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Abstract

Faith-based programs are one of the primary treatment options for individuals with substance use disorders. However, there is ambiguity regarding what faith-based programs are, how they differ from secular programs, and how they incorporate religion or spirituality into treatment. Furthermore, though evidence suggests faith-based programs can be as effective as other secular treatments, it is unclear how the utilization of religion or spirituality in the treatment process influences recovery outcomes. Preliminary research suggests that the exploration and cultivation of spirituality may operate on recovery by improving a client's psychological well-being, social support systems, and the ability to cope with distress.

Keywords

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Chapter 289

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Glossary

Term	Definition
Abstinence Self-efficacy	The degree to which a person believe that they will be able to abstain from substance use even in the face of adversity
Cognitive Behavioral Therapy	A psychological treatment approach that aims to improve functionality by addressing a person's thought processes and behaviors
Daily spiritual experiences	The day-to-day experiences and feelings associated with a person's religious faith or spirituality
Motivational Enhancement Therapy	A therapeutic treatment that aims to facilitate behaviour change by resolving ambivalence and increasing motivation
Recovery	A reduction in the symptoms of substance use disorders and an improvement in psychological and physiological wellbeing that results in a return to functional normality.
Religion	A formalized and institutionalized method of cultivating spirituality.
Sanctification	A growth in holiness that occurs in

	<p>conjunction with a deepening of the Christian faith</p>
Spirituality	<p>The thoughts, feelings, experiences, and behaviors that develop from a search for and connection with the sacred.</p>
Spiritual awakening	<p>A sudden or gradual transformation of character that results from an individual's spiritual exploration and/or experiences</p>
Spiritual maturity	<p>Often resulting from a dedication to spiritual growth or exploration, spiritual maturity is characterized by an ability to draw support and security from one's faith while also being open and accepting of another's faith.</p>
Twelve Steps	<p>The Twelve Step of Alcoholic Anonymous is one of the most prolific models of substance abuse treatment. It proposes that substance abuse can be overcome by following 12 sequential steps, commencing with a spiritual surrender to God.</p>
Twelve Step Facilitated	<p>A manualized therapeutic intervention that is designed to facilitate involvement the Alcoholic Anonymous treatment approach</p>

Keywords

Substance abuse, addiction, faith-based programs, spirituality, religion, Christianity, religious coping, forgiveness, purpose in life

Abstract

Faith-based programs are one of the primary treatment options for individuals with substance use disorders. However, there is ambiguity regarding what faith-based programs are, how they differ from secular programs, and how they incorporate religion or spirituality into treatment. Furthermore, though evidence suggests faith-based programs can be as effective as other secular treatments, it is unclear how the utilization of religion or spirituality in the treatment process influences recovery outcomes. Preliminary research suggests that the exploration and cultivation of spirituality may operate on recovery by improving a client's psychological wellbeing, social support systems, and the ability to cope with distress.

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Faith-based organizations have historically played an important role in supporting people, and their families, experiencing substance use problems. As governments increase their outsourcing of substance abuse resources to non-government agencies the role of these faith-based organizations is becoming increasingly important. In conjunction with this outsourcing is a growing demand for faith-based organizations to be economically accountable and adopt evidence-based practices. Thus, there is increasing need to understand the mechanisms and importance of religious or spiritual components of treatment in relation to recovery outcomes. However, there is great diversity in the way faith-based organizations express and utilize their faith in the provision of substance abuse treatment. These differences complicate attempts to define what constitutes a “faith-based” program and understand how relevant “faith” is to treatment.

Faith-based programs can generally be understood to lie on a continuum. At one end of the continuum are treatment services that are essentially “faith-based” in name only; using secular treatment approaches and only being linked to faith through administrative relationships with a larger religious organization. On the other end of the continuum are the more religiously driven service providers; using treatments that are based only on religious material. Overall, the ways in which faith-based organizations integrate “faith” into their services can be generalized into the following categories: (1) religious affiliated providers whose treatment content is completely religious, (2) religious affiliated providers who amalgamate religious and non-religious treatment content, (3) religious affiliated providers whose treatment is secular but whose organization’s values are religious, and (4) treatment providers who are affiliated with a religious organization but use secular treatment components and are minimally influenced by the

affiliated religious organization. A broad range of religions provide faith-based treatment services (e.g., Islamic and Native American), but there is very little empirical work written outside of Christian-based services. Subsequently, Christian substance abuse agencies are by far the most common and are the focus of this chapter.

The structure of faith-based treatment programs

Christian faith-based programs can be distinguished from secular services primarily by a unique Christian theory of addiction. This theory acknowledges the role of biological, environmental, and psychological determinants but fundamentally views substance abuse as a sin that both results from and maintains a person's separation from God. Christianity teaches that sin is overcome through an acceptance of Jesus Christ and a subsequent process of sanctification. Sanctification is broadly considered to be a progressive growth in holiness that occurs as one commits to the Christian faith and connections with God, Christ, and the Holy Spirit. Hence a relationship with Christ as the driving force in the recovery process is central to the Christian theory of addiction. Thus, both patients and providers of faith-based programs often passionately emphasize that it is the salutary role of Christ in the treatment process that ultimately differentiates their program from other secular approaches.

A limited number of studies have attempted to contrast faith-based substance abuse treatment programs with secular programs. These studies have generally found that the structure of faith-based programs is often common to secular programs. Dimensions of treatment that are common to both secular and faith-based programs include: the provision of detoxification services, group therapy, the provision of work opportunities, and referrals to health care providers and social support services. Additionally, as with secular programs, faith-based programs may be residential or outpatient based and participants are usually free to discharge

whenever they please. Faith-based service fees are often minimal, if any, so they often service individuals from lower socio-economic backgrounds. Though the majority of faith-based programs are Christian, they usually also provide treatment to individuals with non-Christian views. Faith-based programs can be differentiated from secular programs by their use of spiritual activities that are designed to cultivate a relationship with the divine. These can include: chapel or religious services, group and private prayer sessions, pastoral counseling, and bible study. These activities are also used to foster cohesion within the therapeutic community, which plays an important role in the faith-based recovery process.

One of the major treatment approaches that blurs the lines between faith-based and secular programs are the Twelve Steps of Alcoholics Anonymous.

The Twelve Steps of Alcoholics Anonymous and faith-based organizations

The Twelve Steps of Alcoholics Anonymous (AA) are one of the primary frameworks of substance abuse treatment used today. Much of the empirical research about spirituality and recovery is related to Twelve Step treatment approaches, so an overview of this theory is highly relevant to any discussion of faith-based treatment approaches. The founders of the Twelve Steps were members of the Christian-based Oxford Group so there are many similarities between the Christian and Twelve Step theories of substance abuse. In particular, as with the Christian theory, Twelve Steps approaches acknowledge the role of biological, psychological and sociological determinants in substance abuse, but conceptualize substance abuse as a spiritual disorder. Specifically, the Twelve Steps theorize that dependence occurs when a person's inherent relationship with God (also known in AA as a "Higher Power") has been replaced by substance use. The concept of "character flaws", such as resentment, pride, and laziness – which were based on the seven deadly sins of Christianity – are theorized to both result from this

spiritual void and contribute to it by inhibiting treatment engagement and maintaining substance abuse. Thus, Twelve Step programs focus on reconnecting a substance abuser with their Higher Power and, through the experience of a spiritual awakening, transcend the character flaws that maintain the addiction. Hence, just as the Christian approach focuses on acceptance and sanctification through Christ, the Twelve Steps focus on spiritual surrender and transformation through a Higher Power.

Though spirituality is central to the Twelve Steps, AA fellowships are not affiliated with religious institutions. There is also a great deal of variation in the way they use spirituality in their treatment. For example, some AA fellowships are essentially secular, even substituting the Higher Power for a secular conceptualization such as the group itself, while others maintain the theistic conceptualization of the Higher Power. Thus, some AA fellowships lean more heavily towards a faith-based definition while others are closer to being secular programs. Overall, there is a trend within the empirical literature to consider AA fellowships as being more closely aligned with faith-based services than secular, though in reality they do not neatly fit either distinction.

Alcoholics Anonymous fellowships can often be confused with other treatment approaches that are not specifically affiliated with AA but incorporate the Twelve Steps into treatment. In particular, Twelve Step Facilitation programs and “Twelve Step based” treatments are frequently mistaken as AA fellowships. Twelve Step Facilitation is a manualized intervention designed to facilitate AA involvement while Twelve Step based treatments generally combine the Twelve Steps with other treatment approaches. Often, these Twelve Step based treatment programs may use the Twelve Steps as a foundation to treatment while also integrating secular (e.g. empirical psychotherapies) or religious (e.g. Christian theology) theories and components.

Because of the similarities between the Christian and Twelve Step theories of substance abuse many Christian faith-based treatment programs are able to combine the Twelve Step framework with their Christian values (e.g. promoting Jesus Christ as the Higher Power of the Twelve Steps). Empirical research has shown the Twelve Steps to be an effective treatment approach and so this integrative approach helps legitimize the inclusion of spirituality within treatment. The integration of faith-based approaches (such as Twelve Steps) into secular programs and the use of secular approaches in faith-based treatment programs, makes clarifying the relative treatment effectiveness of faith-based programs and their elements a challenge.

Empirical research and faith-based substance abuse programs

Research on spirituality and substance use disorders is generally considered to be limited in scope. Though there is probably more research on the topic than is generally acknowledged, several issues do hinder the progress in this area. Firstly, and possibly most importantly, research is generally inhibited by the lack of guiding theories – so systematic research is rare. Rather, studies often investigate isolated hypotheses or take broad exploratory approaches. Results are rarely tied together in the context of a unified theory. As a result research is fragmented and not as progressive as it otherwise might be. Secondly, both “spirituality” and “recovery” are difficult constructs to define and their many dimensions may interact in a variety of complex ways. Thirdly, empirically trained scholars interested in the mechanisms of behavior change often hold secular attitudes and overlook or minimize the potential influence of spirituality and religiosity in the recovery process. Matters of spirituality or religion are rarely a part of undergraduate or postgraduate behavioral science curricula and are often seen as being more suited to philosophy or theology. Thus, scholars whose primary interest is religion or spirituality rarely publish in the substance abuse field. Fourthly, substance abusers participating in research may also be suffering

withdrawal symptoms and have long histories of abuse and potential cognitive impairments. These factors may impair their ability to reliably participate in research. Finally, it can be difficult to differentiate the effects of spiritual development from the effects of program participation and commitment. Despite these barriers research is progressing in the field across three broad fronts. Firstly, early research focused on establishing a negative relationship between religiosity and substance use behaviors. Secondly, research has explored the effectiveness of faith-based programs. Thirdly, research has begun to explore how religiosity and spirituality may operate on recovery-based outcomes. Each of these will be briefly discussed.

Religion and spirituality as “buffers” against substance abuse

Religion is associated with numerous positive physical and psychological health benefits, including: decreased rates of cardiovascular disease, hypertension, depression, suicidality and mortality rates. Religion and spiritual beliefs and practices are also negatively related to substance use. Though alcohol and other substances can be used in some religious services (e.g. the use of wine in the Christian Eucharist) the majority of religions denounce intoxication. Individuals who are very religious or spiritual may more frequently engage in practices that support their spirituality, such as: church service attendance, prayer, meditation, scripture reading, and bible study. Ideally, the very nature of these activities requires the individual to be calm, open to experience, cognitively alert, and self-disciplined. While intoxication can certainly calm an individual it also inhibits the cognitive abilities and affective states required for serious spiritual practices. Thus, individuals who are more religious or spiritual often have lower rates of substance use and so, within the empirical literature, religion and spirituality are generally considered to protect an individual from substance abuse. This in turn has provided further rationale for research into the role of religion and spirituality in the treatment substance abuse.

The effectiveness of faith-based programs

Researchers have explored whether faith-based programs (usually Twelve Step programs) are effective treatment options. A limited number of multisite clinical trials exploring the outcomes of Twelve Step Facilitated, Cognitive Behavioral, or Motivational Enhancement residential programs have been conducted. Results suggest that clients generally have significant improvements in their substance use behaviours and psychosocial functioning after discharge, irrespective of program structure. However, it has also been demonstrated that patients from the Twelve Step programs can have significantly higher levels of post-treatment abstinence. This is possibly a result of the Twelve Step philosophy which emphasizes complete abstinence, as opposed to the controlled drinking/usage philosophy adopted by many secular programs.

The use of post-discharge social support systems also plays an important role in maintaining recovery. Participation in outpatient self-help groups after discharge can help validate and normalize the difficulties associated with maintained abstinence. Clients who engage with Twelve Step fellowships after discharge not only have significantly greater chances of long-term abstinence but are also significantly less likely to utilize professional services (e.g. counselors or psychologists) after treatment in comparison to those who participate in Cognitive Behavioral programs. Furthermore, though they use less professional services, Twelve Step clients have been shown to still maintain the same level of psychological wellbeing as seen in those who do rely heavily on health professionals. This may be because the support provided from participation in Twelve Step self-help fellowships after discharge substitutes the support that is otherwise obtained from professional health services. As a result, the total cost of care for Twelve Step programs can be significantly less than Cognitive Behavioral programs.

Thus, research currently suggests that Twelve Step programs can be as effective as secular programs and potentially more cost effective. Whether this research applies to Christian faith-based programs that are not Twelve Step based remains unclear.

Mechanisms of a spirituality-recovery relationship

In addition to explorations of effectiveness, research has also investigated the mechanisms by which religious participation and spirituality may affect recovery. Particularly relevant themes include: the role of spiritual development, spiritual maturity, and spiritual experiences on recovery outcomes; religious coping in substance abuse treatment; the relationship between purpose in life and recovery outcomes; and psychological wellbeing and recovery.

Spiritual development and spiritual awakenings in substance abuse treatment

The Twelve Step and Christian theories of addiction theorize that an absence of God is central to a substance use disorder. Therefore, faith-based programs often focus on developing a relationship with the divine. Central to this aim is the assumption that spirituality can change during participation in substance abuse treatment programs. In support of this, scholars have highlighted the role of spiritual development and spiritual awakenings in the recovery process. Longitudinal research has shown that though not all faith-based clients experience a spiritual awakening those who do have a significantly higher chance of prolonged abstinence. Furthermore, other dimensions of spirituality, such as spiritual beliefs, spiritual practices, spiritual maturity, and the day-to-day experiences of a spiritual life (e.g. feeling a loving connection with God, feeling supported by God, drawing inner strength from one's faith) have all been shown to increase after participation in faith-based treatment and be associated with improved recovery outcomes. Additionally, individuals who relapse after treatment also tend to

experience significantly greater decreases in spirituality constructs, such as spiritual experiences and maturity. This suggests that research and faith-based treatments may need to focus not just on cultivating spirituality and spiritual awakenings but also teaching strategies for maintaining spiritual gains post-treatment.

Religious coping and faith-based treatment

Trauma, psychopathology, unemployment, the degradation of family and social systems, and inefficient stress management strategies are all positively associated with substance use disorders. In fact, substance abuse itself is often an ineffective coping strategy for stress and adversity. Faith-based programs invite clients to replace dysfunctional substance use coping strategies with religious ones. There are a variety of ways that a person's religion may help them cope with distress, both functional and non-functional. For example, positive ways of coping via religion may include: viewing God as loving and forgiving, seeing adversity as part of God's plan, trusting that God will provide support and guidance, drawing support from religious communities, or using prayer to sooth affective arousal. Negative coping strategies may include: seeing God as negative and punishing; blaming the devil for adversities; pleading with God for miracles; arguing with others about faith, God and religion; or abandoning religion and spirituality altogether. Research has shown that use of negative coping strategies is associated with poorer psychological health and psychopathology. Individuals who adopt negative religious coping strategies may also manage stress and adversity less effectively. In contrast, positive religious coping is associated with improved physical and psychological health. In the context of substance abuse treatment, research exploring the role of religious coping is in its infancy. It has been found that participation in faith-based programs increases the adoption of positive religious coping strategies. It has also been demonstrated that individuals who use positive religious

coping strategies also have longer histories and higher frequencies of attendance at AA self-help groups. This implies that participation in Twelve Step fellowships increases ones' use of positive religious coping – potentially through the spiritual transformation process. Religious coping is also positively correlated with abstinence self-efficacy and negatively associated with cravings and post-treatment substance use. Subsequently, the increase in religious coping that occurs via participation in faith-based programs may operate on substance use behaviors increasing abstinence self-efficacy and reducing cravings. However, because the research is limited it is difficult to draw any definitive conclusions. For example, some researchers have failed to find associations between religious coping strategies and reduced substance use behaviors. Research also shows that religious coping strategies are not always negative or positive; often their functionality is dependent on the situation at hand. Thus, research findings must be treated as preliminary. The adoption of religious coping strategies in faith-based substance abuse treatment, which strategies are most effective for which issues, and how they operate on substance abuse is still a relatively unexplored area of research.

Meaning and purpose in life in substance abuse treatment

The theologies and philosophies underlying religious traditions shape peoples beliefs and ways of understanding the world. Thus, religion and spirituality have a profound impact on peoples values, purpose in life, and behaviors. It is not surprising then that the experience of being in a faith-based program can dramatically effects how substance abusers understand their life history and current life circumstances. For example, Christian theology has many explanations for why suffering exists and its function in a person's life. Suffering exists because the person lives in a "fallen world" (a world corrupted at every level by sin) and because God is absent in their lives. Suffering also acts an invitation to re-connect with God and his divine

purpose, which in turn results in personal growth. Thus, an introduction to Christian theology can help validate and explain the suffering associated with a life of substance abuse (e.g. loss of relationships, career, finances, health, and self-respect), potentially allowing the substance abusers to accept and appreciate the struggles associated with their addiction¹.

Because of the centrality of meaning and purpose in life in religion, research has begun to explore their role in the spiritual-recovery relationship. Less purpose and meaning in life has been associated with alcohol use, cocaine use, heroine use, depression, resentment, and suicidal ideation. Purpose in life is significantly lower in alcoholics compared to non-alcoholics. Purpose in life is also negatively associated with post-treatment drinking and drug use and mediates a relationship between depression and alcohol use. Research has also shown that purpose in life can significantly increase after participation in residential treatment programs and is predicted by an individual's daily spiritual experiences and feelings. This implies that the day-to-day experiences associated with a person's spirituality (e.g. feeling loved by God) can promote greater levels of purpose in life and through this less substance use. This provides some support for the underlying theology and theories used in faith-based substance abuse programs: that a re-connection with God fills the spiritual void inherent in substance abuse and reduces substance use behaviors by giving the person purpose in life. However, it is important to note that purpose in life alone may be insufficient for producing sustained recovery. Research has also demonstrated that purpose is ineffective if the individual does not have the skills to manage or attained the desired goal. In these cases a sudden growth in purpose in life has the potential to merely produce over confidence and set the individual up for failure and future hardships. Treatment providers must therefore be aware of the need to establish appropriate skill sets

¹ The process of coming to an acceptance and appreciation of suffering through an exploration of Christian theology is based on anecdotal evidence and needs be empirically validated.

alongside religious/spiritual education if they are to maximize the benefits drawn from a spiritually-based purpose in life. The cultivation of meaning and purpose in life in substance abusers via the religious conversion/spiritual awakening process is one of the growing areas for future research.

Spirituality and psychological wellbeing in substance abuse treatment

Among substance abusers, religious faith and spirituality are positively associated with indicators of psychological wellbeing, including: optimism, social support, hardiness to stress, and life satisfaction. They are also negatively correlated with indicators of poor psychological wellbeing and psychopathology including trait anxiety, depression, resentment, and stress. Correlations between religion, spirituality, and psychological wellbeing indicators such as these tend to be in the low to moderate strength range, suggesting there is some degree of variability in the degree to which they may affect (or be effected by) psychological wellbeing.

Forgiveness is also an indicator of psychological wellbeing, being negatively associated with anger, resentment and depression, and also central to Christianity and the Twelve Steps. Hence, interest in how or if forgiveness is associated with a spirituality-recovery relationship has greatly increased. There are several types of forgiveness, including forgiveness of others, self-forgiveness, receiving forgiveness from others, receiving forgiveness from God, but at their core they all involve the purposeful releasing of anger and resentment (whether it be directed at others or self). Currently, there is little research on the role that feeling forgiven by others or God has on a recovery from substance abuse. What is known is that a client's spirituality can predict the degree to which they feel forgiven and that feeling forgiven in turn predicts lower levels of resentment and greater purpose in life. How this directly contributes to substance use behaviours after treatment is unclear.

Research has predominately explored forgiveness of others and forgiveness of self. What is supported by current research is that forgiveness of others and forgiveness of self can be predicted by a person's level of spirituality, can increase during participation in faith-based treatment, and are negatively associated with resentment. This suggests that as people in treatment explore their faith and become more religious or spiritual they also may become more forgiving of others and themselves. Furthermore, forgiveness of self and forgiveness of others are associated with a reduction in the negative consequences of drinking, prolonged abstinence and improved mental health. Generally, forgiveness of others is more strongly associated with anger and hostility, whereas forgiveness of self is more consistently associated with anxiety based symptomatology (e.g. anxiety, somatization, obsessive compulsive measures). In particular, self-forgiveness has emerged as being at least as influential on recovery outcomes as forgiveness of others (which has traditionally been the emphasized type of forgiveness).

Substance abusers are highly stigmatized and it has been theorized that the anger, resentment, and pride that often hinders engagement in treatment and degrades social systems may actually be a defense against the shame associated with stigmatization. Thus, treatment that focuses on reducing shame and low self-esteem via increasing self-forgiveness may help promote recovery.

Summary of the empirical literature on faith-based programs and spirituality

Spiritual-based treatment programs can be as effective, and potentially more cost effective, than secular programs. Furthermore, the empirical evidence suggests that spirituality can develop during brief treatment periods and that the development of spirituality, the experience of a spiritual awakening, spiritual maturity, and daily spiritual experiences can all be positively associated with recovery outcomes. Because spirituality and recovery are

multidimensional constructs there are likely to be many ways in which the two are associated. This complicates the task of determining how spirituality within a faith-based program operates on recovery. What has been empirically demonstrated is that spirituality may operate through purpose in life, forgiveness, optimism, self-worth, social support, resilience to stress and anxiety, as a comforter in time of distress, and through improved self-efficacy. However, it is important to note that the majority of the findings supporting these mechanisms have not been replicated and should be considered preliminary. Furthermore, correlations and predictive relationships tend to be reliable but at a low to moderate strength. Additionally, though Christian faith-based programs are one of the most common treatment options for substance misuse, most of the research available relates to Twelve Step programs. There is a real need to research spirituality within the context of Christian faith-based programs and to determine if the psychological benefits of religion and spirituality are unique to clients of these programs or common to all individuals recovering from substance abuse. Nevertheless, faith-based programs appear to be a valid treatment option for individuals with substance use disorders and produce psychological wellbeing and reduced substance use behaviours that are equivalent to secular approaches.

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