

The Liberty University School of Divinity

An Alcohol Questionnaire and Referral Tool for Baptist Churches

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by

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DEDICATION

This thesis would not have been possible without the power and the presence of the Holy Spirit guiding and directing me throughout this whole process. I am humbled by the prayers and the support of my friends, the congregations of the First Corinthians Baptist Church; where I serve as the Senior pastor, and my family. More specifically, I am appreciative of my sisters who understand and practice ministry and spirituality daily. My sisters and niece have served as cheerleaders. Further, my sisters shared their skillsets and knowledge of editing and computer technology which have been invaluable. Additionally, I am grateful for Rev. Brain Williams and the Baptist General Association of Virginia who graciously in participating in this study. I would be remiss if I did not give thanks and appreciation to the Liberty University and its staff who started with me on this journey four years ago up to the present. They have been a strong committed and engaging force. I thank God for my wonderful and faithful parents who instilled the vision in me that I had a purpose in Christ Jesus, when I was just a little girl. The scripture found in Philippians 4:13, which says “I can do all things through Christ who strengthens me” resonates within me and will continue to be my mantra. It is my prayer that the work on this thesis will be dedicated back to God and will help God’s people in the church and the community.

ABSTRACT
AN ALCOHOL REFERRAL TOOL FOR USE BY
BAPTIST PASTORS

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Alcohol addiction is a pervasive ill within our society with detrimental bio-psycho-social outcomes. Unfortunately, the Baptist churches or more specifically those churches who are members of the Baptist General Association of Virginia (BGVA) are not immune to seeing the devastation of this disease, including the spiritual impact. Pastors may find themselves in the role of “first responder” unprepared to fully address this issue. This study explored, through a web-based questionnaire, how those churches associated with the BGVA are currently addressing alcoholism and if pastors would find a referral tool helpful to connect members with professional therapists. It is widely accepted that clinical therapy, along with spiritual guidance, can be effective in altering the course of one’s addiction to alcohol. This study examined how some BGVA Baptist pastors, when confronted with members using alcohol, are prepared to assess and willing to provide appropriate guidance for clinical intervention. The results showed that while some referrals are being made to therapists, the Baptist pastors who are in this study would find a referral tool helpful when members present with alcohol misuse.

Abstract length: 178 words

CONTENTS

DEDICATION.....	iii
ABSTRACT.....	iv
ABBREVIATIONS.....	viii
CHAPTER 1: INTRODUCTIONS	1
The Statement of the Problem	4
The Statement of Limitations.....	5
The Theoretical Basis for the Project.....	7
The Statement of Methodology.	9
The Review of Literature.....	10
Overview of Alcoholism.....	11
Impact of Alcoholism (on Spiritual Growth).....	15
Stages of Alcoholism: The First Stage.....	20
Stages of Alcoholism: The Second Stage.....	21
Stages of Alcoholism: The Third Stage.....	22
Stages of Alcoholism: The Fourth Stage.....	24
Spirituality and Counseling in Relation to Alcohol Use.....	25
The 8 Recovery Principles of CR.....	30
The 12 Christ-Centered Steps.....	31
CHAPTER 2: APPLIED RESEARCH.....	33
Processes Used by Pastors to Address Alcoholism in the Church.....	33
First Leg- Delivering Effective Short-term Strategies.....	34
Second Leg- Sermons.....	36

Excerpt from Sermon, by Rita D. Moore, MDIV.....	37
Third Leg- Essential Resources.....	38
Barriers Impacting on Pastors from Referring Congregant for Mental Health Counseling.....	40
The Impact of a Pastor’s Educational Preparation and Training on Addressing Alcoholism.....	47
The Development of a Referral Process for Mental Health Counseling.....	52
CHAPTER 3: RESULTS.....	59
Research Question.....	59
Research Methodology.....	59
Sampling.....	61
Study Area.....	62
Limitation.....	62
Results from Survey.....	63
Findings from the BGAV Study.....	66
Conclusions of Study.....	67
CHAPTER 4: RECOMMENDATIONS AND CONCLUSION.....	68
DSM-5 Criteria: Alcohol Use Disorder.....	71
Screening Tools.....	73
Proposed Referral Tool.....	74
Conclusion.....	78

BIBLIOGRAPHY.....82

APPENDICES.....85

ABBREVIATIONS

AA	Alcohol Anonymous
AOD	Alcohol OR Drug Use
BGAV	Baptist General Association of Virginia
CDC	Center of Disease Control
CR	Celebrate Recovery
DSM V	Diagnostic Statistical Manual (Edition 5)
DUI	Driving Under the Influence
NIV	New International Version
S/R	Spirituality and Religiosity
SUD	Substance Use Disorder
AOD	Alcohol or Drug

CHAPTER 1

Introduction

Alcohol addiction or alcoholism (for the purpose of this thesis, alcoholism and substance use disorder will be used interchangeably) is a pervasive ill within our society with detrimental bio-psycho-social and spiritual outcomes. Although theorists vary in their positions regarding the etiology of alcoholism, the negative impact of this disease on the individual, as well as the family, is agreed upon by professionals in the substance abuse field. Unfortunately, the Baptist churches which are members of the Baptist General Association of Virginia are not immune to seeing the devastation of this disease and pastors of this association may find themselves being in the “first responder” role unprepared to solely address the impact of alcoholism on one’s life.

“Alcoholism” is defined as maladaptive patterns of alcohol use leading to clinically significant impairment or distress – physical, emotional and social.¹ The Center for Disease Control (CDC), provides the following statistics in relation to the bio-psycho-social effects of alcoholism which impacts the family unit: drinking too much can harm the individual’s health and one’s inability to provide for the family; excessive alcohol or drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years old causing emotional and financial distress to love ones; and the economic costs of excessive alcohol

¹ Tim Clinton and Eric Scalise. *Addiction and Recovery Counseling*. (Grand Rapids: Baker Books, 2013), 70.

consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink, impacting the family finances and economic well-being.²

Throughout the literature, theorist on the etiology of alcoholism appear to agree that there is no one single cause of this disease; however, risk factors that may lead to the misuse of alcohol have been agreed upon and outlined, to include internal and external factors. Internal factors such as genetics, psychological conditions, personality, personal choice, and drinking history and external factors such as family, environment, religion, social and cultural norms, age, education, and job status may cause one to misuse alcohol leading to a need for support.

Undeniable, alcoholism left untreated or treated inadequately brings hardship to a Christian struggling with this disease and his/her ability to fulfill his/her God-given purpose. Author Gary Thomas in his book, Every Body Matters: Strengthening Your Body to Strengthen Your Soul, stresses the importance of being a good steward of your physical body in order to carry out your special purpose.³ Gary's writing supports what Paul wrote in Romans 12:1(KJV), "I beseech you, therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service." Alcoholism, by nature of this disease, may cause an individual, because of associated guilt and shame, to move away from fellowship from the church which potentially impacts the church. Due to the negative implications of this disease, pastors and leaders of churches may or may not feel comfortable with how to effectively manage congregants

² "CDC - Fact Sheets-Alcohol Use And Health - Alcohol." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 2015, www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm.

³ Gary Thomas. *Every Body Matters: Strengthening Your Body to Strengthen Your Soul*. (Grand Rapids: Zondervan, 2011).

presenting with alcoholism. In addition to providing spiritual guidance to help the congregant to feel supported, pastors or leaders may need to access additional support from the professional mental health community to further assist the member.

The literature supports that spiritual guidance can play an important role in addressing a Christian's concern regarding alcohol use. Spiritual guidance, utilizing a comprehensive knowledge of God's truth and biblical principles, can offer the individual and his/her family living with alcoholism hope. Pastors are very capable of providing spiritual support. Encouraging a member to seek therapy and providing resources for treatment for alcoholism is an important role a pastor could undertake. However, due to several reasons, referral to treatment intervention such as traditional therapy may not follow the spiritual encounter.

A study conducted by Mollica, Streets, Boscarino, & Redlich,⁴ examined the willingness for pastors to engage in the referring parishioners for external mental health treatment, which includes Alcohol Use Disorder. Results of this study indicated that some pastors are reluctant to make referrals for counseling and mental health treatment⁵. The researchers noted that reasons for this reluctance are that some religious or church doctrines and belief systems were noticed to be more rigid than others and/or the perception that external counseling and mental health services reflect the member a lack of faith⁶. Other barriers may exist to prevent such referrals. The already existing roles and responsibilities may limit the pastor's ability to dedicate the time to properly and effectively intervene; or, the ability to provide further support of this disease may be limited based on the pastor's

⁴ Richard Mollica, Frederick Streets, Joseph Boscarino, and Frederick Redlich. "A Community Study of Formal Pastoral Counseling Activities of the Clergy." *American Journal of Psychiatry*, vol. 143, no. 3 (1986): 323–328.

⁵ Ibid.

⁶ Ibid.

educational preparation, experience, age, gender and/or demographics of the church he/she serves. Additionally, there may be biases as it relates to the disease itself. With these subjective barriers, an objective tool which outlines when clinical interventions may be useful, beyond spiritual guidance, may offer greater support for pastors seeking to help Christians/congregate manage a disease that may not have been previously addressed holistically within the Baptist church.

Statement of the Problem

Review of the literature supports that spiritual guidance can play an important role in addressing a Christian's misuse of alcohol. Left untreated, this misuse could become progressive and lead to a multitude of bio-psycho-social and spiritual issues. In other words, left untreated this disease can lead to imprisonment, institutional stay and/or physical and spiritual deterioration and even death. Pastors, who may be the first contact a Christian may make seeking help, are in an optimal position to encourage the Christian to initiate recovery by providing a gateway or connecting him/her to therapy. In a study examining, *Sources of Care for Alcohol and Other Drug Problems: The Role of the African American Church*, the researchers found that religious congregations (55%) is often the first point of contact for help with alcohol and/or drug (AOD) problems and can play an integral role in improving access to treatment.⁷

Spiritual guidance, utilizing a comprehensive knowledge of God's truth and biblical principles, can offer hope to the individual and his/her family living with alcoholism. Pastors are very capable in providing this spiritual support, and some pastors are educationally prepared to

⁷ Eunice Wong, Kathryn Derose, Paula Litt, and Jeremy N. V. Miles. "Sources of Care for Alcohol and Other Drug Problems: The Role of the African American Church." *Journal of Religion and Health* 57, no. 4 (2017): 1200-210.

provide additional therapeutic counseling. Pastors who are not prepared to provide counseling are in an optimal position to take the step to refer the Christian to a therapist in the community where there can be an integration of the congregant's spiritual faith with traditional therapy.

The importance of including spirituality in traditional alcohol treatment programs in churches is becoming more acceptable, but it also leaves one to question the role of pastors in providing appropriate guidance as to when and how treatment should be sought when church members seek support through the Baptist church. Willa D. Meylink and Richard L. Gorsuch reported that while 40 percent of all people seeking help approach a clergy person first, less than two percent of them are referred to mental health professionals.⁸ This and similar studies indicate an opportunity for pastors to develop their referral and collaboration skills. If pastors can intervene with assisting in getting the individual with alcoholism the appropriate interventions, this will be a great starting point for healing.

The purpose of this paper is two-fold: 1) To explore how pastors of Baptist churches who are members of the BGAV are currently addressing alcohol abuse within their congregation and what demographics may impact their selected process, and 2) if pastors would find a referral tool helpful when addressing a congregant's misuse of alcohol. If so, this researcher will develop and offer a simple alcohol guidance/ referral tool for pastors or designees to use when a member or family member seeks help for this disease, if therapeutic treatment is indicated.

Statement of Limitations

This thesis will address alcohol as the primary disorder and how individuals of Christian faith, specifically Baptist churches members of the BGAV, may be able to access clinical

⁸ Willa Meylink and Richard Gorsuch. "Relationship between clergy and psychologists: The empirical data". *Journal of Psychology and Christianity*, 7(1) (1988): 56-72.

treatment to manage this disorder when seeking support from their pastor if indicated. This project is not designed to assess other mental health issues, co-morbidities nor focus on the overall treatment of alcoholism, which may include denial of this disease, which may limit this paper as being holistic in nature.

With the goal to create a resource for Baptist pastors of BGAV to guide members to optimal treatment for alcoholism, a huge limitation exists from a historical perspective. Antidotally, the topic of alcohol itself has been "tabooed" in some of the Baptist churches, as some may view this action as a lack of faith. Alcoholism is not a topic that the churches typically like to address and addressing a topic of this nature may offer limitations in engagement or willingness to discuss addiction to alcohol, in general, or even participate in an online survey seeking information, highlighting another limitation of this study.

Additionally, a limitation of this study will be that only churches of the Baptist faith and those churches that are members of the Baptist General Association of Virginia (BGAV) will be surveyed. BGAV is a cooperative missions and ministry organization that consists of over 1,400 autonomous churches in the Commonwealth of Virginia, as well as churches from other states and countries.⁹ The BGAV was established in 1823, and it has always existed to "furnish the Baptist churches of Virginia a medium of cooperation for the propagation of the Gospel of Jesus Christ, and for the advancement of the Redeemer's Kingdom by all methods in accord with the Word of God. As such, for this study, other theologies such as Methodist, Muslims, Lutheran, etc. nor churches that are members of other Baptist Associations will not be included for a broader response, which could create biases in the sampling.¹⁰ Not using a random sampling

⁹ "About the BGAV", BGAV - Baptist General Association of Virginia, November 16, 2018, , accessed March 09, 2019, <https://bgav.org/bgav/ministry-partners/>.

¹⁰ Ibid.

could render limitations in applying this research to the religious population at large or general population. Finally, the study will not address the effectiveness of the developed referral tool nor address success rates of staying sober once the individual has received treatment nor the potential for relapse; however, these limitations will lend themselves to future research.

The Theoretical Basis for the Project

This project specifically explores methods that are currently being used during and following the initial encounter with pastors of Baptist churches when the Christian presents with the concern of alcohol abuse. Traditionally, when Christians are faced with spiritual, physical, emotional, mental, or other concerns, their first step toward seeking support may be to request prayer, counsel or spiritual guidance from their pastor. A pastor's role is to uplift those in need of healing and can be depended upon to share words of encouragement and God's words of hope. Encouraging words that may be uplifted are found in 1 Thessalonians 5:23 (NIV) which states, "May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ. God is calling for each of us to become whole." This scripture supports spiritual as well as bio-psycho-social interventions when addressing challenges in one's life. A healthy body works together with the spiritual heart, mind, and soul to motivate one to live an active and productive Christian lifestyle. Sharing of God's Word and praying for strength and deliverance are vital sources for those who know the power of God and can serve as beginning of the healing process.

Gary Thomas stresses the importance of being a good steward of your physical body

in order to carry out your special purpose.”¹¹ Throughout his writing, Thomas explains that many scripture references are provided to motivate individuals to take actions to preserve our bodies by being more disciplined. Thomas strongly suggests that pastors are in an excellent situation to position themselves and the church to address such issues. As Paul wrote, "... follow my example, as I follow the example of Christ" (I Corinthians 11: 1). Preaching, praying, offering services, encouragement and helpful information to church members on getting the body, along with the heart, mind, and spirit, in shape to do good works will have a transforming impact on individuals, churches, and communities. Also, pastors can remind the congregant, just as Paul shared in 2 Corinthians 12:9: "And he said unto me, "My grace is sufficient for thee: for my strength is made perfect in weakness. Most gladly, therefore, will I rather glory in my infirmities, that the power of Christ may rest upon me." (KJV)

In addition to providing spiritual guidance, those pastors associated with BGAV are in a pivotal place to follow his/her provision of spiritual guidance with a congregant suffering with alcoholism with referral to a professional therapist to promote a safe, timely, effective and holistic approach to healing. This connection should and can and should do so in a compassionate manner. In the article “Pastoral Counseling: The Art of Referral, “the author shared “the pastor should never come as strong to the weak, as healthy to the sick, as triumphant to the defeated. The pastor must identify with the infirmity of the infirm and compassionately walk alongside the weary traveler.”¹² In a loving manner, pastors, demonstrating the “fruit of the

¹¹ Thomas, *Every Body Matters*, 220.

¹² Larry Yeagley. "Pastoral Counseling: The Art of Referral." *Ministry Magazine*. Accessed November 21, 2018. <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

spirit,” can encourage and support members to seek clinical treatment as a part of restoration, as outlined in 2nd Corinthians 13: 11: “Finally, brothers and sisters, rejoice! Strive for full restoration, encourage one another, be of one mind, live in peace. And the God of love and peace will be with you.”

Statement of Methodology

Jeremiah 3:15 supports that pastors are called upon to impart information to assist in healing: “And I will give you shepherds after my own heart, who will feed you with knowledge and understanding.” This study questioned a selected population of 21st-century Baptist pastors, who are members of BGAV and of varying in age, gender, education, experiences and church settings as to how they are currently intervening to support and provide knowledge to any member of their congregation who is seeking recovery from alcoholism. Further, this study surveyed if those identified pastors would find a tool to assist them to comfortably refer a congregant for clinical therapy following their encounter helpful. Lastly, a simple referral tool was developed.

This research was based in Williamsburg, VA; however, churches around the state of Virginia that are members of the Baptist General Association of VA were asked to answer the web-based questionnaire. The Baptist General Association of Virginia (BGAV) is a cooperative missions and ministry organization that consists of over 1,400 autonomous churches in the Commonwealth of Virginia, as well as churches from other states and countries. The BGAV was established in 1823, and it has always existed to "furnish the Baptist churches of Virginia a medium of cooperation for the propagation of the Gospel of Jesus Christ, and for the advancement of the Redeemer's Kingdom by all methods in accord with the Word of God.”

¹³The ministries of the BGAV are coordinated through the staff who work through five ministry teams who work alongside churches to help them be more effective in their ministries.¹⁴

Pastors or their designee (assistant or associate pastors) with different demographic profiles (i.e. age, gender, age and size of church, educational preparation and experience) were asked to participate in this study by completing a web-based questionnaire to ascertain how the disease of alcoholism is addressed within their congregation, basic effectiveness of method, and if the use of a referral tool for clinical intervention would be useful when providing spiritual counseling on the use of alcohol.

Based upon the results of a web-based questionnaire (QuestionPro), an initial abbreviated resource tool will be developed utilizing existing evidenced-based alcohol assessments. Along with spiritual counseling, this tool can be offered to pastors to support the Christian seeking holistic deliverance from the disease of alcoholism. An integrated approach for treating alcoholism is strongly supported by this researcher who is a pastor of a church and a licensed professional counselor with years of experience in both professions. It is important that these individuals are connected to a therapist to receive therapeutic support; it is understandable that a pastor who has little to no formal background in mental health may find providing guidance on clinical intervention for alcoholism more challenging.

Review of Literature

The literature reviewed for this project included articles, journals, and books that provide an overview of 1) the definition, prevalence, impact, specifically on spiritual growth, and treatment of alcoholism; 2) the Baptist church/pastors' role, experience, and willingness in

¹³ "Mission & Ministry Partners," BGAV - Baptist General Association of Virginia, November 16, 2018, accessed March 09, 2019, <https://bgav.org/bgav/ministry-partners/>.

¹⁴ Ibid.

addressing this disease; and finally 3) the foundation for the development of a referral tool to serve as a resource for Baptist pastors when providing spiritual support to a congregant seeking help with this disease. As there is no known cure for alcoholism, it has been shown that with effective and appropriate interventions, symptoms may be managed whereby individuals are not actively drinking. Treatment for addiction saves lives. For Christians who desire to seek help for alcoholism through the Baptist church, a pastor's comfort level to an awareness of when to refer to outside clinical treatment will be helpful to promote holistic healing. The integration of spiritual counseling into traditional psychological counseling sessions lends itself toward successful outcomes for those seeking help. An abbreviated referral tool for pastors to use may assist in a more timely and appropriate connection to clinical therapy for the treatment of alcoholism after giving spiritual support to the congregant.

Overview of Alcoholism

“Alcoholism” is defined in *The Popular Encyclopedia of Christian Counseling*, written by Tim Clinton and Ron Hawkins, “as maladaptive patterns of alcohol use leading to clinically significant impairment or distress impacting one physically, emotionally and socially.”¹⁵ Clinton et al. further describe alcoholism as having four (4) key properties which are Primary, Chronic, Progressive and (could be) Fatal, if not addressed with an intervention.¹⁶

¹⁵ Tim Clinton and Ron Hawkins. *The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with Their Problems*, (Oregon: Harvest House Publishers, 2011), 95.

¹⁶ Clinton et al, “The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with Their Problems”, 95.

Substance abuse, just as with other diseases such as asthma, diabetes and heart conditions stand as primary conditions with their own signs and symptoms. As the discussion of etiology is determined, researchers have raised the question whether nature (genetics/biological) or nurture (habits/social environment) is the cause of addiction. Information available through Center of Disease Control suggests that there is a genetic factor.¹⁷ Genetic factors account for about half of the likelihood that an individual will develop addiction. Environmental factors interact with the person's biology and affect the extent to which genetic factors exert their influence as well as one's culture. Culture also plays a role in how alcoholism becomes actualized in persons with biological vulnerabilities to the development of alcoholism.

The second facet is that alcoholism is chronic as there is no known cure for this condition. However, it has been shown that with effective and appropriate interventions, symptoms may be managed, or "sobriety" can be obtained. Sobriety can be described differently by the medical and psychological community. The Merriam-Webster dictionary defines it simply as "the quality of being sober."¹⁸ However, Rehabilitation professionals further describes sobriety as the "natural state of a human being... that their thoughts and behavior are not influenced by intoxicants."¹⁹ These professionals highlight that in "12 Step Programs," which will be described in more detailed further in this project, "the word sobriety is used to describe people who have achieved a good level of mental health; those who live a balanced life. It is,

¹⁷ "Centers for Disease Control and Prevention," Centers for Disease Control and Prevention, , accessed March 09, 2019, <https://www.cdc.gov/>.

¹⁸ "Sobriety," Merriam-Webster, accessed March 09, 2019, <http://www.merriam-webster.com/dictionary/sobriety>.

¹⁹ "Drug and Alcohol Rehab Information and Resources." Alcohol Rehab. Accessed November 21, 2018. <https://alcoholrehab.com/>.

therefore, more realistic to view sobriety as a successful life in recovery rather than just not drinking or using drugs. It involves complete mental, physical, and spiritual health.”²⁰ Without appropriate help, reaching the stage of sobriety can be challenging for those suffering from alcoholism. Many individuals in our society suffer from or are impacted by this disease as revealed by the medical literature.

Statistics, as it relates to the chronicity of this disorder, extrapolated from “The Popular Encyclopedia of Christian Counseling” by Tim Clinton and Ron Hawkins and strongly supported within the mental health field, are as follows:

Alcohol Statistics:

- There are estimated 15 million alcoholics
- 40 % of all family problems associated with domestic violence involved alcohol
- 75% of all juvenile delinquents has at least one alcoholic parent
- Every alcoholic directly affects at least 5 other people.
- Drug Abuse and alcohol addiction cost Americans more than 600 billion dollars annually (for health care expenses, lost job wages, traffic accidents, crime, etc.)²¹

Although the disease is chronic and lifelong, there can be long-term periods of abstinence. This period is called “being in recovery” versus “active addictions.” Typically, individuals who are chronically challenged by alcoholism and can maintain sobriety are those participating and

²⁰ Ibid.

²¹ Clinton et al., *Addiction and Recovery*.

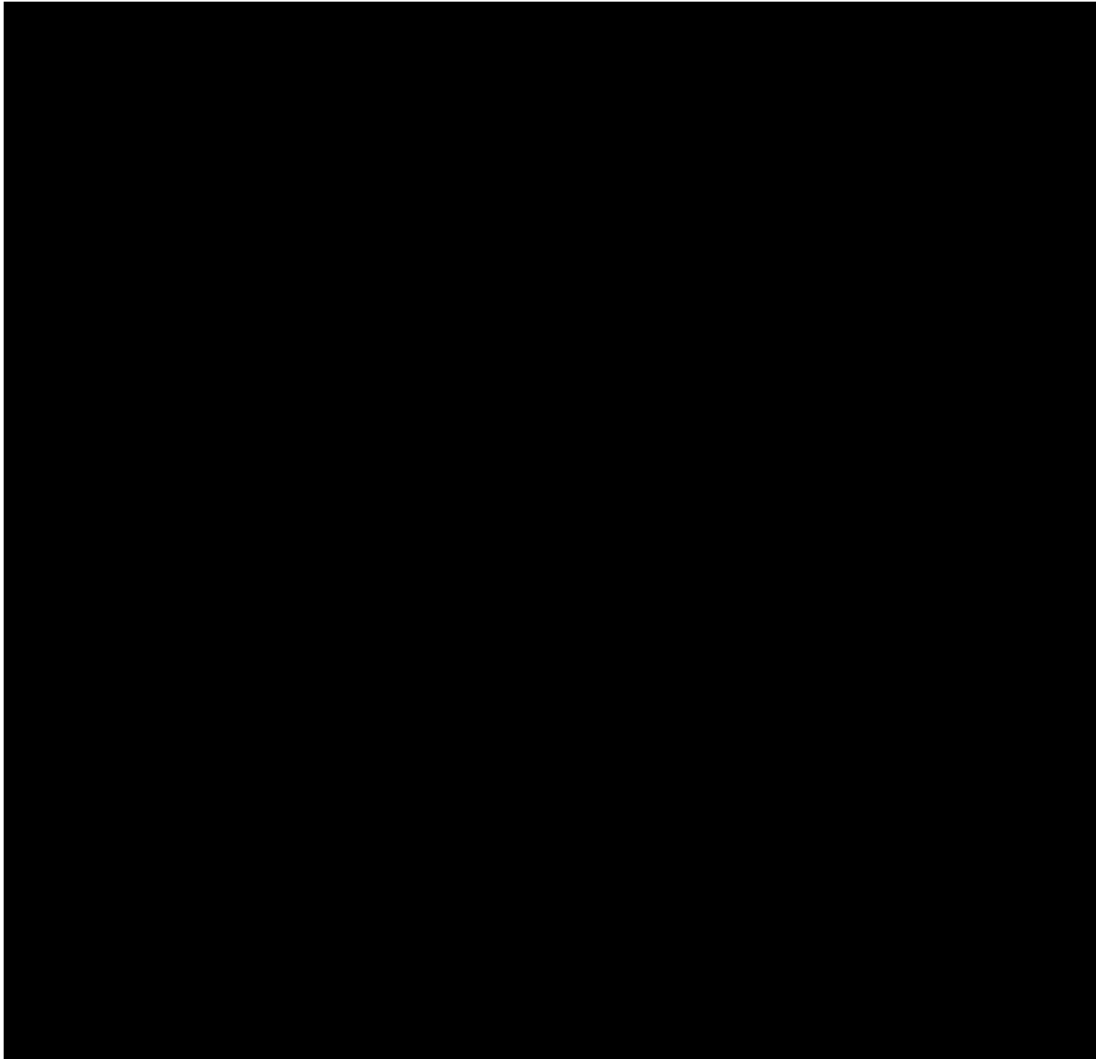
working a treatment program with community support meetings such as Alcohol Anonymous (AA) or Celebrate Recovery (CR).

Thirdly, addiction is progressive meaning that it starts out at one level and as the condition increases, the more symptoms are manifested. For example, tolerance and dependence becomes huge as the disease of alcoholism becomes more pervasive over time. In 2005, Bishop's Council on Alcohol and Other Drugs, Department of Catholic Charities, modified the Jellinek Curve, (named after E. Morton Jellinek, a biostatistician, psychologist and an alcoholism researcher who is one of the fathers of the science of alcoholism) detailing the impact of the progressive use of alcohol, to include the avoidance of family and friends (see figure 1).²²

Finally, alcoholism can be fatal if not arrested or if one does not seek intervention. Therefore, alcohol abuse is a mental disorder which should be taken seriously and addressed as soon as possible to limit the negative impact it has not only on the individual but also families, churches and communities, at large. Thus, there is an emergent need to prepare pastors to connect the individuals seeking help with this disease with clinical intervention is paramount.

²² "Jellinek Curve of Addiction." Hazelden Betty Ford Foundation. Accessed November 21, 2018. <https://www.hazeldenbettyford.org/articles/jellinek-curve>.

Figure 1: Jellinek Curve



This image was removed to comply with copyright.

Impact of Alcoholism on Spiritual Growth

An emotional crisis can be a time of greater openness to the healing grace of God. This healing can lead one to living their God-purposed life. However, traditionally or culturally seen by some as a religious or cultural “taboo,” alcoholism may hinder Christians from seeking help, due to the feeling of feeling of brokenness, shamed and embarrassment by the wrath of this

horrific disease. Those suffering from this disease may choose to hide their use and the effects of their use by isolating or staying away from the church. Doing so, however, is counterproductive as the church can provide the support one disparately needs at this time. Not positioning him/herself to hear the Word weakens the Christian's ability to strengthen his/her soul. Hebrews 10:24-25, New International Version (NIV), reminds us "And let us consider how we may spur one another on toward love and good deeds... not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the day approaching."

According to Brook J. et al. in Parental Substance Abuse and Family, the impact of alcoholism, described as a progressive degenerative disease, on the individual and his/her family largely correlates to the stage of alcoholism.²³ As one looks at the various stages of alcoholism, it becomes apparent that treatment becomes necessary as the disorder progresses; however, the addicted person in the family often is not willing to seek help, unless it is court ordered. Timely and appropriate spiritual and clinical intervention for the individual and family are vital so that the Christian can stay on or return to their journey and glorify God. In Matthew 5:16 (NIV) one finds, "In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven."

Each of the four stages of alcoholism, brings different bio-psycho-social and spiritual challenges for the individual, as well as the whole family, calling for pastors to have working knowledge of community resources (therapists) in bringing healing. As reluctance to seek help with alcoholism is often rooted in the individual's denial and feeling that he/she has control of

²³ Jody Brook, Thomas McDonald, Tom Gregoire, and Allen Press. Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions*, 10(4) (2010): 393-412.

the disease, the importance of seeking clinical support may require the pastor to initiate an earlier connection with a community therapist. Clinical therapists not only have knowledge of the stages of alcoholism, but the elaborate defense mechanisms used to cover up or minimize alcohol misuse.

Peggy L. Ferguson, Ph.D., in her 2012 paper, “Defense Mechanisms in Alcoholism/Addiction” described “defense mechanisms” as “those psychological techniques that people use to keep from fully experiencing the reality of their situations...psychological strategies used for coping with reality, for maintaining a certain self-image, and for reducing emotional or psychological distress.”²⁴ Although they are necessary part of life, the author writes that defense mechanisms can become “countertherapeutic or pathological when they are used repeatedly to ignore the warning signs that something is “wrong.”²⁵ The author reminds us that defense mechanisms, appropriately used, can reduce distress but can cause harm when they are used as a part of a pattern of dysfunctional behavior.²⁶ Failing to recognize or receive help in addressing these behaviors can lead to self-destructive behavior; thus, keeping the individual who needs support in addressing alcoholism from receiving timely and appropriate and treatment. Failure to receive treatment can impact one's ability to carry out commitments to family, church, and God. Dr. Ferguson listed the following commonly used defense mechanisms and their definitions. Examples of how these behaviors can impact one’s spiritual growth or journey are provided by this researcher:

²⁴ "Peggy L. Ferguson, Ph.D.," accessed March 09, 2019, [http://www.peggyferguson.com/userfiles/10846/file/NewPDFSwFerguson, Peggy L. Ph.D." Defense Mechanisms In Alcoholism](http://www.peggyferguson.com/userfiles/10846/file/NewPDFSwFerguson, Peggy L. Ph.D.)” Accessed November 21, 2018. <http://www.peggyferguson.com/userfiles /10846/file/NewPDFSw>.

²⁵ Ibid.

²⁶ Ibid.

- Projection - Projection is the act of ascribing our own unacknowledged thoughts, feelings, motives, or behavior to others. Projection allows people to keep their own self-image intact by projecting those thoughts, feelings, behaviors, or motives onto others. An example might be the alcoholic church member not carrying out an assigned task of a ministry and pointing to a committee member for miscommunication for not setting a good time for committee meetings.
- Rationalization – Rationalization involves making excuses and justification for one’s behavior. Although the rationalizations may be plausible, they are not the real reasons for the behavior. An example might be, “I drink because I don’t feel I am being recognized for all the work I am doing for the church...I get sad, depressed, and disgusted.” Dr. Ferguson notes that "once someone is alcoholic, the real reason that he/she drinks is because he/she is an alcoholic.”
- Intellectualization – Intellectualization allows us to keep from feeling emotional connection to our behavior. It allows us to focus on the thinking aspects of something to deflect personal connection. An example might be the alcoholic Christian taking a scripture out of context such as saying, “even Jesus got angry and turned over tables.”
- Minimization – Minimization is the act of making something smaller than it is. An example might be the deacon who acknowledges that he has a little drinking problem, “but it doesn’t keep him from attending 11:00am service... Deacon A is doing a great job taking my place with 8:00am Sunday School.”
- Denial – Denial is simply a refusal to accept reality. Generally, people do not really understand that they are “in denial.” An example of denial could be the alcoholic usher simply saying to his/ her pastor that he does not have an addiction or a drinking problem

as he/she attempts to cover the alcohol smell on his/her clothes or breath in preparation to greet church members and friends at the door.

- Suppression and Repression- Suppression is the deliberate attempt to put off dealing with some emotional issue or condition, and the person may drink to accomplish such as well as to attempt to put something painful into the background or repress. An example might be the Choir Director who was abused at an earlier age and have not spoken to anyone about his/her experience. This drinking has prevented consistent choir practice impacting Sunday Service.
- Avoidance, deflection, manipulation, hostility, and lying. These are not exactly psychological defenses, but strategies used by alcoholics (or spouses) to protect themselves from other people who may be trying to get them to “see” the effect of the dysfunctional behavior on their lives. These tools assist in avoiding the subject, to keep from being confronted with their own behavior and its impact, and to assist them in refusing to accept responsibility for their own behavior. An example would be the wife of the Youth Minister who calls the pastor, parents, and youth making excuses (such as work schedule or dentist or medical appointments, car problems) keeping him from attending activities or meetings. The youth, in turn, begins to accept other invitation from friends when youth activities are planned thinking that the Youth Minister will not show up.
- Blaming – Blaming is projecting responsibility for one’s own feelings, decisions, behavior, and happiness/misery onto others. An example would be the church secretary/clerk blames leadership members for not getting necessary information to him/her to prepare for upcoming church meeting when all information was submitted two

weeks ago, in accordance with established guidelines. The church meeting and important decisions on church plans may be delayed.²⁷

Stages of Alcoholism: The First Stage

In the first stage of alcoholism, drinking is no longer social but becomes a means of emotional escape from stress, problems, and inhibitions as describe by Brook.²⁸ More precisely, early in the disease an individual start to depend on the mood-altering effects of alcohol. Another defining characteristic of the first stage of alcoholism is that a gradual increase in tolerance develops, meaning that increasing amounts of alcohol are required for the person to "get high" or to "feel the buzz." For example, it is typical for individuals in the first stage of alcoholism to start gulping a few drinks before attending a social activity and then to increase social drinking to three (3) to five (5) drinks per day. These behaviors correlate with the progression of the disease. The following list includes some of the classic alcoholic behaviors in the first stage of alcoholism:

- Boasting and a "big shot" complex
- A conscious effort to seek out more drinking opportunities
- Drinking is not social but a psychological escape from stress and problems
- Gross Drinking Behavior - more frequent drinking of greater amounts
- Increasing tolerance
- A capability to drink relatively great amounts of alcohol without any apparent impairment or negative result

²⁷ Ferguson, "Defense Mechanisms in Alcoholism/ Addiction."

²⁸ Brook et al, "Parental Substance Abuse and Family Reunification", 393-412.

- An unawareness by the individual that he or she is in the early stages of a progressive illness²⁹

Stages of Alcoholism: The Second Stage

In the second stage of alcoholism, Brook explains the need to drink becomes more intensified. For instance, it is typical during this stage for the person to start to drink earlier in the day. As tolerance increases, the individual drinks not because of emotional stress relief or tension release, but instead because of his or her dependence on alcohol. During this stage, while the "loss of control" has not yet manifested itself on a regular basis, it is, nonetheless, starting to become noticed by others such as family members and friends.³⁰ Also, during this stage of the illness, the drinker may begin to feel embarrassment and to be more concerned about his or her drinking. Often during this stage, drinkers are unsuccessful in their attempts to quit drinking. For example, drinkers may occasionally switch brands of alcohol or change from hard liquor to wine or beer. To help quiet the internal conflict, they now feel during this stage; moreover, many drinkers start to deny their drinking problem. In this stage, alcoholism physical symptoms such as blackouts, hangovers, hand tremors, and stomach problems increase.

Brook continues to describe that instead of seeing their drinking as the cause of the many difficulties they experience, drinkers in this stage usually start to blame others and things external to themselves for their problems. The following list characterizes some of the classic alcoholic behaviors and alcoholism physical symptoms in the second stage of alcoholism:

²⁹Brook et al, "Parental Substance Abuse and Family Reunification", 393-412.

³⁰ Ibid.

- Feelings of guilt and shame
- Unsuccessful attempts to stop drinking
- Blaming difficulties on others and on things external to themselves
- Increasing tolerance
- Drinking because of dependence rather than for emotional tension relief
- Sneaking extra drinks before social events
- Denial
- Chronic hangovers
- More frequent blackouts
- Sporadic loss of control
- Increasing physical problems³¹

Stages of Alcoholism: The Third Stage

In the third stage of alcoholism, the loss of control becomes more pronounced. This means that the individual is not able to drink in accordance with his or her intentions. For example, once the individual takes the first drink, he or she typically can no longer control further drinking behavior, although the intent might have been to have just a "few drinks." It should be emphasized that a key aspect of this stage of the illness is the following: the drinker often starts to experience serious financial, relationship, and work-related difficulties. In the third stage of alcoholism, the drinker starts to avoid friends and family and shows a lack of interest in things and activities that once were fun or important. Also common during this stage are "eye-openers," that is, drinks that are taken whenever the alcoholic awakens. Eye-openers

³¹ Brook et al, Parental Substance Abuse and Family Reunification. *Journal of Social Work Practice in the Addictions*, 393-412.

taken mainly to lessen a hangover, "calm the nerves," or to quiet the feelings of remorse the drinker occasionally experiences after a period without a drink. As the drinking increases, the individual starts to neglect most things of importance, even necessities such as food, water, shelter, and personal interaction. At this stage of the disease, it is interesting to note that instead of experiencing an increase in tolerance, the drinker often experiences a decrease in alcohol tolerance. This essentially means that less alcohol is required to feel its effects or to get "drunk."

The third stage of alcoholism also means that increased alcoholism physical symptoms are noticed both by the alcoholic and by family members, friends, and co-workers. And finally, during this stage, the drinker typically makes half-hearted attempts at getting medical help. Since most drinkers during this stage fail to disclose the extent of their drinking, they infrequently receive any lasting medical treatment. Even when they admit a small portion of the "truth" regarding their drinking behavior to a health care practitioner, they usually fail to follow through with the medical protocol, thus accomplishing little, if anything of importance concerning their illness. The following list features some of the classic alcoholic behaviors in the third stage of alcoholism:

- The development of an alibi system, an elaborate system of excuses for their drinking
- Problems with the law (e.g., DUIs)
- The start of physical deterioration (more pronounced alcoholism physical symptoms)
- Half-hearted attempts at seeking medical treatment
- Neglect of necessities such as food, shelter, and water
- An increase in failed promises and resolutions to one's self and to others
- Aggressive and grandiose behavior
- Loss of interests

- Frequent destructive or violent behavior
- A decrease in alcohol tolerance
- Unreasonable resentments
- Increasing tremors
- The loss of control has become a pattern
- Serious financial, work-related problems, and relationship problems
- A decrease in alcohol tolerance
- Eye-openers upon awakening
- Loss of willpower
- Avoidance of friends and family³²

Stages of Alcoholism: The Fourth Stage

The fourth stage of alcoholism is characterized by Brooks as a chronic loss of control. In previous stages, the loss of control began after taking the first drink or two.³³ However, at this stage, the problem drinker does not have control over the first drink—he must drink to function. A problem drinker at this stage can rarely hold a steady job and may have financial distress. He has likely alienated his friends and family and finds himself alone fighting a losing battle against alcoholism. At this stage, attempts to stop drinking are accompanied by severe withdrawal symptoms including irritability, tremors, headache, hallucinations, seizures, and even death. Delirium tremens are a potentially deadly kind of alcoholism withdrawal that almost always

³² Brook et al, Parental Substance Abuse and Family Reunification. *Journal of Social Work Practice in the Addictions*, 393-412.

³³ Brook et al, Parental Substance Abuse and Family Reunification. *Journal of Social Work Practice in the Addictions*, 393-412.

takes place unless the alcoholic receives immediate alcoholism treatment. An article in *The American Journal on Addiction* indicates that problem drinkers require medical intervention to detox at this stage.³⁴ After medical detox, patients should receive emotional and psychological rehabilitation for long-term treatment of the disease. Unfortunately, the fourth, or the last alcoholism stage is also known as the stage that is associated with "chronic alcoholism." By this stage, it is paramount that treatment is initiated to save the individual's life.

It is apparent that the disease of alcoholism brings with it many challenges for the individual, his/her family, and church. But, through God's love, the Believer can be restored. God's love leads pastors to bring compassionate and encouraging words and share what can be life- saving information (i.e., referral to therapy) to His people.

Spirituality and Counseling in Relation to Alcohol Abuse

According to literature on the treatment of alcoholism, the etiology of substance abuse has expanded to the following models of major theoretical orientation, all of which support the assistance from a therapist to help the individual successfully manage this disease: 1) moral theory; 2) disease theory; 3) behavioral theory; 4) social learning theory; and 5) systems theory. A sixth theory being incorporated by people of faith is the "sinful nature of man." According to, Mark R. McMinn, author of Psychology, Theology, and Spirituality in Christian Counseling, sin is a major cause for many problems in a person's life and should be approached by the pastor in

³⁴ Morgan Medlock, David Rosmarin, Hilary Connery, Margaret Griffin, Roger Weiss, Sterling Karakula, and R. Kathryn Mchugh. "Religious Coping in Patients with Severe Substance Use Disorders Receiving Acute Inpatient Detoxification." *The American Journal on Addictions* 26, no. 7 (2017): 744-50.

humble and empathic ways to encourage healing and changing of the inner life, not behavior. Caution must be taken not to elicit feelings of guilt and shame.³⁵

Supporting McMinn's approach, Ernest E. Bruder, in his writing, *Ministering To Deeply Troubled People*, suggests that, "Deeply troubled people need a pastor with more than just the requisite skills to detect the depth and extent of their difficulties...one who can communicate meaningfully to them that, come what may, they can never be separated from God's compassion and concern."³⁶ Romans 8:37-39, New International Version (NIV), encourage the believer that "No, in all these things we are more than conquerors through him who loved us. ³⁸ For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, ³⁹ neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord."

Although it may be a natural part of pastoring to provide comforting words, if a pastor is not fully prepared to provide formal Spiritual Counseling (educationally prepared to incorporate evidenced-based clinical counseling theories), knowing resources that are available in the community to connect the Christian is important in the recovery process. Being connected to a Spiritual Counselor may be the first desire of a person of faith who is ready to address the disease of alcoholism.

Christians are faced with the same issues as everyone else in the world. However, in seeking help for their problems, many desire a perspective that is based on God's truth. Philip J. Henry, Lori Marie Figueroa, and David Miller, authors of *The Christian Therapist's Notebook*,

³⁵ Mark McMinn. *Psychology, Theology, and Spirituality in Christian Counseling*, (Carol Stream: Tyndale House Publishers, Inc., 2011).

³⁶ Ibid.

write how Christian counselors have the additional burden to balance God's truth with sound counseling theories and principles.³⁷ They support that Christian counselors are educated to provide clinically professional counseling with the truth of God and applying the everyday world of the client with Christian principles and Scripture.

If a pastor refers a member to a Christian Therapist for treatment of alcoholism, Henri Nouwen—author, priest, and internationally recognized spiritual master, counselor, and guide—outlines that the success of this intervention relies on three foundations: the truth of Scripture; the centrality of Christ; and the guidance of the Holy Spirit.³⁸ Nouwen describes that the truth of the Scripture is based on 2 Timothy 3:16 that All scripture is given by inspiration of God and is profitable for doctrine, for reproof, for correction, for instruction in righteousness for both males and females. The authors argue that all counseling must be consistent with the Word of God. In addition, Biblical references should be used when counseling a client. Secondly, the centrality of Christ is based on 1 Corinthians 3:11 which read: For other foundation can no man lay than that is laid, which is Jesus Christ. God should be the center of any counseling session. Lastly, the guidance of the Holy Spirit is based on John 16:13 which states: Howbeit when he, the Spirit of truth, is come, he will guide you into all truth: for he shall not speak of himself; but whatsoever he shall hear, that shall he speak: and he will shew you things to come. The author asserts that when confusion arises in the counseling session, the Holy Spirit will act as a guide and lead the session into truth.

³⁷ Philip J. Henry, Lori Marie Figueroa, and David Miller. *The Christian Therapist's Notebook* (New York: Routledge Taylor & Francis Group, 2007).

³⁸ Darren Cronshaw. "Spiritual Formation: Following the Movements of the Spirit Henri Nouwen, with Michael J Christensen and Rebecca J Laird." *Pacifica: Australasian Theological Studies* 26, no. 3 (2013): 336-38.

If a Christian therapist is not available or desired, traditional therapies are viable in assisting the individual to address this/her use of alcohol as religion or spirituality is often integrated into the sessions as best practice. Dr. McMinn provides resources related to the long-established counseling theories, processes, and strategies while bringing into focus the role and challenges of Christian counseling within the counseling field/profession.³⁹ The author emphasizes that the integration of clinical psychology, Christian theology, and spiritual growth, although not an easy task, should be the standard practice for counseling. The author specifically addresses the important role of the Christian counselor's faith and spiritual health in effectively facilitating "healing" in those who have been "broken."⁴⁰ For pastors who are credentialed to provide spiritual counseling, integration of traditional therapies to treat alcoholism is advised.

In his publication, Dr. McMinn also offers a wealth of information for the spiritual counselor to move forth in providing intradisciplinary integrated Christian counseling. He provides a definition of "intradisciplinary integration" in Christian counseling which was not provided in his original publication. He writes, "...intradisciplinary integration is both conceptual and relational."⁴¹ Conceptually, it draws upon important ideas from theology, psychology and counseling theory and offers practical suggestions for how these concepts are applied within the discipline of Christian counseling. Intradisciplinary integration in Christian counseling is relational emerging out of a counselor's relationships with God and others influences clients' relationships.

³⁹ MacMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 4.

⁴⁰ MacMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 8.

⁴¹ *Ibid.*

For pastors who have limited training and experience with addressing the disease of alcoholism, a referral may lead to a traditional therapist who may use various secular models of therapy such as Cognitive Behavioral Therapy (CBT), Rational Emotive Therapy (RET) and Motivational Interviewing (MI). These programs integrate the Christian's spirituality but not as detailed as with Spiritual Counseling.

It is important to know that once a referral is made by a pastor, the therapist will assess the referred Christian and recommend an appropriate level of care and treatment program that best meet his/her needs whether in-patient (residential) or outpatient (weekly or biweekly sessions). Also, community spiritual- based programs such as Alcohol Anonymous (AA) and Celebrate Recovery (CR), which are often held in churches, may be recommended based on the congregant's level of alcohol use.

Celebrate Recovery (CR) is a ministry designed to help hurting people and aimed addressing all "hurts, habits, and hang-ups," including alcohol. Founded in 1990 by Pastor John Baker of Saddleback Church, CR is still used today. CR is made up of those who are on a journey toward wholeness; seeking recovery from and celebrating God's healing of life's hurts, habits, and hang-ups. This allows people to be "changed" spiritually by working through sound biblical principles. Participants open the door by sharing their experiences, strengths, and hopes with one another. In addition, they become willing to accept God's grace and forgiveness in solving life's problems. The founders created Celebrate Recovery to "provide a safe place for individuals to begin their journey of breaking out of bondage and into God's grace by helping them to start dealing with their life's hurts, hang-ups, and habits."⁴² Celebrate Recovery's founder felt that Alcoholics Anonymous was too vague in referring to God as a "higher power,"

⁴² Celebrate Recovery Daily Devotional 366 Devotionals. Zondervan, 2016.

and wanted a more specifically Christ-based program. Celebrate Recovery utilizes eight Recovery Principles, listed below, that are based on the Sermon on the Mount.⁴³

The 8 Recovery Principles of CR

- **Principle 1:** Realize I'm not God; I admit that I am powerless to control my tendency to do the wrong thing and my life is unmanageable. "Happy are those who know they are spiritually poor."
- **Principle 2:** Earnestly believe that God exists, that I matter to him, and that he has the power to help me recover. "Happy are those who mourn, for they shall be comforted."
- **Principle 3:** Consciously choose to commit all my life and will to Christ's care and control. "Happy are the meek"
- **Principle 4:** Openly examine and confess my faults to God, to myself, and to someone I trust. "Happy are the pure in heart."
- **Principle 5:** Voluntarily submit to every change God wants to make in my life and humbly ask Him to remove my character defects. "Happy are those whose greatest desire is to do what God requires."
- **Principle 6:** Evaluate all my relationships; offer forgiveness to those who have hurt me and make amends for harm I've done to others except when to do so would harm them or others. "Happy are the merciful" "Happy are the peacemakers."
- **Principle 7:** Reserve a daily time with God for self-examination, Bible readings, and prayer in order to know God and His will for my life and to gain the power to follow His will.
- **Principle 8:** Yield myself to God to be used to bring this Good News to others, both by my example and by my words. "Happy are those who are persecuted because they do what God requires."

⁴³ Ibid.

Additionally, the following steps are included with the CR program as also found in Alcohol Anonymous Program):

The 12 Christ-Centered Steps:

- We admitted we were powerless over our addictions and compulsive behaviors, that our lives had become unmanageable. I know that nothing good lives in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out. (Romans 7:18)
- We came to believe that a power greater than ourselves could restore us to sanity. For it is God who works in you to will and to act according to his good purpose. (Philippians 2:13)
- We made a decision to turn our wills and our lives over to the care of God. Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God – this is your spiritual act of worship. (Romans 12:1)
- We made a searching and fearless moral inventory of ourselves. Let us examine our ways and test them and let us return to the Lord. (Lamentations 3:40)
- We admitted to God, to ourselves, and to another human being the exact nature of our wrongs. Therefore, confess your sins to each other and pray for each other so that you may be healed. (James 5:16)
- We were entirely ready to have God remove all these defects of character. Humble yourselves before the Lord, and He will lift you up. (James 4:10)
- We humbly asked Him to remove all our shortcomings. If we confess our sins, He is faithful and will forgive us our sins and purify us from all unrighteousness. (1 John 1:9)
- We made a list of all persons we had harmed and became willing to make amends to them all. Do to others as you would have them do to you. (Luke 6:31)
- We made direct amends to such people whenever possible, except when to do so would injure them or others. Therefore, if you are offering your gift at the altar and

there remember that your brother has something against you; leave your gift there in front of the altar. First, go and be reconciled to your brother; then come and offer your gift. (Matthew 5:23-24)

- We continued to take personal inventory and when we were wrong, promptly admitted it. So, if you think you are standing firm, be careful that you don't fall! (1 Corinthians 10:12)
- We sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of His will for us and power to carry that out. Let the word of Christ dwell in you richly. (Colossians 3:16)
- Having had a spiritual experience as the result of these steps, we try to carry this message to others and to practice these principles in all our affairs. Brothers, if someone is caught in a sin, you who are spiritual should restore him gently. But watch yourself, or you also may be tempted. (Galatians 6:1)
- These steps are spiritual based and are used in AA and CR meetings held in churches across the nation.

For many years, religious and spiritual practices have been therapeutic modalities adopted by Christians to gain strength and support to face many challenges in life. Pastors opening share God's Word and prayers when they are sought out by congregants seeking help with problems, including with alcoholism. When such an encounter occur, pastors can also serve as a bridge to connect the member with a professional counselor. Therapeutic counseling is an available and effective resource to assist the Christians, along with their faith, to be restored and continue their journey toward fulfilling their God-given purpose.

CHAPTER 2

Applied Research

The purpose of this chapter is to examine the literature and relevant studies on how the disease of alcoholism is currently being, or should be, addressed by pastors and churches and barriers that may prevent pastors from making a referral to a professional therapist for treatment. The literature strongly supports that pastors are in a pivotal role to support congregants in seeking help for alcoholism. This support may require going beyond providing spiritual guidance. As such, the literature will be reviewed related to: 1) how pastors, who are often in the position of “first responder” for Christians seeking support for this disease, are currently addressing or can proactively address alcoholism within their church; 2) barriers that impact pastors from referring members to mental health professionals for treatment for alcoholism to include pastors’ educational preparation; and lastly, 3) how a process can be developed to assist pastors in referring church members who are challenged with alcohol misuse to a mental health counselor. In bridging spiritual guidance with therapeutic strategies, the congregant and his/her family have a greater opportunity to regain the life God has purposed for them to live.

Processes Used by Pastors to Address Alcoholism in the Church

Processes that are currently being used by Baptist pastors who are members of BGAV, and widely accepted within the Baptist doctrine, to provide spiritual support to their members in addressing alcoholism, prior to and following the congregant’s acknowledgement of this disease can be found within theological literature. Such strategies are included in one writing by Dr.

Tim Clinton, an addiction and recovery counselor and professor, and collectively referred to as the “helping ministry”⁴⁴ In his writing, Dr. Clinton offers that the “helping ministry “contains “three legs:” 1) delivering effective and short-term counseling strategies to encourage those to seek pastoral care; 2) teaching others by developing sermons regarding addiction, recovery and how to live and walk in freedom; and 3) providing essential resources and materials for staff and leaders in the church to equip them and advance the “helping ministry.” These actions, if not already being used, should be easily integrated into all Baptist churches as pastors are equipped to use scriptures and share messages of hope, verbally and written, to congregants in search of help.

First Leg- Delivering Effective Short-term Strategies

The first leg of this process or ministry deals with the pastor or church’s staff. Dr. Clinton recommends delivering effective and short-term counseling strategies to encourage those to seek pastoral care. This concept may be infiltrated into the various ministries and give staff the necessary tools to encourage individuals in a formal gathering or setting outside of Sunday morning sermons. For example, at First Corinthians Baptist, a member of the Baptist General Association of VA and participant in this study, offers various programming to various segments of its population . Their weekly four-hour senior program, entitled “A Season for You,” offers a holistic approach to addressing issues affecting seniors in the Williamsburg, VA area. This ministry is coordinated by a retired registered nurse who partners with community organizations to allow seniors to gain medical, financial, safety, and health and other information and

⁴⁴ Clinton, et al. Addictions and Recovery Counseling.

experiences to assist them to continue along their journey optimally. Other staff also support the program by assisting with lunch and calling bingo.

One health provider who has come to share in A Season 4 U senior program on several occasions is the pastor of First Corinthians Baptist Church, Rita D. Moore, MDiv, a licensed mental health therapist. This mental health provider has been able to prepare staff to effectively communicate with and assist the seniors during the program, as well as present information on mental health issues, to include addiction and alcoholism. Because the words alcoholism and addiction carry a tremendous stigma and often seen as taboo within the religious community, addressing older adults about this subject matter in a non- threatening environment, such as a senior program, may offer a path for one to seek help. It is widely accepted in the geriatric literature that older adults are most comfortable sharing life stories and accepting support and treatment when they participate with peer groups.

Pastor Moore shared that because symptoms of alcoholism are like other age-related disorders and the subject is uncomfortable, physicians sometimes misdiagnose addiction and family members often deny the diagnosis of alcoholism in seniors. Additionally, if alcohol misuse is acknowledged, the senior often resists the idea of treatment. The speaker spoke to the prevalence of alcoholism among senior citizens and brought forth the following statistics from the 2001 National Institute on Drug Abuse written by Carol Collera, CAP, ICADC.⁴⁵ According to Collera, “12% of those aged 55 and older are either binge drinkers or heavy alcohol users.”⁴⁶ She explained that a 50-year-old-plus body can’t process alcohol in the same way a younger

⁴⁵ Carol Colleran, "Substance Abuse in Older Adults," *Today's Geriatric Medicine*, 1, accessed January 30, 2019, http://www.todaysgeriatricmedicine.com/news/exclusive_02.shtml.

⁴⁶ *Ibid*, 1.

body does, and alcohol is often taken in combination with another substance. Of equal concern are those in their 50s who, on average, take more than one prescription medication—a profile of polypharmacy that sets the stage for a whole new realm of older adult addiction concerns.”

Collera also noted in her writing, which was further shared with the seniors by Pastor Moore, a study conducted in 2007 by Scripps Howard News Service. The investigators analyzed death records for more than 304,000 boomers who died in 2003. The findings revealed evidence of early and continued drug use, a long history of depression, and a stubborn tendency to not “act their age” among the 10% who died from some type of accident that was often related to alcohol or other substance abuse (National Center of Health Statistics). By coordinating a program that allows information on alcoholism to be shared in a Christian-based senior program, the senior may be encouraged to seek help by talking with their pastor.

Second Leg- Sermons

The second leg of the “helping ministry” encourages teaching others by developing sermons regarding addiction, recovery and how to live and walk in freedom. This prong addresses pastors and associate ministers integrating addiction and recovery into their sermons and their teachings. These sermons presented by the pastors may offer hope and encouragement for those who are troubled. The scripture tells us in John 14 1-2 ¹“Do not let your hearts be troubled. You believe in God; believe also in me. ²My Father's house has many rooms; if that were not so, would I have told you that I am going there to prepare a place for you? Let your gentleness be apparent to all. The Lord is near. ⁶ Be anxious for nothing, but in everything, by prayer and petition, with thanksgiving, present your requests to God. ⁷And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus. These

scriptures, like other scripture which are offered to congregants challenged by alcoholism, will offer comfort. Further, when individual may perceive situations as adverse or impossible; the congregant may be encouraged by knowing scriptures.

The encounters that are described in scripture demonstrates how Jesus offered restoration and deliverance. Many individuals had an encounter with Jesus and their lives became brand new. No longer did they had to live in bondage. Therefore, sermons focusing on these encounters may encourage the worshiper that there is hope and deliverance from addiction, or any malady.

Excerpt from Sermon, by Rita D. Moore, MDIV

The scripture is taken from John 4:9-30 and then Verse 39. This sermon focuses on a woman at the well, seeking and searching for a better lifestyle. Her history was suspect at best. Her encounter with Christ lead to a better way and lifestyle. She thought that she thirst for water, when actually she was thirsting for salvation. The title of the sermon is “A Thirst for Healing”.

The word “thirst” is defined as “a feeling of needing or wanting to drink something”. The definition of “Thirst” can also be expanded to mean a great desire for anything in life. For example, when we have a thirst for knowledge; we go to college. So, when our thirst for something the desire is so great, we typically take steps to quench that thirst. Or in other word, we take actions to satisfy our thirst or meet that desire.

So today, I am wondering how many of us have a thirst for God and Spiritual healing? Do we truly believe in Him and desire to serve Him so that we can live a powerful Christian lifestyle? And, if we have this thirst, what are we doing to quench that thirst. Brothers and sisters, I am here to suggest that if we are seeking healing, then we need to go to the well. Because there is salvation, restoration, and deliverance at the well. The well that I am talking

about has living water. This well is the place where we meet Jesus, and He can help us to get in right relationship with God. Jesus says in John 6:35: ..."I am the bread of life; he who comes to Me will not hunger, and he who believes in Me will never thirst.

Our scripture today is a familiar story found in John Chapter 4. It is about a woman going to a well to quench her physical thirst; but after an encounter with Christ, she ends up quenching her spiritual thirst. Brothers and sisters, God has created us all to be in relationship with Him. So, there is something in each of us that thirst for that relationship...however, we let sin get in the way. And without that relationship, there is an empty void in our lives. That's why God sent Jesus here to help us. So, we need to stop going to all the wrong places to fill that void. Often, we have the misconception that the well is the wallet or in substances. However, if we thirst for God, we need to go to the true well which is Jesus Christ. Now there will be times that we thirst for healing, when such times occur, we must go to well to find acceptance, awareness, and authority.

1st Corinthians tells us any one be in Christ they are a new creature; this scripture gives hope that the old is passed away and behold living a life without bondage of this disease is life changing. 2nd Corinthian 5 17 states: Therefore, if anyone is in Christ, he is a new creature; the old things passed away; behold, new things have come.

Third Leg- Essential Resources

Lastly, the third leg recommends providing essential resources and materials for staff and leaders in the church to equip them and advance the "helping ministry." This leg may be offered in such a ministry such as the "RISE Ministry" (**R**esource, **I**nformation, **S**haring and **E**ducation) which has been developed at First Corinthians Baptist church to create an atmosphere to

encourage congregates regarding the use of resources within the church and community as supported by Romans 15:1-11:

“We who are strong have an obligation to bear with the failings of the weak, and not to please ourselves. Let each of us please his neighbor for his good, to build him up. For Christ did not please himself, but as it is written, “The reproaches of those who reproached you fell on me.” For whatever was written in former days was written for our instruction, that through endurance and through the encouragement of the Scriptures we might have hope. May the God of endurance and encouragement grant you to live in such harmony with one another, in accord with Christ Jesus, ...”

The Vision of the RISE Ministry is: By faith and His power we live; as He has loved us we give, and its mission statement is empowered by faithful discipleship to assist in transforming the lives of individuals, families, churches and communities through the love of Jesus Christ. This ministry engages in activities to assist in promoting God’s people when individuals may need to be lifted-up or supported due to life’s adversities, especially if challenged with alcohol misuse. This ministry is comprised of social workers, medical personnel, therapists, prevention personnel, and resource educators who will assess, assist, connect and update/follow-up on communities’ opportunities. The RISE Ministry objectives are as follows, which support Dr Clinton’s suggestion of providing education on available resources:

- To link members to resources within the communities.
- To educate members regarding healthy living and prevention measures
- To provide opportunities for exposure and information sharing.

The literature also revealed an article by Yeagley in *Pastoral Counseling: The Art of Referral* reminds all that “seminary training prepares clergy to counsel people in spiritual matters, to apply biblical concepts to daily life, and to lead congregations in family-friendly worship. Spiritual caregiving is definitely the pastor's area of competency.”⁴⁷ He also shared another role of pastors when counseling-- “preventive counseling” or giving hope and encouragement with compassion and a gentle, pleasant voice.⁴⁸ This requires ongoing study of how Jesus treated people and the prayerful practice in following His methods. He suggests that pastors take time to develop what Nouwen referred to as “therapeutic personhood.”⁴⁹ In doing so, they will be able to proclaim God's grace to face the challenges of life.

Several studies were found that recognize the church and/or pastor as the first point of contact for help with alcohol and drug problems; however, a pastors’ role and comfort in making a referral to a professional mental health provider after providing spiritual guidance, appears to be far from common practice. It is the hope that pastors who are bi-vocational will feel comfortable taking the next step and continue to collaborate for a positive outcome for the congregant/s who has been struggling with alcoholism.

Barriers Impacting Pastors from Referring Congregant for Mental Health Counseling

The process of how pastors are currently supporting the treatment journey following a spiritual encounter with a member struggling with this disease varies within the literature.

⁴⁷ Larry Yeagley, "Pastoral Counseling: The Art of Referral," *Ministry Magazine*, , accessed January 31, 2019, <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

⁴⁸ Ibid.

⁴⁹ Cronshaw, "Spiritual Formation: Following the Movements of the Spirit Henri Nouwen", 336-38.

Several studies recognize the church and/or pastor as the first point of contact for help with alcohol and drug problems; however, a pastors' role and comfort in making a referral is far from standard practice. The varying levels of activity may be based upon his/her educational preparation and other demographics of the pastor (age, gender, etc.) and churches. Other barriers may include the existing roles and responsibilities of the pastor limiting his or her ability to dedicate the time to properly and effectively intervene. What factors may prevent pastors from moving beyond offering spiritual guidance to making a referral to a mental health professional? This thesis project will explore such barriers by providing insight from several studies on how to address.

Conner, et al, in a study entitled, *Attitudes and Beliefs about Mental Health among African American Older Adults Suffering from Depression*, the authors noted that historically and culturally, African Americans have used their informal support networks and church to seek help with mental health concerns.⁵⁰ Not only in the African American community, antidotally, churches have historically served as the initial source of support when a Christian and/or his family faces challenges, such as domestic violence, financial, mental health to include addiction. Pastors, in general, freely make time to meet with the congregant and provide spiritual guidance. Unfortunately, pastors may be confronted with issues, such a member suffering with alcoholism, that may require attention beyond the realm of knowledge and skill set that they possess. They may not have the appropriate level of training or experience to address this condition effectively or there may be some underlying biases toward the disease. If

⁵⁰ Kyaien Conner, Brenda Lee, Vanessa Mayers, Deborah Robinson, Charles Reynolds, Steve Albert, Charlotte Brown. Attitudes and beliefs about mental health among African American older adults suffering from depression. *Journal of aging studies*, 24(4), (2010): 266-277.

one or both barriers exist, what is the next step that a pastor can take to ensure the member's needs are met effectively to address alcoholism.

Although churches within a selected Baptist Association will be examined for this study, a review of the literature found several studies looking at the role of church leaders, in different segments of the population and geographic areas, that support the spiritual leader's role in connecting members to clinical treatment for alcoholism. In Mollica et al study, they explored the willingness for pastors to engage in the referring parishioners for external mental health treatment and found that some pastors are reluctant to make referrals for counseling and mental health treatment due to the church's doctrine, belief system or perception that external counseling and mental health services reflect the congregant's a lack of faith.⁵¹ The literature also supports and includes several studies and program where integration of spiritual guidance on and traditional treatment of alcoholism serve as best practice in the management of this disease as it is difficult to ignore one's experience when both the secular and spiritual experiences play a vital role for the individual in everyday life. It seems that the openness, willingness, and the level of spirituality of the individual would play an intricate roll in producing a positive outcome. In an article entitled *Black Church Leaders' Attitudes about Seeking Mental Health Services: Role of Religiosity and Spirituality* suggest that more collaboration is needed.⁵² In this article, Okunroumu, et al found that Black church leaders are often first responders to mental health issues in the African American community. The researchers surveyed 112 church leaders in a Black Baptist mega-church (twenty-two associate pastors, thirty-four deacons, and fifty-six

⁵¹ Mollica, A community study of formal pastoral counseling activities of the clergy, 323-328.

⁵² Elizabeth Okunroumu, Argie Allen-Wilson, Maureen Davey, and Adam Davey. "Black Church Leaders' Attitudes about Seeking Mental Health Services: Role of Religiosity and Spirituality." *The International Journal of Religion and Spirituality in Society* 6, no. 4 (2016): 45-55.

congregation caregivers) using the National Survey of American Life to examine how religiosity is associated with attitudes about seeking mental health services. The study concluded that church leaders who were more religious and who reported attending church more often tended not to seek out formal mental health services and suggested that clinical providers and Black churches should develop collaborative partnerships to meet the needs of this community better.⁵³ Such a partnership could be initiated by the church leaders as they become more knowledgeable about the disease of alcoholism and more comfortable with the process of referring affected members to community therapists. It should be the hope of pastors, designee and or leader would begin to become a partner with the community entity and the congregant would potentially have an integrative experience one whereby they would feel comfortable receiving help from someone who their pastor knows and trust to support the individual dealing with alcoholism in a manner whereas the interventions are beneficial.

In yet another study entitled *Knowledge of and Attitudes Toward Alcoholism Among Church Leaders in Saint Vincent/Grenadines*, there appears that there may be some division among clergy and their attitude toward supporting those with substance use disorder.⁵⁴ This 2017 study, examined the knowledge and comfort among the clergy (pastors) toward community support for treating alcoholism. The researchers examined knowledge of and attitudes toward alcoholism among church leaders living in an Eastern Caribbean country, Saint Vincent/Grenadines (SVG), and their potential role in community alcohol interventions. The area studied

⁵³ Okunroumu, "Black Church Leaders' Attitudes about Seeking Mental Health Services: Role of Religiosity and Spirituality," 45-55.

⁵⁴ Shiyuan Liu, Maryam Zafer, Ynolde Smart, Karen Providence, and Craig Katz. "Knowledge of and Attitudes Toward Alcoholism among Church Leaders in Saint Vincent/Grenadines." *Annals of Global Health* 83, (2017): no. 1.

had a high rate of alcohol use disorders but inadequate community mental health resources to address them. The clergy was recruited through a chain referral method and data was gathered through 30 semi-structured interviews and qualitatively coded interview transcripts for themes relevant to the topic of alcoholism.⁵⁵ The researchers found that SVG church leaders have considerable knowledge regarding alcoholism on both personal and societal levels. The church leaders' consistent concern about drinking problems in their communities and their commitment to community outreach suggest they are an energetic resource that should be utilized in future alcohol interventions. However, their impact may be hampered by theological divisions, the perception that drinking problems only affect non-church members, non-church members' possible reluctance to seek help from churches, and a misinformed approach to tackling drinking. Therefore, pastors should begin to challenge traditions and debunk those mindsets which are not theologically sound in an effort to give the necessary support no matter of the maladies that may affect the go church goer or the non- church goer, as well.

While Liu et al. study adds value to the role that the pastor can play in connecting a Christian who is seeking help for alcoholism to community resources, it also points out that barriers exist. Such barriers may be minimized by a tool to assist clergy to connect congregants to the community. Similar findings were found in to be consistent in two other studies conducted among church leaders, to include one from other culture.

In Roman Catholic Priests as Referral Sources and Treatment Aides for Hispanics with Substance Misuse/Abuse Problems, the author, Cuadrado, supports that pastors and priest are concerned and willing to support congregants but often, not having the appropriate skill set, may

⁵⁵ Liu, Knowledge of and Attitudes Toward Alcoholism among Church Leaders in Saint Vincent/Grenadines, 15.

become a barrier, regardless of the religious sect. Cuadrado provides additional support on how church leaders can play an integral part in a church member's recovery.⁵⁶ The researcher conducted a mail survey to examine Roman Catholic Priests', along with the USA-Mexico border, involvement in aiding Hispanic individuals with substance abuse problems. The priests were found to be highly involved or willing to be involved in: (1) participating to abstain from substance use temporarily; (2) providing referrals, and (3) working with family and/or treatment resources in the community in order to help the person seeking their help⁵⁷ At this time, no follow-up study to this research has been reported to indicate the effectiveness of any actions that may have been taken. Therefore, moving forward it would be seeming that a study such as this would have a follow up or an evaluative tool to suggest it effectiveness.

In Wong et al's study, although limited to African Americans, the researcher studied and reported that African Americans experience significant disparities in treatment access, retention, and quality of care for alcohol and drug use problems while also offered barriers that can prevent the referral process from taking place in churches. The authors administered a survey to a faith-based collaborative of 169 African American churches in Los Angeles to examine a multitude of questions: 1) how alcohol and drug use problems are identified in congregations; 2) the types of support provided; 3), barriers to providing treatment referrals; and 4) factors associated with the provision of treatment referrals.⁵⁸ Again, an outcome of this study is that religious congregations, often the first point of contact for help for those with alcohol problems, can play an integral role in improving access to treatment, which supports this thesis. This finding, along with findings

⁵⁶ Cuadrado, Mary. "Roman Catholic Priests as Referral Sources and Treatment Aides for Hispanics with Substance Misuse/Abuse Problems." *Journal of Religion and Health* 57, no. 2 (2017): 609-21.

⁵⁷ Ibid.

⁵⁸ Wong, Sources of Care for Alcohol and Other Drug Problems: The Role of the African American Church, 1200-210.

related to the provision of referrals to community therapist and barriers to doing, so were also revealed.

Wong's findings related to the role played by churches in addressing alcoholism, which lays a foundation for this thesis project, included the following: seventy-one percent of churches reported often caring for individuals with AOD problems; AOD problems came to the attention of congregations most commonly via a concerned family member (55%); and less frequently through individuals with AOD problems directly approaching clergy (30%). In addition to providing spiritual support, a substantial proportion of churches reported linking individuals to AOD services through referrals (62%) and consultation with providers (48%).⁵⁹

Additional findings from the study were identified barriers to providing treatment referrals which included lack of affordable programs (50%), stigma (50%), lack of effective treatments (45%), and insufficient resources or staff (45%). The likelihood of providing treatment referrals was greater among mid-sized versus smaller-size congregations (OR 3.43; $p < .05$) and among congregations with clergy that had attended seminary (OR 3.93; $p < .05$).⁶⁰ The study revealed that knowing how to effectively coordinate informal sources of care provided by African American churches with the formal service sector could make a significant impact on alcohol and drug use treatment disparities."⁶¹ This study supports the importance of a pastor being able to connect a member to outside treatment for alcoholism, despite the many barriers that may exist.

⁵⁹ Ibid.

⁶⁰ Wong, Sources of Care for Alcohol and Other Drug Problems: The Role of the African American Church, 1200-210.

⁶¹ Ibid.

One of the major barriers Christians face to seeking support for this disease, as noted in this study, is the stigma associated with alcoholism. When members or their families have the courage to seek help from the church, an acceptance environment must be present. For pastors to effectively support the member in receiving treatment, a comfort level for pastors in addressing alcoholism beyond the spiritual realm is important. Those who have received formal training in counseling will be well equipped.

The Impact of a Pastor's Educational Preparation and Training on Addressing Alcoholism

It is through pastoral and leadership training where pastors are introduced as well as equipped to assist individuals and families facing such challenges. Pastors who have attended theological seminary have received training in pastoral care, mental health services and resources may be well suited to provide counseling.⁶²

In Pastor's counseling practices and perceptions of mental health services: implications for African American mental health, authors conclude that through pastoral and leadership training where pastors are introduced as well as equipped to assist individuals and families facing such challenges.⁶³ Pastors who have attended theological seminary have received training in pastoral care, mental health services and resources may be well suited to provide counseling beyond providing spiritual guidance.⁶⁴ The literature reveals that there are different areas and

⁶² Jessica Brown, and Micah McCreary. Pastor's counseling practices and perceptions of mental health services: implications for African American mental health. *Journal of Pastoral Care and Counseling*, 68(1). (2014): 1-14.

⁶³ Ibid.

⁶⁴ Ibid.

specialties of Christian counseling that have emerged over the years providing the opportunity for pastors to become skilled in various specialties within the counseling arena.

Within the Christian counseling specialties, one can focus on addictions counseling and alcohol counseling, which can be very helpful for pastors supporting a member with alcohol misuse. Other areas of focus are financial counseling, trauma counseling, rehabilitation counseling, grief counseling and many more. According to Dr. McMinn, Pastoral counseling, Biblical counseling, and Christian psychology, all grounded on faith-based principles, also falls under the umbrella of Christian Counseling.⁶⁵ Therapists describe that in Christian counseling biblical teachings and scriptures along with the counseling techniques and theories are integrated.

Strong, author of *Christian Counseling*, also shares that God can help with facilitating the personal changes that are needed in one's life by God granting sufficient grace and mercy, guidance by his Holy Spirit, supplying wisdom and self-awareness through his unadulterated Word, providing peace for inner healing to transpire, and granting strength to not only make the needed changes in one's life but also to maintain once those changes are made."⁶⁶

Christian psychology is also a branch of Christian counseling and is described as similar to Pastoral counseling-a therapeutic approach classified in two distinct categories. One classification is what the literature identifies as "integrationists," individuals who are mental health professionals who assimilate spiritual and religious activities and techniques in counseling or psychotherapy.⁶⁷

⁶⁵ MacMinn, Psychology, Theology, and Spirituality in Christian Counseling, 393- 394.

⁶⁶ Stanley Strong. "Christian Counseling." *Counseling and Values* 20, no. 3 (1976): 151-60.

⁶⁷ MacMinn, Psychology, Theology, and Spirituality in Christian Counseling, 393- 394.

The faith of the counseling psychologist is applied in sessions, serving as a guide to assist with creating a framework that is faith-based; in addition to a combination of techniques that are congruent with both modern psychological approaches and religious or spiritual concepts.⁶⁸ The second form of Christian psychology, as defined by McMinn et al. as “an alternate form of Christian psychology is comprised of philosophers, theologians, and mental health professionals who allow their practice to be guided by ancient truths and wisdom embedded and derivative of the Bible and other Christian texts.”⁶⁹ When examining each of these diverse specialties though some of the core components are similar, differences are also in existence. With every type of counseling that is used, it is an effective and valuable tool and can be a resource that is accessible for individuals where religious and spiritual ties are salient and where mental health and counseling services are recommended. Pastoral counseling is also embedded in Christian counseling. “Pastoral counseling can be classified as therapeutic interventions provided to individuals seeking services from a person who may identify themselves as clergy or serving specifically in the role as a pastor.”⁷⁰ Although the pastor's role is to provide spiritual advising and emotional support, some pastors who engage in providing approaches that can be deemed as therapeutic, lack of formal training and hold no credentials. Kendra Jackson in her 2017 dissertation, *A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors*, agrees with MacMinn in that often individuals will seek the services primarily from their pastor and he or she

⁶⁸ Ibid.

⁶⁹ MacMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 393- 394.

⁷⁰ Ibid.

will serve as the main preference for services sought.⁷¹ This can be due to the rapport and relationship that has already been established between the pastor and the potential client or could be due to how the role of the pastor is perceived and held in high regard⁷² Therefore, it appears that by nature of an established connection with the pastor this will assist with one of the basic therapeutic principles to establish rapport and trust to begin the process of support and change.

The alternate form of Pastoral counseling is a mental health professional that is qualified with dual licensures or certifications, having an educational background in ministry and in counseling.⁷³ In Jackson's dissertation, she notes that "it is through pastoral and leadership training where pastors are introduced as well as equipped to assist individuals and families facing such challenges."⁷⁴ Embedded in the theological seminary coursework are training in pastoral care, mental health services and resources.

Lastly Biblical counseling is an area of focus that some pastors may have studied within Christian counseling. This area of focus is diverse and described in the literature by McMinn, stating that "the development of this approach derives from Protestants, who were identified as conservative Christians, that were eager to reclaim the role of counseling within the ministries of the church."⁷⁵ Nevertheless, Biblical counseling places a great significance on the teachings that are engrained in the Bible and takes precedence over other valued counseling approaches and

⁷¹ K. Jackson, "A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors" (PhD diss., The Patton College of Education of Ohio University, 2017).

⁷² Henry, *The Christian Therapist's Notebook*.

⁷³ MacMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 393- 394.

⁷⁴ Jackson, "A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors".

⁷⁵ McMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 392.

theories that are incorporated into therapy.⁷⁶ Jackson notes that this form of Christian counseling is deemed as an approach that is most sufficient for the caring and cultivating of the soul.⁷⁷ It is considered to have a philosophical underpinning that provides a comprehensive approach and is an effective method for counseling.

For those pastors who have not obtained additional counseling skills through formal education, as described above, the opportunity to bridge spiritual guidance with therapeutic interventions exist. Referral of the Christian challenged with alcohol use can be referred to a therapist who integrates one's spirituality and religion into practice. A study which looked at views and behaviors of practitioners addressing the integration of clients' religion/spirituality (RS) into therapy was conducted by Holly Oxhandler, et al. In this study, a cross-sectional design was used to survey 3,500 licensed clinical psychologists, nurses, marriage and family therapists (LMFTs), clinical social workers, and professional counselors across Texas.⁷⁸ The study was conducted to describe and compare five "helping professions" views and behaviors regarding the integration of clients' religion/spirituality (RS) in clinical practice. Although pastors, who are viewed as "helping professionals," were not among the disciplines surveyed, the study reveals "fairly positive" attitudes and behaviors among the selected disciplines and highlights training as a key component in exhibiting attitudes and behaviors toward supporting a clients' religion and spirituality with profession therapy.⁷⁹

⁷⁶ Ibid.

⁷⁷Jackson, A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors.

⁷⁸ Holly Oxhandler and Danielle E. Parrish. "Integrating Clients' Religion/spirituality in Clinical Practice: A Comparison among Social Workers, Psychologists, Counselors, Marriage and Family Therapists, and Nurses." *Journal of Clinical Psychology* 74, no. 4 (2017): 680-94.

⁷⁹ Ibid.

This finding thus suggests the potential usefulness of an informational guide for pastors who have not completed theological study to make necessary referrals for the clinical treatment of alcoholism effectively. As all pastors have not received formal education in counseling, a referral process for their parishioners to obtain professional external mental health treatment may prove helpful. However, the study conducted by Mollica, et al, examined the willingness for pastors to engage in the referring parishioners for external mental health treatment. It was through this study where the results indicated that some pastors are reluctant to make referrals for counseling and mental health treatment.⁸⁰ Mollica et al examined the referral process between pastors and mental health provider and revealed the limited interactions among pastors and mental health providers. The same study showed that 85% of Evangelical pastors would rarely or would never refer church congregants to psychiatric professionals nor would they refer congregants to community mental health counselors and that Black Pastors were willing to refer a church congregant to other clergy members instead of counselors in the community⁸¹

The Development of a Referral Process for Mental Health Counseling

In a 2011 study by Stanford and Philpott (2011), the referral process was being examined among Baptist pastors. This study yielded similar results to Mollica's et al study where it showed limited referrals were made between clergy and mental health professionals. According to Matthew Stanford et al in *Baptist Senior Pastors' Knowledge and Perceptions of Mental Illness*, this reluctance may simply be related to limited knowledge of the process.⁸²

⁸⁰ Mollica, A community study of formal pastoral counseling activities of the clergy, 323-328.

⁸¹ Ibid.

⁸² Matthew Stanford and David Philpott. "Baptist Senior Pastors' Knowledge and Perceptions of Mental Illness." *Mental Health, Religion & Culture* 14, no. 3 (2011): 281-90.

In *Pastoral Counseling: The Art of Referral* found in *Ministry Magazine*, author Larry Yeagley discussed some of the principles a pastor might consider as he or she seeks to find effective referral sources for those who might need counseling beyond the arenas of the pastor's expertise. The author adds support to this thesis project when sharing that "Pastors who minister within the limits of their competency and use the skills of referral and collaboration when parishioners are in emotional crises are a valuable asset to any congregation; and pastors will realize more healing and spiritual growth in their churches."⁸³

Meylink and Gorsuch reported that while 40 percent of all people seeking help approach a clergy person first, less than two percent of them are referred to mental health professionals.⁸⁴ This and similar studies indicate a need for pastors to develop their referral and collaboration skills. These findings compare to previously highlighted findings from the article by Wong, et al where individuals with alcohol and drug use problems directly approaching clergy was at 30% and churches linking individuals with alcohol and drug use to services through referrals (62%) and consultation with providers (48%).⁸⁵ With these outcomes, an opportunity for improvement exists. Pastors can be a supportive ally to the therapist as they know the individual and family's histories, including emotional crises.

Yeagley is recognizing that the training of most pastors and the training of mental health professionals are different and acknowledging that both play a major role in the care of church members and others who are in an emotional crisis, suggests a process that can be used by

⁸³ Yeagley, "Pastoral Counseling: The Art of Referral."

⁸⁴ Meylink, Relationship between clergy and psychologists: The empirical data. *Journal of Psychology and Christianity*, 56-72.

⁸⁵ Wong, Sources of Care for Alcohol and Other Drug Problems: The Role of the African American Church, 1200-210.

pastors to refer members seeking help with alcoholism to therapy.⁸⁶ His process includes: triage; developing a referral base; what to avoid: avoiding rejection; and progress.

Yeagley, in step one of this process, uses the term “triage,” a term used by the medical or healthcare professionals.⁸⁷ He shares that when “victims” arrived at the emergency room, several physicians with various specialties served as a triage or medical treatment assignment team.⁸⁸ The medical team provide a diagnosis and send the patient to the appropriate treatment area. Similarly, Yeagley recommends that pastors should become acquainted with the observable signs of one needing support beyond spiritual guidance, so they can recognize the need for specialized help, especially if the pastor is not educationally prepared to do psychological triage and diagnosis.

If the pastor is not trained as a professional therapist, the author suggests that churches, as its triage process, consider contracting with a mental health professional or use professionals in their churches who volunteer their services to the pastor. If a referral is done, it should be with the consent of the parishioner and the collaboration of the pastor and the triage professional. “Developing a referral base,” is another strategy Yeagley recommends for the church or pastor when seeking to connect a member for therapy in the community.⁸⁹ If the pastor is not an expert at triage, building a referral base will be helpful. The pastor could provide this information to the member when meeting to discuss the issue at hand. The author goes on to say that most

⁸⁶ Larry Yeagley, "Pastoral Counseling: The Art of Referral," Ministry Magazine, , accessed January 31, 2019, <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Larry Yeagley, "Pastoral Counseling: The Art of Referral," Ministry Magazine, , accessed January 31, 2019, <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

church members are more comfortable about making an appointment with a professional whom the pastor knows.

Yeagley listed the following ways in which a referral base can be developed based on interviews with pastors, social workers, and psychologists who are practicing and teaching doctoral students:

- *Word of mouth.* Listen to parishioners who have had counseling. They'll tell you whom to see and whom to avoid.
- *Your predecessor.* You'll save time if your predecessor shares his or her referral list with you and indicates the outcomes of referrals, he or she has made to particular mental health professionals.
- *Other pastors.* Attend your local ministerial alliance and become acquainted with ministers who have had a fairly long tenure in your community. Once you feel confident in their judgment, ask them to recommend competent mental health professionals.
- *Physicians.* Physicians in your congregation and your family physician may be aware of successful counselors and psychiatrists.
- *Interview.* Mental health professionals are usually willing to be interviewed by phone or preferably in person. They see this as a way of expanding their practice. Ask about their education, licensure, fee scales, average length of treatment, personal religious affiliation or philosophy, approach or approaches used, willingness to consider a person's spirituality and faith values in the treatment process, willingness to collaborate with a person's pastor when appropriate and agreeable with the counselee, willingness to learn about the counselee's belief system.

- *Seminars.* Attend seminars that address mental health topics. Listen to the professionals and ask questions about their methods of treatment.
- *Mental health agencies.* Visit agencies that provide mental health services and ask the director about the therapists and their areas of competency.
- *Funeral directors.* Many funeral directors are aware of counselors who are competent to treat complicated mourning situations.
- *Ministerial alliance.* If you are involved in alliance programming, invite various counselors to share their areas of counseling. One psychologist told me such an appointment resulted in several clergy coming to her for counseling.
- *Chaplaincy.* Volunteer your services as an on-call chaplain at your local hospital. This puts you in touch with medical and para-medical professionals who often know reliable mental health professionals.
- *Keep notes.* When parishioners report favorably or unfavorably about their counseling experience, make notes for future reference.⁹⁰

In looking at “what to avoid” in developing a referral process, Yeagley encourages pastors to be beware of a counselor who is fixated on one method, some "proven" formula or trendy technique that has supposedly worked for most people with no evidenced based research to support.⁹¹ He gave the example of “a widely read pop-psych author claims that his "biblical" method heals 60 percent of depressed clients without the use of antidepressants.⁹² Yeagley also

⁹⁰ Larry Yeagley, "Pastoral Counseling: The Art of Referral," Ministry Magazine, , accessed January 31, 2019, <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

⁹¹ Ibid.

⁹² Ibid.

discourage the use of any clinician who regards all religious belief to be pathogenic as he/she is likely to manifest this prejudice in practice.

The fourth item of consideration for pastors seeking to develop a referral process expressed by Yeagley is “avoiding rejection.”⁹³ The author encourages pastors to communicate in a compassionate manner when discussing the need for referral to the member. He suggests that feelings of rejection can be avoided if pastoral referral is prefaced by a statement similar to the following: "I do not feel competent to guide you in this matter. I would do you a disservice by trying. I value you too much. I'd like to help you find a competent counselor who can help you move through your situation as quickly as possible. With your written permission I will work with you to find the best referral."⁹⁴ The pastor clarifies that these statements means that he or she will be available to encourage the individual spiritually and be a part of the support system.⁹⁵ It is appropriate to tell the parishioner that the Pastor is willing to collaborate with the counselor, not as a second professional counselor, but as a spiritual guide. This, of course, would be with written consent. An occasional phone call, informal query, or personal visit can be a source of encouragement to the parishioner.⁹⁶

Lastly, Yeagley encourages that progress will take time. Yeagley reminds pastors that empirical research into the effects of integrating spirituality into treatment has been encouraging.

⁹³ Ibid.

⁹⁴ Larry Yeagley, "Pastoral Counseling: The Art of Referral," *Ministry Magazine*, , accessed January 31, 2019, <https://www.ministrymagazine.org/archive/2002/09/pastoral-counseling-the-art-of-referral.html>.

⁹⁵ Ibid.

⁹⁶ Ibid.

More and more, pastors are valued by mental health professionals. Both disciplines are communicating to the benefit of people in emotional and spiritual crises.

The literature review of applied research reveals useful information related to alcoholism and the vital role that a pastors/churches can play, are playing and should play in assisting a Christian address alcoholism. Although the literature supports that pastors are fully capable of providing spiritual guidance related to this disease, and in some studies expressed a willingness to offer more in way of connecting a congregant to a mental health professional, no formal process (use of referral document) to make timely and appropriate actions to accomplish this connection were identified. Will an abbreviated referral tool, based on evidence-based research surrounding treatment of alcoholism, be helpful for pastors who are not educationally prepared to provide counseling, to recommend clinical treatment for those seeking treatment for alcoholism? This question will be among those asked of pastors participating in this research project.

CHAPTER 3

Results

Alcohol addiction is a pervasive ill within our society with detrimental bio-psycho-social outcomes. Unfortunately, the Baptist church is not immune to the devastation of this disease. When congregants are dealing with alcohol addiction, they may seek assistance from their Pastors and, as a result, Pastors may find themselves in the role of “first responder” unprepared to fully address their issues. It is widely accepted that therapy, along with spiritual guidance, can be effective in altering the course of addiction to alcohol. However, previous studies suggest that many Pastors are not equipped to address the issues of alcoholism within their congregation. The purpose of this study explores how pastors, when confronted with members using alcohol, are prepared to assess and willing to provide appropriate guidance for clinical intervention; and if an assessment tool would be helpful to refer congregants to professional therapists.

Research Question

The Research Question is, “Do Baptist churches need assistance in adequately addressing alcohol addictions in their congregations and would a Pastor’s guide to assessing and referring individuals with alcohol addiction be helpful?”

Research Methodology

This research utilized a descriptive and exploratory analysis. An on-line survey was given to selected churches in Virginia that are members of the Baptist General Association of Virginia (BGAV). The BGAV is a cooperative missions and ministry organization with over

1,400 autonomous churches in Virginia, other states, and countries.⁹⁷ The BGAV was selected because it includes Baptist churches of diverse backgrounds i.e. different sizes, races, and demographics. It was also selected because it recognizes women pastors. The surveys were administered between April 2018 through September 2018.

This researcher has not found any studies that has surveyed Baptist churches independent from other churches. One study consisted of annual tracking surveys conducted via telephone among representative random sample of Protestant churches.⁹⁸ The senior pastor or executive pastor was interviewed at each of the churches contacted. The interviews were conducted in October 2009 through December 2009. The sample was balanced according to the denominational distribution of Protestant churches in the 48 continental states. The sample size for the survey was 1,114 pastors and church leaders, using a mixed mode data collection of telephone and online interviews.

Another study interviewed a convenience sample of 135 Pastors from six denominational constituencies that comprise the Associated Canadian Theological Schools.⁹⁹ This study presents limitations especially for with reliability. The study was based in Canada, so the historical, political and religious climate may only be pertinent only to that geographical location and have no relevance to the U.S. In additional, because the 135 pastors were part of the same association were interviewed, sampling bias may be included in the research.

Another study used a national phone survey to interview 1,000 randomly drawn senior

⁹⁷ BGAV - Baptist General Association of Virginia, November 16, 2018, , accessed March 09, 2019, <https://bgav.org/bgav/ministry-partners/>.

⁹⁸ "The Economy's Impact on Churches: Congregational Budgets (Part 1 of 3)," Barna Group, , accessed March 09, 2019, <https://www.barna.com/research/the-economys-impact-on-churches-congregational-budgets-part-1-of-3/>.

⁹⁹ Kenton Anderson. *"The Preaching Pastor Survey,"* Vancouver: Associated Canadian Theological Schools, 2017.

pastors.¹⁰⁰ Each interview was conducted with the senior pastor, minister or priest of the church.

Similar to other studies, this research surveyed senior pastors and/or designated church leaders; however, they were of the Baptist denomination only. The survey was administered online to minimize costs. In addition, 12 questions were on the survey geared toward the church demographics and how they address alcohol addiction in their church. The Peninsula area of the Hampton Road region has a variety of Baptist churches regarding membership size, race, urban and rural locations, and number of years in existence. Therefore, the sample was a good representation of Baptist churches and the results can be applied to other regions throughout the United States.

A weakness of this study is that the hidden population may or may not be included. It is possible that some churches view alcoholism as a spiritual issue; and therefore, do not believe that therapeutic intervention is a viable option. This presumption may influence congregants not to approach their pastors with this issue. Therefore, the hidden population of churches who do not view alcohol addiction as a mental health issue may not be considered. Many Baptist churches have their own preconceptions of people with alcoholic addictions. One assumption is Christians have alcoholic addictions because their faith is not strong enough. As a result, this hidden population was not a part of the study.

Sampling

Non-probability sampling was used to obtain the sample. The database of the BGAV Virginia directory which includes approximately 1,300 Churches was used. From this database,

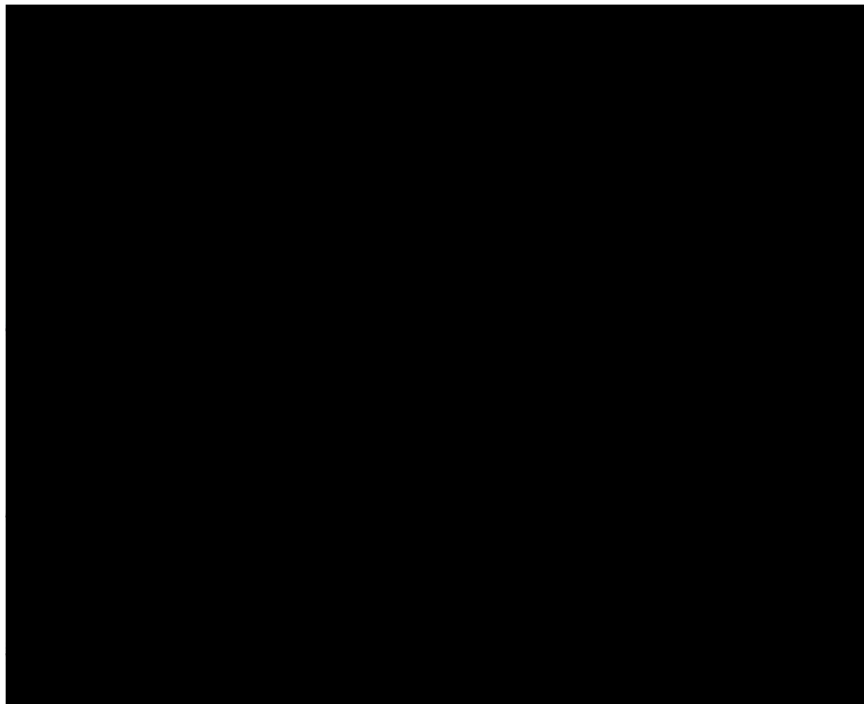
¹⁰⁰ "Pastors Want IRS Out Of Pulpits, Politics Out Of Sermons," LifeWay Research, September 13, 2011, , accessed March 09, 2019, <https://lifewayresearch.com/2011/09/13/pastors-want-irs-out-of-pulpits-politics-out-of-sermons/>.

Pastors or their designee from the 34 churches from the Peninsula area of Hampton Roads, Virginia were emailed surveys.

Study Area

The localities in the study area included the cities of Williamsburg, Hampton, Newport News, and Williamsburg, and counties of James City County and York Counties. These localities have a good representation of Baptist churches and the results can be applied to other regions throughout the United States.

Figure 2 Map of Study Area



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Limitations

Because of the number of non-responses of churches choosing not to participate, the small sample size is a limitation of the study. This may affect the reliability and validity of the

study. Also, errors may arise associated with using on-line surveys such as question wording and question sequencing. Since 34 churches were members of the same association, sampling bias may be included in the research.

Results from Survey

Of the 34 surveys email to the Pastors or their designee, 19 emails were opened, 15 started the survey but only 11 completed the survey. So, 73% of the churches that started the survey completed it. The lack of response could be the Pastor or designee not being aware of any alcohol addiction in their church or they are not be comfortable providing information about this issue in their church. The following are the questions and responses of the survey (Table 1 and Table 2).

Table 1: Survey Results- Demographic Information

Survey Results- Demographic Information	
Who is completing this survey?	
Pastor	57.14%
If Designee, Please Note Position:	42.86%
Is the Pastor of this Church Male or Female	
Male	42.86%
Female	57.14%
What is the age of your Pastor?	
Less than 30 years old	14.29%
31-40 years old	0.00%
41-50 years old	0.00%
51-60 years old	71.43%
61+ years old	14.29%
How long have you served as Pastor/ Designee?	
1-5 years	42.86%
6-10 years	28.57%
11-20 years	14.29%
21+ years	14.29%
Where is your church located?	
Rural	16.67%
Suburbs	0.00%
City	83.33%
How many years has your church been in operation?	
1-10	50.00%
11-25	0.00%
26-50	0.00%
51+	50.00%
What is the size of your church's active membership?	
20-50	0.00%
51-75	50.00%
76-100	16.67%
101-150	33.33%
151+	0.00%

Table 2: Survey Results- Demographic Information

Survey Results- Responses re: Alcohol use in Church	
How are substance abuse issues addressed in your congregation? (Check all that apply)	
Pastor with formal education in counseling individual with substance abuse	15.00%
Associate degree in Counseling	0.00%
Bachelor's Degree in Counseling	10.00%
Master's in counseling	15.00%
Master's in divinity	25.00%
Doctorate in Divinity	15.00%
Licensed Mental Health Professional (LPC, LCSW, etc.)	20.00%
Trained Mental health professional within membership	0.00%
Other (Please list below)	0.00%
In the past 2 years, how many members have sought counseling from the Pastor for substance abuse?	
none	16.67%
1-2	66.67%
3-4	16.67%
5+	0.00%
Of those counseled, was anyone referred to an outside mental health agency?	
Yes	80.00%
No	20.00%
If substance abuse counseling was provided within the church by the Pastor, how would you rate the overall experience?	
Poor	0.00%
Fair	20.00%
Good	80.00%
Excellent	0.00%
Would you find a Pastor's guide to assessing and referring individuals with substance abuse helpful?	
Yes	100.00%
No	0.00%

Findings from the BGAV Study

- Most respondents of this survey were Pastors and Females (57%). Also, most respondents have served in their roles for from 1-5 years (42.86%).
- Most Pastors between the ages of 51-60 responded to the survey (71.43%).
- A vast majority of churches that participated were in the city (83.33%).
- The years that the church has been in existence were split 50% /50% from 1-10 years and over 50 years.
- Most of the churches that responded were midsize churches consisting 75-150 members.
- Most churches responded that substance abuse issues within the church are addressed by persons with master's in divinity or Doctors in Divinity (40%) and 35% reported some educational experience in counseling. 20% have substance abuse issues addressed by Licensed Professional Counselors (LPC).
- Less than five congregants per church sought counseling in the last two years and the experience was rated as fair to good.
- Of congregants counseled, 80% were referred to an outside mental health agency.
- 100% of the respondents agreed that a Pastor's guide to assessing and referring individuals with substance abuse would be helpful.

Comments from the study include that the opioid crisis is also impacting the churches and one designee from the study responded that they were unsure of the number of congregants requesting assistance from the church because of Pastor/ Congregant confidentiality.

Conclusions of Study

Of the 34 surveys emailed to the selected churches, most respondents were female, respondents were also between the ages of 51-60, and have been in their positions for less than five years. These trends could indicate that females that are new to their church roles are more comfortable addressing the issue of alcohol addiction in the church. In addition, most of the responding churches were in a city which could indicate that urban churches are also more agreeable to addressing the issue, and per capita there may be more congregants dealing with alcohol addiction and have more availability of services. Most respondents were in churches in which the number of members range from 76-150. This may indicate that small churches do not have the resources to address the problem. In the larger congregations consisting of 151 or more members, congregants may not have the relationship or opportunity to divulge their addiction to their Pastors or designees.

Of the surveys received, there is not an absorbent number of congregants that seek counseling for substance abuse in the church. But for those who sought help, the experience of the counseling session was rated as fair or good by the Pastor or designee. Although some substance abuse issues are addressed in church by Pastors or others with some counseling experience, most are addressed by people with degrees in divinity which may indicate some hesitancy from the church to address addiction in the congregations due to the comfort level. And it appears that most churches refer addiction issues to outside mental health agencies. All churches responded that a Pastor's guide to assessing and referring individuals with substance abuse would be helpful. Based on the research question and the responses of the survey, Baptist churches need assistance in adequately addressing alcohol addictions in their congregations and would find a Pastor's guide to assessing and referring individuals with alcohol addiction helpful.

CHAPTER 4

Recommendations and Conclusion

As stated in the introduction, alcohol addiction or “alcoholism,” defined as maladaptive patterns of alcohol use leading to clinically significant impairment or distress – physical, emotional and social (Clinton, 2011), is a pervasive ill within our society with detrimental bio-psycho-social outcomes. Although theorists vary in their positions regarding the etiology of alcoholism, the negative impact of this disease on the individual and his/her spiritual growth, as well as the family, is agreed upon by professionals in the substance abuse field and spiritual leaders, respectively. If not appropriately address, alcoholism brings hardship to the Christian and his/her ability to fulfill what God has purposed for their life. The Baptist church is not immune to seeing the devastation of this disease and pastors may find themselves being in the “first responder” role unprepared to fully address due to the knowledge, competence, and skills that they may possess. Encouraging a member to seek therapy and providing resources for treatment for alcoholism is supported through literature as also being an important role of the pastor.

The medical literature supports that alcoholism, left untreated, affects one’s quality of life as it is strongly linked to poor health outcomes. This psychological concern not only impacts the individual physiologically, but also socially and spiritually. Alcoholism does not occur in a vacuum, as it is a family illness with further impact on the church and community. The nature and the fundamentals of this disease distorts and destroys one’s values and the inner core of one’s existence leaving one to feel broken, lonely and unworthy. As one progress through the stages of this disease, he/she may feel guilt and shame and asking for help may not appear to be

an option. However, having a connection with someone who provides support without judgement will offer the individual struggling with alcoholism hope and the gateway to recovery.

Historically, Christians have sought the guidance of the church or their pastor when they are faced with life challenges. To some degree, this avenue of support continues. When a Christian reaches out to their pastor, they (the Christian) should expect their pastor to have the tools to support them. The tools such as prayer and God's Word or scripture provide the Christian with spiritual support and remind them that God is still with them even in this/her weakened state. Today's pastors, however, may be called upon to provide support and guidance beyond the spiritual encounter. This study examined the role of the pastor in connecting the congregant to community mental health resources, if needed. If pastors possess or are given the necessary tools to assist in the guiding an individual to seek treatment for alcoholism with a mental health provider, the potential for that individual to live his /her God purposed life is increased.

Although, some pastors may not have the appropriate level of training or experience to effectively address the disease of alcoholism, that should not prevent them from serving as a bridge for that individual to the mental health community. In addition to providing spiritual guidance, pastors are in an optimal position to educate and advocate for the congregant to seek professional psychotherapy when they are presented with a member who may benefit from such.

Processes of how pastors are currently providing support to church members and families facing the impact of alcoholism can be found within theological articles, journals and books. Strategies to include providing opportunities for discussions on this topic in non-threatening settings, providing sermons and/or literature on alcoholism can offer the congregant hope. However, the literature appears limited in actions taken by pastors following a spiritual

encounter with a member struggling with this disease. Several studies recognize the church and/or pastor as the first point of contact for help with alcohol and drug problems; however, a pastors' role and comfort in making a referral to a therapist appear to vary for different reasons or barriers.

Several barriers appear to exist to prevent referrals being made by Baptist pastors of the BGAV, such factors as the pastor's educational preparation and experience, age, gender and/or demographics of the church he/she serves and unfortunately, biases toward the disease of alcohol may hinder the referral process. Also, some theologies have seen seeking mental health support as a lack of faith. These barriers need to be further explored and addressed, perhaps through educational opportunities offered by a mental health professional to pastors. It is important that professional treatment for alcoholism occur when a pastor has a member and/or family member seeking help for this disease. Alcoholism does not occur in a vacuum, as it is a family illness and can eventually impact the church and community. Pastors must be involved.

As stated previously, pastors are aware of the impact of alcoholism and many may have processes in place to alert their members on the ills of this disease. The findings of this study, based on the limited number of returned questionnaires, suggest that further research is needed in order to fully understand the role of Baptist pastors (and possibly export findings to other religions) in moving members toward alcohol abuse treatment through a referral process should preventative or non-therapeutic measures are unsuccessful.

Based on the findings of this research project, pastors (100% of those responding) will find such a resource helpful. It is the recommendation of this researcher that churches consider engaging in training so that pastors may gain knowledge on how to better address substance abuse issues. This training should include others within the congregation (i.e. licensed therapists)

that could support this effort. The outcome of this training would be to increase a willingness among pastors to make referrals to community mental health providers utilizing a tool developed upon evidenced-based research.

In developing a referral tool, this researcher reviewed current alcohol assessment tools being used in the mental health field to support the validity of the developed tool's content. One of the most commonly referred to manual that outlines criteria for describing signs of alcohol misuse is the Diagnostic Statistical Manual – 5th edition (DSM V). The DSM V was published on May 18, 2013 and is an update from the 2000 version. In the United States, it serves as the principal authority for psychiatric. Regarding alcoholism, for so long in the DSM V, addiction has been a continuum from Alcohol Abuse and then it manifests itself at the end of the continuum as dependency. Presently in the DSM V, Alcoholism is referred to as SUD (Substance Use Disorder).

Following is the evidence-based criteria used to diagnosis and describe signs of alcoholism and lays the foundation for an abbreviated assessment tool that can be offered to pastors for use following the provision of spiritual support to the congregant suffering from alcohol misuse:

DSM-5 Criteria: Alcohol Use Disorder

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- Alcohol is often taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.

- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations where it is physically dangerous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance.
- Withdrawal.

Severity:

- Mild: 2-3 symptoms.
- Moderate: 4-5 symptoms.
- Severe: 6 or more symptoms¹⁰¹

¹⁰¹ Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR). 2013.

Additionally, there are several alcohol assessments tools that professional mental health providers could complete on an individual once a referral is made by a pastor, according to the Substance Abuse and Mental Health Services Administration.¹⁰² Tools by themselves do not provide answers to complicated issues such as substance use disorders and child maltreatment. They can, however, contribute to decisions about whether problems exist, the nature and extent of those problems and what actions all three systems—child welfare, alcohol and drug, and court— should take to address problems.

Screening Tools

Screening tools for Substance Use Disorders screens for substance use disorders tend to fall into two categories: brief screens of six or fewer items that can be asked orally in the context of an interview or other exchange or longer written questionnaires that are completed by the respondent. Among the commonly used tools in the mental health community are: The CAGE; The MAST (Michigan Alcohol Screening Test) and Substance Abuse Subtle Screening Inventory (SASSI-3). These tools based upon a standard known as ‘evidence-based’ are used to perform an alcohol and drug assessment that must rest upon scientific research and proven evidence, not anecdotal declarations or theory.

This researcher reviewed the above tools in developing an abbreviated referral tool for pastors. A brief description of each follows:

The CAGE, a very brief screen, is probably the most widely used and promoted for the detection of alcohol problems in the United States. It is one of the screens most consistently

¹⁰² "Appendix D: Examples of Screening and ... - NCSACW - Home." Accessed November 21, 2018. https://ncsacw.samhsa.gov/files/SAFERR_AppendixD.pdf.

promoted for use among medical professionals to identify individuals likely to have substance use disorders. Substance Abuse Screening Tool.

The MAST (Michigan Alcohol Screening Test) is a 25-item screen developed in 1971 and with the CAGE has been one of the most widely used to screen for diagnosable abuse or dependence. Briefer versions have been developed including the Brief-MAST (10 items), the Malmo Modification of the MAST, or Mm-MAST (9 items), and the Short MAST, or SMAST (13 items). There is also a geriatric version, the MAST-G. The original instrument is long for a screen, but the shorter versions should be viewed as distinct instruments in terms of validity, CAGE.

The SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition), is one of the most widely used proprietary screening tools in the United States. These tools should be used to support ongoing processes that involve regular communication among staff and between staff and families. This tool is different from others; it contains both subtle and face valid items validated to screen for high or low probability of having a substance use disorder. Described as effective in identifying those in denial or deliberately trying to conceal their substance use, it is longer than brief face valid screens.

Proposed Referral Tool

As the above screening instruments are intended for use by profession mental health providers due to their complexity (See APPENDICES), the below referral tool developed by this researcher may prove helpful to begin the assessment and referral process for pastors:

Alcohol Use Questionnaire and Referral Tool

Name _____ Age _____

Concern as described by member:

How long have you been dealing with this issue? _____

Have you had an intervention before this concern? Yes _____ No _____

Outcome _____

What support are you seeking today? _____

Do you drink? Yes _____ No _____ (If yes, proceed below):

Alcoholism” is defined as maladaptive patterns of alcohol use leading to clinically significant impairment or distress – physical, emotional, social and spiritual-- as manifested by at least two of the following, occurring within a 12-month period (check all that applies):

- Alcohol is often taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations where it is physically dangerous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

Pastoral Response (recommended content):

“I would do you a disservice by trying to provide you counseling beyond spiritual guidance. I value you too much. I'd like to help you find a competent counselor who can help you. With your written permission I will work with you to find the best referral. This doesn't mean I will not be available to encourage you spiritually; in fact, I will meet with you a week or two after your first two appointments to make sure you are satisfied with the referral. Throughout and after your counseling I will be a part of your support system.”

Based on the above information, referral to community mental health (substance abuse disorder) services may be helpful. Further, another recommendation would be a compilation of resources would be helpful so that pastors would be able to have viable options to referrals such

as public and private facilities, full and partial hospitalization, and out-patient facilities. Pastors who have privy to this list of resources would be able to refer with more confidence.

Members Signature_____ Date_____

Conclusion

This researcher's interest in this subject matter was based on having years of experience working in the field of Substance Use Disorder. This writer is currently licensed as a professional therapist and serves as a Senior Pastor of a Baptist Church which is a member of the Baptist General Association of Virginia. This researcher is confronted with this disorder daily due to these roles. Through this research, the writer hopes to find an effective way to assist churches on how to support those with alcohol addictions and devise a process whereby churches and communities may partner in the best interest of those who are affected by alcoholism. Although, a minimum number of churches of the Baptist General Association participated in the survey, results offer opportunities for further research. Of the 34 surveys emailed to selected churches, most were female, between the ages of 51-60, with less than 5 years of service in current positions. These trends could indicate that females new to their church roles are more comfortable addressing alcohol addiction. Most respondents were in churches in which the number of members range from 76-150. This may indicate that small churches do not have the resources to address the problem.

It is imperative to build relationships within the church and community to assist those who may not feel comfortable receiving support as they may feel guilty and try to ignore the overall ills of alcoholism. It would be the desire of this writer to introduce trainings to start the conversation on how the new testament churches of today begin to think in a non-traditional and a non-judgmental manner on how to support congregants along their journey to recovery.

Of the surveys received, there is a limited number of congregants that seek counseling for substance abuse in the church. But for those who sought help, the experience of the counseling session was rated as fair or good by the pastor or designee. Although some substance abuse

issues are addressed in church by pastors or others with some counseling experience, most are addressed by people with degrees in divinity which may indicate some hesitancy from the church to address addiction in the congregations due to the comfort level.

Regarding making referrals, the results of the survey indicated that while most churches refer addiction issues to outside mental health agencies, ALL churches responded that a pastor's guide to assessing and referring individuals with substance abuse would be helpful. Based on the research question and the responses of the survey, Baptist churches need assistance in adequately addressing alcohol addictions in their congregations and would find a Pastor's guide to assessing and referring individuals with alcohol addiction helpful.

The literature encourages the important role of pastors in the integration of spiritual guidance and therapeutic counseling. This practice is deemed beneficial in treating the disease of alcoholism. The combination of the two fields assists the Christian in addressing the main problems they are confronting as well as developing positive life changes based on therapeutic strategies and biblical principles. A pastor and therapist who both appreciate the role of each and by working together can bring optimal recovery to the Christian suffering with alcoholism.

Consistent with the findings, being a female Pastor and counselor, I am willing to address alcoholism in my church. Being a Pastor of small church (approximately 60 members) within a city, I have several members that have come to me with this issue. Being a license therapist, I can give them assistance. Other small churches in the area often send their congregants to me because they do not have the capability to address it in their churches. In my area, I've found that unfortunately, many churches and those with membership in the BGAV are not aware of outside resources to address alcohol addiction. This affirmatively answers my research question: "Do Baptist churches need assistance in adequately addressing alcohol addictions in their

congregations and would a Pastor's guide to assessing and referring individuals with alcohol addiction be helpful?"

Based on the conclusions of study, I am recommending the following:

- Church goers with alcohol addiction will benefit from a process or tool to receive internal and/or external support and treatment for optimum outcome.
- Pastors can use this referral tool to ensure that the referral process is followed and that the person with the addiction will get the assistance that they need.
- An approximate two-page guidance and referral tool was developed to assist Baptist pastors in referring members to professional therapist for treatment of alcoholism (Alcohol Use Questionnaire and Referral Tool) which includes general information and a self-assessment of drinking patterns of the congregant and a recommended response for the Pastor prior to referral.
- Alcohol addiction and this research will be discussed in a local Pastor's forum and training will be provided in addressing alcohol addiction in the church and encourage churches to use the referral tool.

Further, this study lays the foundation for future research to evaluate the effectiveness of pastors fostering the collaboration between churches and mental health professionals when addressing alcoholism, and to identify how this process may be improved. Additional studies can also lend themselves to exploring opportunities for prevention. This researcher would support research that would allow early intervention and prevention trainings which would hopefully lessen the number of incidents of the individuals seeking help when the disease has progressed to the extent where bio-psycho-social and spiritual implications are evident. Further

dialogue and planning between church and community are paramount to make gains in the area of prevention and treatment of this malady of addictions.

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APPENDIX A

CAGE

<p>The CAGE, a very brief screen, is probably the most widely used and promoted for the detection of alcohol problems in the United States. It is one of the screens most consistently promoted for use among medical professionals to identify individuals likely to have substance use disorders.</p>	
Administrative Issues	<p>Four items Paper-and-pencil self-administered or orally administered Time required: less than 1 minute Administered by professional or technician No training required for administration, easy to learn, easy to remember, easy to replicate</p>
Scoring	<p>Time required: instantaneous A total score of 2 or more indicates the need for further assessment. Scored by tester No computerized scoring or interpretation available Norms available</p>
Clinical Utility	<p>The CAGE is a favorite of physicians and nurses because of its brevity. It is not based on the <i>Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)</i> and therefore does not discriminate between abuse and dependence, is relatively insensitive to women, and is subjective; relies on the individual's ability to experience guilt and one of the four items identifies only late stage alcohol problems. Some of the items address abuse and dependence criteria but, because of some of the limitations, may not be the optimal screen for most child welfare applications. In its original form, it does not screen for drug-related problems.</p>
Copyright	<p>No copyright. Published in the <i>American Journal of Psychiatry</i></p>
Cost	<p>None</p>
Source	<p>Copies can be found on a number of Internet sites or by obtaining the original 1974 publication.</p>

Source: Substance Abuse and Mental Health Services Administration Website, 2018

APPENDIX B

MICHIGAN ALCOHOL SCREENING TEST (MAST)

<p>The MAST (Michigan Alcohol Screening Test) is a 25-item screen developed in 1971 and with the CAGE has been one of the most widely used to screen for diagnosable abuse or dependence. Briefer versions have been developed including the Brief-MAST (10 items), the Malmo Modification of the MAST, or Mm-MAST (9 items), and the Short MAST, or SMAST (13 items). There is also a geriatric version, the MAST-G. The original instrument is long for a screen, but the shorter versions should be viewed as distinct instruments in terms of validity.</p>	
Administrative Issues	<p>25 items, 0 subscales Paper-and-pencil self-administered or interview Time required: 10 minutes Administered by practitioner or self No training required for administration</p>
Scoring	<p>Time required: 10 minutes Scored by staff No computerized scoring or interpretation available Norms available</p>
Clinical Utility	<p>The MAST focuses on alcohol only and therefore must be paired with an instrument like the DAST that screens for drug disorders. It is long for a screening instrument. It screens for “alcoholism,” a non-diagnostic term, and is not based on the diagnostic criteria of the <i>DSM-IV</i>. This instrument makes assumptions that can lead to erroneous conclusions (e.g., “Have you ever attended an AA meeting?” assumes that attendance was due to the respondent’s problems and not the problems of a relative or as part of a professional experience). Some items are only appropriate for late stage alcohol problems, but others are more subjective.</p>
Copyright	No copyright
Cost	\$5 for a copy; no fee for use
Source	<p>Melvin L. Selzer, M.D. 6967 Paseo Laredo La Jolla, CA 92037</p>

Source: Substance Abuse and Mental Health Services Administration Website, 2018

APPENDIX C

SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY, 3RD EDITION (SASSI-3)

<p>The SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition), is one of the most widely used proprietary screening tools in the United States. This tool is different from others; it contains both subtle and face valid items validated to screen for high or low probability of having a substance use disorder. Described as effective in identifying those in denial or deliberately trying to conceal their substance use, it is longer than brief face valid screens. It also contains a validity scale to identify random responding, and a defensiveness scale, which provides a measure of credibility to the individual's responses.</p> <p>Independently developed and validated adult versions are available in English and Spanish, and briefer, customized, and validated versions are available for clients with disabilities (SAVR-S2) and for those who are deaf or hard of hearing (SAS-ASL). An adolescent version in various formats is also available.</p>	
Administrative Issues	<p>93 items, 10 subscales Paper-and-pencil formats, PC software versions, and online Time required: 15 to 20 minutes Administered by professional or trained staff Extensive training not required, although training is available, as is a free clinical helpline for administration and interpretation support Requires completion of a qualification form</p>
Scoring	<p>Time required: 10 minutes Hand or electronic scoring Interpretation and support available</p>
Clinical Utility	<p>Scores are graphed, which provides a profile of the client's scores relative to adult normative scores More complex, lengthy, and costly than brief oral screens</p>
Copyright	<p>Copyrighted by Glenn Miller, May 1985, 1997</p>
Cost	<p>Paper questionnaires start at \$2 per administration with discounts for volume; \$125 for starter kits for paper-and-pencil version; \$7 per administration for PC version which includes scoring, profile graph, and interpretive report; \$215 for starter kits for PC version; online, \$11 per administration with discounts for volume</p>
Source	<p>The SASSI Institute 201 Camelot Lane Springville, IN 47462 Phone: 800-726-0526 Web site: http://www.sassi.com/</p>

Source: Substance Abuse and Mental Health Services Administration Website, 2018

APPENDIX D

WEB-BASED SURVEY QUESTIONNAIRE
Who is completing this survey?
Pastor
If Designee, Please Note Position:
Is the Pastor of this Church Male or Female
Male
Female
What is the age of your Pastor?
Less than 30 years old
31-40 years old
41-50 years old
51-60 years old
61+ years old
How long have you served as Pastor/ Designee?
1-5 years
6-10 years
11-20 years
21+ years
Where is your church located?
Rural
Suburbs
City
How many years has your church been in operation?
1-10
11-25
26-50
51+
What is the size of your church's active membership?
20-50
51-75
76-100
101-150
151+

WEB-BASE SURVEY QUESTIONNAIRE
How are substance abuse issues addressed in your congregation? (Check all that apply)
Pastor with formal education in counseling individual with substance abuse
Associate degree in Counseling
Bachelor's Degree in Counseling
Master's in counseling
Master's in divinity
Doctorate in Divinity
Licensed Mental Health Professional (LPC, LCSW, etc.)
Trained Mental health professional within membership
Other (Please list below)
In the past 2 years, how many members have sought counseling from the Pastor for substance abuse?
none
1-2
3-4
5+
Of those counseled, was anyone referred to an outside mental health agency?
Yes
No
If substance abuse counseling was provided within the church by the Pastor, how would you rate the overall experience?
Poor
Fair
Good
Excellent
Would you find a Pastor's guide to assessing and referring individuals with substance abuse helpful?
Yes
No

An Alcohol Questionnaire and Referral Tool for Baptist Churches

1

A Thesis Project Submitted to
The Faculty of Liberty University School of Divinity
In Candidacy for the Degree of
Doctor of Ministry

Liberty Baptist Theological Seminary

by
Rita D. Moore

OVERVIEW OF THESIS

2

WHY I CHOSE THIS TOPIC

Alcohol addiction is a pervasive ill within our society with detrimental bio-psycho-social and spiritual outcomes. Unfortunately, the Baptist church is not immune to seeing the devastation of this disease, including the spiritual impact. Pastors may find themselves in the role of “first responder” unprepared to fully address this issue.

WHY THIS TOPIC?

3

- This researcher's interest in this subject matter was based on:
 - Having years of experience working in the field of Substance Use Disorder
 - Being licensed as professional therapist
 - Serving as a Senior Pastor of a Baptist Church
 - Having a desire to assist churches on how to support those with alcohol addictions
 - Having a desire to devise a process whereby churches and communities may partner in the best interest of those who are affected by alcoholism

ABSTRACT

4

- This study examined how Baptist pastors, when confronted with members Alcohol Use Disorder, are they prepared to assess and willing to provide appropriate guidance for clinical intervention.
- This study found that while some referrals are being made to therapists in the community, Baptist pastors would find a referral tool helpful when members present with alcohol related issues.

WHAT IS ALCOHOLISM

5

- “Alcoholism” is defined as maladaptive patterns of alcohol use leading to clinically significant impairment or distress – physical, emotional social and spiritual.
- Alcoholism is primary, progressive, and chronic.



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STATISTICS

7

The Center for Disease Control (CDC), provides the following statistics on the impact of alcoholism:

- Consuming too much alcohol can harm the individual's health and one's inability to provide for the family.
- Excessive alcohol or drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years old causing emotional and financial distress to love ones.
- Overall economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink, impacting the family finances and economic well-being.

PURPOSE OF RESEARCH

8

The purpose of this thesis is two-fold:

- 1) To explore how pastors of Baptist churches are currently addressing alcohol addiction within their congregation and what demographics may impact their selected process; and
- 2) To determine if pastors would find a referral tool helpful when addressing a congregant's misuse of alcohol.

STATEMENT OF LIMITATIONS

9

- This project is not designed to assess other mental health issues, co-morbidities nor focus on the overall treatment of alcoholism, which may include denial of this disease.
- Traditionally, the topic of alcohol itself has been "tabooed" in the Baptist churches, as some may view this action as a lack of faith. Alcoholism is not a topic that the churches typically like to address and addressing a topic of this nature may offer limitations in engagement or willingness to discuss addiction to alcohol, in general, or even participate in an online survey seeking information, highlighting another limitation of this study.
- Only churches of the Baptist faith were surveyed that were members of the Baptist General Association of Virginia (BGAV). Other theologies such as Methodist, Muslims, Lutheran, etc. nor churches that are members of other Baptist Associations will not be included for a broader response, which could create biases in the sampling.

STATEMENT OF LIMITATIONS

10

- Not using a random sampling could render limitations in applying this research to the religious population at large or general population.
- The study will not address the effectiveness of the developed referral tool nor address success rates of staying sober once the individual has received treatment nor the potential for relapse; however, these limitations will lend themselves to future research.

THEORETICAL BASIS

11

A healthy body works together with the spiritual heart, mind, and soul to motivate one to live an active and productive Christian lifestyle. Sharing of God's Word, praying for strength and deliverance and providing guidance are vital sources for those who know the power of God and can serve as beginning of the healing process. Scripture references include:

- *Jeremiah 3:15 supports that pastors are called upon to impart information to assist in healing: "And I will give you shepherds after my own heart, who will feed you with knowledge and understanding."*
- *2nd Corinthians 13:11: "Finally, brothers and sisters, rejoice! Strive for full restoration, encourage one another, be of one mind, live in peace. And the God of love and peace will be with you."*

THE SURVEY

12

THE DESIGN

THE RESEARCH QUESTION

13

Are Baptist churches assisting in adequately addressing alcohol addictions in their congregations and would a Pastor's guide to assessing and referring individuals with alcohol addiction be helpful?

RESEARCH METHODOLOGY

14

- The survey was administered on-line to minimize costs.
- 12 questions were on the survey geared toward the church demographics and how they address alcohol addiction in their church.
- Senior pastors and/or designated church leaders of the Baptist denomination were surveyed only.
- Baptist Churches in the Peninsula region of Virginia were surveyed that were members of the Baptist General Association of Virginia (BGAV).

SAMPLE

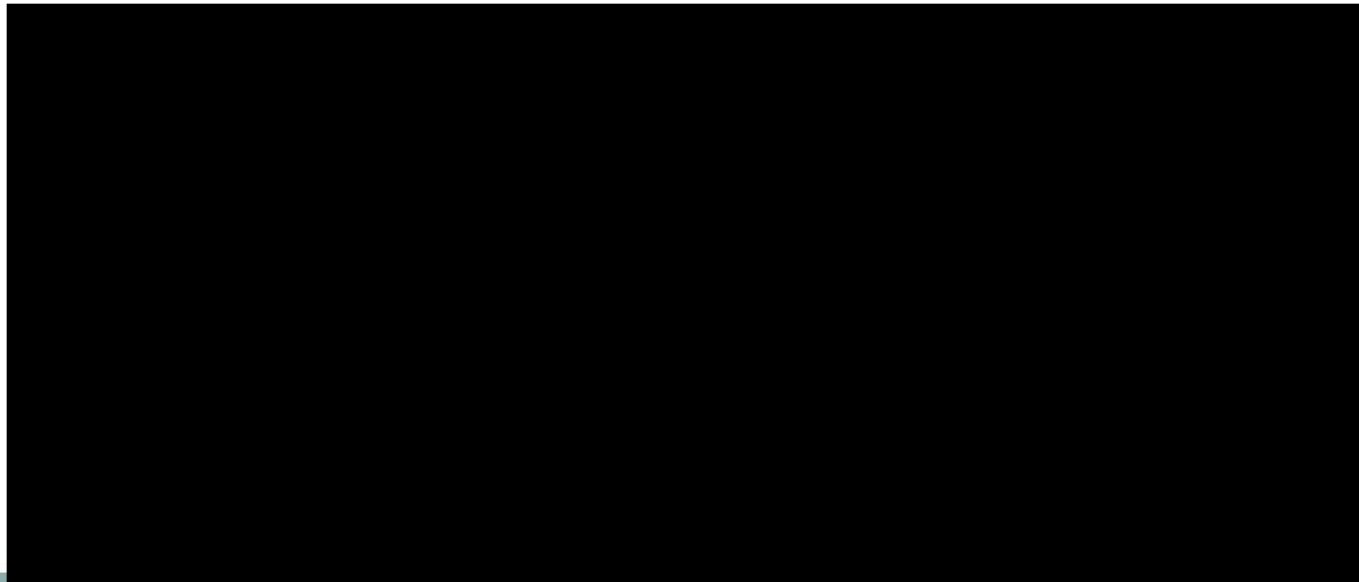
15

- Non-probability sampling was used to obtain the sample.
 - The database of the BGAV Virginia directory which includes approximately 1,300 Churches was used.
 - The Peninsula area of the Hampton Road region has a variety of Baptist churches regarding membership size, race, urban and rural locations, and number of years in existence. Therefore, the sample was a good representation of Baptist churches and the results can be applied to other regions throughout the United States. Therefore, the sample was a good representation of Baptist churches and the results can be applied to other regions throughout the United States.
 - From the BGAV database, Pastors or their designee from the 34 churches from the Peninsula area of Hampton Roads, Virginia were emailed surveys with links to the online survey.

STUDY AREA

16

- The Peninsula Region of Hampton Roads-cities of Williamsburg, Hampton, Newport News, and Williamsburg, and counties of James City County and York Counties



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RESPONSES

17

- Of the 34 surveys email to the Pastors or their designee:
 - 19 emails were opened
 - 15 started the survey but only 11 completed the survey. So, 73% of the churches that started the survey completed it
 - The lack of responses could be the Pastor or designee are not aware of alcohol addiction in their church or they are not comfortable providing information about this issue in their church

LIMITATION OF SURVEY

18

- Because of the number of non-responses of churches choosing not to participate, the small sample size is a limitation of the study. This may affect the reliability and validity of the study.
- Errors may arise associated with using on-line surveys such as question wording and question sequencing.
- Respondents may not feel comfortable or are not familiar with using a computer to complete the survey.
- Since the 34 churches surveyed were all members of the BGAV, sampling bias may be included in the research due to all churches in the same association.

Findings from Literature Review

19

The literature reviewed for this project included articles, journals, and books that provide an overview of:

- 1) the definition, prevalence, impact, specifically on spiritual growth, and treatment of alcoholism,
- 2) the Baptist church/pastors' role, experience, and willingness in addressing this disease; and finally,
- 3) the foundation for the development of a referral tool to serve as a resource for Baptist pastors when providing spiritual support to a congregation seeking help with this disease.

Findings from Literature Review

20

For many years, religious and spiritual practices have been therapeutic modalities adopted by Christians to gain strength and support to face many challenges in life. The literature reveals that pastors/churches are: 1) providing opportunities for group discussions on mental health issues; including alcoholism; 2) sharing God's Word (Sermons); and 3) providing literature or resources on alcoholism.

Pastors can also serve as a bridge to connect the member challenged with alcohol used with a professional counselor. The literature does not reveal that this practice is commonly in place. Therapeutic counseling is an available and effective resource to assist the Christians, along with their faith, to be restored and continue their journey toward fulfilling their God-given purpose.

FINDINGS OF SURVEY

21

WHAT I LEARNED FROM THE RESEARCH

FINDINGS OF SURVEY

22

- Most respondents of this survey were Pastors and Females (57%). Also, most respondents have served in their roles for from 1-5 years (42.86%).
- Most Pastors between the ages of 51-60 responded to the survey (71.43%).
- A vast majority of churches that participated were in the city (83.33%).

FINDINGS OF SURVEY

23

- The years that the church has been in existence were split 50% /50% from 1-10 years and over 50 years.
- Most of the churches that responded were midsize churches consisting of 75-150 members.
- Most churches responded that substance abuse issues within the church are addressed by persons with master's in divinity or Doctors in Divinity (40%) and 35% reported some educational experience in counseling. 20% have substance abuse issues addressed by Licensed Professional Counselors (LPC).

FINDINGS OF SURVEY

24

- Less than five congregants per church sought counseling in the last two years and the experience was rated as fair to good.
- Of congregants counseled by the church, 80% of churches felt that they needed the congregant to seek outside help.
- 100% of the respondents agreed that a Pastor's guide to assessing and referring individuals with substance abuse would be helpful.

COMMENTS PROVIDED BY RESPONDENTS

25

- “The opioid crisis is also impacting the churches.”
- “I am unsure of the number of congregants requesting assistance from the church because of Pastor/ Congregant confidentiality.”

CONCLUSIONS OF STUDY

26

**HOW THE FINDINGS IMPACTED ME
PERSONALLY AND IN THE MINISTRY**

CONCLUSIONS OF STUDY

27

- Of the 34 surveys emailed to the selected churches, most respondents were female, respondents were also between the ages of 51-60, and have been in their positions for less than five years.
- *These trends could indicate that female pastors that are new to their church roles are more comfortable addressing the issue of alcohol addiction in the church.*
- *Consistent with this finding, being a female Pastor and counselor, I am willing to address alcoholism in my church.*

CONCLUSIONS OF STUDY

28

- Most of the responding churches were in a city which could indicate that urban churches are also more agreeable to addressing the issue, and per capita there may be more congregants dealing with alcohol addiction and have more availability of services. Most respondents were in churches in which the number of members range from 76-150.
- *These trends could indicate that small churches do not have the resources to address the problem. In the larger congregations consisting of 151 or more members, congregants may not have the relationship or opportunity to divulge their addiction to their Pastors or designees.*
- *Being a Pastor of small church (approx. 60 members) within a city, I have several members that have come to me with this issue. Being a license therapist, I am able to give them assistance. Other small churches in the area often send their congregants to me because they do not have the capability to address it in their churches.*

CONCLUSIONS OF STUDY

29

- Of the surveys received, there is not an absorbent number of congregants that seek counseling for substance abuse in the church. But for those who sought help, the experience of the counseling session was rated as fair or good by the Pastor or designee. Although some substance abuse issues are addressed in church by Pastors or others with some counseling experience, most are addressed by people with degrees in divinity
 - *These trends could indicate hesitancy from the church to address addiction in the congregations due to the comfort level. And it appears that most churches refer addiction issues to outside mental health agencies.*
 - *In my area, I've found that unfortunately, many churches are not aware of outside resources to address alcohol addiction.*

CONCLUSIONS OF STUDY

30

- All churches responded that a Pastor's guide to assessing and referring individuals with substance abuse would be helpful. Based on the research question and the responses of the survey, Baptist churches need assistance in adequately addressing alcohol addictions in their congregations and would find a Pastor's guide to assessing and referring individuals with alcohol addiction helpful.
- *This affirmatively answers my research question: "Do Baptist churches need assistance in adequately addressing alcohol addictions in their congregations and would a Pastor's guide to assessing and referring individuals with alcohol addiction be helpful?"*

Recommendations

31

HOW I PLAN TO UTILIZE THE INFORMATION

RECOMMENDATIONS OF STUDY

32

- Further study is warranted to determine how pastors are currently fostering the collaboration between the churches and mental health professionals in addressing alcoholism, and how this process may be improved.
- Church goers with alcohol addiction will benefit from a process or tool to receive internal and/or external support and treatment for optimum outcome.
- Pastors can use this referral tool to ensure that the referral process is followed and that the person with the addiction will get the assistance that they need.

RECOMMENDATIONS OF STUDY

33

- As a result of the findings, an approximate two page guidance and referral tool was developed to assist Baptist pastors in referring members to professional therapist for treatment of alcoholism (Alcohol Use Questionnaire and Referral Tool) which includes general information and a self-assessment of drinking patterns of the congregant and a recommended response for the Pastor prior to referral.
- I plan to discuss alcohol addiction and this research in a local Pastor's forum and avail myself to provide training in addressing alcohol addiction in the church, and encourage churches to use the referral tool.

Alcohol Use Questionnaire and Referral Tool

34

Name _____

Age _____

Concern as described by member:

How long have you been dealing with this issue? _____

Have you had an intervention before this concern? Yes _____ No _____

Outcome _____

What support are you seeking today? _____

Do you drink? Yes _____ No _____ (If yes, proceed below):

Alcohol Use Questionnaire and Referral Tool

35

Alcoholism” is defined as maladaptive patterns of alcohol use leading to clinically significant impairment or distress – physical, emotional, social and spiritual-- as manifested by at least two of the following, occurring within a 12-month period (check all that applies):

- Alcohol is often taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations where it is physically dangerous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

Alcohol Use Questionnaire and Referral Tool

36

Pastoral Response (recommended content):

“I would do you a disservice by trying to provide you counseling beyond spiritual guidance. I value you too much. I'd like to help you find a competent counselor who can help you. With your written permission I will work with you to find the best referral. This doesn't mean I will not be available to encourage you spiritually; in fact, I will meet with you a week or two after your first two appointments to make sure you are satisfied with the referral. Throughout and after your counseling I will be a part of your support system.”

Based on the above information, referral to community mental health (substance abuse disorder) services may be helpful. Further, another recommendation would be a compilation of resources would be helpful so that pastors would be able to have viable options to referrals such as public and private facilities, full and partial hospitalization, and out-patient facilities. Pastors who have privy to this list of resources would be able to refer with more confidence.

Members Signature _____

Date _____

QUESTIONS?

37

THANK YOU