

Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling



The Opioid Epidemic and Addictions

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity.

Caring Connections also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

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When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

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News, Announcements, Events: E-mail items to Judith Simonson at jsimonson@aol.com or Joel Hempel at Joel.Hempel@lcms.org

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Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact one of the co-editors, Diane Greve at dkgreve@gmail.com or Lee Joesten at lee.joesten@gmail.com. Specifically, we invite articles for the upcoming issue on the following theme:

2018 #4 “Mental Health Ministry”

Have you dealt with any of these issues? Please consider writing an article for us. We sincerely want to hear from you! And, as always, if you haven’t already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. Please visit www.lutheranservices.org/newsletters#cc and click on “Click here to subscribe to the *Caring Connections Journal*.” to receive automatic notification of new issues.

Editorial

Lee Joesten

EVERY DAY WE ARE REMINDED in one way or another that the United States has an opioid problem of epidemic proportions. None of our communities is immune to the devastating consequences of opioid abuse. Like most epidemics the causes are many and the solution is elusive and not singular in nature. Journalists write human interest stories, public health officials spew statistics, and law enforcement personnel risk their lives to try to stem the tide of this overwhelming problem. Politicians disagree on whether to treat the problem as a criminal justice issue or a public health menace. They seem impotent to agree on any meaningful solution to this admittedly national concern.

I encourage our readers to seek out two helpful resources. One is the book *Dream Land* by Sam Quinones. This book carefully details two powerful movements, one illegal and the other ostensibly legal, that have collided to help create the opioid epidemic in which we find ourselves. The other is **Addiction Policy Forum** at www.addictionpolicy.org. This website provides a wealth of information on root causes and signs and symptoms of addiction along with actions that individuals and communities can take to make a difference.

As our society struggles with what to do, individuals and families live with the nightmarish consequences of this devastating illness. Just as no community is immune, no segment of society is immune either. Addiction strikes wealthy suburbanites and urban poor, the highly educated and poorly educated, successful professionals (including church workers) and medium income blue collar workers.

Individuals caught in the cycle of addiction suffer physical, mental, spiritual and relational agony that defies description. Even though most realize the deadly potential consequences of continued use, efforts at recovery are all too often resisted. Even when recovery is initiated, remaining clean and sober proves unbearably difficult.

Family members too find themselves as captive to the addictive substance as the user him or herself. Even if families take a “tough love” approach and threaten eviction from the home if use continues, the thought of subjecting a loved one “to the streets” is unbearable. In their minds such an outcome can only lead to homelessness at best or jail, even death, at worst. Immobilized by fear and anger family members can feel like captives in their own homes.

Some medical professionals have developed a special expertise in treating substance abuse, but reimbursement for their services lag far behind what they can expect to receive for treating more “respectable” ailments. The same is true for healthcare facilities. There was a time when faith-based institutions and agencies saw treating addiction to alcohol or drugs as a special calling. For a host of reasons that calling is no longer as loud or strong as it once was.

Because of its currency and scope the *Caring Connections*' editorial board decided to devote this issue to the opioid epidemic. Determining what those involved in specialized ministry have to say about this far-reaching problem was challenging. Decades have passed since Rev. John Keller wrote his groundbreaking book *Ministering to Alcoholics*. That seminal work inspired a generation of chaplains, pastoral counselors and clinical training centers to specialize in addictions treatment. Enthusiasm for that ministry has seemed to wane in recent years.

However, there are people within the church, both professional and lay, who are trying to faithfully respond to this all-encompassing problem. They deliberately apply the good news of Jesus Christ's compassion, expressed in forgiveness and acceptance. Effectively confronting this societal scourge requires persistence, dedication and enduring confidence that a loving God is able to help us and do what we are unable to do on our own. Such is the hope instilled in us by our resurrected and living Lord. Addiction recovery clearly has a spiritual component which we must seize in order to succeed.

I am grateful to each of the following for contributing their experience and expertise to this issue of *Caring Connections*.

- **Brian Earl** gives us a close look at the complex interplay between the bio-psycho-social and spiritual aspects of addiction.
- **Jacquelin Lawson** contrasts her earlier ministry to grieving older adults in a long term care facility to her current work with young recovering addicts in an addictions treatment center.
- **Vince Stanley** writes about the opioid epidemic from his perspective as a jail chaplain.
- A member of Families Anonymous reminds us that family members of persons addicted to drugs and alcohol have as great a need for emotional and spiritual support as the addicted individuals.
- **Chris Cahill** writes about how the role clergy play in the recovery process differs from that of other professional counselors.
- **Ed Treat's** personal journey of recovery reminds us that professional church workers are not immune from the grip of addictive behavior. The flyer announcing the Addiction and Faith Conference in September in Bloomington, Minnesota is a companion piece to Ed's essay and is located at the end of this issue.

Pastoral Care in the Opioid Epidemic

Brian Earl, MDiv, BCC

MUCH TALK is occurring these days regarding the ‘Opioid Epidemic’ in the USA. What are we pastoral care providers to do about this problem?

Because substance abuse is common, pastoral care workers are likely to encounter people dealing with a variety of addictive substances, not just opioids. Therefore, for the majority of this article I will focus on pastoral care to substance abuse in general. Where fitting, I will interject specifics for opioid addiction.

The Complex Effects of Addiction

There still is a commonly held idea that addiction is primarily a problem of the will, willpower, or a moral issue of sin. While these components are involved, addiction is a multifaceted, complex, bio-psycho-social *and* spiritual malady. Understanding some of this complexity offers us an accurate picture of the struggle people dealing with addiction are undergoing. A more accurate picture will help us to better empathize with them in their actual suffering, rather than hold a false perception of their suffering. This allows us to better join them in their suffering, as Jesus joins us in ours.

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Biological and Psychological Effects of Addiction

First, I’ll discuss some of the biological effects of addiction, particularly on the brain. A quick and simplified overview of the brain can be helpful. We can think of the brain as having three parts: the brain stem/amygdala, the limbic system, and the prefrontal cortex. The amygdala deals with base motor function; the limbic system with learning, memory, emotions, and pleasure rewards; and the prefrontal cortex (PFC) with decision making, planning, logic and reasoning. ^[1, 2]

With that model of the brain in mind, I’ll cover three notable effects of drug use on the brain. Examples are taken from three chapters of The American Society of Addiction Medicine (ASAM) *Essentials of Addiction Medicine*.

One, during periods of active drug use or shortly after drug intake, the ability of natural rewards (such as playing games with friends) to activate the reward pathways in the brain is diminished [compared to the drug], and the individual experiences decreased motivation. Result: The drug feels better than anything else. Other pleasures are not as pleasing as they used to be. Motivation to do non-drug related activities lessens. These affects can viciously feed each other, further locking someone into addictive behavior.^[3]

Two, long lasting memories related to the drug experience are created. Even after months and years of abstinence, stressful events or exposure to the drug or drug-associated cues can trigger craving and perhaps relapse. These memories may never be removed from the brain. [3, 4]

Three, the PFC control over the reward-related brain regions is impaired. In other words, people do not think through drug seeking, drug use and consequences. Instead the drive for drug related pleasure and rewards leads them to use. They act impulsively and compulsively and have corrupted judgment with regard to their drug use. [3, 5]

Childress et al did a study and found that when drug users are shown pictures of drugs and drug paraphernalia, their brain activity is increased in the ventral pallidum, amygdala, and prefrontal cortex. This increased activity happens even when drug cues are shown below the threshold of conscious awareness. This suggests that long before people are consciously aware they want the drug, the limbic system of rewards is activated.[4]

It should be clear, even with these few examples, that addiction is more than simply poor or sinful choices. What once may have started as a choice can become a more complex problem. Will, thought, desire, memory, subconscious, the ability to feel certain pleasures are all negatively affected through prolonged drug use.[6] I often hear people say, “I don’t know what I was thinking”, or “I knew better”, or “When I saw [drug related something] the craving hit me.” People in recovery may say, “Nothing feels as good as the drug” as they walk through recovery to enter a new way of life. Paul’s reflections in Romans 7:7–25 on his own falling into some unnamed sin strikes a chord with some people dealing with addictions. “The good I know I ought to do, that I don’t do. The evil I know I ought not do. That I do. Who will save me from this body of death.” Indeed, where can we flee from our own bodies and brains?

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In addition, I think about Paul’s reflections on the depths that sin, death and decay have on all creation. (Romans 8:22–24). The moral and relational aspect of sin and death produce groaning along with the biological, neurological and psychological death, decay and brokenness. In this state, Jesus’ return and the resurrection from the dead and the life of the world to come is our ultimate hope. (Romans 8: 23–32)

Social Effects of Addiction

Along with the biological and psychological components, there are social components to addiction, namely stigma. There are many stigmas that people dealing with addiction must endure. Some are internal: “What’s wrong with me?” “I’m continuing to screw up, fail myself, my God, and my family.” Some stigma is from family: “I can

use that substance and stop without a problem. Why can't you?"; "Maybe you don't really want to stop."; "If you really tried you would recover."

Some stigma is from society. Insurance companies are less likely to reimburse medical treatment for addiction. Sometimes medical providers will treat people differently if they find out there is addiction. Once an addiction is known people may bear vigilant surveillance even after months or years of recovery: "Are they really sober and well?"; "When is the other shoe going to drop?"

The church can also stigmatize addicts. How would members in your congregation respond if someone openly admitted to having a drug problem? I have heard numerous people express their fears about rejection from their Christian community. They fear being told, "Just get over it," or "It's just a sin issue. You need to repent."

May the body of Christ, a group of sin-sick individuals gathered around the doctor, Jesus the Christ, never shame or turn someone away who is seeking help or healing from some particular sin we do not share. (Mark 2:15–17) Shame and stigma are potent parts of addiction that prevent people from seeking help and finding recovery. May they not receive more shame from us. Instead what they need is Christ-like grace, love, and acceptance.

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I wonder how we can transform our congregations into places of honesty, humility and healing from places where appearance, façade and masks portraying "Christian goodness" are the norm. Instead, what would it look like to become a shame-free zone where honesty, humility and hope in Christ are the norm communication?

I hope these above reflections give a clear picture of how complex drug addiction is and allow for greater empathy, compassion, grace and love. Empathy, compassion, grace and love are some of the most important elements for pastoral care. From this foundation of empathy and compassion, how shall we provide care?

Pastoral Framework for Addiction Care

Someone walks into my office and says, "I have a drug problem. I need help." What do I do? Before I address specifics, I have two general frameworks for pastoral care in addictions. Both frameworks provide insight and guidance for interventions.

1. Pastoral Care and Spirituality as a Way Out of Addiction into Recovery

The first framework is that faith and spirituality are a means to find recovery from addiction. Someone's faith, God Himself, and the faith community, can all provide support, resources, tools and care that will help someone find recovery. With this in mind, I engage them in conversation.

The first question in pastoral care is possibly most important: *What brings you in to see me today?* I have plenty of pastoral care, insight, presence, empathy, and assistance I can offer. However, what does the person in front of me want or need? Are they receiving medical treatment and attending support groups? If so, are they seeking grace and forgiveness that they can only find with Christ? Are they feeling confused, lost about their addiction, unsure of where to go? Have they hit bottom and are looking for hope? They will provide the most helpful information.

After knowing what they want and negotiating that, I am curious to know how they got into their drug addiction? Was it boredom, friends, curiosity or something else? Did a friend introduce them to heroin? Did they first receive opioids through a pain prescription post serious surgery? How long has their drug use been a problem? What kind of help have they already sought? How effective has that help been?

Next, I am curious to learn about the root of the drug abuse. Drug use and abuse is most always an attempt to solve a problem. The problem may be some unmet needs (think Maslow's hierarchy of needs) or some type of injury, struggle or distress. These unmet needs or struggles may be emotional, physical or spiritual. The bulk of my pastoral care is helping the person increase insight and awareness of these deeper emotional and spiritual needs and struggles that are underneath the drug use. Examples vary: sense of shame, fear, guilt, anxiety, stress, family conflict, conflict at work, and so on. The root issues of the addiction may have already emerged in conversation as the person shared their drug use history. A story I frequently hear is, "I didn't feel I belonged [in family, with friends, in society, or in this world]." Another is, "I didn't feel okay in my own skin until I used. Then, I felt okay." In these cases the underlying needs appear to be acceptance, belonging, self-value, self-worth and peace. The drug of choice was, for a time, helping them meet that need and deal with their distress.

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With opioids the story may be related to injury, surgery, or chronic pain. They may say, "I was prescribed some opioids. It started out fine, but as I continued to use it became a bigger and bigger problem." They may say, "It is the only way I have found to function in my day to day life." After using prescribed opioids for a while many go to harder stuff, like heroin. According to Health and Human Services, nearly 80% of heroin users started out using prescription opioids before moving onto heroin. [7] These persons appear to primarily use in order to cope with debilitating pain and to function in daily life.

Alongside increasing awareness, I explore with the person healthier alternatives to meeting those needs and dealing with that distress. In other words, I try to help persons lessen their negative coping strategies and increase their positive ones.

There are needs that I as a Christ-centered care giver can provide that others cannot or will not provide. In addition, there are stresses, injuries and struggles that I can care for that others cannot. For example, I can hear confession and offer forgiveness. Drug abuse often goes hand in hand with immoral behavior. Perhaps the drug abuse fuels the immoral behavior. Or perhaps the drug use is used to cover up the feelings of shame and guilt. It is also possible that drug use and shame turn into a vicious cycle. In all cases, the person in front of me could need to hear the healing word of Christ crucified and risen for the forgiveness of sins. There is also care that the local church alone can provide. Where else can we go for the Word and Sacrament?

I think Luther's explanation to the First Commandment is fitting here: whatever we fear, love, and trust above all things is our god. The law shows us how we fear, love, and trust things other than the true God. God's word shows us how God is worthy of fear, worthy of love and trustworthy above all things. Just as the addict strives to learn alternative ways of being, meeting needs, and dealing with distress, all Christians are in a constant process of surrendering up our false gods and clinging to the one true God. The good news of the Gospel tells us that even as we fall short of this righteous calling, Jesus came to us in our weak, sinful and rebellious state. Even then He loved us, died for us, and reconciled us with Himself and with God the Father. (Romans 5:8-12)

What if the person in front of me has needs that I cannot meet? What if I feel overwhelmed or out of my depth?

What if the person in front of me has needs that I cannot meet? What if I feel overwhelmed or out of my depth? In these cases I consider what supportive systems and resources are available to me? I may consult with colleagues, professionals or others in recovery. Are there 12 step groups nearby? What medical and psychological systems of care are available to the person? What other resources or supportive people and groups in the local body of Christ are available? I can either provide information about these resources or act as a liaison or bridge to them.

12 Step Groups as a Resource

A large available resources for those seeking recovery from addiction are 12 step groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). 12 Step groups, at their best, provide empathetic, gracious acceptance and social support. There is no celebrating or rationalizing the addictive behavior. From the position of shared problems and pain, there is help to find a common spiritual solution. The steps encourage a number of spiritual disciplines that have been taken directly from Christianity: humbly seeking God's will; confessing our faults to one another; asking God for help in daily repentance; striving to be more Godly in our thoughts, words and deeds in all areas of life; prayer and meditation; serving others and sharing with

others the goodness of God. The steps help increase awareness of deeper emotional and spiritual needs and the emotional and spiritual distress that are at the root of the addiction. The steps give people tools to meet those needs, and to cope with the distress that results from the drug of choice. Many people of Christian faith find both recovery in 12 step programs and help in following their Christian faith.^[8-10]

12 step groups are not without limitations. Most notably, in AA and NA 12 step groups there is no verbalized Gospel. There is no proclamation of Christ crucified and risen for the forgiveness of sins. Also, some may have concerns about syncretism or dilution of the Christian faith since there is discussion of God and other theological concepts.

Though there is no Gospel proclamation, AA and NA respect each participant's concept of God and spirituality. Members can and do define "higher power" as specifically as they choose.

Examples can be Jesus, Buddha, God, or the 12 Step group. This is what is meant by the phrase "God of our own understanding" or "God as we understood him." Members, however, cannot impose their definition or understanding of "Higher Power" onto others. In this regard participation in a community of Christian faith is a valuable complement to participation in 12 Step programs.

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Providers are encouraged to attend a local open 12 step meeting. Open meetings welcome anyone to attend. In contrast, closed meetings are only for those struggling with the specific addiction. In an open meeting one can usually find someone to ask specific questions about how someone with Christian faith can navigate the 12 steps and 12 step communities. Just as congregations differ in personality, strengths, weaknesses and maturity, so also do 12 step meetings. For this reason, providers are encouraged to attend open meetings to be aware of available local offerings.^[11, 12]

There are alternatives to 12 step groups. For example Celebrate Recovery applies the 12 steps to a Christian context.^[13] There are also groups, such as SMART (Self-Management and Recovery Training) which have no official spiritual beliefs or stances.^[14] See endnotes for recommended resources in this conversation.^[9, 15-18]

Research has shown that involvement in the AA community and "step-work" is effective for recovery from alcohol addiction.^[19-22] With opioids that is not necessarily the case. People can find recovery through involvement in this abstinence minded program,^[23] but research shows that more people find opioid recovery by attending 12 step groups along with Medicine Assisted Therapy (MAT). With MAT people are prescribed controlled doses of an opioid to help them deal with craving, prevent use of more dangerous opioids, and help people taper off opioids all together. Two common drugs prescribed in MAT are Buprenorphine (commonly known as "byoop" or Suboxone) and Methadone. Because Buprenorphine and Methadone are opioids,

this can be problematic for people attending NA, which prescribes total abstinence. People receiving MAT are not considered clean because they are still using an opioid. They may be thought to have merely substituted one substance for another. People who are receiving MAT and attending NA may require pastoral care specific to these struggles. See endnotes for further discussion on this topic.^[24-26]

Last, 12 step groups are worth considering because of the sister groups for family members and friends, such as AL-Anon and N-Anon and Families Anonymous. These groups are not for the addicts, but rather for those who are dealing with someone with an addiction. Because addiction affects not just individuals but systems, such as families, it is important that they receive support as well.

2. Addiction as the Pathway to God

A second framework sees addiction as a means to enter spirituality and encounter God.

There are a number of stories in the Big Book of Alcoholics Anonymous and in 12 step culture that share the sentiment that “because of the pain and destruction of my addiction I encountered God.”^[27] God opposes the proud but gives grace to the humble. So, it follows that addiction, which can bring destruction on many levels, humbles many, and from that place of humility many reach out, seek, and find God.

Through pain and ailment God can draw us closer to Him. Consider the account of Mark 2 when a paralytic’s friends took him to Jesus for physical healing only to have him receive both spiritual and physical healing. Or consider the man born blind in John 9 who found physical and spiritual sight through his encounter with Jesus. Perhaps, too, persons with an addiction may be in the process of being drawn closer to God. I prayerfully, reverently rejoice and patiently watch what God is doing in these persons. I look and listen for the ways that the Good Shepherd is seeking out and drawing closer to Him a beloved, and potentially quite lost, sheep. As a pastoral caretaker, I am invited into this person’s redemption narrative, even if only for a short time. Together with the person I can reflect, explore, wonder and celebrate what is happening. What a blessed and sacred opportunity.

Of course, people’s stories of recovery, faith, repentance and discipleship are not simple. There will not always be continual recovery. Relapses may happen. Stories differ even as they have common themes. Pekka Lund interviewed 21 recovering Christians about their stories of coming to faith and recovery. Those stories reveal the interplay between faith as resource for recovery and addiction as a means to encounter God.^[28]

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Conclusion

In the broken world in which we live, sin and its effects are seen everywhere. One of the ways this brokenness manifests itself is through the complex malady of addiction. It has an array of biological, psychological, social and spiritual effects. The recent awareness and discussion of the Opioid Epidemic has brought into the forefront of our society many facets of the destructive nature of addiction.

We, Christ's servants, are called to provide care and support to those who suffer from addiction. There are numerous ways that Christ, His servants, and His church can provide healing, help and support for those struggling with addiction. In addition Christ can use the complex malady and associated pain of addiction to draw people closer to Himself. Such pastoral care may not be easy, but it is an honorable and noble way to lay down our lives in service to those who are in need (John 15:13) as Christ himself humbly served us (Philippians 2:1–11, John 13:12–17) .

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Brian Earl is a board certified chaplain currently serving at the VA Connecticut Health Care System in West Haven, CT, where he is the first chaplain fellow to be a part of the VA's Interprofessional Advanced Fellowship in Addiction Treatment. In that position he is working to provide spiritual care to those struggling with addiction, equip others to do to the same, and further advance the field of spirituality and addiction treatment. Before being called to chaplaincy in 2015, Brian served as pastor of Centennial Lutheran Church in Superior, NE. All the while he continues to have love of evangelism and art.

He and his wife Christa (engineer, entrepreneur and linguist), have one son, Ezekiel, and two cats—Mouse and Mojo. They are enjoying exploring the northeast through biking, hiking, camping, traveling, dining, and singing.

Bereavement Ministry in Early Recovery

Chaplain Jacquelin Lawson, MDiv

WHEN I WORKED WITH ELDERLY PEOPLE in long-term care, I had a lot of experience walking with people through seasons of grief. Death was an everyday fact of life in a skilled nursing facility. Many residents had lost a spouse. All had lost parents, siblings, friends, or relatives. Some had lived through the tragedy of losing one or more of their children. I experienced a good deal of loss myself, saying goodbye to people I'd established relationships with over the course of months or years. More than once, I left work for the day and returned the next morning to the shocking and surprising news that a beloved resident who'd been doing well had passed away in the early hours of the morning.

When I transitioned to serving as a spiritual care professional in an addiction treatment facility for adolescents and young adults, I knew things would be different. People are people in some respects, but in other respects there is a universe of difference between a 15 year-old and a 95 year-old! One area where I felt relatively well-equipped as I launched into my work in addiction treatment was walking with people through seasons of grief.

Or so I thought.

I showed up to facilitate my first grief group expecting to hear mostly stories of beloved grandparents who had passed. This was the type of death with which I was most familiar. Death had marked the peaceful end to a long, well-lived life.

Death usually came slowly, over weeks or days, accompanied by prayers for comfort, soft renditions of "Amazing Grace," and readings of the 23rd Psalm at bedside. Those were peaceful passings from this world to the next, surrounded by loved ones.

Instead, I heard one young man speak about the unresolved feelings related to his father's suicide when he was a young child. A young woman talked about her father's murder. She was haunted by conflicting feelings because they had recently reconnected after years of separation, exacerbated by his own addiction issues. Another client felt hopeless because he said he was a pariah in his community, blamed for the death of a friend who died in an accident that he survived.

Most of my clients now have lost at least one friend to death by suicide or opioid overdose. Some have lost multiple friends. A few have lost count.

The prevalence of traumatic bereavement in adolescents and young adults in early addiction recovery is staggering, but perhaps not surprising. On one level, addiction is a disease of one's brain and body reacting to substances in an abnormal way. On another level, it is what the founders of AA called a "spiritual malady." An

One area where I felt relatively well-equipped as I launched into my work in addiction treatment was walking with people through seasons of grief. Or so I thought.

addict finds in the substance or behavior, to a less and less effective degree over time, a substitute for a missing sense of ease, comfort, and connection with God and other people.

But on a day-to-day level, addiction is more often than not a life lived in perpetual survival mode, where violence, overdose, mental health issues, and high-risk behaviors are frighteningly common. Encountering death is nearly inevitable.

Additionally, adolescents and young adults in early recovery may have experienced loss in childhood that they are only beginning to reckon with in early sobriety. Addicts who started using drugs and alcohol at a very young age may never fully feel their emotions about a death or loss until they begin their journey to recovery. Their first period of real sobriety may be the first time they truly feel the emotions associated with a loss that happened years earlier.

Perhaps the biggest challenge for a Christian spiritual care professional working with young people in recovery is bridging the divide between spiritual and religious resources. Some of the young people with whom I work have some history with the church, but most don't. Of those who have had some connection with a faith community, the experience may not have been positive, resulting in estrangement from their faith community during their active addiction. Sometimes, this loss of the faith community adds another layer of grief for the recovering addict to process. But even those with positive religious experiences and a strong faith often lack the scriptural and ecclesiastical connections that spiritual care professionals rely on to help individuals find comfort and hope in seasons of grief.

Addicts who started using drugs and alcohol at a very young age may never fully feel their emotions about a death or loss until they begin their journey to recovery.

Put more practically, when I worked with many families in long-term care, I could sing "Amazing Grace," read the 23rd Psalm, or provide Holy Communion at bedside, and it would be meaningful for the people to whom I was ministering. Those words and that taste echoed something that had been meaningful for them over many decades. Those resources don't have the same meaning for most young people in 2018, and I haven't found reliable replacements.

What have I found that does help, then?

The old chaplaincy maxim "Show up. Shut up. Offer help," is a good place to start. I ask curious questions, and I listen carefully. I am the person who refuses to say that "everything happens for a reason." I share appropriately from my own faith background and my own experiences of grief and loss, without being prescriptive.

Alternately, I acknowledge that I can't imagine what it must feel like to go through what they are going through.

Some of my work in helping individuals heal from tremendous loss is simply giving them permission to have what I call "a complicated relationship with God."

I find great hope that the Psalms (especially lament and imprecatory Psalms) not only show evidence of our faithful forebears' complicated relationship with God, but actually function as God giving us both the invitation and the language to express anger with God and the conditions of existence, to express our feeling of abandonment and God's great distance. I point to the story of Lazarus to show that God knows what it is to experience the death of a friend, and to weep. I remember the agony of Gethsemane and realize that God knows what it is to reckon with one's own death. Remembering Jesus' words on the cross I remember that God knows what it is to feel utterly abandoned by God.

Perhaps the most surprising (maybe not-surprising-at-all) way that I help clients struggle with traumatic grief is through prayer. Even those who reject the idea of God or religion completely are often open to another person praying *for* them. There seems to be a deep hunger for support, compassion, and care that praying for another person touches, even among those who do not or cannot pray themselves.

The death and grief that I encountered in long-term care was sad, but not usually tragic. The people who lived 90 or 100 years had often lived a long and often satisfying life. They frequently expressed readiness to "go home." Loved ones experienced real sadness and loss, but they often also had time to say goodbye. The traumatic death and bereavement I encounter in newly-sober individuals who have been living in the hell of the opioid epidemic is another world of grief completely. The deaths that adolescents and young adults in early recovery encounter are often the tragic and unexpected death of other young people. They are often deaths by violence, suicide, or overdose. Most of these individuals lack the spiritual and religious resources to help them reckon with such loss.

There are no easy answers. There are, however, the simple things we can do. We can listen. We can pray. We can resist the urge to comfort with empty platitudes. We can make room for faith that invites difficult questions, for a God that shows up in the darkest places of life. We can accompany individuals on their personal journeys through the valley, trusting that the Good Shepherd will guide us even as we stumble along in the dark.

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Jacquelin Lawson is a Spiritual Care Professional with the Hazelden Betty Ford Foundation at their adolescent and young adult facility in Plymouth, MN. She is a 2011 graduate of Luther Seminary currently working toward becoming a Board Certified Chaplain. She is also a Certified Therapy Dog handler at her facility and Mom to one dog and three guinea pigs.

A Jail Chaplain's Perspective On Opioid Addiction

Vince Stanley

Faces of Addiction

George came from a well-educated, financially stable Christian home. He was a successful high school football player who won scholarships for sports and academic excellence. He was treated for a football injury by his doctor with a prescription of opioid pain medication. In addition to alleviating his pain, the medication gave George a feeling of extreme pleasure. He used up his prescription medication quickly. He turned to people he knew who sold prescription narcotics. He needed more medication every day, just to keep from feeling sick. He started stealing to support his habit and was eventually arrested. At the Saint Louis County Justice Center, George met with me and poured out his shame, guilt and frustration. He began to read the Bible and attend Bible studies.

Betty had been sexually, emotionally and physically abused by relatives since she was very young. She started with alcohol to numb her pain and eventually developed an addiction to opioids when she went to the streets and resorted to

prostitution to support her drug habit. She was in and out of jail over 20 times. When she first came into the jail, she went through over a week of vomiting, diarrhea and sickness, unable to eat or sleep as a result of withdrawing from opioids. In visiting with her, she was able to open up about her life and the abuse. She began to read the Scriptures and find hope in what God has promised. She began to attend Bible classes, including my own, and she heard about the power of Jesus.

George and Betty could be from any race, ethnicity, age or socioeconomic background. Opioid addiction affects all groups of people.

George and Betty could be from any race, ethnicity, age or socioeconomic background. Opioid addiction affects all groups of people.

What Is Addiction?

The American Society of Addiction Medicine defines addiction as follows: “A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use...Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.” (www.asam.org).

Another way to describe addiction is someone doing the same thing, such as using a harmful substance, over and over again, despite the negative consequences of

doing so. I attended an addiction seminar at a local Saint Louis Lutheran church. The facilitator gave each participant five cards. On each card, we were to write one of the five most important aspects of our lives, such as family relationships, employment, having a safe place to live, good friends, enjoyable hobbies and activities, and being able to serve and help others. We were then asked to choose one card and hold it up. One by one, the facilitator tore up each card, until all the cards were destroyed, illustrating the way addiction becomes the only card left in an addict's life. All else is lost. Addiction eliminates the competition until it becomes the single focus of a person's life.

Societal Factors Affecting Addiction

The medical community wants us to feel better. In fact, one of the criteria for evaluating hospitals and doctors is how effectively they relieve pain. Opiates work very well for short term severe pain, such as after surgery. However, long term treatment of pain becomes problematic, because the brain needs more and more medication to obtain the same affect. Patients do get addicted just trying to manage pain.

The medical community wants us to feel better. In fact, one of the criteria for evaluating hospitals and doctors is how effectively they relieve pain.

Another pathway into addiction is the subculture of recreational drug use in America. People will go to parties or other social events where, along with alcohol, other drugs are often present. There is a degree of tolerance or acceptance of substance use in our country. "Pharm parties" are when young people gather together bringing drugs from friends, relatives or their parents' medicine cabinets and share them from a dish.

Addiction, Grief and Loss

When people who become addicted to opiates seek cheaper sources of their drug of choice on the streets, they often do not know what they are getting. Tragically, I have talked with many incarcerated people who have had numerous loved ones and friends die of an unintended opiate overdose. Often I minister to inmates who have lost a daughter, son, loved one or friend while they were in jail. Because inmates are isolated from their family and friends, their grief is more acute. They lack the support needed during the normal grieving process. The jail is a very lonely place to grieve.

Incarceration demands seriously negative consequences for one's future. Inmates experience separation from family members and loved ones, strict rules, and absence from pleasant familiar activities, such as home-cooked meals, holiday gatherings and other social events. The uncertainty of how one's case will turn out causes great anxiety. Family members of inmates usually are greatly impacted with financial and personal stress as well.

I have talked with many inmates who survived multiple drug overdoses. Some were even initially pronounced dead, and the doctors and first responders were surprised when the people revived. When someone overdoses on opiates, his or her breathing slows down to the point where the body is deprived of oxygen. In situations where people have survived an opiate overdose, someone was there to call 911, or an officer, first responder or another individual was present to administer Narcan to the unresponsive person. Narcan, or Naloxone HCl, is a prescription medication used for the emergency treatment of a known or suspected opioid overdose. It is sprayed into the unresponsive person's nose.

According to the latest information from the CDC, 115 people die in the United States every day from overdoses of prescription pain medications, heroin, and synthetic opiates such as Fentanyl. Fentanyl is up to 100 times more potent than any other type of opiate. Fentanyl is so powerful that people have died from either contacting a very small amount of it with their skin or breathing it into their lungs.

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The Possibility of Hope During Incarceration

Many inmates I have served, including George and Betty (not their real names), have expressed gratitude for being jailed. Many had prayed for Jesus to deliver them from something they failed to or felt unable to stop. Incarceration gave them a chance to focus on themselves and not on the drug they craved.

When a person is in addiction, he or she is under the shadow of death. The cloud of addiction can overshadow any real hope of recovery. For incarcerated individuals, the forced absence of their drug while they are in jail helps them to come out from under the opiate's deadly grip on their physical, emotional and spiritual lives. However, when they are released from jail, the cares of this world draw them back. They often don't follow through by seeking God's gifts in church and daily receiving God's promises in Christ. Some of those people come back to jail or overdose and die.

Everyone who enters the justice system experiences the breaking power of the law. They go through stages of grief, confusion, anxiety, anger and despair. Most keep their feelings bottled up. The chaplain or caring Christian volunteer offers a safe place to express their feelings. With God's help, inmates can begin to experience jail as an act of mercy. Every day we need God's grace to forgive us and heal our broken hearts. Mending a broken heart is a lifelong process. Many people dive into God's Word while they are in jail.

When they are released from jail, individuals need a support team that understands addiction; people they can be honest with and accountable to; people to keep them from denying their addicted selves. This includes medical and mental

health professionals, healthy family members, healthy community resources, healthy support groups, and emergency resources to prevent relapse, such as crisis hotlines. Such resource groups and individuals include supportive people to stand with someone suffering from addiction to keep him or her moving forward in recovery.

As people progress in recovery and the healing that God gives them, God provides opportunities to witness to others struggling with addiction with their own life experience.

As people progress in recovery and the healing that God gives them, God provides opportunities to witness to others struggling with addiction with their own life experience.

2 Corinthians 1: 3–5 illustrates this concept:

“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble, with the comfort we ourselves receive from God. For just as we share abundantly in the sufferings of Christ, so also our comfort abounds through Christ.”

What Can The Church Do to Help With the National Problem of Opioid Addiction?

- Invite knowledgeable people in your area to educate your church about the kinds of drugs out there:
 - ◆ First responders, such as paramedics, police and Crisis Hotline responders
 - ◆ Substance abuse counselors
- Educate yourselves and your church leaders about resources that are available in the local and national community.
- Create an atmosphere of caring and openness toward addictions.
- Respect the confidentiality of those willing to participate in your church's efforts to address the opiate epidemic.
- Pray for all involved in the opioid epidemic in our families, our communities, our nation, and the world God has given us, to love and serve Him, including our first responders, our medical and mental health professionals, substance abuse treatment professionals, our legislators, government leaders, our justice systems, and those who are incarcerated in our nation's jails and prisons, as well as their loved ones.

Suggested resources:

NCADA: National Counsel on Alcohol and Drug Abuse

9355 Olive Blvd.

Saint Louis, MO 63132

Saint Louis, MO contact: (314) 962-3456.

SAMHSA: Substance Abuse and Mental Health Services Administration

5600 Fishers Ln,
Rockville, MD 20857
1-877-SAMHSA-7 (1-877-726-4727)

CDC: Center for Disease Control and Prevention

1600 Clifton Rd.
Atlanta, GA 30329 USA
800-CDC-INFO (800-232-4636)

AA: Alcoholics Anonymous

(Saint Louis, MO) 314-647-3677
www.aastl.org

NA: Narcotics Anonymous

fsmail@na.org
818-773-9999, ext. 771

Al-ANON: Al-Anon Family Groups

wso@al-anon.org
Toll-free meeting line: 888-425-2666



Rev. Vince Stanley received his M. Div. from Concordia Seminary St. Louis (2000). He completed four units of Clinical Pastoral Education from Lutheran Senior Services St. Louis. He was called to Lutheran Ministries Association St. Louis. Vince served six years in St. Louis nursing homes. Lutheran Ministries Association changed its name to Humanitri in 2006, and he was called to serve as Chaplain at the St. Louis County Justice Center where he currently serves.

Vince is married to Myra, a Licensed Practical Nurse and a Licensed Social Worker. They have three children and two grandchildren.

Emotional and Spiritual Support for Families

By a member of Families Anonymous

WHEN OUR SON was in junior high school, my wife and I began noticing changes in his behavior that indicated he was using both alcohol and drugs. During those years, in an effort to stave off an addiction to substances, we invested considerable time, energy and resources in therapy for him and family therapy for our entire family; all to no avail. We eventually forced him to be assessed by an addictions counselor because he was still at an age when we could do so. Shortly after that assessment we further forced him into an inpatient treatment program.

Part of our son's inpatient treatment included an orientation for parents of a family support group called Families Anonymous (FA). FA was founded in 1971 by a group of parents in Southern California concerned with their children's substance abuse. It practices a twelve-step model adapted from the twelve steps of Alcoholics Anonymous (AA). Currently there are FA meetings in several countries, with hundreds of groups meeting throughout the United States. We began attending an FA group located in our community. Even though my wife and I both attended meetings, this article only reflects my experience with FA.

Since I didn't think this was *my* problem, I initially questioned why I had to attend a 12 Step group. I quickly learned two things: 1) addiction to drugs and alcohol is an illness; 2) it is a family illness. Granted I was not *the* problem, but I was certainly *part* of the problem. The sooner I both understood and accepted that reality, the better off I would be.

My main motivation for going to meetings was the misguided belief that I would learn what I could do to prevent my son's use of drugs and alcohol.

Those two points notwithstanding, my main motivation for going to meetings was the misguided belief that I would learn what I could do to prevent my son's use of drugs and alcohol. I quickly learned the mantra that I didn't cause, couldn't control, and certainly couldn't cure my son's use of mind-altering substances. At the same time I was assured that there was much I could do to avoid standing in the way of his recovery. I had to work on my own emotional and spiritual pain that is common in family members when a loved one becomes addicted to drugs or alcohol.

A Spiritual Program

Any program that adapts the 12 Steps of AA is by definition a spiritual program. That is also true for FA. The first three steps taken together are the "give up" steps and form the spiritual backbone of FA. Step 1 required me to admit that I was "powerless over drugs and other people's lives, that my life had become unmanageable." Step 2 is a statement of faith: "came to believe that a power greater than myself could restore

me to sanity.” Step 3 pushed me still further: “made a decision to turn my will and my life over to the care of God as I understand him.” Each FA member defines for him or herself who or what God is. Each member’s “higher power” is a personal, private choice. As a church-going person from infancy, that was easy for me. My higher power is God as revealed in Jesus Christ. The difficulty was surrendering my control of my son’s behavior and choices to this God. My son’s addiction and FA pushed my relationship with God to a deeper level.

I find it interesting to compare FA’s 12 Step model with traditional congregational affiliation. The latter requires a declared statement of beliefs in order to belong but is often unable to provide a safe place where members can openly and honestly share their personal life struggles. In contrast FA allows members of its fellowship to define their higher power as they choose but creates an environment where members can openly and honestly share their deepest pain and worst fears without judgment or criticism. Many FA members come to prefer their FA membership over their religious affiliation, if they have one. I need both; a solid religious community of faith and my FA fellowship. Members are safe to share in FA because their anonymity is respected (only first names are used for identification) and what members reveal about themselves is not discussed outside the meeting. A clear ground rule for attendance is “what we say here stays here.”

My higher power is God as revealed in Jesus Christ. The difficulty was surrendering my control of my son’s behavior and choices to this God.

Powerless but not Helpless

I eventually learned that even though I couldn’t control my son’s actions and choices, I could influence them. It was still my wife’s and my home. We had the right to establish the rules that would govern our life together. When addiction takes over a person’s life, it establishes its own self-serving rules. Nothing matters more to an addict than getting that next pill, drink or fix. Consequently, no house rule is likely to stand in his or her way. That sets up a pathway to chaos and conflict in the home. We learned to be clear about our home rules and the consequences if our son didn’t comply.

This seems self evident on the surface. But the power of a mind-altering substance over the addicted person’s choices is a formidable enemy. The ensuing conflict arouses an overwhelming array of emotions for family members including anger, fear, sadness, guilt, shame and self-pity. The intensity of these emotions in family members can cloud their ability to see the choices before them. They can feel as much a slave to the substance as the addict does. FA is a place where family members are encouraged to be honest and open with their feelings so they can begin to see their choices more clearly.

Helping and Enabling

It took me a while before I grasped the difference between surrendering my control over my son's choices and washing my hands of him altogether. Indeed his lying and rebellion against house rules made me want to wash my hands of him. But FA taught me that his repulsive behavior was a symptom of his illness and not a personal attack on me. Through better awareness of addiction and practice of FA's 12 Steps I have come to change my negative feelings toward him to healthier ways of reacting to his self-destructive behavior. In short, FA helped me rekindle my love for my son. In the words of FA I began to change my "negatives to positives, my fear to faith, my contempt for what he did to respect for the potential within him." Over the years my love for my son has been tested many times. That is why I continue to draw on the support and encouragement of my FA fellowship.

Tough Love

FA is known for its philosophy of tough love. Generally parents don't like seeing their children suffer or be in pain. Even more, they usually don't want to cause them pain. When children are infants, they need protection along with love that anticipates and meets their needs. Children's development means that they become less dependent and more self-reliant. This development is both gradual and natural. Parents and other authority figures guide the process. Parents try to instruct their children in how to avoid harm and make good choices. My wife and I tried desperately to prevent our son from using and abusing substances. We didn't succeed, resulting in considerable shame for us.

Because children are learning how to navigate life they will inevitably make mistakes from time to time. We had to learn the art of letting our son learn from his mistakes. Big mistakes result in greater suffering for the child. We instinctively wanted to limit his suffering by rescuing him from the pain of his poor choices and his addiction. But in FA we were told that allowing him to endure pain was the very thing that would help him grow and mature. The consequences for abuse of drugs and alcohol can result in major suffering, even death. Our son's consequences ranged from having privileges removed to undergoing treatment to having to leave our home and being homeless to spending time in jail. Greater suffering made it harder (tougher) for us to allow him to suffer. Tough love is as hard on the parent as it is on the child.

We had to learn the art of letting our son learn from his mistakes.

The Danger of Isolation

Addiction to drugs is often, though not always, coupled with some kind of mental illness, frequently anxiety, depression, or bi-polar disease. If there is a stigma associated with being a drug addict there is an even greater stigma when addiction

is combined with mental illness. Parents generally feel the same stigma the loved one or child experiences. That stigma prompts both parent and child to maintain an outer appearance of “normalcy” when in fact they may be in perpetual emotional pain. I first attended an FA group in a neighboring town, for fear that I would meet someone at the meeting whom I knew. When I finally attended a meeting closer to home, I did meet several people I knew. We all surprised each other by being there. A routine reading at every FA meeting states that “the more we struggle alone the more our thinking becomes confused. We have learned that to be of real help to others, we must first be willing to be helped our selves.”

Attending FA taught me that I was not alone. There is a saying within self-help circles, that you alone must do it, but you don't have to do it alone. Struggling alone leads to confusion, uncertainty and either inaction or unwise reactions to a loved one's addictive behavior. However, FA is a support group not a therapy group. Dealing with an addict is so difficult and challenging that seeking the help of a professional counselor (specifically an addictions counselor) is often advised and necessary to complement the support of the group. That was true for my wife and me as we learned how to set clearer boundaries for our son. Professional help is even more necessary if there is an overlay of mental illness.

There is a saying within self-help circles, that you alone must do it, but you don't have to do it alone.

Closing Thoughts

Dealing with a person addicted to drugs (especially opioids) or alcohol is a marathon, not a sprint. AA's wisdom of living one day at a time applies to family members as well as the addict. Neither can live all of life in a single day. A number of alternative groups exist designed to give support to family members of individuals caught up in the devastating illness of addiction. I write only about the benefits of FA for me. It is incumbent on pastoral care professionals, whether in congregational or specialized settings, to know the resources within his or her community that offer family members the emotional and spiritual support they desperately need. Addiction to drugs or alcohol is a lifelong condition that affects every member of the family.

Many decades have elapsed since my first FA meeting. My son is now an older adult and still faces physical, emotional and social issues. My efforts to distinguish between helping him and enabling him continue. Hence my need for support from my FA fellowship continues as well. We all live by the serenity prayer: God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

Learn more about Families Anonymous at www.familiesanonymous.org.

Reflections on being a Prodigal Pastor

Chris Cahill

"The time has come to claim your true vocation — to be a father who can welcome his children home without asking them any questions and without wanting anything from them in return. ... We need you to be a father who can claim for himself the authority of true compassion."

— Sue Mostoeller to Henri Nouwen in *Henri Nouwen, The Return of the Prodigal Son. 1992: New York, Doubleday / Image Books, P. 23*

I RECOGNIZED HER as soon as she walked into church that Sunday morning, even though it had been about ten years since I had last seen her. She had been in my confirmation class when she was a teenager, then dropped out of sight as her family dissolved and scattered to the winds. Now she was back, tentatively, shyly walking into the worship service, wondering if there might still be a place for her in this place that was once so familiar. I may have smiled and nodded in recognition as she came in and took her seat, but at the end of the worship service I greeted her and welcomed her, as did a small handful of others, who remembered the girl she had been a decade before.

I think she came that first Sunday because she wanted to see if our church was the same place she remembered it to be. I think she came the second Sunday because I was still there after all those years, welcoming her as if she had only been gone since last week. I think she kept coming because the welcoming grew outward from there into others in the congregation. Nobody ever asked "Where have you been all these years?" We were all just glad to see her.

When she began to be visibly pregnant, we were happy for her. We surrounded her with as much love as we could muster, collecting newborn supplies for her at Christmastime and looking forward to meeting the baby when it came. She brought him to church a few times. Then suddenly she stopped coming. I was the only one that knew why.

Over the past year the "why" included jail, probation, and intensive rehabilitation. It included frustrating meetings and phone calls with probation officers, caseworkers, and public defenders. It included lots of tearful conversations over static-filled telephones, separated by thick glass partitions in cinder-block rooms. It included more conversations with me across open tables, but still in rooms where "privacy" was carefully monitored.

Over the past year, as she worked through the physiological, legal and emotional consequences of her addiction, one question before me has always been "what should my ministry to this child of God look like?" And the answer has always started with Sue Mostoeller's comment to Henri Nouwen — "be a father who can welcome his

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children home without asking them any questions and without wanting anything from them in return.”

I’ve had almost 40 years of practice in this at the communion rail of our church. Every Sunday people come to me to receive the body and blood of Jesus for the forgiveness of their sins, and I’ve learned not to ask any questions. I don’t investigate why they’re there, whether they’re truly sorry for their sins, whether they promise in return not to relapse — because I know that on any given Sunday, in that moment, they are sorry and they do so promise. However, tomorrow the temptations are just as great, and who knows what the future will hold? I know that sometimes they’ve “had a good week,” and the life of repentance has been “successful.” Then there are other times when a person will leave the rail full of forgiveness and hope, only to come back the next Sunday like the returning Prodigal Son, having crawled through the mud and slime of life (often of their own doing) wanting nothing more than to be forgiven once again. And like the Prodigal Father, I grieve their pain, try to forgive without shaming, and try to welcome with love and kindness. I don’t expect that any given Communion Sunday will hold them holy for the rest of their lives — just that it will give them enough strength to make it through the week until the next Sunday, when they’re back at the rail again for more forgiveness for the week to come.

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And so I go to this child of God wherever she is this week, as often as I can, because she hasn’t been able to come to the communion rail of our church for almost a year. So we’ve met in visitation rooms in jails; we’ve nodded to each other in courtrooms; we’ve talked and prayed in hallways in courthouses; we meet where guards or staff can keep an eye on us while we talk.

Some might say “she’s an addict. She’ll just relapse.” Or “she’s just using you or the people at your church — that’s how *those people* are.” I don’t fault some who say things like that because I know that their years of experience with folks in similar situations have taught them that the odds are that these statements are true. But here, I think, is where a pastor has to be different than a social worker or a parole officer. A pastor models Jesus, and others don’t have to.

Other “professional caregivers” who don’t have to model Jesus have the “luxury,” shall we say, of putting up walls, of putting up defenses, of concluding “nothing I do is working — nobody cares, so why should I?” Pastors, on the other hand, recognize what Martin Luther did — that “after all, we are all beggars” — or addicts — or sinners. We all come, week after week, to the table of the Lord not for affirmation but for forgiveness. We come not because we’ve done so well but because we’ve not done well at all, not because we’re succeeding in our sanctification but because we’ve

relapsed once again. Pastors look out on our congregations with grief over sins we know nothing about. We only know that they are there, and so we invite people to come to receive forgiveness. We look out on our congregations and give the body and blood of Jesus generously, without qualification, because Jesus gave them generously. Our ministry is to people who we know are sinners and who will always be sinners, this side of heaven! Jail and rehab try hard to get their clientele out of their facilities, hoping that they won't come back. When they do, maybe it's no wonder the staff gets jaded and calloused and talks about "repeat offenders" and "frequent flyers." Pastors, though, know that sinners will always come back to the table of the Lord, because we know that even we who consecrate His supper will always need forgiveness.

Consequently, when someone can't come to the table of the Lord, we go out to them. We go not with the table itself (because wine isn't allowed in the jails or rehab), but with the presence of someone who looks and acts like a Prodigal Father; who welcomes and loves without question or shaming; wanting nothing from them in return (but praying fervently that the Holy Spirit will work His deep work in them); claiming nothing for ourselves except the authority of true compassion that flows from the Father Himself.



Rev. Chris Cahill received his MDiv from Concordia Seminary (St. Louis) in 1980 and served two churches in Chicago before going to Christ the King Lutheran Church (LCMS) in Lodi, Ohio, where he has served since 1989. He earned his DMin in Spiritual Formation from Ashland Theological Seminary (Ashland, Ohio) in 2005 and completed the Certificate in Formational Prayer there as well. He has served for over twenty years as the SELC District (LCMS) Ministerial Health Coordinator as well as one of the SELC District's Vice Presidents. He and his wife Beverly have three children and four grandchildren, but are spending much of their "free" time helping to grandparent their grand-nephew Aidenn.

Fellowship of Recovering Lutheran Clergy

Ed Treat

I WAS FIVE YEARS INTO RECOVERY from drug addiction when I went off to seminary to become a pastor. On arriving at Luther Seminary and beginning my studies, I felt anxious about having been an addict and the shameful life I had lived. I thought I was unworthy of such a high calling and wondered what people would think if they knew.

During that first year at seminary, I heard about a group of ELCA and LCMS pastors meeting in Chicago for the first time. They also happened to be recovering alcoholics! What a thrill it was for me to know there were people like me in the ministry. I wanted to attend that event, but I was only a seminarian at the time and didn't think I would be welcome.

I called them to see if there was any way I could be included, and to my surprise, I was warmly welcomed. In addition, they offered me a full scholarship to attend. I just needed to find a way there.

Borrowing a classmate's car, I drove to Chicago and wondered the whole way what it would be like. Would I fit in with a group of pastors? At that time pastors made me nervous. On arrival, there was a 12 Step meeting going on, and I joined in. As I sat and listened to their stories, I could relate to what they had gone through and the feelings they were talking about. It occurred to me, "These are my people!" I had come home, and it was such a moment of grace to know that I wasn't alone and these pastors were just like me.

This all started in 1990 when two pastors, one LCMS and one ELCA, set out to develop a fellowship for Lutheran clergy recovering from alcoholism. They wanted to provide mutual support for those struggling with this disease.

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On the East Coast, a young Missouri Synod Lutheran pastor named Rich H. entered treatment for alcoholism where he learned that the Episcopal Church had a gathering for recovering clergy. He attended their retreat and came away with a vision for forming a similar organization for Lutheran clergy.

On the West Coast, Melanie M., an ELCA pastor, was celebrating 10 years of sobriety and was attending an Alcoholics Anonymous (A A) International Convention in Seattle. There she met several pastors who were also in recovery and thought, "What if we had some way to get together as Lutheran pastors in recovery?"

Pastor Rich contacted the social ministries department of the Missouri Synod and together they obtained a Wheat Ridge grant to launch a new ministry. In the meantime, Pastor Melanie contacted the ELCA Division for Ministry. She was encouraged to write an article for the Lutheran Partners.

Through these initial efforts, these two pastors came together and launched the first gathering of recovering Lutheran pastors at the St. Mary of the Lake Retreat Center in Mundelein, Illinois. There were 24 pastors at that first gathering including myself and the only female pastor, Melanie M.

From that first gathering the Fellowship of Recovering Lutheran Clergy (FRLC) was born. With the grant money this new organization applied for non-profit status and grew from a small initial group of 24 to over 200 members today with several hundred supporting friends. The purpose of the fellowship is to help struggling pastors find recovery and know they aren't alone.

Today the FLRC employs a part time director who manages communications (including newsletters, website, and emails), conducts monthly board meetings, maintains the directory of members, and facilitates an annual retreat for members. The FRLC also hosts a weekly phone-in Twelve Step meeting so that pastors, particularly those in rural settings where meetings are sparse, can meet in privacy with their peers and colleagues and talk about the challenges of recovery while serving in the ministry.

The FRLC works closely with Bishops, District Presidents, and seminaries by offering support and resources such as the FRLC Impaired Professionals Policy, a guide for how church bodies can provide support to pastors in recovery. It has produced a small book called *Our Stories of Experience, Strength and Hope*, a collection of personal stories of pastors who fell into addiction and found a way out. Membership is open to all Lutheran clergy recovering from alcoholism, other addictions, and codependency. Membership is completely anonymous.

Our country is currently witnessing the rapidly accelerating problem of opioid medication, making it the number one killer of those under age 50. Opioids killed more than 42,000 young men and women in 2017, and that number is growing. This is more deaths than the peak of the AIDS epidemic.

State and Federal leaders are attempting to address this problem through legislation, but so far, their efforts are making the problem even worse. Making prescription drugs harder to obtain is driving people to the far more dangerous illegal street market. The growing problem persists as we await the grim numbers for 2018.

These are all preventable deaths. One thing we know for certain based on our own experience, is that those who struggle with addiction and those who care about them often look to the church for help and find very little. Congregations are woefully unequipped to deal with this problem, even though they are ideal places to help make a difference. The FRLC wants to help congregations recognize and respond to addiction and learn what they can do to help save lives.

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After years of personal experience with this disease, the FRLC has decided to reach out to the larger church. The FRLC is hosting an ambitious conference in Bloomington, Minnesota, September 28, 29, and 30, 2018 called the Addiction and Faith Conference. We are inviting all clergy, deacons, parish nurses, synod staff, youth leaders, congregational leaders, and members of addiction awareness teams to come and learn how congregations can address this serious health crisis.

Internationally known speakers will teach and inspire attendees about the opioid crisis. Breakout sessions will teach how congregations can become lifesaving places for those caught in addiction and their loved ones.

We are hope and pray that those who read this article will seriously consider attending this event and bring along people from their congregations. We believe lives can be saved through this effort. Learn more at www.AddictionandFaithConference.com



*Rev. Dr. Ed Treat is senior pastor of Transfiguration Lutheran Church in Bloomington, Minnesota. He was ordained in 1995 and served his first parish in Minden, Nebraska. As a mission developer he planted a new congregation in Anoka, MN while completing his doctoral work at Luther Seminary. He served as an associate pastor before his current call. They have two daughters, graduates of St. Olaf College, one son attending Luther College and a second son in high school. Ed recently published his first novel entitled *The Pastor* about a recovering Pastor solving a murder mystery in his parish. He continues to serve and lead the Fellowship of Recovering Clergy and is producing "The Addiction and Faith Conference" this fall to teach church leaders about addiction and what can be done to help save lives.*

News, Announcements, Events

- Aug 17–18, 2018 Prison Ministry Conference, St. Louis, MO
www.sidlcms.org/prison-ministry
- Sept 28–30, 2018 Addiction and Faith Conference, Bloomington, MN
www.addictionandfaithconference.com
- Oct 2–4, 2018 LCMS SPM Educational Event, Belleville, IL
www.lcms.org/spm
- Oct 14–18, 2018 Federation of Fire Chaplains Conference, Fort Wayne, IN
www.firechaplains.org
- Oct 16–18, 2018 National Disaster Response Conference, St. Louis, MO
www.lcms.org/disaster
- Nov 2–4, 2018 The Association of Certified Christian Chaplains Conf., Colorado Springs, CO
www.certifiedchaplains.org
- Sept 26–29, 2019 Zion XVII, Mundelein, IL

Upcoming 2019 Zion Conference

The next triennial Zion Conference will be held at St Mary's Seminary and Retreat Center in Mundelein, Illinois. Confirmed dates are September 26–29 for 2019. Zion Conference has been a tradition for many years as Lutheran chaplains, pastoral counselors and clinical educators join for prayer, camaraderie, education and renewal. The ELCA and LCMS have continued to be supportive of this joint event. The last event in 2016 was held near St Louis and was planned by the LCMS. This year, the conference is being planned by the ELCA with the leadership of David Kylo. The theme for the conference will be "In Times Such As These." We find ourselves in troubling and uncertain times. Chaplains, Pastoral Counselors and Clinical Educators are members of this society and are also called to serve others through the institutions in which we work. Zion XVII will identify the many societal issues confronting us, explore where we see Christ in these uncertain times, and learn what our own Reformation tradition can teach us.

ADDICTION & FAITH CONFERENCE

A CONFERENCE FOR CONGREGATIONS, CLERGY & CARE GIVERS

Addiction in every form, including the current opioid crisis, is ravaging our world.
How will we as people of faith respond?

September 28, 29 & 30 • 2018

DoubleTree by Hilton • Bloomington, Minnesota

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www.addictionandfaithconference.com

KEYNOTERS & WORKSHOP LEADERS



Pastor Nadia
Bolz-Weber



Omar Manejwala,
M.D., M.B.A.



Anne Wilson Schaef,
Ph.D.

BREAKOUT SESSION SPEAKERS & TOPICS



Rev. Eyglo
Bjarnadottir



Rev. Jack Abel



Michael
Borowiak



Emilee
Rodriguez



Pastor Tom
Scornavacchi



Pastor Martha
Postlethwaite



Drew Brooks
Faith Partners

SPIRITUAL AWAKENING AS THE ESSENCE OF RECOVERY

Explore fundamental questions for pastoral leaders in the face of addiction as an urgent concern.

FAMILY CRISIS IN THE CHURCH

Traverse Counseling & Consulting will lead clergy, ministry directors and lay leaders within congregations to realize the magnitude of the Substance Abuse problems in our community.

TOOLS AND BEST PRACTICES FOR ADDICTION MINISTRY

A panel of ministry pioneers successful in addiction ministry will share their best practices.

For complete schedule, pricing and registration visit:

www.addictionandfaithconference.com