

# Urgent Care: Substance Abuse



CONGREGATION & VISITORS



URGENT CARE:  
**Substance Abuse**

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# Leader's Guide

*How to use "Urgent Care: Substance Abuse" by BUILDING CHURCH*

## *LEADERS*

Welcome to BUILDING CHURCH LEADERS: Urgent Care. You've purchased an innovative resource that will help equip you and your leaders to minister in the crisis situations that often leave us speechless.

Urgent Care handouts give a succinct and practical overview of the issues relevant in your situation. All of the authors are familiar with ministry to those in the grip of substance abuse and their families, and a certified counselor has reviewed all of this material. We hope you use the articles here for their hands-on advice, theological guidance, and careful warnings.

These tools are specifically designed for easy and quick use by church leaders in crisis situations. If you have an urgent need, select the article most relevant to the demands you face and follow the article's guidance. If time is on your side, use these handouts to launch a discussion and training for leaders in your church.

## Select and Copy

This specific theme is designed to help equip pastors and leaders who need to minister to friends, family, and members of the congregation who are affected by substance abuse. Simply print and photocopy the handouts and distribute them as needed. (You do not need to ask for permission provided you are making fewer than 1,000 copies, are using the material in a church or educational setting, and are not charging for it.)

The following articles cover a variety of topics. For example, to learn basic facts about drug and alcohol addiction, read "A Sober Look at Substance Abuse." For advice on how to conduct an intervention, learn from "Confronting the Addict." Help begin and sustain addiction recovery groups in your church with "Nine Ways to Support Your Support Group." For an overview of action steps and important concerns that need to be remembered, see "Quick Guide for Action."

## Pray

Ask God to equip your church to minister sensitively and with great hope—even in the darkest situations.

Need more material, or something on a specific topic? See our website at [www.BuildingChurchLeaders.com](http://www.BuildingChurchLeaders.com).

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# **A Quick Guide For Action**

## *Key points for caregiving ministry*

Urgent care situations often require an immediate response from church leaders. This overview outlines major steps you should take in addressing substance abuse. These steps are explored in greater depth and detail in the remainder of this packet.

### **Immediate Concerns**

1. Obtain immediate emergency medical aid if any indication of a drug overdose or an alcoholic coma is evident.
2. People high on drugs or drunk on alcohol can be violent and dangerous. Do not attempt to restrain them unless heroic efforts are called for.
3. You cannot reason with someone under the influence of drugs or alcohol.

### **Keep in Mind**

1. The most humane treatment is to expose the addict fully to the personal and family pain he is causing.
2. The addict cannot quit no matter how strong his will. Until he realizes he is helpless, he will resolutely pursue dead ends.
3. Addiction affects a family system. The whole family needs help.

### **What to Say**

1. Provide love, encouragement, and support without sheltering the addict from the consequences of his or her actions.
2. Urge the person to go to Alcoholics Anonymous or other support group meetings.
3. Help loved ones arrange for an intervention led by competent and experienced professionals.

### **What Not to Say**

1. Do not use guilt, especially with Christian addicts. Guilt without release can push a person toward suicide.
2. Do not become an enabler. Let your friend bear the consequences of his actions.
3. Do not expect an alcoholic to quit by will power. An addict is powerless over the addiction. God must intervene.
4. Do not be too hard on yourself if your efforts seem wasted.

### **Plan Ahead**

1. Prepare a supply of literature to help educate everyone involved about the realities of drug and alcohol addiction.
2. Have ready a list of inpatient treatment programs, support groups, and professional counselors for referral.
3. Reach out to family members affected by an addict. Help the family deal with the guilt and shame that often accompanies a loved one's addiction.

# Anatomy of a Fall

*Substance abuse is a subtle sin that can trap unlikely victims.*

*Matthew 7:13–14*

by James D. Berkley

Gordon Weekley was a pastor who, by all indications, appeared destined to preside as a prince of the church. He was born into a godly home in Atlanta, the heart of the Bible Belt. His home church, First Baptist, was pastored by a statesman of the denomination who later became Gordon's seminary president, "and he had a great influence on me," Gordon once said.

Gordon enjoyed vibrant ministry in a growing church in Charlotte, North Carolina. A dedicated worker, immersing himself in a day's work came easily. Maybe too easily. It became nearly a day-and-night obsession.

As the church grew, even with the addition of staff, Gordon kept his frantic pace. "I saw everybody at least once or twice while they were in the hospital. And in the beginning I could, because the congregation was tiny. But I didn't make the transition to a more sensible approach when the church grew to an unwieldy size," Gordon admitted.

Yet, even with the killing pace, Gordon loved his ministry. It was all he had ever hoped it would be. His church was growing. Its influence was spreading throughout the Charlotte area. People inside and outside the community were taking notice. Lives were being touched. Obviously, God was blessing the work.

Gordon enjoyed a warm friendship with a physician in his congregation. One day mentioned to his friend, "Frank, I've got some signs of jitteriness I shouldn't have, and I'm not sleeping well. You know of anything I can do for it?"

Frank thought for a minute and replied, "There's a new drug out, and it's not habit-forming. I think it might be the very thing for you." He wrote out a prescription.

Gordon tried the new pill that evening and found it did seem to calm him and make him drowsy. But there was an unexpected side effect: a sense of euphoria. Gordon had to admit, he liked it. And the sleep was gratefully received into his fast-paced life.

The next day he awoke more refreshed than he had in weeks. He dove into his work with renewed energy and delight. He was pleased to be able to get more done. So pleased, in fact, that he took the pill that next night. It, too, calmed him and produced that euphoric boost. Soon the pill at bedtime became a regular practice.

As the days went by, the evening pill seemed to be doing less and less. The nervousness was surfacing again, and Gordon tossed and turned one night just like before. But not only was the calm passing, that nightly warm sense of joy was diminishing. *If one pill makes me feel good, one and a half will make me feel even better*, Gordon thought. So he increased his dosage ever so little, and again basked in that encompassing sense of euphoria. That mistake proved his undoing.

Gordon claimed it wasn't the pressure of ministry that caused his problems. He was having such a good time that he wasn't even sure there were pressures. He was an accomplished pastor beloved by his growing congregation. Maybe there were pressures, but they were the good kind, the ones resulting from growth and prosperity.

And there were always the pills at the end of the evening to smooth the rough edges and make him feel good. The wonders of medical science!

Frank was a good buddy, and because he was so close to Gordon, he didn't pay that much attention to Gordon's increasing requests for prescription refills. Had Gordon been a stranger, those requests for greater dosages would have sounded an alarm. But Frank trusted Gordon, thinking it only *seemed* a short time ago that he approved the last refill. Gordon learned to play the situation well, and no one knew his problem.

Gordon waltzed this dangerous dance for about six years until Frank's office nurse came to Frank in alarm: "Doctor, don't you think we're authorizing too many of these medications for Reverend Weekley from all these pharmacies?" She produced a record of Gordon's prescriptions from multiple pharmacies.

"*All these pharmacies?*" Frank looked stricken. "Let me see that chart!" He had not been watching Gordon's record. Why should he? If you can't trust your pastor, who can you trust? He'd only wanted to help Gordon, but Gordon, in his continuing need for larger doses, had spread his prescriptions across pharmacies throughout the county.

As soon as Frank examined Gordon's charts, he called him. "Gordon, why didn't you tell me—you're going all over the county to fill those prescriptions! That's how addicts behave. I'm cutting off these prescriptions immediately." With that, Frank shut the valve.

So Gordon sought other sources. He was a cagey user. Never did he have to resort to street sales. A distinguished, urbane man, Gordon conned dozens of doctors into writing him a prescription. At one point, Gordon had a string of physicians and pharmacies running from Charlotte to Richmond.

With all his ploys, still Gordon was strangely ignorant of his own danger. "I stayed with the church some time after my problem began, and eventually everyone but me knew something was wrong," said Gordon. "The addict is always the last one to know. Like all addicts, I labored under two handicaps: delusion and compulsion."

In the pulpit Gordon's demeanor became hyper—talking too fast, facial muscles twitching, awkward gestures, and slurred speech. His wife noticed. She would say, "Have you looked in the mirror recently?" and Gordon would respond, "Of course. I look at myself every day." But he couldn't see what others saw.

What others saw wasn't good. From a healthy weight of 180 pounds, Gordon dropped to 126. One woman in the congregation told him outright, "You look like walking death!" But Gordon couldn't understand. The amphetamines made him *feel* healthy and energetic.

Finally, one morning Gordon looked into the bathroom mirror. He remembered: "I can't tell you why the image had escaped me for so long, but that morning I saw a gaunt, emaciated, ashen-skinned man staring back at me, and I was frightened." He spent the next couple of hours in frantic, bewildered self-recrimination, and then sat down and penned his resignation from church ministry.

But Gordon's addiction didn't end. He spent the next six years of his life wandering in and out of hospitals and treatment facilities. He lost his marriage and alienated himself from his children.

Years later, Gordon recovered as suddenly as the downward spiral had been gradual. He was holing up in the facility he now directs, the rescue mission where he occasionally preached as a pastor for the "poor, drunken bums," and he cried out one night: "God, either fix me up or take me away!"

He meant it. And God did it. The next morning when Gordon woke up, he headed for the medicine cabinet for the pick-me-up pill he always popped. But for the first time in 11 years, Gordon realized he didn't want one.

It was nothing short of a miracle. There is simply no other explanation for it. Gordon has since been told that the quantities of medication he was taking should have left him completely incapacitated, if not killed him outright, yet he was healthy. He should have experienced terrible seizures as he came down from his dependency, yet it never happened.

Gordon's story may seem almost too pat: a pastor's mistake tumbles him into dramatic circumstances, he lives through a nightmare, and he recovers from it following a desperate prayer. But Gordon's experience illustrates several points.

- First, no one—not even a person close to the ministry, escapes mistakes. Failure grabs the spiritual along with the unspiritual.
- Second, serious mistakes may begin with small, seemingly innocent decisions. Who would have thought a “harmless” prescription would eventually cost Gordon nearly everything?
- Third, Gordon, like many of us, displayed the natural tendency to downplay the danger and ignore warning signs. This mistake on top of his original mistake compounded the mess.

Mistakes do come in all guises, from garden-variety goofs to mortal sins. One thing we can learn as we confront them is to take them seriously, and to take God's healing power seriously, too.

*—James D. Berkley, a former pastor, is the director of Presbyterian Action.*

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# A Sober Look at Substance Abuse

*Alcohol and drugs take a devastating toll on families, communities, and churches.*

*2 Peter 2:19*

by James D. Berkley

One of my earliest memories of comedy involved an aging vaudevillian named Mr. Pastry. While music played, Mr. Pastry acted out a group of men drinking, dancing, and cavorting until they passed out. Our family laughed and laughed at this act.

But looking at it now with life (and pastoral) experience, drunkenness isn't very funny. Countless individuals are devastated, careers ruined, families split, children abused or neglected, potentials unreached, and hearts broken. The church can help pick up the pieces.

Here are some of the lessons I've learned in reaching out to addicts:

## A Place of Help for Alcoholics

Group meetings are indispensable for people who are trying to confront their alcoholism. Groups, such as Alcoholics Anonymous, often provide the one lifeline to sobriety. Rare indeed is the alcoholic who can overcome her addiction without it. Often the best thing a church leader can do is to get an alcoholic to attend Alcoholics Anonymous meetings.

They don't want to go. The typical excuses are threefold:

1. *I don't like the people there.* That usually translates: I'm too good for that crowd. They're nothing but alcoholic losers.

It's true that there are some strange characters, but AA groups also contain judges, bankers, merchants, and churchgoers. Often there are several groups to choose from. Suggest that the alcoholic go to at least six meetings before deciding to drop a group. By that time, he should find the value greater than the discomfort.

2. *They smoke too much, and the language is crass.* It's true that heavy smoking and coarse language do characterize many Alcoholics Anonymous meetings. The people there are working on the one most important problem in their life: addiction to alcohol. The other niceties come later.

There are nonsmoking groups available, though, or people can find the best spot in the room to avoid smoke. Some groups cater specifically to Christians. But apart from that, the question remains: If you were on the Titanic, would you wait for a nonsmoking lifeboat with cultured people?

3. *I don't have time.* Few people relish the addition of another meeting (or several) every week. But all people have time to do what is truly important, and AA meetings aren't only important; they're essential.

## The Twelve Steps

Alcoholics Anonymous is built around the 12 Steps. They can be found in AA literature, and any member ought to be able to recite them. Here they are, as stated by a person looking back over his AA experience:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God *as we understood him*.
4. We made a searching and fearless moral inventory of ourselves.

5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory, and when we were wrong, promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God *as we understood him*, praying only for knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The steps are written purposely in vaguely religious language. The power of the twelve steps is God at work. However, in order to involve many people from a wide variety of beliefs, the language of the steps and the tone of the meetings remain nonsectarian.

In print, the steps don't look all that powerful. But backed up with the tough love of fellow AA members, those 12 steps have revolutionized lives. It works.

Alcoholics Anonymous reminds its members that no matter how long they've gone without alcohol, they are still alcoholics. That's why the introduction at every meeting: "I'm so-and-so, and I'm an alcoholic." They know they cannot consume alcohol in any amount. They are only one drink away from addiction for the rest of their lives. Many continue to attend AA regularly throughout their lifetime. Even after long sobriety, they need the group, and the group needs them.

## **Spouses of Alcoholics**

With all the difficulties of an alcoholic spouse, I sometimes wonder what holds such a marriage together. The answer is probably threefold: intermittent reinforcement, reciprocal roles, and, the best, *agape* love.

Alcoholics, like anyone, have their good sides. When sober, they can be charming, loyal, loving, highly competent, humorous, caring, chivalrous. These sober times dominate the relationship in the beginning. And even well into alcoholism, sober periods may predominate or at least punctuate the marriage, sometimes for extended periods. Psychologists call this *intermittent reinforcement*, and behavior that has been shaped by intermittent reinforcement is the hardest to extinguish. Even when the down times get more frequent and harder to take, the memory of the up times keeps alive the behavior of loving the spouse. And, who knows, maybe this time he really *will* stay sober.

*Reciprocal roles* means that both the alcoholic and the enabler gain something from the arrangement. A husband who wants to dominate his wife can do so when she remains helplessly drunk. A wife with a need to rescue can continually mother her alcoholic husband and take care of him. People with poor self-images sometimes feel that they don't deserve a "whole" spouse, so they settle for a spouse fractured by alcoholism.

*Agape* love is realistic and long-suffering. It loves in order to give worth to the beloved, not because of the beloved's worth. This kind of love can keep a marriage going long after most would give up on it. It is a tough love that is willing to do whatever is necessary to bring about the best results for the spouse. That sometimes means believing in the spouse who cannot believe in himself. It often means bearing great hurt and coming back for more—on realistic, helpful terms. *Agape* love works to love the alcoholic through and *beyond* the alcoholism.

Sometimes love means leaving a spouse. It may be to prove dramatically the gravity of the alcohol addiction, or it may be because of the welfare of the sober spouse and children. Whether that leaving means separation or divorce is something each spouse and each pastor have to consider.

In any case, the spouse will need the understanding and support of a congregation. Spouses in many ways need the same kind of Christian warmth and understanding they would require if the alcoholic were lost to death. They have to learn how to grieve the loss, at least temporarily, of a loved one.

Besides counsel and warm support, the best thing a church can do for the spouse of an alcoholic is to connect him or her with a support group, such as Al-Anon. These people have been through or are going through what this spouse is experiencing.

### **Children of Alcoholics**

There are four ways children defend against the troubles of a parent's alcoholism:

- *The family hero.* Some kids try to pick up every ball an alcoholic parent drops. They compulsively try to fix everything in the family and eventually become frantic when more things fall apart than they can handle. These children often do well in school and appear to be model kids. Unfortunately, they pay a price by being unable to let up.
- *The placater-servant.* This child takes responsibility for everything. Well attuned to the slightest hurt or disagreement, this child steps in to try to smooth feelings. Self-esteem is gained by how much this child gives of himself or herself. Sometimes this one becomes the family clown in an attempt to ease tension.
- *The adjuster.* This child vanishes into the woodwork. He figures if he can just stay out of trouble's way, things will be okay. He makes no waves, casts no shadow. He's the one no one remembers at class reunions, and enters life ill prepared for responsibilities. Emotional detachment and apathy helped him through a difficult family life but sabotage his chances as an adult.
- *The rebellious child.* She acts out her problems to get attention, for even negative attention is better than no attention. This child is prone to abuse drugs and alcohol and enters adulthood on the way to trouble—if not squarely enmeshed in it.

These children need help, and lots of it. By helping them obtain help, a caring congregation can see that these children don't fall through the cracks of society.

### **Drug Abuse**

Much of what has preceded can apply to drug abuse. The substance differs, and some medical implications vary, but the result is the same: addiction to a substance that promises relief and offers only progressive pain.

One time a pastor named Ben got a call from a young woman named Jackie. Her boyfriend, Andy, had been an elder in the church. Andy was in his late thirties, divorced, the father of a couple of young kids. He was a top-notch businessman on the fast track to wealth and success. Jackie had bad news: "Andy is on cocaine. I know I don't go to your church, but Andy does, and he thinks a lot of you and Ginny [Ben's wife]. I need you to help me help Andy."

As they talked, the idea of an intervention came up, but Ben realized he had no experience in that sort of thing. Jackie was willing to give it a try, so she and Ben and Ginny went to a nearby hospital to get information. There they got the training they needed to attempt an intervention with Andy. They scheduled a nice dinner at Jackie's house. After dinner, Ben, his wife Ginny, Jackie, and Andy's 12-year-old daughter all urged Andy to get help. Andy wavered, but he wouldn't yield. He was determined "to do it on my own," but agreed to see a counselor Ben recommended.

Ben had heard that after the dinner confrontation, Andy had told a friend how angry he was at his pastor and his wife. Ben had worried about risking the relationship, but he decided it was worth it to save Andy. What good would the relationship be if Andy were lost?

"I didn't want to be judgmental," says Ben, "but the time does come to not pull your punches. That's why I came across so tough with him. Those were things he needed to know—in the context of my regard for him. And I didn't carry the load myself. I gathered others around me. Problems of addiction are too taxing to try to carry alone. I'm thankful for a church that stands with me in times of crisis."

*—James D. Berkley, a former pastor, is the director of Presbyterian Action.*

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# Even Good Women Get Hooked

*Substance abuse is a reality for women in your church, but so is hope for recovery.*

*Romans 7:24–25*

by Sharon Hersh

An article on Christian women and addiction may disturb a congregation denying the realities of the church. But there are women in the pews who are neither shocked nor amazed. They know about the desperate addictions seldom described, much less acknowledged, at church meetings.

Perhaps the most difficult part of the recovery process is admitting you're addicted, and facing it squarely:

- What does my behavior look like in its darkest moments?
- How much time does it steal?
- How far has it taken my heart from my family, friends, and God?

If your present behavior keeps you from a healthy relationship with God or others, it's time to admit it—and to seek help.

I don't believe the power of an addiction can be broken without the eyes and voices of others. Without a doubt, contacting a pastor, counselor, support group, or friend and whispering those life-changing words, "I need help," is the beginning of change.

## **Faith, Hope, and Love**

Because addiction falsely persuades that the past cannot be overcome, the present must be escaped, and the future can be postponed, breaking the bondage of addiction requires what the apostle Paul describes as the foundation for Christian living: faith, hope, and love (1 Cor. 13:13).

*View the past through the lens of faith.* As I faced some painful experiences in my past and recognized my determination to overcome a disappointing world with perfection and performance, I began to understand the roots of my own addiction. I began to understand the feelings I tried to numb with alcohol and the forgiveness available to me in the face of my sinful response.

*View the present in the light of God's love.* The more we're able to accept the unfailing reality of God's forgiveness and unconditional love, the more the allure of addiction lessens. Stemming out of God's unconditional love for us is his call to love others as we love ourselves (Rom. 13:9). And part of loving ourselves is paying attention to physical health. I encourage women recovering from an addiction to pay attention to proper nutrition and drink healthy amounts of water and juice. I can't over-emphasize the importance of physical exercise. Addiction works against the body's ability to produce and disperse endorphins (the body's natural chemicals that produce a feeling of well-being). Over time, regular exercise helps restore the process.

*View the future in a context of hope.* Many women caught in addiction are trying to experience a level of perfection and joy that can be found only in heaven. Understanding that these longings will be met only in eternity with God helps us wait with a fresh hope. Having confidence in this future hope frees us to dream and plan for our days on earth.

## **Take "AIM" at Addiction**

I recommend a three-part plan I call "AIM"—which I developed during my own struggle to break addiction—to help women increase hope. Eventually, these exercises become a natural part of our daily routine, replacing the deadening addictive behaviors with life-giving ones:

- *Art.* Reading good literature and poetry, listening to uplifting music, and looking at paintings or photographs are a few ways to begin to nurture yourself.
- *Imagination.* Arrange flowers, sew, prepare beautiful foods, learn how to sculpt, write poetry—the possibilities are endless. Creativity enables the heart to begin to hope again.
- *Memory.* I encourage women to journal daily about their unique path to freedom. Their struggles and victories become a memorial to God's faithfulness even in the midst of difficult days.

I remind the women I work with that Satan has a specific strategy for their destruction—and their addiction plays a key role. They must strategize. One woman I know plans her week in detail—including time for her counselor, her support group, and her friends. She sets aside time for AIM projects on her calendar, as well as prayer concerns and Scripture on which to meditate.

When you allow God to penetrate your heart, the bonds of addiction are broken and freedom is yours at last.

*—Sharon Hersh is a Christian counselor living with her husband and two children in Colorado.*

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# **“Hit by a Ton of Bricks”**

*How to minister to parents who are facing the addiction of a child*

*Proverbs 10:1*

by John Vawter

Slightly more than ten years ago, my wife and I received the dreadful news that drugs had invaded our family. One of our adult children was an addict. The pain was unbearably deep; the shock, paralyzing. I was pastoring a church in Minnesota at the time, and all I knew how to pray was, “God, can you help us?”

A decade later, life looks much better. Our child is sober and has a good career. But the addiction changed our family’s direction and the direction of ministry that my wife and I pursue.

Out of our pain, my wife and I started hosting conferences for pastors and Christian workers whose kids were abusing alcohol and other drugs. This ministry has continued and expanded to help Christian parents in general. These interactions have provided us a rare line-of-sight into how churches are handling drug abuse among Christian kids.

## **A Survey of the Situation**

Drug and alcohol abuse among children is more pervasive than many of us admit. Of the kids who will be in church this Sunday, the Barna Group has found that 22 percent say they have experimented with alcohol or drugs. Seventeen percent of pastors say they have a child who has abused or is abusing, but only one in four of those pastors are willing to seek help for the problem in their family. The stigma of addiction remains strong in the church.

If one of the kids in your church is facing addiction—maybe even a pastor’s kid—the following advice can help you build an effective ministry to the family and, through them, to the child.

## **How to Advise the Parents**

My initial advice to parents is this: Don’t try to handle the addiction yourself. Get to a drug counselor immediately. Addiction is a serious problem and relapse is easy. Specialists are the best way forward. Start with a professional evaluation, and then find a treatment facility. Christian treatment centers are always preferable, but they are not required, and most centers will draw on the same bank of wisdom.

Even after you locate a treatment center, don’t expect a quick fix. Addiction recovery is hard work, and God often chooses to work through the process of sobriety rather than offering a quick and dramatic healing. Consider another factor that works into the process of counseling kids: When a young person starts abusing drugs or alcohol, his or her emotional development is arrested. Since the average youth will abuse for five years before admitting a problem, we need to accept that it will take several years to recover the emotional development stolen by addiction.

All of this brings incredible pressure into the family. Research done at the University of Minnesota suggests that addiction brings more stress into a family than any other event. With that in mind, it is important that parents have the support they need. They should not feel that they have to share their struggles with everyone. In fact, they should tell only trusted friends who can keep confidence. But they do need someone to talk to.

It is also important to remind parents that their child’s experimentation with drugs or alcohol does not indicate their parenting is deficient. This is one of the biggest hurdles parents have to overcome, and it must be addressed. When adults think back to their own teenage years, they’ll remember that their illegal and foolish actions were not a

reflection of their parents. More than likely, they were a reflection of their own stupidity and sin.

Since addictions are connected to sin and foolishness, parents should avoid enabling their child's addiction. A young adult must deal firsthand with the consequences of a decision to drink or use drugs. When we enable an addiction by sheltering a child from the penalty of his or her actions, we deny our kids the privilege of facing the consequences.

Finally, parents need to remember that only healthy parents can help unhealthy kids.

"Self care" is necessary and important. It is not selfish; it's a way of affirming the value that God places on the parents independent of their children. Self care parallels another important action-step—caring for any other children in the family and giving them the time and attention they need.

### **What Pastors and Leaders Can Do**

Some of the best help for parents struggling with abusing kids will be found through other parents who know the struggles. Church leaders perform a significant ministry when they enlist the body of Christ to support each other in this way. After my wife and I found out about our child's addiction, other parents who knew our struggles were the most effective support we found. I don't know what we would have done without them.

But leaders can do more than build connections. Pastors can address addictions through a sermon series (on drugs and alcohol, as well as any other object that takes our focus off holy living), or they can encourage testimonies from people who are recovering from an addiction. It is very rare to find a congregation that acknowledges the unique struggles of kids.

While drawing attention to the battleground of addiction, church leaders, and pastors in particular, can also admit their limitations: very few of us are equipped to be drug counselors. Recovery is a very delicate specialty. Leaders need to focus on leadership, vision casting, discipleship, teaching, and preaching, and not try to become experts in a very specialized science.

### **When the Pastor's Family Struggles**

When my family found out about our child's addiction, I offered to resign. But my board responded, "We would not think of accepting your resignation. We want a pastor who understands the realities of life." I will always be grateful for their perspective and affirmation.

Of course, we must be aware of Paul's words about the qualifications for Christian leaders, but we must also give God the space to work. Too many boards turn on their pastors in their time of deepest need; they forget that it was the children who made sinful choices, not the pastor. Pastors and their families require strong support when they face the challenges of an abusing child. It is a special opportunity for a body to reach out and minister to a senior leader.

### **Loving the Addict, But Trusting God**

As anyone knows who has walked this road before, parents of addicts have real, deeply felt needs. But their needs do not require them to give up their relationship with God. In fact, suffering through a child's addiction can lead parents on a difficult journey toward greater faith as they trust God with the life of their child. After all, he is the one

who loves that child more than anyone else—including the young addict's parents—and he is the only one who can bring peace into an otherwise tortuous situation.

*—John Vawter, a former pastor and seminary president, directs  
You're Not Alone, a ministry for parents whose kids are abusing.  
His ministry's website, [www.notalone.org](http://www.notalone.org), gets 100,000 unique visits  
per year.*

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## **Sidebar: Action steps for helping parents**

by Gary Preston

*Three pastors (Kimball Hodge, Jim Smoke, and John Vawter) and a pastor's spouse (Norma Bourland) share insights gleaned from dealing with the drug abuse of their own children. Use these insights to help guide parents in your church.*

### **Why the beginning of this problem isn't always evident to a parent:**

- You don't want to believe it. You think of every other possibility, until the phone rings and it's the police.
- You think it can't happen if your kids are involved in church activities, but young addicts can live a double life.
- Young addicts will do anything to be able to use, even if it's getting straight A's or excelling in sports.

### **What parents can expect to feel:**

- Frustration—You may not be able to get a grip on the problem.
- Anger—Because of your inability to control the situation.
- Weariness—The problem can seem to go on and on.
- Disillusionment—You may feel abandoned by God and unable to pray.
- Sadness—It feels as if your family is falling apart.
- Fear—The consequences to the child you love are dreadful.

### **How to keep a child's drug use from harming the parents' well being:**

- Tell the child that his or her drug use will not ruin your marriage or your lives.
- Realize that your happiness is your own responsibility.
- Acknowledge that the choices the child makes are his or her own.
- Understand that you will need to remain vigilant about the child's activities.
- Expect conflicting emotions. You may want to hug your child and throttle him at the same time.

**Maintaining relationships with children on drugs:**

- Insist and enforce that your home and property are drug-free zones.
- Draw boundaries of love. If the child is still using, acknowledge your displeasure, but also offer to help them when they ask for it.
- Accept that the battle with drugs and alcohol is the child's, not yours.
- Accept that you can't fix the child, but you can love her.
- Letting go means submitting to the way things are and depending on God.

**How a child's addiction affects marriage:**

- It can aggravate differences of opinion about discipline. Both parents must be firm and unified.
- It can increase frustration levels. Find healthy ways to release this pressure.
- The pain of the addiction can cause a husband and wife to lash out at one another, as if the other is the enemy.

**How a child's addiction can affect relationships with other people:**

- Some friends will criticize your approach to the child's addiction. Look for people who will help and support you.

**What to say to those who have recently discovered their child uses drugs:**

- Circle your wagon with caring people. You need a support system.
- Find people who can talk to your child.
- Find the programs that really work and recommend them to the child. Programs work when people work programs. You can't just commiserate and pray about the problem.
- Never give up on what God can do.

*—At the time of this writing, Gary Preston was pastor of  
Bethany Church in Boulder, Colorado*

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# Confronting the Addict

*Understand and practice the process of persuading substance abusers to get help.*

*2 Samuel 12*

by James D. Berkley

The crisis of substance abuse often is that the abuser does not or will not seek help. How does a church drive an addict into the arms of rescue?

## A Guided Confrontation

One of the most successful—and also problematic—ways to stir an alcoholic into seeking help is the guided confrontation or intervention. In an intervention, a small number of significant people in the addict's life (spouse, children, employer, physician, best friend) lovingly but firmly confront the addict with specific, undeniable evidence of his substance abuse and how it has hurt others.

When it works properly, a brief breach is knocked in the addict's defenses, and for a moment he sees the destruction his substance abuse has caused. At that crucial point, the idea is to get the addict to admit himself immediately into a thirty-day residential or outpatient treatment program, or to commit to attending ninety Alcoholics Anonymous or other recovery group meetings in as many days. One of these three options—inpatient treatment, outpatient care, or a megadose of group meetings, in descending order of effectiveness—is the desired outcome of an intervention.

A guided confrontation is not something to be entered into lightly or without significant preparation. If it fails, the addict can be harmed, and it isn't unknown for an angry addict to threaten or pursue violence against the interveners. Therefore skilled professional help in the intervention is mandatory. Such qualified counselors can often be located through a local drug and alcohol council or by checking with Alcoholics Anonymous and Narcotics Anonymous. Some medical societies have a local "Impaired Physicians Committee" to help doctors with chemical dependencies, and they can recommend a physician with experience in interventions. The Johnson Institute ([www.johnsoninstitute.org](http://www.johnsoninstitute.org)) pioneered this tactic and can give information about finding help. To repeat, don't try to do an intervention without preparation and training.

## Prepare to Intervene

What does an intervention look like? Anderson Spickard, a physician and co-author with Barbara Thompson of *Dying for a Drink* (Thomas Nelson, 2005), suggests in that book four preparatory steps:

1. *Intercessory prayer.* People cannot rescue an addict, but God can. Prayers of surrender and intercession are mandatory.
2. *Education.* Those involved need to understand substance abuse. Misinformation and ignorance heighten the chance for a botched intervention.
3. *A support group.* Al-Anon is one example of a support group for family members of substance abusers. At meetings spouses and children find support, understanding, and the strength to make the hard choices to quit enabling the addict.
4. *The end of enablement.* The family and other enablers need to let the substance abuser experience the consequences of his addiction. Says Spickard: "As long as he can drink *and* lead a reasonably normal life, he will drink. If suddenly he finds himself paying his own fines, cleaning up after himself when he is sick, making his own explanations to his boss, facing bankruptcy, and, if necessary, serving a jail sentence, then he begins to comprehend an important message."

## **The Intervention**

At the intervention, each of the members lovingly and dispassionately tells the addict about specific, documented results of his behavior: a party ruined, a child disgraced in front of friends, the car being wrecked, creditors demanding bills be paid, the time he broke the furniture in the basement. Two key participants are the family physician and the addict's boss—the physician to document present and expected medical complications, and the boss to warn of indisputable employment ramifications. For an active church member, the pastor can be key. These people make the problem public.

A rehearsal should be held. Running through the scenario allows those emotionally involved to surface anger or sorrow and deal with it before the intervention. It also allows for tight scripting and timing. The intervention must be well planned.

A reservation for a treatment facility ought to be arranged for that day or the following one. Employment plans should be arranged for a leave of absence. All impediments to leaving immediately for the treatment need to be anticipated and taken care of. The idea is to capitalize on the vulnerable moment.

## **The Results**

Some interventions only partially work. The addict softens but won't go into a program. Often an adamant promise to quit by himself is the most an addict will give. In that case, interveners seek a written and signed promise that at the first sign of drug or alcohol use, the person will then commit himself to a care program.

If the intervention fails, it can be tried again. Time and negative circumstances may push the addict across the line next time. If not, the family probably has been brought together by the intervention process, and they have the satisfaction of at least trying to hinder the course of their loved one's abuse.

*—James D. Berkley, a former pastor, is the director of Presbyterian Action.*

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# The Basics of Substance Abuse Counseling

*Churches can offer biblical solutions to help bring people to health and sobriety.*

*Psalm 103:2–5*

by Edward T. Welch

Many churches have determined to reach substance abusers and offer biblical approaches to this difficult problem. In light of sin's ability to produce feelings of powerlessness, compelling solutions are essential. This means that rather than offering sophisticated new techniques, church leaders must offer a meaningful and true model of biblical change.

## Detection First

Detection, the first step in counseling, may be quite difficult because most substance abusers have a long history of secretive use. Usually friends or family will detect physical signs of substance abuse or the more obvious behaviors that result. The warning signs include weight loss, poor health, nasal problems, and unexplained changes in work and relationships.

The intervention of pastor-counselors will likely begin after the counsel of friends and family is ignored and addict is persisting in his habits. Yet, the pastor-counselor's job is not merely to "catch" substance abusers. Instead, the fundamental task of the pastor-counselor is to speak the truth in love and to provide an environment in which abusers can feel safe enough to speak honestly of their inner pain.

## Counseling for Change

When counseling begins, our ultimate goal is to point ex-substance abusers to Jesus. It has been said that guilt is alcohol-soluble. It may be so, but forgiveness of sins is a cornerstone for biblical change (2 Pet. 1:8–9), and a growing love of Jesus is the motive.

Here are methods to use in counseling:

- *Develop a truth-telling environment.* Substance abuse is typically accompanied by secrecy and lies. We need to show counselees the biblical importance of speaking the truth and create an atmosphere that invites honesty in counseling sessions.
- *Nurture a hatred of abuse.* A problem with substance abuse, as with other sin, is that it is attractive, it satisfies certain desires. Counselees need to see their abuse more accurately using new eyes. In order to nurture a hatred of abuse (Prov. 8:13), some people have benefited from writing a journal about the bad consequences of their habit.
- *Prepare counselees for temptation.* A biblical approach does not guarantee the cessation of desire for drugs and alcohol (see James 1:14–15). In fact, the Bible indicates an ongoing battle should be expected. So temptation should not mean hopelessness. It simply means a phone call to a friend may be necessary. If a recovering person slips back into abuse, we need to help him or her learn from the incident, know forgiveness, and continue with the process.
- *Break the network of old association.* Naturally, we'll want to help counselees avoid associations with drugs and alcohol and other substance abusers (Prov. 23:19–20).
- *Repair damaged relationships.* Counselees must seek peace with those they have sinned against because of the abuse. This requires asking forgiveness and perhaps making restitution in practical ways. Counselees also need to

learn godly skills in living, especially in areas such as resolving conflict and handling anger or depression.

- *Develop a group of partners.* Since recovering addicts need strict accountability and consistent encouragement, once-a-week counseling sessions aren't enough. The spiritual-growth needs of recovering abusers are the same as those of everyone in the church. The best encouragers will be reliable friends in the church who see themselves primarily as fellow strugglers rather than experts. Alcoholics Anonymous or Narcotics Anonymous are also good sources of support.

### **Hospitalization or Not?**

When substance abuse is confessed or exposed, some counselors immediately ask abusers to admit themselves to a rehabilitation facility. The advantage of such a decision is that the abuser will be accountable and sober during this time. Also, if there are concerns about the trauma of withdrawal, the abuser will benefit by being in a medical facility.

The disadvantages of such an immediate, live-in solution include the financial expense and the lack of evidence that in-patient programs actually do contribute to long-term abstinence. Thus, hospitalization may be helpful, but we shouldn't consider it mandatory.

When we proceed without hospitalizing the counselee, we need to find a way to verify ongoing abstinence. For example, some families volunteer to administer weekly drug tests.

*—Edward T. Welch is the director of the School of Biblical Counseling at the Christian Counseling and Educational Foundation.*

Adapted from *Leadership Handbooks of Practical Theology: Outreach & Care* (Baker Books 1994).  
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# Understanding Recovery

*It isn't easy or quick, but church leaders can support addicts as they journey toward sobriety.*

A BuildingChurchLeaders.com interview

Drug and alcohol addictions are seldom conquered—even controlled—on the first attempt. This poses a pastoral-care dilemma: What does care look like when you're dealing with a long-term process? What about the addict's family—how can pastors minister to the people who have to watch these struggles play out in front of them?

BuildingChurchLeaders.com asked four people who know both addiction and recovery to share their thoughts on the best ways to understand and support recovery.

## **BuildingChurchLeaders.com: What is one commonly held misconception about addiction?**

**Jim Smoke:** Many leaders in the church look upon addiction as only a spiritual problem. They feel it can only be resolved from that perspective, but addictions are multifaceted.

**John Vawter:** Far too many Christians expect that addicts can be instantaneously healed. I have no doubt that God can and does heal some people and remove their desire to use drugs or alcohol (in fact, I know some people who have had this experience). But the vast majority of recovering addicts are not healed in a moment; they have to live by faith one day at a time.

**George Staub:** That's true. We have to avoid the misconception that addictions are curable. In fact, addictions are chronic and progressive. There are no ex-addicts, but rather recovering addicts.

**Jerry Law:** We also have to fight the erroneous belief that when a believer self-identifies as an addict, he or she demonstrates a lack of faith in the efficacy of redemption and justification. The implication is that to self-identify as an addict, as advocated by many 12-step programs, displays a lack of faith in the work of the Holy Spirit and the power of God's Word.

Addiction involves not only the spiritual, but also the biological, psychological, and social aspects of life. Overcoming addiction requires attention to all four areas.

## **BCL: Churches can rarely meet the needs in all four areas. What are some practical ways that leaders can support the programs that help addicts overcome their disease?**

**Law:** You can start by letting the suffering individuals in your congregation know that they have an advocate in you. Let them know that while you do not support any sinful behaviors they may have that feed addiction, you will support recovery and help them find it.

**Vawter:** The best thing church leaders can do is to be aware of Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, and groups like them. Then, encourage addicts to attend those meetings. The people there will have told all the lies and done all the deception. They won't be fooled.

**Smoke:** One word of warning: Don't recommend if you don't know! Refer addicts to programs you know and people you trust.

### **BCL: Does that mean you don't refer to non-Christian programs?**

**Vawter:** Chemical addiction is the only area I know where people say, “I need a Christian group.” By contrast, people do not look for a Christian “cancer survivors” group. My experience is that God can use truth, experience, and wisdom—even if they are not told in Christian terms. And, if someone says, “Higher Power,” I can easily and quickly translate that into Jesus Christ. I do not limit my advice for people to find a Christian support group—although I think that is best.

**Law:** You need to be aware that, while you may never accept all the tenets of organizations like AA and NA, you can accept and support recovery. I recommend that pastors attend at least a dozen AA, NA, or CR meetings. Yes, there will be rough language and stories, and there will be preposterous theology, but go anyway. Hear the stories of men and women whose lives have been transformed, be refreshed by the rigorous honesty of these meetings.

**Vawter:** In the book *Dying for a Drink*, Dr. Anderson Spickard says that he has seen a lot of people come to faith in Jesus Christ because of AA but has never seen anyone lose faith because of AA.

### **BCL: What can leaders do besides supporting addicts as they attend formal recovery programs?**

**Vawter:** AA says the most frequent time of relapse is 9–14 months after getting sober. People relapse because they now face all the problems and stresses they avoided while using. Those times, and others when responsibility weighs heavily, are especially important moments for church leaders to encourage the recovering addict, as well as to make sure that he or she keeps attending recovery meetings.

**Smoke:** Prayer, conversation, and encouragement are valuable actions that you can take to minister to addicts. It's also important to develop and encourage perseverance—some recovery programs will not work, and you will have to explore other options.

**Law:** Working with an addict requires extraordinary patience. Be prepared to be delighted and aggravated, to experience peaks and valleys. Remember to pray, and take seriously the admonition to put on the full armor of God. Ministering to addicts, we're combating a deadly disorder with spiritual, psychological, social, and biological components. Those who work with the formal programs need church leaders in the battle, but be prepared.

### **BCL: What advice would you give to church leaders ministering to addicts?**

**Law:** There's an old joke in the addiction treatment field. The joke says: “When do you know an addict is lying?” The answer: “When his lips are moving!”

As coarse as this sounds, it's true. Addicts lie in spite of their best intentions. It is a sickening and unfortunate symptom of the disorder. The pastor or church leader who chooses to work with addicts must come to terms with this. It is not personal. It is about the addiction.

While taking everything the active addict says with a grain—or shovel—of salt, the pastor must also recognize the cry for help the addict presents. The addict does not need condemnation. They are already condemning themselves in ways non-addicts would never consider.

**Staub:** Leaders can do themselves a favor by building a few convictions into their ministry to addicts. First, they are not the only line of help, and there are invaluable

resources available to addicts through recovery programs, especially spiritually based ones. But, and as a second point, pastors and leaders can have a big impact by coming alongside recovery programs, perhaps even enlisting a Celebrate Recovery program at their church, or by making their facilities available to host quality, spiritually-based support programs. Finally, pastors can educate themselves and others about the symptoms, perils, and help available for addicts.

### **BCL: What about the families that are affected? How can the church minister to them?**

**Law:** One of the most profound lies addicts tell themselves is that they are not hurting anyone else. In truth, parents, spouses, children, siblings, and others are damaged emotionally, physically, and spiritually by addictions in the lives of those they love.

The damage done to family members by the addiction of their loved one is nearly incalculable. Of particular concern are the children of addicts, many of whom grow up to be addicts themselves despite repeated statements that they will never be like their parent. Adult Children of Alcoholics is a recognized support group that assists adults who are struggling with the ongoing trauma of having been raised in a dysfunctional household. These adults often need specialized counseling and support.

**Vawter:** If the addict is a child, parents will almost always wonder *What did I do wrong?* It is helpful for them to learn—and believe—that they did not cause the addiction, they cannot control it, and they cannot cure it. It is also important that they avoid blaming each other for the child's addictions, and that they don't overlook the other kids at home, which can easily create resentment.

**Smoke:** Addiction can easily divide families, many of whom live in denial that there is a problem in their family. Church leaders perform a significant ministry simply by encouraging the family and not allowing them to feel like second-class Christians.

*—John Vawter, a former pastor and seminary president, directs You're Not Alone, a ministry for parents whose kids are abusing drugs or alcohol. He also has a daily radio show on 216 stations.*

*—Jerry Law is certified as a drug, alcohol, and addictions counselor, a Christian counselor, and an interventionist. He practices near Phoenix, Arizona.*

*—George Staub has served men and women with addictions for 28 years. He is the former CEO and clinical director of Calvary Center located in Phoenix, Arizona.*

*—Jim Smoke is a speaker, author, and life coach. He currently is pastor with senior adults and prayer ministries at Southwest Community Church in Indian Wells, California*

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# How to Drug-Proof Your Church's Kids

*Church leaders must be ready to take an active role in prevention and treatment.*

*3 John 4*

by Stephen Arterburn

Pastors and church leaders who invest even a small portion of their time in rescuing kids from drugs have a major impact, not only on these youth, but on their community as well.

## **Stopping It Before It Starts**

Prevention involves educating adults and teaching them to educate their children. It also means reminding adults about the power of modeling. Even the best facts or the finest example need to be coupled with techniques that motivate kids to consider the consequences of certain behaviors.

For the adolescent, the big question is “Who is in control here?” The teenager always wants to be, but I’ve found the right to be in control must be earned through the display of responsible behavior. The more responsible the behavior, the more freedom should be granted youth. The more irresponsible the behavior, the greater imposition of restrictions.

I encourage parents to allow their kids to drive. However, parents should make one big exception to this freedom: if the teenager is caught doing drugs or drinking, his or her driver’s license will be destroyed, and the right to reapply for one will not be granted for one year.

## **Care Means Confrontation**

In working with the family, prayer, encouragement, and understanding go a long way. However, with a teenager who won’t admit a drug problem, the helping style must be different, for both counselor and parents. The best help they can offer is organizing a formal confrontation.

If a leader isn’t trained to lead a confrontation, he or she can learn what one is and what makes one effective. In that way leaders can work wisely with a counselor who is so trained.

When confronted, most kids are grateful. Many say they had hoped their parents would do something to stop the addiction process. Some even tell of setting themselves up to get caught. They knew it had to stop, but they didn’t know how.

## **The Vital Last Step**

Without treatment, confrontation accomplishes nothing. The leader must persuade parents to seek it, even demand it, for themselves and their child.

Churches will want to consider carefully the treatment center to which they refer young people. There are plenty of Christ-centered programs, in fact. But before leaders refer anywhere, I encourage them to visit the place and ask the staff how they work with kids and families.

In addition, leaders can encourage parents, brothers, and sisters to be involved in the treatment program. If the whole family is involved, there is a greater chance of full recovery. And if a church leader is willing to participate in the program as well, the chances are greater still. From the leader's perspective, there is an added benefit of involvement at this stage: his or her own understanding of how to shepherd the family will grow immeasurably.

*—Stephen Arterburn is an author, counselor, and chairman of New Life Ministries.*

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# Nine Ways to Support Your Support Groups

*Help your church's substance abusers with effective small groups.*

*2 Corinthians 1:3-7*

by Randy Christian

More and more churches are offering addiction recovery groups. Many churches, however, hesitate to start such a group because they simply feel unqualified. Yet the process isn't as intimidating as it sounds. Here, for example, are the steps our church takes in forming support groups.

## Identify an Appropriate Need

I wouldn't start a support group simply because someone decided the church should have one. Groups need to meet legitimate, existing, and usually felt needs. Look at community demographics or take a congregational survey.

## Select the Right Leader

Since a support group isn't a therapy group, the leader need not be a professional. However, he or she must be qualified. Because support group participants are particularly vulnerable and must be protected, the potential leader ought to possess several qualities:

- *Personal maturity.* I look for both emotional and spiritual maturity.
- *Leadership potential.* This includes the abilities to listen, guide discussions, present accurate information, and handle the unexpected.
- *Personal credibility.* To be credible, a leader need not experience the group's unifying problem. While that experience may be preferred, it's more important that the leader be believable. At a minimum, leaders need to understand the problem and the scriptural insights that speak to it. They must also have a realistic picture of what can happen in the lives of the group members.
- *Love.* As relationships develop, group members know who really cares.
- *Accountability.* Many churches (including ours) require weekly supervision of group leaders, as well as written reports of the group sessions.

## Develop a Core Group

In most cases, our church develops a support group only when a number of our members with a valid need will form the core. When a core group is in place, others will be more likely to join. Normally, a core group consists of four to six church members, although sometimes two churches can combine members to form a group. The ways to form a core group are varied. Some churches place an announcement in the bulletin. Other churches seek people who fit the qualifications. Still others rely on referrals from members.

## Determine the Appropriate Structure

Although there are a variety of valid formats for support groups, several ingredients are vital to every group. These include icebreakers and fellowship time, opportunities to share feelings and experiences, discussion of issues relating to the group subject, education, and prayer.

### **Train All Leaders**

It's not necessary to put all leaders through the same training, but a basic training program—particularly for lay leaders—is important. Ingredients in such a program include knowledge of the subject matter, knowledge of group dynamics, group leadership skills, referral skills, crisis intervention skills, and briefing on accountability procedures.

### **Hold an Organizational Meeting**

Holding such a meeting settles ahead of time the issues of meeting length, frequency, focus, and format. It acts as an icebreaker, allows all group members to start with the same information, and clarifies existing needs. Also, if a large number of nonchurch people are expected (or desired), it might be wise to choose a neutral setting for the meeting, such as someone's home, a school, or a restaurant conference room.

### **Clarify Safety Rules**

At the organizational meeting, clarify group rules designed to insure safety. For example, nearly every group will want a virtually ironclad confidentiality rule. The exception: if maintaining confidentiality would endanger someone. Other rules include giving people freedom to speak or not speak in group meetings, limiting dating relationships between group members, and requiring an entry conference to insure group members are appropriate to the group.

### **Distribute a Variety of Publicity**

Our publicity for support groups generally employs brochures, news releases, and public-service announcements. Brochures provide the most information and can be printed in quantity and distributed broadly. As much as possible, publicity should feature prominently the church name. The more that people outside the church see the church's name in connection with support groups, the more credibility the church will have.

### **Continue Oversight**

A minister or another qualified person can supervise the leaders either individually or in groups to give them feedback, guidance, and support. When I provide oversight, I'm reminded of how group members find comfort and strength. I also see how leaders themselves benefit. Some of them have experienced enormous pain and suffering yet find they are comforted when they comfort those in their group. Not only have they grown through their own pain, they also can see God using their pain to help others.

*—Randy Christian is senior minister of North Orange Christian Church in Orange, California.*

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# Walking in Wisdom

*The way to live a substance abuse-free life is to be filled with the Holy Spirit.*

*Ephesians 5:15–21*

by Coy Wylie

People who are battling to recover from substance abuse need to hear the truth about the danger of their behavior, but the message must not stop there. Preachers can play a role in enhancing recovery by presenting a vision of what a life of Christian sobriety can look like. This sermon is a good example of how to speak to that new life. Consider using it to teach an entire congregation on the topic of substance abuse and recovery, or adapt it for use as a Bible study.

## I. Introduction

1. *The learning value of wrong decisions.* A young man of 32 was appointed president of a bank. The young man approaches the venerable chairman of the board, who advises that the best way to get the experience he needs is by making wrong decisions.
2. *We all need wisdom without making wrong decisions.* It is better to take the Bible's advice and live in God's wisdom. This means living purposefully and being filled with the Holy Spirit.

## II. To walk in wisdom is to live purposefully.

1. *We must walk circumspectly.* Circumspectly means “carefully.” Being careful means being wise. To walk circumspectly or live carefully means paying attention to details. It means keeping your eyes open, looking where you are going. The opposite of walking carefully is to walk foolishly, not paying attention. Living carefully—circumspectly or wisely—is to pay attention to where your life is going.
2. *To live with a purpose is to redeem the time.* One of the reasons we need to walk carefully is because time is limited. We only have so much. A wise person uses time. A foolish person wastes it. We are to be “redeeming the time, because the days are evil.” Our enemy, Satan wants to steal our time. He wants us to be so caught up in temporary things of little significance that we will fail to maximize eternal things of supreme importance. The phrase “redeeming the time” can also be translated as buying back or buying up the time. In other words, we are to seize every opportunity to refute what is evil or to expose or reprove “works of darkness.”
3. *To live with a purpose is to understand the will of the Lord.* If we don't know God's will, we will squander our time and resources doing things that really don't matter. How can we understand what the will of the Lord is? If we are not daily learning from God's Word, we are not walking in wisdom; we are not seizing the time, because we don't understand his will.

## III. To walk in wisdom is to be filled with the Spirit.

1. *Being drunk or high is to be controlled by an outside substance.* Paul says, “Do not be drunk with wine, in which is dissipation” or excess. It is never “the will of the Lord” for a believer to be drunk with alcohol. In the same sense, he should never be high on drugs. Why? Because to be drunk or high is to be controlled by an outside substance. Why do people drink alcohol, smoke pot, or use other drugs? Some want to escape the problems of today. Some want to forget the pain of the past. Some want to find a sense of joy. Some want to feel better. Some want to be accepted. Though they may find temporary relief in alcohol or drugs, they

also lose physical and mental control. It is “dissipation,” which is a word that referred to someone who was incurably sick. It means self-destruction.

2. *We have a better alternative to substance abuse: Jesus.* Christians can take their problems to Jesus. Jesus removes the guilt and pain of the past. Jesus gives lasting joy. Jesus makes us feel better. In Jesus we have total acceptance and unconditional love. In short, Jesus removes any reason for substance abuse! Rather than being drunk, we are to be filled with the Spirit. Instead of being under the influence of alcohol, we should be under the influence of the Spirit of God.
3. *Being filled with the Spirit is wise.* Being “filled with the Spirit” does not mean being drunk with the Spirit. Alcohol is a depressant. The Spirit is a stimulant. To be drunk is to be out of control. Self-control is a fruit of the Spirit. When we were saved, we were indwelt and sealed by the Holy Spirit. He convicts us, teaches us, leads us, intercedes for us and reveals God to us. If you are born again, you have all of the Holy Spirit you will ever need! To be “filled with the Spirit” is something completely different. It is a command in the English language, but a much stronger injunction in the Greek New Testament. It literally reads, “You *must* be continuously filled by the Spirit.”
4. *Being filled with the Spirit is to relinquish more to him in prayer.* Being filled is not asking for more of the Spirit, but relinquishing more of yourself to him. When I sense I am empty and need again to be filled with the power and presence of the Spirit, I pray a prayer of surrender like this: “Lord, I’m empty. I feel spiritually powerless. I confess I’ve been operating in my strength, not yours, doing my will, not yours. I surrender myself to you and ask the Holy Spirit to fill me up, that I may think the thoughts you want me to think, say the words you want me to speak, and do the things you want me to do. I surrender afresh to you.”

#### **IV. Paul gives three marks of someone who is “filled with the Spirit.”**

1. *The Spirit-filled believer loves worship.* When we are Spirit filled, there won’t just be a song of praise in our heart, but we will also be speaking or singing “to one another.” When we get together, we will sing songs of praise to God and songs of encouragement for each other. Spirit-filled people overflow with song. I want to encourage our congregation to write songs of praise and encouragement. Even if you are not musical, you can write lyrics. I want us to sing songs birthed in our own spiritual experiences.
2. *The Spirit-filled believer gives thanks.* Singing is an *inward* mark of the filling of the Spirit. Giving thanks for all things is an *upward* mark of the filling of the Spirit. The Spirit-filled believer is not a grumbler. He doesn’t complain about what he doesn’t have or what he wishes he had. He thanks God for the gifts he has received. We don’t deserve anything. Everything we have comes from God.
3. *The Spirit-filled believer submits to others.* Singing is an *inward* mark of the filling of the Spirit, gratitude is an *upward* mark, and “submitting to one another” is an *outward* mark. Submitting to one another means that we put the needs of others first. It means we seek to serve others, not ourselves. Jesus is our model. Even though he had everything, he held back nothing.

## **V. Conclusion**

1. *Wisdom is not found only in wrong decisions and experience.* Remember the young bank president? He was searching for wisdom and was told it could only be found in wrong decisions and experience. I don't know about you but I've experienced too many wrong decisions.
2. *Now is the time for right decisions.* I want to redeem the time I have left to do the will of the Lord by being filled with the Holy Spirit. That's a right decision. That's a wise decision. God will honor it.

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## Further Exploration

*Books and resources to equip you to respond to substance abuse:*



**BuildingChurchLeaders.com.** Leadership training resources from Christianity Today.

- “Giving Help to the Hurting” Assessment Pack
- “Counseling Church Members” Practical Ministry Skills
- “Launching a Lay Counseling Ministry” Practical Ministry Skills
- “Confidentiality” Training Theme and PowerPoint
- “Shepherding Others” Training Theme and PowerPoint
- “Spiritual Care” Training Theme and PowerPoint



**LeadershipJournal.net.** This website offers practical advice and articles for church leaders.



**NotAlone.org.** This website offers resources for friends and family facing the pain of a loved one’s addiction.



**Addiction and Grace: Love and Spirituality in the Healing of Addictions** by *Gerald May*. Presents an understanding of addiction as a process of attachment and offers ways to break those attachments. (HarperSanFrancisco, 2007; ISBN 978-0061122439)



**Addictions Counseling: A Practical Guide to Counseling People with Chemical and Other Addictions** by *Dianne Doyle Pita*. A revised and updated guide for professional counselors and those who do the work of counselors, such as pastors and church staff. (Crossroad Publishing, 2004; ISBN 978-0824522629)



**Alcohol and Substance Abuse: A Handbook for Clergy and Congregations** by *Stephen P. Anthonp*. Helps pastors and churches respond to cries for help from members of their congregations. (Authors Choice Press, 2003; ISBN 978-0595265442)



**Alcoholics Anonymous Big Book.** This book is the classic guide to AA, its philosophy, and treatment methods. (Alcoholics Anonymous World Services Inc., 2002; ISBN 978-1893007178)



**Caring for Souls: Counseling Under the Authority of Scripture** by *Harry Shields and Gary J. Bredfeldt*. Provides practical tips for counseling as well as an understanding of the counseling under the authority of Scripture. (Moody, 2001; ISBN 978-0802437419)



**Counseling for Substance Abuse and Addiction** by *Stephen Van Cleave, Walter Byrd, and Kathy Revell*. A comprehensive biblical approach to substance abuse counseling. (W Publishing Group, 1995; ISBN 978-0849936135)



**Crisis Ministry: A Handbook** by *Daniel G. Bagby*. Provides thumbnail sketches of how the church can address a variety of crises, including substance abuse. (Smyth & Helwys Publishing, 2002; ISBN 978-1573123709)



**Hidden Addictions: A Pastoral Response to the Abuse of Legal Drugs** by *Bridget Clare McKeever*. Profiles responses to a hidden, but yet destructive form of drug addiction. (Haworth Pastoral Press, 1998; ISBN 978-0789002662)