



Building Capacity with Faith Leaders to Effectively Participate in Community Substance Use Prevention Efforts

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Building on Evidence-based Prevention to Connect Communities

Presenter Bio: Drew Brooks



Drew Brooks serves as Executive Director of Faith Partners (FP), a non-profit organization providing leadership, training, and consultation for a congregational prevention and recovery support team model. The FP team approach is an evidence-based intervention with hundreds of trained congregational teams from 23 different faith traditions in 29 states. Drew has worked in the prevention, treatment, and public health fields for over thirty-six years providing training and consultation to faith communities, schools, and community organizations across the country.

Presenter Bio: Rev. Dr. Monteic A. Sizer

Rev. Dr. Monteic A. Sizer serves as Executive Director of Northeast Delta Human Services Authority (NEDHSA). Rev. Dr. Sizer is a consultant and sought after keynote speaker. Rev. Dr. Sizer's expertise enables him to speak practically about relevant policies, procedures, and programs needed to help advance causes on behalf of the poor, working-class and related vulnerable Americans. Rev. Dr. Sizer is also a thought leader in the areas of behavioral and primary healthcare integration, and faith-based community change strategies.



Workshop Objectives

- 1) Identify the **important role** religion, spirituality, and faith community play as components to substance use prevention;
- 2) Understand Faith Partners' research in **building change capacity** and competency to establish congregational-based and collaboration with community-based prevention efforts;
- 3) Explore different factors to address **cultural relevance** in developing an effective congregational response to substance use disorders; and
- 4) Describe the three service delivery models to engage faith leaders to establish more **effective, sustainable** congregational community substance use prevention efforts.

Ministry or Service Vision

NEDHSA Faith Partnership Initiative

- ❖ Transformational
- ❖ Partnerships
- ❖ Cultural Relevance
- ❖ Empowerment
- ❖ Spiritually-based Service (Ministry)



Part 1: The important role of the
faith community, spirituality, and religion

Faith organizations involvement in substance abuse prevention is important because...

- **88%-95%** of Americans over age 18 believe in God or a universal spirit
 - **88%-92%** associate with some form of religion
- **63%** belong to a congregation, which provide a sense of community and responsibility
- **75%** of adults state that their religious convictions impact their decisions

Religion & Spirituality are key protective factors in the prevention and treatment of substance abuse and in maintaining recovery.

Source: SAMHSA 2007

Gaps in Existing Research

- Substantial research that shows positive relationships between spirituality and religiosity on physical and behavioral health.
- Less is known about the effectiveness (or ineffectiveness) of faith-based programs in the substance use disorder field.

What is needed to fill the gap?

A broad community approach to substance abuse prevention will require:

- ✓ Meaningful dialogue and an understanding of faith, spirituality, and the importance of faith-based programs.
- ✓ Adopting different paradigms to work with religious groups and institutions.
- ✓ Consideration of the medical research on faith, spirituality, religion, and health.

Religion, Spirituality, and Health

In reviewing 1,200 studies in *Handbook of Religion and Health* (2001), Harold G. Koenig et al. Found positive correlations between religion and physical and mental health.

- **Lower rates of cancer, disability, hypertension and other diseases**
- **Better response to illness and increased longevity**
- **Stronger coping and lower rates of depression.**

Religion, Spirituality, and Health

Linda Barnes of the Boston Medical Center found that spirituality and religion can contribute to *preventative* health (2000).

- Better adolescent decision-making and well being, reduced rates of violence, and fewer high health risk and problem behaviors.
- Low religiosity related to higher rates of smoking, drinking, drug use, and adolescent pregnancy.

Religion, Spirituality, and Substance Abuse

- Spirituality included in theoretical constructs and research as a protective factor and an external asset (Hawkins et al. 1992, Benson 1998).

Examples:

- Low religious involvement related to increased alcohol and drug abuse, becoming a lifetime smoker.
- Faith-based organizations promote healthy lifestyles, provide alternative activities for youth, deter family violence and build a strong sense of community.

Religion & Spirituality as a Protective Factor for Youth

- ✓ Reduces the likelihood of choosing friends who use substances
- ✓ Instills moral values
- ✓ Increases coping skills
- ✓ Reduces the likelihood of turning to alcohol or other drugs during stress
- ✓ Provides an identifiable social support network and sense of community
- ✓ Provides organized social activities

Clergy Views on Substance Abuse: An Important Problem

- **94%** of clergy surveyed consider substance abuse to be an important issue
- **38%** of clergy find alcohol abuse involved in half or more of the family problems

Yet...

- **12%** of clergy report having had any education on substance abuse in their seminary training.

National Center on Addiction and Substance Abuse
of Columbia University

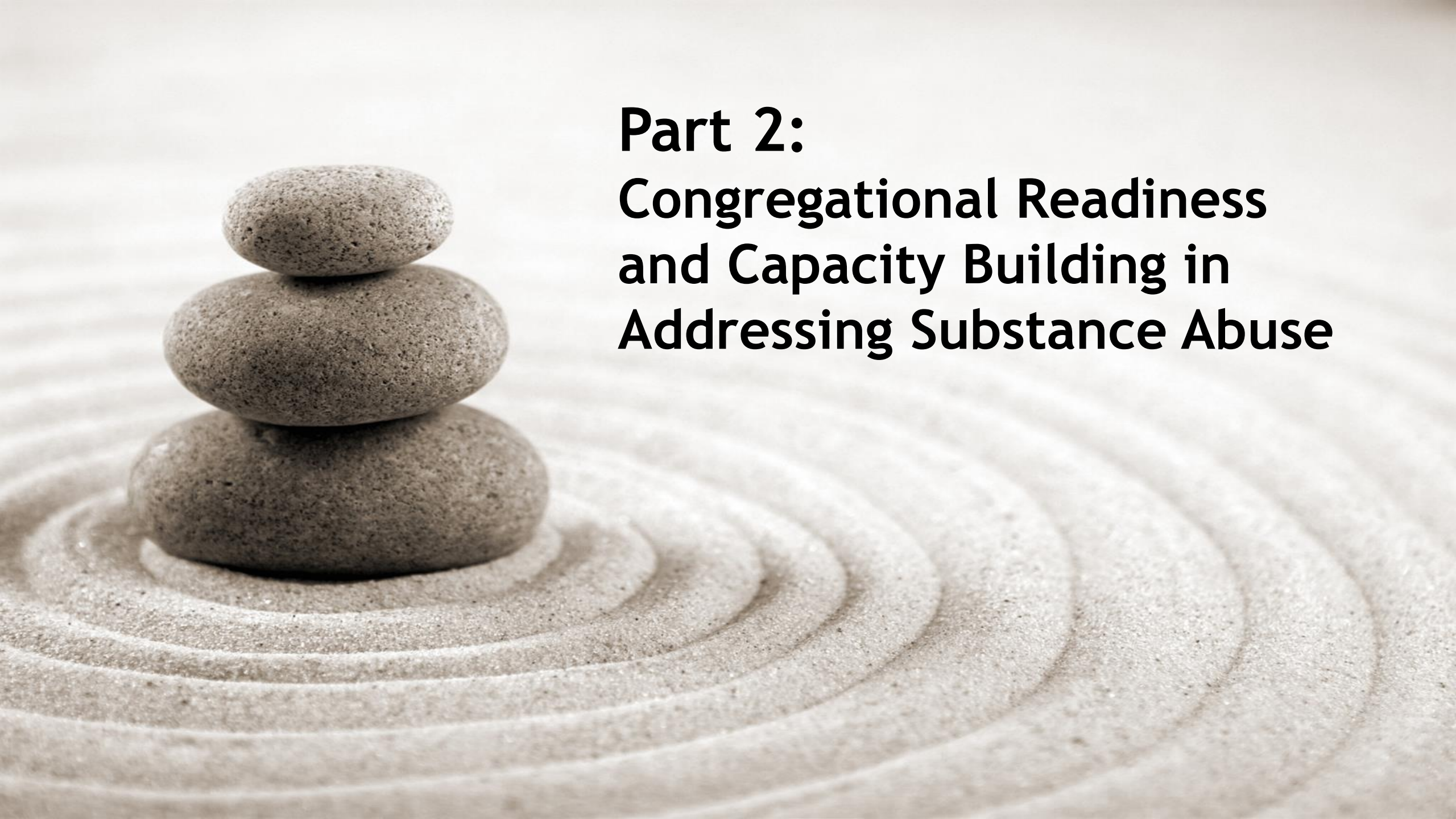
Having the Conversation: What We believe?

1. The faith community/my congregation has communicated a clear, consistent message regarding substance use.

SA A U D SD

2. The basic issues in substance abuse prevention and treatment of substance use disorders are spiritual.

SA A U D SD

A stack of three smooth, grey stones is positioned on the left side of the image. The stones are stacked vertically, with the smallest on top and the largest at the bottom. They rest on a surface of light-colored sand that has been raked into concentric circles, creating a Zen garden effect. The background is a soft, out-of-focus light grey.

**Part 2:
Congregational Readiness
and Capacity Building in
Addressing Substance Abuse**

Definition of Readiness

“Congregational community readiness is the extent to which a community is **adequately prepared** to implement a program or ministry. A community must have the support and commitment of its members and the needed resources to implement an effective effort.

Because **community readiness is a process**, factors associated with it can be objectively assessed and systematically enhanced.”

Source: NIDA's *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*

Readiness/Recruitment Phase



- Readiness Training
- Connection to Faith Communities Infrastructure
- Faith Leader Readiness Survey
- Key Faith Leader Interviews
- Clergy Focus Groups
- Congregational Survey

The Faith Community, Substance Abuse, and Readiness for Change: A National Study

Published:

Journal of Social Service Research | January 2012

Special Issue on Research on Spirituality in Social Work Practice

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Methodology: Quasi-Experimental Design

Environmental Approach

Outcome Measures

- Congregational Survey (Pre-test)
- Facilitator Project Checklist (Capacity Measurement tool)
- Follow-up Survey (Post-test)

Process Measures

- Team Member Discussion (Focus group questions)
- Congregational Leaders Feedback (Key leader interview questions)
- Annual Progress Report (Activity checklist)

Key Findings: Experiences, Attitudes, and Perceptions of Substance Use Disorders

- Many congregational members have some experience with addiction
 - **36%** have a family member with an alcohol or drug problem
 - Over **23%** have a family member in recovery
 - **5%** in recovery from alcohol or drugs themselves
- And... many find that the faith community plays an important role:
 - **74%** reported that it was very important that the faith community help those struggling with addictions
 - Over **75%** support their congregation offering prevention, recovery, and addictions programs

Note: Findings shown from pre-test survey only

Key Findings: Experiences, Attitudes, and Perceptions of Substance Abuse

Yet...

- **58%** do not know where to go in the congregation to get help for someone struggling with addictions

Note: Findings shown from pre-test survey only

Congregational Readiness

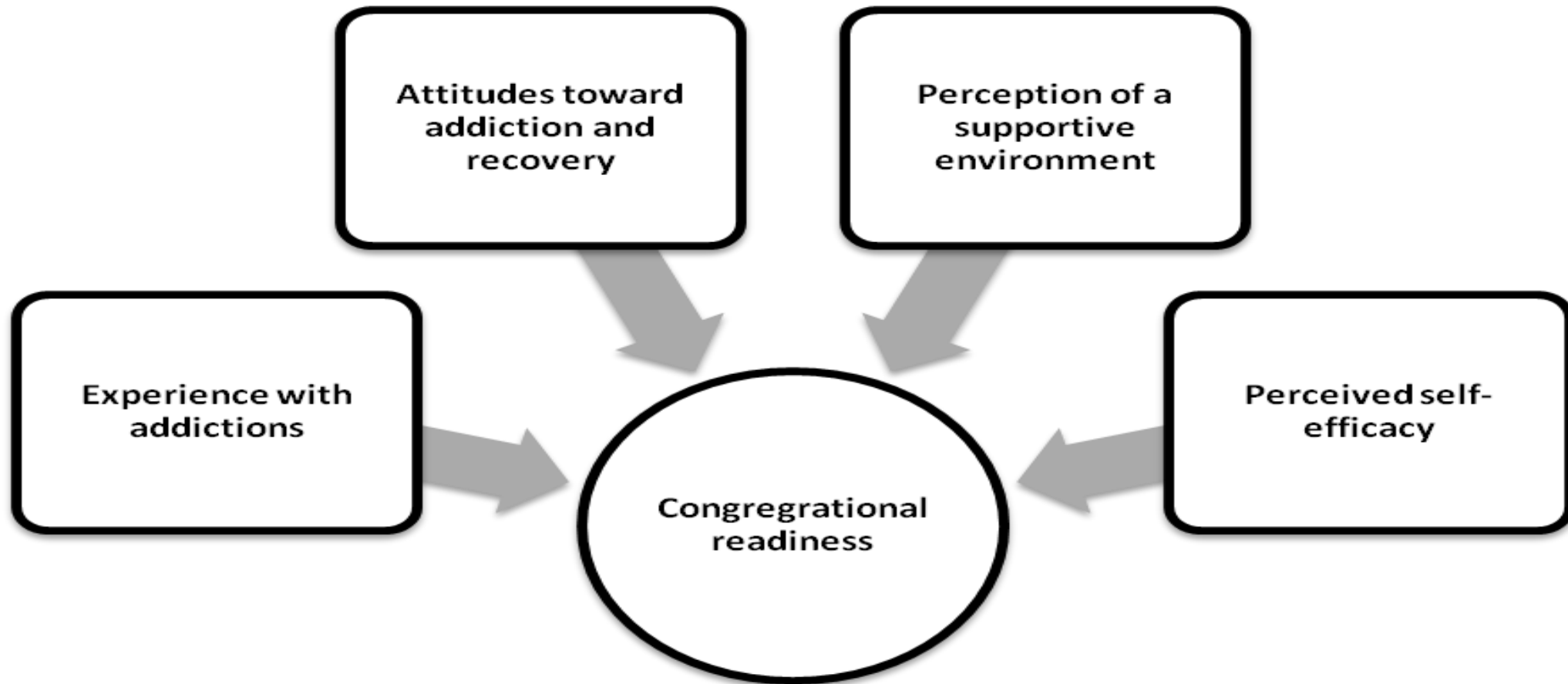
Construct	All Pre-tests (n=3,649)	Post-test (n=1,284)
<i>Congregational Readiness</i>	(Mean = 1.82; Stddev = 1.46)	(Mean = 2.29; Stddev = 1.49)
Don't know	33.6%	25.9%
Not at all ready	4.9%	2.0%
Not too ready	18.5%	9.7%
Somewhat ready	31.5%	41.9%
Very ready	11.5%	20.6%

Notes: Statistically significant at $p < .01$.

Range: 1 'don't know', 2 'not at all ready', 3 'not too ready' 4 'somewhat ready' 5 'very ready'.

Conceptual Model

What helps spark congregational readiness?



Developmental/Capacity-building Phase



- Faith Partners Training Series
- Area Coordination
- Capacity Building
- Community Resources & Workshops
- Educational Materials
- Technical Assistance

Team Development Roadmap: Four Step Process

- 1. Build Congregational Support**
(Readiness Tools)
- 2. Equip the Leadership**
(Assessment, Capacity Building, Training, Technical Assistance)
- 3. Develop the Team**
(Team Formation, Initial Planning, Ministry Development, Resource Identification)
- 4. Sustain the Ministry**
(On-going Education, Annual Planning, Evaluation, Networking)

Multi-level Interactive Approach using Theories of Change Models

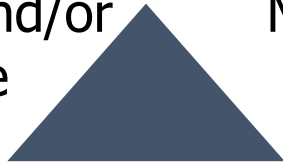
- **Team Member**
(Levels of Advocacy – American Cancer Society)
- **Whole Congregation**
(Community Readiness – Oetting et al. 2001)
- **Individual and Families**
(Stages of Change – Prochaska & DeClemente)



Continuum of Alcohol Use

Serving the Whole Congregation

Rare and/or
Nonuse



Moderate Use

Misuse

Problem Use
Abuse

Dependent
Use

Prevention

Early Intervention

Referral Assistance

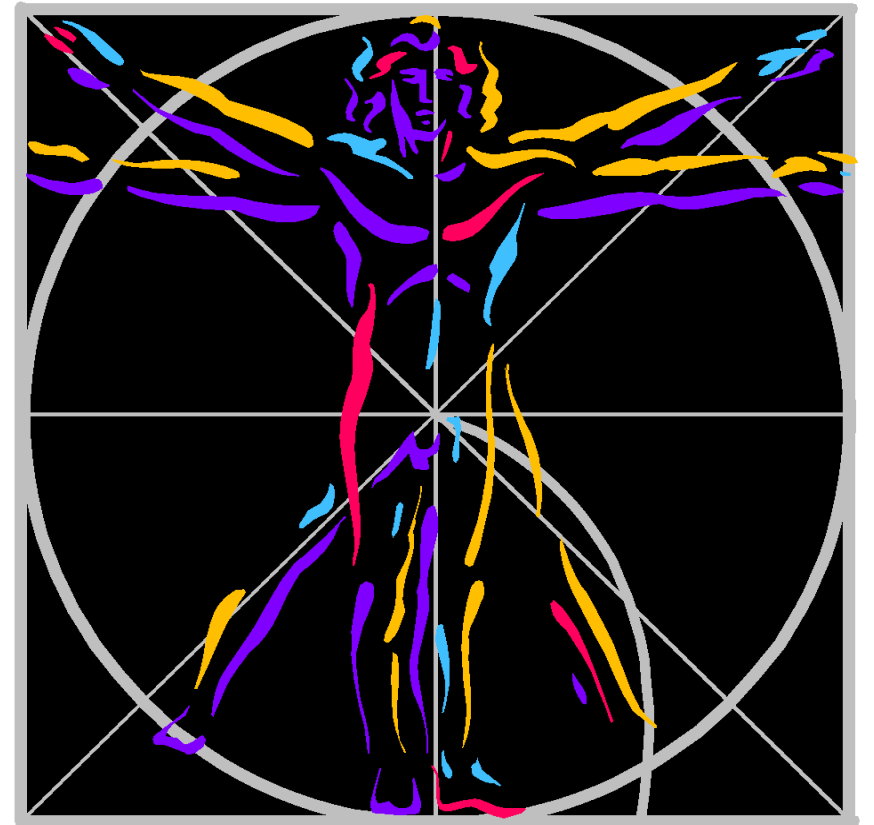
Recovery Support

Advocacy



Scope of the Work

- Prevention (Transitions)
- Early Intervention (Sharing Concern Skills)
- Referral Assistance (Flowchart, Resource Guide)
- Recovery Support (Congregational Climate)
- Advocacy (Speaking in favor of someone or something)



Capacity Building Domains

Leadership

- Clergy
- Laity
- Congregational Governance

Team Development

- Training Series
- Team Education
- Regular Meetings
- On-going Recruitment

Ministry Development

- Needs Assessment
- Annual Planning
- Evaluation
- Area Coordination

Programming

- Prevention
- Early Intervention
- Referral Assistance
- Recovery Support
- Advocacy

Infrastructure

- Referral System
- Accountability to Governance
- Congregational Support
- Part of Congregational Structure

% Change in Congregational Readiness by Capacity Building Domain

Capacity Building Domain n = 16 congregations	% Change (Pre-Post Test)
Leadership*	60%
Team Development	1%
Ministry Development*	60%
Programming	14%
Infrastructure*	30%
Overall Capacity Building*	62%

*p<.05 (Statistically significant difference between pre and post test mean level of readiness scores)

Shown are % change in congregational readiness for congregations with above average or lower than average capacity. Mean Scores range from 0 "Don't Know"; 1 "Not at All Ready", 2 "Not Too Ready"; 3 "Somewhat Ready"; 4 "Very Ready"

Key Findings:

% Change in Congregational Readiness by Capacity Building Level (High vs. Low)

N = 16 congregations	Capacity Building Level	Congregational Readiness (average score)		% change
		Pre-test	Post-test	
Total	Low*	1.74	2.06	18%
	High*	1.35	2.20	62%

*p<.05 (Statistically significant difference between pre and post test mean level of readiness scores)

SD = standard deviation

Low = Mean (average) capacity building score was *at* or *below* average.

High = Mean (average) capacity building score was *above* average.

Mean Scores range from: 0 "Don't Know"; 1 "Not at All Ready", 2 "Not Too Ready"; 3 "Somewhat Ready"; 4 "Very Ready"

Key Factors in Determining Direction of the Ministry or Service

- Missional Focus of Congregation
- Congregational Community Needs
- Capacity of Team Members
- Receptiveness of Congregational Members



Faith Partners Approach (Short-term & Intermediate Outcomes)

- Supportive Leadership (Clergy & Laity)
- Acceptance of the Congregation
- Knowledge of the Resources
- Greater Comfort level with the discussion
- More active with service efforts
- Team active in wider community
- Part of congregational structure

Faith Partners Approach (Long-Term Outcomes)

- Fewer people experience ATOD problems
- People helped in earlier stages of disease
- Individuals and family members supported in healthier lifestyle
- Congregations connected to prevention, educational, and advocacy efforts
- More congregations respond with a spiritual solution

Part 3: Cultural Relevance & Sustainability



Integration into our Community-based Efforts

NEDHSA Faith Partnership Initiative

- ❖ Cultural Relevance
- ❖ Infrastructure
- ❖ Sustainability
- ❖ Empowerment

Sustainability Phase



- Training of Trainers
- Clergy Training
- Evaluation
- On-going Recruitment
- Secure Funding
- Quarterly Networking Meeting
- Community Resources
- State or Community Infrastructure
- Collaborative Community Efforts

Service Delivery Models

- Community-based Training Series (Network of Congregations)
- Statewide Project Model - Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
(Infrastructure of Regional Prevention Centers)
- Distance Learning Model (Remote Congregations)
(Video Series & Video Conferencing)

Call to Action

- ✓ **COMMUNICATE** with your own congregational leaders and start building support
- ✓ **CONNECT** with the faith community in your community or state.
- ✓ **READ** the text “Healing Places” to understand the model.
- ✓ **PURCHASE** a Congregational Readiness Toolkit to build support.
- ✓ **CALL** for consulting on how to establish this model within a community or on a state level.

Congregational Readiness Toolkit



- ✓ Healing Places Book
- ✓ Faith Partners (FP) Brochure
- ✓ FP Frequently Asked Questions (FAQs)
- ✓ Congregational Community Readiness Survey
- ✓ Readiness Toolkit Guide
- ✓ FP Journal Articles on Readiness
- ✓ Consultation

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Why the renewed interest?

- “Mounting evidence from various empirical studies about the use of religion as a coping strategy associated with better psychological adjustment and better health outcomes.”

“More articles on the topics of religion and faith are appearing in leading medical journals.”

