Faith Works Together

Building Bridges to the Faith Community
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Webinar

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Welcome
Introductions –
  • Name,
  • Coalition
  • 1 tip you hope to gain from this Webinar
Housekeeping
Propose: To provide tools and tips for working with local faith communities

**Agenda Overview**
- Historical and Current Faith Work Nationally
- Motivation For Faith Communities
- Religion and Health
- Building Relationships
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- Faith Community Characteristics
- CASA Study
- Faith Works Together Training
- General Tips for Reflection
- Faith Works Together and CPRs
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Faith Shepherds Communities

- Polls estimate 60-90 of American congregations provide at least one social service.

- Approximately 75 percent provide volunteers for social services.
Faith Nurtures Children

- One of every six child-care centers housed in religious facility

- Nation’s largest child-care service providers are Roman Catholic Church and Southern Baptist Convention
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Faith Ministers to Less Fortunate
- Eighty percent of 300,000 congregations provide services to needy in America

Faith Shapes Lives
- Over 90 percent of urban congregations provide Social Services-Preschool-Literacy-Health Clinics
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Motivation for Faith-Based Communities

- Willing to go the EXTRA mile
- Presence in community
- Bridge to larger community
Motivation for Faith-Based Communities cont’d

- Awareness that others change
- Sense of security
- Sense of belonging
- Deeper level of commitment
Religion and Health – Harold G. Koenig, Duke University

- 1,200 scientific studies of relationship between religion and health; nearly 800 show positive effects of religion on:
  - Substance Abuse
  - Depression and Recovery
  - Suicide
  - Anxiety and Fear
Religion and Health – Harold G. Koenig, Duke University cont’d

- Dr. Koenig traced the history of religion and medicine, noting the following:
- Religious organizations founded and ran the first hospitals
- Early physicians were often clerics or monks, and the first nurses were also from religious orders (nurses’ caps were actually modified from nuns’ habits)
Religion and Health – Harold G. Koenig, Duke University cont’d

- Religious orders took the responsibility for medical education and licensure
- Church controlled medicine for almost 1,400 years, with separation of medicine and religion taking place between A.D. 1400 and 1800
- Modern psychiatric care rooted in ”moral” treatment of mentally ill
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- Caring for the needy has deep roots in all faith traditions
- Prior to 1850 in the US, families and religious organizations provided almost all social and mental health services
- Mental health meaning counseling those experiencing emotional or mental distress
Faith-based organizations (FBOs) that deliver mental health services may or may not include religion as a part of the services they provide.

FBOs provide either direct care services or they provide educational, professional, organizational and networking services.
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- Local congregations (churches, synagogues, mosques, and temples) provide counseling and other mental health services to both members and non members.
- Approx 353,000 clergy in US spend up to 20 percent of their week counseling emotional and marital problems.
This amounts to approx 138 million hours delivering mental health services each year which equals the entire membership of the American Psychological Association delivering services at a rate of 33.2 hours per week.
The vital role played by FBOs is only going to be more important over the next three to five decades as the aging population needing health services increases dramatically and Medicaid/Medicare costs skyrocket with approx 90 million persons over age 65 needing services.
Faith Community Characteristics

- A tradition of Healing
- Universal
- Anchors
- Family Models of development and support
- Parenting Training Opportunities
- Community Access
So Help Me God: Substance Abuse, Religion and Spirituality

- CASA’s Surveys of Clergy and Schools of Theology
  - Presidents of 230 multi-denominational Christian seminaries and 6 rabbinical schools
  - Sample of 1,200 clergy from New York, Florida, Iowa, Washington
  - Denominations including: Catholic, Protestant, Jewish, Christian, Orthodox, other (independent and non-denominational)
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So Help Me God: Substance Abuse, Religion and Spirituality cont’d

- The Great Disconnects
  - Clergy’s recognition of problem of substance abuse in their congregations vs. lack of training on how to deal with it
  - Importance of spirituality and religion to substance abuse prevention and treatment vs. failure of healthcare providers to take advantage of this opportunity
So Help Me God: Substance Abuse, Religion and Spirituality cont’d

The Great Disconnects

- 94.4 percent of clergy and 97.6 percent of theology school presidents consider substance abuse an critical problem in congregations
- Only 12.5 percent of clergy get any substance abuse training
Environmental Strategies

- Policy
- Enforcement
- Communication
- Education
- Collaboration
Faith community work focuses on

- Communication
- Education
- Collaboration
Available Training

- Twelve Core Clergy Competencies
- Process of Addiction
- The History of Drug Abuse in America
- The History of Church involvement in Human Services
- Current Drug Trends
- Basic Pharmacology
Available Training cont’d

- Prevention Readiness
- Children of Alcoholics
- Adult Children of Alcoholics
- Critical Aspects of Collaboration
- State and Local Criteria for Reimbursable Services
- Updates on Federal Regulations and Initiatives
Every city (community) has needs

Every city (community) has dreams about what they can be and do

People of power or influence in each community generally want the best for community members
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- FBOs have a role in creating healthy, transformed communities.
- There is a call upon FBOs to minister to the disenfranchised.
- FBOs have the capacity to serve their communities.
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General Tips

- Faith Communities are significantly different (doctrine, class, race, gender, etc)
- Attempt to learn correct title of each leader
- Respect the rejection of some standard beliefs in our field (addiction as disease)
- Take a deliberate relational approach
Start with your reasons for wanting to work with FBOs
What biases do you have for or against FBOs?
Language differences (God vs Higher Power)
Various protocols
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- FBOs are based on their views of moral issues
- What are the congregants histories with local service providers?
- Are you seeking collaboration during the early planning stages?
- Will financial resources be shared?
General Tips cont’d

- The language barrier can be overcome by listening and asking for clarification while also simplifying concepts that we use daily
- Ask how you can be of support to their events (VBS, picnics, youth rallies, etc)
- When applying for grants use mini-grants when possible to help off-set expenses
General Tips cont’d

- Goals are the same, saving lives
- Approach may be different, but that is what distinguishes faith communities from secular communities
- There is an obligation of the pastor to protect the flock and you must not underestimate that obligation in some congregations