



Compassion as a lifestyle



February 2014

In This Issue

[Current Funding Opportunities](#)

[Signature Theme: Addiction and Counseling](#)

[Best Practices Principles of Effective Addiction Treatment](#)

[Addiction and Counseling Funding Opportunities](#)

[Resources for Addressing Addiction and Counseling](#)

[Upcoming Newsletter Themes](#)

About NCM USA/Canada

Nazarene Compassionate Ministries seeks to live and act compassionately in the world following Christ's own life and ministry. We seek to be incarnations of the same gospel that Christ lived and preached and to be witnesses to the same love and compassion God has for our world.

In the United States and Canada, NCM works closely with Compassionate Ministry Centers (CMCs) to bring compassion and healing to communities that need the love and presence of Christ.

Mission

Nazarene Compassionate Ministries USA/Canada partners with Nazarene interests to facilitate ministries which address the temporal as well as the spiritual needs of the economically disadvantaged.

My Fellow Leaders,

As you read through this resource newsletter, you will see what some have called, *"the hidden scourge."* Substance abuse is highly prevalent in our culture, knowing no income level, zip code, age, or gender. Actually, more individuals die in America from prescription drug abuse than illegal drugs.

 [Forward to a Friend](#)



The church must respond. We must be the hope and light to those who are hurting and struggling under the stronghold of addiction.

We hope this eNews will provide your compassionate ministry center and church with the resources needed to help those in your community.

Serving together,

Jay Height

jheight@nazarene.org

Coordinator, Nazarene Compassionate Ministries USA/Canada

Current Funding Opportunities

CMC Multi-Site Application Opportunity

"In the world today, youth WILL be mentored. The question is, by whom?"

NCM is gearing up to prepare a group application for youth mentoring and would like to identify and learn more about Compassionate Ministries Centers currently engaged in youth development activities. **If you would like to learn more about this group**

application and share how you are working with youth in your community, please email hginese@ncmi.org to request a preliminary survey by Friday, February 14,

Churches

Local churches are the primary avenue for Nazarenes to reach out to those in their communities. Nazarene Compassionate Ministries seeks to support churches in starting and maintaining ministry to the under-served and marginalized. We believe every church, no matter size or budget, can find ways to meet needs in their community with compassion, creative, and the firm foundation and life-changing power of the Gospel message.

CMCs- Compassionate Ministry Centers

A Compassionate Ministry Center is a non-profit organization dedicated to meeting the needs of the under-resourced in the community. While these organizations are often affiliated with a specific local church, they are in a strategic position to unite others in their community around a high-needs cause.

NDR- Nazarene Disaster Response

Nazarene Disaster Response is Nazarenes mobilizing for disaster through Readiness, Response, and Recovery. Local Nazarenes are in a unique position to understand, serve, and remain with disaster victims in their own neighborhoods. In large-scale events the denomination can come alongside local efforts with the support of volunteers and donors from across the country and through our strong partnerships with other disaster relief agencies. NDR serves victims regardless of race, creed, or economic status by concentrating on assistance to the poor, elderly, and handicapped.

W&W- Work & Witness

Work & Witness provides opportunities for Nazarenes to serve together in support of existing ministries such as churches, CMCs, and Nazarene Disaster Response.

2014.

Ben & Jerry's Foundation seeks proposals for social and environmental justice projects from nonprofit, grassroots community-organizing groups with annual budgets under \$500,000. [Review eligibility and application guidelines](#)

Deadline: March 14, 2014

Funding Amount: \$20,000

Singing for Change is accepting letters of interest for social and environmental projects that include community members in planning and collaborate to find innovative solutions. [Apply](#)

Deadline: Ongoing

Funding Amount: \$1,000 - 10,000

Ruddie Memorial Youth Foundation seeks applications for innovative youth programs in Baltimore, Boston, Los Angeles, Madison, Philadelphia, San Francisco, and Washington, DC. [Program guidelines](#)

Deadline: April 30, 2014

Funding Amount: \$25,000

Mutual of America Foundation is accepting nominations for 2014 Community Partnership Awards that recognize outstanding nonprofit organizations that have formed strong partnerships with public, private, and social sectors. [Application instructions](#)

Deadline: April 1, 2014

Award Amount: \$25,000 plus documentary awareness video

Lawrence Foundation awards grants to organizations working in the areas of education, human service and disaster relief. [Learn more](#)

Application Deadline: April 30, 2014

Signature Theme: Addiction and Counseling

Best Practices, Innovations, Resources, Funding Opportunities

Addiction

is compulsive drug use despite harmful consequences that is characterized by the inability to stop using drugs, failure to meet work, social, or family obligations, and, sometimes, tolerance and withdrawal.

Physical dependence is the adaptation of the body to a drug, requiring more of it to achieve a certain effect (tolerance) and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased (withdrawal).

Addiction

has also been defined as a systematic deconstruction of the personality, characterized by a loss of interest in life, feelings of guilt and self-resentment, and anger toward self, others, and God.



Addiction Statistics

Dependence on alcohol and drugs is the most ubiquitous national public health problem, affecting individuals and their families regardless

Work & Witness can be any type of project, from construction to evangelism to compassionate outreach.

Contact

Toll Free Number: 1-800-306-9950

Fax: (913) 577-0893

General Email:

ncmusacan@nazarene.org

Coordinator: **Jay Height**

Direct Line: (317) 281-6768

E-Mail:

jheight@nazarene.org



Like



...ecting marriage and their families regardless of ethnicity, region, or economic status. Approximately 23.9 million Americans aged 12 and older are current illicit drug users, and 20.3 million of the 22.2 million individuals in need of treatment to overcome addiction to illicit drugs or alcohol do not receive it.^[1] Family

history of substance abuse and earlier age at first use both place individuals at higher risk of developing an addiction to drugs or alcohol.

Characteristics of Addiction

Addiction affects the brain's control of reward and motivation, learning and memory, and behavioral control and inhibition. A combination of factors including genetic makeup, age of exposure to drugs, and environmental influences initially leads a person to **choose** to take drugs. However, after prolonged drug exposure weakens brain function, the individual's ability to choose and exercise willpower is impaired. Seeking and consuming the drug becomes compulsive, and psychological stresses, physical pain, social cues, or environmental cues can trigger intense cravings without the individual realizing it.

Consequences of Inaction

Drug abuse and addiction lead to other mental illnesses and physical risks including injury, infectious diseases such as HIV/AIDS and hepatitis, weakened immune system, heart disease and stroke among others. Other consequences include dysfunctional behaviors that disrupt family and social relationships and can lead to legal problems.

Substance abuse costs the U.S. over \$600 billion annually in related crime, criminal justice, theft, and healthcare costs.^[2] Every dollar invested in addiction treatment saves \$12 in drug-related costs. Individuals and society save even more through reduction in interpersonal conflicts, increased work productivity, and fewer drug-related accidents, including overdose and deaths.

Despite the clear need and cost effectiveness, nearly 90% of those with illicit drug or alcohol problems do not receive the treatment that they need to recover. Reducing stigma, raising awareness about the effectiveness of treatment, and increasing treatment availability and access are essential to reduce this treatment gap.

Treatment Effectiveness

Most people who receive treatment stop using drugs, decrease criminal activity, and improve their occupational, social, and psychological functioning. Although relapse occurs, it is not a sign of treatment failure. Patients often require long-term or repeated episodes of treatment to achieve sustained abstinence and recovery of their lives.

Many factors affect an individual's level of engagement and retention in treatment: motivation to change drug-using behavior; support from family and friends; pressure from criminal justice system, child protective services, employers, and family; clinician ability to establish positive, therapeutic relationships with their patients. Predictors of positive treatment outcomes include being married, employed, high social class, financially secure, socially active, and well-adjusted with little history of arrest and low severity of psychiatric symptoms. Factors limiting treatment outcomes include aggression, attempted suicide, organic brain syndrome, sociopathic personality, and dual diagnosis.^[3]

What the faith community can do to help

Churches and compassionate ministries centers are well positioned to help prevent and support recovery from substance abuse because they offer spiritual support to individuals and communities. Just being associated with the activities of a faith

community can protect children living in high risk environments from initiating substance use. Additionally, churches are communities of support that can help individuals reintegrate themselves and succeed in recovery. Despite the great opportunity for churches and faith-based organizations to help people recovering from addiction, a "wall of silence" still stands between the faith community and people with alcohol and drug dependence, driving away addicts and their families from needed

support and comfort with messages that perpetuate societal stigma and judgment. Properly equipped pastors and church leaders can explain in spiritual terms how addiction is a barrier to spirituality to help reduce stigma and encourage their congregations to welcome and support individuals and families affected by substance dependence.

SAMHSA has developed core competencies^[4] aimed to equip clergy and other pastoral ministers to break through the wall of silence that surrounds alcohol and drug dependence, and to become involved actively in efforts to combat substance abuse and mitigate its damaging effects on families and children by (a) being alert to windows of opportunity for contact, assessment, intervention, and treatment; (b) being internally prepared with necessary information, resources, and teaching tools; (c) establishing effective healing relationships with those affected by addiction; (d) forming therapeutic alliances with professionals, congregational caregivers, and affected individuals and their families; and (e) knowing when to leave.

Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members

1. Be aware of the definition and societal stigma attached to alcohol and drug dependence.
2. Be knowledgeable about the signs of alcohol and drug dependence, characteristics of withdrawal, effects on the individual and the family, and stages of recovery.
3. Be aware that possible indicators of the disease may include marital conflict, family violence, suicide, hospitalization, or encounters with the criminal justice system.
4. Understand that addiction erodes and blocks religious and spiritual development, and be able to effectively communicate the importance of spirituality and the practice of religions in recovery, using the scripture, traditions, and rituals of the faith community.
5. Be aware of the benefits of early intervention to the addicted person and affected family.
6. Be aware of appropriate pastoral interactions with the addicted person and affected family.
7. Be able to communicate and sustain concern and messages of hope and caring.
8. Be familiar with and utilize available community resources to ensure a continuum of care for the addicted person, family system, and affected children.
9. Have general knowledge of and exposure to 12-step programs (AA, NA, Al-Anon, etc.)
10. Be able to acknowledge and address values, issues, and attitudes regarding alcohol and drug use and dependence in oneself and one's own family.
11. Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence.
12. Be aware of how prevention strategies can benefit the larger community.

Program Models for Substance Abuse Treatment

Most substance abuse treatment begins with detoxification and medically managed

Most substance abuse treatment begins with detoxification and medically managed withdrawal as the first stage, followed by a formal assessment and development of a drug addiction treatment plan. The core components of a comprehensive treatment program[5] include:

- Group/individual counseling
- Pharmacotherapy
- Self-Help (AA/NA)
- Urine monitoring
- Case management
- Continuing care
- Supports as needed: financial, medical, mental health, vocational, educational, legal, HIV/AIDS, family, child care, housing and transportation

Types of Treatment Programs

Long-term residential treatment provides 24-hour care for 6-12 months and utilizes a therapeutic community to "resocialize" individuals. Highly structured treatment focuses on developing personal accountability and responsibility as well as socially productive lives. Activities help residents examine damaged beliefs, self-concepts, and destructive patterns of behavior and adopt a new, more harmonious and constructive way to interact with others.



Short-term residential treatment provides intensive three- to six-week hospital-based inpatient phase followed by extended outpatient therapy and participation in a 12-step self-help group.

Outpatient treatment costs less than residential or inpatient treatment and is more suited for people with jobs and extensive social networks, but is much less intensive.

Individualized drug counseling focuses on stopping substance use and addresses related impaired function such as employment status, illegal activity, and family/social relations by emphasizing short-term behavioral goals to develop coping strategies and tools to abstain from drug use and maintain abstinence. The addiction counselor encourages 12-step participation one or two times per week and refers for medical, psychiatric, and employment services.

Group counseling

focused on social reinforcement through peer discussion and uses principles of cognitive-behavioral or contingency management strategies.

The main aim of treating substance dependence is to develop a personally meaningful lifestyle that involves productive functioning in the family, workplace, and society through[3] :

- Abstinence from alcohol and other mind altering drugs
- Structured recovery program centered around sober and responsible activities
- Repair of physical, psychological, and social damage caused by the substance use disorder
- Treatment of coexisting mental and personality disorders that interfere with abstinence and responsible living
- Positive personality and lifestyle changes that support continued abstinence

Pharmacotherapies[2]

Prevent withdrawal symptoms, reduce cravings, and block desired effects of drugs and alcohol, or generate undesirable symptoms when combined with drugs or alcohol to discourage relapse. Allows patients to hold jobs, avoid crime and violence, reduce exposure to HIV, and engage more readily in counseling and behavioral interventions essential to recovery.

Methadone	Opioid	prevent withdrawal; reduce cravings; block effects
Buprenorphine	Opioid	does not produce euphoria/sedation; reduce withdrawal
Naltrexone	Opioid	prevents euphoria to diminish cravings and addiction
Nicotine replacement	Tobacco	prevent withdrawal symptoms; maintain motivation to quit
Bupropion	Tobacco	suppress craving; quit without gaining weight
Varenicline	Tobacco	blocks ability of nicotine to activate dopamine
Naltrexone	Alcohol	blocks receptors for rewarding effects and craving
Acamprosate	Alcohol	reduces symptoms of protracted withdrawal
Disulfiram	Alcohol	interferes with degradation of alcohol, which causes flushing, nausea, and palpitations if alcohol is consumed

Behavior Therapies[2]

Engage people in drug abuse treatment, provide incentives to remain abstinent, modify attitudes and behaviors, and increase skill to handle stress and environmental cues.

Cognitive Behavioral Therapy	<p>Individuals learn to anticipate problems and develop coping strategies.</p> <ul style="list-style-type: none"> • Exploring positive and negative consequences of continued drug use • Self-monitoring to recognize cravings early and identify high risk situations • Developing strategies for coping with cravings and high risk situations.
Contingency Management/ Motivational Incentives	<p>To reinforce positive behaviors (abstinence and attendance), patients receive monetary vouchers (Voucher-Based Reinforcement) or chances to draw a cash prize (Prize Incentives) as a reward for supplying drug-free urine samples or attending counseling sessions. Voucher value and chances to draw increase with consecutive negative urine samples, but reset with drug-positive urine.</p>
Community Reinforcement Plus Vouchers	<p>Intensive 24-week outpatient therapy using recreational, familial, social, and vocational reinforcers and material incentives to make a non-drug-using lifestyle more rewarding than substance abuse.</p> <ul style="list-style-type: none"> • Weekly individual counseling sessions focus on family relations, new skills, vocational counseling and new recreational activities and

	<p>counseling, and new recreational activities and social networks</p> <ul style="list-style-type: none"> • Vouchers for negative urine samples two or three times each week
Motivational Enhancement Therapy	<p>Evokes internal change in client attitude toward treatment and abstinence.</p> <ul style="list-style-type: none"> • Initial assessment session followed by 2-4 individual treatment sessions. • Feedback on the assessment stimulates discussion and self-motivation. • Build a plan that includes coping strategies for high risk situations.
Matrix Model	<p>Therapist fosters a positive, encouraging relationship with the patient to reinforce positive behavior change and teach patients about addiction relapse and self-help programs. Drug use is monitored and treatment manuals followed for individual sessions. Other components include family education groups, early recovery skills groups, relapse prevention groups, combined sessions, 12-step programs, relapse analysis, and social support groups.</p>
12-Step Facilitation Therapy	<p>Encourage active involvement in 12-step self-help groups.</p> <ul style="list-style-type: none"> • Accept that drug addiction is a chronic disease that willpower alone is insufficient to overcome and abstinence is the only alternative • Surrender to a higher power, accept fellowship, follow 12-step recovery • Active involvement in 12-step meetings and activities

[1] [SAMHSA 2012 National Survey on Drug Use and Health](#)

[2] [Principles of Drug Addiction Treatment: A Research-Based Guide](#). National Institute on Drug Abuse.

[3] [Research-Based Best Practice Principles in Treating Addiction](#). Wisconsin Defender.

[4] [Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members](#)

[5] [Introduction to Evidence-Based Practices in Addiction Treatment](#) (Power Point Presentation). Addiction Technology Transfer Center Network

Best Practices Principles of Effective Addiction Treatment^[6]

- Addiction is a complex but treatable disease that affects brain function and behavior.
- All substance abusers should be treated with dignity at all stages of the recovery process.

process.

- No single treatment is appropriate for everyone. Treatment should be matched to each individual's specific needs.
- Treatment needs to be readily available so that drug-addicted individuals can take advantage of available services as soon as they are ready for treatment.
- Effective treatment addresses the multiple needs of the individual, not just drug abuse.
- Treatment plans must be assessed and modified continually to meet changing needs.
- At least three months of treatment are required to significantly reduce or stop drug use, and the best outcomes occur with longer durations of treatment.
- Counseling and behavioral therapies are central to effective treatment because they address the client's motivation to change, provide incentives for abstinence, build skills to resist drug use, replace drug-using activities with constructive and rewarding activities, improve problem-solving skills, and facilitate better interpersonal relationships.
- Medications are one important component of comprehensive treatment for many patients.
- Co-existing disorders should be treated in an integrated way.
- Medical detox is only the first stage of treatment and by itself does little to change long-term drug abuse without continued motivational enhancement and incentive strategies.
- Treatment does not need to be voluntary to be effective. Although strong motivation facilitates treatment and recovery, initial approaches can create motivation for clients who are initially resistant to treatment.
- Possible drug use during treatment must be monitored continuously as motivation for patients to resist urges to use drugs and as an early indicator of return to drug use.
- Treatment manuals that assign reading, journaling, and self-assessment help facilitate productive group and individual therapy sessions.
- Assess for infectious diseases and help clients modify at-risk behaviors.
- Recovery can be a long-term process and require multiple episodes of treatment. Relapse does not indicate treatment failure, but shows that treatment plans need to be adjusted.



[6] [Introduction to Evidence-Based Practices in Addiction Treatment](#) (Power Point Presentation).
Addiction Technology Transfer Center Network

Addiction and Counseling Funding Opportunities

Substance Abuse and Mental Health Services Administration (SAMHSA) funds drug abuse prevention, treatment, and recovery interventions through several grant programs.

[Review 2013 grants awards](#)
[Monitor for upcoming opportunities](#)

Sprint Foundation supports youth development programs including those that focus on substance abuse prevention. [More Information](#)

Daniels Fund grants to nonprofits that assist youth and adults in CO, NM, UT, and WY with alcohol and substance abuse challenges in achieving stability through outreach and education, information and resources, early identification and intervention, outpatient

and residential services, and recovery support services. [More information and Application](#)

Armstrong Foundation supports programs seeking to improve quality of life within communities where their employees live by addressing health, substance abuse, and hunger.

[Eligible communities](#)
[Online Application](#)



BNSF Railway Foundation funds chemical dependency treatment and prevention for communities along [main BNSF lines](#)
[Apply](#)

Otto Bremer Foundation supports activities that transform communities into places where basic needs are met, mutual regard is prized, and opportunity for economic, civic and social participation is within everyone's reach.

[Eligible communities](#)
[How to Apply](#)

Freeport-McMoRan Copper & Gold Foundation grants to organizations that provide direct services including substance abuse prevention and treatment to communities where the company has an operational presence. To obtain an application, complete the [Eligibility Quiz](#)

TJX Foundation contributes to programs that provide basic-need services to disadvantaged children, women, and families in communities where the company does business. Focus areas include domestic violence prevention, mentoring and tutoring, prenatal care and healthy-baby education, and social services to strengthen the family unit. [More information](#)

Resources for Addiction and Counseling

Substance Abuse and Mental Health Services Administration (SAMHSA) directory of residential, outpatient, and hospital inpatient treatment programs throughout the country. [Find Treatment Locations](#)

American Society of Addiction Medicine nationwide [directory](#) of addiction medicine professionals

Addiction Severity Index is a structured clinical interview designed to collect information about substance use and functioning in life areas from adult clients seeking drug abuse treatment. [Download Instruments and Manuals](#)

SAMHSA's Faith-based and Community Initiatives page provides technical assistance and [information resources](#).

Evidence-based Interventions for Drugs and Substance Abuse:

- National Institute of Justice Crime Solutions [More Info](#)
- Institute for Research, Education, and Training in Addictions [View Site](#)
- Substance Abuse and Mental Health Services Administration (SAMHSA) [Learn More](#)



National Institute on Alcohol Abuse and Alcoholism [professional education materials](#)

Upcoming Newsletter Themes

If you would like to submit a story about innovative work you are doing or a description of successes you have had within these thematic areas for inclusion in an upcoming newsletter, please send it to jheight@nazarene.org by the stated deadline.

March 2014

Volunteerism and
Service Learning

Submit by:
February 14, 2014

Nazarene Compassionate Ministries

USA/Canada Region
17001 Prairie Star Parkway
Lenexa, KS 66220, USA

Phone: 1.800.310.6362 * Email: JHeight@nazarene.org

[Forward email](#)