

The Role of Faith in Addiction Counseling: A Qualitative Study of Program Viability

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Abstract

Substance abuse and addiction has long been a concern in modern society, particularly in the United States. Since the early twentieth century, measures have been taken by federal and state law enforcement, criminal justice, and health agencies to combat these issues. However, there is a gap in the literature regarding the effects of faith-based practices on substance abuse treatment programs and the processes and factors that contribute to change. Years that are more recent have brought about changing perceptions of addiction and substance abuse as a disease in need of rehabilitation. Further research and new insights and practices could prove useful in treatment and rehabilitation of substance abuse addicts in light of these changing attitudes. This study provides insight into the outcomes of participants at a faith-based substance abuse counseling program, lending more understanding of the elements that contribute to success in the program including spiritual and religious involvement, relationship to social bonds, and the process of change.

Key Words: substance abuse, addiction, faith-based, religion, counseling.

1. Introduction

Drug addiction has long been a concern in modern society. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2012 10.1% of youths aged 12 to 17 reported being current drug users, 21.4% of young adults aged 18-25 reported being current drug users, and 6.3% of adults aged 26 or older claimed to be current drug users (SAMHSA, 2012). In an effort to treat individuals with drug addictions, various drug treatment modalities have been explored, including medically supervised medications, inpatient and outpatient therapy and counseling services, and group-based programming. There are also treatment methods that are anchored in religion and faith-based programming. Many religions see drug addiction as negative and even sinful. In Christianity, people are taught they should respect their bodies and treat them well, keeping them free of intoxicants that distract from devotion to God. For these and many other reasons, there are faith-based treatment programs as well. While the literature on the efficacy of drug treatment programming is voluminous, there is a gap in the literature regarding how religion-based drug treatment programs may impact client outcomes. This study will examine a religious-based drug treatment program in an attempt to understand the role that faith plays in the participants' treatment outcomes.

2. Review of the Literature

Substance abuse counseling modalities take many forms. Inpatient programs require participants to reside at a specific location for treatment, while outpatient programs allow clients to come and go for treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) website claims there are many factors that vary individually within each addict, so various modalities are useful in treatment. According to SAMHSA (2012), treatment falls into two broad categories: biological and behavioral or psychological (Substance Abuse and Mental Health Services Administration, 2012). Behavioral treatment includes groups and therapeutic communities under the guidance of a counselor or ex-addicts in residential groups (SAMHSA, 2012).

Rieckmann et al. (2011) outlined some basic details regarding the caregivers who treat substance addicts and provided useful findings regarding the relatively high turnover rate among employees, and that the inpatient programs tend to attract the employees with lower levels of education (Rieckmann, Farentinos, Tillotson, Kocarnik, & McCarty, 2011, p. 188). The authors reported that this may be due to the lower levels of pay offered in the inpatient programs, and that the field in its entirety is under pressure, which could also contribute to the high turnover (Rieckmann et al., 2011, p. 188). Struggles like these are why new tactics for treatment are always welcome, which has encouraged researchers to consider treatment modalities that include religious and spiritual approaches.

Initial interest in combining techniques like psychotherapy with people who are involved in church goes as far back as 1950 (Journal of Social Issues, 1950). There has long been interest in combining spiritual and religious aspects of treatment together with clinical techniques for the treatment of psychological problems. This combination of medical treatment with religion is key to finding a balance between the more “secular” aspects of treatment and the religious or spiritual considerations. There are different branches of religious-based treatment as well. Sider and Unruh (1999) established four different types of substance abuse counseling: secular providers who make no references to God or anything spiritual; religious organizations that use standard procedures without religious contexts; faith-based providers who use only religious practices and do not use any standard practices that are not explicitly related to the religion; and holistic faith-based providers that use religious practices as well as standard treatment methods to provide care (Sider & Unruh, 1999, p. 48). There are links and connections between strictly faith-based and strictly secular treatment programs, making use of a wide range of spiritual and religious practices when treating substance abuse.

The literature on the subject of substance abuse counseling, religion, and spirituality is very diverse, including works on spirituality, religiosity, and religious participation. Borrás et al. (2010) says that spirituality is an internal experience, while religion is an external one involving an organization that people take part in. Hodge, Cardenas, and Montoya (2001) posit definitions that are a bit less broad, stating that religion is a shared set of beliefs, rituals, and practices held by a group of people that reflect a spiritual reality that is internally held. Spirituality is defined as “an experiential relationship with God or *Ultimate Transcendence*” (Hodge et al., 2001, p. 154). The general consensus seems to be that religion is an organized set of beliefs held by a community of people that affect the behaviors of its adherents, and that spirituality is an internally experienced belief that involves a relationship with God or a higher power. Many viewpoints exist regarding the role of religion and spirituality in the literature. Bush and Neutze (2000), describe how many religious or Christian people think of drug abuse and addiction. The authors acknowledge differing viewpoints, and that for some there is a moral element in the decision to be against substance abuse and addiction. Gorusch (1995) suggested that people who are more religious have been socialized to accept norms that are opposed to drug abuse. These findings support the idea that some religious people maintain a moral stance against drug abuse and addiction.

This connection between religion, spirituality, and substance abuse is certainly not limited to Christianity. Coyle, Crum, and Ford (2006) observed a consistently negative relationship between spirituality and drug use. While these studies were conducted on highly specific samples, they lend credibility to the idea that religion can influence drug addiction and substance abuse treatment. Heinz et al. (2010) examined how religiosity and/or spirituality would affect success of substance abuse treatment. They found that participants believed spirituality went “hand-in-hand” with treatment, and that serious spiritual discussions were believed to be an appropriate part of treatment (Heinz et al., 2010, p. 142). They also reported “participants’ ongoing efforts at recovery were heavily reliant on spirituality” (Heinz et al., 2010, p. 142). Similar conclusions were drawn by Mason et al., (2009) involving spirituality and religiosity’s effects on the management of cravings, noting 75% of respondents reported that religious faith and spirituality are useful components in the treatment process by providing hope and helping to manage cravings.

2.1 Religion and Spirituality as Protective Factors

Van der Meer Sanchez, Oliveira, and Nappo (2008) found that 81% of non drug users practiced a religion, thus drawing the conclusion that religion may play a protective factor in drug addiction. Hodge, Cardenas, and Montoya (2001) reported that in their sample of rural youth, religious participation and spirituality were both found to be protective factors, helping to prevent substance abuse in different areas and that religious participation may help build a peer group that is positive, which helps to fight against the use of substances, and that spirituality may create a positive self-image, which itself inhibits substance use.

McIntosh et al. (1981) argued that one theory for the effectiveness of religion as a protective factor is the fact that religion acts as a major social control; religious preference does not impact the result. That is, the more religious someone is, the less likely they are to use drugs, particularly the more serious, addictive drugs. Ciarrocchi and Brelsford (2009) found that practicing a religion in private as well as in a public setting increased positive emotions and outlook on life, which are both negatively correlated to substance coping, which is known to be one reason individuals abuse substances. These findings support the use of spirituality in substance abuse treatment. Similarly, Galanter (2006) stated that spirituality is relevant to addiction because it combines factors that are successful in treating disorders such as depression, anxiety, and substance use. A probability sample of American adults responded with a 95% positive rate when asked if they believe in God or a “universal spirit,” and that 51% said that belief affects their everyday lives (Galanter, 2006, p. 286). These widespread beliefs support the idea of using spiritual means to aid in treatment of addiction, as the beliefs clearly make an impact on many people’s lives whether or not they are religious.

2.2 Differentiation of Faith-Based Programs

Neff, Shorkey, and Windsor (2006) contrasted faith-based and traditional substance abuse treatment programs. They provided useful definitions of faith-based and traditional programs, as well as highlighting important differences in the two types, such as the informality and heavy role of spiritual or religious activities. Neff and McMaster (2005) point out those religious or spiritual mechanisms for behavior change will be particularly effective for individuals in which spirituality is especially salient in their personality. The reality that spirituality and religion can contribute to success in substance abuse treatment settings is one that has persisted for some time, and has gained interest. Secular treatment groups have long struggled with efficacy, which necessitates the use of different treatment modalities in hopes of achieving the desired result. Many of the studies mentioned focus on the numerical and quantitative aspects of research, attempting to conclusively find correlations between these very subjective ideas like spirituality, religious beliefs, and substance abuse treatment outcomes. Less common are studies that evaluate the efficacy of religious-based drug treatment programs using a qualitative approach. Interviews with the participants and the collection of the data specified will offer a more comprehensive view of faith-based substance abuse counseling. This study could prove beneficial in substance abuse treatment and rehabilitation policies in the future by supporting or not supporting the use of faith-based treatment.

3. Design and Methodology

This study uses a qualitative design for investigating the role of faith in substance abuse treatment. The present study will use a personal interview in order to attempt to understand the feelings of the participant at the deepest level possible. The sensitive and personal nature of the topics to be discussed during the interviews requires a certain level of personal connection, one that could not be provided through quantitative means. The information gathered has been organized into categories in order to extract themes from the answers given by participants.

The program under study is a small faith-based substance abuse counseling group located in south Texas that will be referred to as Pecan Hill in order to maintain anonymity. The group is predicated on Christian tenets and integrates Christian teachings into all of their activities, and is funded and run by members of a local church. The program houses up to 11 men at one time, all of who are struggling with drug addictions.

The researcher coordinated interviews with facility administration. Participants included both staff and graduates, and a snowball sampling method was used. Snowball sampling is a sampling method in which several participants are contacted and interviewed, and then more contacts for potential participants are made. A majority of the one-on-one interviews were conducted on location at the program’s facility. Those who were unavailable to meet there were interviewed either at their home, or at a neutral location. Once the interviews had been conducted, the data were analyzed through transcription of interviews, close reading of each, and categorizing of answers given. Three recurring themes were extracted from the answers given. There are clearly several threats to validity when dealing with this study.

The study is very qualitative in nature, so there is no way to ensure complete accuracy. The interviews are about the subjective experiences of individuals, and were by no means conducted in a vacuum. That is to say, there is no way to control the responses to ensure that they are accurate and generalizable. The level of external validity will be low, as any data found about this specific group cannot be applied to all other treatment groups, as they all vary greatly in their methods. The nature of this project is very much like a case study, in that it describes a specific situation among a particular group.

Another limitation is the lack of a method to ensure how honest or correct the answers the participants have given are. The subjective experience of spirituality and religious involvement is largely internal, thus making accurate description difficult. The aim of the study is to contribute practical applications to the field of substance abuse counseling and treatment, specifically lending credibility to faith-based practices.

4. Findings and Discussion

During the interview process, several elements stood out as salient to the topic. The answers given by participants were startlingly similar, and they soon began to organize themselves into three thematic areas based on shared characteristics. Many of the responses were somewhat expected based on the research, however, there were also unforeseen elements that became apparent as the interviews progressed. The similar responses were organized into one of three categories based on their content. The interviews were very revealing of the nature of this program, and provided much insight on what it is that differentiates Pecan Hill and its graduates from the more conventional substance abuse treatment modalities.

4.1 The Ties that Bind – Social Bonding Theory

Social bonding theory is a useful component to examine when investigating Pecan Hill. It can be used to help understand, although not explain, the experiences of the graduates and their successes and changes. Krohn and Massey (1980) describe social bonding theory, originally developed by Travis Hirschi, as based on the idea that if people are not constrained, they will deviate. There are four components that comprise social bonding theory: attachment, commitment, involvement, and belief in conventional values (Krohn & Massey, 1980). Traditionally, Hirschi's research applied to delinquency, but can be extrapolated to people in general. Attachment was often operationalized as attachment to peers, parents and family, school, and other social institutions (Krohn & Massey, 1980). Commitment involves the cost of engaging in delinquent activities (Krohn & Massey, 1980). According to the authors, people who are committed to conventional activities are risking the investment they've made into conventional behaviors by behaving in ways that are less conforming (Krohn & Massey, 1980). Hirschi originally described the element of involvement as a separate element, but since then has been categorized with commitment, on the basis that it is not distinct enough to merit its own category (Krohn & Massey, 1980). The distinction is not important for the purposes of the present paper, as its definition remains the same: when a person has committed significantly to conventional behaviors, activities, and institutions, then they simply do not have the temporal resources to be involved in abnormal behaviors such as drug use (Krohn & Massey, 1980). The final element, belief in conventional values and norms, is possibly the most important. People who do not hold strong beliefs in these conventional values are free from the bond that is normally present, and thus are more likely to engage in deviant behavior (Krohn & Massey, 1980).

Hirschi (1986) explained that, if the factors of attachment, commitment, involvement, and belief have high values, then the individual is likely to conclude that the activity is not worth the risk associated. It is when these values are broken down that individuals make the judgment that the activity is worth the risk, as they do not experience the constraint of social bonds. According to Chriss (2007), this idea is an extension of Durkheim's claim that people are more likely to deviate from the norm when they are poorly integrated into a group. Thus, deviance occurs when an individual's bond with conventional society is weak or broken (Chriss, 2007). Krohn and Massey (1980) claim that the research (at that point in time) had been supported, and that weakening of any of the bonds increases the chance for delinquent behavior. Chriss (2007) succinctly summarizes the elements of social bonding theory, stating that the more attached people are to members of society, the more they believe in the conventional values in society, and the more they are involved in or invested in conventional activities, they are less likely to engage in deviant behavior.

Hirschi (1986) stated that "the theory... may be applied to crime anywhere it is found in the social system—as much to white-collar crime as to street crime, to drug use as to robbery or burglary" (p.109). The ideas of social bonding theory can be applied to the graduates of Pecan Hill in this way, as by virtue of being drug users, they have all deviated from typical norms and most have committed crimes. The men that were interviewed during this research unknowingly described the various social bonds. The first of these that will be explored is attachment. These men were participating in this faith-based program, and a big part of that was attending church services, small group Bible study services, worship groups, and other events that lead to strong ties to the religious institution.

One man, Sheldon, who has been through the program once and is now a staff member, stressed to me the importance of remaining faithful to the churches, groups, and events, saying, "...by the grace of God, and my love of these guys because I stayed plugged in, I kept going to all the functions and I tried and tried and tried, I was able to get back into the program." Several more of the men mentioned more than once that a big part of what keeps them sober is attending these functions even after they have graduated, highlighting the need to be "plugged in" to churches, Bible studies, small groups, and particularly service groups. When asked whether or not what he learned at Pecan Hill was beneficial, Jesse, age 19, told me that "...they teach you to make sure you're going to church, and your meetings...because if you don't go to that stuff it's just a matter of time before you start isolating and you're back to where you started or worse." It appears that service, in particular, strengthens these developing attachments. Walter, one of the participants, placed a lot of emphasis on service activities, and his statement supports this idea that service acts as a social bonding agent. On the topic of service, he said, "...when I'm serving other people, I get out of myself for a bit. I'm a selfish person, and by nature I think most people are, but as an addict especially so. It's all about me, and everything about me, and when I get into me, I get into my addictions. So the service here that we do helps me a whole lot."

This kind of service creates strong bonds with people and communities, which, again, can help reinforce social norms. Service, along with attendance of group meetings, churches, and other functions, aids in the creation of attachment to the institutions, which can lead to lower instance of deviant behavior. Another element that is pertinent to the social bonding theme is attachment to family. Several of the men expressed to me that they were taught about not only the spiritual and religious necessities for change, but also how to be a family man, and be responsible in providing for their families. These are conventional values that society has placed great importance on, which may contribute to the success of the members of this group. They are taught these new values and really do believe them, and they make commitments to themselves, God, and their families. Some of the men reported rifts being created within their families due to their behavior before they attended the program, and in some cases after they graduated, they were able to repair some of the damage and be close with their families again. Other participants had very supportive families from the start, and they felt an alleviation of guilt once they graduated from the program and were able to make amends. This connection to family may be one of the attachments that cause the men to adhere more closely to the conventional behavior, thus limiting addictive behaviors

The commitment aspect of social bonding is something else that was demonstrated in the answers of these men. They had become committed to this lifestyle of change, and of spirituality and family attachment. They now have an understanding of what they stand to lose if they do revert to their old way of life. They know what they could have in place of the addiction and old lifestyle, and they do not want to risk losing the progress they have made. The involvement aspect of social bonding theory can be applied to the experience at Pecan Hill, relating closely to the element of attachment. During their stay at the group, the men become highly involved in group sessions, Bible studies, and other activities at churches and other places. Along with the continued involvement in church and other types of groups, the men are taught practical skills.

These activities support involvement in less deviant behavior. According to Krohn and Massey (1980), their involvement in these activities simply leaves less time and fewer resources available to be involved in other activities, such as drug use. The fourth element of social bonding theory is the one that may prove to be the most important to the present study. Chriss (2007) describes the attachment and belief as having a special importance to social bonding theory, particularly beliefs within relationships in which attachments are formed. Beliefs provide a sort of indirect control that generally leads to more conforming behavior (Chriss, 2007). The graduates' belief in something bigger than themselves, and in a higher power and a greater plan, helps them to experience the success that they do. According to another article by Krohn, Lanza-Kaduce, and Akers (1984), there is an important element of Hirschi's work that must not be overlooked. Hirschi emphasized that weak attachment to conventional authority, rather than attachment to deviant norms, was one of the factors that leads to higher instances of delinquency. According to social bonding theory, people who are delinquent are less likely to have strong attachment to deviant norms and behaviors, but instead have weak attachment to conventional authority.

So, as these men are strengthening the various social bonds, they become attached to conventional authority. As they become closer to the community, their attachment, commitment, involvement, and belief in conventional norms and authority will grow stronger, thus leading to a lower instance of crime.

4.2 Religion or Relationship – Religiosity and Spirituality Examined

A second major theme that consistently arose during the interviews was that of spirituality and its related components. According to Neff and McMaster (2005), spirituality can be defined as “involving the individual’s relationships with self, others, and some transcendent force (or higher power)” (p. 37), whereas religion may be viewed as “organized religious practice” (p. 37). These two ideas are inherently different, and that bore it out in the interviews. Religion often includes formal and informal practices that serve to provide structure. Formal practices are activities that are part of the group at large, like church attendance and Bible studies, while informal practices are more personal and subjective, like prayer (Neff & McMaster, 2005). The authors of the article also acknowledge that, particularly when dealing with faith-based substance abuse treatment groups, religiosity and spirituality are interconnected and must be examined together (Neff & McMaster, 2005). McIntosh, et al. (1981) established that religion is a major social control in a person’s life. According to these authors, the type of religion or denomination that is being practiced has no particular effect, all that matters is that the religion is a major part of the person’s life and that is enough to be a social control (McIntosh et al., 1981). Social control is linked to social bonding theory, as social bonds are what create the control. If being involved with a religious institution in any form is enough to act as a social control, then it stands to reason that the heavy involvement in religious activities the members of Pecan Hill could also aid in the creation of social bonds and controls.

Neff and McMaster (2005) provide an explanation of the role of religiosity in the substance abuse treatment setting. Using Emile Durkheim’s definition of religion as “a set of integrated beliefs, practices, and rituals that unite a community,” they explain that religion brings structure and discipline to a life that was likely to be very chaotic prior to treatment. The description of the group used by many of the individuals that were interviewed, that the program is all about “making disciples,” and that is what the men become after their stay. However, religious involvement alone is not enough to succeed, according to graduates of Pecan Hill. Many of the interviewees emphasized that it does not matter how many of the church groups and other activities one may become involved with, or how much one has learned, if one doesn’t truly develop and experience a relationship with Christ. When asked about how he stays sober, 26-year-old Damon said, “The way that I stay sober today is very simple ...the main thing is keeping God first and above all other things. If I feel like something is becoming as important as or more important than my relationship with God, then I have to check myself fast.”

One of these common ideas expressed by the interviewees was this idea of *head knowledge* versus *heart knowledge*. Many of the participants interviewed mentioned this concept to me and through these conversations there was a distinction made between the two ideas. This is exemplified through the men not just learning something, but truly committing and believing in the idea. *Head knowledge* can be thought of as religious participation. The routine and framework are there, as the men learn traditions, norms, and conventional behaviors according to the church. It is at this point that the spiritual relationship with Christ becomes necessary in their view, bridging the gap between knowing the religion, and truly believing in the teachings and internalizing them. According to a number of interviewees, if a person has religion without the spiritual relationship, or vice versa, then the time spent at the program is worth nothing. Sheldon described it best, “The first time I came in I accepted Christ as my savior, and I had a lot of head knowledge. You can take all this head knowledge in and you can spit scripture and all this out, but I didn’t have a true heart change, I mean, I never really let go of everything and let God change my heart so it wasn’t a matter of time, took about a year and I started drinking again... Without a heart transformation it won’t work.”

They must have both together, the connections (social bonding components) and the relationship (spiritual components) in order for the experience to really change their lives. *Head knowledge* is how they describe the practical learning about Christianity, the Bible, and other religious ideas. *Heart knowledge*, on the other hand, is believing what you know, and truly committing to that belief and applying it to your life. It is something much deeper than a routine set of activities or a worldview, but it is certainly supported by those things. *Heart knowledge* is way spirituality is described within the group members. It’s internal, personal, and difficult to articulate. *Heart knowledge* combines with the framework created by *head knowledge* and allows the men to internalize what they have learned and are still learning. Some of the men mentioned having Jesus “live inside of them,” helping them to make the right decisions in their lives. Through this framework of religious discipline and spiritual understanding, they are given hope for the future and for a more meaningful life. Yeasting and Jung (2010) describe how spirituality fosters hope in a clinical counseling setting: “The clinician may want to introduce the subject in general terms such as the belief in “power greater than oneself” or “a natural order to the universe.”

A number of research studies report that the presence of affirming spiritual belief attributed to the empowering of hope for more than 92% of participants,” (Yeasting & Jung, 2010). The environment of Pecan Hill is far from clinical, but the message is still the same and the research still holds validity in its application. Another element under the theme of spirituality is that of surrender. Nearly all of the participants mentioned a repeated phrase amongst members is *S.O.S*, meaning *surrender, obedience, and service*. Some of those said it was a central theme of the teachings of the group. Louis summed up the approximate definition of surrender used by the group, saying, “Most important of all is true surrender to Christ. Being willing to give it all to Him, and follow His will for your life.” Several participants stated that they were reassured by the fact that they could give their lives to God and allow Him to control everything, and make decisions for them. It is possible that surrender of control to God is a major factor leading to the sobriety of these men.

4.3 The Spiral Model of Change

When discussing substance abuse addiction, and treatment for that addiction, one would expect the topic of change to arise quite often. The change observed at Pecan Hill was far more profound than expected. The graduates interviewed expressed a desire to be a new person, complete with a lifestyle change that requires leaving their old selves behind, and they display the behavior to enforce that desire. These men faced struggles and made monumental strides towards their goal of change. A common thread among the participants was this emphasis on truly surrendering, truly worshipping, truly understanding, the combination of which leads to a very serious change taking place in their lives. Several people had little to no experience with any kind of religion at all, and now consider themselves devout Christians. Some of the men had been exposed to Christianity their entire lives, but there is still a change that takes place within them once they graduate from Pecan Hill. The changes made by these participants were seemingly improbable and unquestionably difficult, based on the stories they tell of their former lives. In order to understand the dynamics of behavior change, one must look to Prochaska, Di Clemente and Norcross (1992), as they detail the five stages of change that individuals pass through, and the cyclical nature of these stages in their spiral model of change. These stages of change are particularly useful in understanding how the men of Pecan Hill were able to make such great changes in their lives.

The first stage, pre contemplation, is the initial stage in which no intention of changing exists. At this stage, the person likely does not realize that their behavior is problematic (Prochaska, DiClemente & Norcross, 1992). They are often pressured into changing by people in their lives. Pre contemplators can wish to change, but if they are not seriously intent on changing then they are still considered to be in that stage (Prochaska, Di Clemente & Norcross, 1992). The next stage is the contemplation stage. Individuals in the contemplation stage know that they have a problem, but have not yet taken serious steps to act to resolve the problem. People can remain in the contemplation stages for very long periods of time (Prochaska, Di Clemente & Norcross, 1992). In regards to the interviews with Pecan Hill graduates; it appears that many of them were in this stage for quite a while before taking any steps to combat their problems. Preparation is the next stage, in which there are a few qualifiers. The person must be planning on taking action within the next month, and also have unsuccessfully taken action in the past year (Prochaska, DiClemente & Norcross, 1992). Action is the stage in which individuals apply changes to their behaviors in order to overcome their problems. The authors point out that many people, including professionals, see the actions committed and consider that to be a change, but this is erroneous, as people are considered to be in the action phase if they have successfully modified their addictive behavior anywhere from one day to six months (Prochaska, DiClemente & Norcross, 1992). The changes are only considered as action changes if they are significant, such as abstaining from the behavior.

The final stage is called the maintenance stage. This stage lasts from six months of action to undetermined time after the initial change. Maintenance is not an absence of change, but a continuation of the change. The ability to remain free of the addictive behavior, as well as the ability to engage consistently in a form of behavior that is incompatible with the former behavior is the major indication that the maintenance stage has been reached (Prochaska, Di Clemente & Norcross, 1992). The researchers also state that these stages are cyclical, and once maintenance is broken then the process starts back over at the beginning (Prochaska, DiClemente & Norcross, 1992).

This relates to the Pecan Hill graduates in an interesting way. It seems these men entered into the program at different stages in the cycle of behavior change. Most of them were in the contemplation stage, as they knew that they needed to change or wanted to change, but did not know what steps to take or what else to do. It is evident based on the interviews that some of the participants enter the program during the contemplation stage.

These individuals knew that they had a problem and that they needed to change. Others, however, were still in the pre contemplation stage, in which they were likely pressured by family and loved ones to seek treatment and enter the program. Several of the men had tried quitting before, and had succeeded for a period of time, but again terminated the maintenance phase of the stages of change and fell back to where they had been at the beginning, only to start the process again. This exemplifies the spiral model of the stages of change, in which the subjects continue to cyclically go through all the stages (Prochaska, Di Clemente, & Norcross, 1992).

These stages of change can be effectively applied and identified as the men describe their experience. Early during their stay at Pecan Hill, it is explained to the participants why addiction is a problem. This is an important step in moving from pre contemplation to the contemplation stage. Participants can likely be considered to be in the preparation stage for a short time as they are planning the steps they will take to get to Pecan Hill, but they soon move into the action stage once they are actively abstaining from use. During this action phase, they are going through all of the religious and spiritual teachings, forming the aforementioned social bonds, and gaining the spiritual knowledge and belief that allows for self-motivation and success. After their six-month stay with the group, they have reached the maintenance phase, as they have lasted six months in the action stage by living at the ministry house and having no access to drugs or alcohol. They generally continue to remain at that status at least for a while, through living in the halfway house run by the ministry, and also through continued community support and accountability. A majority of the men interviewed were still in this initial maintenance phase, while some had fallen back. Those that relapsed are now staff members who are using the responsibility and support of the ministry to move back toward a goal of reaching the maintenance phase once again. The stages of change appear to coincide with the social bonding theory and spiritual elements of their stay, which propel them further through to the maintenance phase and give them myriad reasons to remain there.

The stages of change aid in explaining what the attendees of Pecan Hill go through, but alone it is not enough to explain the tremendous success that most graduates experience. In the context of Pecan Hill and its graduates, the stages of change can be combined with the other themes that were described to create a more comprehensive picture of why and how this method achieves success. The acceptance of conventional norms through social bonds can affect the stages of change, providing the men stronger motivations to change. The spiritual and religious change in worldview can also be applied in conjunction with the stages of change. The new way the men look at the world, through the framework of social bonds created by attachment, commitment, involvement and belief, coupled with the spiritual fulfillment provided by their internal relationship with and newfound understanding of God may give them an anchor of sorts in which to root their change. When thought of as a moral dilemma, the need for change may be made more practical. Once a reason for change as important as one's eternal, future is established, change becomes a necessity, and a motivation to become a new person is fostered. It appears that the men do not just view themselves as changed, but view themselves as an entirely new individual.

5. Policy Implications and Conclusion

Substance abuse counseling treatment policies can benefit from this research. The methods used at Pecan Hill are successful, based on the interviews and perceptions of the participants. They believe wholeheartedly that this group is the most effective that they've experienced, and several of the members had been to popular treatment groups like Alcoholics Anonymous and other various programs. One notion that could greatly support individuals is this idea of spirituality that has been discussed. The higher power and other spiritual views offered by other types of treatment, like AA, are very vague, and may not always be enough to foster the hope and success that spirituality can provide. The spirituality of Pecan Hill is more specific, focused on one higher power, God. Of course, no one could or should be forced to be a part of this type of religion-specific spirituality, but perhaps treatment programs and other facilities could provide more options that are similar to Pecan Hill. Rather than instructing participants to identify a higher power, perhaps they could suggest different religious or spiritual options and provide more information, and maybe even provide contacts connected with those different options so that they may be more deeply explored. Participants could be further encouraged to seek out these ideas individually.

The stages of change are another element that can be taken into consideration when discussing policy changes. Perhaps if consideration were given to the spiral model of the stages of change, it could be applied more widely to substance abuse counseling programs. People could be treated with respect to what stage of change they are in at the time, and frustration amongst participants could be limited.

The spiritually nurturing environment appears to be beneficial to those at Pecan Hill, so it is possible that others could benefit from those less tangible elements as well. People with salient spiritual identities could be encouraged to nurture those inclinations, thus benefiting from the positive effects discussed. Whether or not these suggestions are taken seriously, and whether or not this could or should be applied to a large group, one thing is certain: with addiction, the small victories mean a lot. This group may be small, but it continues to grow, and every victory certainly makes a difference in the lives of those who are living them.

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