Key Words: Alcoholism, Integrative Addictions Treatment, Christ, Recovery

Integrative Mental Health Treatment for Alcoholism and the Christ of Recovery

Charles Zeiders, Psy.D.
Christian Counseling and Therapy Associates of the Main Line
86 West Eagle Road
Havertown, PA 19083
Telephone: 610 653 0151
drzeiders@drzeiders.com

The author offers observations about integrative addiction treatment from his viewpoint as a Christian psychologist. The author observes that God operates in the center of the career of the Christian professional and guides clinical discernment about addiction theory and practice—both at the micro and macro level. The author's observations are autobiographical. Next, the author discusses eight areas of interest to faith-based psychotherapists regarding integrative addiction treatment; these include, the need for affordable care, faith and the medical model, spiritual diagnosis and the "whole" person, 12-step recovery as a recovery gem for Christian patients, forgiveness as a chemical dependency treatment, new medical technology and Christian discernment, yoga as an evidence-based Christian recovery practice, and integrative treatment options such as clinical neurotheology and Jungian innovations. Concluding, the author argues various means through which recovering people access God's grace thorough Christian practice—worship, sacraments, fellowship, Christ-centered disciplines—and represent genuine addiction treatment in and of themselves and may be understood as culturally liberated approaches to addiction treatment—although integration of the Christian revelation and evidenced-based treatment is deeply important and potentially synergistic.

When Douglas Schoeninger, the Editor, asked me to write this article for the *Journal of Christian Healing* (JCH)-later to be submitted to the *Global Spiral*- I was pleased. For the 2009 Association of Christian Therapists (ACT) International Conference, I led the Best Practices Psychotherapy Initiative entitled "Treating Addictive and Compulsive Disorders with Best Practices and Christian Spirituality." Next year the new Psychotherapist Group Chair, Dr. Benjamin Keyes, envisions leading a Best Practices Psychotherapy Initiative regarding compulsive sexual behavior. In fact, the 2010 International Conference is themed on an ACT-wide response to Spirit-galvanized addiction treatment. As an organization of Christian healers and psychotherapists, ACT wrestles with bringing the Christian revelation to a profoundly addicted age. As an organization we continuously seek the Holy Spirit as a Counselor to counselors and an Advisor to advisors. Partnered with God amid the loving, graceful, powerful work of the Holy Trinity, we strive to evangelize our clinical efforts in His divine economy and, necessarily, this ultimately Christian aspect of the ACT mission influences our perspective on our careers, clinical work, and the role of the Church in mitigating human suffering. Schoeninger observed that my recent work as a consultant in addictions treatment might be thought of as Spirit-led and that my formation in this area might be a topic about which to write. During editorial discussions, we also decided that I would write about treatment domains that strike me as important clinical points for treating chemical dependency but also challenge the orthodoxies and sensibilities of many of us in ACT from theoretical and theological perspectives. Finally, we decided some remarks about my own confidence in the Christian Community itself as an

addiction treatment might be in order, since the Church is very much a hospital for all human kind including those captive to addictions and caregivers.

Developing a Friendship that Formed a Sense of Calling to Addiction Treatment and a Vision for It

Several years ago the Episcopal Church of the Holy Trinity in Philadelphia invited me to lecture on how our Christian God interacts with patients during the course of psychotherapy. The audience was smart, spiritual, and progressive, and I made life-long friends. Among them was a British businessman named David Godfrey-Thomas. He was intrigued by my thesis that the Christian mental health professional can be a credible social scientist, integrate best practices in treatment, act in the mainstream of one's profession, and marry Our Lord's command that we love and heal one another with the rigors of professional pursuits in the real world of madness, self-interest, sin, and calamitous bad faith. I was intrigued by Mr. Godfrey-Thomas's insistence that secular business can be an overt or covert instrument through which the Holy Spirit operates and that Christian effectiveness in business resides in a simple formula of competence plus good faith plus grace. The fact that all of his businesses have been international was simply impressive.

We commenced conversations about how we might employ his business skill with my mental-health expertise. We discerned that God was calling us to use our professional gifts to bless the people and bless them unambiguously with competence and generosity and with the full understanding that professional gifts, like spiritual gifts, exist in the Christian moral universe to bless the people and to advance the experience of the individual—who is loved by God and sacred to Him. Unquestionably, God wants human beings to be joyful and happy with the gift of their lives. Our conversations also produced the epiphany that education and professional accomplishments are not valuable unless they service God and man. We discerned that currently the Holy Sprit is inspiring professionals to engage the world at all levels of endeavor—in church, government, and business—and bestowing Christ-consistent visions for moving forward in these arenas to bless people. We discerned that the Spirit of God is competent and reliable to guide us to live up to our best selves in a manner that blesses the people and pleases God. Right now the Holy Spirit is calling Christian professionals to a new level of activity. And we felt called by God to let us be part of this, to actualize this vision. So we made it our business to pray that God would bless us to work together on some noble project.

While we were praying and waiting and going about our business, we met periodically to discuss the things the Holy Spirit was showing us about our future mission. We discerned that humanity is in a developmental crisis, that this particular historical moment is a time of species-wide transition to a higher level of order. We discerned that the existing institutions of religion, business, and government, as they are now organized, are either outmoded or too frail to lead us to the magnificent place that God envisions for mankind.

We further discerned that the success of corporate capitalism in its current state was driving the world mad. We observed that the root of the great human problem of the moment is the orgy of unmitigated addictive consumption—a globalizing economic system of gluttony. We discerned that the global culture is driven by addiction and that much of the fear and dysfunction and sin in the world occurs because persons, institutions, nations, and cultures cannot imagine a single moment without another fix of commodified gratification. To stay safe, we engage in unsustainable hyper-consumptive mass behavior that endangers our future economically,

geopolitically, environmentally, culturally, physically, and spiritually. And so the world is trapped in addictive consumption with the disorders we read about in the news.

In the midst of this discernment process, David and I further discerned that we—he and I and all of us—have just a small part to play. But God wants professionals like us to help Him make the world more healthy, just, and joyful. Discerning with David, I learned that God thinks of all of us as friends, wants to confide in us, and asks us to help Him distribute the health of heaven over the earth. I learned too that God loves the individual bound in addiction as much as God loves the entire addicted world that cannot manage its affairs. On a quite personal level, I believe that God uses individual professionals like those of us in ACT—and fellow travelers in healthcare and business—to advance aspects of God's divine agenda for the future.

As we talked, we also received the sense that God was operating in a radical manner. We saw that the current historical moment calls for new modes of addressing human pathologies as well as evolved business models to help the individual and the globalizing world to get well.

That was the discernment that came out of our discussions. And finally, a call came. It just came. It came out of the blue. And it came as a result of a contact with one of our Association of Christian Therapists' leaders. I was not expecting it, but a representative from an investors' group heard about my work in integrative mental health and called me for advice about a for-profit integrative substance abuse recovery treatment facility he and his associates were starting-up.

The investors had a vision for building an ideal treatment facility that combined best practices for chemical dependency treatment with evidence-based, integrative recovery. They were also welcoming to the progressive economic models that David, whom they decided to retain as interim Executive Director, offered to them. We are and were absolutely convinced that care must be economically affordable for those addicted and that the institutions themselves are at their best when they role model non-addictive economic behavior. In this way, the treatment business model transcends addiction to profit for its own sake. What makes profit most healthy and non-addictive is using the institution's power and wealth to genuinely bless the population served.

David and I were retained for six months to advise this particular start-up regarding all aspects of integrative care for recovering populations. I was able to consult toward a level of integrative medicine, which immersed the patients in recovery-positive therapies from the perennial, to the customary, to the cutting edge. Throughout this retainer, I experienced my professional behavior as operating in a secular context while in a state of grace being actualized.

Following the conclusion of the consultation period, David developed a company that provides integrative mental health recovery protocols and business services for chemical dependency problems. At the time of this writing his company—now called GARNET (Global Addiction Recovery Network)— is in research and development to launch a variety of world-wide addiction treatment projects. The vision and mission of GARNET embody the ideal that best practices, the specific needs of the addicted person, and economic kindness on the provider's part must be the ongoing context in which treatment unfolds (See Appendix I for David Godfrey-Thomas's personal statement: See Appendix II for the GARNET Clinical Model).

I remain a clinical strategist for interests that advance integrative mental health care and dare to envision that God advances the best interests of those individually and collectively addicted. And I remain fascinated with emerging treatment options that are promising for outcomes but challenging both to the treatment community and Christ-based psychotherapists.

This professional journey convinces me that God works in our careers to deploy us in a manner spiritually worthy of Him and of us. God wants healthcare professionals to enjoy our role as agents of His immensely creative solutions for our immensely addicted age.

Opportunities, Challenges and Observations for Christian Professionals Pioneering Integrative Addiction Treatment

During the course of my tenure as a Clinical Strategist and consultant as described above, I necessarily studied broadly on addictions and interacted with clinicians, researchers, policy makers, those who were addicted and their recovering families. What follows is a list of observations about topics in addiction care that I believe might be helpful in forming conversations within the Psychotherapists Specialty Group of ACT, with Christian healthcare providers, and with the broader treatment community.

1. *The need for safe, affordable care*. Because addiction is epidemic, safe affordable care needs to be made available. Among my concerns is that existing corporate insurance-driven systems of care delivery fail to cover costs for those addicted who seek to go inpatient for detoxification and recovery. It is a social evil that vulnerable people and their families sometimes have to choose between going into debt to gain access to services or to limp along under "covered "services without the benefit of full treatment. *The Catechism of the Catholic Church* (1994) remarks,

> Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good. Concerns for the health of its citizens requires that society help in the attainment of … health care … (p. 610).

2. *The Glory of the Medical Model.* The Five Axis diagnostic system is an amazing accomplishment. It organizes a tremendous amount of information with near-perfect brevity that leads to case conceptualization for those addicted. If used properly, the existing diagnostic system will lead to interventions that address the needs of the entire addicted person. Good holistic treatment follows from good holistic Five Axis Diagnosis. As clinicians called to perform at the top of our game, we should be ever mindful to diagnose well. Full use of the Five Axis Diagnostic system—and the treatment spectrums that flow—represents faithful clinical stewardship of "science and technology [that are] precious resources when placed at the service of man and promote his integral development" (*Catechism*, 1994, p. 611).

3. *Spirituality is part of the Medical Model and interactive treatment.* Both the World Health Organization and the American Psychiatric Association recognize that Religious or Spiritual Problems are part of the human condition. Best Practices involve honoring the reality that religion and spirituality represent real patient concerns and are worthy to be diagnosed and addressed in the clinical treatment plan. Simply, spiritual care is part of medical care and the standard of medical care now extends to the whole person—the integrated person—the total person. In serving those addicted in Christian populations, we must assess for the V62.89 diagnostic code—and let spiritual treatment follow medical diagnosis. This diagnostic effort

represents a healing between faith and medical communities and promotes genuine care for the patient's total person. As Cardinal Justin Rigali (2010) observes:

> A concept, which has become quite popular in recent years, is what is called "holistic medicine," the idea being that the health of a person is composed of more than just those aspects which are physical. This is certainly a sound concept and it is consistent with what the Church teaches regarding the totality of the human person …. In that totality, there is a particular form of illness ... mental illness …. As part of the teachings of Jesus, who embraces the entire person with love, mercy and understanding, the Church also reaches out to those suffering with mental illness [and addictions] with those same [Christic] sentiments (p. 5).

As never before, diagnosis and treatment of the addicted patient's Religious and Spiritual problem is the standard of care and the leading edge of integrative treatment for Christian and other religious and spiritual populations.

4. *Twelve-Step Recovery remains an utter gem for those addicted*. Programs such as AA and NA should be defended from assaults from within the church, government, and business. Some churches view 12-Step programs as cults and discourage their addicted members from attending. This hurts recovering people who seek evidence-based recovery that can easily be Christianized while upholding the addicted person's dignity in anonymity. Psychotherapists might also consider protecting 12-Step recovery from policy-makers pressured by corporate special interests to develop public polices that drive a perverted form of best practices in the interests of insurance monopolies. Twelve-step recovery is evidence-based, spiritual, and cost effective. Its tradition of confidentially ensures that no damning information will lurk in a government or insurance company database. Twelve-Step recovery is positively spiritual, medically sound, economically just, and upholds human dignity. As Christians we should protect 12-Step recovery from misguided theologies and polices.

5. *Forgiveness is a sleeping giant in recovery care*. Since Christianity is a religion of forgiveness, we should continue to develop models and interventions as to how giving and receiving forgiveness contributes to symptom remission. At critical times in treatment, we serve our recovering patients best when we sensitively steer them to seeking God's forgiveness, forgiving others, and seeking forgiveness from those against whom they have trespassed—including themselves. Such interventions are consistent with the Lord's Prayer and holistically change the addicted personality. Part of that change will be a measurable part of a forgiveness-driven spiritual-bio-psycho-social change. Forgiving and receiving forgiveness decreases the likelihood of relapse, because patients experience less stress from the ubiquitous fight/flight response associated with guilt and anger. Part of the change will be curative but mysterious because it stems from God's immeasurable grace responding to the patient's participation in the mystery of Christian forgiveness. In any case, researchers find:

> Forgiveness has significant potential to help substance abusers not only with their recovery from alcohol and other drugs but also from associated co-morbid disorders. Thus far, in the early stages of forgiveness studies, no research has been undertaken to demonstrate its effectiveness with substance abusers. However, a number of clinical case

> studies are forming the basis for that effectiveness. The ability of people who are addicted to learn how to resolve and control anger and even violent impulses should facilitate their recovery and protect them from relapse …..clinical work leads to the opinion that by diminishing and even resolving hostile feelings, vengeful thinking, and angry behaviors, forgiveness will play an increasingly important role in the treatment of substance abuse disorders in the future (Enright and Fitzgibbbons, 2000, p. 168).

6. *New medical technologies are welcome developments and challenges.* As research and development in pharmaceutical treatments for addiction matures, a host of challenges will be presented. One of the challenges will be to keep healthcare providers and policy-makers honest. Anti-addiction drugs are tremendously expensive to research and produce. And achieving FDA approval is ruinously expensive even for world-class pharmaceutical interests. As a result, pharmaceutical companies are incentivized to maximize profits even at the expense of patient interests. Problems will arise with the development of anti-addiction drugs that create legalized dependence on expensive pharmaceuticals that are not in the long term interest of those addicted but—due to the need for ongoing filled prescriptions—will drive corporate profits. When large amounts of money are at stake, it can become difficult to get good treatment, good science, or affordable care. Christian healthcare providers might consider joining patient advocacy groups and political action committees to protect patients from evil aspects of the economic system. On the very bright side, new developments in pharmaceutical and energy medicine are paving the way to brief recoveries and long-term abstinence. For example, some drugs considered relatively innocuous by some clinicians show promise as off-label remedies for extremely morbid alcoholism and co-morbid generalized anxiety disorder (Ameison, 2009). Breakthroughs in the use of magnetic waves to treat previously untreatable depression may also be applied to chemical dependency diagnoses as the electromagnetic treatments continue to be researched and to mature. In any case, new technologies and breathtaking innovations understandably take the Christian community out of its comfort zone, and thus the need will persist for Christian psychotherapists and healthcare providers to interpret these developments though honest, orthodox theologies of healing.

7. *Yoga.* Treatment using yoga brings unique challenges for us in addiction care. A computer search of existing residential treatment facilities will show that yoga is extremely popular as an adjunct therapy for treating drug and alcohol problems. A quick search of *Pub Med* will satisfy almost anyone that reasonable research exists to support the likelihood that yoga stabilizes the addicted person's autonomic nervous system, aids in alcohol and opiate detoxification, and drives the longevity of sobriety. Survey data compiled by the London-based *Yoga Biomedical Trust* (McCall, 2007) showed that one hundred percent of those addicted to alcohol who practiced yoga for at least two hours a week for a year or longer found that their recovery was improved by their yoga practice. The survey also found that medical co-morbidities such as smoking, high-blood pressure, heart disease, obesity, and neurological disease were also lessened by consistent yoga practice. While I professionally recognize that yoga can be extremely helpful in the recovery process, other Christian professionals offer grave, legitimate reservations about yoga. What is a Christian to make of the scientifically measurable therapeutic benefits from yoga practice? Simply because an intervention has good outcome measures does not make it good in and of itself. Theological

reflection and spiritual discernment about promising techniques are always necessary. My own experience and discernment is that yoga practice is holistically and spiritually safe and beneficial. The healthcare provider's Christian subculture norms, however, as well as practitioner and patient consciences must be prioritized over even evidence-based practices. But I think that the prognosis for widespread acceptance of yoga practice in the Christian healthcare and recovery community is good. In *Yoga and God* (1975) the Catholic contemplative yogi Dechanet observes that yogic practice nourishes the body, which is the temple of the Holy Spirit. He writes that Christian yoga accepts the body as Christ did, and that practice leads the practitioner to God.

> At the supernatural level of sacramental life, the flesh becomes the meeting point for the human and the divine; the doorway for grace; the channel through which we receive power from on high (p. 31).

Yoga, like 12-step recovery, can be a means through which the recovering person interrupts polluting the body with alcohol and drugs and nourishes the body with right practice and God. I underwent training and certification to teach *Yin Yoga* to my recovering patients. The evidence base and Dechanet's theology of the body convinced me to incorporate yoga into my clinical practice of Christian Holism (Zeiders, 2004). When conscience permits, yoga represents a recovery-positive option for Christian psychotherapists and their recovering patients.

8. *Other areas of interest.* The Christian healthcare provider might consider a host of integrative treatments from the point of view of the Christian discernment and the needs of our treatment populations. Exercise, for example, is as powerful as an SSRI and surely an ally in recovery treatment.

> More than 150 other studies confirm that exercise reduces depression and anxiety and is therefore a useful adjunct to antidepressant drugs and psychotherapy. Not only is exercise as effective as drugs, some research suggests it better prevents symptom recurrence (Myers, 2007, p. 568).

Do we have a theology of exercise? Have we promoted enough research into physical fitness as relapse prevention? Buddhist Mindfulness Meditation gains in popularity as a treatment for chemical dependency. A research base grows related to its effectiveness (Marlatt, et al., 2004), and CEU's are being offered in its use as a best practice by major universities. Do we as Christian clinicians need to do more to promote the evidence base for Christian mystical practices like Centering Prayer and the Rosary as recovery-positive neurotheological interventions? Since the preponderance of the populations seeking addiction treatment in the United States are at least culturally Christian is such research not simply responsible and wise? Growing evidence suggests that statistically the American diet is physically toxic and implicated in a host of psychiatric disorders. Who is researching recovery positive-diets? How well is our theology of food and food toxicity developed? Do pathogenic aspects of the food-production system play a role in predisposing at-risk populations to addiction? Ongoing needs exist to develop theologies of the recovering family system and the role of beauty and environmental psychology in the treatment setting. Important innovations in psychodynamic

> therapies need to be considered. To what extent do new Jungian conceptions of addiction as a psychological malignancy or an archetypal evil (Schoen, 2009) lend themselves to immediate use in Christian addiction treatment? And finally, we must prepare to discern and humanely utilize evidence-based treatments drawn from diverse disciplines and cultures such as the role of muscular-skeletal treatments taken from chiropractic and osteopathy, the effectiveness of tai chi, chi gong, and acupuncture drawn from traditional Chinese medicine, and the need to fill the vast individual and collective emptiness (Sartorius, 2009) that drives individual addiction and manifests globally in terms of hyper-consumption.

The future is bright, but the present is challenging. A great deal must be discerned in offering the unique contribution that we must make as Christian providers to the drug and alcohol treatment community.

The Practice of Christianity as a Recovery and a Wellness Practice for Chemical Dependency Issues

For the caregiver and for the addicted person, God is necessary. All human beings and all human systems suffer from the delusion that something good can happen without grace. It cannot. That is why it is so important for us to stay in contact with God though prayer. *The Book of Common Prayer* (1979) offers the following prayer that opens both addicted person and clinician to God's restorative grace.

> *For the Victims of Addiction*
> O blessed Lord, you ministered to all who came to you: Look with compassion upon all who through addiction have lost their health and freedom. Restore to them the assurance of your unfailing mercy; remove from them the fears that beset them; strengthen them in the work of their recovery; and to those who care for them, give patient understanding and persevering love. *Amen* (p. 831)

In the course of my strategic clinical consulting, I have become immensely impressed by the Church as God's hospital for addicted persons and for those who care for them. The Church preserves the Christian revelation and offers sacramental, intellectual, emotional and other graces that mobilize a panoply of resources to the addicted person's total set of needs with breathtaking effectiveness. Natural and supernatural graces come to the addicted person through the Church. No Christian should ever underestimate the effectiveness of the simple practice of Christian observance as an effective recovery program in and of itself.

Commenting on a two-year study by the National Center on Addiction and Substance Abuse (CASA), Califano (2001) observed:

> Religion and spirituality can be important, sometimes determinative companions to the treatment and recovery process. Many recovering alcoholics and addicts attribute their recovery to their religious or spiritual beliefs and the support of a community of believers (p. ii).

The CASA report goes on to document the evidence base for the health benefits of religious service attendance.

> People with strong religious or spiritual beliefs are healthier, heal faster and live longer than those without them. Studies have begun to document the role of prayer in healing. This unprecedented report concludes that religion and spirituality can play a powerful role in the prevention and treatment of substance abuse and in the maintenance of sobriety (p. ii).

To the Christian such findings are welcome but not surprising. Regardless of what occurs in life, the understanding that Jesus Christ obliterates the addicted person's deep unhappiness and wants her to enjoy the Father's love and the fellowship and cures of the Holy Spirit is edifying and consoling. The reason that so many people benefit from practicing their faith and find it health-promoting is simply because a right spiritual and religious orientation is part of what God intended for us. It is intrinsically hygienic, so it makes sense that Christian practice rolls back chemical dependency issues.

The core of Christian addiction healing is God's grace, and Christian community is a powerful social instrument of providing safe harbor to addicted persons and their loved ones. The Church will not demand extreme fees or turn someone away because they have no insurance. The Church will not humiliate addicted people by telling them to seek pre-approval for God's medicine. The Church will not tell addicted persons that they must pay for coverage before God will meet them in their addictions. Nor will the Church despair that even the most pathologically advanced addictions are beyond the competence or concern of God's curative reach. Christian community institutionally models Christ the Good Shepherd and helps addicted people recover from chemical dependency via multifaceted vehicles of grace: teaching, scripture, sacraments, liturgy, fellowship, worship—all are curative and potential addiction arrestors in and of themselves.

Describing what he wanted the Episcopal Church to be in this regard, The Very Reverend Ewing, the Dean of General Theological Seminary (2009) wrote:

> The Church can be an ideal means of pastoral care leading to healing and wholeness for the addict and his or her family. As funding for professional counseling and treatment decreases; it becomes increasingly important for those suffering from addiction, as well as their families, to find other means for understanding, direction, motivation, and support [in the Church].

The Church can be an ideal place to recover from chemical dependency issues—and some people do use the Church as a primary place to keep themselves safe from the dangers of substance abuse. As a (now) sober Anglican explained to me during a conference:

> I have always believed in salvation through Jesus Christ and—although I understand and appreciate the disease model of alcoholism—I have always experienced my own rather copious alcohol consumption as the sin of intemperance. When I disgraced my wife and family during a drunken rampage at an annual parish formal, I was convinced by my Christian conscience that I was both a sinner and a drunken jerk. My Christian guilt was appropriate, though, and caused me to amend my life. I repented, made a sacramental confession, received absolution, and as part of my penance sought forgiveness from all parties I offended. As a further part of my penance I am under the priest's orders to refrain from alcohol consumption for the remainder of my mortal life. That's it. That's my "recovery

> program." I simply practice the faith once delivered to the saints according to church discipline.

For this particular substance user, the practice of the faith was enough to establish and apparently maintain sobriety. He went on to tell me that he had "more use for the Book of Common Prayer than the Big Book and more need of healing than healthcare." He found those things in his parish. Yet, while the Christian community and practice have so much promise as stand-alone means of mitigating substance abuse issues, it is obvious that addicted persons with remarkable problems will require extra Church interventions —and benefit from disease models of addiction. But let me emphasize that recovery power exists in Christianity in and of itself. Christian coach Gwen Griffith (2010) put it this way: "Addicted people begin to recover when they experience God's love for them; they stop anesthetizing their sense of shame as they experience the spiritual reality of God's deep care. Their experience of lovability leads to a desire to be formed by the love—to become what the love desires them to be. From this lovability experience follows abstinence from alcohol, drugs, or compulsive behaviors." Griffith finds that Christians in this process withstand cravings if mindful that through abstinence they partner with God's loving reformation of their inmost parts.

Or as the pastorally experienced Anglican Bishop David Moyer (2010) remarked on the role of the recovery-positive power of the Church and its offerings of priestly and sacramental ministry

> The Sacraments of the Church—especially those of the Eucharist, Holy Unction, and Reconciliation—convey objective grace upon the recipients. Those who are gripped by addictive behavior receive an infusion of divine grace for the healing process, when these Sacraments are administered.
>
> As a priest of the Church for thirty-years, I have seen many an addict moved to a new place by sacramental grace. A very powerful element in the sacramental encounter is rooted in its human dimension of love and concern, as the priest (in the Name of Christ) incarnates a sensorial or tactile ministry for the receiver as the consecrated elements of the Eucharist are eaten and drunk; when holy oil is put upon the forehead; and when the words for the absolution of sin are spoken personally to the penitent.
>
> The victims of addictions are offered saving remedies for healing and wholeness—remedies that help them to find freedom from fear, strengthen them in their recovery, and wonderfully witness to the "unfailing mercy" of God.

Conclusion

In the course of my research and consulting, I have become impressed by progress in the field of addiction recovery and the importance of combining the spiritual power and safety available through the Church with emergent developments. At the time of this writing, the challenge for the Church is to appreciate that God's grace genuinely works through secular treatment of addiction—and the Church must come to terms that God's healing grace now expresses itself though a vast array of theory and evidence-based interventions. Similarly the

treatment community must appreciate that the addicted Christian's faith is not a curious relic of an unscientific age but a baptism of healing that brings God's own supervening power into all aspects of care and sanctifies it. For the Christian who is addicted, rehab is part of resurrection, and Prozac a property of answered prayer. Both those who pray and those who provide must understand each other.

> ...if ever the sum were greater than the parts, it is in combining the power of God, religion and spirituality with the power of science and professional medicine to prevent and treat substance abuse and addiction. A better understanding by the clergy of the disease of alcohol and drug abuse and addiction among members of their congregations and a better appreciation by the medical profession, especially psychiatrists and psychologists, of the power of God, religion and spirituality to help patients with this disease hold enormous potential for prevention and treatment of substance abuse and addiction that can help millions of Americans and their families (Califano, 2001, p. i).

Califano's point is well taken: the Christian community and the recovery community have much to offer each other. A dialogue between Christian faith-centered professionals such as those in the Association of Christian Therapists and science/theory centered professionals in the larger treatment community will remain mutually illuminating and productive. Further, the Christian revelation offers therapists and theorists a way to think about treatment issues that subsumes the evidence-based in the ever-present brilliance of God's love and intelligence. Among the questions Christian healthcare professionals may wish to ask is the science-based question: How do I know this treatment actually works? And the faith-based question: How do I draw God's healing love through this treatment? For those of us who labor to provide treatment that is both best practice as well as good Christianity this dialogue extends throughout the professional life. Only God has firm answers, but each of us has a mandate to discern.

References

Ameisen, O. (2009). *The end of my addiction*. New York, NY: Sarah Crichton Books.

Barlow, D., and Durand, M. (2009). *Abnormal psychology: an integrative approach*. Belmont, CA: Wadsworth Centage Learning.

Califano, J. (2001). *So help me god; substance abuse, religion and spirituality*. The National Center on Addiction and Substance Abuse at Columbia University. Retrieved July 3, 2010 from http://www.casacolumbia.org/pplsearch.aspx.

Catechism of the catholic church. (1994) Ratzinger, J. [*Imprimi Potest*] New York, NY: Doubleday.

Dechanet, J. M. (1975). *Yoga and god: an invitation to Christian yoga*. St. Meinrad, IN: Abbey Press.

Enright, R., and Fitzgibbons, R. (2000). *Helping clients forgive*. Washington, D.C.: American Psychological Association.

Ewing, W. (2009). *Helping hands for the addicted: a renewed call to action*. Recovery Ministries of the Episcopal Church, Inc.

Griffith, G. (2010). Personal Communication. For scholarly or other correspondence Griffith's Christian coaching practice may be contacted at gwengriffith@yahoo.com.

Guilbert, C. (1977). *The book of common prayer*. New York, NY: The Church Hymnal Corporation.

Marlatt, G. A., Witkiewitz, K., Dillworth, T. M., Bowen, S. H., Parks, G. A., Macpherson, L. M., Lonczak, H. S., Larimer, M. E., Simpson, T., Blume, A. W., and Crutcher, R. (2004). *Vispassana meditation as a treatment for alcohol and drug use disorders*. In S. Hayes, V., Follette, M. Linehan (eds.), *Mindfulness and acceptance* (261-287). New York, NY: The Guilford Press.

McCall, T. (2007). *Yoga as medicine: the yogic prescription for health and healing*. New York, NY: Bantam Books.

Moyer, D. (2010). Personal Communication. For scholarly or other correspondence Bishop Moyer's office may be contacted through http://www.goodshepherdrosemont.org.

Myers, D. (2007). *Psychology*. Eighth edition. New York, NY: Worth Publishers.

Rigali, J. (2010). Mental health difficulties: the word became flesh. *The Catholic Standard & Times.* June 10, 2010, p. 5.

Sartorius, B. (2009). The collective symbolic life of nothingness in postmodern times. *Symbolic Life: A Journal of Archetype and Culture*. Spring, Vol. 82. pp. 171–83.

Schoen, D. (2009). *The war of the gods in addiction*. New Orleans, LA: Spring Journal Books.

Zeiders, C. (2004). *The clinical Christ: scientific and spiritual reflections on the transformative psychology called Christian holism*. Birdsboro, PA: Julian's House.

Charles Zeiders, Psy.D., is Clinical Director of Christian Counseling and Therapy Associates of the Main Line and Medical Staff Psychologist in the Department of Psychiatry at Bryn Mawr Hospital. A Postdoctoral Fellow of the University of Pennsylvania's Center for Cognitive Therapy, Dr. Zeiders is *emeritus* Chair of the Therapist Group of the Association of Christian Therapists. Author of The *Clinical Christ: Scientific and Spiritual Reflections on the Transformative Psychology called Christian Holism*. Dr Zeiders is among the few Ivy League-trained clinicians who unify CBT, Analytical Psychology, and Integrative Mental Health.

Appendix I

A statement from David Godfrey-Thomas, Chief Executive of the GARNET Recovery Group.

> My experience has been that the trauma of addiction and its confrontation are directly responsible for all that has subsequently become beautiful and meaningful in life. From the joy of friendship, the illuminating sharing of the experience of being human over many conversations with Charles, to the discovery of the agape chi* of (albeit flawed attempts at) unconditional love; all for me is attributable to this often stigmatized disease.
>
> It has been responsible for my coming to believe that in surrendering ourselves, our wants, our ambitions and even our dreams, we also surrender our fears. In doing so we make ourselves open to Joy which exceeds anything we could ask for ourselves, limited as we are by our own imaginations and self image.
>
> It is a continuation of this path that led to the founding of the Global Addiction Recovery Network (GARNET) to support the knowledge, free and independent from any religious bias or belief,** that all human beings have the capacity for transformation and that transformation is most successful when people find their personal path, establishing the reachable goal of a joyful and meaningful life as engaged, mindful and healthy individuals.
>
> *Radiant love which people sometimes experience powerfully in recovery.
> ** GARNET's vision is explicitly nonsectarian.

Appendix II

THE GARNET CLINICAL MODEL
From Addiction to Joy

Elizabeth Holt, M.S., ATR-BC, LPC , Managing Director, Clinical Programs
Lisa Frederickson, Managing Director Family Programs and Continuing Care
Charles Zeiders, Psy.D., Clinical Strategist

David Godfrey-Thomas, Chief Executive
U.S. +1 215 496 0206
dgt@incoamericas.com

I. GARNET Philosophy

GARNET treatment protocols incorporate understanding of addiction informed by science, medicine, outcomes measurement and experience from around the world. Core scientific foundations include recent brain research and study findings by the [American] National Institutes of Health (NIH) and the World Health Organization (WHO) that show addiction to be a complex but treatable disease that affects brain function and behavior. This research provides the visual evidence of clinical diagnoses showing drugs of abuse [alcohol and prescription/illegal drugs] alter the brain's structure and function. These brain changes affect the very areas of the brain a person needs in order to "think straight," process emotions, and act responsibly, and explain, in part, why treatment and recovery can be challenging and why relapses can occur. *GARNET takes on addiction as a brain disease*.

GARNET further understands the confrontation and acknowledgement of addiction by a person to be a traumatic event and regards therapy advised by trauma and post-trauma stress management to be important in understanding, treating, and managing the disease of addiction. *GARNET aggressively treats addiction as trauma.*

Recognizing addiction as a chronic relapsing brain disease infuses every aspect of GARNET's treatment programming, as does the recognition that addiction is "caused by" a combination of risk factors, including genetics, childhood trauma, early use, social environment, mental illness, and preceding substance abuse. As such, GARNET provides multifaceted, internationally integrated treatment modalities targeted to the individual's varied needs—not just his or her substance abuse—and which assimilate the individual's national and cultural background and context. *Treatment is profoundly culture specific.*

GARNET recognizes that recovery must enable the individual to assume, sometimes for the first time, productive functioning in the family, workplace or classroom, and society. As such, GARNET follows its initial comprehensive, individualized treatment programs with long-term, personalized progression plans and assessments, and incorporates similarly grounded educational offerings for families, persons concerned about their substance use, and communities as a whole.

GARNET's experts understand addiction recovery in an international context with the inherent opportunities for program development in a cross-cultural and cross-disciplinary environment. GARNET's *Operating System for Global Recovery*™ transcends traditional techniques and incorporates and adapts trauma management, traditional 12-step methods, cognitive behavioral therapy, existing and new psychology practices, and lessons from

international treatment experience. Programs keep the focus on guiding patients toward transformative growth as an essential component of long-term recovery and establish lasting connection with joyful, fulfilled, societally productive living.

GARNET programs support the following essential principles

- The need for education and awareness of the psychology and physiology of substance addiction
- An understanding that all human beings have the capacity for transformation and that addiction recovery is most successful when patients find their personal path toward this growth
- The importance of addressing the trauma associated with confronting addiction and the development of long-term personal growth strategies.
- Active use of experiential learning modeling joy, fulfillment, and fully engaged, self-giving lifestyles.
- Establishing a reachable goal of a joyful and meaningful life as an engaged, mindful, and healthy individual.

Transformative growth transcends specific cultural or religious practices. Garnet does not endorse any dogma. GARNET does recognize and believe that transformative growth is a key indicator of addiction-recovery success. Leading patients toward this goal is a primary objective of GARNET programs.

II. GARNET Core Program Components

GARNET programs are regularly informed by and updated to include international scientific developments consistent with its core recovery principles. Further, programs are in every case acculturated to the local conditions to which patients will return and within which recovery will progress.

With this in mind Core Components of GARNET *OSGR 1.0* are as follows

- *12 Month Treatment period*: GARNET treatment programs are defined as "II"—Initial Intensive treatment" (28–90 days/typically inpatient) followed by "CI"—Continuing Initial care (balance of the first 12 months)
- *Intake and CI Integration*: liaison between intake assessments and CI treatment planning to assure an holistic understanding of the patient and the development of treatment plans that integrate Initial Intensive and Continuing Initial care and inform development of CI services such as continuing therapy and recovery activities, telephone counseling, recovery coaching, life-skills development, and alumni community support
- *Family Therapy*: early and continuing integration of the family in the treatment and recovery process to develop understanding, healing, and mutual support for recovery
- *Trauma Treatment*: incorporation of trauma treatment protocols acknowledging the traumatic nature of addiction
- *Transformative Growth*: emphasis on the importance of transformative growth in recovery and the development of tools to support the process
- *Experiential Learning:* learning of healthy and joyful living practices
- *Education:* disease awareness

- *Outcomes Measurement*: independent outcomes measurement to enable knowledgeable treatment assessment and improvement
- *Global Acculturation*: treatment protocols which are globally and culturally adaptable to treatment requirements anywhere in the world.

III. GARNET Core Program Outcomes:

- *Abstinence*: recognition of addiction as a chronic relapsing brain disease and understanding of the importance of remaining substance-free in order to allow brain recovery and avoid life-diminishing, substance-abuse induced behaviors
- *Commitment*: mutual commitment to an ongoing therapeutic alliance for one year
- *Emotional Health*: recognition that healthy processing of feelings and emotions was interrupted by substance abuse and that engaging in individual or group counseling and behavioral therapies such as 12-step programs, psychoeducation groups, peer-to-peer counseling programs, as well as engagement and life-skills practices, will be central to enjoying a healthy, joyful, and fulfilling life and engendering the opportunity and developing the tools necessary for transformative personal growth
- *Healing*: recognition that substance abuse has interrupted crucial family and community bonds and that a commitment to ongoing therapy, dialogue, healing, and re-engagement will be necessary to establishing authentic sustainable relationships
- *Life Skills*: recognition that substance abuse has interrupted interpersonal relationships and the normal functioning of life skills and that the continuing development of life skills and appreciation for life through, as appropriate, experiential learning opportunities, financial planning, creative arts modalities, spiritual, meditation or meditative practices will be necessary to sustained growth in recovery
- *Engagement*: recognition that substance abuse has interrupted advancement in work or school and other social interactions and that involvement in vocational, community, volunteer, educational, and interpersonal opportunities will be necessary to regaining confidence and engaging in life and enabling personal growth
- *Physical Health*: recognition of the brain research showing the positive impacts of exercise and nutrition on brain health and that understanding and following basic nutrition guidelines and engaging in regular exercise can have profound impacts on brain recovery and ongoing brain health
- *Confidence*: that a GARNET-trained professional or volunteer will be there every step of the way to assist with lifelong recovery

IV. GARNET Clinical Procedures and Protocols

The following are the core treatment procedures and protocols supported by GARNET to meet the GARNET treatment philosophy, guide design of treatment plans, and engender the targeted outcomes. In every case, GARNET will provide guidance to local clinical staff and, as necessary, training. All treatment protocols are subject to acculturation to meet the needs of local treatment and community and cultural contexts.

Intake Assessment and Outcomes Centre

The GARNET IAOC is designed to

- assess the person's medical and psychological condition and ascertain the level of treatment appropriate
- gather information which will enable accurate measurement of the person's treatment plan
- provide the context in which the person's Continuing Initial care is planned
- coordinate implementation of the person's continuing initial care

GARNET will provide, or work with partner treatment centers to provide, a 24-hour a day, seven-day a week telephone response to treatment enquiries staffed by trained, knowledgeable, and empathetic staff who will

- answer person's questions and discuss their goals
- discuss and obtain initial personal information (see outcomes data worksheets and also for information below)
- obtain information regarding person's medical history and condition
- conduct initial psycho-social evaluation
- coordinate and schedule in-person medical and psycho-social evaluation if necessary
- coordinate and schedule medical detoxification if necessary
- coordinate with Centre clinical staff and on-site admissions personnel
- coordinate persons admission to treatment and travel arrangements
- manage outcomes measurement data, process and outcome coordination with center
- coordinate, implement, and supervise the Continuing Initial care program

Final Intake, Assessment and Outcomes Data procedures is conducted at the treatment center by onsite center staff who monitor treatment with the clinical staff throughout the treatment period and who provide liaison with IAO centre for coordination of the Continuing Initial care.

Initial Intensive Treatment

GARNET treatment protocols are focused to support four core pillars of treatment and recovery in the Initial Intensive care period. These treatment pillars guide the Continuing Initial care treatment plan which follows Intensive care treatment.

The treatment pillars are:

1. Education, Understanding, and Acknowledgement—*what is the disease and what are its implications?*

   Supported procedures include:

   - Psychology and physiology of substance addiction
   - Recovery and the brain
   - Addiction as a brain disease
   - Understanding of co-morbid conditions
   - Emotional and physiological realities of addiction
   - Stress and stress management
   - Emotional and affect regulation
   - Understanding of relapse
   - Stages of change
   - Mindfulness techniques
   - Recovery models
   - 12-step program education or cultural equivalents
   - nutrition education.

2. Disease Management and Relapse Prevention—*how to live with it*

   Supported procedures include:

   - Individual therapy (Cognitive Behavioral therapy, Client Centered, Trauma focused treatment/resilience training)
   - Dynamically oriented group therapy
   - Trauma therapy (CBT and experiential therapies, e.g., Psychodrama, Art, Movement, EMDR, IFS) and management
   - Stress management and coping strategies
   - DBT (dialectic behavioral therapy when possible)
   - Milieu therapy
   - Motivational Interviewing practices
   - Relapse risk identification and prevention tools
   - Exercise and wellness
   - Good nutrition practices
   - Mindfulness and Meditative practices such as
     - Mindfulness practices
     - yoga
     - meditation
     - Qui Gong
     - Tai Chi
   - Art, music, and movement therapy.

3. Family and Relationships—*understanding and rebuilding personal relationships and family integration in treatment*

   Supported procedures include:

   - Family systems approach
   - Dynamically oriented group therapy
   - Family and relationship education
   - Experiential therapies
   - Family and relationship counseling
     - Integration of family members into treatment
     - Healing and compassion
     - Communication
     - Boundaries
     - Co-dependency
     - Family continuing care
   - Relapse risk identification and prevention tools
   - Community service and volunteerism
   - Wellness practices: nutrition, exercise
   - Mindful and Meditative practices.

4. Recovery and Transformative Growth—*the good news*

   Supported procedures include:

   - Individual therapy
   - Dynamically oriented group therapy

- Resilience training and coping strategies
- Wellness practices integrated into programs
    - Personal training and exercise for multi-dimensional fitness (e.g., aerobic, balance, core strength, endurance) and programmed to be fun and functional
    - Good nutrition practices
    - Mindful practices
        - Activities involving altruism, community awareness, volunteerism
        - Group experiential activities e.g., ropes and initiatives
        - equine therapy
        - hiking, kayaking, etc., as available
- Introduction to Neurospirituality (as appropriate) and meditative practices
        - yoga
        - meditation
        - mindfulness
        - Qui Gong/Tai Chi.

GARNET guidelines emphasize use of experiential techniques wherever possible and the use of treatment in an integrative (mind, body, and spirit) context.

Continuing Initial Care

After completing the period of Initial Intensive care patients in GARNET/Partner programs transition to Continuing Initial care coordinated through the GARNET/Partner IAOC. This period of care is through one year from initial intake date.

GARNET supported treatment procedures during Continuing Initial care are as follows:

- Weekly case management
- Medical supervision with addiction-care specialty
- Continuing disease education
- Trauma and post-traumatic stress management
- Continuing group and individual therapy
- Meditative practices
- Family and relationships counseling
- Alumni support
- 12-step programs or cultural equivalents
- Recovery coaching
- Community service and volunteerism
- Life-skills training
- Financial planning
- Legal assistance
- Vocational and job training
- Entrepreneurialism/micro lending programs
- Exercise programs and team sports
- Nutrition management
- Music and arts
- Use monitoring as appropriate.

V. Treatment Plan Design and Implementation Process

This document is a guide for Clinical Directors as to the treatment philosophy and supported protocols in GARNET and GARNET-partnered facilities. In each case, GARNET works with local facilities to create individually designed treatment plans in accordance with the mutually agreed protocols, patient population, and local cultural and community requirements. GARNET programs are regularly updated to include worldwide developments in treatment. Once operational agreement is reached between GARNET and the GARNET partner facility, procedures for clinical implementation are as follows:

- Introduction of GARNET and PARTNER clinical staff
- Review of guideline philosophy and clinical protocols
- Agreement of protocols to govern local treatment
- Acculturation of protocols to local cultural and community requirements
- Drafting and agreement of local treatment program and schedules
- Assessment of local clinical and supporting staff necessary to program implementation
- Approval and hiring of staff
- Staff training as necessary
- Periodic—as agreed—training follow-up and phased-program integration.

GARNET commits to provide seamless integration of globally derived, locally acculturated treatment protocols anywhere in the world

The Core Value
The End Point
The Measure of Success
Is the Recovering Person's Journey
Into
Joy