Presents

FAITH-BASED SUBSTANCE ABUSE TREATMENT

Internet Based Coursework

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Faith-Based Substance Abuse Treatment

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This distance learning coursework was developed for CEUMatrix by Dr. Robert A. Shearer, retired Professor of Criminal Justice in the College of Criminal Justice, Sam Houston State University.

This course is reviewed and updated on an annual basis to insure that the information is current, informative, and state-of-the-art. This package contains the complete set of course materials, along with the post test and evaluation that are required to obtain the certificate of completion for the course. You may submit your answers online to receive the fastest response and access to your online certificate of completion. To take advantage of this option, simply access the Student Center at http://www.ceumatrix.com/studentcenter; login as a Returning Customer by entering your email address, password, and click on 'Take Exam'.   For your convenience, we have also enclosed an answer sheet that will allow you to submit your answers by mail or by fax.

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About the Instructor:

Dr. Robert A. Shearer is a retired professor of Criminal Justice, Sam Houston State University. He received his Ph.D. in Counseling and Psychology from Texas A & M University, Commerce.   Prior to teaching Criminal Justice, he taught Educational Psychology at Mississippi State University on campus and in the extension program across rural Mississippi during the civil rights era.

He has been teaching, training, consulting and conducting research in the fields of Criminal Justice, human behavior, and addictions for over thirty-six years. He is the author of over sixty professional and refereed articles in Criminal Justice and behavior. He is also the author of *Interviewing: Theories, techniques, and practices, 5th edition* published by Prentice Hall. Dr. Shearer has also created over a dozen measurement, research, and assessment instruments in Criminal Justice and addictions.

He has been a psychotherapist in private practice and served as a consultant to dozens of local, state, and national agencies. His interests continue to be substance abuse program assessment and evaluation. He has taught courses in interviewing, human behavior, substance abuse counseling, drugs-crime-social policy, assessment and treatment planning, and educational psychology. He has also taught several university level psychology courses in the Texas Department of Criminal Justice Institutional Division, led group therapy in prison, trained group therapists, and served as an expert witness in various courts of law.

He has been the president of the International Association of Addictions and Offender Counseling and the editor of the *Journal of Addictions and Offender Counseling* as well as a member of many Criminal Justice, criminology, and counseling professional organizations prior to retirement.

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Faith-Based Substance Abuse Treatment

Goals and Objectives

Goals: The primary goal for this course is for the student to understand the issues, research, theory, and principles of faith-based substance abuse treatment.

Objectives: The primary objectives of this course are for the student to:

    A. Understand how faith-based is defined
    B. Understand faith-based community and corrections programs
    C. Understand religiosity and spirituality
    D. Understand the faith-crime relationship
    E. Identify the types of faith-based programs
    F. Understand spirituality and substance abuse
    G. Understand faith-based and cognitive programs
    H. Understand the skills, knowledge, and attitudes needed for working in faith-based programs
    I. Understand faith-based program theories and research
    J. Understand the critical issues in faith-based substance abuse treatment
    K. Understand spirituality and substance abuse counseling orientations
    L. Understand the legal issues associated with faith-based treatment

Pedagogy: The primary learning methods for this course are:
    A. Reading comprehension
    B. Visual aids—Six color figures
    C. Instrumented feedback

Introduction

America is a land of many paradoxes and one of the most troubling paradoxes is the relationship between religion and substance abuse. A very high percentage of Americans believe in God and are affiliated with a specific religion. On the other hand, America is awash in legal and illegal drugs, and many young people and adults are seriously addicted to alcohol or drugs.

This course is designed and has been created for students to gain a better understanding and greater knowledge of faith-based substance abuse treatment. The course focuses on both community and institutional, correctional and free-world programs designed to treat drug and alcohol addiction. The course was designed for substance abuse counselors working both in and out of faith-based treatment programs. Nevertheless, the course is also designed for individuals working in faith-based programs that do not specifically address substance abuse, such as clergy and other pastoral ministers.

Long before there was significant government sponsorship of programs and services to meet this country's human needs, faith-based organizations, other voluntary community associations, individuals, and families played a large role in meeting some of these needs. Indeed, many governmental and other secular social welfare institutions in communities across the nation have their origins in faith-based and community-based organizations established as long as 100 or 150 years ago.

Even as government at all levels has assumed greater responsibility for policies and programs to address human needs, the American tradition of faith-based and other community organizations providing social welfare and educational programs has continued. They play a unique role today. They have access to motivated staff and similarly motivated volunteers. They often enjoy trust within their communities. There are many reports that the spiritual dimension of faith-based organizations provides a powerful ingredient for needed change for people otherwise unreachable, including some with multiple barriers.

Thus, the human service delivery system in the U.S. is an amalgam of resources and programs of the public sector and the private sector; the latter including both faith-based and secular service organizations. Fully half of all government-funded social services are in partnership with private non-profit organizations.

Faith-Based Definitions

A starting point for this course is the definition of "faith-based" programs. The definitions appear to be many and varied. Some of these definitions are:

- Congregations, national networks, freestanding religious organizations, or other urban or social ministries providing some community service.
- Grass roots groups involving networks of local congregations, small nonprofit organizations, and neighborhood groups that spring up to respond to a crisis
- Faith-based means (a) linkage to an organized faith community, (b) the presence of a particular ideology, and (c) staff and volunteers drawn from a particular religious group.
- The presence of implicit or explicit religious and/or spiritual content underlying program activities.
- The degree to which a program is imbued with religious and/or spiritual content or a continuum ranging from "faith-saturated" to "faith-secular partnership.

The line between secular and faith-based substance abuse treatment programs is quite blurred for several reasons.

- Many programs not associated with any organized religion endorse 12-step conceptions of spirituality and the existence of a "higher power."
- Recovery programs endorsing 12-step philosophy typically emphasize "spiritual transformation" as fundamental to the recovery process.
- Traditional medical and psychosocial treatment programs may incorporate the 12-step philosophy or other spiritual content to some extent.
- The credentials of program staff may vary amongst faith-based substance abuse treatment programs. Twelve-step oriented treatment programs often recruit staff members who are in recovery or who graduated from their program. Traditional treatment programs are more likely to have professional, licensed staff.

Based on the above definitions and issues, substance abuse treatment programs can be defined by the degree to which importance is assigned to the following:

- Spiritual (SA). Spiritual activities and beliefs.
- Structure (SD). Structure and discipline.
- Environment (SE). Supportive and affirming environment.
- Modeling (MM). Role modeling and mentoring.
- Synergy (SN). Group activities and cohesion.
- Transfer of Experience (TE). Work readiness and referrals.
- Professional Treatment (PT). Traditional treatment modalities.

Philosophical Propositions

Several philosophical propositions underlie and support the faith-based movement that ultimately leads to faith-based substance abuse treatments. The *Working Group on Human Needs and Faith-Based and Community Initiatives* has identified five primary propositions:

- America can't adequately overcome poverty and social dysfunction with the resources now being dedicated to this mission
- Addressing our communities' needs is not just governments' job. It is everyone's job.
- Religious faith is a powerful force in our society, and it needs to be connected more firmly to the work of social regeneration.
- Recognition of the variety of religious characteristics of faith-based organizations is needed to help bring greater clarity to the ongoing public debate on these issues.
- Closer collaboration between government and community (particularly faith-based) groups will require a tenacious search for pragmatic, tailored, occasionally messy, but typically American solutions.

These propositions were addressed primarily to public officials at all levels, to business and philanthropic leaders, and to faith-based and secular providers of human services. Consequently, they serve as a broad philosophical foundation for faith-based substance abuse treatment programs and a spring board for the content of this course in faith-based substance abuse treatment.

Faith-Based Community and Corrections Programs

Faith-based programs and organizations tend to be divided into four main types according to their focus:

- Faith-Based Corrections Programs (FBCP). These are programs in prisons and jails that are designed to treat the general criminal tendencies of offenders.
- Faith-Based Corrections Substance Abuse Treatment Programs. These are programs in prisons and jails designed specifically to treat alcohol and drug abuse. These programs include transitional treatment, both pre- and post-release.
- Faith-Based Community Programs (FBCMP). These are programs and organizations that are designed to treat general criminal or delinquent tendencies of offenders in the community. These are also known as community action programs.
- Faith-Based Community Substance Abuse Treatment Programs. Many faith-based organizations and programs are designed to treat alcohol and drug abuse in the community.

Figure 1 presents a visual representation of these four types of programs and illustrates how all four are Faith-Based Programs (FBP). The focus of this course is on community and corrections substance abuse treatment programs.

Figure1
Faith-Based Programs (FBP)

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│                                             │
│        FAITH-BASED PROGRAMS                  │
│              (FBP)                           │
│                                             │
└─────────────────────────────────────────────┘

┌──────────────────────┐   ┌──────────────────────┐
│     FAITH-BASED      │   │     FAITH-BASED      │
│     CORRECTIONS      │   │     COMMUNITY        │
│      PROGRAMS        │   │      PROGRAMS        │
│       (FBCP)         │   │      (FBCMP)         │
└──────────────────────┘   └──────────────────────┘

┌──────────────────────┐   ┌──────────────────────┐
│     FAITH-BASED      │   │     FAITH-BASED      │
│     CORRECTIONS      │   │     COMMUNITY        │
│   SUBSTANCE ABUSE    │   │   SUBSTANCE ABUSE    │
│      TREATMENT       │   │      TREATMENT       │
│      PROGRAMS        │   │      PROGRAMS        │
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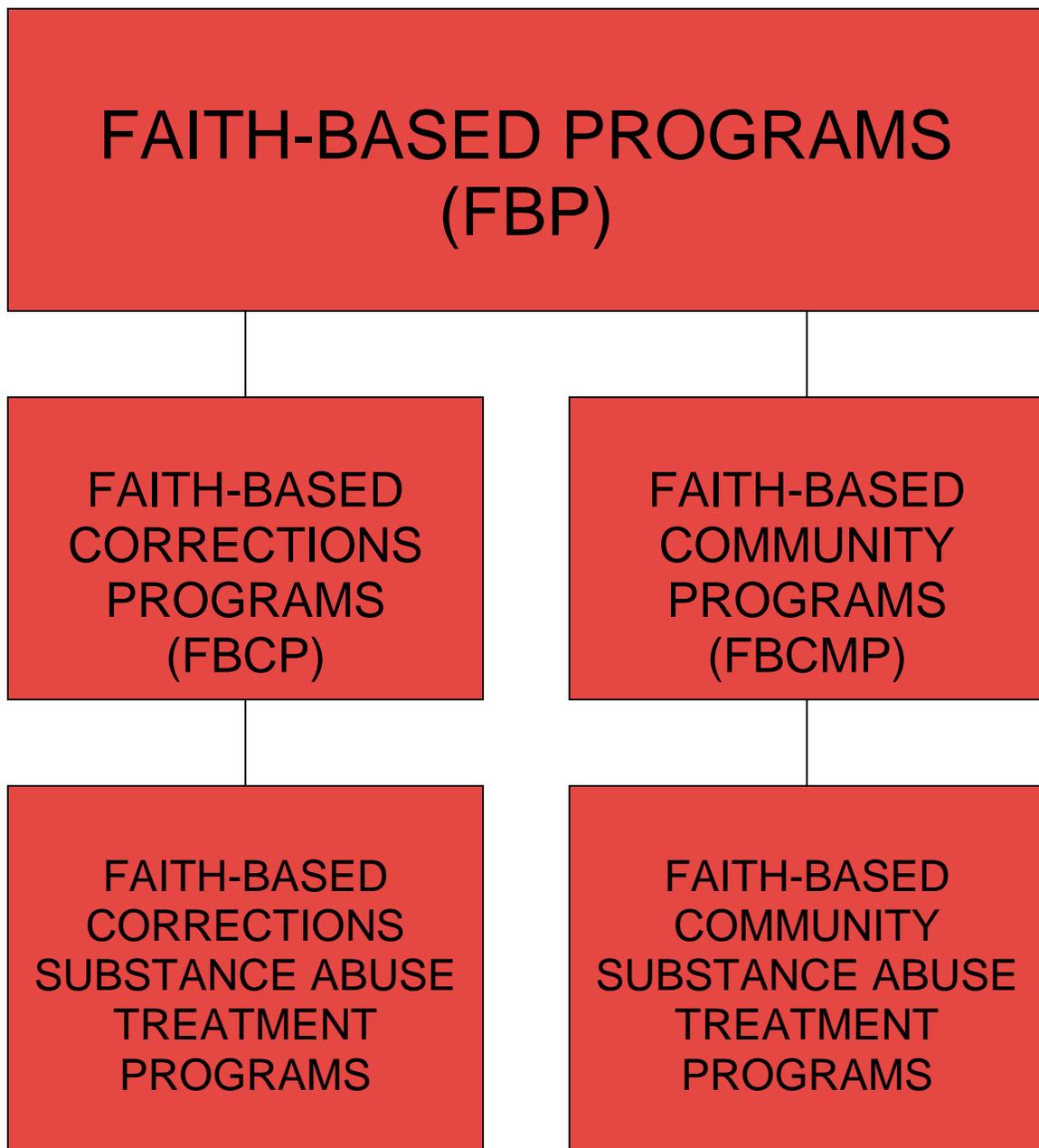
Religiosity and Spirituality

Religiosity and spirituality are core concepts for faith-based substance abuse treatment programs. Unfortunately, the two are poorly understood and involve complex issues. Empirical studies of the two concepts suggest two independent dispositions. Many definitions of the two can be found.

Religiosity
- A system of beliefs in a divine or superhuman power, and practices of worship or other rituals that imply community activity to bind or tie people together.
- A faith community with teachings and narratives that enhance the search for the sacred and encourage morality.
- Religiousness-Components
  1. Private religious practices
     "I often pray privately in places other than church, mosque, or synagogue"
  2. Organized religiosity
     "I often attend religious services"
  3. Self-rated religiosity
     "I consider myself a religious person"

Spirituality
- A subjective experience of the sacred
- A transcendent dimension within human experience discovered in moments in which the individual questions the meaning of personal existence and attempts to place themselves in a greater meaning for his/her existence.
- A search for meaning, unity, connectedness to nature, humanity, and the transcendent.
- Associated with mystical experience and New Age beliefs and practices.
- Spirituality involves a synergistic belief system that aids in the self-examination of values that serve as standards for behavior.
- Spirituality- Components
  1. Daily Spiritual Experiences
     "I believe in a God who watches over me."
  2. Forgiveness
     "I know that God forgives me."
  3. Positive Coping
     "I am sure my life is part of a larger spiritual force."

Mysticism

　　Mysticism is similar to spiritualism, but tends to include paranormal experiences and experiential/phenomenological (E-P) events or occurrences.

Superstitiousness - secular

　　These are irrational beliefs and experiences including psychokinesis (out-of-body experiences), astrology, reincarnation, spells, and psychic powers.

Superstitiousness – religious

　　These are irrational beliefs and experiences including ghosts, angels, miracles, vision, voodoo, fairies, and evil spirits. In many cases, the distinctions between religious and secular superstitions are vague depending on a particular spiritual or religious orientation. In addition, many popular but medieval superstitious characters, such as werewolves, witches, and vampires, are not included in these categories.

Intrinsic Religiosity

　　This term refers to people who have a high commitment to religious activities and beliefs, treating religion as an end in itself.

Extrinsic Religiosity

　　This term refers to people who use religion as a means to a desired personal end such as social status or comfort.

Exoteric Religiosity

　　Some forms of religion emphasize form; and they tend toward literalistic dogmas, a claim to exclusive possession of the truth, sentimentality, and an emphasis on morality and personal salvation, provided in a manner that makes religion attractive to many people.

Esoteric Religiosity

　　Other forms of religion emphasize the metaphysical, contemplative, knowledge, wisdom, unification with divinity and the spirit and not the letter of religious teaching.

　　Whatever the definition, spirituality and religiosity serve as the foundation for faith-based substance abuse treatment programs.

 Figure 2 presents a visual representation of how these two concepts can be understood on three continua that can translate to a variety of program emphases.

The Spiritual Transformation Self-Inventory in the appendix provides an instrument for program participants to explore their spirituality and religiosity.

Figure 2
The Religious-Spiritual Continuum

Tradition Oriented	Subjective
Organized Religion `⟵⟶ Personal Spirituality	
Subjective Religion ⟵⟶ Functional Spirituality	
Negative Religiousness ⟵⟶ Positive Spirituality	

Faith-Crime Relationship

When faith-based substance abuse treatment involves offenders and prisoner reentry to the community, the theoretical and practical issues of the connection between faith and crime become very important. How do faith-based treatment programs work for offenders? The answer to this question is largely unknown. Consequently, several questions arise:

- How do faith-based substance abuse programs for offenders work?
- Are faith-based programs more effective than no program?
- Are faith-based programs more effective than "business as usual" programs?
- How do you separate the faith component of effectiveness from secular services that are already known to be effective?
- What is the result if faith-based programs are compared to known effective secular programs?
- How do you uncover the faith effect when we know the relationship between religion and crime is modest to small?

With these questions in mind, it is possible to identify several types of causal effects in the faith-drugs-crime relationship.

- *Direct*. The direct crime-faith relationship suggests that faith may have a direct causal effect that contributes directly to improved outcomes for offenders, such as decreased recidivism or relapse rates. This

relationship would suggest that participation in faith-based substance abuse programs would lead offenders to believe that certain behaviors are morally wrong. This belief would subsequently reduce the chances that the offender would engage in criminal behavior or substance abuse.

- *Indirect.* The effect of faith may operate indirectly through some other intervening variable, known or unknown. Faith-based substance abuse treatment programs may reduce crimnogenic factors. This reduction may ultimately reduce recidivism and relapse. A variety of indirect factors can contribute indirectly to crime reduction.
    1. Moral order
        a. Moral directives
        b. Spiritual experiences
        c. Role models
    2. Learned competencies
        a. Community and leadership skills
        b. Coping skills
        c. Cultural capital
    3. Social and organizational ties
        a. Social capital
        b. Network closure
        c. Extra-community skills

In all of these factors, the connection between faith and crime is that faith changes each of these factors, and these factors lead to a more effective life adjustment in the areas of crime and substance abuse.

- *Interactive.* The effect of faith on crime may be interactive such that the influence of faith programs varies with the occurrence of some other factor. For example, a meaningful job may provide for more opportunities to put faith lessons into effect. The equation then becomes: faith-employment-law abiding.

- *Conditional.* The conditional crime-faith relationship suggests that a causal faith is contingent on the existence of other factors. For example, the causal effect of attending faith-based substance abuse treatment programs may be contingent on participants attending professional substance abuse counseling, mental health counseling, employment counseling, or drug/alcohol education classes. Many substance abuse treatment programs are multi-faceted, multi-dimensional, and multi-phasic, and the determination of the contingencies is a very complex undertaking.

- *Threshold.* An intriguing relationship between crime and faith is the suggestion that the effect of faith may arise only after a threshold has been crossed. This threshold is viewed as a sufficient faith dose that has

been achieved. This is referred to in professional substance abuse treatment as "program dose," and it involves:
1. Consistent cohort
2. Attendance
3. Program fidelity
4. Treatment manual

This threshold effect leads to several critical questions about faith-based substance abuse programs:
1. Is it sufficient to be *exposed* to faith-based programming?
2. Does a profound inner change have to occur for program success?
3. What is the quantity-quality relationship in faith-based programs?
4. How can pseudo conversions to faith and the importance of a higher power be separated from true conversions?
5. How can faith-based substance abuse treatment programs maintain treatment consistency with the deemphasis on traditional program structure and treatment manuals. In other words, how can these programs combat consistency and fidelity drift (program dose)?

- *Nonlinear*. It has been suggested that the possible effects of faith in reducing relapse and recidivism may not be a linear process. In order to understand this relationship it is helpful to look at the following continuum in Figure 3. In this figure, for example *very nonreligious* represents an individual who is 99-100% nonreligious, *moderately nonreligious* represents an individual who is 80% nonreligious, and *slightly nonreligious* represents an individual who is 60% nonreligious. Correspondingly, *slightly religious* represents an individual who is 60% religious, *moderately religious* represents an individual who is 80% religious, and *very religious* represents an individual who is 99-100% religious.

Figure 3
The Religious-Non-Religious Continuum

Very Non-Religious	Moderately Non-Religious	Slightly Non-Religious	Slightly Religious	Moderately Religious	Very Religious
99%-100%	80%	60%	60%	80%	99%-100%

In this figure, the movement from being *very non-religious* to being *moderately religious* may not be of the same magnitude as movement from *slightly religious* to *very religious*. The figure is drawn in a linear fashion with geometric distances the same, indicating an equal magnitude of movement. Nevertheless, the relationship may be *non-linear* with varying degrees of magnitude. Similarly, the magnitude of initial faith changes may be easier and more likely than later or greater changes to affect someone's behavior.

- *Symmetry*. In addition to the previously identified causal relationships, it is possible that they could be symmetric or asymmetric.
  1. Symmetric—An increase in faith leads to a decrease in criminal behavior, but a decrease in faith leads to an increase in criminal behavior.
  2. Asymmetric—An increase in faith may decrease criminal behavior, but a decrease in faith may not increase criminal behavior. Figure 4 presents a visual graph of these relationships.

It is possible that in faith-based substance abuse treatment programs, the effect of faith is one way and is irreversible. But, it is possible that participation in faith-based substance abuse treatment programs in later life may be incapable of overcoming a life of drugs and crime.

- *Negative*. It is possible to think about the negative effect that faith may have on criminal behavior and/or substance abuse. Note the following possibilities:
  1. Openly revealing past harmful behaviors may be difficult for some people to accept. Out of frustration, they may revert to previous behaviors, including drugs, alcohol, or crime.
  2. Accepting that a higher power has control over a person's life could lead to a belief that one is not responsible for harmful and destructive behaviors.
  3. If accepting a particular faith program results in failure, the offender may be more prone to commit crime.

Finally, the relationship between faith and crime is, like much of social behavior, not simple and easy to understand. In the final analysis, there may be many causal effects that contribute to crime.

Figure 4
Faith-Crime Symmetry

Symmetric

Faith

Criminal Behavior

Asymmetric

Faith

Criminal Behavior
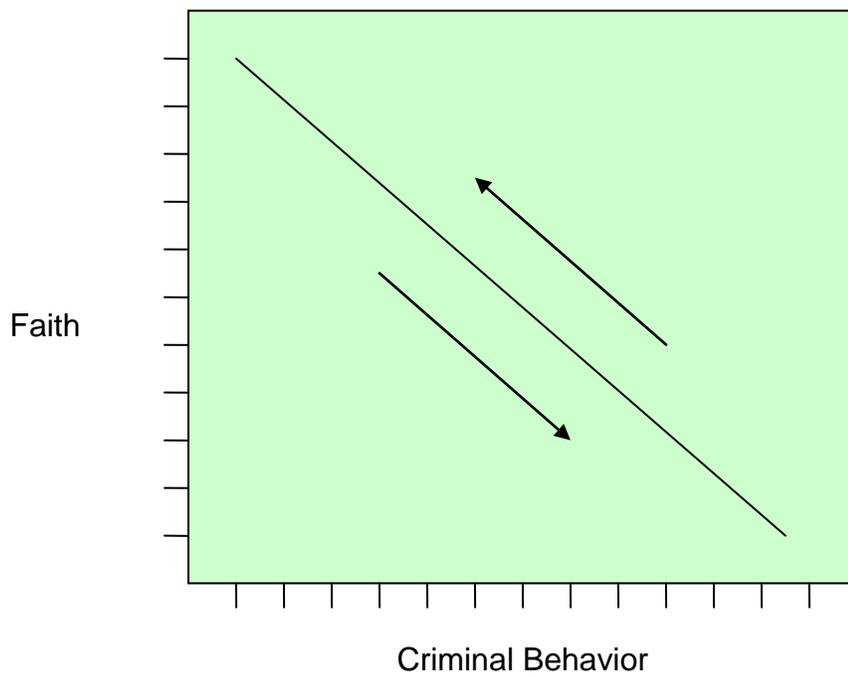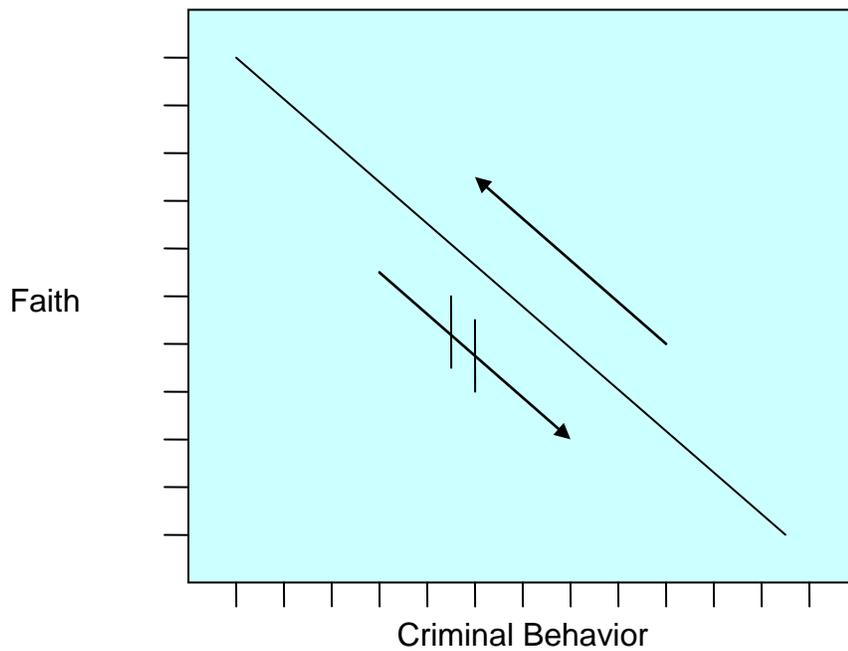
Types of Faith-Based Programs

In 2002, *The Working Group on Human Needs and Faith-Based and Community Initiatives* identified five typologies of faith-based organizations:

- In "faith saturated" organizations, religious faith is very important at all levels, and most staff share the organization's faith commitment. "Faith-saturated" programs involve explicit, extensive, and mandatory religious content integrated throughout the program.

- "Faith-centered" organizations were founded for a religious purpose, and the governing board and almost all staff are required to share the organization's faith commitment. Faith-centered programs include explicit religious messages and activities but are designed so that participants can readily opt out of these activities and still expect positive outcomes.

- "Faith-related" organizations were founded by religious people and may display religious symbols; but they do not require staff to affirm any religious belief or practice, with the possible exception of executive leadership. Faith-related programs have no explicitly religious messages or activities, although religious dialogue may be available to participants who seek it out.

- "Faith-background" organizations tend to look and act secular, even though they may have a historical tie to a faith tradition. "Faith-background" programs have no explicit religious content or materials.

- Lastly, "faith-secular partnerships" have no explicit reference to religious content. Religious change is not necessary for outcomes, but it is expected that the faith of participants from religious partners will add value to the program.

The W*orking Group…* emphasized several key points about faith-based organizations.
- It is very difficult to reach agreement on rules of general application to faith-based organizations.

- The language is very confusing so that "church" and "religious activities" are misunderstood and confused.

- Non-profit organizations are very diverse in the services they provide.

- Not all organizations that provide social services with tax dollars and charitable funds have to possess all the characteristics of more established faith-based organizations.

- The more an organization resembles more traditional and established organizations, the more equipped it will be to compete for and manage programs and grants.

In addition to these points, faith-based programs need to address real needs. They need to meet the same rules as other not-for-profits. Their work must not be taken on faith alone, but on results: Are at-risk kids staying in school, are addicts getting off drugs, are parolees staying out of prison?

Spirituality and Substance Abuse

Many researchers have examined the specific role of spirituality in substance abuse recovery. Some studies have suggested that spiritually based treatment programs have limited success outside traditional Judeo-Christian populations. Other studies have produced more favorable results. In these studies, participants who indicated a higher level of spirituality in the recovery process have greater success in reaching and maintaining sobriety.

The possible connections between spirituality and substance abuse could be:

- *Incompatibility*. This explanation suggests that a drug could be occupying the place of a spiritual higher power. Consequently, a treatment program using spirituality could undermine the power of the substance and replace the dependency with dependency on a higher power.

- *The addicted-self model*. This model suggest that extensive participation in spiritual based recovery activities may promote abstinence because they reinforce the theory that controlled use of alcohol and other drugs is not possible. Participants tend to have low controlled use self-efficacy which is associated with extensive participation in both counseling and spiritual programs. Controlled use self-efficacy is characterized by agreement with statement such as:

  "I know I cannot use drugs in the future without losing control."
  "I can't drink socially without getting too drunk."
  "I can't use drugs recreationally."

  The addicted-self model is consistent with the accepted stages of change models in the addiction field. For example, it assumes that individuals

who cease their addictive behaviors will typically move through a series of stages.

- *Internal-external model*. This approach suggests that internally controlled individuals can control and discontinue substance use. They are less likely to rely on an external control treatment program based on spirituality. On the other hand, externally controlled individuals are less likely to control the use of substances and more likely to need to rely on an external control program.

   This dichotomy does not imply that external control is not desirable. Instead, it may be helpful to look at the following levels of control:
   1. Internal control. This control originates from internal sources, such as self-efficacy, self-esteem, and self-confidence.
   2. External control. This control originates from external sources such as a higher power, the group, the cult, the family, or a significant other person.
   3. Ambivalent/inconsistent control. Many individuals exercise control sometimes and in some situations.   Their control isles predictable from time to time and across similar situations. For example, individuals in many organized crime groups tend to be very religious in some situations.
   4. No control. Some individuals seem to lack any control over behavior and tend to be somewhat psychopathic or sociopathic and socially, morally, legally, or interpersonally out of control.

   Some studies of substance abuse treatment programs have provided some evidence on the relationship between substance abuse and spirituality. Caution has to be exercised in interpreting this relationship because there is a distinct difference between *correlation* and *causation*. There may be a strong relationship (correlation) between spirituality and recovery, but this association does not indicate whether there are other variables confounding the relationship. In addition, a relationship between spirituality and recovery cannot determine whether spirituality is actually protective against substance abuse (causation).

   Concerning the relationship between substance use and spirituality, research has indicated the following:
- Strong spiritual beliefs are negatively associated with current substance abuse symptoms. This would indicate that the more spiritual individuals become, the less they are associated with substance abuse. Also, it indicates that increasing reliance on substances is associated with decreasing spirituality.

- High levels of participation in treatment and spiritual programs promote abstinence because these activities reinforce the notion that controlled use is not possible for dependent alcohol and drug users.
- The majority of addict clients in a TC program believed that the program should feature more spirituality in treatment.

- Adolescents respond to treatment differently. Specifically:
  1. Adolescents in a TC program are less likely than adults to prefer spiritually based programs.

  2. Proneness to marijuana tends to be consistent with less religiosity. Youths who report a lifetime of marijuana use were less spiritually oriented than their peers who had used marijuana less frequently.

  3. Adolescent treatment needs to be vastly different from those of adults.

  4. Traditional forms of substance abuse treatment may not be appropriate.

One possible explanation for these results is the reluctance of adolescents to embrace changes that will affect the rest of their lives. In addition, the results may indicate that the previously held belief that intoxication is related to mystical states of being is highly overrated.

Finally, it may be relatively easy for treatment program participants to slip into the spiritual mode because of the extensive exposure of children to religion, the widespread number of religious programs on television, the lack of behavioral accountability in many programs, and the tremendous social rewards for an instant conversion to a more acceptable life style. In essence, participants can get decriminalized and unaddicted quite easily and quickly, i.e. pseudo rehabilitated, through participation in faith based programs by "playing the game" of superficial verbalizations and declarations. The two most critical concepts are:

- Compliance. The individual accepts influence because he/she hopes to achieve a favorable reaction from another person or group. The individual tends to behave only when he/she is being watched or monitored by the person or group influencing them.
- Internalization. This takes place when the person actually believes in the efficacy of the newly acquired behavior. The new behavior is intrinsically rewarding and useful in meeting the person's needs.

Consequently, if clients in faith-based programs only "play the game" and become "treatment wise," many observed gains in their treatment may be situational, superficial, and limited to the faith-based treatment setting. They may no longer be in denial, but there will be little transfer of observed change to the client's post treatment life.

Faith-Based and Cognitive Programs

In faith-based programs, cognitive therapy techniques and religious ideas can be blended to provide an effective healing environment. Cognitive therapy helps in the healing partnership by giving the client a rationale for treatment procedures, encouraging self-awareness and teaching new ways of thinking more flexibly and productively.

Cognitive therapy encourages clients to examine their thoughts, attitudes, beliefs, and feelings and to discover the connection between these mental processes and their involvement with substances and other people.

Nevertheless, thinking patterns are typically deeply ingrained and difficult to change. Thinking patterns that are faulty can shape a clients view of reality and lead to:
- Interpersonal conflicts
- Depression
- Anxiety
- Substance abuse
- Anger and aggression
- Cravings
- Low frustration tolerance
- Self condemnation
- Cognitive rigidity

These errors in thinking and reasoning are called cognitive distortions which create problems for individuals and present blocks and barriers to effective coping, rational behavior, and therapeutic change.

In the context of substance abuse treatment, clients can exhibit and maintain *distorted religious views*. This distortion occurs when the individual rejects a personal religious philosophy of renewal, repentance, restoration, redemption, forgiveness, grace, and mercy. On the other hand, the same individual has a cognitive religious doctrine that promotes guilt, shame, unworthiness, interpersonal destruction, and self-destruction.

In the end, distorted religious views promote, in the client, a view of religion that is spiritually and emotionally oppressive rather than a liberating force. Distorted religious views cause the person to miss important interpersonal and thinking cues that provide for a healthier adjustment to self, others, and the world.

Many lists of faulty thinking errors have been identified, but most of the lists are related specifically to criminal thinking errors. Substance abusing clients

may exhibit these errors to some degree. Substance abusing offenders may exhibit these errors to a greater degree.

The list that is offered in this course is:
- *Arbitrary Inference*: Developing a specific conclusion without supporting evidence or developing a conclusion in spite of contradictory evidence.
- *Selective Abstraction*: Conceptualizing a situation on the basis of a detail taken out of context and ignoring other information.
- *Overgeneralization*: Abstracting a general rule from one or a few isolated incidents, applying it too broadly, and relating it to unrelated situations.
- *Magnification and Minimization*: Seeing something as more or less significant than it actually is.
- *Personalization*: Attributing external events to oneself without evidence supporting a causal connection.
- *Dichotomous Thinking*: Categorizing experiences, people, behavior, and one's self in one of two extremes, i.e. good or bad.

Faith-based cognitive therapy can analyze the cognitive assumptions that a client has developed related to God, religion, and spirituality. These programs show good promise as an additional treatment modality for treating substance abuse by challenging faulty thinking patterns and challenging the religious distortions that continue to foster dysfunctional, maladjusted, and irrational beliefs and behavior.

In addition, it has been pointed out that treatment for alcoholism, for example, utilizes cognitive restructuring. The cognitive model helps the alcoholic work interactively with the counselor to "explore and reframe" the old faulty alcoholic assumptions, beliefs, perpetual filters, internal dialogue, and coconscious patterns of processing information. This is a process of cognitive restructuring that challenges dysfunctional thought patterns which lead to dysfunctional behaviors.

This cognitive restructuring is accomplished in AA and 12-step programs by:
- *Reprogramming.* The 12-step group encourages and supports alcoholics to explore, own, and confront selfish, self-seeking, and self-centered thinking.
- *Attendance.* Meetings provide alcoholics with emotional awareness, hope, and dependence on others for sobriety.
- *Messages.* Numerous slogans are used as messages of cognitive restructuring. These messages underscore issues of control, power, and distorted thinking. These messages help recovering alcoholics resist old dysfunctional ways of thinking.
- *Sponsorship.* Sponsors in AA can serve as role models, mentors, and teachers and assist in reinforcing new thought patterns.

Overall, the primary focus and purpose of AA and 12-step programs is to identify, challenge and change faulty beliefs, maladaptive cognitions, and dysfunctional thought patterns that lead to relapse and interfere with sobriety. Figure 5 presents a visual representation of the relation between the 12 steps and cognitive restructuring.

Step 1: We admitted we were powerless over alcohol—that our lives had become unmanageable.
   Distortions:
      a. Core belief of power over self
      b. Control of drinking
      c. Empowered by alcohol

Step 2: Came to believe that a power greater than ourselves could restore us to sanity.
   Distortions:
      a. Omnipotence
      b. Grandiosity
      c. Defiance

Step 3: Made a decision to turn our will and lives over to the care of God as we understand Him.
   Distortions:
      a. Inflated self-will
      b. Egocentricity
      c. Narcissism

Step 4: Made a searching and moral inventory of ourselves.

Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step 6: Were entirely ready to have God remove all these defects of character.

Step 7: Humbly asked Him to remove our shortcomings.

Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all.

Step 9: Made direct amends to such people whenever possible, except when to do so would injure them or others.

Distortions:
   a. Defenses
   b. Projections
   c. Dishonesty
   d. Weak introspection

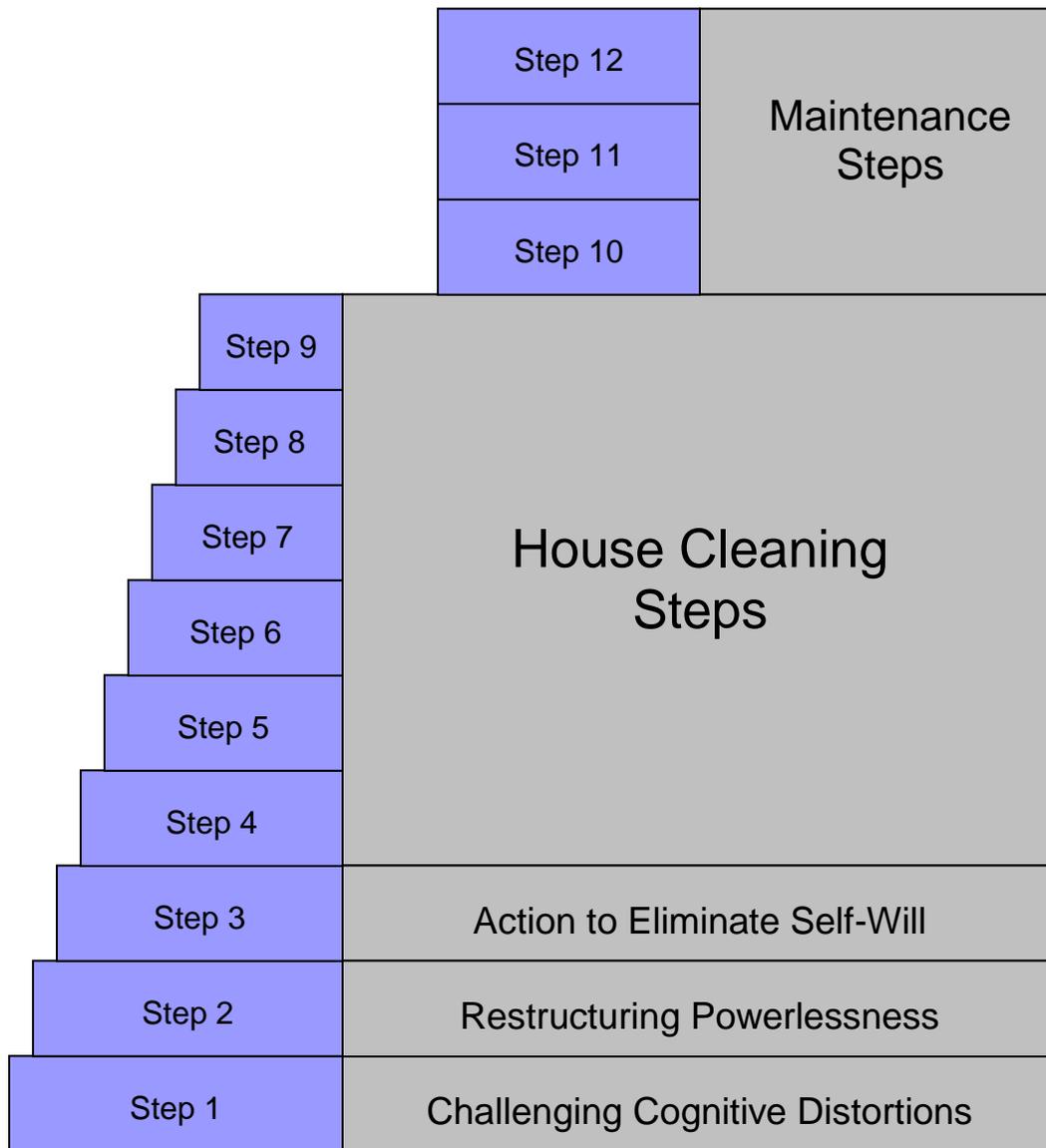*Step 10:* Continued to take personal inventory; and when we were wrong, promptly admitted it.

Step 11: Sought through prayer and meditation to improve our conscious contact with God, as we understand Him, praying only for knowledge of His will for us and the power to carry that out.

Step 12: Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all of our affairs.

Distortions:
   a. Lack of vigilance
   b. Stagnant development
   c. Turning away from God
   d. Dishonesty
   e. Arrogance
   f. Irresponsibility

Figure 5
AA and Cognitive Restructuring

Step 12	Maintenance Steps
Step 11	
Step 10	

Step 9	House Cleaning Steps
Step 8	
Step 7	
Step 6	
Step 5	
Step 4	

Step 3	Action to Eliminate Self-Will
Step 2	Restructuring Powerlessness
Step 1	Challenging Cognitive Distortions

Faith-based substance abuse treatment programs tend to rely heavily on AA, NA, and on 12-step programs along with professional treatment on occasion. These faith-based programs can work together to provide effective establishment and maintenance of abstinence. Working the 12 steps can provide a mechanism through which substance abusers learn new thought patterns of recovery that can be complemented, reinforced, and supported in counseling.

Finally, in a survey of 232 prison chaplains, over half in a particular state reported that they employed reality therapy, group counseling, and client-centered counseling. While the chaplains reported that they utilize established, secular methods of counseling, they place a great deal of emphasis on religion. Most believe that offenders change due to religious transformation. These findings further support the notion that certain counseling styles that might be viewed as secular can be blended with a religious worldview. Thus, these findings suggest that faith-based substance abuse treatment programs can combine secular and religious or spiritual content.

Skills, Knowledge, and Attitudes for Working in Faith-Based Substance Abuse Programs

It is not readily apparent what skills, knowledge, and attitudes are needed for working in faith-based substance abuse programs. What is clear is that most individuals working in faith-based substance abuse treatment are not professionally trained to work with alcohol and drug dependence. Furthermore, professional training, while not guaranteeing competency in working in these areas, provides a level of assurance that professionals have skill, knowledge, and attitude competency.

Fortunately for counselors in faith-based substance abuse treatment programs, the Center for Substance Abuse Treatment has identified the core competencies for clergy and other ministers for working with individuals and family members who are confronted with alcohol and drug problems. Although these core competencies are not a perfect match, they should be of serious benefit to counselors in faith-based programs who have not had specific training in working with substance abusing clients. The competencies provide a general framework with application to diverse faith-based situations.

These core competencies address four major concentrations:
- Knowledge
    1. Be aware of the:
        a. Generally accepted definition of alcohol and drug dependence
        b. Societal stigma attached to alcohol and drug dependence
    2. Be knowledgeable about the:
        a. Signs of alcohol and drug dependence

        b. Characteristics of withdrawal
        c. Effects on the individual and family
        d. Characteristics of the stages of recovery

3. Be aware that possible indicators of the disease may include, among others: Marital conflict, family violence (physical, emotional, and verbal), 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 religion in recovery, using the scripture, traditions, and rituals of the faith community.

- Intervention
  5. Be aware of the potential benefits of early intervention to the:
     a. Addicted person
     b. Family system
     c. Affected children
  6. Be aware of appropriate pastoral interactions with the:
     a. Addicted person
     b. Family system
     c. Affected children
  7. Be able to communicate and sustain:
     a. An appropriate level of concern
     b. Messages of hope and caring
- Referral
  8. Be familiar with and utilize available community resources to ensure a continuum of care for the:
     a. Addicted person
     b. Family system
     c. Affected children
  9. Have a general knowledge of and, where possible, exposure to:
     a. The 12-step programs- AA, NA, Al-Anon, Knar-Anon, Alateen, A.C.O.A., etc.
     b. Other groups
- Self and Others
  10. Be able to acknowledge and address values, issues, and attitudes regarding alcohol and drug use and dependence in:
     a. Oneself
     b. 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.

Individuals working in faith-based programs are not typically experts in addiction treatment. However, individuals working in community or institutional treatment programs should definitely be expected to know the basic facts about alcohol and drug dependence, and have a solid understanding of how these problems affect the individual, family members, and the faith community. They should also be cognizant of available resources for treatment, both professional and faith based, in the community. They should be able to connect people with needed services and treatment resources. These core competencies provide a guideline for the skills, knowledge, and attitudes for working in faith-based substance abuse treatment programs.

Faith-Based Program Theories and Research

The relationship between religion and deviant behavior has been debated for almost a century. The primary social control theorist, Travis Hirschi, dismissed religion as important to understanding deviant behavior. Hirschi's social bond theory was the leading theory of deviant behavior at the time. Hirschi's research with data on high school students in the Pacific Northwest found that church attendance is essentially unrelated to delinquency. Students who attend church every week are as likely to have committed delinquent acts as students who attend church only rarely or not at all. Failure to find significant effects of religiosity on crime has resulted in a tireless effort by sociologists and criminologists to either refute or qualify this non-relationship. What has emerged is a body of work that utilizes various approaches to reformulate a theory of religion and crime. These approaches take into consideration a large number of variables and utilize new data and methods to make theoretical advances. This section reviews these approaches, summarizing the empirical literature.

Hellfire Theory, Social Bonding, and Social Control

Travis Hirschi, a well known criminologist, published an article "Hellfire and Delinquency" which questioned the link between "hellfire" and crime. Hellfire theory states that religion deters individual-level criminal behavior through the threat of supernatural sanctions and promotes normative behavior through the promise of supernatural rewards. Hellfire theory measures the extent to which individuals who condemn an act on religiously based moral grounds are unlikely to contemplate engaging in delinquent behavior. Belief in hellfire is typically measured using one or more of a number of indicators: By beliefs regarding whether or not a certain act is a sin or considered morally wrong, by the frequency of church attendance, and by religious salience (i.e., how important religion is in an individual's daily life).

Within criminology, hellfire theory falls under the domain of social control theories. Social control theories assert that the impetus toward crime is uniform or evenly distributed across society. Individuals will break rules unless

controlled. With regard to religion, social control theories assert that religious doctrine and participation reinforce and strengthen internalization of moral beliefs that help regulate behavior and reduce the likelihood that one will turn to criminal behavior.

Parents, adults, school, teachers, and peers control an individual's behavior in the direction of conformity. With regard to religion, bonding theorists purported that religious institutions, like other institutions of social control (e.g., family, school) instill normative beliefs and foster individual attachment, commitment and involvement with the larger society. Religious institutions should deter criminal behavior by strengthening an individual's bond to society. Commitment is generally measured by an individual's membership in a particular religion, whereas participation is generally measured by examining how frequently an individual attends weekly church or religious meetings, or how often an individual participates in church activities (such as activities outside of weekly meetings, time in prayer, study of the bible, etc). Religious attachment has been termed "salience" and is generally measured by an assessment of the importance or practical influences of religion in daily life. Beliefs are often measured, for instance, by asking respondents about their belief in God, the afterlife, and opinions on what types of behavior are sinful.

Since these provocative studies, the majority of studies re-examining religion and crime within a bonding framework have found that religion impacts crime—that there is an inverse relationship between criminal involvement and religiosity. A number of studies have also hypothesized that parental bonds and parental involvement in an adolescent's life would be particularly important components of bonding when analyzing religion's impact on delinquency. One study measured parental religious involvement, as it related to marijuana and alcohol use, by asking high school seniors to place their parents in one of three categories: "Regular" participants, included families in which one or both parents attend church every week. "Occasional" participants included families in which one or both parents attend church at least once a month but neither attends regularly; and "Never," which includes those in which neither parent attends church or if one does, he/she attends only once or twice a year. Respondents were then asked about their religious participation. The study found no support for the hypotheses that parental bonds are an important component of religiosity and delinquency.

In a similar study, researchers examined a juvenile's attachment to their parents as a factor when examining the impact of religiosity on adolescent involvement in drugs and alcohol as well as property, person, and status offenses. Attachment to parents was measured by asking respondents four questions: How much do you like to be with your mother (stepmother or female guardian)?; How much do you want to be like your mother (same as above)?; How close do you feel to your mother (same as above)?; and How much do you

enjoy spending time with you mother (same as above)? The same items were used for father, stepfather, or male guardian. Religiosity was measured by asking respondent about eight religious expressions, including church attendance; time in prayer; study the bible; activity in church; financial contribution; share joys and problems of religious life; talk about religions with family and friends; and try to convert someone. The study found that parental bonds had no effect on delinquent behavior.

In contrast, a later study found that parents' religiosity was important to delinquency. As parents' religiosity rose, child delinquency fell. Similarly it was hypothesized that parental religiosity, not parental bonding, was an important component in explaining the influence of adolescent religiosity on crime. Utilizing two waves of data from the National Longitudinal Study of Adolescent Health, another study set out to test the timing and context for parental religious influence on their adolescent children's delinquent behavior. Parents' religiosity was measured as religious participation, religious salience, and private religious behavior. Religiosity for children included the same measures for adults and added a fourth measure, asking respondent to indicate attendance at church youth activities such as Bible studies or choir. The findings revealed that religious traits of both parent and child curb more serious forms of delinquency than just drinking and smoking. The findings showed that parental religiosity was directly linked to greater delinquency in boys, whereas conservative Protestantism served as a protective factor against the delinquency of boys. With regard to girls, both religiosity and Protestant affiliation offered protection against delinquency. The author argued that "persistent intensive religiosity in parents, while initially serving to foster the same in their children, may, among some, provoke a rejection of the parents' values at some point during adolescence."

As studies examining the effect of religious bonding on crime and delinquency proliferated, many of these studies began to elucidate a number of contextual elements that were important for understanding the relationship between religion and crime. These elements include type of offense, community context, and type of religious denomination.

Religion and Crime: Important Elements of the Relationship

Variation by Type of Offense

In the early 1970s, researchers began to question earlier findings, asserting that earlier studies assumed that all delinquent acts were equally frowned upon by society, without considering how religious teachings differ from secular norms and how those differences may affect criminality. Later it was hypothesized that religiosity would be relevant to delinquency only with respect to those acts that are condemned by churches but publicly condoned by secular

organizations. To test the hypotheses, researchers examined how religiosity (as measured by frequency of church attendance), morality, and supernatural beliefs affected adolescents' involvement in delinquency (larceny, vandalism, and assault) as well as alcohol and marijuana use. The findings showed that religiosity was not significantly related to alcohol and marijuana use. It was concluded that their findings supported their hypotheses—that religiosity influences "victimless" crime, particularly those crimes that are not publicly condoned by secular society.

A few years later, researchers evaluated how religiosity (as measured by religious participation and religious attitudes), and peer and family relationships affected Mormon (members of The Church of Jesus Christ of Latter-Day Saints) juveniles' participation in violent and non-violent crime. Results showed that religious variables had a greater impact on non-violent than violent crime. As other studies began to draw similar conclusions, the literature began to distinguish the behaviors influenced by religion as *ascetic behaviors* (versus *non-ascetic* or *secular behaviors*). Ascetic behaviors include alcohol and drug use, and status offenses. Secular deviance refers to behaviors that are condemned by both religious and secular organizations.

Another study set out to directly test the hypotheses that the impact of religiosity on deviance varies by type of deviance. The author's study was the first to examine a large range of crimes with the intent to inform the ascetic-anti-ascetic debate by understanding the range of deviant behaviors impacted by religion. Deviance was measured by fifteen self-report indicators including: use of beer, wine, liquor, marijuana, stimulants, depressants, psychedelics, and/or narcotics; engaging in premarital sexual intercourse; vandalism; motor vehicle theft; assault; the use or threat to use a weapon; theft of items worth $50 or less; and theft of items worth more than $50. Religiosity was measured by examining salience (*what is the importance to you of the church activities you participate in?*) and religiousness (*how religious of a person are you?*). The findings show that the probability of involvement in deviant behavior is less for the strongly religious than for the weakly religious, but the effect of religious commitment is only slightly stronger for ascetic than secular deviance. It was concluded that the findings offered only minimal support for the anti-ascetic behavior hypotheses. However, it did add that the inhibitory effect of religion on delinquent behavior is more generalized than analysis predicted.

A more recent study of testing the anti-ascetic behavior hypothesis also found no support for a relationship between religiosity and ascetic behaviors. Measures of crime included property, person, and status offenses, as well as measures of alcohol and hard drug use. Religiosity was measured by asking respondents about eight religious expressions, including church attendance; time in prayer; study of the bible; activity in church; financial contribution; share joys and problems of religious life; talk about religions with family and friends; and try

to convert someone. However, in a later study the findings yielded mixed support for the hypotheses. It was found that religion has an inverse relationship with alcohol use and criminal behavior but found no relationship for drug use.

Researchers argue that empirical research generally has failed to make the claim that religion has special effects on a unique type of offense. They assert that research has not empirically grounded and validated the ascetic crime conception that clearly establishes it as a distinct type of crime. To test the ascetic crime hypothesis, a study examined self-report responses from a mail survey answered by 477 white respondents. Respondents were asked about 43 possible criminal acts, including workplace crime and white-collar crime. Religion measures included religiosity, denominational conservatism, and interpersonal religious networks. Religiosity was measured as a multiple-dimension scale that included religious activity (involvement), religious salience (attachment), and hellfire beliefs. An important component of the study was inclusion of measures of *secular constraints* and measures of the *socio-ecological neighborhood context*. Some studies have concluded that secular sources of morality weaken the religion-delinquency relationship. These social constraints and legal deterrents included measures of expressions of respect for father and mother, quality of relationships with parents, the probability that friends would intervene to keep one from breaking the law, and fear of detection of illegal behavior, apprehension, and sanctioning by the law.

Measures of the socio-ecological context included both measures of individual perceptions of the social integration of their neighborhood, and aggregate census measures of the neighborhoods that were attributed to individuals. Aggregate measures included proportion of rental housing and percentage of female-headed households. It has been found that religiosity impacted all forms of adult crime, rendering no support for the antiascetic behavior hypothesis. With regard to type of religiosity, only one subdimension of general religiosity—*participation* in religious activities—had direct personal effects on adult criminality. This relationship remained significant even when secular controls, religious networks, and social ecology were taken into account. Hellfire beliefs and salience had no significant effects on general crime when all controls were taken into account.

The findings from this study, as well as later studies, have led to the general conclusion that it is behavior, not beliefs, that are important in inhibiting criminal involvement. It suggests that those that are active in church-sponsored events are subjected to religious-group controls. Participation in religious activities requires immersion of church networks.

Variation by Religious and Social Contest: Moral Communities

New research findings in 1982 led researchers to begin to assert that the effect of religion on delinquency is ecological in nature. Measuring religiosity by evaluating religious values, religious salience, and religious participation; it was found that in communities where religious commitment is the norm, the more religious an individual, the less likely he or she will be delinquent. However, in highly secularized communities, even the most devout teenagers are no less delinquent than the more irreligious. Note the statement:

So long as we restrict ourselves to thinking that religious beliefs concerning the punishment of sin function exclusively as elements within the individual psychic economy, causing guilt and fear in the face of temptations to deviate from the norms, we may or may not find confirmatory evidence. However, if we take a more social view of human affairs, it becomes plausible to argue that religion only serves to bind people to the moral order if religious influences permeate the culture and the social interactions of the individuals in question.

The purported link between community context and religion's influence on deviance and crime has become known as the *moral communities hypothesis*. This hypothesis specifies that it is neither the degree of personal religiosity, nor the type of offense, nor even individual-level religious affiliation or denomination that matters with regard to criminal behavior; but that community-level religiosity provides a moral climate that becomes embedded in the culture of the community.

However, other empirical research evaluating the moral communities hypothesis has produced mixed results. Researchers examined self-reported data on projected deviance from a sample of adults located in Iowa, New Jersey, and Oregon in order to determine the link between contextual variables (such as normative dissensus, social integration, perceived conformity, aggregate religiosity, and status inequality) and deviance. Religiosity was measured by frequency of church attendance. Results showed that under some conditions religious participation inhibited deviance. Religiosity had its greatest effect on locations where "secular social disorganization" was predominant or where "the larger environment lacks the mechanisms that normally curtail deviance." Specifically, the religiosity-deviance relationship can be predicted across socio-demographic contexts. Individual religiosity was the most effective in restricting deviant behavior in areas distinguished by general normative ambiguity, low social integration, generalized perceptions of low peer conformity, and a high proportion of religious non-affiliates. Further, religious participation inhibits deviance when conformity-inducing mechanisms typical of religious communities are not replicated in the larger community. The study concluded that the impact of religious constraints is amplified when secular controls are not present.

Using a unified ecological data set from 75 American metropolitan cities, researchers tested the deterrent effect of religion on crime, suicide, cultism, and homosexuality. The results showed that many forms of crime and cultism were deterred by religion, while the influence of religion upon suicide and homosexuality was indirect. It was concluded that the effect of religion changes with social context, and social conditions may vary drastically over time and space.

Religion, Crime, Violence, and Terrorism

In a time of international terrorism, we have seen the connection between religion, crime, and violence. This is obviously not a new connection. Almost two hundred years ago the fanatical preacher John Brown was executed for treason (terrorist acts). It is well known his violence was being supported and funded by abolitionists and anti-slavery churches in New England. He became a hero in the abolitionist North and a hated man in the pro-slavery South.

Today we see the connections between religion, drugs, and violence in both domestic and international terrorist activities.

- Religious groups fund, support, and train individuals for violence in terrorist camps and on the internet.
- Many terrorist activities are supported by money from the illicit drug trade.
- There are indications that terrorist groups are recruiting followers in non-traditional faith groups in American correctional institutions. Although most of the prisoner conversions to non-traditional religions exert a positive influence on inmate attitudes and behaviors, some carry the potential for ideologically inspired criminal attitudes and behaviors. Consequently, a small group of adherents to Islam or white supremacy religions could instigate terrorist acts upon their release from custody.

The risks are great and the connections between religion, crime, violence, and drugs are very complex and dangerous. We have to insure that there are not unintended consequences of faith-based treatment programs in American correctional institutions.

Motivation for Participation in Faith-Based Programs

The question inevitably arises as to why offenders become involved in religious and faith-based programs in correctional institutions. Sometimes offenders are sincere or genuine in their religious belief and practice. In contrast, other offenders were more likely to be involved in faith-based and religious programs for insincere purposes. They are involved for manipulative purposes

even though they might claim to be religious. Some of the important sincere and insincere reasons are:

Sincere-
- Motivation. Religion gives offenders direction and meaning to life. Religion gives them a way to search for a life that is better than their present life condition.
- Hope. Faith-based programs give offenders hope to keep them optimistic about the future, and that they will be reformed from a life of drugs and crime after they are released.
- Peace of mind. Offenders participate in religious and faith-based programs to achieve an inner peace to deal with the intense feelings of guilt, fear, rejection, and personal failure.
- Self-esteem. Offenders also participate in religious programs to improve their self-concept and self-esteem.
- Self-control. Many offenders become involved in faith-based programs to develop self-control to assist them in:
  1. Complying with institutional rules and regulations.
  2. Avoiding risky behavior such as drug dealing and foul language.

Insincere-
- Protection. One of the most significant reasons why offenders in institutions become involved in religion is for protection. Faith-based programs served as a means of protection and was related to:
  1. Race. In many correctional institutions, being Muslim provides an offender with protection.
  2. Past criminality. If an offender was incarcerated for child molestation or sexual assault of a child, for example, religious involvement would allow some protection from attack from other offenders.
  3. Sexual preference. Many offenders who practice homosexuality attend religious services for protection.
- Social networking. Faith-based programs allow offenders to converge and socially interact with other offenders. This interaction provided two opportunities:
  1. Socialization with friends
  2. Passing contraband
- Women. Faith-based and religious programs allow male offenders the opportunity to interact with women staff members and volunteers.
- Program resources. Finally, an insincere reason for faith-based and religious program involvement was to exploit resources.
  1. Free food and other special occasion items.
  2. Music and musical instruments.
  3. Opportunity to obtain favors from the program staff.

In conclusion, there are many reasons for the involvement in faith-based and religious programs. What is not clear is the degree to which offenders participate in these programs to obtain early *parole*. It is a common belief that offenders attend these programs which the hope that authorities will think they have become rehabilitated and ready for release. It is not clear whether this belief is true. Figure 6 provides a visual representation of these sincere and insincere motivation factors.

Figure 6
Motivation for Offenders to Participate in
Faith-Based Programs: Sincere (S), Insincere (I)
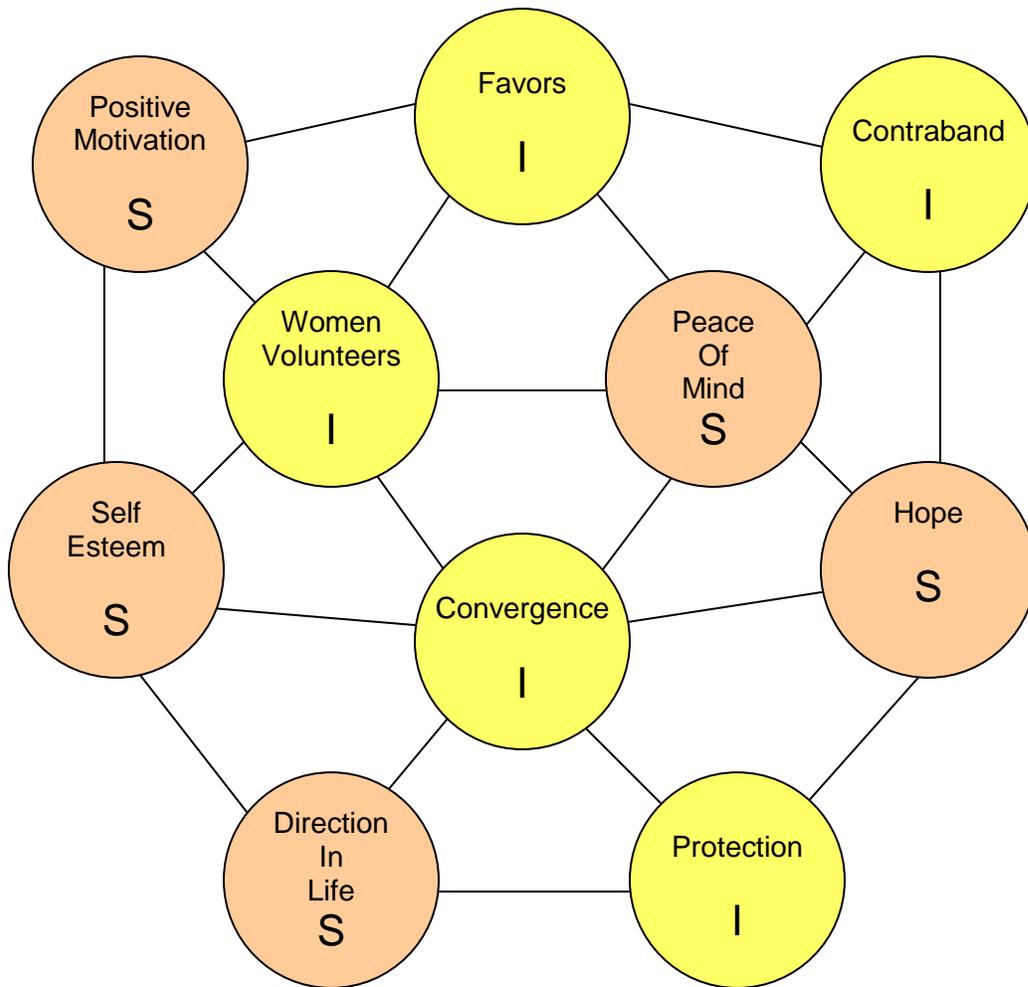
Critical Issues in Faith-Based Substance Abuse Treatment

Even though religious organizations are doing excellent work in treating substance abuse and significant contributions are being made to this nation by people and organizations of faith, several critical issues have arisen in the faith-based treatment of substance abuse.

- *Selection Bias.* Typically participants who volunteer for faith-based programs are more motivated to make changes in their lives. Consequently, unless the program selection process accounts for pre-existing differences between the treatment and non-treatment groups, there is no way to determine whether differences between program participants are due to actual program effects. Selection bias can go two ways:
    1. Religiously devout offenders are the ones most likely to volunteer for treatment programs based on faith.
    2. Hard core offenders are likely to volunteer to impress prison personnel as well as the parole board

    In any case, *motivation* for participation is always the weak point in any comparison group design when the effectiveness of faith-based substance abuse programs is being studied.

- *Effectiveness.* Another major issue is what measures are used to evaluate the effectiveness of faith-based treatment programs. Which of the following would be most appropriate:
    1. Arrest?
    2. Incarceration?
    3. Relapse?

    Measuring all of these criteria for effectiveness is a difficult, if not elusive task.

- *Autonomy vs. equal employment.* If autonomy is maintained in the faith-based substance abuse treatment program, what should be done about a system that takes money from taxpayers and gives it to religiously affiliated programs, which are allowed to deny staff or volunteer positions to applicants based on their religious preference? There are obviously serious questions in the provision of federal funds to religious organizations that proselytize to state-incarcerated citizens and simultaneously deny employment to members of other faiths.

- *Program selectivity.* There are potential problems associated with government selectivity in determining the recipients of direct funding. This selectivity becomes a strong issue when there is extreme diversity in religions:
    1. Inter-religious diversity. The rising number of non-Christian groups can contribute to the problem. Should funding for faith-based

substance abuse treatment programs include Hare Krishnas, Scientologists, The Nation of Islam, Wiccans, Santerias, and native American Churches?

2. Intra-religious. Within the Christian groups there is a strongly felt division between fundamentalists and mainline denominations. This diversity is even more pronounced if groups like Deliverance and healing Ministries are included in the pool of potential funding possibilities.

The issue is created by the prospect that a particular religious group may be eligible to receive aid and some may not, or received by some government agencies but not by others.

- *Professional Standards.* States are accountable for the quality of the services they provide and have a legal obligation to evaluate the standards of service providers at the highest level. Consequently, the clinical competency of the treatment provider is the most important issue. Faith-based organizations tend to insist that evidence of clinical competency is discriminatory, whereas professional drug and alcohol counseling organizations believe that failure to require evidence of competency constitutes malpractice.

- *Rehabilitation vs. Redemption.* In faith-based substance abuse treatment programs, a critical issue concerns the goals of the program. This issue is an almost insurmountable constitutional barrier to direct funding because faith-based programs readily state that the only way to help drug addicts is through religious conversion. They feel that offenders do not simply need rehabilitation. They require regeneration of a sinful heart. Thus crime and substance abuse are seen as a fundamental moral and spiritual problem. Tax funding for programs having a religious transformation as their goal implicates core constitutional concerns because the government is, in fact, setting up a church with public tax money.

- *Oversight.* In addition, there is the issue of supervisory oversight and program monitoring. Most states have extensive organizational structures to oversee professional substance abuse counseling programs. In the case of faith-based programs, who is going to oversee and monitor programmatic content for constitutional compliance and legal/ethical risk violations?

- *Secular alternatives.* Also, there is the issue of the requirement that secular alternatives be provided for program participants who do not want to be in a faith-based substance abuse treatment program. Many programs are located in rural areas where alternative programs are not convenient or available. In addition, the community where the treatment

program is located may not be diverse and few alternatives are available. Some of the secular programs available are:

1. *Secular Organization for Sobriety (SOS).* SOS is an abstinence-based self-help program that believes that sobriety should be the highest priority for recovering alcoholics.

2. *Women For Sobriety (WFS).* This is an abstinence-based self-help group that emerged from the realization that female alcoholics differ from their male counterparts in a number of important ways. They drink for different reasons and have different reactions to alcohol.

3. *SMART Recovery.* Self Management and Recovery Training (SMART) is an abstinence-based self-help program that utilizes cognitive behavioral techniques to train members in changing self-defeating thinking.

4. *Rational Recovery (RR).* This is an abstinence-based self-help program that focuses on self-empowerment using Rational Emotive Therapy (RET).

5. *Moderation Management (MM).* This is the only self-help group that supports problem drinkers who wish to moderate their alcohol consumption rather than abstain.

Most of these secular programs exist because some individuals have found that religious or spiritual programs were not suited for their needs and one program type does not fit all individuals.

- *Feminist Therapy.* Alcoholics Anonymous and 12-step programs have gained acceptance as an important, if not necessary, adjunct to professional counseling and a primary element of faith-based substance abuse treatment programs. Yet feminists take issue with the core belief of the 12-steps: "I am powerless over alcohol". Powerless is viewed as the source of women's oppression within a patriarchal society. It has been suggested that many women abuse chemicals *because* they feel powerless in their lives. Thus, many women prefer to affirm that they have the power to *choose* not to use chemicals or have dependent relationships. The central issue in faith-based substance abuse treatment programs is the degree to which the program can address feminist issues.

- *Multiculturalism/Diversity.* America is rapidly becoming multicultural, multiethnic, multireligious and multidenominational. This issue concerns the degree to which a traditional and primarily white Christian based treatment approach to substance abuse can be adapted to the diverse characteristics of a rapidly emerging nation of individuals with vastly different beliefs and religious traditions. For example, diverse characteristics can encompass gender, ethnic, and religious differences. To support this diversity are the findings that there are stark contrasts between the religious practices of incarcerated African American men and women. Male inmates tend to convert to Islam at a much higher degree

than African American female inmates. If religion and faith-based programs are going to continue as a means of rehabilitation, then striking differences in cultural, gender, and religious preferences will have to be considered in faith-based substance abuse treatment programming.

- *Screening/Assessment.* Faith-based substance abuse treatment programs do not typically screen or assess participants the way that professional treatment programs do. This lack of screening and assessment could lead to several types of participants who would not be appropriate candidates for treatment:
  1. Intellectually challenged clients/offenders who could have difficulty understanding abstract religious and spiritual concepts.
  2. Antisocial/psychopathic clients/offenders who are likely to be very disruptive in any treatment program.
  3. Sex offenders who may be covering a less socially acceptable with a more socially acceptable classification.
  4. High or low risk offenders who may not be matched to the appropriate level of program intensity.

- *Deterioration of Effect.* A critical issue for any treatment program is the degree of (and time for) treatment effect to "wash out" and deteriorate once the participant has left the program. This issue is important for faith-based programs. Folklore among correctional personnel alludes to the volume of religious books and reading materials thrown in the trash receptacles as the newly released offender is leaving the institution. The issue concerns the degree to which offenders "get religion" in faith-based programs that is conscious or unconscious role playing with little, if any, permanency or long-term effect.

- *Court-ordered Treatment.* There has been a widespread practice in operation at the local, state, and national levels where offenders are ordered to enter treatment programs that are primarily faith-based or attend community out-patient faith-based programs for substance abuse problems. The practice of court-ordered treatment creates serious legal, ethical, practical, and theoretical concerns, not the least of which is a faith-based program becoming a form of punishment.

Spirituality and Substance Abuse Counseling Orientations

Now that you have completed most of this course of faith-based substance abuse counseling, you may find it interesting to turn to the *appendix* and complete the *Comprehensive Substance Abuse Counseling Orientation Inventory (CSACOI).* Regardless of whether you are a faith-based or professional counselor, the CSACOI will give you an indication of

how much you endorse spirituality in substance abuse counseling or other orientations.

The CSACOI is self administered, so you need only to respond to the 15 items on the *answer sheet* and then score each of the three components by adding the number of items marked "agree". Then, compare your score with some of the scores provided.

Legal Issues Associated with Faith-Based Treatments

Legal developments pertaining to service partnerships between government and faith-based organizations (FBOs) typically involve matters of both substance and process. The following summary is a presentation of the administrative, judicial, and procedural outcomes of litigation by December 2006.

Problems of Guidance

Current establishment clause law generally prohibits the use of direct public funds for religious activity, including social services that have significant religious content. The constitutionality of a program of direct public aid depends significantly on the extent to which the program can ensure that public funds are not used for religious activities. A constitutionally sound program must therefore provide public officials and grantees with adequate guidance about limits on the use of public funds and on necessary mechanisms for monitoring and auditing grantees' expenditures. As we have noted in prior reports, the guidance provided under the Faith Based and Community Initiative (FBCI) remains a matter of some concern.

A. Report of the U.S. Government Accountability Office, Faith-Based and Community Initiative: Improvements in Monitoring Grantees and Measuring Performance Could Enhance Accountability (June, 2006).

In June of 2006, the Government Accountability Office (GAO) released a study on the FBCI that focused on a number of aspects of the Initiative, including the extent to which federal and state agencies provide grantees with adequate information about the regulations that govern aid to FBOs. The report identified a number of successes within the FBCI, but also raised questions about faith-based grantees' understanding of restrictions that are especially relevant for FBOs, including limits on their use of public funds. In addition, GAO identified weaknesses in agencies' ability to monitor the compliance of FBOs with regulations on the use of government funds.

B. ACLU of Massachusetts v. Michael O. Leavitt, Secretary of Health and Human Services (U.S. District Court for the District of Massachusetts, settled February 22, 2006).

On February 22, 2006, the Department of Health and Human Services (HHS) and the American Civil Liberties Union (ACLU) of Massachusetts reached a settlement in a lawsuit that challenged the constitutionality of HHS grants to the Silver Ring Thing (SRT), a faith-based sexual abstinence education program. The settlement agreement is highly significant because it incorporates a set of safeguards that HHS agreed to impose on SRT should the program again receive government aid. The safeguards document, which was prepared by HHS, represents the clearest and most complete legal guidance for faith-based grantees that has thus far been produced under the FBCI.

▪ **GRANTS FOR CAPACITY-BUILDING**

Barry Christianson v. Michael O. Leavitt, Secretary of Health and Human Services (U.S. District Court for the Western District of Washington, filed September 12, 2006).

On September 12, 2006, Americans United for Separation of Church and State filed suit against the Department of Health and Human Services (HHS), alleging that the Department violated the Establishment Clause by awarding grants under the Compassion Capital Fund (CCF) to a marriage counseling organization that provides exclusively religious counseling programs. The lawsuit is of great significance for the FBCI because it represents the first direct challenge to a grant for capacity building. Such grants are at the heart of the FBCI's project of Legal Developments Affecting Government Partnerships with Faith-Based Organizations helping smaller religious and community-based entities improve their ability to deliver social welfare services. But the lawsuit raises serious questions about the constitutionality of capacity building grants for organizations that only provide explicitly religious social welfare services.

▪ **FAITH-BASED PROGRAMS IN PRISON**

A. Americans United for Separation of Church and State v. Prison Fellowship Ministries (U.S. District Court for the Southern District of Iowa, decided June 2, 2006).

In June of 2006, a federal district court in the Southern District of Iowa issued a long-awaited ruling in a case involving a challenge by Americans United to a faith-based rehabilitation program in the Newton Correction facility in Iowa. The ruling represents a significant victory for Americans United.

Chief Judge Pratt's opinion describes a state-financed program of prisoner rehabilitation that is suffused with evangelical Christianity, and that involves substantial efforts to transform the religious identity of prison inmates. The state has sponsored no comparable secular program, nor any comparable program involving any other faith tradition. Moreover, the program offers valuable material privileges to its participants, and thereby induces religious participation. The judge declared the program to be a violation of the Establishment Clause, ordered the cessation of the program, and ordered Prison Fellowship Ministries, the program grantee, to return $1.5 million to the State of Iowa. The case is now on appeal.

B. Freedom From Religion Foundation v. Alberto R. Gonzales (U.S. District Court, Western District of Wisconsin, filed May 4, 2006).

Shortly before the Iowa decision involving Prison Fellowship Ministries, Freedom From Religion Foundation filed suit against the federal Bureau of Prisons with respect to the Bureau's "Life Connections" program. The program's first phase, Life Connections 1, involves a multi-faith approach to prisoner reentry and rehabilitation, all under the supervision of prison chaplains. By contrast, a new phase of the program, Life Connections 2, was described in the Bureau's initial request for proposals as a single-faith, residential program for prisoners. Several weeks after the lawsuit was filed, the federal Bureau of Prisons suspended plans for the Life Connection 2 program, and has recently cancelled it. Adjudication of the validity of the Life Connections 2 program is thus moot, but the case may nevertheless proceed with respect to the Life Connection 1 program.

- **GOVERNMENT CHAPLAINCIES – AND THEIR LIMITS**

A. Freedom From Religion Foundation v. R. James Nicholson, Secretary of Veterans Affairs (U.S. District Court for the Western District of Wisconsin, filed April 18, 2006, motion to dismiss denied September 5, 2006).

On April 18, 2006, FFRF filed suit against the Department of Veterans Affairs (VA), alleging that the chaplaincy program of the Veterans Health Administration violates the Establishment Clause because it integrates spirituality into all aspects of its healthcare. FFRF does not claim that the chaplaincy itself is unconstitutional, but rather that the VA's chaplaincy program exceeds the constitutionally limited warrant for government-financed chaplaincy.

The lawsuit will be an important test of the scope and limitations of government chaplaincies, which fall within a poorly developed area of Establishment Clause law. Because the practices of VA chaplains that are challenged in this lawsuit seem very similar to those of chaplains at other government-funded healthcare facilities, this lawsuit could have an impact far beyond the VA program.

The district court recently denied the VA's motion to dismiss the lawsuit. The parties will now proceed to develop the factual record that will be necessary to resolve the litigation.

B. GAO Report, Faith-Based and Community Initiative: Improvements in Monitoring Grantees and Measuring Performance Could Enhance Accountability (June 2006).

In its June, 2006 Report on the FBCI, GAO raised concerns about the interpretation of "chaplaincy" used in Department of Justice (DOJ) grants. Specifically, GAO questioned the claim apparently made by DOJ officials that restrictions on the use of direct government aid for religious activities do not apply in the context of community corrections centers. GAO's concerns highlight the need for greater clarity about limitations on the government's role in supporting religious activities for individuals who are under government care or control.

▪ **STRUCTURAL, PROCEDURAL, AND REMEDIAL CONCERNS**

Increasingly, litigation under the Establishment Clause is shaped by concerns of structure, procedure, and remedy. In particular, questions of the identity of the parties, the timing of the suit, and remedial options available to the courts, all have significant impact on the litigation and the challenged programs. Two recent decisions by the U.S. Court of Appeals for the 7th Circuit have highlighted these concerns. The Supreme Court has been asked to review both of them.

A. Freedom From Religion Foundation v. Dennis Grace, Acting Director of WHOFBCI (U.S. Court of Appeals, 7th Circuit, decided January 2006, rehearing denied May 2006, petition for certiorari filed August 2006).

This case is a broad-based, constitutional challenge to the promotion of the FBCI by the White House Office of Faith-Based and Community Initiatives, and by various Cabinet-level agencies. The district court (Western District of Wisconsin) dismissed the suit on the ground that the named taxpayer-plaintiffs did not have legal standing to challenge this promotional conduct by the Executive Branch. In January, 2006, a panel of the Court of Appeals reinstated the lawsuit in an opinion that supported a very broad view of taxpayer standing. Several months later, the full court of appeals denied rehearing in the case. The denial was accompanied by opinions from several of the 7th Circuit judges explicitly calling for Supreme Court reconsideration of the law of taxpayer standing in Establishment Clause cases. The United States has asked the Supreme Court to review the 7th Circuit's decision. As of this writing, the Supreme Court had not yet decided whether or not to grant review in the case.

B. Laskowski v. Spellings (U.S. Court of Appeals, 7th Circuit, decided May 2006, rehearing denied July 2006, petition for certiorari filed October 2006).

This case involves a challenge to an earmarked appropriation that led to a grant from the U.S. Department of Education, to the University of Notre Dame, for a program entitled Alliance for Catholic Education. The program trains teachers, a number of whom participate in the Americorps program for placing teachers in schools in poor areas. Notre Dame redistributed much of the grant to other Catholic colleges that engage in this teacher training, and the suit alleges that subgrantees impermissibly spent grant funds on instruction to teachers on how to live and work within the Catholic faith. The district court dismissed the suit as moot, because the money had already been spent and the grant was non-recurring. On appeal, the 7th Circuit reinstated the case. Judge Posner's opinion argued that the case was not moot, because the district court might still order Notre Dame to repay any amount that had been spent in violation of the Establishment Clause. The obligation to repay, Judge Posner concluded, should turn on whether or not Notre Dame reasonably believed its expenditures to be lawful. The case raises very important questions about the potential impact on FBOs if they receive and spend government funds in ways that the Constitution forbids. In late October, Notre Dame filed a petition for certiorari with the Supreme Court, seeking review of the Seventh Circuit's decision. As of this writing, the Court had not yet acted on that petition.

▪ **STATE CONSTITUTIONAL LAW**

A. Bush v. Holmes (Florida Supreme Court, decided January 5, 2006)

In early January, 2006, the Supreme Court of Florida affirmed (by a vote of 5-2) a decision of an intermediate state court that Florida's school voucher program violated the state's constitution. Unlike the lower court, however, the state Supreme Court did not rely in this decision on the state's "Blaine Amendment," which prohibits financial assistance "directly or indirectly in aid of any church, sect, or religious denomination or in aid of any sectarian institution." Instead, the Supreme Court relied on a separate provision of the state constitution, which obliges the state to provide "by law for a uniform, efficient, safe, secure, and high quality system of free public schools that allows students to obtain a high quality education." As a result of this decision, the OSP will now terminate at the end of the 2005-06 school year. The full impact of Florida's Blaine Amendment on any other state policies of financial support for faith-based organizations remains highly uncertain.

B. Taetle v. Atlanta Independent School System (Georgia Supreme Court, decided January 17, 2006)

On January 17, 2006, the Georgia Supreme Court held that the Atlanta school system did not run afoul of Georgia's "Blaine Amendment" by leasing classroom space from a Baptist Church for a kindergarten annex that would be operated by the public school system. The Court reasoned that the transaction between the City and the church was entirely commercial, involved payment at ordinary market value, and did not include the provision of any educational or social services by the church itself. The arrangement thus did not involve the state in assisting the church, nor in supporting social or educational services offered by the church. The impact of Georgia's Blaine Amendment on government-financed social services by religious entities thus remains a highly controversial question in both the law and the politics of Georgia.

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Appendix

Appendix A

Introduction

In the counseling field, previous efforts have been made to measure counselor orientations. Anderson (1987) developed the *Style-Shift Indicator* (SSI) to assess therapeutic-counseling style. The purpose of the instrument was to increase awareness of one's personal choices and styles in counseling and therapy. The SSI is a tool designed to increase awareness of counselors in training so that they can apply theoretical orientations to clients at varying levels of readiness. Apparently, the SSI was not used as a research instrument to measure orientations.

Corey (1996) developed an instrument to measure counseling orientations. *The Survey of Attitudes and Values Related to Counseling and Psychotherapy: A Self-Inventory and Pre-Test* is also an instrument that assists students in counselor training or education in quantifying or exploring their counseling orientation. Again, this was not a research instrument.

Substance Abuse

The field of substance abuse counseling seems to have generated more curiosity about counseling orientations. Miller and Moyers (1993) developed the *Understanding Alcoholism Scale* (UAS). The UAS is a 70-item scale that uses a "strongly disagree" to "strongly agree" format. The research with the UAS revealed three factors concerning beliefs about alcoholism: Disease Model, Psychosocial Model, and Client Heterogeneity Model. The UAS was developed to assist in better matching clients and counselors. They do not report any normative data or reliability studies.

Grosenick and Hatmaker (2000) studied the perceptions of staff attributes in substance abuse treatment. They identified four critical variables that were perceived as influential in chemically dependent women's treatment success: Knowledge and experience, supportiveness, non-threatening behaviors, and availability. These critical variables were not theoretically based, but were perceived in relation to client's achievement of goals.

Shearer and King (2001) developed *The Powerless-Empowerment Scale* (P-E Scale) in an attempt to quantify endorsement of substance abuse counseling orientations. The P-E Scale is an 18-item scale consisting of 6 empowerment items, 6 powerless items, and 6 buffer items that use a simple agree-disagree format. The P-E Scale produced acceptable reliability and validity indicators, but the scale was not a factor analyzed to determine if the rationality determined factors were statistically valid.

Forman, Bovasso, and Woody (2001) surveyed a diverse group of staff members in a variety of addiction treatment programs concerning their beliefs about addictions. In their study, they found strong endorsement of the items in

the survey instrument making up the innovation, 12-steop traditional treatment, and spirituality factors. More than 75% of staff endorsed support for each of these items. Specifically, over 80% of the respondents agreed with the increased use of research findings and new approaches in addiction treatment. The study was questioned because of the inclusion of clerical and support staff in the survey.

Ball, Backrach, DeCarlo, Farentinos, Keen, McSherry, Polcin, Snead, Sockriter, Wrigley, Zammarelli and Carrol (2002) surveyed community clinicians about their characteristics, beliefs and practices. The clinicians they surveyed reported using techniques from a range of theoretical orientations. In order of magnitude from the most used to the least used, clinicians rated the following orientations: Relapse prevention, cognitive-behavioral, 12-step, disease, Rogerian, cognitive-behavioral, reality therapy, motivational interviewing, psychodynamic, interpersonal, gestalt, experimental. Relatively few clinicians reported reliance on one dominant theoretical orientation. In relation to the present study, it is worth pointing out that the Ball et. al. study was not in a correctional setting, and half of the sample had a master's degree.

Finally, Mulvey, Hubbard, and Hayashi (2003) surveyed the substance abuse treatment workforce in the United States. They found that most treatment professional are white, middle-aged, and slightly more are female than male. Treatment professionals tend to enter the field licensed or certified, and treat clients from different racial and ethnic backgrounds than themselves. Their study was also not conducted exclusively in corrections, and it did not involve an attempt to survey orientations or beliefs about substance abuse treatment.

The CSAOI is a fifteen item self-administered instrument that measures three substance abuse counseling orientations: Spirituality, Identification, and Self-efficacy. Table 1 presents the basic comparison statistics for 323 substance abuse counselors in a correctional system in the southwestern United States. The results of this study provide several counseling orientation trends.

- Strong endorsement of the disease model of addiction emerged according to age, length of service, gender, and type of employment. The older the counselor and the longer their length of service, the more they endorsed the *spirituality* and *identification* with former abusers as an important counseling orientation.
- This was also true for gender. Female counselors endorsed the disease model less than male counselors.
- The most strongly endorsed substance abuse counseling orientation for the total sample has self-efficacy.

Reliability and Validity

1. All three scale score means were significantly different (N=66) at the .01 level of confidence. This means that the three scales are very likely to be measuring different orientations.
2. The *identification Scale* was significantly correlated to drug addiction familiarity (r=.30). This means that the more familiar the respondents were with drug addiction, the more they endorsed the need for individuals with substance abuse problems to identify with others who had experienced a similar problem. It also means that those with less familiarity tend not to endorse the *Identification Scale.*
3. The alpha coefficient of internal reliability was .11 for the total CSACOI and .77 or the *Spirituality Scale*, .59 for the *Identification Scale,* and .14 for the *self-efficacy scale.* The CSACOI does not consist of a practical total score, but rather consists of separate scales as indicated by the results reported in number 1 above.
4. Table 1 presents initial normative data for sixty-six male and female university students and 323 substance abuse counselors.

CSACOI-M
(This is a tool for the student to utilize; it is <u>not</u> the course exam.)

<u>Directions</u>: The following is a series of attitude statements. Each represents a commonly held opinion and there are no right or wrong answers. You will probably disagree with some items and agree with others. We are interested in which you agree or disagree with in such matters of opinion.

Read each statement carefully. Then indicate whether you agree or disagree by placing a check (✓) in the appropriate space on the answer sheet. Give your opinion on each statement.

If you are not sure, answer the closest to the way you feel. Also keep in mind the statements primarily are referring to heavy use of substances, addictions, and dependence, not occasional, non-problematic substance use.

1. Substance abuse should be treated through a spiritual program that directs the abuser toward the ultimate truth.
2. Addicts need to let go of their old way of coping and let God control their life.
3. It is very important that substance abusers identify with others with similar problems.
4. A person who has never experienced the cravings and power of addiction would have a difficult time counseling substance abusers.
5. Refusal skills should be an important element of substance abuse counseling.
6. Substance abusers need to find someone else who can manage their lives.
7. It is important that substance abuse be met strongly with meditation (prayer) to improve the abusers contact with God.
8. If substance abusers follow their Higher Power, they would never be lost in drugs again.
9. The last group of people alcoholics should associate with is recovering alcoholics.
10. Recovering substance abusers are the true experts on addictions.
11. Substance abusers can take control and make positive choices in their lives.
12. Substance abusers are powerless over alcohol and drugs.
13. Alcoholics need to follow God's plan.
14. Without others who have kicked drug addictions, a substance abuser would be isolated.
15. It is very difficult for counselors to put themselves in the place of an alcoholic if they haven't been an alcoholic.

CSACOI

ANSWER SHEET

Agree-	**Disagree**		**Agree-**	**Disagree**		**Agree-**	**Disagree**	
_____	_____	1	_____	_____	6	_____	_____	11
_____	_____	2	_____	_____	7	_____	_____	12
_____	_____	3	_____	_____	8	_____	_____	13
_____	_____	4	_____	_____	9	_____	_____	14
_____	_____	5	_____	_____	10	_____	_____	15

_____ Sp _____ Id _____ SE _____ TOTAL

Scoring Key-Loadings

Component 1: Spirituality

>   Items: 1, 2, 7, 8, 13

Component 2: Identification

>   Items: 3, 4, 10, 14, 15

Component 3: Self-Efficacy

>   Items: 5 , 6R , 9, 11, 12R

Scoring Instructions

Add the items marked *agree* to obtain a total score for each component (range 0-5) according to the above key. For example, to obtain the *spirituality* score, add the number of *agree* on items 1, 2, 7, 8, and 13. If all five of these items are marked *agree,* the score for *spirituality* is "5". If none are marked *agree*, then the score is "0", and so on. Note that item 6 and 12 on the *self-efficacy* component are reverse scored or counted when *disagree* is marked. After scoring the CSACOI, you can compare your scores on *spirituality, identification*, and self-efficacy to the undergraduate university students or the substance abuse counselors in Table 1.

NOTE; Item loadings can range from +1.00 to -1.00. A +1.00 loading indicates that the item (statement) is exactly consistent with the component and a -1.00 loading is exactly the reverse of the component and would obviously not be included as part of the scale unless it is reverse scored (R). Consequently, loadings of .66 to .80 and above are considered to be quite acceptable when considering the various ways people in the original research group could have interpreted the statements. The loadings were statistically derived (factor analysis), and the components were rationally determined.

Table 1

Average scores for university students and substance abuse counselors on the *CSACOI* (Range 0-5)

Subscale	Group	Mean
CSACOI		
Spirituality	Male Counselors	2.49
	Female Counselors	2.10
	Male Students	1.46
	Female Students	2.03
Identification	Male Counselors	2.45
	Female Counselors	2.03
	Male Students	3.37
	Female Students	2.94
Self-Efficacy	Male Counselors	2.97
	Female Counselors	2.85
	Male Students	3.75
	Female Students	3.67

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**Spiritual Transformation
Self-Inventory (STS)**

(This is a tool for the student to utilize; it is <u>not</u> the course exam.)

For each of the following statements, indicate whether you *agree* or *disagree* with the statement:

1. Because of this program, I'm not who I used to be.
      Agree_____   Disagree_____

2. Before this program, I had a bad attitude and a hard time getting along with people.
      Agree_____   Disagree_____

3. This program has made me feel like I am somebody and that I have potential.
      Agree_____   Disagree_____

4. Because of this program, I'm now trying to turn spiritual knowledge into wisdom.
      Agree_____   Disagree_____

5. I've grown spiritually in this program.
      Agree_____   Disagree_____

6. I'm becoming stronger in the word of God.
      Agree_____   Disagree_____

7. I didn't trust anyone before I came here.
      Agree_____   Disagree_____

8. For me, faith and spirituality now are more important than the prison code.
      Agree_____   Disagree_____

9. Because of this program, I now have a more positive outlook on life.
      Agree_____   Disagree_____

10. I have gained a peace of mind in this program that I never had in the free world.
      Agree_____   Disagree_____

11. Because of this program, I feel a need to give something back to society.
      Agree_____   Disagree_____

12. I now feel a desire to make a positive contribution to the community.
Agree_____   Disagree_____

13. My thinking and feeling is different from when I got to this program.
Agree_____   Disagree_____

14. Helping others in this program find purpose in their life through faith has been a real blessing for me.
Agree_____   Disagree_____

15. This program has started me on a very profound spiritual journey.
Agree_____   Disagree_____

16. Before this program, I didn't think anyone cared—now I see they really do.
Agree_____   Disagree_____

17. Because of this program, I feel a deep inner peace.
Agree_____   Disagree_____

18. I now consider myself a very religious person.
Agree_____   Disagree_____

19. Instead of drugs, I look to God for strength, support, and guidance.
Agree_____   Disagree_____

20. I now find my strength and comfort in religion and not drugs or alcohol.
Agree_____   Disagree_____

Spiritual Transformation Self-Inventory (STS)

Scoring Instructions

Add the items marked *agree* to obtain a total score (range 0-20).

In general, the degree of spiritual transformation indicated by the scoring of the items marked *agree* is:

0 – 7	Low spiritual transformation
8 – 13	Intermediate spiritual transformation
14 – 20	Strong spiritual transformation

Appendix B: Post Test and Evaluation for the Faith Based Substance Abuse Treatment

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in any **one** of the following manners:

1. *Submit your test via the Internet.* All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions using the answer sheet found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

    http://www.ceumatrix.com/studentcenter

    Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Take Exam' and you will be presented with the electronic exam.

    To take the exam, simply select from the choices of "a" through "e" for each multiple choice question.   For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. , which is the final step in the process. Once you submit the evaluation, you will receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

    If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

    OR

2. *Submit your test by mail using the answer sheet found at the end of this package.* First, complete the cover page that will identify the course and provide us with the information that will be included in your Certificate of Completion. Then, answer each of the questions by selecting the best response available and marking your answers on the sheet. The final step is to complete the course evaluation (most certifying bodies require a course evaluation before certificates of completion can be issued). Once completed, mail the information, answer and evaluation sheets to this address:

   CEU Matrix - The Institute for Addiction and Criminal Justice Studies
   P.O. Box 2000
   Georgetown, TX   78627

   Once we receive your exam and evaluation sheets, we will grade your test and notify you of the results.

   If successful, you will be able to access your Certificate of Completion and print it. Access your browser and go to the Student Center located at:

   http://www.ceumatrix.com/studentcenter

   Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Certificate' and you will be presented with a download of your Certificate of Completion that you may save / and or print. If you would rather have your Certificate of Completion mailed to you, please let us know when you mail your exam and evaluation sheets; or contact us at ceumatrix@ceumatrix.com or 800.421.4609.

   If you do not obtain the required 80% score, we will provide you with feedback and instructions for retesting.

   OR

3. *Submit your test by fax.* Simply follow the instructions above, but rather than mailing your sheets, fax them to us at **(512) 863-2231.**

If you have any difficulty with this process, or need assistance, please e-mail us at **ceumatrix@ceumatrix.com** and ask for help.

Answer the following questions by selecting the most appropriate response.

1. Religious or spiritual content can range from faith _____ to faith-secular partnerships.
   a. selective
   b. delineated
   c. saturated
   d. attenuated
   e. satiated

2. One definition of "faith-based" is the presence of explicit or implicit _____.
   a. rules
   b. structure
   c. laws
   d. mores
   e. content

3. Another definition of faith-based includes the presence of a particular:
   a. ideology
   b. administrator
   c. social control mechanism
   d. mysticism
   e. minister

4. Recovery programs endorsing 12-step philosophy typically emphasize spiritual _____.
   a. transactions
   b. transfer
   c. transtheoretical approaches
   d. revelation
   e. transformation

5. In faith-based programs, professional credentials and licensing may not be required.
   a. True
   b. False

6. Which of the following is <u>not</u> a degree of importance in defining faith-based substance abuse treatment programs?
   a. SA
   b. PT
   c. SS
   d. SE
   e. MM

7. Group activities and cohesion is referred to as:
   a. synopsis (SP)
   b. synergy (SN)
   c. factorial cohesion (FC)
   d. structural cohesion (SC)
   e. syntactic energy (SG)

8. FBP's tend to be divided in how many main types?
   a. six
   b. ten
   c. thirteen
   d. four
   e. three

9. Empirical studies of religiosity and spirituality suggest two _____ dispositions.
   a. inverse
   b. codependent
   c. interdependent
   d. correlated
   e. independent

10. Religiousness components include private religious practices, organized religiosity, and _____ religiosity.
    a. self-rated
    b. other-rated
    c. community rated
    d. self-affirmed
    e. significant other rated

11. Spirituality can include a search for a greater meaning for _____.
    a. society
    b. criminal behavior
    c. external morality
    d. experience
    e. existence

12. Spirituality can be associated with _____ experience.
   a. magical
   b. mystical
   c. myopic
   d. astrology
   e. psychokenisis

13. Which of the following is <u>not</u> a component of spirituality?
   a. daily spiritual experiences
   b. belief in a watchful God
   c. forgiveness
   d. paranormal experiences
   e. positive coping

14. Reincarnations, spells, and psychic powers are more closely associated with _____.
   a. mysticism
   b. religiosity
   c. exoteric spiritualism
   d. superstitiousness
   e. hyper mysticism

15. Exoteric Religiosity tends to emphasize _____.
   a. literalistic dogmas
   b. contemplation
   c. knowledge
   d. wisdom
   e. the metaphysical

16. Extrinsic Religiosity refers to people who:
   a. use religion as an end in itself
   b. have a high commitment to religious activities
   c. have a high commitment to religious beliefs
   d. don't equate religiosity with social status
   e. use religion as a means to an end

17. The relationship between religion and crime is:
   a. modest to large
   b. non-existent
   c. unknown
   d. modest to small
   e. strong

18. The direct crime-faith relationship suggests that faith may have a direct
_____ effect.
  a. casual
  b. causal
  c. reverse
  d. retroactive
  e. reciprocal

19. The interactive equation is:
  a. faith-employment-law abiding
  b. employment-law abiding-faith
  c. active-interactive-indirect
  d. intrinsic-extrinsic-exoteric
  e. conditional-unconditional

20. The threshold relationship involves:
  a. dose response curve
  b. program dose
  c. dose-doe
  d. exoteric doses
  e. conditional doses

21. A sufficient faith dose of treatment would <u>not</u> include:
  a. consistent cohort
  b. attendance
  c. assessment
  d. program fidelity
  e. treatment manual

22. One of the critical questions about faith-based substance abuse programs
involves:
  a. a risky shift
  b. fidelity drift
  c. assessment drift
  d. fidelity shift
  e. internal-external drift

23. Symmetry refers to a _____ relationship.
  a. casual
  b. causal
  c. drift
  d. nonlinear
  e. linear

24. When initial faith changes are easier and more likely than later faith changes, it is termed _____.
   a. program dose symmetry
   b. inconsistent
   c. non symmetric
   d. linear
   e. nonlinear

25. Which of the following is not a typology of faith-based organizations?
   a. faith-saturated
   b. faith-secular
   c. faith-background
   d. faith-infused
   e. faith-related

26. Which of the spirituality and substance abuse models is consistent with the stages of change model?
   a. external model
   b. compatibility
   c. addicted self model
   d. internal model
   e. incompatibility

27. There is a distinct difference between correlation and:
   a. compatibility
   b. criminogenic
   c. intercorrelation
   d. relationship
   e. causation

28. The group who were less likely to prefer spiritually based programs in a TC were:
   a. women
   b. adults
   c. adolescents
   d. alcoholics
   e. meth users

29. One of the techniques that can be blended with religious ideas is:
   a. SOS
   b. MM
   c. REBT
   d. Gestalt Therapy
   e. Cognitive Therapy

30. In the content of substance abuse treatment, clients can exhibit:
    a. distorted religious views
    b. deeply ingrained thinking patterns
    c. faulty thinking patterns
    d. difficulty in changing thinking patterns
    e. all of the above

31. Clients who categorize people as good or bad exhibit the thinking error of:
    a. rationalization
    b. dichotomous thinking
    c. overgeneralization
    d. selective thinking
    e. interpersonal rigidity

32. Cognitive restructuring is *not* accomplished in AA and 12-step programs by:
    a. insight
    b. attendance
    c. messages
    d. reprogramming
    e. sponsorship

33. There are how many areas of concentration for core competencies for working in faith-based programs?
    a. two
    b. six
    c. ten
    d. four
    e. five

34. The theory that states that religion deters individual-level criminal behavior is:
    a. socio-ecological theory
    b. moral communities theory
    c. hellfire theory
    d. acetic theory
    e. non-ascetic theory

35. Non-ascetic behaviors are also known as:
    a. secular behaviors
    b. semi-ascetic behaviors
    c. quasi-ascetic behaviors
    d. orthodox behaviors
    e. none of the above

36. Results testing the moral communities hypothesis are:
    a. strong
    b. non-existent
    c. mixed
    d. confusing
    e. statistically weak

37. The weak point for any comparison group design when the effectiveness of faith-based substance abuse programs is being studied is:
    a. criminal history
    b. traits
    c. personality
    d. motivation
    e. intelligence

38. The measures that are typically used to measure effectiveness are:
    a. arrest
    b. incarceration
    c. relapse
    d. all of the above
    e. none of the above

39. Which of the following is *not* a secular program alternative?
    a. SOS
    b. WW
    c. MM
    d. RR
        e. SMART

Fax/Mail Answer Sheet
CEU Matrix - The Institute for Addiction and Criminal Justice Studies Coursework

Test results for the course "Faith Based Substance Abuse Treatment

If you submit your test results online, you do <u>not</u> need to return this form.

Name*:_____
(* Please print your name as you want it to appear on your certificate)

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security #*: _____
(*Most certifying bodies require a personal identification number of some sort – last 4 digits or License is perfect.)

Phone Number: _____

Fax Number: _____

E-mail Address: _____

On the following sheet, mark your answers clearly. Once you have completed the test, please return this sheet and the answer sheet in **_one_** of the following ways:

1. Fax your answer sheets to the following phone number: **(512) 863-2231**. This fax machine is available 24 hours per day. OR

2. Send the answer sheet to:
   CEU Matrix - The Institute for Addiction and Criminal Justice Studies
   P.O. Box 2000
   Georgetown, TX 78627

You will receive notification of your score within 48 business hours of our receipt of the answer sheet. If you do not pass the exam, you will receive instructions at that time.

Name: _____

Course: <u>Faith Based Substance Abuse Treatment</u>

1. [A] [B] [C] [D] [E]
2. [A] [B] [C] [D] [E]
3. [A] [B] [C] [D] [E]
4. [A] [B] [C] [D] [E]
5. [A] [B] [C] [D] [E]
6. [A] [B] [C] [D] [E]
7. [A] [B] [C] [D] [E]
8. [A] [B] [C] [D] [E]
9. [A] [B] [C] [D] [E]
10. [A] [B] [C] [D] [E]
11. [A] [B] [C] [D] [E]
12. [A] [B] [C] [D] [E]
13. [A] [B] [C] [D] [E]

14. [A] [B] [C] [D] [E]
15. [A] [B] [C] [D] [E]
16. [A] [B] [C] [D] [E]
17. [A] [B] [C] [D] [E]
18. [A] [B] [C] [D] [E]
19. [A] [B] [C] [D] [E]
20. [A] [B] [C] [D] [E]
21. [A] [B] [C] [D] [E]
22. [A] [B] [C] [D] [E]
23. [A] [B] [C] [D] [E]
24. [A] [B] [C] [D] [E]
25. [A] [B] [C] [D] [E]
26. [A] [B] [C] [D] [E]

27. [A] [B] [C] [D] [E]
28. [A] [B] [C] [D] [E]
29. [A] [B] [C] [D] [E]
30. [A] [B] [C] [D] [E]
31. [A] [B] [C] [D] [E]
32. [A] [B] [C] [D] [E]
33. [A] [B] [C] [D] [E]
34. [A] [B] [C] [D] [E]
35. [A] [B] [C] [D] [E]
36. [A] [B] [C] [D] [E]
37. [A] [B] [C] [D] [E]
38. [A] [B] [C] [D] [E]
39. [A] [B] [C] [D] [E]

CEU Matrix

The Institute for Addiction and Criminal Justice Studies

Course Evaluation – Hard Copy Format

The final step in the process required to obtain your course certificate is to complete this course evaluation. These evaluations are used to assist us in making sure that the course content meets the needs and expectations of our students. Please fill in the information completely and include any comments in the spaces provided. Then, if mailing or faxing your test results, return this form along with your answer sheet for processing. **If you submit your evaluation online, you do not need to return this form.**

NAME:_____

COURSE TITLE: **Faith Based Substance Abuse Treatment**

DATE:_____

COURSE CONTENT		
Information presented met the goals and objectives stated for this course	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information was relevant	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information was interesting	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information will be useful in my work	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Format of course was clear	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
POST TEST		
Questions covered course materials	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Questions were clear	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Answer sheet was easy to use	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good

_____

COURSE MECHANICS

Course materials were well organized	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Materials were received in a timely manner	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Cost of course was reasonable	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good

OVERALL RATING

I give this distance learning course an overall rating of:	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good

FEEDBACK

How did you hear about CEU Matrix?	☐ Web Search Engine ☐ Mailing ☐ Telephone Contact ☐ E-mail posting ☐ Other Linkage ☐ FMS Advertisement ☐ Other: _____
What I liked BEST about this course:	
I would suggest the following IMPROVEMENTS:	
Please tell us how long it took you to complete the course, post-test and evaluation:	_____ minutes were spent on this course.
Other COMMENTS:	