected in a meaningful way. She asked the panel to promote the development of faith community environments in which all members of families affected by addiction know that their pastors understand what they are experiencing, care about them, are available to them, can help them find emotional and physical safety, and can support their healing and spiritual growth.

Rev. Mark A. Latcovich, Ph.D., Vice President, Vice Rector, and Academic Dean, Saint Mary's Seminary and Graduate School of Theology, Cleveland, Ohio, in a presentation titled *Spiritual Components and Signposts*, discussed the spiritual dimension of alcohol and drug dependence. He called substance dependence a "systematic deconstruction" of the personality, characterized by a loss of interest in life, feelings of guilt and self-resentment, and anger toward self, others, and God. He suggested that clergy and other pastoral ministers can contribute to individual and family recovery by helping them address the fundamental meaning of their lives and reshape how they think about God by leading them through a process of reconciliation, personal reformation, and reintegration into the community.

In the dinner address, Hoover Adger, Jr., M.D., M.P.H., Director of Adolescent Medicine, Johns Hopkins Hospital School of

Medicine, recalled incidents from his pediatric practice that crystallized for him the harmful impact of parental alcoholism and drug dependence on the health of their children. He described how a consortium of major primary health care associations with members specializing in the care of children and families developed a set of core competencies related to the care of children and adolescents in families affected by alcoholism and drug dependence. Dr. Adger discussed the work of the Association for Medical Education and Research in Substance Abuse (AMERSA) both to adopt the core competencies and develop a training program for primary health care professionals specifically on addiction and its impact on children and families. He called upon meeting participants to embark upon a similar project to benefit those in faith communities.

Panelists' Reflections on the Potential for Change

In response to the presentations that opened the meeting, participants immediately undertook the deliberative process of identifying the elements of core competencies for the training and education of clergy and other pastoral ministers focusing on alcohol and drug abuse and dependence and their impact of affected individuals and their family members. The first step was to identify and respond to misconceptions and negative attitudes that might need to be overcome before either core competencies or relevant curricula could be adopted routinely in training and education programs for members of the faith community.

Several participants reflected on the historical failures of faith communities to focus any attention on the issues of alcohol and drug

dependence. They observed that by heaping shame or threats of God's punishment on those struggling with alcohol or drug dependence or addiction, the religious community – and its congregation – actually may be driving individuals in need and their families away from a significant source of comfort, help, and hope. Moreover, when it is the member of the clergy who suffers from alcoholism or drug dependence, the unhealthy systemic impact is even more deeply experienced within the organization. One panelist urged the clergy to help substitute messages of hope based on the proven efficacy of treatment, the demonstrated reality of recovery, and the role of spirituality in sustaining recovery for negative attitudes toward alcoholism and drug dependence. Another noted that, while the churches are imperfect institutions, members of the clergy can and should lead them to become loving communities.

Dr. Sheila B. Blume, M.D., reminded participants of Dr. McLellan's comment about the widespread, mistaken, belief that treatment is ineffective. She spoke of a mythical treatment facility – "Nonesuch Detox" – in which a small number of patients are grossly over-represented in the facility's caseload at any one time. They represent individuals who repeatedly fail at treatment. To the casual observer, the incorrect impression is left that alcohol and drug dependence are difficult to treat, if not impossible, despite significant research findings and clinical experience to the contrary.

Identifying the Multiple Tasks of Pastoral Care

The next step for participants was to define and articulate the range of opportunities the clergy has to help. They agreed that a

number of interrelated functions provide clergy and other pastoral ministers with a host of ways in which the issue of alcohol and drug dependence can be broached. Thus, a major clerical responsibility is to comfort and support individuals – a task accomplished in different ways, based on the nature, size and character of the individual congregations. In smaller and more cohesive institutions, pastors often develop long-term, personal relationships with individual members of their congregations. In larger religious congregations, they or their assistants usually are available for individual counseling. Members of the clergy also typically visit the sick in hospitals and at home, and perform weddings, funerals, and other observances of life's milestones.

However, the clergy's role is not limited to serving individuals. They also work to create a community of mutual caring, making individual congregants aware of the importance of serving others both within the congregation and beyond in the outside community, alerting them to the needs of others as they arise, and developing mutual aid programs. The clergy also serve as educators. This "prophetic" function involves messages to the congregation and the larger community about issues of importance to spiritual well-being. The messages conveyed generally are guided by the text and liturgy of the particular faith tradition.

Participants agreed that each role offers the clergy and other pastoral ministers unique, unparalleled opportunities to address problems of alcohol and drug dependence and their impact on the individual, affected family members and friends, and the community at large.

Caring for and Supporting Individuals and Families

A key message conveyed by meeting participants was that a member of the clergy should establish an atmosphere in which individuals – whether experiencing drug or alcohol dependence or a family member of such a person – are encouraged to acknowledge the problem and seek help. When they do come forward, they should find compassion, acceptance, and helpful resources to lead them to the help they need and, ultimately, to recovery. Clergy and other pastoral ministers should listen sympathetically and encourage both the individual and family to embark on the journey of recovery. A knowledgeable, supportive individual or group within the congregation should be available to the affected individuals and family members seeking recovery, every step of the way.

At the same time, members of the clergy should know that the supportive environment they create does not preclude the potential for initial backlash or denial by the affected individuals and family. Clergy members should not be surprised if either happens and should be prepared to continue a supportive and encouraging role that promotes movement toward recovery.

Participants emphasized that the role of the clergy in addressing alcohol and drug dependence is not and cannot be simply a matter of “referring out” to treatment. While referrals may be appropriate, alone they are insufficient. The clergy or other pastoral minister should ensure that appropriate support continues to be available to the individual and family members, and should take an active role in reintegrating the

individual and family members into the faith community during the process of recovery.

Participants also pointed out that the ability to make referrals to the most appropriate treatment or to peer support groups is not a simple task. Clergy must find ways to help the individual and family find treatment resource that meet their individual needs and means. To do so, he or she must have contact with individuals knowledgeable about available programs and must be sufficiently aware of the circumstances of the affected individual and family to help assure a good match.

A consistent message by participants was that children in families experiencing alcohol or drug abuse or dependence need attention. They may be growing up in homes in which the problems are either denied or covered up; these children need to have their experiences validated. They also need safe, reliable adults in whom to confide and age-appropriate support services to meet their special needs. Research evidence continues to suggest that chronically high-stress family environments are a risk factor for potential substance abuse, and both mental and physical health problems in children. They need early interventions from nurturing, supportive individuals and institutions to help change the risk equation. There is documentation that just being associated with the activities of a faith community serves as a protective factor for children living in high-risk environments. One participant further noted that families with no history of alcoholism or drug dependence, but who have children dependent on or addicted to alcohol or drugs, also need the support and education that could be provided by faith community leaders.

Creating Caring Communities and Practices of Caring

The creation of community is a key pastoral task. The pastor nurtures the attitudes and commitments by congregants that make possible the development of programs of mutual support. Some congregations are developing specific programs focused on addiction to and dependence on alcohol and drugs. Faith Partners in Austin, Texas, is one example of a program doing just that. Moreover, using a lay “congregational team” approach, it is expanding the concept nationwide. One participant noted that, while the core competencies need to be implemented across cultures and denominations, each faith community also should develop and initiate its own particular implementation strategies, attuned to local needs and circumstances.

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Participants pointed out that, to be successful, pastors need to be attuned to their congregations. They need to know how the social networks operate: how strong the families are, what extended family resources exist, and how the different ages interact. With that knowledge, clergy can build on these natural social resources to bring support to persons with alcohol and drug dependence and their families.

The Clergy’s Prophetic Role

Members of the clergy lead their congregations by preaching and teaching. They can use sermons, classes for youth and adults, newsletter articles, and similar activities to help their congregants understand the basic mechanisms of drug dependence and addiction, and to influence attitudes toward the problem and the individuals and families that experience its effects.

Because the boundaries between the faith community and the surrounding civic community are not impermeable, this educational process is able to move outward, beyond the individual congregation. Members of the clergy often have the opportunity to take part directly in community affairs and have the capacity to reach and educate decision makers on the topics of alcoholism and drug use. In addition, they can work indirectly through the members of their congregation to change the norms of communities in which they live and work.

However, as several participants pointed out, this contextual/communal vision of the church as a voice and change-agent within the larger community is new and is not a reality in all places. Some faith communities remain insular, reactive to outside events rather than proactive and engaged in the experience of the larger lay community in which the congregation exists. Clergy and other pastoral ministers may need to proceed gently as they introduce their congregations to the idea of taking on a more public, community-focused role.

The Clergy’s Base of Knowledge and Skills

Participants sought to summarize the knowledge and skills clergy and other pastoral ministers need to integrate work on alcohol and drug dependence and its impact on families into each of these roles. They recognized that, ordinarily, a member of the clergy whose job is to shepherd a congregation would not be an expert in addiction treatment. However, participants agreed that such an individual definitely should be expected to know basic facts about alcohol and drug dependence, and have a solid

understanding of how these problems affect the individual, family members, and their faith community. Clergy and pastoral ministers also should be cognizant of available resources for treatment and recovery both within the congregation and the larger community; they should be able to connect people with needed services and treatment resources.

Participants suggested that, in addition to understanding the neurological mechanisms of alcohol and drug dependence, clergy and other pastoral ministers also should understand the behavioral manifestations of substance use, abuse and dependence. In that way, they can be alert to observable signs of substance dependence, enabling them to help identify and respond to the problem when it surfaces in the congregation. They should know how alcohol and drugs affect cognitive functioning and how it can exacerbate already present problem behaviors – including emotional disturbances in youth and mental illnesses in adults.

They should be aware of the purpose alcohol or drugs may have in the life of a dependent individual. For some, substance use may have begun in an effort to get temporary relief from anxiety; for others it might be used to “self-medicate” psychic and spiritual pain; for others it might be perceived as easing social situations. Yet, for all of them, alcohol or drug dependence actually causes greater pain not only for the individual, but also for the family over the long term.

Clergy and other pastoral ministers also should be aware of the process of withdrawal from alcohol or drugs, what typically occurs during withdrawal; and they should be equipped with knowledge about typical

patterns of relapse and recovery, including the distinction between initial abstinence and recovery. They can better help their congregants by developing a clear appreciation of why addiction can be so difficult to overcome.

Knowledge is equally critical about the various environmental harms caused by addiction, including the suffering it inflicts in the home on spouses and children and the difficulties it creates in the workplace. A working knowledge of the history of alcoholism and drug dependence, and of the churches’ historical reactions to the problem, would also be useful. Clergy need to know how their own denominations and immediate congregation manage it – for better or for worse – and need to know the position of their superiors.

One participant suggested that religious leaders need to be able to articulate their “theological anthropology;” that is, to explain in religious terms, the negative effects that addictions have on spirituality. They also need to be able to draw upon the texts and liturgical practices of their faith to articulate these insights.

Other panelists suggested that clergy should be able to understand how alcoholism and drug dependence actually are experienced by the individual, and how this experience is mirrored in family members. It seemed particularly important to try to understand the individual’s and family member’s state of mind that includes confusion about the addiction itself, conflicts of values, faulty memory, a vast array of uncomfortable feelings, and a set of counterproductive coping tactics or survival strategies; in

summary, a general state of being increasingly out of touch with reality.

Last, one participant offered a set of intervention action steps that would demonstrate mastery of the core competencies. With training to work with their congregants and families struggling with alcohol or drug dependence, clergy and other pastoral ministers would:

- *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 therapeutic alliances 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.

It was suggested that these five steps could serve as a preamble to the twelve core competencies identified and delineated by the meeting participants, or alternatively as an educational tool to illustrate their application.

The Importance of Self-Reflection

Participants suggested that, in order to be successful in fulfilling their multiple roles, clergy and other pastoral ministers must engage in self-reflection. It has been documented that clergy, too, may have alcoholism in their own families and, as others, should acknowledge and deal their own wounds. They also must be willing to confront any personal issues related to their own use of alcohol or drugs.

The Importance of Twelve-Step Programs

Throughout the meeting, participants affirmed the value of Twelve-Step programs, such as Alcoholics Anonymous, Al-Anon, and Alateen, as critical elements of the long-term process of recovery for both individuals and their families. One participant reflected that, in his experience as pastor of a large, urban congregation, individuals who have attained sobriety over an extended period of time through programs such as these, have proven to be a rich resource when working with other individuals and families in the congregation who are suffering from addiction. Yet, all too often, clergy have not taken advantage of these resources, and generally do not make referrals to Twelve-Step programs. Claire Ricewasser, Associate Director of Public Outreach, Al-Anon, reported that few Al-Anon members were referred to the organization initially by clergy. However, she noted that a substantial proportion (36 percent of Al-Anon members and 20 percent of Alateen members in 1999) had received religious or spiritual counseling before coming to the program. She expressed hope that publication and adoption of the core competencies would help better alert clergy to the value and availability of Twelve-Step support groups.

Achieving Consensus

Participants reviewed each of the draft core competencies presented to them at the start of the meeting, discussed them at length, made revisions, and voted on each item individually. They then developed several additional competencies, using the same process. Then they approved the list as a whole. (See p. 13)

Recommendations: Next Steps

Having delineated 12 core competencies for clergy and other pastoral ministers, meeting participants suggested both a series of strategies to communicate those competencies to organizations that might use and endorse them, and delineated a set of tools to be developed to help promote the integration of the core competencies into the training of present and future religious leaders. Their ideas build on a series of suggestions made by the 1991 meeting. (See Appendix B, “Executive Summary and Recommendations for Next Steps,” and Appendix C, “Selective Tools for Seminary Training”.)

Participants recommended that a public awareness campaign be developed with an interdenominational voice to publicize the core competencies to religious, professional, and lay audiences in inviting language. Among other strategies, it could include –

- Placing articles in professional journals and in the national popular press about the core competencies and their importance to practicing clergy and other pastoral ministers;
- Developing a press release announcing the achievement of consensus with respect to the core competencies;

- Obtaining endorsements from leading denominations and from professional and advocacy organizations. Participants could provide lists of the organizations with which they are affiliated, take the core competencies to those organizations, and ask them to endorse or respond to them.
- Making presentations at denominational general assemblies, annual conferences, and regional gatherings, explaining the core competencies, and discussing their implications for seminary training and continuing education.

Participants also suggested developing the following educational tools based on the core competencies:

- A continuing education curriculum addressing alcohol and drug dependence and their impact on families, coupled with appropriate responses from the faith community. This curriculum would include a “train the trainers” component.
- A pastoral care outline, lending advice to clergy and other pastoral ministers on when, how, and to what extent to intervene with alcohol or drug dependent individuals and their families, how to identify and evaluate community resources, and how to help reintegrate recovering individuals into the community.
- A preaching and teaching guide, with sample sermons and appropriate religious texts.
- A bibliography of resources on addiction and spirituality.

Meeting participants recommended the potential development of several educational programs:

- An interdenominational summer training program on the subject for seminary students and pastors. The Hebrew College in Boston already conducts such a session for Jewish students and clergy; the course could be given more frequently if its student base were expanded to include clergy from other denominations.
- Training events sponsored by individual seminaries for practicing clergy, including efforts to encourage self-awareness on the issues of alcoholism and drug dependence.

Finally, meeting participants affirmed the 1991 recommendation that a program of “Mentors” and “Fellows” be established to integrate training on alcohol and drug dependence into seminary programs, enabling clergy in training to acquire the knowledge and skills implicit in the core competencies. For each major denomination, a “Mentor” would be identified to coordinate the project within that denomination by guiding professors in their efforts to develop programs or courses. A “Fellow” would be identified in each seminary, responsible for developing and implementing such a program. Multi-year stipends would be considered for seminaries, Mentors, and Fellows.

Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and the Impact On Family Members

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

1. Be aware of the:
 - Generally accepted definition of alcohol and drug dependence
 - Societal stigma attached to alcohol and drug dependence
2. Be knowledgeable about the:
 - Signs of alcohol and 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 – 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 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 drug dependence.
12. Be aware of how prevention strategies can benefit the larger community.

APPENDIX A

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APPENDIX B

Substance Abuse and the Family: Defining the Role of The Faith Community Clergy Training and Curriculum Development

Report of an Expert Panel Meeting
November 14-15, 2001

Executive Summary and Recommendations for Next Steps

Purpose and Scope of the Meeting

As part of its ongoing effort to encourage the faith community to address the problem of chemical dependence and its harmful impact on children and families, the Center for Substance Abuse Treatment (CSAT) contracted with the Johnson Institute (JI) and the National Association for Children of Alcoholics (NACoA) to conduct an exploratory meeting of experts to consider the training of religious leaders about these issues. The meeting took place on November 14-15 in Baltimore, Maryland. Participants agreed that the pervasiveness of alcoholism and other drug addiction in our society, and their deleterious effects, point to a need for clergy equipped to deal with the issue. They also agreed that community-based religious institutions are ideally situated to help chemically dependent individuals and their families. And yet they acknowledged that a wall of silence still surrounds the problem, with the result that individuals and families too often do not seek help.

This meeting was a first step of a larger project, the goal of which is to develop

educational strategies tailored to the particular situations of priests, ministers, rabbis, imams, and other individuals responsible for the religious nurture of individuals.

Assessment of Clergy Training on Addiction and the Family

Participants reported that the offerings of clergy training institutions in the United States and Canada vary greatly, with some institutions providing little specific instruction on addiction, while others offer complete curricula on the subject. However, they agreed that existing programs deal primarily with the disease in individuals, with little or no training on helping children and other family members. Several participants expressed the opinion that the environment in seminaries today is not conducive to expanding the offerings in this field. They called for a process of “curricular subversion,” using faculty members with a commitment to the subject as change agents.

Core Competencies and Curriculum Development

Given the diversity of faith-based organizations, participants agreed that a multi-level

set of “core competencies” should be developed; that is, a listing of the basic knowledge and skills clergy need to help addicted individuals and their families, categorized according to the different opportunities of clergy in different situations. As a preliminary step in developing these core competencies, participants attempted to identify the elements of knowledge and skills that should be imparted in each of the most common “tracks” or categories of seminary instruction: (1) generalist, pastoral (2) specialist, professional master’s degree, and (3) youth and children’s religious education. They listed educational tools and resource guides that should be available for each curriculum category.

The panel recommended that the Clergy Training and Curriculum Development project be carried forward, and suggested steps that should be taken in order to do so.

Recommendations for Next Steps

The steps the panel recommended are only provisional, because at each step new knowledge will be obtained which may suggest a modified plan. The next recommended steps are:

Phase II – Core Competencies

- a. Convene a consensus panel of experts in seminary training on issues of addiction and the family, to develop the broad outlines of a set of “core competencies” for the clergy who will deal with these issues.
- b. Develop the set of “core competencies,” with input from additional individuals and from relevant professional organizations (e.g., organizations of pastoral counselors and addiction prevention and treatment professionals).

Phase III – Information Dissemination

Publish reports of the consensus panel’s activities, and of the development of core competencies, in clergy training journals and other religious publications.

Phase IV – Development of Curricula/Tools

- a. Develop model curricula for the pastoral, addiction counseling, and youth ministry tracks.
- b. Develop tools for such curricula; for example, lists of resources, videos, PowerPoint presentations, and fact sheets.
- c. Develop plans to distribute the curricula and tools.

Phase V – Integration of Training into Seminary Programs

- a. Create a mechanism for integrating training on these issues into seminary programs, so that clergy will be enabled to acquire the knowledge and skills implicit in the core competencies. Such a mechanism can take many forms, but might include:
 1. For each major denomination, identify a “Mentor” to spearhead the project within that denomination. This individual would be an expert in addiction studies or pastoral care who could guide seminary professors in their efforts to develop or implement programs and courses. For large or decentralized denominations, several regional mentors might be chosen.
 2. Identify a “Fellow” in each of the 185 seminaries throughout the country—a professor who would be responsible for the program and who would

teach the courses. This person would be assisted, counseled, and guided by the “Mentor” in 1) above.

- b. Investigate potential funding sources, including potential public-private partnerships to sustain this phase of clergy development.

Phase VI – Post Ordination

Develop workshops, conferences or symposia to train clergy who are already ordained, on addiction-related issues for the person and family, especially the children. In many denominations this phase of clergy development could be coordinated by the Fellows and Mentors above. In other situations local addiction counselors and other knowledgeable trainers could be utilized to implement this phase.

APPENDIX C

Selected Tools for Seminary Training

Phase I panelists urged that teaching tools and resource guides be developed to facilitate seminary training. They offered examples of the types of educational tools for the curriculum tracks.

TYPE OF TOOL	Congregational (Pastoral) and Counseling Tracks	Youth and Children Track
Resources for thinking about alcohol and its impact on children and families	Biblical and theological resources AA- and Al-Anon-approved literature Self-assessments, such as the CAGE Congregational assessments Local resources Personal testimonies Information on addiction and its impact on children, families, and spiritual well-being	Information on resilience Information on child development Alateen video about COAs A video about family systems Information about the early onset of drinking Early onset tool Best Practices Volunteer training module Statement about the impact of alcoholism and drug abuse on youth's capacity for faith Identification of drugs and their effects, by street names Learning opportunities
Internships	Internships	Generic teaching tools
PowerPoint slides Textbook	List of books Videos Handouts Fact Sheets Self evaluations/assessments Case studies Personal testimonies Lecture notes PowerPoint slides	Textbook List of books Videos Handouts Fact Sheets Self evaluations assessments Case studies Personal testimonies Lecture notes

APPENDIX D

Selective Bibliography

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