Envisioning New Possibilities: Requests for Pastoral Counseling by Persons enrolled in a SAMHSA addiction recovery program

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For over a decade, I have been an evaluator of Substance Abuse and Mental Health Association (SAMHSA) funded intervention and prevention programs targeting urban Latino populations. During more recent years, I have become increasingly sensitive to the largely impersonal way in which standardized GPRA (Government Performance and Results Act of 1993) data is gathered to measure participants experiences, behaviors, risks and the plethora of determinants, all which are mechanically calculated into correlations and programmatic conclusions. I can't help but mourn an absence of a more human context for both creating prevention and recovery programs and evaluating their efficacy.

Although deeply religious, the resident of Puerto Rico suffer a disproportionately high level of illicit drug use, trafficking and drug related crimes.[1, 2] Focused enough to recognize its cultural context, drug dependency is defined by the Puerto Rican Legislature not merely as a "mental health disorder" but a social and spiritual problem3 for which an appropriate response is warranted. The island's resolution has involved the establishment of faith-based programs for addiction treatment across the island. As of 1998, three quarters (75%) of Puerto Rico's government registered drug treatment programs are faith-based.[4, 5]

Sadly, the converging of faith-based initiatives and the science of drug treatment has been slower to take place in the mainland United States, despite the fact that so many Latinos, Hispanics and other religion-centered demographic groups in the United States suffer from addictions.

In 2001, studies conducted by both The National Center on Addiction and Substance abuse, Columbia University and SAMHSA found that a small minority (approximately 12%) of clergy in the

United States were trained to identify and respond to issues of substance abuse and addiction among congregation members. In response to the gap in knowledge among clergy, three years later The Center for Substance Abuse Treatment (CSAT) released a report "Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members".

This past year, a webcast program entitled "Faith and Recovery: The Healing Role of Faith-Based Organizations" sponsored by the Multi jurisdictional Counter Drug Task Force Training (MCTFT) Program and SAMHSA further addressed the issue of proper training of pastoral counselors to answer to the needs of the drug addicted. This collaboration on part of organizations including The American Association of Pastoral Counselors (AAPC), National Association for Children of Alcoholics (NACOA) and the Johnson Institute, show promise to be one of the most powerful cross-denominational health education efforts of its kind.

But fact remains that from this evaluator's perspective, not enough effort has been made to bring us in to a more intimate understanding the experiences of those recovering from addictions. In 2006, one question related to religion was added to SAMHSA's evaluation tool (GPRA). It merely asks if the respondent has ever participated in any religious-based self-help programming during their recovery from addiction. Nothing more. Nothing less.

Among the respondents, approximately one third (38%) reported involvement with a faith-based program. Dramatic gender group differences were noted where men were nearly five times as likely (OR=4.7, P<.001) than women to report participating in a faith-based program. Determined to have a deeper understanding of how religious beliefs might affect the recovery process, I conducted a supplemental evaluation based on a random sub-sample of 32 respondents generated from a study population of N=119, CI =.15, and CL = .95 as parameters.

The ethnically diverse group included Non-Hispanic Whites (48%), Latinos (48%), and African Americans (13%). Ethnic background had no bearing on religious identification where the vast

majority (94%) reported believing in a higher power and most self-reporting as Roman Catholic (84%) followed by protestant (9%) and Pentecostal (3%). Although 97% identified themselves with a denomination, over half (59%) claimed to be "spiritual, not religious" and without any adherence to any one set of religious beliefs. Every respondent (100%) believed there was a clear difference between spirituality and religiosity.

Based on a 10 point likert scale, respondents were asked to rate their own perceived level of recovery over the past year with their involvement with this particular program. Men, who also reported a higher degree of participation with religious programming scored higher at (μ=8.7; SD= 1.4) compared to women at (μ=7.4; SD=1.5) who reportedly were five times less likely to report participation with a faith-based program. By ethnic group, self-rated levels of recovery were highest for African Americans (μ= 9.0; SD=80) followed by Latinos (μ=8.3; SD=1.9) and lowest among Non-Hispanic Whites (μ=7.7; SD=1.3). These differences, likely due to the small sample size, did not reach statistical significance. Perhaps most probing were differences in self-perceived levels of recovery among those who believed "they" had control over their own outcomes (μ= 8.7; SD=.95) versus those who believed God had control (μ=7.9; SD=1.9).

The data suggested that across all groups, "faith" was considered extremely helpful in making more responsible decisions (97%), recovering from addiction (94%), healing from chronic physical health conditions (78%), and repairing broken relationships (75%). When asked about need of pastoral counseling as part of their recovery process, all (97%) but one participant stated a resounding "yes". Nearly all (94%) felt they would benefit from private pastoral counseling while one in six (16%) felt they would benefit from a form of "group" pastoral counseling. My next question has been, if this is the expressed need, then why has neither this program, nor any other with which I have worked ever mentioned involvement of pastoral counseling?

Based on these findings, I dare to say that the larger picture of how pastoral counseling could be used as a tool to support federal drug addiction programming continues to be ignored. Addicts currently involved with SAMHSA treatment are hungry for pastoral counseling

services. If we bother to ask, they will "request" pastoral counseling. A topic not yet well studied, the extent to which pastoral counselors or clerics can effectively provide support, comfort, and trust enough to positively impact the recovery process is largely unknown.

But from the vantage point of one deeply spiritual behavioral epidemiologist, I dare say the relationship between pastoral counseling and the science of recovery functions more a logical bridge then a "leap" of faith. As stated in 2001 by the authors of *So Help Me God*[6] "too often clergy and physicians, religion and science are like ships passing in the night". I think the time has arrived for all of us involved in the field of public health, inclusive of clinicians, researchers, administrators, and clergy alike begin to envision new possibilities.

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