



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

Each participant will receive a binder and support documentation.

Overview

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.

JANUARY 2014

Competency 1

- Be aware of the:
 - Generally accepted definition of alcohol and drug dependence
 - Societal stigma attached to alcohol and drug dependence
- Chemical Dependency
- The result of the inability of a person's body to produce a chemical or to create the chemical balance needed for the person's health and well-being. Such incapacity requires the regular use of chemical substances for a person to live a full life, such as a diabetic's need for insulin.
- Chemical Dependency
- Such dependence becomes a serious problem when it is marked by the compulsive use of chemicals for the purpose of mood alteration and accompanied by harmful physiological changes
- Alcohol dependency (alcoholism)
- An addictive disease in which the sufferer is physically and psychologically dependent on alcohol. The alcoholic's body cannot process alcohol chemically and systematically. Because of the addictive nature of alcohol, the alcoholic loses control over his or her drinking behavior.
- Alcohol Dependency
- Alcohol becomes a major focus for the person's behavior and thinking. The person loses the ability to make sober choices over the use of alcoholic beverages. The loss brings harm to the person's physical, emotional, spiritual, and social well-being. With this loss of freedom to choose, the alcohol dependency develops into a life-threatening addiction.
- Dependency on God
- Persons who believe in God experience a healthy dependency on God's love and care. God's grace saves them from what would harm them in an ultimate and eternal sense.
- Dependency on God
- Persons' dependency on and trust in God enables them to be fully human in the way that God wants them to be. Christians point to the saving life of Jesus Christ, Muslims point to Allah, and Jews to Adonai or Hashem, as their guide for faithful living.

FEBRUARY 2014

Competency 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
- Dr. Jellinek Chart of Addiction and Recovery
- The Jellinek Curve
- The Warning Signs
- Drinking for the effect of the chemical itself; purposely taking the drug alone to feel better.
- Amnesia/Blackouts
- Preoccupation with alcohol and drugs
- Sneaking drinks; using drugs alone
- Gulping first drinks or drugs to get the effects as rapidly as possible
- The Warning Signs
- Loss of control
- Increase in tolerance; needing more to get the same effect
- Inability to discuss the problem
- Denial of any problem related to chemical abuse
- Continued use in spite of harmful consequences

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.
- Addictive behavior
- The person's behavior becomes compulsive, responsive to what might be called an "inside command" or drive to act in a certain way, despite the harm caused. This can lead to marital conflict, family violence (physical, emotional, and verbal), suicide, hospitalization, or encounters with the criminal justice system.
- Self-Deception
- The addict loses control over using the drug. This loss of control is physical, mental and emotional. Thus he or she rarely sees himself or herself as the problem. They blame other people or circumstances for what happens. This self- deception leads to conflicts, resentment and run-ins with the law.

MARCH 2014

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.
- Spirituality - Is the experience of being connected deeply with ourselves, others, nature and God. The focus of addiction is on experiences and connection with the drug. The drug then mediates our

experiences and connectedness with our self, others, nature and most profoundly God. Thus addiction is really a spiritual disease that can only be cured by Grace.

- Grace - The importance of using the scripture, traditions, and rituals of the faith community in recovery, as they are means of Grace. For the recovering person Grace is the unmerited offer of the gift of healing, love and reconciliation.
- The means of Grace
- Religious practices should offer three invitations:
 - Invite persons to be reconciled with God. *Along the road to recovery, this invitation becomes clear at the moment when despair and sense of hopelessness is the greatest*
 - Resistance in Futile
 - The second invitation invites persons to admit that they can do nothing by themselves. *The moment the person understands they can no longer resist; they are worn down, and they empty themselves of self-sufficient pride. Then they are able to let God in and accept God's forgiveness. Persons are set free and reconciled.*
 - Revival of Hope
 - Grace invites the addict to seek God, *this is a gradual process of unfolding awareness of the means of grace. It is sanctifying hope. It's new life that follows as naturally as physical growth follows the birth of a baby*
- Three Invitations
- All scripture, traditions, and rituals of the faith community are a result of God's faithfulness to us. They provide us with power to break down whatever barriers to hope one may build. In recovery, one must come to know they have real freedom to resist God's grace. They are invited to choose new life which is unconditional through the religious practices of the faith community.

Competency 5

- Be aware of the potential benefits of early intervention to the:
 - Addicted person
 - Family system
 - Affected children
- Benefits of early intervention
- People with addictions get well
- Families heal
- Money is saved
- Life gets better
- Recovered people give back
- Congregations rejoice
- Communities are safer
- Understanding addictions as a disease rather than sin
- Positive posture rather than judgment allows help to arrive for troubled families very early in the progression of either misuse or addiction to mood-altering chemical.
- Educated and aware congregations often identify troubled families through their behavior and concerns from that home.

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Competency 6

- Be aware of appropriate pastoral interactions with the:
 - Addicted person
 - Family system

- Affected children
- The 4 fold Role of Religious Leaders in ministering to the afflicted and affected
- **Catalyst:** precipitates action to begin the process of alleviating the impact of alcoholism
- **Coordinator:** works between those entangled & links them with proper resources
- **Correlator:** uses knowledge of the theology and the religious tradition
- **Confessor:** hears the guilty plea of all who are involved in the addictive system
- **Conciliator:** restores broken relationships in the social system of those afflicted with and affected by addiction

MAY 2014

Competency 7

- Be able to communicate and sustain:
 - An appropriate level of concern
 - Messages of hope and caring
- An appropriate level of concern: Telling the truth.
- Telling the truth in love is possible if the religious leader has come to terms with her or his own attitude towards the illness and those suffering from it. The religious leader must be sufficiently self-differentiated to withstand the possible rejection that may ensue from honestly and lovingly naming the presence of the illness.
- Communicate and sustain an appropriate level of concern
- “I am not a diagnostician, but it feels like you are really hurting and I believe that addiction is at the root of your problem”
- “I can hardly imagine the depth of the pain you are experiencing. I would say that addiction is a strong possibility and I can try to help you do something about that.”
- To Tell the Truth
- It is a fearful thing to “tell the truth in love” to another person. It is however a moral imperative that is necessary in order that health and healing might occur.
- **Sometimes we need to hurt people in order not to harm them!**

Competency 8

- Be familiar with and utilize available community resources to ensure a continuum of care for the:
 - Addicted person
 - Family system
 - Affected children
- Knowledge about emergency services
- 911
- Location of “safe houses”
- Information on a web site and phone center for 24/7 assistance
- Referral Helpline: 1-800-662HELP (4357)
- Referral Information
- Nearest 12 Step group in the area
- Al-Anon Group
- Alateen Group
- Other available groups
- Utilizing people
- People in the community who have been in recovery for at least two year.....preferably longer.
- People in neighboring religious congregations in recovery– to help network, provide anonymity
- Literature available

- Brochures, tracts, pamphlets, books
- Church Library resources
- Church sponsored classes, seminars, forums on the topic of addiction
- Films, DVD's, websites
- Possible Intervention
- Provides a way to "interrupt" the addictive process.
- Speaking openly and often on issues of addiction
- Preaching and teaching
- Promote the idea that illness & imperfection are inherently human conditions, and that help and hope are available.
- Develop a process for welcoming people who are new to recovery

JUNE 2014

Competency 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
- 12 Step programs
- Know the 12 steps of AA
- Know the 12 Traditions
- Know the factors that will contribute to the success of a 12 step group
- Factors that contribute to the success of the 12 step program
- 1. Significance of identification- one alcoholic relating to another.
- 2. Alcoholism is a disease and thereby eliminates the moralistic attitude
- 3. No diagnosis or advice giving in the group
- 4. 12 step groups exercise patience in dealing with someone new to the group
- 5. Have seasoned sponsors available for consultation
- Factors that contribute to the success of the 12 step program
- 6. Absolute necessity of total honesty about one's life, use, behavior, attitudes.
- 7. Acceptance becomes the antidote for the stigma and shame the alcoholic feels
- 8. 12 step program provides a new social environment for the alcoholic
- 9. Group members & sponsors are available for anyone who is in need any time of the day or night.
- 10. Freedom in shaping a spirituality that meets the needs of the person without restrictions or reservations.

JULY 2014

Competency 10

- Be able to acknowledge and address values, issues, and attitudes regarding alcohol and drug use and dependence in:
 - Oneself
 - One's own family
- The function of attitudes
- The attitudes that we bring to the table as we deal with addiction are formulated in a variety of ways:
 - Parents
 - Peers
 - The Media
 - Religion and Religious leaders
 - Personal Experience

- Attitudes
- Parents: attitudes demonstrated by parents are imprinted on the psyche of children
- Peers: interaction with peers in conversation and activity influences a person's response to addiction.
- The Media: Pain is to be avoided at all costs. Alcohol "anesthetizes" personal and corporate pain.
- Attitudes
- Religious leaders: policies & practices of religious communities & their use of alcohol can be either positive or negative
- Personal Experience: experience in the home. "adult child of an alcoholic" may be minimal or extensive depending on experiences.

AUGUST 2014

Competency 11

- Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence.
- Welcoming the conversation
- Conversations about alcohol and drugs use, misuse, and addiction are rare and uncomfortable in most congregations.
- 1 in 4 families has direct experience with some with an addiction experience.
- Permission to openly discuss alcohol and other drugs, without automatic judgments is the key of a caring congregation.
- Honoring recovery stories
- Healing is not a isolated task. While they must take responsibility for their own wellness, progress requires their ability to connect with others through sharing their stories spiritual healing.
- Recovery stories are powerful tool for shaping a congregational ethos.
- Understanding addiction illness
- Many Pastors lack understanding of misuse or addiction to alcohol and other drugs.
- 12 percent of America's pastors who are engaged in pastoral counseling have any training at all in addiction.
- More than two-thirds of the issues they deal with in counseling have roots in addiction.
- Many judge addictions as a sin which discourages a caring congregation.
- Questions for Pastors
 - How often do weakness, failure, and fear come up in dialogue in your congregation?
 - What about the real problem of real people in coping with the tedium and unpredictability of daily living?

SEPTEMBER 2014

Competency 12

- Be aware of how prevention strategies can benefit the larger community.
- A Comprehensive Community Model
- Personal and Communal Health and Growth
- Prevention
- Treatment/Recovery
- Public Policy/Law Enforcement
- Revival of Hope
- Personal/Communal Health and Growth
- Humanization of social services
- Support nurturing social institutions
- Inclusive respect for all people

- Expanded Head Start programs
- Prevention
- Accurate information
- Acceptance and care for persons in need
- Parenting education
- Full support for education
- After-school programs
- Public Policy/Law Enforcement
- Care for families of victims and the victimizers
- Decriminalize addiction
- Support activities to “ take back neighborhoods”
- Work with probation officers

Objective 3: Provide Drug ID, signs and symptoms training Alcohol, Tobacco, Marijuana, and Prescription Medication issues in Durham County

Activity	Responsible Party/Parties	Data Collected	Evaluation Measures
1. Identify target audience. 2. Develop presentation based on Sector 3. Provide presentation	PD, PC, Coalition Members (CM)	Pre-post surveys - on line	20% report increased knowledge

Objective 4: Provide quarterly cross-training and information sharing between coalition members and organizations

Activity	Responsible Party/Parties	Data Collected	Evaluation Measures
1. Incorporate into coalition meeting agendas. 2. Invite coalition partners/organizations to share about their services	PC, CM and CM organizations	Meeting minutes	Increase in linkage to services

Objective 5: Provide training on Environmental Prevention

Activity	Responsible Party/Parties	Data Collected	Evaluation Measures
1. Identify appropriate TA & training resource. 2. Provide training to coalition members, other organizations, stakeholders.	PC, TA & training provider, coalition members	Pre-post test	20% report increased knowledge

To establish and strengthen collaboration among faith- and community-based organizations, to prevent and reduce Substance abuse and HIV/AIDS in communities of color

Objective 1: Provide training on SA and HIV Prevention

Activity	Responsible Party/Parties	Data Collected	Evaluation Measures
1. Identify appropriate TA & training resource. 2. Provide training to coalition members, other organizations, stakeholders.	PC, TA & training provider, coalition members	Pre-post test	20% report increased knowledge

Objective 2: Provide training on Substance Abuse Train the Trainer

Activity	Responsible Party/Parties	Data Collected	Evaluation Measures
1. Identify appropriate TA & training resource. 2. Provide training to coalition members, other organizations, stakeholders. 3. Deliver training to the Community	PC, TA & training provider, coalition members	Pre-post test	20% report increased knowledge