



A Case Study Approach to Teaching Chemical Dependency in Seminary Formation: An Application of the Core Competencies

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CASE #1 — Doing Good Doesn't Mean Things are Good

She had four children, was president of the mothers' club, had been a member of the parish council. She was lovely, kind, helpful, and a devoted wife, mother, and volunteer. And she was dead of alcoholism at age 40. There were many priests on the altar at her funeral. Most knew she had a serious drinking problem and had witnessed it often. They cared about her and her family and treated them kindly and with respect. They didn't know what else to do and didn't want to offend, so they said nothing when the children and other family members said nothing. They cared, but they weren't equipped.

Educational Focus

People are not born knowing how to deal effectively with someone else's addiction. Seldom do family members, friends, or clergy instinctively avoid enabling behaviors and find appropriate ways to intervene. The great majority stumble along managing each day the best they can, repeating what doesn't work. Although this

response to alcoholism is normal, it adds to the confusion and suffering of the children involved. It also does not address the underlying issue: A key family member or parishioner is suffering from a chronic, fatal disease and needs intervention and treatment which are frequently highly successful at arresting this disease and establishing the base for lifetime healing and recovery.

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Effective intervention strategies are counterintuitive, so they need to be learned. Being supportive and encouraging is a “pastoral” norm. With addiction, addressing the alcohol or drug use firmly and with concern is a critical pastoral role. Being able to articulate, with compassion and knowledge, the consequences of alcohol and drug use for the individual, the family and (where

appropriate) the congregation, can make a life-altering impact on an individual or a family. Knowing the benefits of structured family intervention (see sidebar) and where to refer concerned family members for professional assistance can and does save lives and families from the devastation of chronic alcoholism.

CASE #2 — Behind the Marriage Failures

John P. petitioned for an annulment, blaming his wife's irrational and controlling behavior for the collapse of their marriage. He had been a drinking alcoholic for the whole of their ten years of marriage, and there were three children ages four through eight.

Educational Focus

The majority of spouses of alcoholics are not irrational, mentally ill, or control freaks. They are simply overwhelmed by the insanity of someone else's addiction. Often they are reliving the nightmare of their own childhood, growing up in the chaos caused by a parent's drinking; feeling as helpless, confused, and frightened as adults as they did when they were children. Spouses of those addicted to alcohol or drugs need clarity about the disease that is crushing their lives and family. They need support offered

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by such groups as Al-Anon. They need to hear messages of hope and the possibility of recovery for their whole family, and they need help in finding the resources they need.

These messages of hope and healing must come from outside the family, preferably from a trusted source of care and support. In the faith community, these messages can come from posters in the halls; pamphlets in the racks; information in the parish bulletin; and Alcoholics Anonymous, Al-Anon or Alateen meetings on church property with the times listed in the bulletin. They can come from statements included in the homilies that describe the pervasiveness of the disease, making it clear that the only shame in this disease is doing nothing to help.

INTERVENTION WORKS

Intervention is a process which attempts to crack the delusion in which alcoholic/addicted people live. It is the delusion that keeps addicted persons in denial about their disease and its consequences—for themselves and for their loved ones. Intervention works because it punctures the delusion.

Intervention gathers together the people who:

- care most about the individual;
- have detailed information/facts which show that the person is in trouble; and
- are able to express love, concern, and a genuine desire for re-connection along with the stark facts of the disease's impact.

The caring and facts presented together (neither alone) are what puts cracks in the delusion. While addicted individuals are brilliant at staying in denial if the concern and facts are presented on a one-to-one basis, it becomes too overwhelming to counteract when presented all at once in a group setting where it is clear that the people most important to them are united. When it all comes at once, the delusion begins to crumble, and the love and reality begin to set in.

The interventionist (a trained professional) is there to help the addicted person's loved ones express their concerns and state the facts in a “receivable” form. Prior to the intervention meeting, the interventionist educates the family and other concerned participants, helps them to organize the intervention and what will be presented, guides them to understand their own options for healing, and assists in determining and arranging for the most appropriate treatment for the addicted family member. Most people will accept treatment on the day of the intervention.

Trained intervention specialists who are skilled in family therapy as well as the techniques of conducting an intervention can be found in most communities. Hazelden (1-800-328-9000 or www.hazelden.org) has two books on intervention: a landmark book, *Intervention: How to Help Someone Who Doesn't Want Help*, and *Love First: A New Approach to Intervention for Alcoholism and Drug Addiction*. National sources for locating interventionists nationwide are: the Association of Intervention Specialists (301-670-2800) and the Intervention Resource Center (1-888-421-4321).



Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members was developed by a multi-denominational expert

consensus panel of Faith and Seminary leaders. The effort was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

For free copies of the full document, contact SAMHSA's clearinghouse at 1-800-729-6686 or online at www.samhsa.gov or www.nacoa.org

For information on the Clergy Education and Training Project contact:

National Association for Children of Alcoholics
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Preparing Clergy to Serve Families Facing Chemical Dependency

The annulment was granted, but before another marriage could be attempted, the husband was required to be certified "sober" for a year by a Tribunal-designated psychologist. He drank the whole year, but seldom appeared intoxicated. He was declared "sober" and cleared to marry. Less than three years later, the second wife left him because of his alcoholism.

The Diocesan Marriage Tribunal typically is a careful and caring investigative body, working to preserve the sanctity of the sacrament while acknowledging that a given marriage may never have existed in certain circumstances. What this Tribunal missed was the "main event" for the petitioner, his wives, and his children: Alcoholism

was calling the shots, and the spouse's response was "normal" for the situation. The disease needed to be addressed first as potentially causal for all presenting issues. The petitioner needed treatment; both wives and the children needed therapy and/or 12-step support services. The whole family was suffering from this disease, and everyone needed to recover—even the young children. Members of a Marriage Tribunal, however, cannot ask the requisite questions that will surface these needs when it does not have the basic knowledge and skills essential to do so.

CASE #3 — The Missed Topic in Marriage Preparation

It was a casual comment to a professional colleague who helped with the new marriage preparation programs in her diocese. "I wonder how many divorces we'd have prevented if we had included a session on alcoholism, other drug use problems, and the impact on adults of having grown up in an alcoholic family." The colleague said she knew because she had instituted such a program in her diocese. In the first year, she reported, a half-day was added covering the nature of alcoholism, its signs and symptoms for the addicted person and for family members, its progression, and the negative consequences (often life-long if not addressed) of growing up in an affected family. After the educational session, 20% of the couples decided not to marry, or to postpone marriage until counseling was obtained for the unresolved childhood issues of being an adult child of an alcoholic parent or until one partner addressed his or her excessive drinking. After adequate treatment or counseling, about 25% returned to prepare for marriage.

Educational Focus

When one in four children under 18—across all economic, social, religious, and cultural groups—lives in a family with alcohol abuse or alcoholism, and countless others suffer because of parental drug use, it is crucial that clergy and other pastoral ministers have a clear understanding of addiction's effect on the physical, emotional, and spiritual well-being of their parish families.

It is widely known that this disease, if untreated, destroys marriages and alienates families from their church. Not only does alcoholism block the capacity for a meaningful

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spiritual life, it blocks the capacity for healthy, appropriate, interpersonal relationships and partnerships. Both engaged couples and their parishes would benefit from assuring that those who present themselves for the sacrament of marriage are actually capable of entering into and sustaining a sacramental partnership over a lifetime.

CASE #4 — Mother’s Day, Father’s Day, and So Much Pain

It was Mothers’ Day many years ago, and she had just returned from Sunday Mass. She called her mentor to say, “I remembered again this morning why I hated to go to church on Mother’s Day—because I had to listen to another sermon extolling mothers and the sacrifices they make for their families. All I could remember was her drunken rages, putting her to bed at night while my executive father “worked” in his library, and hiding in the attic in order to study for exams. I don’t want to be like her, and I don’t want to attend Mass with my children on Mothers’ Day and listen to what is a lie for too many children.”

Educational Focus

When addiction is present, the “no talk” rules impede or block expressions of pain, fear, anger, and confusion. Consequently, these feelings don’t get processed and worked through in healthy ways. The rule of silence about the family’s “truth” is coupled with rigid expectations of “looking good” behavior, creating barriers to seeking help.

What would it take to add a note to that Mother’s Day sermon, asking parishioners to pray for those mothers who would like to live up to the ideal that has just been discussed but are trapped in alcohol or drug addiction—or in mental illness—and cannot be what their children need without outside help. Or add to the prayers of the faithful a prayer that these mothers and their families be guided into treatment and recovery soon, that children living in the confusion and fear created by alcohol or drug use in their families will find safe and supportive adults to whom they can turn.

CASE #5 — The Clergy as Counselors

She is the mother of five. She came to seek help for her husband’s drinking from the parish priest, whom her husband liked and admired, who was also a psychologist. She was reminded that her husband is a nice person and advised that she should be less critical and give him more support. She found Al-Anon, which saved her sanity, but her marriage ended. She raised the five children while he found a younger woman who was willing to tolerate his drunken behavior. The priest did care—about the husband, the wife, and the children—but his graduate training did not include adequate information on alcoholism, its impact on family members, especially developing children, and how to

RESOURCES FOR SEMINARY OR PARISH LIBRARIES

- Ackerman, Robert. *Silent Sons*. Simon & Schuster, 1993.
 Black, Claudia. *It Will Never Happen To Me*. Ballantine Books, 1987.
 Johnson, Vernon, Johnson Institute. *Intervention: How To Help Someone Who Doesn’t Want Help*. Hazelden, 1986.
 Jay, Jeff and Debra. *Love First: A New Approach to Intervention for Alcoholism and Drug Addiction*. Hazelden, 2000.
 Ketchum, Katherine; Arthur Ciaramicoli; Mel Schulstad; and William Asbury. *Beyond the Influence: Understanding and Defeating Alcoholism*. Bantam, 2000.
 Wholey, Dennis. *Courage to Change*. Mass Market Paperback, 1994.

Helpful Web sites

- Alcoholics Anonymous: www.aa.org
 Al-Anon and Alateen: www.al-anon.org
 Adult Children of Alcoholics: www.adultchildren.org
 Co-Dependents Anonymous: www.codependents.org
 Johnson Institute: www.johnsoninstitute.org
 National Association for Children of Alcoholics: www.nacoa.org
 National Center on Addiction and Substance Abuse at Columbia University: www.casacolumbia.org
 National Council on Alcoholism and Drug Dependency: www.ncadd.org
 National Clearinghouse for Alcohol and Drug Information: www.ncadi.samhsa.gov

help intervene and break the cycle of family confusion and pain. He didn't understand that, when he visited the family, the children hoped he would notice, say something, do something to help. They were his friends and he cared deeply about them. But he didn't understand their silence or how to break the "no talk" rule that trapped them all.

Educational Focus

Hurting parishioners generally perceive clergy and pastoral ministers as potential sources of help and support. Parishioners may present with "marriage problems" or "unfaithfulness" and often do not name the alcohol or drug use as the culprit. Frequently, people who live with addiction do not recognize it for what it is—a chronic, debilitating disease that will get worse over time unless interrupted.

Clergy are seldom prepared to deal with addiction-related issues, yet those issues will affect the counseling and many decisions they will address throughout their priesthood. A survey (*So Help Me God!*) released by the Center on Addiction and Substance Abuse at Columbia University in November, 1999, reported that 94.4% of clergy considered addiction to be an important issue they confronted, yet only 12.5% had done any course work on it during their seminary studies. This begs the question: How can clergy attain the knowledge and skills necessary to be effective in addressing alcoholism and other drug dependencies in afflicted individuals and their affected family members? The "Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Other Drug Dependence and the Impact on Family Members" discussed by Reverend Roy C. Woodruff, Ph.D., elsewhere in this issue establish the basis for appropriate educational modules that can be incorporated into existing courses and post-ordination educational programs. We have waited too long and watched too many of our Catholic families crumble under the destructive power of alcoholism, affecting generation after generation. We must find a way to equip our present and future clergy to address this disease effectively.

Children of alcohol or drug dependent parents need a safe haven where they can meet

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adults who will talk to them openly about what may have been their “family secret.” The isolation and stigma the children may feel are lifted when trusted adults validate their experience, and when they learn that others face the same confusion and chaos that dominates their lives. When those “trusted adults” are part of their parish leadership, they gain hope and become free to pursue a spiritual connectedness with God and to feel that they can “belong” and be valued in the parish community. When they learn they are not responsible for what is happening in their families, that they are not alone, and that their parish community, especially its leadership, recognizes their intrinsic worth, children can be empowered to make healthy choices for themselves, with the support of their faith community.

Most parishes have members who are knowledgeable about addiction and recovery and are willing to join an effort to identify and support both those who are afflicted and their family members. Faith Partners, a congregational team-approach program offered by the Johnson Institute’s Rush Center in Austin, Texas, takes advantage of that pool of resources to create an education and support team at the parish level. This effective program has spread to several hundred faith communities across the country, including many Catholic parishes. A Faith Partners team of professionals and concerned persons—including some recovering alcoholics or family members as well as health and addiction treatment professionals—is pulled together from within the parish and approved by the pastor and parish council. The team surveys parish members about their concerns and services needed. It then crafts the initial solutions to meet the perceived needs of the parish. It provides educational programs, reading materials, referrals, and acts as the source to which concerned persons, including the parish leadership, can come for guidance and information about alcohol and drug-related issues.

The team can play a unique role in helping troubled family members seeking guidance about a loved one's drinking or drug use, in supporting early intervention, and in recovery support for both parishioners who have entered treatment for addiction and for their families. This approach gives maximum help to parishioners suffering the consequences of addiction and their family members; yet it does not require the already-overburdened pastor to take on an additional responsibility. For more information, visit www.rushcenter.org.

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Application of the Core Competencies to the Seminary Curriculum

Each of these scenarios could be used as a case study as part of a course in pastoral counseling or to stimulate discussion at an in-service day on alcoholism and substance abuse. They warrant a critical review by seminary students who need to be exposed to the complexities and nuances of addiction. Seminary curriculum dealing with addictions usually teaches students how to refer and utilize community resources. However, seminaries also must remind the seminarians to develop a pastoral instinct that comes from integrating skills with personal formation. When seminaries teach these future pastors to follow their gut reactions and trust the spiritual traditions of the faith community, the competencies they learn become part of the healing ministry of the church.

Substance abuse and addiction is a systemic deconstruction that estranges, alienates, and sedates the self from God. Ministers who support individuals in treatment need to be ready to offer some guidance, especially after treatment. The aftercare process of recovery often includes the

need to forgive oneself. It involves a reconciling community that invites those who have been estranged from each other to rediscover each other and themselves all over again. This process of healing is often initiated within a parish community through the assistance of a priest or pastoral minister who serves as a spiritual mentor. This mentor in faith reformation needs to be attentive to the faulty images of God the persons in recovery have constructed. Their picture of God may be the image of an abusive father, a codependent mother, or a parent that has abandoned them. The person in recovery may be overcompensating with rigid behaviors and beliefs or have little or no religious formation. As individuals reengage intrinsic support systems, they may need some pastoral assistance in clarifying their faith connections. They may need to feel the welcoming hands of a faith community that provides patience, understanding, and acceptance. The priest can help the person in recovery rebuild a biblical and theological anthropology that includes a God who forgives.

One's self-image throughout addiction is poor. Helping individuals appreciate the Christian perspective of a saved and redeemed humanity is essential for recovery and healing. Seminarians that can link their systematic theology courses with the art of pastoral healing may one day be priests that provide spiritual guidance for individuals who have lived in tangled relationships with shattered hopes. As future priests, seminarians will constantly invite people to be members of a faith community. They will need to assist those who have lost meaning for their life. Furthermore, ongoing ministry is needed to help individuals reshape feelings of guilt or resentment into self-forgiveness and a positive self-love. The future ministers would do well to appreciate that they possess a reservoir of lived faith and always have access to a religious tradition that is firmly rooted in reconciliation, contrition, and conversion. This delicate and complex process of recovery is a process that demands patience, gentleness, understanding, and sympathy.

Seminarians at one point or another in their curriculum should understand the dynamics of Alcoholics Anonymous, especially the Fifth Step Process (see *The Clergyperson and the Fifth Step*

in Robert J Kus, ed., 1995, *Spirituality and Chemical Dependency*. The Haworth Press). Students need to appreciate the importance of support groups during recovery. The seminary internship year affords many opportunities to become acquainted with various support groups. Students in their pastoral year could interview and visit local agencies that support addiction recovery. The personalization that comes from meeting a sponsor in an “Alcoholics Anonymous” or “Al-Anon” support group, or a meeting with a counselor who organizes family interventions helps shape the mind and heart with hands-on learning that can later serve as a valuable resource.

Conclusion

The “Core Competencies for Clergy” provide a framework for acquiring the knowledge and skills needed in each of these case studies. In Case #2, for example, core competencies #1, 2, 3, 6, and 9 would have provided the parish priest an opportunity to offer support and guidance to the spouse and children, while helping to intervene and refer the alcoholic to treatment.⁹In this way, the priest could be instrumental in a family’s healing process and return to emotional stability. The priest’s actions would also offer to the family members a renewed capacity to connect with their spiritual roots.

Mastering the Core Competencies can help prepare the seminary student to develop a healthy attitude about alcohol use, the impact it might have had on his own life, and the ability to reach out and support the many individuals and families in their parishes affected by alcohol or drug dependence.

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