

SET FREE TO PRAISE, TO BLESS, TO PREACH

Care for Our Brothers
Suffering from Addictions To
Alcohol and Other Drugs

Editors' Note:

At the 2007 Guest House Institute Summer Leadership Conference in Minneapolis, MN Brother Ignatius Perkins, O.P., Director of Administration for the Order of Preachers (Province of St. Joseph) gave a talk entitled, "Religious Communities: Are They Centers for Healing or Centers for Enabling?" It was a provocative and very well received presentation.

As part of the presentation, Br. Perkins made this document available to the Conference attendees. It is a formal policy statement regarding the care and treatment of impaired and addicted religious from the Dominicans of the St. Joseph Province. We reprint it here with permission as a way of making it available for a wider audience. It is encouraging and uplifting.

The presentation given by Br. Perkins at the Conference will be available in a forthcoming issue of *Guest House Review*.

Friars of the Order of Preachers
Province of Saint Joseph in the United States
4th Edition

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Care for Our Brothers Suffering from Addictions To Alcohol and Other Drugs

I. INTRODUCTION

The Dominican Friars of the Province of St. Joseph, in consultation with competent health care professionals, recognize addiction to alcohol and other drugs as a chronic, progressive, life-threatening disease with no known cure. Addiction to alcohol and other drugs, like other addictive disorders, demands a fraternal and informed response to our brothers, their communities and even their families who suffer from these diseases.

Addiction to alcohol and other drugs usually manifests itself in a threefold impairment of body, mind, and spirit, which unless diagnosed and treated, may lead to irreparable damage and death. Brothers and their communities suffering from addiction to alcohol and/or other drugs (e.g. controlled substances; analgesics; tranquilizers; sedatives; sleeping pills; dietary suppressants, etc.) require and deserve proper understanding, fraternal and compassionate support, competent and comprehensive professional health assessment, treatment, and long term aftercare.

Extensive research and practical experience indicates that persons afflicted with this disease, their families, and their communities manifest the classical symptom of denial. Often times they are blind to developing symptoms in themselves and in others, and are rarely capable of self-help. Because of the complexities of the syndrome of denial constructive intervention and coercion is often necessary to initiate treatment and recovery.

We, the Dominican Friars of the Province of St. Joseph, accept our obligation in fraternal charity, justice and compassion to reaffirm our established policies and procedures and to initiate proper health assessments, interventions, aftercare, productive recovery and a return to the fullness of Dominican life and ministry for our brothers and their communities who suffer from addiction to alcohol and other drugs.

II. GOALS

Our primary goals are:

- A. to reaffirm human dignity and to relieve pain and suffering of our brothers and their Dominican communities;
- B. to restore their health, self-respect, and self-esteem as friars in the Order of Preachers;
- C. to restore our afflicted brothers to full participation in community life and to productive and rewarding involvement in the ministries of the Province and among God's people; and
- D. to assist brothers, superiors, and communities of the Province to accept their roles in the intervention, treatment, and sustained long-term aftercare programs of our brothers who have been diagnosed with addiction to alcohol or other drugs.

In fraternal charity and in the spirit of our Father Dominic, we call for the enlightened cooperation and understanding of all brothers of our Province in the reaffirmation of these policies and procedures.

III. PROCEDURES

- A. Identification;

Addiction exists when a brother's consumption of alcoholic beverages or other drugs:

1. repeatedly interferes with his participation in the life of the community and in the proper performance of his ministry;
2. reduces his dependability;
3. impairs his interpersonal relationships with his brothers, his family and with those in his ministry;
4. is injurious to his health and the health of others; and
5. reflects discredit to himself, his community and to his ministry in the Province and the Church.

Addiction to alcohol or other drugs is determined by the effects of unmanageability or behavioral changes on his physical, mental or emotional health, his relationships with others, and his ministry. Addiction is not determined by the amount or frequency of consumption of alcohol or other drugs.

B. Intervention

A brother who has become addicted to alcohol or other drugs is very often unaware of his addiction and the extent of its gravity. It is integral to the pathology of addiction to alcohol or other drugs that the brother denies his addiction and uses many defense mechanisms to justify his behaviors. Most brothers who have reached the crisis stage are pathologically incapable of making their own decisions. In the majority of cases constructive coercion is usually necessary to implement the assessment, treatment, and recovery process. All too often, other brothers in the community, the superior, friends, associates, and relatives also deny the presence of addictive behaviors and cover up the brother's illness. They are considered "enablers" of the brother's illness. Though enablers may be sincere caring persons, they do not understand the pathology of addiction to alcoholism or other drugs. They often fail to intervene until it is too late to reverse the cumulative physical and psychological deterioration of the brother's health status.

There is no medical or moral validity in the statement "you can't help an alcoholic until he is ready to be helped." Ordinarily, a brother dependent upon alcohol or other drugs initially undergoes assessment and treatment against his will. Immediate intervention for brothers suffering from alcoholism and other drug dependencies will save their lives.

Like other chronic diseases, addiction to alcohol and other drugs can be more effectively treated the earlier it is recognized. Believing that every person possesses intrinsic dignity and worth, in fraternal charity, then, it is incumbent on each brother of the Province to be able to identify inappropriate behaviors associated with these addictions.

Professional assessment of the brother's comprehensive health status is warranted when the brother's behavior in the community is unacceptable or he is not performing satisfactorily in his ministry. Assessment and intervention can be initiated by referring the concerns to the local superior, the Provincial, or through contact with health care professionals knowledgeable about addiction to alcohol and other drugs and their treatments. To do nothing for a brother who is sick and suffering, to fail to offer him help, or to fail to bring the brother's illness and behavior to the attention of those who can intervene, is contrary to the tradition

and values of Dominican community life and our responsibility to care for one another. In caring for our brothers who are sick, we are called to follow the example of our Father Dominic "who was a father and consoler of the sick and of those who were in distress" (LCO #9).

Experience has demonstrated that confrontation by the local superior and/or by several brothers in the local community can be very effective in helping the sick brother undertake a constructive and positive course of action toward recovery and long-term sobriety.

C. Consultants

Professional consultants, experienced and competent in assessing and treating addiction to alcohol and other drugs, are available to provide a health status assessment of the brother and to recommend appropriate treatment at selected facilities.

Any brother or community may seek advice or assistance directly from a consultant or from any competent authority or treatment facility without fear or prejudice, either for oneself or for another brother. A brother may be referred to a consultant by another brother, the local superior, or the Provincial for evaluation and recommendations. When a diagnosis of addiction to alcohol or other drugs has been made, the recommendations of the consultant for treatment and follow-up care will be implemented. If the brother refuses to accept the recommendations of the consultant and fails to initiate treatment, the matter will be referred to the Provincial for specific and immediate action. Upon satisfactory completion of treatment, and in accord with the recommendations of the treatment team, the brother is guaranteed full and equitable consideration in the matter of his assignment, special apostolates, continuing formation, etc.

Contact the Provincial for a current listing of consultants and treatment facilities.

D. Treatment

Proper treatment for addiction to alcohol and other drugs will vary in detail from person to person. The treatment plan will depend on such factors as the drug of choice, onset and duration, degree of impairment, age, physical and psychological health status, socio-vocational needs, personal insight, honesty, and motivation.

Generally speaking, effective treatment includes the following phases:

1. confrontation: presenting factual information to the brother regarding his inappropriate behaviors in the community and in his ministry (e.g. dates, number of incidences, behaviors, locations, witnesses);
2. the initial phase: comprehensive assessment and diagnosis;
3. the acute phase: detoxification and physical stabilization;
4. the recovery phase: comprehensive education on addiction to alcohol and other drugs; emotional and spiritual recovery; behavioral changes in life style, which enables the brother to live comfortably and productively without dependence on alcohol or other drugs;
5. the aftercare phase: participating in a long-term program of supportive therapy, i.e. Alcoholics Anonymous; individual and community counseling; AL-ANON for brothers of the community; ACOA Group (Adult Children of Alcoholics);

The acute phase must take place under proper medical supervision in an approved facility. The recovery phase can effectively take place in a variety of settings as recommended by the consultants. The aftercare phase is carried out within a community setting while the brother engages in his particular ministry.

E. Post-Therapy Assignment

The primary purpose of these policies and procedures is to assist our brothers and our communities, in a spirit of fraternal concern, and all those who are disabled by addiction to alcohol or other drugs, in a professional and compassionate manner. We are committed to help our afflicted brothers regain that state of health and well-being which allows full participation in the life of the community, and continuation of a productive and rewarding ministry in the Province and in the Church. Each brother, upon satisfactory completion of therapy, may be reaffirmed in his present assignment or given a new assignment, insofar as possible, compatible with his interests, abilities, the recommendations of health care professionals and the assurance that long term and sustained recovery will be supported and maintained.

F. Information and Education

An education and information program on addiction to alcohol and other drugs is ongoing throughout the Province. This program is intended to reach all

brothers and our communities through distribution of educational materials, community meetings, seminars, guest lecturers, lecture series, individual consultations, attendance at open meetings of Alcoholics Anonymous (AA), Family Support Group (AL-ANON), and Adult Children of Alcoholics Support Group (ACOA). The outcome of this program is intended to help our brothers identify the early signs of addiction to alcohol and other drugs, to prevent dependency, and to reaffirm our responsibility to care for one another in community.

IV. GENERAL INFORMATION AND GUIDELINES

This information and the following guidelines are presented to brothers and communities of the Province of St. Joseph in order to assist in assessing the presence of actual or potential addiction to alcohol and other drugs.

The importance of the responsibility of all brothers of the Province in the implementation of these policies and procedures cannot be overemphasized. The success or failure of this program, however, depends largely upon the degree of responsible commitment and definitive action by each brother, the local superior, the brother's community, and by the Provincial.

The three principal aims of this program are:

A. Early Recognition of the Brother With Addiction To Alcohol and other Drugs

The majority of our brothers addicted to alcohol or other drugs are in the 35-50 age group, the period when the Province expects the most effective work from the brothers. The addicted brother is often one with administrative or executive skills and wide experience; however, addiction to alcohol and other drugs occurs among brothers regardless of their age, education, or ministry. It is not limited to the "forgotten" brother. Brothers who as children experienced a family history of addiction to alcohol are at significant risk for developing an addiction to alcohol and other drugs.

In the early and middle stages of addiction to alcohol and other drugs, the addicted brother may continue to work. Very few active brothers are found in the "lost weekend" category. Because of the general failure to recognize behaviors of incipient addiction to alcohol or other drugs, as well as the brother's own attempt to cover-up, superiors and other brothers in the community may be unaware of the presence of an addicted brother in their community for a long time. Because of the covering-up

techniques used by brothers themselves, others in the community, peers, relatives, friends, and local superiors, the Provincial is often unaware of the brother suffering from addiction for an even longer period of time.

B. Firm But Fraternal Insistence on Therapeutic Rehabilitation

Usually only the local superior or the Provincial are in a position to insist that the brother participate in an assessment and therapeutic measures to treat his disease. The local superior or the Provincial are the only ones who can require an obedient response and at the same time sanction their decisions about an assessment and treatment program, if indicated, with realistic alternatives and consequences.

The local superior or the Provincial will direct that the brother see only qualified physicians or counselors experienced in the assessment and treatment of addictive disorders. This step is critical since some physicians and other health care providers do not understand addiction to alcoholism and other drugs and frequently prescribe medications that offer short-term relief but with long-range complications. Many of these drugs have synergistic effects that may result in cross addictions and further complications. The long-term half-life of these drugs can often mask withdrawal symptoms, which exacerbates the addictive process.

Other brothers and superiors of the Province are never to presume to diagnose a brother's illness. They must also refrain from suggesting a precipitous psychiatric referral of brothers whom they believe are suffering from addictive disorders. Emotional problems may antecede addiction and lead to it. Once a brother becomes chemically addicted, psychiatric therapy, psychological counseling and intervention are contraindicated since addiction becomes the primary diagnosis that demands intervention. Once abstinent sobriety is maintained, psychiatric therapy may be indicated if the emotional problems persist. Only qualified professionals are competent to assess and diagnose the presence of addiction to alcohol or other drugs.

Brothers and, in particular, superiors of the Province, who have understanding and patience, together with the courage to use authority firmly, can bring an afflicted brother to the realization that an addiction to alcohol or other drugs is a chronic life-threatening disease and that he must do something about it. This realization process often takes time, and is often brought about when the brother is confronted, in a timely manner,

with realistic alternatives that can be presented to him only by the authoritative voice of the local superior or the Provincial.

C. Consistent, Predictable Policy Whereby Reinstatement or Reassignment is Assured to Those Who Are Rehabilitated

Professional assessment, intervention and aftercare for brothers suffering from addiction to alcohol or other drugs, along with cooperation from them, other brothers of the community, the superior, family, and friends will be effective when everyone in the Province believes that:

1. addiction to alcohol and other drugs is a chronic life-threatening illness, not personal moral failure, or a disciplinary problem;
2. addicted brothers are valuable persons possessing intrinsic dignity and worth who are sons in Christ in need healing and hope;
3. brothers never intend to become addicted but given the right combination of physical or psychological factors, addiction may result (e.g., hereditary pre-disposition; family history; bio-chemical abnormalities; stress; grief and loss; ministry burn-out; aging and retirement);
4. superiors and the Provincial will act quickly and firmly by insisting that brothers take immediate effective measures to treat their disease;
5. the Provincial is committed to a prompt reinstatement or reassignment for all brothers who have successfully cooperated in the assessment, treatment and aftercare plans;
6. addiction to alcohol and other drugs is a disease that affects individual brothers and their communities which requires the use of all the resources of the community, i.e., physical, emotional, financial, and spiritual, in order to provide a therapeutic atmosphere for rehabilitation and long term continuing treatment; and
7. participation in Alcoholics Anonymous (AA), Support Groups for Families (Al-Anon), and Adult Children of Alcoholics Support

Groups (ACOA) are critical elements of an aftercare program for brothers and their communities in order to maintain long-term sobriety and enjoy a meaningful and productive Dominican life and ministry.

V. GUIDELINES FOR HELPING A BROTHER WHO MANIFESTS SYMPTOMS OF ADDICTION TO ALCOHOL AND OTHER DRUGS

- A. Confront the brother relative to unacceptable behaviors, changes in behavior, or poor work performance;
- B. Never confront the brother when he appears to be intoxicated;
- C. Confrontation can occur on a one-on-one basis or with several brothers in the community who know the brother well;
- D. At the time of confrontation, present clearly documented facts, i.e. dates, times, places, events, of absences from assignments, responsibilities, community activities, etc. as well as other unacceptable behaviors both within and outside the community;
- E. Never accuse the brother of being addicted. Diagnosis of addiction to alcohol or other drugs is the responsibility of competent health care professionals who have experience in assessing, diagnosing and treating addiction to alcohol and drugs;
- F. Insist that the brother follow through with the health care consultant or a specific treatment facility for an assessment and diagnosis of the illness that is affecting his behavior:
 - 1. follow-up to determine if the brother completed the diagnostic evaluation;
 - 2. determine recommendations of the health care consultants;
 - 3. assure that the recommendations of the health care consultants are fully executed;
- G. Be certain that the brother is always treated as one who is sick and/or recovering from an illness. A brother suffering from addiction to alcohol or other drugs is entitled to the same privileges and respect as any other sick brother;

- H. After the initial diagnosis and treatment, follow-up to determine if the brother is continuing to participate in his aftercare program through Alcoholics Anonymous, etc.;
- I. Understanding and acceptance of the brother and his disease by all brothers of the Province, superiors, the Provincial, and families and friends is a critical factor in the successful treatment, rehabilitation, and long term recovery;

VI. FACILITIES FOR EVALUATION AND TREATMENT

Contact the Provincial for a current listing of treatment facilities that have been approved for benefits through the Province Health Insurance Program.

VII. INFORMATION AND DIAGNOSTIC ASSESSMENT SERVICES

Guest House, a residential treatment facility, located in Rochester, Minnesota, founded exclusively to care for priests, brothers and deacons who suffer from addiction to alcohol and other drugs, provides an extensive residential assessment program. The assessment consists of a complete medical examination, psychological testing, and interviews. At the conclusion of the assessment, the staff meets with the priest or brother to discuss the findings of the evaluation and to present their recommendations. Following this meeting, and with the person's consent, the report is forwarded to the Provincial.

Arrangements for scheduling a diagnostic evaluation can be made directly with Guest House or by contacting the Provincial Office. Brothers who prefer anonymity regarding an assessment for possible addiction to alcohol or other drugs are encouraged to contact Guest House directly to arrange for this assessment. Transportation will be provided to and from the airport.

Additionally, Guest House also provides an information service should brothers of the Province want information about their own alcoholism or their concerns about others with whom they live. To contact Guest House for additional information or to schedule a diagnostic evaluation please call the following toll-free number: 1-800-634-4155

VIII. CONSULTANTS:

Contact the Provincial for a current listing of consultants.

IX. DEFINITIONS OF KEY TERMS

ADDICTION: the compulsive and overwhelming involvement with a specific activity which may lead to either psychological or physical dependence or both (Merck, 1997)

SUBSTANCE ABUSE: a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following:

1. recurrent substance use resulting in a failure to fulfill major role obligations (e.g., community life; ministry; community assignments);
2. recurrent substance use in situations in which it is physically hazardous (e.g., driving; cooking);
3. recurrent substance-related legal problems (e.g., arrests; disorderly conduct in public);
4. continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance (e.g. inappropriate use of language; conflicts with other brothers; staff; professional colleagues; general public); (American Psychiatric Association, 1994)

SUBSTANCE DEPENDENCE: a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems (e.g., pattern of repeated self-administration) that usually results in:

1. tolerance:
 - a. the need for markedly increased amounts of the substance to achieve intoxication or the desired effect;
 - b. markedly diminished effect with continued use of the same amount of the substance;
2. withdrawal:
 - a. characteristic withdrawal syndrome for the substance;
 - b. the same (or a closely related) substance is taken to relief or avoid withdrawal symptoms;
3. compulsive drug-taking behavior:
 - a. the substance is often taken in larger amounts or over a longer period than was intended;

- b. there is a persistent desire or unsuccessful efforts to cut down or control substance use;
- c. a great deal of time is spent in (1) activities necessary to obtain the substance (e.g., visiting multiple doctors; driving long distances); (2) use of the substance (e.g. chain drinking, chain smoking); or (3) recovering from its effects;
- d. important social, occupational, or recreational activities are given up or reduced because of substance abuse;
- e. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance; (American Psychiatric Association, 1994)

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**“Lord, you have freed me from my bonds
and I will serve you forever.”**

Ps. 116:16