

Eight Ways Faith Communities Organize for Recovery Ministry

Dr. Dale Ryan of the National Association for Christian's in Recovery observes that no two-faith communities address recovery in exactly the same way. Recovery ministry must be adapted to the specific traditions, values and vision of a local faith community. Here are eight different strategies he has identified.

AA in the Basement Strategy

Historically the most common recovery support strategy for the local congregation is to allow Alcoholics Anonymous (AA) or other Twelve Step Programs to meet in their church facilities. It is difficult to imagine where AA would be today if it were not for this kind of participation by local churches over the years. Literally hundreds of thousands of people have begun their sobriety in AA meetings in church basements.

Even though most religious people in recovery are very supportive of AA and other 'secular' programs; some are anxious about congregations whose commitment to recovery is limited to this strategy. Questions arise, such as; why is it that the power of personal transformation is facilitated by an organization external to the local church while the local church contributes only space? Why is recovery ministry at the margins of congregational life rather than at the center? It is not that the church wants to become more entangled with AA, but if recovery ministry remains marginalized, we will miss enormous opportunities.

Bridge Strategies

Another way to integrate recovery more fully into congregational life is to develop 'bridge' strategies. Most Christians in recovery want a way to bridge the 'recovery' world with the 'Christian' world. Typically local congregations have responded to this need by developing distinctively Christian support groups. These groups are not usually intended to replace secular resources but rather to 'bridge' to them. Literally thousands of congregations have established such 'bridge' groups in the last ten years. Most of these "Christian Twelve Step" groups are affiliated with a local church but others have joined together to form a network of affiliated groups. These 'safe places' are a wonderful resource. In most cases, however, they are still marginalized within the congregation. People within the 'bridge' group find help, but the ministry only rarely impacts the life of the whole congregation.

Alternative to AA Strategies

A third approach is like 'bridge strategies in practice, but includes an intention to 'replace' secular programs rather than 'bridging' to them. Although the intention is different, in practice these groups often serve many of the same functions as 'bridge' groups. In congregations that are overtly hostile to secular resources this may be the only possible kind of recovery ministry.

Recovery Department Strategies

A fourth approach is to develop a recovery ministry that parallels other ministry 'departments' such as the music ministry 'department' or children's ministry 'department.' In this model, recovery ministry becomes one of the mainstream elements of congregational life. Recovery is not the central feature of the congregation but it is fully integrated into the life of the congregation. Congregations that take this approach often develop a wide range of services in addition to 'bridge' support groups. These might include educational programs, long-term 12 Step study groups, and retreats. Pastoral staff members may supervise and coordinate a

counseling ministry. The strength of this approach is the range of resources and the impact of the ministry on the whole congregation.

Treatment-related Strategies

A fifth, and less common, approach to recovery ministry is for a local congregation to operate or identify with a residential treatment program, halfway house, or other facility for long-term care. A lot of good work remains to be done to adapt this kind of strategy to congregations in a variety of social and cultural settings but it can be a particular effective way for a local church to invest in recovery.

The Recovery-Friendly Church

It is important to emphasize that congregations need not have 'recovery programs' to be actively supportive of recovery. A congregation that 'shows grace' instead of shame in all its affairs will be profoundly helpful to people in recovery even though it lacks support groups or other elements of recovery programming. Dr. Ryan encouraged a pastor who did not think it was possible to develop a recovery ministry in his congregation to change the smallest part of the worship service, the way he welcomed people.

He encouraged him to say something like, "I know that many people who come to church experienced very abusive childhoods and that sometimes an experience like that makes it difficult to come to church later in life. If that fits your situation, I want to particularly thank you for coming today. I appreciate your trust and value your participation." The pastor did it and the effect was profound. Without inventing new programs he was soon well on his way to reshaping the congregation into a place both safe and helpful to people in recovery. Learning to tell the truth was the key. It is the heart of all recovery.

The Church in Recovery

There are few examples of congregations who have taken 'the church in recovery' approach. In this model, 'recovery' becomes the central paradigm of the congregation. Participation in recovery becomes as much a part of 'doing church' as participation in worship services – sometimes even a prerequisite for participation in large group meetings. It is still too early to know how effective this approach to recovery ministry will be. Dr. Ryan believes we may need to make mistakes in this direction before we know how to do it well!

The Church as Advocate

An eighth strategy is to create a coordinating committee to oversee not only recovery ministry but also efforts in prevention, education and public policy advocacy. Probably the best example of this approach is the Faith Partners Congregational Team Ministry. Faith Partners has trained numerous congregational teams to facilitate a comprehensive response to the problem of addiction. The approach's strength is the capacity to do a wide range of activities involving prevention, early intervention, referral assistance, and advocacy tasks in addition to recovery.

Conclusion

Dr. Ryan emphasizes there is no "right" way to do recovery ministry. There may be other strategies not listed here – and many others that have not yet been invented. Recovery ministry is early in the process of development. It's a time for creativity and exploration – taking risks, making mistakes, and trying new things. In the spirit of giving emerging leaders a voice Dr. Ryan's admonition to us all is for God to grant us the wisdom to know what the 'next step' is in our own particular situation.