

# FAITH PARTNERS

*Journal*

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WINTER 2007



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# FAITH PARTNERS *Journal*

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Cover photo: Alonzo Bradley, Anita Hardeman, and Rev. Gaylon Clark of Greater Mt. Zion Baptist Church, Austin, TX.  
*Photo by Shawn Kennedy, Hampton Kennedy Photography, Austin, TX.*

## TRISH TALK

### THE RIGHT THING

by Trish Merrill



It is the beginning of a new year and in this issue we talk about beginnings. How to get an alcohol and drug ministry started, how to get the conversation going, how to increase the readiness and how to personally prepare others to accept the need for alcohol and drug education and addiction recovery support.

There is nothing like experience. I am very grateful to the lay members of churches who years ago caught onto the idea of this type of ministry and then just tried it. No one was doing it but it seemed the right thing to do. Then as they and we gained experience we were better able to equip others. Yet there is still lots of room for creativity, lots of room to grow. There is no one perfect way. Sometimes it means just starting - doing something, prayerfully, consistently, with openness and honesty.

Featured on the cover of this issue is an important pioneer. Anita Hardeman (pictured with the current team facilitator, Alonzo Bradley seated next to her and the team's pastor, Rev. Gaylon Clark standing behind her) of Greater Mount Zion Baptist Church in Austin, TX was one of those people who not only caught the vision but went on to develop many of the team tools we now use. Anita was not to be deterred. Her church would become a place where individuals and families could receive help in time of need.

The Texas Baptists have recently released a DVD entitled "Do Something." They have come to the conclusion that the alcohol and drug problem is real, a people problem. The last thing we can afford to do about it is nothing. Be willing to get involved. Provide a safe place for people to talk about this issue, to meet and to be heard. Do something.

My conversations with clergy active in this ministry for this issue gave me a renewed sense of commitment. As they spoke of the prevalence of addiction and the incredibly appropriate role of the faith community to respond I found myself getting excited all over again about the miracles that happen when people are equipped to reach out to those in need. What good things can happen when people tackle tough problems together!

John Wesley said, "You cannot be holy except as you are engaged in making the world a better place. You do not become holy by keeping yourself pure and clean from the world but by plunging into ministry on behalf of the world's hurting ones."

What if we begin without all of the answers? What if we begin because it is the right thing to do? We begin because we are compelled to stand up and proclaim a loving and forgiving God who wants all of us to experience healing and wholeness. It is in our beginning, our willingness to let go of our fear and surrender to the call to mercy and justice that we find the strength to do what we can, one step at a time, one day at a time. Not looking to results but doing it because it is the right thing to do. Years ago a Lutheran pastor wrote in an article about this ministry, "It is not about success, it is about faithfulness." ■

*Trish Merrill is the Director of the Rush Center of the Johnson Institute*

UP FRONT

# Becoming Authentic Community

by Johnny Allen

Volunteer agencies grow and serve in direct proportion to the time invested in building a foundation. Alcoholics Anonymous is a good example. It took five years to identify 100 successful cases of recovery and to craft the “big book” of AA. Many believe that a careful beginning is the main reason the Twelve Step method is still serving and growing after 70 years.

Building congregation support for a Faith Partners Team is no exception. While each team experience is unique, case studies of growth and ministry all show the vital roles of planning, patience, nurturing, and relationships. The Faith Partners experience is one of growth - not installation. Successful teams come from seeds planted in rich soil and nurtured to maturity.

I interviewed three clergy with team building experience to find common

benchmarks, indicators, and experiences that demonstrate progress and readiness in early team development. Rev. Ray Crawford is pastor of Fulmore United Methodist Church in Claremore, Oklahoma. Rev. Catherine Bego is deputy director of the alcohol and drug prevention and treatment agency in Washington, DC. Rev. Elizabeth Macaulay is a United Methodist pastor in Richfield, Minnesota. Churches served by Crawford and Macaulay each have flourishing Faith Partners congregational teams. Bego serves as area coordinator for two dozen congregations in the District of Columbia who are building teams.

A passionate laity, supported by understanding and committed clergy, is the cornerstone of successful team growth and service, all pastors agreed. These members most often bring a personal recovery or family story related to alcohol or other drug problems.

“I attended a summer course at the

“It takes people to make a team work. You don't have to be talented. You just have to learn new skills. A congregational team works with people of a willing heart, a caring soul, and a dedicated mind.”

University of Oklahoma on addiction issues and became very aware of the need for a response in our church,” Crawford said. “But the real catalyst for action was Herb, a licensed therapist and retired Marine with more than 20 years of counseling experience. He became the point person.”

“If I could say one thing to a pastor considering this ministry, I would say find someone that has a passion for this mission. You can find lots of experts. But you need someone with a passion from their core.”

Crawford described the slow, but steady actions that built a successful team experience. Meetings of five people grew to meetings of 12 to 15. Volunteers attended special trainings and learned special skills to

serve the congregation.

“This work is so valuable to me as a pastor,” he said. “People from

the congregation come to me and say 'I have a problem.' Or 'My kid has a problem.' Now I have a first line of folks I can refer to for one-on-one visits.”

“The one thing that is absolutely necessary is that the pastor has a vision,” Bego said. “Then the pastor must find people committed to that vision. The pastor must call people to rise up from the congregation...people called to serve the homeless, the helpless, and the hurting.”

“It takes people to make a team work. You don't have to be talented. You just have to learn new skills. A congregational team works with people of a willing heart, a caring soul, and a dedicated mind,” she said.

“In some ways I am unique as a pastor,” Macaulay reports. “I am in recovery from chemical dependency and I share this from the pulpit. But our team is

“Our clergy are so human. They are good models. They, too, fall down and get back up.”

led by lay people. We began with four or five team members. Now we have more than twelve.

“I have some tension with my team. Sometimes they think I should be more involved. I am very active as a pastor, a person in recovery, a member of the community, and a member of this congregation. But the team is the work of the people.”

“After a sermon on recovery, a man sent me a note. It said 'Our clergy are so human. They are good models. They, too, fall down and get back up.'”



“This is an issue that cuts to the soul, holding us hostage and impacting our family. Talking allows for that wound to be named. Faith becomes a more vital force in our lives.”

The second common theme of each pastor was the effort to serve the entire congregation, not just focus on people currently facing difficulties.

“If I could say one thing to a pastor considering this ministry, I would say find someone that has a passion for this mission. You can find lots of experts. But you need someone with a passion from their core.”

“You cannot consider this ministry an add-on,” said Crawford. “Faith Partners is integrated into our church in every area. We are all in need of grace, healing, and fellowship.”

Crawford said the congregation participated in a survey that identified alcohol and other drug problems as one of their five key issues. “That's why we do things to train the whole congregation and keep the issue in front of everyone.”

The Oklahoma team furnishes a variety of classes and training and maintains a large wall space with articles, posters, brochures, and other information for individuals and families. “We call it the place to look for help when life gets out of hand,” he said.

Seeing conversations about alcohol use and addiction occur in the open is a clear measure of team progress.

“We let our youth teach us in special services during Lent,” Macaulay said. “We hear our youth talk to us about their using, their feelings, and their pres-

ures. They know this is a safe place for that conversation.”

“This is an issue that cuts to the soul, holding us hostage and impacting our family. Talking allows for that wound to be named. Faith becomes a more vital force in our lives. Shame makes us think we can never be forgiven.”

“But shame cannot keep us silent if we have a safe place to talk.”

“The church struggles to be an authentic community,” Crawford said. “We try and work in small groups. We ask people to come as they are.

Only leave differently. We

take our masks off before the Lord. We sow the seeds in public worship. Then have testimony from people with recovery experience.”

Every clergy we interviewed attended Faith Partners team training with the lay members of their teams. As Crawford noted: “When the group came for training, I personally participated. I attended. The pastor has to be sup-

portive. But it can't just be the pastor's thing.” ■

*Johnny Allen is President/CEO of the Johnson Institute*

“The church struggles to be an authentic community,” Crawford said. “We try and work in small groups. We ask people to come as they are. Only leave differently. We take our masks off before the Lord. We sow the seeds in public worship. Then have testimony from people with recovery experience.”

## CLERGY CORNER

### LEARNING FROM THOSE IN RECOVERY

By the Rev. Dr. Jay Geisler



Often we want to start programs in our “faith community” to help others. Many of us want to help those who are struggling with addiction. Certainly that is a worthy aspiration. May I suggest a little humility could help us here? Instead of thinking we have the answer let us ask a simple question. Is there anything we can learn from those in recovery from addiction?

In the last sixty-years, the fastest growing “spiritual fellowship” in the United States has been Alcoholic’s Anonymous. They have gone from 2 men in 1935 (Bill Wilson and Dr. Bob Smith) to a worldwide fellowship of over 2 million.

If any “faith community” was growing this fast we would be studying their techniques and tactics. Let us look at some of tools that AA has used to help it grow into

- They begin in prayer. All Twelve Step meetings begin and end in prayer.
- Each member carries the message “God can do it for you...”
- They travel light. They rent rather than buy facilities.
- Open leadership. Those that “walk the talk” are seen as leaders.
- Democratic. Members vote at “Group Consciousness” meetings.
- Service Ministry. Our leaders are but “Trusted Servants.”
- They start new meetings. Any two members who are committed can start a new meeting. All they need is a coffee pot and their AA “Big Book.”

a world-wide fellowship based on the Twelve Steps.

What can we apply to our particular spiritual community? Here are some concrete examples from my faith community (Christianity). Perhaps, you can adapt them to your “faith community of choice.”

Do we begin and close all our functions in prayers? Not just worship, but committee and work groups. In the words of Lord Alfred Tennyson: “More has been accomplished by prayer than the world will ever know.”

Are we message oriented? Does each member of our ‘faith community’ realize that they have the privilege and responsibility of carrying the “good news of God.” Do we make disciples that live a “spiritual discipline” like the “Twelve Steps.” For example: Jesus taught “go therefore and make disciples of all nations.... teaching them to obey everything that I have commanded you.” Matthew 28:19.

Does the building own us or do we own the building? The early church didn't own buildings. It wasn't until the age of Constantine in the fourth century that Churches

owned public buildings. Prior to that people met in each other's homes, since the risk of persecution was great, owning a building was a liability. Is the bulk of our finances going towards ministry or building maintenance?

Is leadership seen as a servant model? And is leadership open to those who serve. Christian seminaries did not exist until after the Protestant Reformation in the 16th century. Before this, ordained and non-ordained leadership was through a mentorship or apprentice model.

Has your “faith community” become a “top down” or a “bottom up” community? The ancient adage “Vox Populi, Vox Dei” (the voice of the people is the voice of God) is appropriate for a democratic and participatory America.

Do we see ourselves as servants to the faithful? “For the Son of Man came not to be served but to

serve, and to give his life as ransom for many” Mark 10:45. Those who serve should lead by example, not simply because they have an education or are ordained.

What is the fruit of a mature apple tree? The answer is another apple tree, not just another apple. Is our “faith community” looking not to just to grow in disciples, but actually to open another field to produce more good fruit?

Let us look at ourselves through the methods and tactics of the “Twelve Step Community.” By embracing the recovery journey we will not only have an opportunity to give but we will grow also. “I now truly understand that God does not show favoritism in dealing with people, but in every nation the person who fears him and does what is right is welcomed by him.” Acts 10:34-35. ■

Rev. Dr. Jay Geisler is the pastor at St. Stephen's Episcopal Church in McKeesport, PA.



## Jl MESSAGE

### What It Looks Like To Make A Difference

By Johnny Allem

Do I have time to talk to my pastor and interest him/her in an alcohol and drug ministry? Should I join a Faith Partners team? What about telling my own story of recovery? It is natural to have questions before starting or joining an effort. Here is what we at Johnson Institute are learning - those trained through the Johnson Institute Recovery Ambassador program are making a difference.

Two new laws in the District of Columbia remove discrimination against people with symptoms of addiction disease and increase health insurance coverage for treatment.

The recovery community suggested one of the laws and both measures passed with testimony and visible support by people demonstrating their long-term recovery. The DC Recovery Community Alliance is part of a national movement trained and supported by the Johnson Institute.

Fourteen members of the Alliance stood at the DC Council Hearing on the proposals, supporting two of their members who testified. All are graduates of the Recovery Ambassadors Program.

Many people entering the recovery movement have difficulty picturing exactly what education and advocacy looks like. What do we do? How do we prepare? Does it make a difference?

#### WHAT WE DO

Recovery Ambassadors carry their own powerful stories to their communities. These stories are not simply chronicles of pain and suffering. They are stories of recovery, productivity, hope, and concern for family, community, and nation. They demonstrate the scientific fact that recovery is a normal expectation when appropriate responses to addiction disease are available in a timely manner.

The workshops teach Ambassadors to craft their personal stories for the public. Visitation campaigns are aimed at community “opinion leaders.” The local group identifies business, civic, political, educational, medical, religious and cultural community leaders.

These visits have three primary purposes:

1. Demonstrate that recovery happens successfully and frequently.
2. Document that recovery is a huge bargain for the community.
3. Establish a relationship to provide information to the opinion leader and support actions favorable to enhancing and supporting recovery.

These visits and relationships often lead to the opportunity to bring testimony and advance policies, like the experience of the Recovery Community Alliance in Washington, DC.

#### HOW WE PREPARE

Many people who attend the Recovery Ambassadors Workshops come with reservations, even though they have accepted some responsibility for community education. There remains tremendous fear that speaking out for addiction recovery simply exposes us to more stigma and less respect in the community.

As volunteers learn and practice basic tools of education and advocacy, however, the fears are reduced and the resolve to “make a difference” grows. Working in unity with others, and breaking down the work into individual tasks lets people know that they already have many advocacy skills.

People learn to use words that make a difference and tell personal experiences in ways that promote positive community action. For instance, surveys report that when the general public hears “in recovery,” they picture people in a revolving door experience with treatment and illness episodes that rarely have more than two weeks of freedom from a drink or drug.

To dispel that myth, recovery advocates learn to speak of “long-term recovery,” with specific definitions, such as: “That means I have enjoyed seven years without alcohol or other drugs.”

Recovery Ambassadors Workshops teach how to recruit more volunteers, build effective messages, organize group events, visit opinion leaders, raise money, and renew the group. And finally, the Workshop shares the Johnson Institute’s “Seven Policies Required to Conquer Addiction In Our Lifetime\*,” a primer on public policies to end discrimination and enhance recovery support. ■

TOOLS

# Assessing Congregational Readiness

The first step in planning is assessing a congregation's readiness for the ministry. Congregations go through predictable stages of readiness when making change. To become adequately prepared a congregation must gain the support and commitment of its members and identify the needed resources to implement an effective ministry. Congregational readiness is a process, therefore, it is helpful for the congregational leadership (clergy, religious staff and laity) to best estimate together their level of readiness.

Conducting a brief assessment can increase congregational readiness by raising awareness of the alcohol and other drug problem in the congregation and community. It will get the conversation started and once the problem is recognized and better understood, the congregation can be mobilized and a congregational team formed to implement a ministry. A small group of congregational leaders or individual interviews with key clergy, staff, and laity are two different methods for using this screening tool.

## Knowledge about the Issue

Help the congregational leadership identify what level of factual information may exist about the type and extent of alcohol and drug abuse in the congregation and community. It is an estimation of the prevalence of use and abuse, the addictive process, the affects on the family, and how to seek help.

*How knowledgeable are congregational members about this issue? Please explain...*

*What type of information is available in your congregation regarding this issue?*

## Congregational Efforts

Explore the current (awareness, education and support) activities in the congregation.

*Describe the efforts that are available in your congregation to address this issue...*

*How long have these efforts been going on in your congregation?*

## Congregation Knowledge of Efforts

Identify the level of concern within the congregation that may lead to action. Explore past activities related to this ministry.

*Using a scale from 1 to 5, how much of a concern is this issue to the congregation, with one being not at all and five being a very large concern? Please explain...*

*Describe the efforts that are available in your congregation to address alcohol and other drug use issues...*

*What formal or informal positions or practices related to alcohol and other drug use are in place in your congregation?*

*How aware is the congregation of these efforts?*

## Leadership Support

Investigate the level of experience and expertise of the leaders. Determine the level of commitment by the congregational leadership (clergy, staff and laity.)

*Using a scale from 1 to 5, how much of a concern is this issue to the leadership in your congregation, with one being not at all and five being a very large concern? Please explain...*

*How are the "leaders" in your congregation involved in efforts regarding alcohol and other drug use issues? Please explain...*

*Would the leadership support additional efforts? Please explain...*

## Resources for Efforts

Identify human, financial, and physical resources. Explore community organizations, funding, and activities to support congregational efforts.

*Whom would an individual affected by this issue turn to first for help and why?*

*On a scale of 1 to 5, what is the level of expertise and training among those working on this issue? Do efforts that address this issue have a broad base of volunteers?*

*What is the congregation's attitude about supporting efforts with people volunteering time, making financial donations, and/or providing space?*

## Congregational Climate

Explore both historical and current behaviors and attitudes in the congregation. The congregational climate can range from openness to lay ministry, concern for this and similar issues, or reticence to address personal issues of congregational members and many more.

*Describe your congregation...*

*Describe your community...*

*What is congregation's attitude about alcohol and other drug use?*

*What are the primary obstacles to efforts in your congregation?*

*How well do congregational members tolerate this issue?*

Congregational efforts will be enhanced by increased levels of awareness, concern, and commitment. A discussion of these measures can help define the level of readiness within the congregation. The congregational strengths and gaps can be addressed as the congregation proceeds through the stages of readiness toward initiating this ministry.

This information is adapted from Community Readiness Survey developed by the Minnesota Department of Human Services and the Minnesota Institute for Public Health for use on the congregational level. ■



# CHAMPIONS

## PROMOTING HEALING PLACES

BY TRISH MERRILL

Starting an alcohol and drug ministry for the first time can be challenging. Fortunately, there are experienced clergy to look to for wisdom and guidance. In fact, some clergy feel so strongly about the need for an alcohol and drug ministry, they take the idea with them to every congregation or setting in which they serve.

Four clergy champions who have taken this ministry to more than one congregation share with us what they have learned: Reverend Anne Andert, Our Redeemer Lutheran, Benson, MN; Dr. Gary Wilkerson, Professor of Pastoral Care, Luther Seminary, Minneapolis, MN; Reverend Dane Lemmons, Pastor of Lucien and Covington United Methodist churches, OK; and Reverend Gaylon Clark, Greater Mt Zion Baptist, Austin, TX. They agreed to help by responding to the following four questions.

### WHY IS THIS MINISTRY APPROPRIATE OR NEEDED IN A CONGREGATION?

These pastors were unanimous in their agreement: the ministry is needed because addiction is in every congregation, every community whether it is small or large, rich or poor, urban or rural. It is so prevalent in our society that few people have been untouched by addiction. This ministry brings out into the open something already there.



Pastor Anne Andert says, "Addiction affects so many individuals, families and co-workers. The more we address this issue, the more people are freed up to seek help instead of feeling judged. We can give them companionship in the recovery process."

"At the core of the salvation we proclaim is liberty," Pastor Gaylon Clark reflects about the appropriateness of this ministry. "We bring a saving message. Sometimes that message is so sanitized that it is stripped of its capacity to bring freedom. In the lives of those in recovery we can say, 'look, I told you so, I told you Jesus could change a life.' In this ministry we

can see hues and colors of the transformative power of the resurrected Christ."

### WHAT ARE THE VARIABLES THAT MAKE IT EASIER OR HARDER TO IMPLEMENT THIS MINISTRY IN A CONGREGATION?

Pastor Dane Lemmons reflects, "Small rural churches present a special challenge because the congregation is like a family. Members have known each other over many years and they are reticent to talk about addiction problems; particularly when they occur in families who have not previously had problems or families in which the adults are leaders in the community. Yet there is often a sigh of relief when the subject is broached and it can be talked about without judgment and with compassion."

According to Dr. Gary Wilkerson the culture of the congregation determines how easy or hard this ministry is to implement. Is it an accepting or judgmental community? Are members able to talk about real problems? Or is it a congregation with secrets just as

"Addiction affects so many individuals, families and co-workers. The more we address this issue, the more people are freed up to seek help instead of feeling judged. We can give them companionship in the recovery process."

families have secrets? "The pastor must lead by example, be willing to talk about it. The pastor gives permission for members to talk about and deal with mercy, justice, and life issues," he says.

### WHAT DO YOU LOOK FOR IN A CONGREGATION AS SIGNS OF READINESS FOR THIS MINISTRY?

These clergy do not wait for the congregation to get ready. They are proactive in their approach by starting the conversation, though it takes time to identify

several people who see this as an important ministry. Pastor Anne Andert feels it takes the energy and enthusiasm of a team of 5 or 6 people to be ready to embrace new ministry possibilities.

Pastor Dane Lemmons says the greatest opportunity is when a member comes to the pastor asking the question what can the church do to deal with this issue. He thinks the community conversation has to include dialogue about how alcohol and other drug abuse and addiction is affecting the community. Visible signs - deaths due to overdose, people killed in alcohol-related car crashes, and arrests for drug possession - can help open the conversation.

### WHAT SPECIFIC THINGS DO YOU DO TO PREPARE FOLKS IN THE PEWS FOR THIS MINISTRY?

Pastor Gaylon Clark says his goal is to grow a congregation with a culture of authenticity. "I teach and proclaim the normality of human problems - we all have issues. And in every sermon I explore the application of the message - in relationships, in our challenges and in our hopes."

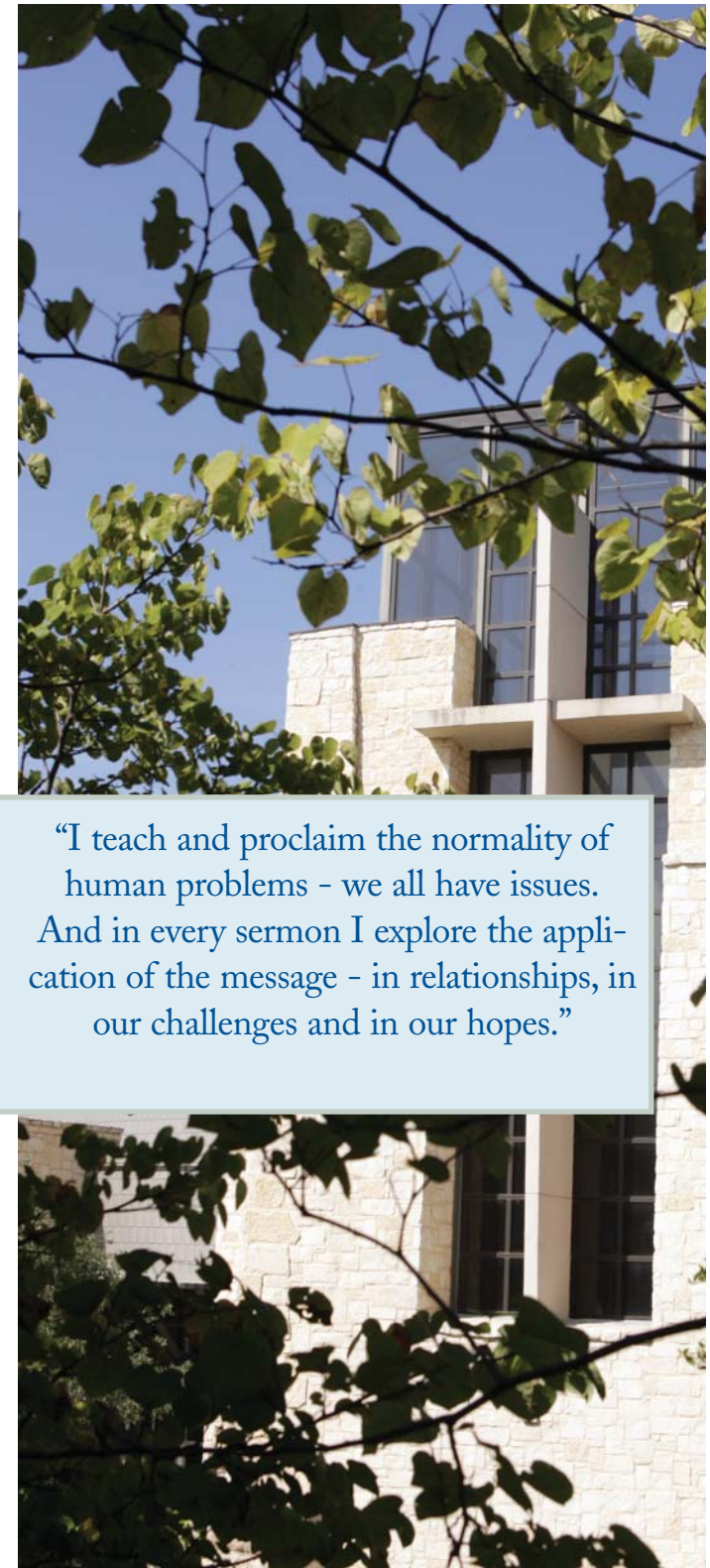


"I teach and proclaim the normality of human problems - we all have issues. And in every sermon I explore the application of the message - in relationships, in our challenges and in our hopes."

"Talking to individuals, listening closely to those who need pastoral care, speaking the words 'struggling with addiction' in prayers, including stories of recovery in sermons, making care notes about addiction visible in the congregation and reflecting on the spirituality of the Twelve Steps are ways to get the conversation going," says Pastor Anne Andert. "Finally, I buy Recovery Bibles, by the case, and give them out to anyone in need, someone in treatment or jail, someone who has received a DWI or DUI. I find that these bibles are gratefully received."

Experienced clergy emphasize their leadership role in helping their members experience the congregation as a safe place where each can share his/her brokenness and then experience the healing transforming love of God through the worship, fellowship and service. The Reverend Peggy Groseclose, Bel Air United Methodist in Maryland sums it up, "Our families have learned that they don't have to suffer in silence. It is scriptural that once you can name the ailment, then you can journey into healing." ■

# PROMOTING HEALING PLACES



PERSPECTIVES

# Unleashing the Power of the Faith Community to Arrest Addiction

By Daphne Walker-Thoth, M.Ed.

Imagine what could happen if the faith community mobilized to break the yoke of alcohol and other drug addiction. For 11 years, CCFC (Committed Caring Faith Communities) has led this crusade in Missouri.

As the chief conveyor of values, faith organizations can complement the continuum of services from substance abuse prevention to recovery support. This phenomenon is best described by Rabbi James Stone Goodman, one of CCFC's founding members, who asserts that the faith community has the unique ability to "help the suffering addict, to prevent the future addict, and to support the recovering addict."

CCFC's mission is to empower and support faith organizations in their substance abuse prevention, treatment, and recovery programs and related services. By providing education and training, creating awareness, and promoting spirituality, CCFC prepares faith organizations to lead the charge for wholeness in families and communities.

This effort to unleash the power of the faith community to address addiction has not been without challenge, however. The crux of the challenge was rooted in the following issues:

- Fear of admitting there is a problem
- Scarcity of training
- Lack of resources to sustain on-going substance abuse ministries/programs
- Turf issues among faith organizations
- Isolation of faith organizations that are providing services

### FEAR OF ADMITTING THERE IS A PROBLEM

Clergy liken addressing substance abuse to "opening a can of worms." There is concern about offending "tithing" congregation members who believe faith organizations should not dabble in social services. There are recovering clergy who fear they will be ostracized if congregants found out. Still others are at a loss on how to help addicted congregants.

### SCARCITY OF TRAINING

Many clergy did not receive seminary training on addiction. In Missouri, there was a gap in educational and training opportunities for faith leaders. Most courses were for certified substance abuse counselors until CCFC developed the Addictions Academy in 2002. The Academy is a 32-hour course on addiction for the faith community.

### LACK OF RESOURCES TO SUSTAIN ON-GOING SUBSTANCE ABUSE MINISTRIES/PROGRAMS

Although many Missouri faith organizations provide emergency assistance such as food and clothing, most are ill-equipped to take on long-term substance abuse ministries.

### TURF ISSUES AMONG FAITH ORGANIZATIONS

Mobilization of the faith community requires coordination, cooperation, compromise, and collaboration. Turf issues keep this from happening. Some faith organizations struggle to work together across denominational lines. Others want to be the sole provider of substance abuse services in their community.

### ISOLATION OF FAITH ORGANIZATIONS THAT ARE PROVIDING SERVICES

For a long time, faith organizations that were providing substance abuse services were doing so quietly. Faith organizations were unaware of other substance abuse ministries right around the corner. In 2002, CCFC convened the Missouri Faith Community Substance Abuse Resource Network, a statewide quarterly assemblage of people of faith from throughout the state who were interested in substance abuse or related issues. The Network provided the forum through which they shared their hope, strength, and challenges, and developed strategies to help educate legislators about the importance of involving the faith community in addressing addiction.



### ACCESS TO RECOVERY COMES TO MISSOURI

Missouri received a boost in 2004 when it became one of 14 states and one Native American Tribe to receive the Access to Recovery (ATR) grant from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. ATR was designed to create a voucher system to facilitate client choice in treatment and recovery support services, improve access to treatment, and engage the faith community as paid providers of recovery support services.

Through ATR, Missouri established 122 faith-based and non-traditional recovery support providers. These providers received reimbursement to provide child care, care coordination, pastoral counseling, spiritual life skills, transportation, emergency/temporary housing, drop-in centers, extended residential support, family engagement, work preparation, and recovery support groups. ATR propelled dialogue between the faith community and the treatment agencies. Some treatment agencies now allow faith organizations to come on site to provide recovery support services.

### LESSONS LEARNED

In many ways, Missouri's substance abuse faith initiative is still developing and evolving. The key lesson learned is that to address substance abuse, faith organizations need on-going, hands-on support that includes education and training as well as financial resources and networking opportunities.

### Other lessons include:

- Shame-based faith organizations are not suited for substance abuse ministry.
- Recovering congregants rather than spiritual leaders are often the initiators of substance abuse programs.
- The establishment of substance abuse ministries solely for the purpose of increasing church membership or obtaining federal grants often backfires. The few faith organizations that have received sizeable grants are those that have a proven track record and many years of experience.
- It is essential to have a cohesive, well-trained team to run the substance abuse ministry.
- Faith organizations with effective substance abuse programs are tied into the larger social service arena and have connections with treatment agencies, shelters for the homeless, probation and parole officers, and others.

Engaging the faith community in efforts to address substance abuse is a process that can not be rushed. After 11 years, the faith community in Missouri has just begun to realize its power and to work collectively to garner the resources needed to help the suffering addict, prevent the future addict, and support the recovering addict. ■

*Daphne Walker-Thoth is a founding member of CCFC. She serves as its acting executive director and as research associate at the Missouri Institute of Mental Health.*

WHAT'S NEW

News and Notes  
From Around the Country

CONGRATULATIONS!!!

We are proud to welcome several of our teams who have chosen to participate in the FAITH PARTNERS NETWORK by signing SUSTAINING AGREEMENTS

SERVICE LEVEL PARTNERS

First Baptist Church Shawnee Shawnee, OK Bobby Kelly, Interim Pastor Sallie McLaughlin, Team Facilitator Team Established 2002	Transfiguration Lutheran church Bloomington, MN Vern Christopherson, Pastor Ron Schultz, Team Facilitator Team Established 2000	Zion Lutheran Cloquet, MN Barbara ad Paul Birkeland, Pastors Kathy Mills, Team Facilitator Team Established 2001
Our Redeemer Lutheran Church Benson, MN Anne Andart, Pastor Jerry Thompson and Anne Andert, Team Facilitators Team Established 2004	University United Methodist Church Austin, TX Carl Rohlfs, Pastor Kathy Edwards and Amy Dunkelberg, Team Facilitators Team Established 1988	

STEWARDSHIP LEVEL PARTNERS

Church of St. Edward Bloomington, MN Father Mike Tegeger, Pastor Mary Hayden and John Judd, Team Facilitators Team Established 2001	Gloria Dei Lutheran St. Paul, MN Lois Pallmeyer Pastor Laurie Possin and Mary Jo Hallberg, Team Facilitators Team Established 2001	Mt. Zion Baptist Church Austin, TX G.V. Clark, Pastor Brenda Paulhill and Lawrence C. Vaults, Team Facilitators Team Established 1986
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MISSION LEVEL PARTNERS

Christ Lutheran Church Lake Elmo, MN Mark Halaas, Pastor Bob Bagley and Diane Lohman, Team Facilitators	Grace Lutheran Church Apply Valley, MN Theresa Helker, Pastor Lois Askvig, Team facilitator	Team Established 2004	Team Established 2000
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CHOOSE TO PARTICIPATE IN THE FAITH PARTNERS NETWORK

The Rush Center offers each team useful tools and strategies, educational materials, and consultation for a team ministry to meet the needs of the whole congregation. There are three levels of involvement to choose from to help strengthen and expand your ministries' reach in your own congregation and throughout this mission field.

OTHER NEWS FROM TEAMS

**Herb Smith, Team Facilitator of The Fulmore United Methodist Church** in Claremore, OK along with members of the SOAR Team (Supporters of Addictions Recovery) co-sponsored a panel discussion with Rogers County Youth Services entitled "Not MY Kid". The team is planning to begin a "Hunger for Healing" class during their Sunday School hour this year and are planning training sessions for their SOAR Team members on various chemical dependency topics.

**Maritza Dyer at Central Parkway Ministries** in Cincinnati, Ohio and the Helping Hands Ministry is Building the Hispanic Population Congregational Support by providing a Twelve Step Recovery Support group totally in Spanish. It is a 14 week program where attendees learn the effects of addictions, their consequences, making the right choices and about themselves. The material for the group is designed in such a way so that participants learn how to live a life with purpose and direction.

**DO SOMETHING** - This DVD provides ideas and suggestions that congregations can take to address the problems of substance abuse in congregations and communities. What can a church do? Most important, don't pretend that substance abuse is not real in your congregations. DO SOMETHING provides suggestions for Recovery Sunday, Red Ribbon Week, Curriculum recommendations as well as other methods on how to get involved and DO SOMETHING. For more information please contact: Deby Irby, BGCT-Christian Life Commission, 214-828-5190, Deby.Irby@bgct.org

IN REVIEW

ADDICTION & GRACE  
LOVE AND SPIRITUALITY IN THE HEALING OF ADDICTIONS  
Reviewed by Drew Brooks

This insightful book explores the nature of addiction and its affect on our body, mind, and spirit. Begun as a professional research project it ended up becoming a spiritual journey for its author. Those who want to embrace a ministry that addresses unhealthy "attachments" and full-blown addictions will benefit from May's perspective.

Gerald G. May, M.D., psychiatrist, teacher, and director of the Shalem Institute in Washington D.C., describes a twenty year practice of listening to the yearning of people's hearts, convincing him that all human beings have an inborn desire for God. It is a hunger to love, to be loved, and to move closer to the Source of love. He illustrates how God nourishes this desire, through the great commandment: "Thou shall love God with all thy heart, and thy neighbor as thyself." "It is addiction," he says, "that keeps our love for God and neighbor incomplete. It is addiction that creates other gods for us. Addictions will cause us to store our treasures somewhere other than heaven, kidnapping our hearts and souls and strength."

May identifies the various addictions from which we can suffer - alcohol, drugs, but also work, sex, performance, responsibility, and intimacy. "Because virtually anything in life can become an object of attachment, it is important to remember that there is a big difference between having strong feelings about something and really being addicted to it. The difference is freedom." He defines addiction as any compulsive,

somebody else's family, or in another congregation - keeping the idea of unhealthy attachments or full-blown addictions at arms distance. This subtle or overt dynamic can tend to marginalize this ministry for them and others. The journey Gerald May walks us through can break down the stigma or barriers that keeps us from truly loving our neighbors - giving us a sense that we are all in this together.

**ADDICTION AND GRACE:**  
**Love and Spirituality in the Healing of Addictions**  
by Gerald G. May, M.D.  
Published by Harper  
San Francisco  
195 pages, \$13.00  
*Addiction and Grace Leaders Guide, 64 pages, \$4.95*

May's book helps us understand we are all faced with our inadequacies and incompleteness. The hopeful word is that God's grace is sufficient. This classic book, along with the Leader Guide, can propel an individual's, as well as a congregation's, understanding of how grace can work through attachments and addictions in all of our lives. Addiction doesn't have to be the final destination, but part of the journey to healing, grace, and wholeness.



Drew Brooks is the manager of the Faith Partners Project of the Rush Center of the Johnson Institute.

habitual behavior that limits the freedom of human desire. It is caused by the attachment, or desire for specific objects. He says, "If we can accept that there are differences in the degree of tragedy imposed upon us by our addictions, we can also recognize what they have in common: they impede human freedom and diminish the human spirit."

"WHERE YOUR TREASURE IS, THERE WILL BE YOUR HEART ALSO."

The Gospel According to Matthew

This book addresses one of the stumbling blocks we encounter in starting a team ministry. Clergy and laity sometimes separate themselves from the reality of addiction - not seeing it as part of their experience. It happens to somebody else, to

# How to Start A Faith Partners Team

## Order Your Call To Action Kit

Find out if your congregation could benefit from a congregational team that helps individuals and families with prevention, early intervention, referral assistance and recovery support related to alcohol and other drug problems.

Use this step-by-step guide to educate your leadership, stimulate volunteer interest, evaluate your opportunity, and start this proven ministry or service in your congregation. Each KIT includes:

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