CORE COMPETENCIES FOR CLERGY AND 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 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 Twelve Step programs – A.A., 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.

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

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This section was adapted from documents commissioned by National Association for Children of Alcoholics and written for pastoral ministers by Rev. C. Roy Woodruff, Ph.D., as a background discussion on each of the Clergy Core Competencies. Dr. Woodruff, a pastor, seminary professor and author, is a member of the expert panel which developed these Core Competencies and is the immediate past Executive Director of the American Association of Pastoral Counselors (AAPC). An additional discussion of the Core Competencies by Dr. Woodruff is available at http://www.nacoa.org/clergy.htm accessed 9-20-06

Competency 1. Be aware of the:

- generally accepted definition of alcohol and other drug dependence
- societal stigma attached to alcohol and other drug dependence

There are numerous statements by experts in the field defining alcoholism and other forms of drug dependence. They all basically agree on several primary points. These points are:

1) Alcoholism is a progressive, chronic, and potentially fatal disease if it goes unrecognized and untreated.

2) The primary behavioral characteristics of this illness are craving for the psycho-physiological effects of alcohol and continuing excessive use of beverage alcohol even when such use is harmful to oneself and to those others who are in one's circle of relationships, especially one's family.

3) Alcoholism involves diminished freedom to choose to drink or not to drink, or to limit the amount consumed to a safe and responsible level.

4) Continuing to drink in spite of all the obvious problems that drinking is causing to oneself and others is a clear indicator of compulsive, addictive behavior.

5) Drug addiction is any prolonged use of mind-altering drugs that are harmful to oneself and to others, resulting in the loss of control over the use of these drugs and becoming dependent upon them. Alcohol qualifies as a mind-altering, consciousness-changing drug, so alcoholism is a form of drug addiction.

6) Many view addiction to alcohol and other mind-altering drugs as a spiritual as well as a behavioral, psychological, and physiological problem.

In a book published in 2000 and advancing the most recent scientific perspectives on alcoholism, *Beyond the Influence: Understanding and Defeating Alcoholism*, by Katherine Ketcham, William F. Asbury, Mel Schulstad, and Arthur P. Ciaramicoli, the following definition is given:

Alcoholism is a progressive neurological disease strongly influenced by genetic vulnerability. Inherited or acquired abnormalities in brain chemistry create an altered response to alcohol which in turn causes a wide array of physical, psychological, and behavioral problems. Although environmental and social factors will influence the progression and expression of the disease, they are not in any sense causes of addictive drinking. Alcoholism is caused by biochemical/neurophysiological abnormalities that are passed down from one

generation to the next or, in some cases, acquired through heavy or prolonged drinking. This definition helps to point up the potential for "genetic vulnerability" as a causal factor in the development of the addictive behavior, which distinguishes the acquiring of the addiction from mere moral weakness or sinfulness. While this is an important differentiation, it does not eliminate environmental, social, or even spiritual factors from the complex and confusing syndrome of alcoholism. It does, however, strongly advocate for an understanding of addiction that eliminates blame, prejudice, and rejection from the scenario.

Such prejudicial attitudes can make treatment, recovery and simply re-establishing oneself in society virtually impossible for many, making sobriety a disincentive for these persons. Churches and other religious communities are too frequently subject to these same prejudicial attitudes and must find ways to express loving acceptance and reality-based support to persons who are seeking to recover their lives and relationships, as well as their spiritual faith.

There is a process with stigma that involves a downward spiral for those impacted by alcohol or substance abuse and contributes to, rather than helps, the damaging addictive behavior. Stigma leads to shame. Shame leads to withdrawal. Withdrawal leads to isolation. Isolation leads to more drinking/drugging and denial of reality. Thus, helping to remove stigma from alcoholism and other addictions is something that religious communities can contribute to ending this vicious cycle and encouraging help at an early stage of addiction.

Competency 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

One of the characteristic behaviors of alcoholics is to hide their drinking from others. They may prefer to drink alone and actually hide the substance of alcohol in stashes around the house. Their attempt to deceive others and hide or deny their increasing compulsion to drink is itself a prime indicator of the problem. Other individual behaviors which are signs of alcohol or other chemical dependence include the following:

- Preoccupation with alcohol or the addictive substance
- Inability to resist, control, or stop the drinking or other addictive behavior
- Increased tension prior to drinking or other addictive behavior
- Frequent and progressive involvement with drinking or related behavior
- Inordinate amount of time spent on drinking or related behavior
- Progressive deception and dishonesty regarding addictive behavior
- Drinking or using drugs to the neglect of job, school, family, church, etc.
- Pleasure while experiencing addictive behavior
- Continuation of drinking or related behavior in spite of problems posed

(Robert L. Menz, *A Pastoral Counselor's Model for Wellness in the Workplace,* p.125)

Competency 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.

The indicators of alcoholism and other addictions are varied and many. They impact not only the addict but also a wide circle of persons who are negatively impacted by the addictive behavior, as well as society as a whole. The drain on family, social, health, educational, law enforcement, and justice systems is enormous, not to mention the economy. The persons who are part of all these human systems are also part of religious community systems and are vulnerable to the impact of addiction just as are all others. Congregations have several choices:

- They can ignore the problem and engage in the same kind of denial typical of an addicted person;
- They can make the problem worse by judgmental and prejudicial attitudes; or
- They can address the problem with compassion by seeking to understand addiction in its many forms and behaviors, and minister to the addicted person as a child of God who needs love informed by accurate knowledge and disciplined by awareness of relevant care-giving skills.

Competency 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.

"The disease of alcoholism is as toxic to the soul as it is to the liver or the brain," say the authors of *Beyond the Influence: Understanding and Defeating Alcoholism.* The impact of addiction on one's spirituality and faith system is enormous. Spirituality and faith are sometimes seen as a separate compartment in personality, only minimally related to the rest of the self. Nothing could be further from the truth, and becoming aware of the life stories of many alcoholics and other addicts makes it clear that addiction dramatizes the reality of the toxic nature of addiction to the spiritual center of personality. A.A. cofounder Bill W. became convinced of that in his own experience with alcoholism, saying "We must find some spiritual basis for living, else we die." Bill W. was influenced by the Swiss psychoanalyst Carl Jung, who took the central importance of spirituality in one's personality development seriously. In a letter to Bill W. in 1961, Jung referred to one of his patients, an alcoholic named Rowland H., saying: Rowland's craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language, the union with God. . . . You see, "alcohol" in Latin is "spiritus" and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is: spiritus contra spiritum. Jung believed that the spiritual nature and capacity of personality holds the key to recovery from alcoholism. Bill W. believed that alcoholism is directly related to looking for "God in a bottle."

One of the important dynamics of personality development is connecting with others at meaningful levels. Mature spirituality and faith values move us into positive and supportive relationships with others, and these connections nurture our souls. Addiction to alcohol or any other substance or behavior creates disconnections in our relationships with family, friends, co-workers, and the larger community. Addiction creates loneliness and narcissism. Whereas drinking behavior may initially be used for social purposes, when it becomes excessive and compulsive at any level it eventually becomes anti-social and anti-relational. Addiction is a psychic cave into which the person withdraws and hides from the demands, expectations, and benefits of both the outside world and deep interior of the soul in its connection with God and with others. The other cofounder of A.A., Dr. Bob S., stated that the spiritual approach was as useless as any other if you soaked it up like a sponge and kept it to yourself. This is an important awareness for all who are seeking a spiritual path. Recovering alcoholics frequently find a spiritual community in A.A. groups that is greater than any they

have found in church because they experience not only a remarkable degree of acceptance, but also the need to give to others what they have found for themselves in recovery.

Many persons in religious communities assume that alcoholism and other addictions are problems only for those outside communities of faith. Not so. Every congregation of almost any size will have within it persons who are either actively addicted or who are being or have been negatively affected by addiction within the family. Moreover, clergy themselves are by no means immune from alcoholism and other addictions. Hidden from view in a pastor-congregation conflict may be alcohol or other addictions which distort reality, interfere with relationships, undermine trust, and damage communication. Therefore, it is in the best interest of all concerned, inside and outside of religious communities, to give close attention to addictive processes and the danger they pose for one's spiritual life and development.

The importance of the spiritual dimension in one's life and in recovery from alcoholism has been successfully maintained in A.A. due to several factors. One factor is the "Higher Power" recognition which is based on experiential reality rather than doctrinal or sectarian debates. Theology is not argued, it is lived. God is referred to as the Higher Power, or God "*as we understood him,*" to keep it experiential and avoid doctrinal debates that could become divisive and distractive. Another is the emphasis on self-examination, through a moral inventory of oneself, rather than judgments about others. A third factor is the emphasis on confession and restoration where appropriate and possible. Much of the life of an alcoholic is a lived lie. To disown the lies in one's life and move into truth and openness is a profoundly spiritual experience which requires courage and transformation that is renewed on a daily basis, 24 hours at a time. A recovering alcoholic or drug-addicted person may approach a faith leader with a request to hear his/her Fifth Step. (See the following article by Rev. Mark A. Latcovich, Ph.D. addressing the role of clergy and the Fifth Step.)

Religious leaders and communities need to convey four basic attitudes toward the alcoholic:

1. **The first is acceptance.** Acceptance is the doctrine of grace practiced in interpersonal relationships. It is what Carl Rogers, an influential psychotherapist, named "unconditional positive regard." The alcoholic must be accepted for who and what he or she is. Jesus demonstrated the power of paradoxical intention. By accepting persons as they are, we give them the incentive to become what they can be.

2. **The second attitude is redemptive judgment.** To be non-judgmental does not mean that no judgment ever takes place. To make a realistic appraisal of a person, their behavior, and their life situation is to make a form of judgment. However, the judgment should be based on understanding, love, and reality, and not on old prejudices, condemnation, and rejection. One's judgment should have a redemptive quality of grace as well as a redemptive intent for change.

3. **The third attitude is disciplined love.** Disciplined love does not act out of a compulsive or a "do-good" attitude. Disciplined love is willing to suffer with an alcoholic if that is what it takes. It does not bail someone out of all troubles and nourish childhood dependency. It understands that the alcoholic must be open to help if help is given. In the past that meant that the addicted person must hit bottom in order to be ready to receive help. That is, he or she must reach the lowest point in their own frame of reference, the point at which they can go no further down. However, with the introduction of direct intervention, described in the next competency, those who know and care about the alcoholic can, under the guidance of an experienced therapist/interventionist, raise the bottom so that a crisis is created for the alcoholic without waiting for it to happen due to natural consequences of behavior, when it could be too late. During this phase prior to treatment intervention, pastors and other congregational caregivers may best spend their time and energy supporting and caring for the family.

assist families in understanding themselves in regard to their systemic patterns of behavior. The systems of individual families in the congregation will also impact the congregational system in significant ways.

Clergy will tend to see two categories of families. In the first category, drinking is seen by family members as incidental to other family problems. Frequently, the extent of the drinking is not readily apparent unless a family drinking history is taken. This kind of family is the one most often seen by clergy and, perhaps, by professional pastoral counselors. Clergy may become involved at the point of a crisis or some specific need that may not relate to alcohol or drug use. In counseling for this category of family it is advisable to take a complete drinking history so as to desensitize talking about drinking, but not to label alcohol as a problem unless and until it becomes clearly apparent.

The second category includes families where alcohol or other drugs are identified as the problem, and the family system may be said to be triangulated or organized around the issue of alcohol, regardless of whether the actual drinking has reached addictive proportions. These families will need to be referred to appropriate professional care, and the clergyperson has a strategically important role in serving as a bridge between the family and community treatment resources, as well as maintaining a supportive role with the family as a whole during the treatment and recovery period.

Affected Children

Pastoral care of children in addicted families is an especially important ministry. It may also be a difficult ministry when natural access to children apart from the full family unit may be hard to achieve. However, finding ways to connect with these children and to mobilize the program resources and workers in the congregation to care for them needs to happen. The emotional scars that may not be immediately evident in a child will generally become evident to the adult child of an alcoholic parent, often in painful and impairing ways.

A common state of mind for children of alcoholics is confusion. When the alcoholic parent is sober, he or she may be fun to be with. But when time after time a drinking episode abruptly changes the personality and the behavior of the parent, disappointment reigns and trust dissolves. Fear is a common response, and embarrassment to have friends around when the parent is drinking is universal. A child cannot understand what is going on, and one of the most important psychosocial tasks of early childhood, the formation of trust and hope in personality, is delayed if not destroyed. Distrust, shame, doubt, and feelings of guilt become primary feelings in the child. Others may pick up a chronic sense of sadness in the child. It becomes very important for these children to have access to normal and secure times with caring adults, positive play times with other children, and opportunity to talk about feelings.

Competency 7. Be able to communicate and sustain:

- An appropriate level of concern
- Messages of hope and caring

This competency is one which applies to all aspects of pastoral ministry to persons. Members of congregations and the larger community look to clergypersons for communicating concern in appropriate ways. Not infrequently they may look for some magical word or action that will solve their problems. However, they are generally comforted to know that someone cares about what they are experiencing. Care is more healing than judgment, and it communicates hope. Communicating care appropriately requires the development of good listening skills. Listening for where people hurt and what is going on in their lives is essential for an effective pastoral care ministry. When one listens well enough and long enough, the messages from persons and families who are in distress from alcoholism and other addictions will come through. Concern expressed from both a pastoral heart and an informed mind conveys a quality of comfort and trust.

of human stupidity, and heralded the absurdities and injustices of men. One day, an enemy said, "You have in yourself all the faults which you scorn in others; you, too, are capable of selfishness and greed; and the world is what it is because men are what you are." I considered it in solitude, and found that it was true. Then it came to me that reform should begin at home, and since that day I have not had time to remake the world. (Ali Wassil, *The Wisdom of Christ*, p. 107)

- **Guilt and Grace** – Related to the above dynamic is the pervasive question of the alcoholic: "What do I do with my guilt?" This question is both conscious and unconscious in the mind of addicted persons, as well in the minds of us all. As the Apostle Paul expresses in Romans 7: 18-25, we are fully or minimally aware that the things we don't want to do we do, and the things that we want to do we don't do. Paul asked how he could be delivered from this predicament, and so do we. The answer is grace, God's most loving gift. Psychiatrist and spiritual counselor Gerald May defines grace as the dynamic outpouring of God's loving nature that flows into and through creation in an endless self-offering of healing, love, illumination, and reconciliation. It is a gift that we are free to ignore, reject, ask for, or simply accept. And it is a gift that is often given in spite of our intentions and errors. At such times, when grace is so clearly given unrequested, uninvited, even undeserved, there can be no authentic response but gratitude and awe (Gerald G. May, MD, *Addiction and Grace*, N.Y. p. 17). Congregations that understand their own need for grace to deal with their multitude of human failings will be perceived as caring congregations by those addicted to alcohol, drugs, and behavioral addictions.

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

Prevention strategies are generally educational in nature. They are based on the assumption that if people are presented with the facts, they will listen and learn. While that assumption may be somewhat optimistic, it nevertheless must be assumed. Therefore, when congregations engage in educational efforts such as understanding the facts and realities concerning addiction, benefit is accrued by the larger community of which the members of the congregation are also an integral part. Learning that occurs in the religious community is taken into the workplace, the neighborhood, and other gathering places of the larger community.

There is, however, another aspect to prevention other than education, perhaps a more effective one. Through informed service to those who are afflicted with addiction, persons learn first hand about the negative consequences of addictive behavior. They see the ways in which lives have been damaged or destroyed through addiction. They see the complexity and the power of an addictive process in full swing. They hear the stories of pain and suffering that are shared by addicted persons and their families. Therefore, a congregation that actively reaches out to touch an addicted person and/or the family of that person is using a case method of education to learn things they may never sit still long enough to learn through conventional educational methods.

This kind of ministry requires much, but it also can end up giving more back through lives saved and relationships maintained, through spirits renewed and souls saved, and through the satisfaction of knowing that the healing resources within the congregation were mobilized for the salvation of mind, body, and spirit in living persons who would have otherwise been cast aside to suffer, and perhaps die alone.