

A Guide to Effective Rescue
Mission Recovery Programs

A twelve CD set with supporting materials

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Association of Gospel Rescue Missions

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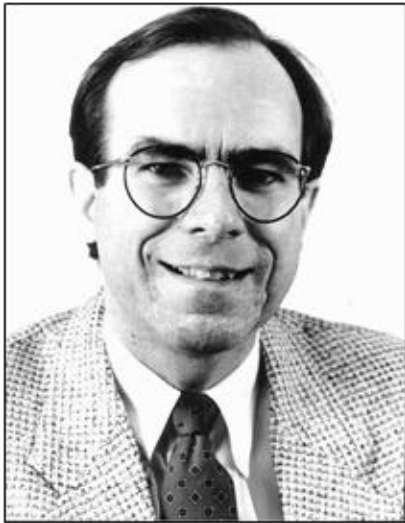
Section C - Crossroads Recovery Program Policies and Procedures Manual

This manual is included as a model for programs utilizing the principles of *A Guide to Effective Rescue Mission Recovery Programs*. It contains many useful forms and procedures. Crossroads is the three phase 150 bed long-term men's recovery program of The City Mission of Cleveland, Ohio.

Section D - Model Forms Packet from the Michigan Office of Substance Abuse Services

Rescue mission recovery programs can successfully utilize many of these model forms developed for OSAS-licensed substance abuse programs.

About the Speaker



Michael Liimatta grew up in an alcoholic family. Before coming to Christ in 1974 through a street ministry in Chicago, he spent a number of years in a life of drug and alcohol addiction. During his seminary years in Minneapolis, Michael worked with Midwest Challenge as a counselor in their drug rehabilitation program and developed their prison and jail outreach. In 1979, he founded New Creation Ministries in Hancock, Michigan. During his tenure as Executive Director of New Creation, its programs included an outreach to correctional institutions, a professionally staffed outpatient counseling program, and a licensed Christ-centered residential drug and alcohol treatment center serving primarily indigent men.

Since becoming Director of Education for the Association of Gospel Rescue Missions in 1990, Michael has spent much time helping rescue missions to develop more effective recovery programs for addicts and their families. Because he has struggled with his own addiction and the effects of growing up in a dysfunctional family, he brings a unique perspective to the field of rescue mission counseling. Along with his theological training, Michael has many hours of training in the principles of substance abuse treatment. He has spent hundreds of hours in counseling with chemically dependent individuals and their family members.

Introduction

The streets of our cities have changed dramatically in the past few years. In a very real sense, at the rescue mission we are seeing the combined effects of the disintegration of the traditional family, a decline in the influence of traditional Judeo-Christian values and spirituality, and an epidemic of drug addiction, especially crack cocaine. In light of these changes, rescue missions are re-evaluating their approach to ministry. To creatively meet the needs of people with more complex problems, attempts are being made to provide more comprehensive help through the development of very progressive and, in many cases, longer-term programs. Through the Education Department of the Association of Gospel Rescue Missions, we are working to develop resources to equip chaplains, counselors, and program directors to respond appropriately to these needs. *A Guide to Effective Rescue Mission Recovery Programs* was developed with this commitment in mind.

A recent Gallup study commissioned by the Los Angeles Mission confirmed that addiction to alcohol and drugs is the number one problem of the homeless. Most of those who walk through the doors of the rescue mission are either addicts themselves, or are the products of dysfunctional families and broken homes that were significantly impacted by addiction. Addiction is a root problem. Until it is brought under control, any other help we provide will not be effective. Education, housing, and employment will certainly be lost when an individual is unable to stay sober. There is a vast difference between abstinence (stopping the active use of alcohol and drugs) and a lifestyle of recovery. Recovery means active involvement in a program of personal growth - a whole new lifestyle. It means recovering from all the on-going effects of addiction on the mind, the emotions, the body, and the soul. It means "re-connecting with the human race" -- rebuilding damaged relationships with others and developing positive friendships. Recovery means living in a growing relationship with God.

To be effective, a rescue mission recovery program must be an organized, planned, scheduled effort to utilize all the resources at its disposal to accomplish two important tasks -- 1) to help addicts to overcome the obstacles to a life of sobriety and 2) to assist them to build a solid foundation for a life-long process of spiritual growth. This guide is an attempt to develop a model for a recovery program that can be implemented in practically any rescue mission setting. This format has been well-proven. The basic case management strategies of this guide are classic principles utilized by other types of human service agencies. They have been used successfully for several years in the long-term residential programs of New Creation Center, a licensed, Christ-centered substance abuse treatment facility. The written recovery plan format is an organized approach to maintaining a structured program while still identifying and meeting the unique needs of each individual participating in it.

One of the most important elements of a successful program is the ability to understand which resources can be provided "in-house" by the mission's own staff members and which resources will be provided by agencies and groups in the community. In many cases, a great deal of time must be spent in research to identify resources that can be used in the general community. But, inevitably, a mission provides better services to its clients when it focuses on what it can do best, while utilizing outside resources to meet those needs for which it may not be fully equipped.

There is no more important element of an effective program than the members of the mission's staff. They need to be trained adequately for the challenges they face. The CDs in this guide can be used for in-service training. They can provide a special format for evaluating a mission's

current program and discussing changes that might make it more effective. Rescue mission staff members are also encouraged to seek additional training opportunities that may be offered by local colleges, hospitals, treatment facilities and mental health services.

Ultimately, we know we have really done our job with our clients when they no longer need us. From day one, our attitude ought be that of "working ourselves out of a job." It is our hope that the resources shared in this guide will assist you to do just that. Your input regarding the materials and principles contained in this guide is requested. Please contact us if we can answer any questions about this material or provide additional assistance to you.

Rev. Michael Liimatta
Director of Education
July 7, 1993

This list, compiled by the staff of the Haven of Rest Ministries of Akron, OH, illustrates some of the significant changes in the profile of the typical rescue mission client:

Traditional Mission Client	Mission Client of the 1990's
White Male (40+ years of age)	Men (18-30 years of age) Women (16-30 years of age) Single parents with children Increasingly minorities Homeless local people Multi-drug dependent Little religious training Low literacy - uneducated Lack of work ethic Lack of job skills Emotionally dysfunctional Mentally ill Financially irresponsible Government dependent Few basic living and social skills
Transients Alcoholic addiction Sunday school and/or church training Basic education Work values Some job skills	Lack of family unit (no values) Medically high risk - AIDS Sexually/physically abused Sexually irresponsible Criminal Background Volatile (angry) Homosexuality Legal Problems Pregnancies No sense of accountability

To receive updates for the *Guide to Effective Rescue Mission Recovery Programs* and to receive information on other resources to be developed by the AGRM's Education Department complete this registration form.

Guide to Effective Rescue Mission Recovery Programs - Registration Form	
Name: _____	
Title: _____	
Ministry: _____	

Address: _____
City: _____ State: _____ Zip Code: _____
Phone (____) _____
Mail to: AGRM Education Dept., 1045 Swift, N. Kansas City, MO 64116-4127

Section A - The CDs

Seven of the talks used in *A Guide to Effective Rescue Mission Recovery Programs* were recorded during the 1992 and 1993 sessions of the Central District Training Institute for Men's Program Staff Members. This annual event is held at the Rock Creek Camp of The City Mission of Cleveland. While the event is primarily for individuals working in residential ministries for men, the principles Michael shares have broad application and are appropriate for work with women and youth, as well.

The CDs are arranged in a progressive manner. Therefore, they should be heard in the prescribed sequence, since the topics build upon one another.

What follows is a basic introduction to the topics covered on each CD. Also included are hand-outs to use with the specific sessions and additional informational items that relate to the topics shared on the CD. When using the CDs in a group setting, permission is granted to photocopy these hand-outs for each of the participants.

CD # 1 - "[Spiritual Foundations for Recovery](#) "

(1993 Central District Training Institute)

In some instances, rescue missions embrace secular treatment and recovery models to such an extreme that their programs look little different than their non-Christian counterparts. There are certainly important methods and approaches that can be borrowed from the secular treatment community. But, rescue missions must never forget their primary purposes of evangelism and discipleship.

This session focuses on the critical elements that make a recovery program uniquely Christian. Michael shares some special insights on critical recovery-related issues in the light of the Bible. He highlights the fact that Christian counselors, who are equipped by the Holy Spirit and a working knowledge of the Word of God, have much more to offer the suffering addict.

The Twenty Primary Assumptions of Christian Counseling

1. Counseling is truly Christian only if God is part of it.
2. The Word of God is the authoritative rule and guide for our counseling.
3. There is a real devil, who though the power of deception, is fighting for the minds of men. Truth is the ultimate weapon in the spiritual warfare of Christian counseling. (John 8:31,32)
4. Sin is deceptive, powerful and addictive.
5. There is a Redeemer, Jesus Christ, through whose victory we overcome sin, death, and the devil. (1 John 3:8) The message of the Gospel means enabling people to experience real change through God's power.
6. In this fallen world - which is warped, perverse, confused, and corrupt - believers must contend with their own fallen nature.
7. Because spiritual death is a reality, we must assume that all who come to us are in need of spiritual rebirth
8. We must understand the difference between guilt (a response of the conscience to sinful acts) and "toxic shame" (an inner sense of being unlovable, unredeemable, hopeless, irreparably flawed, incomplete, and worthless).
9. There is a definite difference between drunkenness (a moral condition) and addiction (a therapeutic condition). What separates the addict from the non-addict is not how often they drink or how much they drink, but what happens when they do drink - the loss of control (powerlessness).
10. God works in processes. "Recovery" is not a one time, once-and- for-all thing - it is a process (Romans 12:2). Our job is not so much to "fix" people, but rather to give them the "tools" to succeed in working out what God has already put within (sanctification). (Phil. 2:12,13)
11. God works through His Spirit. (John 16:13-15) The word "paraclete" used in these verses means "counselor" or "personal tutor." We must teach our clients how to respond to and walk in God's Spirit. A rescue mission program is a "spiritual greenhouse" and our job is to nurture these new believers until we can "transplant" them to "good soil" outside of the mission.
12. God works through people - There is no more isolated and lonely person than the addict. John Bradshaw says, "The deepest wound of toxic shame is the inability to develop meaningful, intimate, human relations." Our job is to "reintroduce them to the human race."

13. Christian counseling is "intensive discipleship." Salvation is only the beginning. The key is to equip addicts to live a new sober life and to remove the "stumbling blocks" and "road blocks" to Christian victory.
14. There is a great difference between abstinence (not using drugs or alcohol) and recovery/sobriety (a systematic commitment to continual personal growth). Putting down the bottle does not guarantee that there will be any change in the person's life.
15. Our ultimate goal is that every man who comes to the mission program will become a fully functioning member of the Body of Christ.
16. Repentance ("metanouia" = a change of mind) is different than confession (owning up to my own sin). New thinking comes from new attitudes that have been formed by new perspectives.
17. "Rigorous honesty" is a qualification for true spirituality.
18. Real growth occurs only when a person has come to an understanding of a healthy relationship with accountability and an experience of loving authority.
19. There is a "therapeutic value" to talk -- self-revelation can be tremendously healing. We need an environment that promotes this process.
20. "Grace flows freely through unclogged conduits." A mission can only be as effective as it's personnel. Christian workers can only bring people to the place they have come to themselves.

CD #2 - "[Spiritual Foundations for Recovery](#) "

(1992 Central District Training Institute)

If we are to effectively work with alcoholics and the drug dependent, it is vital that we gain a truly scriptural understanding of addiction. Is addiction strictly a moral issue needing only a sincere repentance for deliverance? Are some people simply "predestined" to become addicts?

In this session, Michael presents a truly scriptural understanding of addiction that brings together some elements of both of these concepts.

Defining Chemical Dependency

Two Extremes:

"Alcoholism is sin"
(moral model)

Stress: moral responsibility

personal choice

Problem: Is often narrow and ignores proven scientific facts

"simplistic"

"Drunkenness"

"A bad habit"

"Alcoholism is a disease"
(medical model)

Stress: medical and physiological dimension, genetics, heredity

predetermination

Problem: Can eliminate the role of the free will

"fatalistic"

"Addiction"
"Compulsive Disorder"
"Chemical Dependency"

"An illness"

"Bondage" - enslavement of the will that impacts the whole person

(Biblically balanced approach)

Two Types of Alcoholism

Type 1 "Milieu Limited"

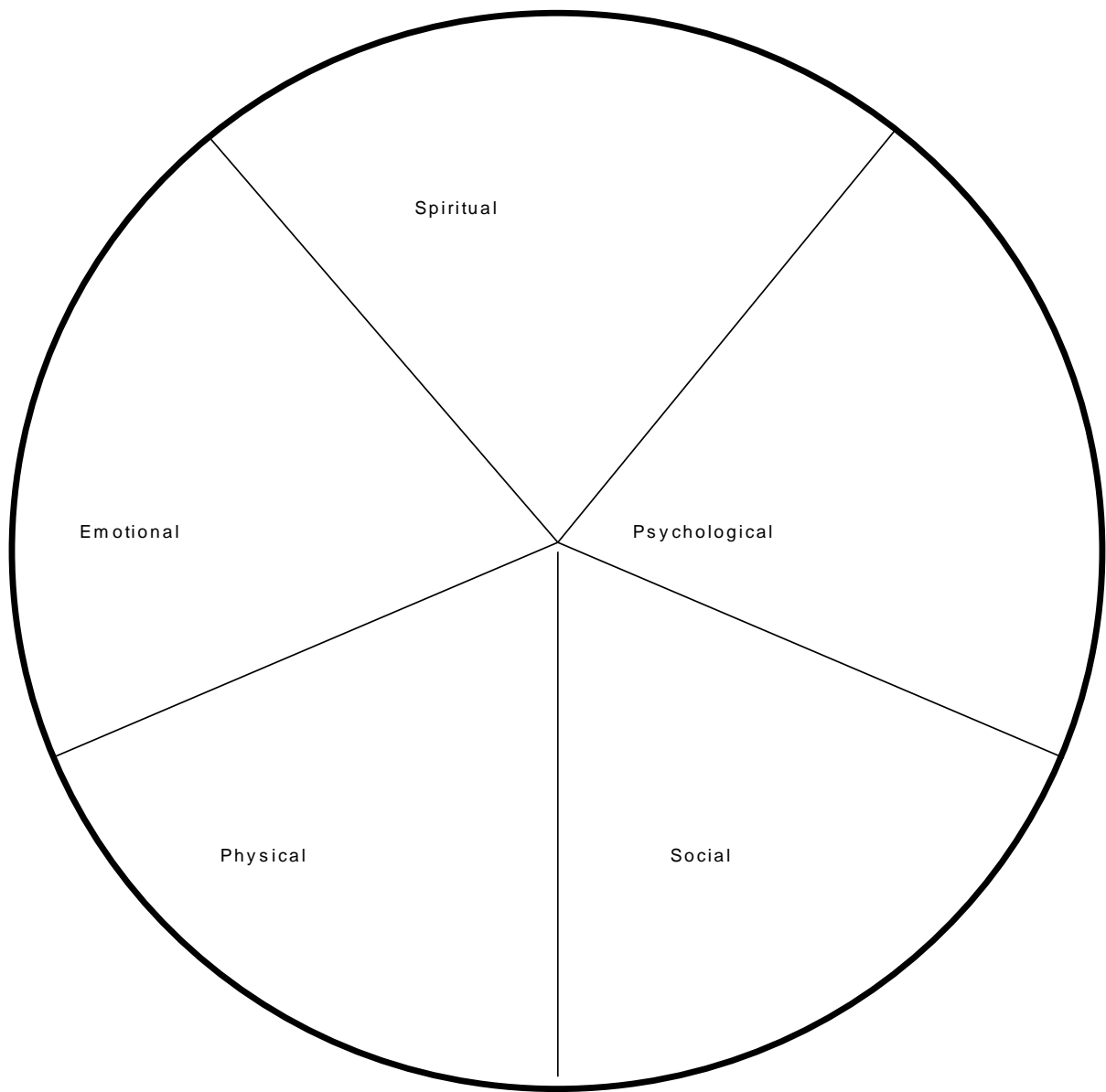
On-set after age 25
No family history

Prognosis for recovery is good
Succeed in 30 day programs
Have jobs & families to return to

Already have many life skills

Type 2 "Male Limited"

Problems before 25
Family history
Extreme Consequences
Anti-social behavior
Prognosis for recovery is poor
Need long-term help
Have destroyed most social supports
Have few life skills



An effective rescue mission recovery program will have a strategy for working with all of these areas of the addict's life.

"Hallmarks" of Codependency

Definition: "Your development as a person in response to another person's addiction"

- A. A sense of little or no control of circumstances
- B. Passivity in the face of disturbing and dangerous situations
- C. Guessing at what is "normal."
- D. Avoidance of social support
- E. Out of touch with emotions

CD #3 - "[Defining Goals for Rescue Mission Recovery Programs](#)"

(1992 Central District Training Institute)

In light of the opportunities and limitations of the rescue mission setting, just what is realistic in terms of providing effective recovery-oriented services? In this session Michael outlines the most important components necessary to provide a comprehensive approach to helping addicts to develop a personal program of sobriety and spiritual growth.

Goals of a Short-term Program

1. Help Addicts to Overcome Denial

Twelve Step groups recognize that recovery does not begin until the addict accepts his personal state of powerlessness. We must help our clients to move from admitting that alcohol/drugs (or whatever) is the cause of their problems to a deep inner knowing that they are completely and absolutely powerlessness over their "drug of choice" and cannot predict the outcome of even the most limited experience of use. Without coming to this knowledge, "recovery" will remain an intellectual exercise leading to no real lasting change. Without accepting personal powerlessness, addicts retain the illusion of "controlled use" and the option to return to it when the inevitable pain that is an integral aspect of recovery begins. A peer-centered "First Step Group" can be especially helpful in this process.

2. Work With Them to Remove "Roadblocks" to Recovery

Critical legal, social, financial, vocational, spiritual, moral marital and family issues must be stabilized so they do not contribute to relapse.

3. Help Clients to Establish a Program of Self-care

What must I do to maintain a growing personal program of recovery and spiritual growth? Christian disciplines plus fellowship with other recovering people, avoiding negative relationships, learning not to "stuff" feelings, practicing "rigorous honesty," hygiene, exercise, etc. This is an especially important issue because "toxic shame" is a major factor in addiction. Often the addict's shame-based self-concept says, "I don't deserve to be taken care of." Instead, our goal is to help him understand that, because of what Christ has done, he is indeed loved and made worthy of care.

4. Help Them to Become Integrated into a Supportive Community

Establishing accountability, fellowship, and hope through both support groups (the recovering community) and the church (the spiritual community). It is critical that we have a definite strategy for moving our clients into the local church. This is where an on-going relationship with a Christian support group can be of great help.

5. Gain New Essential "Life Skills" & Coping Styles

- a. Ability to handle and reduce feelings of stress
- b. Decision making skills
- c. Ability to assert oneself
- d. Parenting skills
- e. Financial and other planning skills
- f. Physical maintenance skills (nutrition and physical hygiene)
- g. Ability to delay gratification
- h. Ability to access community resources
- i. Ability to identify and reduce negative feelings (e.g. guilt, resentment, hate and fear)
- j. Understanding of the basic spiritual principles of Christian discipleship (i.e. prayer, Bible study, fellowship, etc.)
- k. Basic relationship skills; honesty, healthy expression of feelings, self-awareness - detachment and other codependency issues
- l. Vocational skills - basic education, healthy work attitudes, marketable skills, job search skills, etc.

6. Develop a new "Self Concept"

Who is this new sober me? Who am I in Christ? This involves helping them to identify the characteristics of the "old addicted self" and the "new sober self," choosing which they want to live as, and learning to put the old self to death that the new self and new sober thinking can become preeminent

Other Goals of a Recovery Program may include:

- 1. Getting medical help for drug related and other physical problems
- 2. Resolving legal problems
- 3. Addressing psychological problems
- 4. Developing adequate living arrangements (housing and food, etc.)

While it is usually not possible for the program to deal specifically with every one of these goals, it is important to know what referral sources are available in the community.

The Responsibilities of the Christian Substance Abuse Counselor

1. Determine what your client's needs are.
2. Help your client to identify these needs for himself.
3. Help your client reduce denial of the drug problem.
4. Identify resources in the community which may address those needs for the client which may not be addressed at the program (e. g. legal aid, medical services, vocational training, and self help groups)
5. Help your client accurately evaluate his options and to see progress - establish "benchmarks" for measuring growth
6. Help your client develop new personal and social resources which will contribute to a positive life style.
7. Help your client access needed resources that have been identified for himself.
8. Help your client develop strategies for handling problems which must be addressed by the individual rather than agencies. We succeed when we are no longer needed. We ought never to institutionalize ("missionize") people.
9. Model a healthy godly lifestyle. Be an example in word and deed of the principles you hope the client to adopt.
10. Help the client to learn to walk with the Lord on his own; listening to his conscience, personal prayer and Bible study, etc.

CD #4 - "[Overcoming Denial](#)"

(1992 AGRM Convention, Buffalo, NY)

Certainly, nothing is more frustrating to the average staff member than the denial and resistance of most rescue mission clients. In this session, Michael discusses the five "weapons" that mission staff members and counselors can use to overcome a client's resistance and to help him to understand his need for change. Included in this discussion is a look at the elements that promote a "therapeutic environment" that maintains an atmosphere in a mission program that promotes stability, honesty, and a desire for change

Five Weapons Against Denial

Education

Prayer

Information

Therapeutic Environment

Positive Peer Pressure

Education - Addiction-specific education helps to remove the "toxic shame" barrier to recovery. This type of information enables the addict to see that he/she is suffering from a malady that is shared by others. It also gives hope that change is possible.

Prayer - Denial is both a spiritual and a psychological condition. 2 Cor. 4:3,4 and 10:3-5 show us the importance of intercession for clients and the need of counselors to be equipped by seeking the Lord themselves.

Information - The data-gathering process that includes the initial intake forms, data collected from prior counseling/treatment experiences, plus the observations of staff members and the self-revelation of the client can all be combined to confront the addict with reality and to "bring the bottom up."

Positive Peer Pressure - interaction with other clients committed to working on their own recovery combined with participation in support groups motivates the client by both providing hope and challenging him/her to honesty and self-revelation.

Elements of the Therapeutic Environment

- A. *Drug Free*** - Relapse must lead to immediate expulsion from the program for at least 30 days. This rule will create an attitude of seriousness among all participants. If program people know they have "one drunk in the bank" they will surely use it.
- B. *Stable*** - The main requirement for this is clear expectations for those involved with the program; what behaviors will be rewarded, which will be censured.
- C. *Segregated*** - People who are working on recovery must be separated from the transient clients and others not in the program. Setting up separate eating times and sleeping areas will create a special "chemistry" that supports them in their pursuit of a new life.
- D. *Emotionally Safe*** - A sure sign that a person is beginning the process of genuine recovery is the return of the emotional life. They begin feeling again, and much of what they feel is pain and grief. To continue to recover, they must feel supported and know that they are in an environment where they can safely and freely express the struggles they are experiencing.
- E. *Confidentiality*** - Personal information about clients must stay within the program and the staff members directly working with the men (the "treatment team"). This is essential to maintain the trust of program participants.
- F. *Real Listening*** - There is healing value of talk - self-revelation - coupled with the affirming knowledge that another person is genuinely interested in an individual's needs, hopes, and aspirations in a non-judgmental way.
- G. *Non-judgmental*** - This is mostly focussed on the feelings of program participants. They must feel that feelings and ideas can be freely expressed, without rejection or punishment. This is critical, if the real self-revelation that is the key to a successful recovery program can happen.
- H. *Respect*** - Clients must be treated with dignity, despite how much denial they are in what sort of mess they have made of their lives.
- I. *True Honesty is Rewarded*** - Truthfulness in all affairs ought to be norm in client/staff relationships.
- J. *Individual Attention Given*** - The effort expended toward adequate needs assessment and development of an individualized written plan for recovery lets clients know they are truly important to the program staff.
- K. *Recovery vs. Performance Oriented*** - Program participants must know that who they are is more important than what they do.
- L. *Every Activity Has Therapeutic Value*** - To avoid giving program participants the feeling that they are being used, a genuine recovery-oriented rationale must be given for every activity in which are involved.

CD #5 - "[Wounded Warriors](#)"

(1993 Central District Training Institute)

In this talk, Michael focuses on the needs of the Christian worker. Many individuals are drawn to the ministry because of their own experiences with addiction and troubled family backgrounds. In most instances, this can be very positive, However, some are hindered in their efforts to minister to others because they are still experiencing on-going difficulties from growing up in dysfunctional families and unresolved issues from past addictions.

This session is intended to equip other Christian workers to assist such people by accurately identifying their symptoms and knowing how to direct them to appropriate help. "Wounded warriors" who are still "bleeding" cannot effectively work with those in need. On the other hand, those who are experiencing healing can be the most valuable members of a mission's staff. Because of their unique experience of the grace of God, they can be used in powerful ways.

Identifying the "Wounded Warrior"

1. **Unable to Detach** - overly involved in the lives, actions, and decisions of others
2. **"Man-pleaser"** - instead of God-pleasers (idolatry)
3. **Workaholic** - the one compulsion most rewarded by the Christian community
4. **Can't Say "No"** - (non-assertive) - fears rejection and conflict
5. **Perfectionist** - only the "very best" is good enough
6. **Exhausted** - trying so hard to please, to look good, and to affirm self though outward means is tiring!
7. **Can't Receive** - believes it leaves them "in debt" to another
8. **No "Self-Care"** (don't know how to have fun, to rest, enjoy family or fellowship, etc.)
9. **Dishonesty** (1/2 truth = whole lie)
10. **"Control Freak"** (likes simplistic answers) - cannot feel secure unless totally in control
11. **Out of Touch with Feelings** - abuse and pain from the past - combined with the emotional impact of addictions - leaves them living life "from the neck up"
12. **Secret Compulsions** - while no longer active in the more outward and destructive addictions (i.e. alcoholism), unless "root causes" are properly dealt with, compulsive behaviors are transferred to other addictions
13. **Lacks Intimate Friendships** - lack of skills needed to develop meaningful relationships
14. **Fears and Avoids Accountability** - mistrust developed under abusive authority transferred Also - "if they really knew me they would disrespect/reject me"
15. **"Peace at Any Price"** - expends extreme effort to avoid conflict
16. **Rigidity** - can't cope with change (security built on externals)
17. **"Super-responsible"** - out of touch with own limitations and personal boundaries
18. **Highly Subjective** - takes everything too personally
19. **"Caretaker" & "Enabler"** - good feelings about self come from others dependence and appreciation

20. ***Practice "Image Control"*** - looking good is a full-time preoccupation
21. ***Can't Change*** - repeated attempts always end up in failure
22. ***Justifies, Rationalizes, and Even "Spiritualizes" Own Pain and Behavior***

The Steps Out of Toxic Shame

1. ***"It's OK"*** - accept the source of the problems and recognize you are not alone
2. ***Honesty*** - stop "blame-shifting" and accept responsibility for taking the steps you will need to get better
3. ***Education*** - read some books on the topics of shame, codependency, and adult children of alcoholics.
4. ***Consider Professional Counseling*** - ask around to see who has been of real help to others
5. ***Become Involved in Support Groups*** - much insight and encouragement can be gained by spending time in constructive sharing with those who are struggling with similar issues.

CD #6 - "[Helping Addicts to Develop the 'Life Themes' Essential for Recovery](#)"

(1993 Central District Training Institute)

In 1992, the Knox Area Rescue Ministry commissioned a study of recovery from homelessness by the SRI Gallup organization. This survey identified six critical "life themes" that separated those homeless people who recovered from those who did not. In this session, Michael offers some suggestions on how rescue mission programs can help their clients to be more successful by assisting them to develop these life themes within themselves.

"Life Themes" Identified by SRI Gallup As Essential for Recovery

The following are listed according to their degree of importance:

1. Spiritual

Persons with a high evidence of the Spiritual theme believe in God, pray regularly, read the Bible and describe themselves as born again Christians. As they grow in the Spiritual, they become more discriminating in their activities. They know what their religion is, they attend church regularly, and belong to a church. This theme seems to be very important in the beginning of the recovery of homeless persons. This spirituality seems to not only strengthen a person individually, it also seems to be the basis for a commonality in building relationships with other people.

When the Spiritual theme is weak, homeless persons do not seem to have the power to get on their road to recovery.

2. Self-Insight

Persons are high on the Self-Insight theme when they can make rather accurate descriptions of themselves, both in terms of their weaknesses and of their strengths. Self-Insight has to do primarily with the cognitive dimensions of a person's life, of those dimensions about which there can be some fairly objective assessments. For example, they can be fairly objective about their own health. They can know that their behavior may be destroying themselves. As a result of that insight, they can decide that they want to make changes. Because they can own that there are reasons for their present condition, they can accept their current situation and plan for a better future. Many of the people who find themselves in a homeless situation have lacked discipline in their lives. When they can own that they lack that discipline, then they can begin to plan how they can put some order in their lives through the help of other people and thus became more effective.

When the Self-Insight theme is weak, persons live in an unrealistic world. They make excuses for their condition and tend to blame other people for their situation rather than doing something about it themselves.

3. Security

When the Security theme is strong, persons feel safe. Their fears that others might be trying to hurt them subside. They feel all right about their health and they feel that they can manage any dependencies such as alcohol or drugs. They have people that they can access, talk to, live with; they have certain possessions that are important to them, that they attach themselves to. When the Security theme is strong, these persons feel that they can take risks with other people.

4. Self-Awareness

Persons who are high on the Self-Awareness theme are in touch with their own emotions. They can name the feelings that are surging through themselves. The emotional dimensions of their behavior enables them to remember the things, the exciting things, and the difficult things, that happen over a period of time. As they grow, they can discuss their emotions with other people and they will tend to express them to other people rather than keep them inside. Then, they can talk about how they feel about their own life and its hurts, they can say that and then ask for help in making the corrections. They can own the bad things that have happened to them in their life, and they can know the good feelings that they want to achieve.

When the Self-Awareness theme is limited, people tend to be patently unmotivated. They have little that excites them either positively or negatively. If they have feelings, they are confusing rather than something that drive them to action.

5. People Support

Persons who are high on the People Support theme have others who care about them -- people who would care enough about them to write a letter or to pray for them. They have family members who are continuously concerned about them and know where they are. When homeless people are at their lowest level of existence, they don't have anyone amongst their family or from their friendships who knows where they are. In terms of friendships, they are lost persons. When they are high on the People Support theme, they have incoming messages of concern and support. They have people who will intentionally help them because they are friends or family, and they have people who look forward to seeing them. As the People Support theme develops, they have developed friends who give them recognition, praise them, and admire them.

When the People Support theme is in low evidence, persons have no connections to other individuals. No one has growth expectations for them. The People's Support theme may be the best single theme explanation of why persons are described as homeless. In a way the real problem is they have no people support.

6. Suppression

The persons who have described themselves as homeless and are making progress in their recovery seem to block out some of the painful and embarrassing experiences that have been part of their lives. They tend to deny depressions and worries and shyness, and they don't seem to dwell on physical discomforts. They do not think of themselves as homeless persons, and they deny poor self concepts which they might have or others might project to them. As they move along in their recovery, they tend to move toward an attitude of being satisfied with themselves.

When the Suppression theme is in low evidence, persons will tend to be overwhelmed with negative thoughts. Those negative thoughts will interfere with any tendencies toward growth or recovery.

(Used by permission of SRI Gallup, Inc., Lincoln, NE and Knox Area Rescue Ministries, Knoxville, TN)

SRI Gallup "Life Themes" & the Twelve Steps

Step One - We admitted we were powerless over alcohol -that our lives had become unmanageable.

*Self-Insight, Self-Awareness
People Support, Suppression*

Step Two - Came to believe that a power greater than ourselves could restore us to sanity.

*Spiritual, Self-Insight
Security, Self-Awareness
People Support, Suppression
Spiritual, Security
People Support*

Step Three - Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

Step Four - Made searching and fearless moral inventory of ourselves.

*Self-Insight, Self-Awareness
Suppression*

Step Five - Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

*Spiritual, Self-Insight
Self-Awareness, Suppression*

Step Six - Were entirely ready to have God remove all these defects of character.

*Spiritual, Self-Insight
Self-Awareness, Suppression*

Step Seven - Humbly asked Him to remove our shortcomings.

*Spiritual, Self-Insight
Self-Awareness, Suppression*

Step Eight - Made a list of all persons we had harmed and become willing to make amends to them all.

*Self-Insight, Self-Awareness
People Support, Suppression*

Step Nine - Made direct amends to such people wherever possible, except when to do so would injure them or others.

*Self-Insight, Security
Self-Awareness
People Support, Suppression*

Step Ten - Continued to take personal inventory and when we were wrong, promptly admitted it.

*Self-Insight, Self-Awareness
Suppression*

Step Eleven - Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

*Spiritual, Self-Insight
Security, Self-Awareness*

Step Twelve - Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

*Self-Insight, Security
Self-Awareness
People Support*

The Twelve Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. Permission to reprint the Twelve Steps does not mean that AA has reviewed or approved the contents of this publication, nor that AA agrees with the views expressed herein. AA is program of recovery from alcoholism - use of the Twelve Steps in connection with programs and activities which are patterned after AA, but address other problems, does not imply otherwise.

CD #7 - "[Three Phases of Recovery at the Rescue Mission](#)" "
(1993 Central District Training Institute)

Michael outlines three very distinct phases of early recovery in a rescue mission program. Each phase has unique characteristics and "action steps." This talk includes practical guidance on how the staff at a rescue mission can organize activities around these phases to help their clients succeed in recovery.

Three Phases of Recovery at the Rescue Mission

Introductory (Steps 1 - 5)

Primary Goals: Remove the barriers to spiritual death, denial, guilt, and toxic shame

Spiritual Focus

A. Knowing God

B. Developing Hope for the future

Step 1 - Overcoming denial by understanding personal powerlessness over the "drug of choice."
-Surrender and ceasing controlling - "I can't do it myself." - "Rigorous Honesty"

Steps 2 & 3 - Salvation

4th Step - Personal Inventory

5th Step Confessional to remove shame and guilt

Stabilization (Steps 6 - 9)

Primary Goals: Developing a personal philosophy of recovery, reconnecting with others, establishing a program of spiritual growth, developing new coping skills

Spiritual Focus:

Christian Growth - working through "character defects," and developing godly attitudes and behavior, new coping style and emotional freedom The essence of Steps 6, 7, 8 & 9 is "Re-connecting with the Human Race" -rebuilding damaged relationships. This involves moving into outside church and support groups and beginning to deal with the basic issue of codependency.

Good "self-care" reduces stress, a primary cause of relapse

Maintenance/Re-entry (Steps 10 - 12)

Primary Goal: Establishing a new, independent, sober and godly lifestyle. The support system developed on the outside replaces the structure of the mission environment This is the time when clients should begin seeking out a "sponsor" from the recovering community and a church where they will become members

Spiritual Focus:

Spiritual Disciplines & Exploring Deeper Biblical Truths

Fellowship & Service to Others

Introductory (*Steps 1 - 5*)

Primary Goals: Remove the barriers to spiritual death, denial, guilt, and toxic shame

Spiritual Focus

A. *Knowing God*

B. *Developing Hope* for the future

Step 1 - Overcoming denial by understanding personal powerlessness over the "drug of choice." -Surrender and ceasing controlling - "I can't do it myself." - "Rigorous Honesty"

Steps 2 & 3 - Salvation

4th Step - Personal Inventory

5th Step Confessional to remove shame and guilt

Stabilization (*Steps 6 - 9*)

Primary Goals: Developing a personal philosophy of recovery, reconnecting with others, establishing a program of spiritual growth, developing new coping skills

Spiritual Focus: Christian Growth - working through "character defects," and developing godly attitudes and behavior, new coping style and emotional freedom

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Spiritual Focus:

Spiritual Disciplines & Exploring Deeper Biblical Truths

Fellowship & Service to Others

CD #8 - "[Using Written Client Recovery Plans](#)"

(1992 Central District Training Institute)

In this talk, Michael describes the practical steps that will help mission staff members to develop and utilize written recovery plans. Developing a written recovery plan ("contract" or "covenant") is one of the most effective means of meeting the special needs of each individual in a rescue mission recovery program. By establishing attainable goals and objectives, the written recovery plan can be used to effectively measure the personal growth of program participants.

Introducing the Recovery Plan

A Recovery Plan is a written plan of program services for each client which is individualized and outlines realistic goals that increase the possibility of his/her success. In other words, it describes how the resources of the program and the outside community will be applied during the individual's stay in the program.

This written plan should include:

1. A simple description of the problem(s) to be addressed
2. A plan for involving family members and others
3. A statement of long and short term goals that will be accomplished while in the program
4. A list of supportive services that will be used and referrals that will be made
5. A list of the recovery program team members and their specific roles in assisting the client to attain the goals and objectives outlined in the plan.
6. A time line in which the recovery plan objectives will be met.

Steps to Developing the Recovery Plan

1. Assign one primary counselor to each new client
2. Data gathering

Information gathered in during the assessment interview and contained in the client's case history provides the basis for developing a Recovery Plan.

- a. Assessment Interview
(Intake form filled out by staff, volunteer, or senior resident)
- b. Signed Release Forms for requesting information on prior recovery/treatment program experiences to enable you to contact them for discharge summaries.
- c. Medical Assessment
- d. Results of Psychological and other Tests
- e. Psycho-social Interview
- f. Observations of Significant Others (form)

g. Discussions and Observations of Recovery Planning Session

4. Develop a List of the Main Problems to Be Worked On

Identify the areas that will be worked on during his/her time in the program.

5. Develop a List of Realistic Goals to be Attained - In the plan specific and realistic goals are set for each client that are designed to increase his/her success in the recovery program.
6. List recovery program objectives - specific actions that address how the goals will be attained - They must be measurable and time specific!
7. Set a specified time frame in which the objectives will be accomplished.
8. Set conditions by which attainment of the objectives can be measured (conditions to be met, person to whom progress will be reported)

A well stated recovery program objective will contain:

1. The results to be attained in measurable behavior
2. The criteria for knowing if the result is attained
3. The estimated time at which the result will be attained
4. The individual who will attain the desired results
5. The individual responsible for seeing that the results are attained

EXAMPLE: Client will be medically screened within two weeks of admission. The program nurse is responsible for notifying the counselor when medical screening is completed by written notification to the counselor of the results.

Updating and Reviewing the Recovery Plan

1. Gather data relevant to the Recovery Plan
 - a. Discharge summaries from other programs
 - b. Daily progress notes
 - c. Observations and discussions at staff meetings
 - d. Group therapy/session notes
 - e. Client assignments returned to the counselor/chaplain (develop a record entitled "Assignments of the Treatment Plan" to keep track of assignments)
 - f. Daily "Significant Event" sheets
 - g. Reports from outside services (pastors' observations?)
 - h. Peer review
 - i. Additional Tests and Reports
2. Review data with staff members involved with client to:
 - a. Develop new goals and objectives, and new assignments, including specific actions to be taken by staff members
 - b. Re-prioritize objectives
 - c. Set criteria for discharge
3. Review decisions made at staff consultation with client during a regularly scheduled Recovery Plan Review Session
 - a. Jointly set new goals, objectives, assignments
 - b. Spell out specific criteria for discharge
4. Return to data gathering process, then ongoing staff and client review until recovery goals have been reasonably attained within the context of the program and an established time frame.

At this point, discharge planning begins.

Discharge

We have really accomplished our goals when the client no longer needs us. The goals of the recovery program should be designed to promote this independence or actually transferring their dependence on God and an ongoing supportive community.

Discharge happens when:

1. All the significant objectives of the Recovery Plan have been accomplished. (With Staff Approval)
2. The client leaves before objectives have been accomplished, cutting short the recovery process (Against Staff Advice)
3. The client is requested to leave the program because of resistance to the recovery process or violation of program rules (At Staff Request)

The Discharge Summary is a form that outlines the essential aspects of the client's participation in the recovery program. It includes the problems addressed while at the program, progress (or lack of progress) toward attaining recovery goals and objectives, recommendations from program staff, and criteria for re-admission to the program.

Discharge Summary

Written within two weeks of discharge

1. Rationale for Discharge
2. The client's treatment and rehabilitation status or condition at discharge
3. The instructions given to the client about aftercare and follow-up

When thinking of aftercare, it is important to develop a written "contract" outlining, with input from the client, the expectations for concrete and measurable "self-care" activities they will continue in after discharge; i.e. attendance at church three times a week, bi-weekly support group meetings, monthly outpatient counseling session.

**Answers to the Most Frequently Asked Questions
About Addiction and Rescue Mission Recovery Programs**

1. **How can we properly use ideas, principles, and techniques from the secular treatment community in rescue mission recovery programs?**
 - A. ***Stay true to the scriptures*** - Anything we use in rescue ministry -- whether in the area of fund-raising, business practices, or rehabilitation -- must be subjected to the light of the Word of God. Therefore, we must throw out any principles or philosophies that contradict God's Word! Christian counselors must reject any philosophy or approach that lifts from a sinner his sense of responsibility for his own actions and his need for repentance and brokenness at the Cross of Christ. The Bible is perfectly clear on the fact that real, lasting change can only occur when an individual can experience true repentance -- which implies a sense of personal accountability for his actions and their consequences.
 - B. ***Be discerning*** - A creationist scientist will reach a set of conclusions on a certain geological formation that is very different from those of his evolutionist counterpart. In a similar fashion, while dealing with factual data, conclusions reached by non-Christian researchers or counselors often reflect a godless "world-view." Despite this dilemma, we must not reject the whole body of factual knowledge about addiction and successful treatment approaches that is accessible and useful to us as Christian counselors.
 - C. ***Use what you can and discard the rest*** - Certainly, some of the ideas that are coming out of the secular treatment world do contradict the scriptures (especially on the topics of morality and spirituality). Yet, many of the successful methods they use to establish addicts in a life of sobriety have their origins in the Word of God! In a very real sense, they have re-discovered some deep spiritual principles that have been almost lost to the modern Western Church. Some of these are: the power of accountable relationships, the healing nature of deep and intimate sharing between believers, the indisputable connection between rigorous honesty and true spirituality, and the principle of comforting others through sharing how the Lord brought us through similar situations (2 Cor. 1:3-7). While secular and atheistic people may see these principles in a totally different light, we ought to be able to discern, with the Holy Spirit's help, what aspects of this field of knowledge we can integrate into our mission programs without compromising on revealed truth.
2. **What about the "disease concept" of alcoholism and drug addiction?**
 - A. ***Rationale for using the term "disease"*** - A simple definition of "disease" is any "unhealthy condition." Addiction has a well-established and recognizable set of "symptoms" with characteristic behaviors and similar effects upon every person who suffers from it. Also, reliable scientific studies have established that many individuals have a definite genetic predisposition to alcoholism and other drug dependencies. For secular researchers, who do not acknowledge the spiritual roots of addiction, using the terms "disease," or "illness" is a logical approach to defining and understanding this condition.

The American Medical Association defines alcoholism as ...an *illness that is characterized by significant impairment in the emotional, psychological, spiritual, physical, and social areas that is directly associated with the persistent and excessive use of alcohol. Impairment may involve psychological or social dysfunction. Alcoholism also is manifested as a type of drug dependence of pathological extent and pattern, which ordinarily interferes seriously with the patient's mental and physical health and his adaptation to his environment.*

- B. *What the Bible says*** - While this all may be true, we must reject an extreme application of the "medical model." Through it, some would imply that the individual didn't have a choice in the matter and was somehow not responsible for the choices that led to his condition of addiction. Because real repentance is essential to re-establishing a relationship with God, it is dangerous to accept any approach that removes from an individual personal responsibility for his own actions. The process leading to full-blown addiction starts with the sin of drunkenness -- which is a moral choice even for those with a genetic predisposition. Being "genetically predisposed" to alcoholism refers, basically, to those individuals whose biological make-up causes them to progress more rapidly in the physiological aspects of the addictive process. The Bible is quite clear about the fact that choosing habitual sin eventually results in slavery or bondage. Actually, the Bible says the sin of "drunkenness" prohibits those who practice it from entrance into the Kingdom of God (Galatians 5:19-21)
- C. *Scriptural terminology***- The Greek word "bondage" (*douleia*) is a very appropriate Biblical term that sums up the condition of addiction to alcohol and drugs. It is used extensively in scripture portions like Romans 6, and translated "servants to" and "slaves of." This term carries with it the connotation of a condition that, while it may have begun through personal choices, results in a state that supersedes the free will. Just as the slave in Bible times could not break free of his state of bondage, which may have resulted from indebtedness due to his own choices, so is the addict bound in a condition that he will not escape on his own power.
- D. *Don't minimize the problem!*** - This bondage has dramatic and lasting effects on people who suffer from it. Life-consuming sin has an impact on the total person. As Christian counselors, we know that God's power is able to deliver individuals from the compulsion to drink, and to set them free from the emotional, psychological, social, spiritual, and physical consequences of an alcoholic lifestyle. Yet, we must never forget that enslavement to drugs or alcohol goes far beyond a simple habit. After an addict is saved and stopped using mood-altering chemicals, he must work through a special set of problems that are the "fall-out" or on-going consequences of the addicted lifestyle upon the individual and his primary relationships. Usually, without the proper help, the addict will either fall back into use of alcohol and drugs or will transfer his addiction to some other compulsive behavior. Combining insights from the secular research into these dynamics of the problem of addiction with scriptural principles will equip us to effectively help addicts and their families.

3. Isn't the "drunkard" the same person as the addict or alcoholic?

- A. *The spiritual perspective*** - According to the Bible, anyone who becomes intoxicated on a regular basis is a "drunkard." Therefore, alcoholics and addicts who are actively using their "drug of choice" are "drunkards." Still, we must not confuse our

terminology. "Drunkenness" is a term that refers to activities with definite spiritual and moral implications. Galatians 5:19-21 labels drunkenness as a sin, a real moral choice that will keep the offender from inheriting the Kingdom of God. But, an individual can be an addict or alcoholic without being a drunkard. The regular "social drinker," for instance, can still be a drunkard, without being caught up in the web of compulsive alcohol or drug use that characterizes addiction.

B. *The therapeutic perspective* - Repeated drunkenness is where addiction begins. But, once addiction sets in, we are talking about something very different. Addiction, alcoholism, and chemical dependency are therapeutic terms use to describe this compulsive, life-dominating disorder. Its primary characteristic is the loss of control (or condition of "powerlessness") over the drug of choice.

4. What about those who say, "Once an alcoholic, always an alcoholic?"

A. *Release from compulsion is a reality* - Those who react negatively to this phrase usually interpret it to mean that an addicted individual is condemned to live under the constant danger of slipping into drunkenness against his own will. This, of course, would be a definite denial of God's power to change the addict and empower him to live a victorious life. The truth is that many believers do testify of an experience where the power of the Spirit of God actually lifted the compulsive desire to use alcohol and drugs from them. We must be mindful of the fact that, once this occurs, the newly reborn addict still must contend with all the lingering consequences of this life of bondage.

B. *The physical dimension of addiction* - When an addict is delivered from the compulsion to drink, he is no longer a "drunkard" in the spiritual sense. Yet, he is still a recovering alcoholic or addict in the therapeutic sense. On a physiological level, he will always be "sensitized" to alcohol. Alcohol use can "activate" the chemical mechanisms of addiction leading to compulsive drinking and behavior. Total abstinence, therefore, is a must. This physical aspect of addiction will remain with the recovering person until he is glorified by the Lord and receives his new body. With the acknowledgment of this fact, the recovering person will be all the more diligent to abstain from drinking or casual drug use. He or she recognizes the dire consequences of even "moderate" alcohol or drug use. If the recovering addict remains abstinent, this physical consequence of addiction will not otherwise effect his life and Christian walk.

C. *Overcoming the "fall-out" of addiction* - A life of addiction results in destructive attitudes, distorted emotions, and warped patterns of thinking. These do not simply disappear when an addict experiences spiritual rebirth. Calling a person a "recovering" addict or alcoholic also implies that he or she is actively overcoming the lingering problems of an addicted lifestyle through involvement in a definite program of personal growth. Some of the deep-seated attitudes that keep an addict locked in his addiction include; pride and grandiosity, rebellion against authority, dishonesty, manipulation, blame-shifting, resentments, procrastination, etc. While these "character defects" are common problems with practically all addicts, unless they are "hit head-on" they will lead to defeat.

5. **If addicts do have a genuine experience of salvation, why do they need further counseling?**

- A. *The difference between "abstinence" and recovery*** - Actually quitting the active use of alcohol and drugs can be quite easy compared to the really big challenge of developing a new, healthy chemical-free lifestyle. Addiction-specific counseling and other therapeutic activities are usually necessary to help individuals to overcome the deep and destructive consequences of alcoholism and addiction to other drugs. Without the right sort of help, addicts will inevitably fall back into active use of chemicals or will become involved in some other compulsive behavior to deal with life stresses and the unresolved difficulties that work against a healthy recovery.
- B. *Recovery and the "sinful nature"***- The Bible makes a case for the fact that the sinful nature, though crucified, still exerts an influence on the believer that is not always that apparent. The entire "world view" of the addict has been shaped by the addictive process. In essence, these are the elements of his "sinful nature," or "flesh," with which he will struggle with as long as he remains in this world. These can eventually rise up and cause him defeat. Addicts need the help of informed counselors who, through a process of intensive discipleship, will teach them to be "transformed by the renewing of their minds" (Romans 12:2) and learn how to "walk in the Spirit that they might not fulfill the desires of the flesh." (Galatians 5:16)
- C. *The problem of denial*** - Jesus said, "The truth will make you free." (John 8:32) This has a special application to the dangerous stumbling block of denial that every addict must overcome. If not, he is certain to stumble in his Christian life and eventually relapse into active use of drugs or alcohol. What did Solomon mean when he said, "All a man's ways are right in his own eyes, but the Lord weighs the spirits?" So often, to us, everything seems fine, but underneath the surface God sees something totally different. The Bible makes it so clear that man has a fearful ability to become self-deceived. Nowhere do we see this illustrated more powerfully than in the area of addiction! In order for addicts to live the abundant life, usually they need the help of knowledgeable counselors who can help them to break through their denial.

6. **Does the concept of "recovery" (which implies an on-going process) contradict the spiritual truth of becoming a "new creation" in Christ?**

- A. *"Recovery" is in the Bible*** - The term "recover" actually does appear in the Bible in 2 Timothy 2:26. The Greek word used there, "ananepho" actually means to "return to a state of soberness, as from a state of delirium or drunkenness." (Expository Dictionary of New Testament Words, W. E. Vine, pg. 263).
- B. *Recovery is sanctification*** - Using the concept of recovery emphasizes the fact that it is a process, and not something that happens in an instant. This is just how the Bible refers to sanctification -- the continuing process of growth into the image of Christ. In Romans 12:2, the Apostle Paul refers to sanctification as a process. In this passage the word translated "transformed" is in the Greek present passive indicative tense, which implies an on-going activity, rather than a one time act. Paul, then, exhorts believers to actively and consciously engage in an on-going process of separation from their old sinful way of life and to increasingly set themselves apart to God through a continual renewal of their minds.

- C. *Recovery is an on-going process of "yielding"*** - In Romans 6:19, Paul shows how the yielding of our bodies to sin results in ever increasing wickedness and uncleanness. In secular terms, this is very analogous to the charts that illustrate the passage of the addict through the increasingly destructive phases of alcoholism. Later in the same chapter, Paul explains how, through the experience of becoming born again and walking in the newness of life in Christ enables us to become "slaves of righteousness." Therefore, he urges believers to present the members of their bodies as "servants of righteousness unto holiness." (KJV) The Greek word used here is "hagiasmos," translated "sanctification" in many other passages.

7. How do "support groups" help the struggling addict?

- A. *Christian "support groups" are not a new idea*** John Wesley's "Rules for Small Groups," written in 1816, is an outline that embodies "the Method" from which the name "Methodist" came. This method resulted in one of the greatest revivals the world has ever known. Believers gathered together in small groups, sharing honestly, becoming accountable to one another, asking probing questions, praying for one another with a deep knowledge of their mutual needs and struggles. Any believer can benefit from this type of gathering. It can be a tremendously healing and encouraging experience for those in recovery.
- B. *Benefits of participating in support groups*** - Ideally, a good support group is, first, a place where recovering addicts will find true acceptance and a sense of what unconditional love is all about. It is a safe, non-judgmental setting where they can express struggles, thoughts, ideas, and feelings without fear of rejection. Hearing the stories of others with similar difficulties and how they overcame them, gives the struggling addict great encouragement to go on in a life of sobriety. Healthy support groups can provide a sort of "family" atmosphere that stimulates the hope for a better life in all involved. Because addiction wreaks havoc upon an individual's relationships with others, a good support group is a wonderful place for recovering addicts to begin the difficult and painful process of re-connecting with other people.
- C. *Identifying a good support group*** - Overcoming the lingering affects of addiction and moving into the fullness of the abundant life is an involved, long-term process. Fortunately, in recent years we have witnessed the growth of Christian support groups. Those who use the Twelve Steps originally developed by Alcoholics Anonymous seem to be the most effective. In many ways, support groups are like churches -- all are not the same. Some are very closed and even hostile toward Christianity. Others are very open. Actually, there are even many AA groups meeting throughout the country that even call themselves "Christian AA groups." Before people from mission programs attend a particular AA meeting or other support group, a staff person should make one or two personal visits to the meetings. A list of approved meetings that program participants are encouraged to attend should be developed. When a support group will be meeting at the rescue mission, it is important for the director to meet personally with those who will provide leadership for the group. It is critical that he have confidence in the maturity, sobriety, and spiritual commitment of the group's leaders. It is also important to set down guidelines for conducting the group in the mission facility well before the meetings begin.

8. Is it proper to use the Twelve Steps, AA meetings, and AA literature in rescue mission programs?

- A. *AA's beginnings*** - The Twelve Steps of Alcoholics Anonymous are basically a reliable and orderly approach to recovery from alcoholism and other forms of addiction. While Bill Wilson, the original author of the Steps, may not have been a born again believer himself, both he and Dr. Bob Smith did have vital relationships with people who were sold-out Bible-believing Christians. One of the prominent individuals (for whom Bill Wilson had great respect) was Rev. Samuel Shoemaker, one of the greatest evangelists of the early twentieth century. Some of the people involved in the beginnings of AA had come to Christ through a New York City rescue mission founded by Shoemaker. Also, through a fellowship movement called the Oxford Groups, they were both involved with a number of sincere Christians.

In developing the AA program, they borrowed from many different sources, including Biblical Christianity. The 12 Steps evolved out of six steps originally developed in the Oxford Groups. Their six steps were definitely Christian, as was the first version of the 12 Steps that were intended by Bill W. to be a more expanded outline of the progressive actions that lead to a new and changed life. It was only later, after sharing his first draft of the 12 Steps with some of the other early AA's, that the more overtly "religious" statements were edited out. We should not judge AA with the same standards by which we might judge a group that claims to be a Christian organization. It was never meant to be a Christian group, although there were some people involved in the beginning who would have wanted it to be. We might note that, even today, AA (practiced properly) does encourage people to get spiritual instruction and fellowship from the Church and other organized religious bodies outside of itself.

- B. *The Twelve Steps and the Bible*** - Still, the main issue is, just how do the 12 Steps stand up to the standards of the Word of God? If we approach them with the premise that our God is He who has revealed Himself in Jesus Christ, there is nothing in the 12 Steps that directly contradicts the Scriptures. They consist of the following; admission of personal defeat, brokenness, turning one's life and will over to the care of God, confession, restitution, acquiring the spiritual disciplines of prayer and personal devotions, and a desire to reach out to others. If every man in our rescue mission programs practiced these things on a consistent basis, we would rejoice! The 12 Steps are simply an orderly way to apply the scriptural principles they espouse. They have a natural progression in them that can serve as an outline of discipleship that fits the unique needs of the addict. Additionally, many men who enter mission recovery programs do have some prior exposure to the 12 Steps, usually through previous treatment or counseling or through attending AA meetings. This gives us something to build upon -- using the 12 Steps as a vehicle to lead them into deeper spiritual truths.

9. Why should addicts avoid new relationships with members of the opposite sex in the first year of recovery?

- A. *Avoid losing the focus on personal issues*** - For addicts, real lasting change occurs only after a long and often painful process of self discovery. This involves understanding their own addictive behaviors, repressed emotions, and destructive

thought patterns. However, their denial uses the feelings and behaviors of others to avoid facing their own pain and dishonesty and from assuming responsibility for their controlling and shame-producing actions. Introducing a romantic relationship, with an intense focus on the other person, too early in recovery inevitably "short-circuits" the important process of reconnecting with self and learning to become responsible for one's own feelings and behavior.

- B. *Avoid the illusions and dishonesty of infatuation*** - The beginning phase of recovery is always a very emotional and painful time. Still, all this pain can be an important motivator for recovery, providing great incentive to take the difficult steps necessary for real change to occur. However, "falling in love" (and taking the focus off self) can easily create a false sense of well-being. In the "scary," unfamiliar, and often painful time of early recovery, becoming "special" to a person of the opposite sex is a tremendous ego booster. For addicts, this can create the illusion of being much farther long in the process of recovery than they really are. Additionally, the commitment to "rigorous honesty" is usually forsaken as they strive to make the best possible impression to win the affections of the other person.
- C. *Avoid relapse from the stress of codependency*** - One definition of codependency is simply using other people to create good feelings within ourselves. People in early recovery can easily transfer their dependency on alcohol and drugs to dependency on another person. Until they understand the issues related to their own codependency, they are certain to fall right into old dishonest and unhealthy ways of relating. By itself, the stress of early recovery often results in relapse. Using inadequate and unhealthy relationship skills to deal with a person of the opposite sex is certain to create frustration and even more stress. The likelihood of using drugs and alcohol is sure to increase because this is the way the addict has always attempted to manage difficult emotions.
- D. *Avoid the sex trap*** - Addicts in early recovery are especially vulnerable to sexual temptation. If they get into a romantic relationship too early, they are virtually guaranteed to fail in this area. They become involved in sexual activity because they simply do not know how to relate in a truly intimate way with the opposite sex and suffer from a serious lack of self control. Additionally, to most addicts, sex is just like another "drug." The altered state of consciousness it creates can give hurting people a false sense of well-being and ease feelings of pain and insecurity. Failure in this area can be extremely devastating to a new Christian, causing a tremendous sense of defeat and discouragement. And, if they do not repent of sexual failure, the result is a serious state of dishonesty that totally derails the recovery process.
- E. *Avoid "enablers" and "fixers"*** - Those who are romantically attracted to individuals whom they know are in recovery programs usually have serious problems with codependency in their own lives. People who are "enablers" and "fixers" are actually attracted to troubled people of the opposite sex. Additionally, since these individuals are in denial about their own need for recovery, they usually put pressure on addicts to leave programs prematurely, convincing them that they are not "that bad" or that all they need is a good partner to get better."
- F. *Avoid cutting off relationships with others in recovery*** - Because addicts have used people to create good feelings within themselves, all of their relationships, especially

romantic ones, have been completely self-centered. Therefore, one of the most important phases of early recovery is learning to relate to others of both sexes on an honest, non-romantic and intimate level. This can be a tremendously healing experience. However, becoming entangled in an "exclusive" relationship is certain to circumvent this process. The result is missing out on the blessing of positive and meaningful relationships with other recovering people in mutual honesty and self-revelation.

10. What steps must be taken to comply with federal and state laws regarding the payment of the minimum wage when recovery program participants do work in the rescue mission?

- A. *The work must be therapeutic*** - Too often, the lines have been blurred between mission employees and clients (beneficiaries). The most effective means of clarifying these lines is having a well-documented recovery program in place that uses a written recovery plan that lists the work performed by the client as being rehabilitative in nature. There is no problem in giving some stipend to program participants who perform work as part of their recovery program. If this is done, it is important to avoid the use of the terms "staff" and "wages" or any other terminology that could imply an employee/employer relationship. Instead, call this stipend a "sustenance allowance" or "gift." In the initial intake session, clients should sign an agreement indicating that they understand that some hours of work will be a part of their recovery program, but that this is a part of their rehabilitation and not establishing an employee/employer relationship for which they will receive wages.
- B. *Stipend amounts and level of participation in program activities must be equal for all clients*** - It is acceptable to offer differing amounts for stipends during different phases of the program as a form of incentive. But, it is critical that all clients in the same phase receive the same amount - regardless of actual hours worked. Also, regardless of what "job" a client has been assigned, he must not be exempt from participating in the same activities required of others at the same level or phase of the recovery program. Tying compensation to hours worked or exempting certain individuals from fully participating in the program's recovery-oriented activities may give the appearance of establishing an employee/employer relationship.
- C. *"Key" positions are best filled by employees*** - It is very tempting to "missionize" talented people by keeping them "in the program" indefinitely. A better arrangement is to fill important positions (cooks, drivers, etc.) with individuals in a latter phase of a program who become actual temporary employees of the mission. These individuals will naturally be more stable and dependable. Minimum wage requirements may be met by combining cash payments with the established "fair market" value of the housing and meals that are provided. In most cases, the mission is then only responsible for the FICA withholding and matching payments, since non-cash compensation is usually not subject to state and federal employment taxes. Not only will this arrangement reward those who are doing well in their recovery, it also assists them to begin re-establishing an employment record.

11. What is the proper use of drug and alcohol testing in a mission program?

- A. *Not the only means of maintaining a drug free mission*** - While it is of utmost importance that a recovery program be kept "drug free," it is especially cruel to use drug testing as a means of enforcing abstinence if there are no other active programs to support people in pursuit of a life of sobriety. Doing this is truly setting addicts up to fail. Testing can be most useful when there is an on-going program of recovery-oriented activities in place. Even then, drug testing should be a rare practice for the recovery program.
- B. *Generally, it is best conducted when there is a good reason to suspect that use of drugs or alcohol has occurred*** - There may be some situations where routine drug testing of every program resident should be conducted. One instance might be when a client returns from a weekend or longer period away from the program. However, over-testing can actually work against developing an atmosphere of trust among the staff and clients. If we are operating a program where there is a systematic monitoring of the clients' progress, there will usually be indicators of problems before the actual use occurs. Relapse is a process -- no one is working a solid program of recovery one day and drunk the next.
- C. *To maintain a commitment to "rigorous honesty"*** - An atmosphere of truthfulness is the most necessary ingredient for a successful rescue mission recovery program. The first requirement for entering into the program must be a sincere desire to become free of mind-altering substances. This means that those who "get high" will be immediately expelled from the program. The knowledge that program participants who are suspected of using them will be tested is an "insurance policy" that lets all involved know that they will be held to their word concerning a commitment to recovery. Those involved in the program with a sincere desire for a new life can be reassured that their efforts toward recovery will not be undermined by disruptive, uncommitted, and dishonest people, whose use of drugs or alcohol will be discovered.
- D. *To provide predictable consequences for using*** - Consequences are the addict's salvation! In other words, people continue to abuse alcohol and drugs as long as they feel the benefits outweigh the costs. It must be clearly understood by all who enter the recovery program that any use of alcohol or drugs results in expulsion from the program. They must also understand that this consequence is applied equally to all program participants -- no exceptions. This could be followed by a demotion to "transient" status or referral to another facility. Usually, after 30 days, the client can be reassessed for reentry to the program. The consistent application of this policy will actually promote a commitment to sobriety among program participants. If it is not followed through with consistently, staff members will be accused of favoritism or the program participants will assume that the staff does not take the use of alcohol and drugs seriously. The worst possible situation is to give them the impression that everyone has at least one drunk "in the bank." We can be assured that they will use it!

NOTE: Roche Diagnostic Systems offers a special 35% discount to AGRM member ministries for their ONTRAK drug test kits and ON-SITE alcohol test kits. ONTRAK test kits are available for seven different drugs, including cocaine, marijuana, morphine, and barbituates. Call (800) 526-1247 for more information in the US and (905) 542-5555 in Canada.

Prices are: 100 test kit	\$225.00	ONTRAK
50 test kit	\$130.00	ONTRAK
50 test kit	\$110.00	ON-SITE

12. How do we properly cope with the emotional distress that some staff members experience when called upon to dismiss mission residents for violating program rules?

- A. *The Principle of "Tough Love"*** - One of the keys to overcoming staff difficulties in this area is educating them in the important principles of "tough love." While it can be extremely difficult to dismiss certain people from a program, we really are doing what is best for them. For those in denial about their problems, consequences can be their salvation! People continue to abuse alcohol and drugs (and persist in dysfunctional behaviors) as long as they feel the benefits outweigh the costs.

Additionally, being dismissed can often serve as an important learning experience. Such people may return to the mission with a much better attitude, having had a chance to get a hard look at the pain and destruction in their old environments. Someone once said, "It's hard to go back to digging around in the garbage after you've been feasting at the King's table!"

At times, people may have more problems than a mission's facility and staff are equipped to handle. Except for this situation, there seems to be only one other reason for dismissing an individual from a mission program - *resistance*! One manifestation of resistance is a refusal to abide by expectations and rules to which they initially agreed when they first entered your facility or program. Keeping them around is both bad for them and unfair to those who do have a sincere desire for a new life.

Certainly, troubled people need a lot of love and compassion. Yet on the other hand, like Jesus, rescue mission staff members do need, at times, to confront people who are in sin and denial. Truth is always uncomfortable to the hard-hearted. People only recover when they learn to take responsibility (with God's help) for their own actions and lives. We cannot do this for them!

- B. *Protecting the Sincere Client*** - Another important principle to remember in the application of "tough love" is the need to protect those residents who are sincerely trying to change their lives from those who are not. Keeping hard-hearted and disruptive people around can be extremely discouraging to those individuals who are working hard at their own recovery. It can be truly amazing to sense the dramatic change in the atmosphere of a program when one or two disruptive individuals are removed. Sincere people can be further motivated and reassured if they know that their efforts toward recovery will not be undermined by disruptive, uncommitted, and dishonest people.

- C. *Consistent Application of Program Rules and Expectations*** - It is extremely difficult for a staff member to dismiss a resident for a rules infraction that another resident has gotten away with. No one wants to play the "bad guy." To prevent this

situation, whatever rules a mission staff establishes must be applied equitably to all who stay at the facility. Furthermore, "bending the rules" leads people to conclude that the ministry's staff members are not serious about enforcing any of them. "Playing favorites" by exempting certain individuals from your established rules will certainly lead to resentment toward staff members and their "pets" by other residents in the facility. It is also especially important that staff members are supported by their superiors who are not constantly over-ruling their disciplinary decisions. If there is a disagreement between staff members about such an issue, it must never be discussed in the presence of a resident. Forgetting this will certainly undermine the authority of the staff member in the eyes of the residents, rendering him ineffective in disciplinary matters.

The most important element for successful application of program rules and expectations is a formal intake session for every individual before actually moving into the mission's facility. At this meeting, the rules and expectations that are conditions of staying at the facility must be clearly discussed with prospective residents. The best policy is to require them to sign a formal contract agreeing to abide by your expectations. This way, with everything explained at the very beginning of their stay, staff members will not be accused of "making up rules along the way." It also means that residents cannot say, "I didn't know about that rule."

- D. *The Principle of Good Stewardship*** - Mission staff members must be assured that, if a mission has limited space, they must practice the best possible stewardship of the resources God has entrusted to them. This involves, at times, a commitment to not allowing their time and resources to be wasted on people who are closed and resistant to what they have to offer. They must avoid turning away people they can work with because space is being taken up by those who are hard-hearted and resistant. Good stewardship can mean working with a smaller number of sincere people, rather than filling up their facilities with people who use and abuse often limited resources and have no desire to change their lives.
- E. *Internal Struggles of Staff Members*** - When staff members are struggling with their own codependency-related problems, it can be very difficult for them to take disciplinary measures with program participants. Mission workers must be committed to being part of the solution and not a part of the problem. Their own unresolved issues will inevitably hinder their ability to minister effectively to others. It is only proper and fair to those they work with that staff member seek out the right sort of help for themselves. (The "Wounded Warriors" CD has more insights on this topic.)

Effective Support Groups

In effective recovery programs, there are three distinct types of group settings that, combined, provide clients with the personal insights, encouragement, and education that will equip them to live a fulfilled and sober life.

The unique characteristics of each type of group is illustrated in the following outline:

Class	Group Therapy	Support Group
Designated teacher	Staff facilitator	Informal leader
Lecture format a	Facilitated discussion format	Informal discussion in "round robin" format
Focus on teacher member's	Focus on facilitator	Focus on each individual needs and thoughts
Participants listen. shares Time may be provided for and participants' feedback is and questions.	Facilitator leads the discussion usually dwelling on the specific needs of one or two individuals	Each participant in turn. Others listen give feedback when it their time to share
Major Benefit: Learning practical principles that can be used in life situations shared Insights sharing	Major Benefit: Gaining personal insights through the input of a skilled group leader	Major Benefit: Acceptance, support, and encouragement from a group of individuals with a life experience. are gained through the non-threatening of others.

Hallmarks of an Effective Support Group

Involvement in a support group where individuals with similar struggles come together to share their experience, strength and hope with one another is an important step toward becoming reconnected with other people.

A healthy support group:

1. Protects the confidentiality of its participants by not disclosing what members share during the meetings to those outside of the group.
2. Avoids "cross talk" (interrupting out of turn) and offering unsolicited advice and counseling during the meeting.
3. Provides the recovering person with a combination of personal support and group accountability
4. Provides a format for honest sharing of personal thoughts and ideas
5. Is a safe and non-judgmental environment for the risky experience of exploring and verbalizing emotions
6. Supplements the entire recovery process, not the single focus or an end in itself
7. Communicates acceptance and freedom of expression without fear of rejection
8. Promotes an atmosphere of positive reinforcement and hopefulness
9. Maintains a "family" atmosphere into which each individual feels he/she can fit
10. Has mature, stable leadership, but is not controlled by one or a few dominant individuals
11. Has definite format for its meetings, not rambling, directionless discussions

John Wesley's Small Group Rules

In the early days of the Methodist Church, members were expected to agree to six common disciplines or "Rules" found in The Works of John Wesley (1816):

1. To meet once a week, at least.
2. To come together at the hour appointed, without some extraordinary reason.
3. To begin (those of us who are present) exactly at the hour, with singing or prayer.
4. To speak each of us in order, freely and plainly, the true state of our souls, with the faults we have committed in thought or deed and the temptations we have felt since our last meeting.
5. To end every meeting with prayer suited to the state of each person.
6. To desire some person among us to speak his own state first, and then to ask the rest, in order, as many and as searching questions as may be, concerning their state, sins, and temptations.

Christian Support Groups

Listed below are Christian organizations with affiliated support groups meeting throughout the U.S. and Canada. A few have overseas affiliates. Write or call them for information about local meetings and information on their programs. Most use the Twelve Step format. There are numerous support groups meeting on a local level. Generally, these can be located by contacting a local Christian counselor or one of the larger churches in an area.

Alcoholics for Christ
1316 N. Campbell Road
Royal Oak, MI 48067
Michael O'Keefe, Director
(800) 441-7877

Alcoholics for Christ
P. O. Box 964
Poway, CA 92064
(619) 486-2320

ELEEO Ministries
1229 Rita Avenue
St. Charles, IL 60174
(708) 584-0460

Liontamers
1122 Ravenscrest
Santa Ana, CA 92705
(714) 832-6076

Overcomers Outreach
2290 W. Whittier Blvd., Ste. D
LaHabra, CA 90631
Bob & Pauline Bartosch
(800) 859-5979

The Florida Net
2600 Park Ave.
Titusville, FL 32780
(407) 269-6702
(407) 264-0757

Alcoholics Victorious
c/o Association of Gospel Rescue Missions
1045 Swift Street
Kansas City, MO 64116-4127
(800) 624-5156

Overcomers Groups
Box 366, RD 1
Bechtelsville, PA 19505
(215) 754-6446

Ephesians 5:18
966 Hungerford Drive, Suite 16-B
Rockville, MD 20850
(301) 242-971

Nat'l Association for Christian Recovery
P. O. Box 11095
Whittier, CA 90603
Dr. Dale Ryan, Director
(310) 697-6201

Overcomers, VTC
4905 North 96th Street
Omaha, NE 68134
Bill & Mary Fear, co-founders
(402) 397-3317

Christian Affiliated Network (CAN)
1201 Knoxville Street
San Diego, CA 92110-3718
(619) 275-5729

Michigan Alcohol Screening Test

The Michigan Alcohol Screening Test is a basic tool that can be used at intake to determine whether an individual has a problem with alcohol and/or drugs. It can also indicate the severity of the problem. The completed test should become a permanent part of the client's file.

The questions should be asked in an interview format -- not given to individuals to complete themselves. When applicable, substitute drugs for alcohol in the questions. The accuracy of the test depends upon the reliability of the responses given. Giving the test to the family members and close associates of the individual has proven to be 90% accurate. This can also be a tool that can be used to confront the addict's denial, especially if there are some significant discrepancies between what the individual says and the responses of family members.

Total scores for the MAST should be evaluated as follows:

0-5	Not diagnostic of an addict
5-7	Possible addiction
7-15	Early addiction
15-25	Moderate addiction
25 & over	Severe addiction

MAST Scoring Key

Item			
1. Yes	0	No	2
2. Yes	2	No	0
3. Yes	1	No	0
4. Yes	0	No	2
5. Yes	1	No	0
6. Yes	0	No	0
7. Yes	0	No	0
8. Yes	5	No	0
9. Yes	1	No	0
10. Yes	2	No	0
11. Yes	2	No	0
12. Yes	2	No	0
13. Yes	2	No	0
14. Yes	2	No	0
15. Yes	2	No	0
16. Yes	1	No	0
17. Yes	2	No	0
18. Yes	2	No	0
19. Yes	5	No	0
20. Yes	5	No	0
22. Yes	2	No	0
23. Yes	2	No	0
24. Yes	2	No	0

Michigan Alcohol Screening Test

Circle One

- | | | | |
|-----|--|-----|----|
| 1. | Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people). | Yes | No |
| 2. | Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening? | Yes | No |
| 3. | Does your wife, husband, parent, or other near relative every worry or complain about your drinking? | Yes | No |
| 4. | Can you stop drinking without a struggle after one or two drinks? | Yes | No |
| 5. | Do you ever feel guilty about your drinking? | Yes | No |
| 6. | Do friends or relatives think you are a normal drinker? | Yes | No |
| 7. | Are you able to stop drinking when you want to? | Yes | No |
| 8. | Have you ever attended a meeting of Alcoholics Anonymous? | Yes | No |
| 9. | Have you gotten into physical fights when drinking? | Yes | No |
| 10. | Has drinking ever created problems between you and your wife, husband, a parent, or other near relative? | Yes | No |
| 11. | Has your wife, husband, a parent, other near relative ever gone to anyone for help about your drinking? | Yes | No |
| 12. | Have you ever lost friends, girl friends or boy friends, because of your drinking? | Yes | No |
| 13. | Have you ever gotten into trouble at work because of your drinking? | Yes | No |
| 14. | Have you ever lost a job because of drinking? | Yes | No |
| 15. | Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? | Yes | No |
| 16. | Do you drink before noon often? | Yes | No |
| 17. | Have you ever been told you have liver trouble? Cirrhosis? | Yes | No |

- | | | | |
|-----|---|-----|----|
| 18. | After heavy drinking have you ever had delirium tremens (DTs) or severe shaking, or heard voices or seen things that weren't really there? | Yes | No |
| 19. | Have you ever gone to anyone for help about your drinking? | Yes | No |
| 20. | Have you ever been in a hospital because of drinking? | Yes | No |
| 21. | Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization? | Yes | No |
| 22. | Have you ever been at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem? | Yes | No |
| 23. | Have you ever been arrested for drunken driving under the influence of alcoholic beverages? | Yes | No |
| 24. | Have you ever been arrested, even for a few hours, because of other drunken behavior? | Yes | No |

Topical Index of Bible Verses for People in Recovery

Subject	Related Scriptures	
Action ("Walk what you talk")	1 Corinthians 4:20 Galatians 5:16-26 Ephesians 5:1,2 Romans 6:1-4	Ephesians 4:1-3 Ephesians 5:15-18 Isaiah 30:21
Anger/Resentment	James 1:19-20 Proverbs 20:22 Psalm 37:8-11 Matthew 5:21-26 Proverbs 22:24	Proverbs 19:11 Leviticus 19:18 Proverbs 15:1 1 Peter 3:8-18
Bitterness	Exodus 16:1-3 James 5:9 Ephesians 4:31-32 Hebrews 12:14-15	Proverbs 10:12 1 John 2:9-11 Matthew 7:1-5
Blame	Genesis 3:9-15 Exodus 32:19-24 1 Samuel 13:11-14 1 Samuel 15:16-23	Luke 14:15-24 Romans 1:20 Jeremiah 1:6,7
Courage	Psalm 143:5-10 John 16:33 Psalm 27:14 Psalm 28:6-9 Ephesians 6:10-17	Philippians 1:27,28 Psalm 46:1,2 Psalm 91 Psalm 118:5-7 Psalm 34:1,2
Dependence Upon God	2 Chronicles 20:6-12 Psalm 127:1 Jeremiah 10:23,24 Deuteronomy 33:27	John 15:5 2 Corinthians 3:4,5 Psalm 139:1-5 Proverbs 3:5,6
Discouragement	Hebrews 12:12-15 Revelation 21:3,4 2 Corinthians 4:15-18 Psalm 61:1-5	Hebrews 12:3,4 Psalm 4:1-7 Psalm 42:4-11 Psalm 73:26
"Easy Does It"	Ecclesiastes 7:8,9 Romans 12:12 James 1:2-4 Psalm 94:19	Titus 2:2 Hebrews 10:36 James 5:7

Subject**Related Scriptures**

Faith

Matthew 6:30
Matthew 8:23-27
Mark 11:24,25
James 1:5-8
1 Peter 1:7-9

Mark 9:14-24
Romans 5:1,2
1 Peter 5:7
Romans 4:18-25
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Fear

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Psalm 46:1-3
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Psalm 32:7

Freedom

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Psalm 116:16
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Romans 7:21-25
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Forgiveness

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Philippians 3:13,14
Isaiah 43:2,26
Ephesians 1:6-9

Friendship With God

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Proverbs 18:24
John 15:13,14
Exodus 33:1

James 4:4-10
Psalm 25:14
Job 16:20-22
Hebrews 13: 5,6

Guilt

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Isaiah 53:6
James 2:10
Galatians 3:21,22

Psalms 51:11-15
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Romans 3:23,24
Romans 5:8,9

Gratitude

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Psalm 9:11,12
Luke 15:11-32

Psalms 106:1,2
Psalm 107:1,2
1 Peter 2:9,10
Colossians 3:15

Subject	Related Scriptures	
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"Let Go & Let God"	2 Corinthians 1:9 Psalm 33:18-22 Psalm 42:9-11 James 4:10	Psalms 46:1,2 Psalm 39:1-7 Jeremiah 17:7,8
Loneliness	Psalms 68:6 Psalm 146:1-10 21 John 1:7 Matthew 28:18-20	Ecclesiastes 4:9,10 1 Peter 3:8 Psalm 31:20-22

Subject**Related Scriptures**

"Live & Let Live"

Luke 10: 38-42
Matthew 7:1-5
Romans 2:1
1 Corinthians 4:5
1Cor 2:11

1 Thessalonians 4:11
Romans 14:4
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Overcoming

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2 Tim 3:14-17
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1 John 5:1-5

Romans 12:21
John 8:30-32
Nahum 1:7
Isaiah 40:28-31

Subject	Related Scriptures	
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Subject**Related Scriptures**

Relapse/"Slips"

Psalm 26:12
1 Peter 1:14-16
Romans 6:1-4
Psalm 71:20,21
Psalm 119:105
James 4:6-10
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Deuteronomy 29:6
Mark 8:34-38
Romans 8:30-32
Hebrews 12:12-15
Ephesians 4:17-32
Ephesians 5:6-11
Galatians 5:16-26

Ephesians 4:1-7
Isaiah 43:12
1 Peter 2:9,10
1 Peter 2:10
Philippians 3:13,14
Psalm 116:1-9
Romans 13:12-14
Philippians 1:6

Religion

Deuteronomy 10:12,13
Ecclesiastes 12:13
Mark 12:28-34

James 1:26,27
Hosea 6:6
Romans 13:8-10

Serenity/Peace

Matthew 5:6-10
Psalm 5:11
Jeremiah 15:16
1 Peter 1:8,9
Psalm 146:3-6

Isaiah 26:3
Colossians 3:15
John 15:9-12
1 Peter 3:11
Philippians 4:4-7

Stumbling Blocks

Ephesians 5:3-9
1 John 5:18-21
1 Peter 2:7,8

1 Corinthians 10:3-12
1 Corinthians 8:9
Ephesians 5:1-9

Temptation

Hebrews 4:12-16
James 1:2-8
1 Corinthians 10:13
James 1:12-18
Proverbs 4:14-19
Romans 6:12-14
Luke 17:1-4

Matthew 26:41
Hebrews 2:14-18
2 Thessalonians 3:1-5
James 4:4-10
Ephesians 6:10-17
1 Peter 5:8,9

Vengeance

Proverbs 20:22
Proverbs 24:28,29
Romans 12:14-21

Leviticus 19:18
Matthew 5:38,39
1 Peter 3:9

Subject**Related Scriptures**

Will of God	Psalm 40:6-8	Ephesians 6:6,7
	Psalm 143:5-11	James 4:13-17
	Matthew 6:31-34	2 Peter 1:5-8
	Matthew 26:41,42	Romans 8:28
	Proverbs 16:1	John 6:25-29
	Romans 12:1,2	
Willingness	Isaiah 1:18,19	Psalm 51:10-12
	1 Chronicles 28:9	Philippians 2:13
	2 Corinthians 8:10-12	Romans 12:1,2
Wisdom	Proverbs 2:1-9	Job 28:28
	Psalm 111:10	James 1:-7
	James 3:17-18	Proverbs 4:7-9
	Hosea 14:9	Colossians 3:16,17
	Matthew 7:24-29	Ecclesiastes 7:11,12
	2 Tim 3:14-17	

Suggested Uses for Recovery-related Bible Verses

1. Group therapy sessions based on these topics
2. Daily group devotional topics
3. Scripture memory assignments for program participants.
4. Written assignments on the topics, asking program participants to explain how the verses relate to their personal efforts toward recovery.
5. Topics for support group meetings

(Scriptures compiled by Chaplain Hal Simmons, Addictions Anonymous Ministry, Englewood, CO)

Suggested Resources for Recovery Programs & Substance Abuse Counseling

A. Books Written by Christian Authors (* denotes those items available from the AGRM)

1. ***Dying for a Drink***,* Dr. Anderson Spickard and Barbara Thompson, Word Books, Waco, TX, 1985

A basic introduction to alcoholism and its effects on the family written by a Christian physician.

2. ***Facing Codependency***, Keith Miller, Pia Mellody, and Andrea Wells Miller, Harper & Row, San Francisco, CA, 1989

A Christian primer on codependency and setting appropriate personal boundaries.

3. ***From Bondage to Bonding***, Nancy Groom, NavPress, Colorado Springs, CO, 1991

A guide to escaping codependency and embracing Biblical love. A workbook version of the book is also available that includes twenty four sessions for group studies.

4. ***God is for the Alcoholic*** * (newly revised version), Jerry Dunn and Bernard Palmer, Moody Press, Chicago, IL 1989

The "classic" book on the Christian approach to alcoholism written by a past president of the AGRM.

5. ***Good News for the Chemically Dependent (and Those Who Love Them)***,* Jeff VanVonderen, Thomas Nelson Publishers, Nashville, TN, 1991

This recently revised edition is a thorough treatment of the addictive process and the way out for both individuals and families written by a well-known Christian counselor and lecturer.

6. ***A Hunger For Healing***, J. Keith Miller, Harper/Collins, San Francisco, CA, 1991
(Distributed by NavPress, the publishing ministry of the Navigators.

Keith Miller shows how the Twelve Steps developed by Alcoholics Anonymous provide a classic model for Christian spiritual growth. He also relates how these steps are based on scriptural principles for healing - such as confession, repentance, and prayer - which have existed in the church for centuries.

NAVPress offers a special 60% discount to AGRM members on the excellent video series based on this book, consisting of twelve half hour programs with Keith Miller. For more information or to order call: (800) 955-4432. Mention offer #1366.

For a free NavPress catalog call (800) 366-7788 in the US or (416) 499-4615 in Canada.)

7. ***Life Recovery Bible***, Stephen Arterburn and David Stoop, editors, Tyndale House Publishers, Wheaton, IL 1992

A specially annotated version of the entire Living Bible containing extensive supportive readings to aid in recovery. Included are introductory outlines to each book "Twelve Step," "Recovery Principle," and "Serenity Prayer" devotional reading plans, and "Recovery Profiles" illustrating the principles of recovery in action in the lives of over sixty Biblical characters.

8. ***Released from Shame***, * Dr. Sandra Wilson, InterVarsity Press, Downer's Grove, IL, 1990

This book outlines the healing process for people from dysfunctional and abusive family systems.

9. ***Serenity, A Companion for Twelve Step Recovery***, * Dr. Robert Hemfelt and Dr. Richard Fowler, Thomas Nelson Publishers, Nashville, TN, 1990

A complete New Testament with Psalms and Proverbs with comments and highlighted scriptures dealing with each of the Steps.

10. ***Tired of Trying to Measure Up***,* Jeff VanVonderen, Bethany House Publishers, Minneapolis, MN, 1989

A look at the destructive effects of shame on the individual from a Christian perspective.

11. ***The Twelve Steps for Christians from Addictive and Other Dysfunctional Families**** (Based on Biblical Teachings), Friends in Recovery, Recovery Publications, San Diego, CA, 1988

A basic introduction to the use of the Twelve Steps in a Christian context.

Call: (800) 873-8384 for other titles offered by Recovery Publications.

12. ***Psychological Publications, Inc. Catalog***, 290 Conejo Ridge Ave., Thousand Oaks, Suite 100, CA 91351 For a free copy call: 1-800-345-TEST.

Along with materials related to their widely-used *Taylor-Johnson Temperament Analysis*, the Psychological Publications, Inc. catalog is a resource for several other psychological tests, including the *Myers-Briggs Type Indicator*, and Christian books dealing with various areas of counseling.

13. ***National Association for Christian Recovery***, P. O. Box 11095, Whittier, CA 90603 For information call (310) 697-6201

An association dedicated to the integration of Biblical principles and recovery issues. The NACR is an excellent source for the latest information on Christian recovery-oriented materials and training, as well as for locating local support groups. They hold an annual convention and publish a quarterly newsletter and the magazine *Steps*.

B. Books Not Written by Christian Authors

Note: Though not written from a specifically Christian perspective, the following books do contain much useful information and are worthy of careful study. Because they are written by secular authors, the AGRM does not necessarily endorse all the ideas contained in them.

1. ***Alcoholics Anonymous*** and ***Twelve Steps and Twelve Traditions***, AA World Services, New York, NY, 1979 & 1981

The basic "textbooks" of Alcoholics Anonymous. For a free A.A. World Services catalog call (212) 870-3400.

2. ***Codependent No More***, Melody Beattie, Hazelden/Harper Collins, New York, NY, 1987

An excellent introduction to helping those affected by the family dynamics of addiction.

3. ***Fundamentals of Substance Abuse Counseling***

This manual was developed by the Specialty Program in Alcohol and Drug Abuse at Western Michigan University as a self-study text for the first level of testing for the Certified Addictions Counselor credential. Topics covered include; basic information on substance abuse, introduction to the treatment process, and counseling procedures. A truly excellent resource for the price! Send a check for \$10.00 to Michigan Substance Abuse and Traffic Safety Information (MSATSIC), 2409 East Michigan Avenue, Lansing, MI 48912-4019 or phone (517) 482-9902 for more information.

4. ***Passages Through Recovery, An Action Plan for Preventing Relapse***, Terence T. Gorski, Hazelden, Center City, MN, 1989

An extremely important and useful book that outlines the various stages of recovery from addiction. It contains practical advice to help the addict through the critical struggles that mark each stage. This book contains several questionnaires and forms that can be used in mission recovery programs, and will give the reader a comprehensive introduction to the treatment process. Must reading for the Christian counselor who works with people addicted to drugs and alcohol!

5. ***Hazelden Educational Materials Catalog***, P. O. Box 11, Center City, MN 55012-9900

Probably the most comprehensive source of books, CDs, videos, and training opportunities for people in recovery, educators, and substance abuse counselors. Call (800) 328-9000 for a free copy.

C. **Resources for Bible Studies, Christian Growth, and Discipleship Classes**

1. ***The Lost Art of Disciple Making***, LeRoy Eims, Zondervan/NAVPress, Grand Rapids, MI 1978

A comprehensive overview of the "art" of making true disciples out of converts. This book contains a very practical outline called the "Training Objectives for a Disciple" that can easily be utilized as a model for the Christian growth dynamic of a rescue mission recovery program.

2. ***The Calvary Road***, Roy Hession, Christian Literature Crusade, Ft. Washington, PA, 1950

This easy-to-read classic on the topic of revival is a wonderful tool for teaching the basics of Christian living. In it, Roy Hession discusses many practical insights and simple principles that lead to a growing relationship with God and a close walk with others. (worksheets for use with this book are available from the AGRM Education Dept.)

- 3, **"Relating to the Opposite Sex"** (10-part video series), Dean Sherman of Youth With A Mission

Dean Sherman combines keen insight with humor as he gives practical, Biblical guidelines for pure, godly relationships. This is an important resource to give recovering people the information they need to reject worldly ideas of sexuality in order to form a truly Christian philosophy of relating to the opposite sex.

4. **"Spiritual Warfare"** (8-part video series), Dean Sherman of Youth With A Mission

A basic introduction to the spiritual realm as it affects the daily life of the believer. A primary focus of this video series is identifying the ploys of Satan and the Christian's spiritual weapons against him.

Both of the video CD sets listed above are produced by Last Days Ministries, P. O. Box 40, Lindale, TX 77571. For more information call: (903) 963-8678. (worksheets for use with these videos are also available from the AGRM Education Dept.)

5. ***Group Studies for New Christians***, Teen Challenge Curriculum, P. O. Box 1015, Springfield, MO 65801. Call (417) 862-6969 for more information

A series of fourteen group studies dealing with the basics of Christian growth. Included are such studies as; *How Can I Know That I'm a Christian?*, *Anger and Personal Rights*, *Growing Through Failure*, *Attitudes*, and more. The student workbooks are priced very economically and are available in both English and Spanish. While developed by Teen Challenge (a division of the Home Missions Dept. of the Assemblies of God) these study guides contain very little denominationally-specific teachings.

6. ***Christian Worker Program***, Global Youth Evangelism, P. O. Box 1019, Orland, CA 95953 For more information call (916) 865-5557

These self-study workbooks for every book of the Bible are available in both English and Spanish. Though costing less than \$1.00 a piece, these studies are a very good way to

introduce new believers to the Scriptures and can serve as the basis for group discussions.

Introduction to the 2001 Update

In 1993 the Association of Gospel Rescue Missions (formerly the International Union of Gospel Missions) first published my *Guide to Effective Rescue Mission Recovery Programs*. Since then, hundreds of ministries and individual counselors have purchased copies of the 12-tape set and manual, intended as an introductory training resource for staff members.

In the past few years, I have had the privilege of visiting AGRM member rescue missions to dialog with staff members who implemented the principles espoused in the Guide. These programs overwhelmingly testify that they are experiencing greater success with addicts who have participated in their programs. Follow-up efforts have shown that more of their program graduates are now experiencing long-term sobriety.

affiliated groups meeting in churches, missions, and other institutions.

AV has become an exceptional resource for recovery programs since it really serves as a "bridge" between the rescue mission and the community. This is especially true for those groups that are meeting in local churches - some with the sponsorship of the local rescue mission.

Like the previous resource these CDs and handouts are intended to be used for in-service training. They can be used to evaluate a program in the process..

At the Education Department of the Association of Gospel Rescue Missions, we will continue to develop resources to equip chaplains, counselors, and program directors. I am still convinced that there is no more important element of an effective program than the members of the staff.

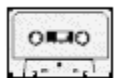
Your input regarding the materials and principles contained in this guide is requested. Please contact us if we can answer any questions about this material or provide additional assistance to you.

Ultimately, we know we have really done our job with our clients when they no longer need us. From day one, our attitude ought be that of "working ourselves out of a job" in the lives of our clients. It is our hope that these resources will assist you to do just that. Your input regarding the materials and principles contained in this guide is requested. Please contact us if we can answer any questions about this material or provide additional assistance to you.

Rev. Michael Liimatta

The CDs

The CDs consist of four training sessions conducted at the 1999 AGRM Midwest Regional Conference. The CDs are arranged in a progressive manner. Therefore, they should be heard in the prescribed sequence, since the topics build upon one another. Included are printouts of the PowerPoint slides handouts used with the specific sessions. When using the CDs in a group setting, permission is granted to photocopy these handouts for each of the participants.



Recovery Programs: First Things First

Foundations for Recovery - This session asks the basic question "why are people homeless?" and looks at the implications of the concept of "disaffiliation" as a contributor to chronic homelessness. Solutions for the addicted homeless person are explored, with a special emphasis on the "Three Connections" and how they can be taught and "caught" in a rescue mission setting



Life After the Mission:

Keys to Success after Graduation from the Recovery Program - An exploration of the seven "Success Factors" identified by the AGRM's Assessment Project and how programs can be developed to help participants to achieve them. An emphasis is placed on the process of establishing support systems to further assist recovering addicts after they graduate from residential programs. Also included is a discussion of support groups, the need to make amends, and how to codependency symptoms that result in relapse.



Is it Easy to Change at Your Rescue Mission? In this session, the need for well organized programs is stressed with several suggestions of how to assist participants to recognize their own progress in recovery. Also includes an exploration of the responsibilities of recovery program staff members and the various "environmental factors" that create a climate for change.



What Does Success Look Like?

Evaluation & Planning Strategies -

This session is a look at the whole area of program evaluation. It starts with a list of reasons why it is important to conduct assessments of programs outcomes. Also discusses is the process of determining specific outcomes that can be measured and the sorts of documentation is necessary for accurate evaluation. Specific follow-up techniques are also discussed while and emphasis is placed on the notion that the simpler the system the greater the likelihood of success. The session wraps us with some suggested uses of the results of program evaluation and how they can be used to upgrade already successful programs.