

# Clergy Matter

BY SIS WENGER

*Over the years, I would estimate that two thirds of the human hurt I have encountered in the people I serve has directly resulted from active addiction – or from living with or having lived with an addicted person.*

Rev. F. Anthony Gallagher, MA, Toledo, OH

Clergy can, should and must make a difference in the pain and confusion felt by so many of their congregants, but they must first understand the role that alcoholism and drug addiction play in the insidious social and spiritual erosion plaguing so many of their congregation's families. Participation in a faith community does not protect against addiction creeping in and destroying a family, but a knowledgeable and caring pastor can foster an openly supportive and healing faith community that invites the suffering to learn and heal – emotionally, physically and spiritually.

Clergy and other pastoral ministers are trained to nurture the spiritual life of their congregants, to help foster a connection to their Almighty and to support them and provide hope as they pass through difficult life struggles. Until recent years, however, their professional training has seldom included adequate education and insights about the problem that causes the most family stress among their congregants. It is a problem that drives so many families to break-up without ever addressing the primary factor in the despair and desperation that pushed them to give up.

So much is expected of clergy in the 21st century. Most need to foster programs for spiritual development and, at the same time, they need to oversee the substantial business practices of managing and guiding a congregation with all its diverse needs. They need to nurture and support their lay leaders and collaborate with neighboring faith leaders on the greater community issues that impact all faith communities. They need to visit the sick and console the grieving, continue their own professional educations and foster and serve their individual denomination's programs and priorities.

Clergy see the same headlines as their congregants – about drug busts, fights over “medical marijuana,” drunk driving and underage drinking creating chaos and death – making it is easy to ignore the great number of people suffering in silence in their own congregations. Yet, washing over the work of all congregational leaders and their pastoral staffs is that alcohol that still hurts more children, families, businesses and congregations than any other drug. The barriers to clergy taking an active role in mitigating the impact on their congregation's children and families could readily be removed with understanding. These barriers include:

- The natural propensity among clergy to be kind and supportive, tolerant and accepting, works against effective intervention strategies, which are counter-intuitive and must be learned.
- The stigma and unresolved issues from childhood that both congregants and many clergy who grew up with the pain of parental alcoholism continue to feel, and attempt to hide, out of embarrassment or shame.
- The reticence to step up and help colleagues who struggle with excessive drinking problems, possibly because of their own drinking, but certainly out of a feeling of inadequacy that comes from a lack of education or a belief it will cause more harm.

The “good news” is that there is a powerful awakening in our faith communities and among a steadily growing army of enlightened clergy and faith leaders about their legitimate role in the prevention of substance use problems and in supporting the healing process for both addicted persons and their impacted family members. Multiple educational programs, including online courses have been developed to facilitate learning and action by clergy since 2003, when a multi-denominational group of seminary deans, faith leaders, addiction professionals and family experts gathered in Washington D.C. in the initial stages of The Clergy Education and Training Project<sup>®</sup>. The group crafted the Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and the Impact on Family Members. These 12 Core Competencies have become the base on which both brief seminars and extensive seminary and online courses have blossomed. The Clergy Education and Training Project<sup>®</sup> has provided tools and training to thousands of clergy and other pastoral leaders in their critical roles of addressing alcohol and drug use problems in their pastoral work. Some of these programs and tools include a handbook for clergy featuring brief content and helpful strategies, as well as a training toolkit (Spiritual Caregiving to Help Addicted Persons and Families), with course content, session handouts and a guidance handbook for the course teacher.

A completed seminary curriculum, also following the 12 Core Competencies and the guidance of seminary deans and professors, as well as addiction and family experts, has been tested in several settings. Accepted and recommended by top seminary education experts, the curriculum is being prepared presently for launch as a complete print and DVD package simultaneously with the online version. It will be distributed and made available online to all seminaries in North America.

In more than 35 cities across the country, 4,000 clergy and other pastoral ministers from all faiths have participated in one-day seminars addressing the issues covered in the Core Competencies. They have returned to their congregations with solid information and practical tools and begun to implement some of the simple but effective awareness strategies. These strategies are opening the eyes of their congregants and creating environments where children and adults alike feel welcome and safe enough to ask for help, freeing them from the fear and hopelessness that alcohol and drug use problems have wrought on their families.

Many afflicted families are in great pain, confused and afraid, and suffering in silence. They often don't fully recognize the core source of their family's problems. Too many have clergy who still do not know how to approach them, what to do, or what to say to be effective. The faith community's ability to carry out its important role in freeing afflicted families from the addiction trap will be dependent on enlightened clergy leadership that also fosters enlightened and supportive lay leadership to address this issue. The Clergy Education and Training Project<sup>®</sup> works to make this a reality.

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## Important Information for Clergy

Clergy understand the negative impact of alcohol and drug use disorders on families, individuals, and children. Ninety-four percent of clergy members (e.g., priests, ministers, and rabbis) recognize that substance abuse is an important issue among families in their congregations (CASA, 2001). Among clergy members, 38% believe that alcohol abuse or alcoholism is involved in half or more of the family problems they encounter. They have a great desire to assist affected families, but are divided over whether to speak openly about alcoholism and drug dependence with their congregations.

Nearly 37% of clergy report that they preach a sermon on the impact of addiction to alcohol or substance abuse more than once a year, while almost 23% say they never do. Few clergy receive formal training on the topic, as only 12.5% of clergy have completed any coursework related to substance abuse while studying to be a member of the clergy.

Although some clergy members have shown hesitation to speak openly with their congregations about alcohol and drug abuse and addiction, many have taken it upon themselves to learn more about the illness. In a survey on their knowledge of substance abuse, religion, and spirituality since their ordination, two-thirds of clergy indicated that they had sought training on their own to assist parishioners seeking help with substance abuse. While many members of the clergy may have knowledge of substance abuse, the extent to which this knowledge is disseminated to congregations is quite limited. This may be due to lack of training that seminaries may offer or require. Perhaps if there were more requirements in this area, there could be an opportunity for clergy to acquire the skills to effectively disseminate this information and become knowledgeable about the following issues:

- The way a substance use disorder manifests itself, including the signs that a person has a dependence on alcohol and/or illicit drugs
- The effects of alcohol and drugs on thinking and reasoning
- The role alcohol or drugs may play in a person's life
- The way substance use disorders affect families, workplaces, and communities as a whole

## Treatment and Recovery

In understanding how treatment works, it is important to know the distinction between treatment and recovery.

## The Clergy's Role

After participating in the development of the 12 Core Competencies, one of the clergy leaders who had been part of the process said he believed clergy and congregational leaders should be able to:

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

## Questions to consider:

1. If these are the necessary tasks, how able are you, your congregation and your community to achieve them?
2. Since no clergy, congregation or community will be able to achieve all of these tasks equally well, what steps will you take to increase your current capabilities?

Recovery begins with the process of initiating and maintaining abstinence from alcohol and other drug use, and will sometimes require multiple episodes of treatment and involvement in recovery support programs.

For many people, treatment entails many interventions and attempts at abstinence and can occur in a variety of settings, in different forms, and for different periods of time. For others, especially those for whom intervention is early in the disease process and whose family members are also working on their own recovery, long-term recovery is possible with one effective treatment and on-going recovery support — for both the afflicted individual and the family members, including the children. The pathways to long-term recovery for individuals and affected family members are many. The earlier the recovery process begins, the better the chance for regaining hope and health, as well as productive and fruitful lives for everyone involved.

Alcohol and drug addiction hurts not only the millions of Americans who have a problem with alcohol and/or drugs, but also their families, friends, and children. In a 2004 survey by Faces & Voices of Recovery, of the 63% of Americans who say that addiction to alcohol or other drugs has had some impact on them at some point in their lives, 24% are affected by a parent's addiction, 11% by their children's addiction, and 29% by a close friend's addiction. Furthermore, 41% of the public surveyed reports encouraging a loved one to seek help for an alcohol problem.

### **Spirituality as a Component of Treatment**

Since so many Americans have some religious or spiritual beliefs, it is no surprise that many people incorporate these ideas into their approach to health care. A study in *Lancet* reported that 79% of Americans believe that spiritual faith can help people recover from disease and 63% of people think that physicians should talk to patients about their spiritual faith. However, while more than 80% of physicians generally refer their patients to clergy and pastoral care providers, only 19% recommend this kind of referral when the patient suffers from alcohol or drug use problems.

Clergy members or other pastoral ministers should establish relationships with local treatment providers, physicians, and other health care specialists, as well as persons in healthy recovery. Physicians and substance abuse treatment specialists are in an excellent position to engage patients in an open dialogue about their spiritual needs and desires and, where appropriate, refer people to clergy members or spiritually-based programs to support their recovery. This relationship can not only educate clergy about alcoholism and other drug dependencies, but it also can put health care providers in a position to better respond to requests for a religious or spiritual element to be incorporated into a person's treatment.

Alcoholism and other substance use disorders affect a large portion of the population. As many as 74% of Americans say that addiction to alcohol has had some impact on them

### **Spiritual Dimensions of Addiction**

The traditions and rituals of the faith community are of value to an addicted person when the faith community offers acceptance, redemptive judgment, disciplined love, and awareness of limitations and use of other resources. From research published in *Alcoholism and Christian Experience*, Rev. C. Roy Woodruff, PhD, identified the following religious/spiritual dynamics that appear relevant to an addicted person:

- The variety of spiritual experiences
- Pride and humility
- Surrender and submission
- Shame and sin
- Confession and forgiveness
- Loss and recovery of hope
- The nature of early religious training
- The perception of the work of the Spirit in their lives
- The problem of identity
- The problem of meaning
- The need for harmony of values and behavior
- The role of family history and family responsibility

at some point in their lives, whether it was their own personal addiction or that of a friend or family member. For many addicted individuals and their family members, spirituality and religion have been instrumental to successful treatment and recovery. However, spirituality and religion are often overlooked as relevant factors in preventing and treating these illnesses. Clergy are a critical yet relatively untapped resource in preventing substance abuse and addiction, helping people get treatment, and offering support for recovery.

Like most health care providers, clergy have been slow to recognize the power of the spiritual healing that happens through working the Twelve Step program of Alcoholics Anonymous. Both could gain a much clearer understanding of this healing process by attending an occasional "open" A.A. meeting and by working with and listening to A.A. members who have attained long term sobriety. By making connections with people in healthy recovery, clergy could have a reservoir of referral sources when an addicted congregant or an impacted family member is seeking help.

For clergy who would like to acquire additional skills for themselves or other faith leaders in the congregation, visit NACoA's clergy web page: [www.nacoa.org/clergy.htm](http://www.nacoa.org/clergy.htm)