



# Substance Abuse and Addiction Guidelines for Rostered Ministers and Congregations

<sup>28</sup> "Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest... <sup>29</sup> for I am gentle and humble in heart"

– Matthew 11: 28-29

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### **1. Purpose**

This policy outlines how the Northwestern Ohio Synod (NWOS) responds to allegations of substance abuse and addiction made against Rostered Ministers, in addition to outlining topics of consideration for congregations relating to the issue of substance abuse and addiction.

## **2. Background**

### **2.1 Definitions of Substance Abuse and Addiction**

As defined by the American Society for Addiction Medicine, substance abuse:

“is the use of mood altering drugs that interferes with or has a negative effect on a person's life. This can include a negative effect on a person's physical, psychological, social, legal, emotional, occupational, and educational well-being.”<sup>1</sup>

Substance addiction goes beyond substance abuse, and:

“is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”<sup>1</sup>

Furthermore, one of the hallmarks of a substance use disorder is “a cluster of cognitive, behavioral and psychological symptoms indicating that the individual continues using the substance despite significant substance-related problems.”<sup>2</sup>

It would be impossible to develop a comprehensive list of substances or behaviors that could be abused or prove addictive. For the purposes of this policy:

‘Substance’ can refer to any type of substance, or behavior consumed or engaged in with the intention of altering the mind/ mood, oftentimes for purposes of pleasure or coping, regardless of the legality of the substance, or behavior.

### **2.2 Causes of Substance Abuse and Addiction**

What follows is an attempt to provide a brief summary and introduction to the possible causes of substance abuse and addiction.

There is consensus among medical and psychological professionals that causes of addiction can be broken down into three main categories: biological/genetic, psychological, and social. Oftentimes these categories overlap and interact to cause or influence substance abuse and addiction.<sup>3</sup>

According to the American Society of Addiction Medicine, “genetic factors account for about half of the likelihood that an individual will develop addiction”.<sup>1</sup> Various studies, especially involving families with twins, found that at the very least, “genes

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<sup>1</sup> American Society of Addiction Medicine

<sup>2</sup> Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition, pg 483

<sup>3</sup> National Institute on Drug Abuse

contribute to the vulnerability to addictive disease"<sup>4</sup>. In addition, "the presence of an underlying biological deficit in the function of reward circuits" can lead to individuals seeking out "drugs and behaviors which enhance reward function".<sup>4</sup> Furthermore, genetic predisposition to mental illness also indicates a higher risk of developing a substance addiction.<sup>2</sup>

In addition to genetics and biology, substance abuse and addiction is influenced greatly through psychological factors which "impair perceptions and compromise the ability to deal with feelings".<sup>1</sup> These psychological factors can include, but not limited to: mental illness or mood disorders (such as depression, anxiety, bipolar disorder, schizophrenia, etc), trauma (and PTSD), abuse (such as physical, sexual, emotional, etc), low self-esteem, stress, and others.<sup>1</sup> Oftentimes when these psychological factors are left untreated or unaddressed, they can "overwhelm an individual's coping abilities"<sup>1</sup> leading these individuals to use substances as a form of coping, commonly referred to as 'self-medicating'.<sup>5</sup>

Finally, substance abuse and addiction can be influenced by social factors such as the "disruption of healthy social supports and problems in interpersonal relationships which impact the development or impact of resiliencies".<sup>1</sup> In addition, Individuals who experiment with substance use earlier in life will be at a higher risk of developing addictions.<sup>1</sup>

As indicated earlier, overlap and interaction between factors often exists. For example, environmental factors "interact with the person's biology and affect the extent to which genetic factors exert their influence... [C]ulture also plays a role in how addiction becomes actualized in persons with biological vulnerabilities to the development of addiction".<sup>1</sup>

It is worth noting that these biological/genetic, psychological, and social factors are not taken as excuses for substance abuse and addiction; just as frustration does not excuse raising one's voice or yelling. Rather, these factors are recognized so that they can be properly dealt with in a way that treats and ends the substance abuse/addiction.

### **2.3 Philosophy of Response**

*"Suffering is at the heart of addictive disorders... this consideration should remain central in considering the treatment needs of individuals... To understand and to be understood is a powerful antidote to the confusion, chaos, and suffering associated with addictions."*<sup>5</sup> – Edward J. Khantzian, MD

Understanding some of the causes of substance abuse and addiction greatly shapes and informs how this synod responds to substance abuse and addictions among not only our Rostered Ministers, but also our congregational members. We recognize that oftentimes substance abuse and addiction are symptoms of underlying issues.

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<sup>4</sup> *Genetic influences on impulsivity, risk taking, stress responsivity and vulnerability to drug abuse and addiction*, by Kreek, Nielsen, Butelman, and LaForge, Nov 2005, Nature Neuroscience

<sup>5</sup> *Reflections on Treating Addictive Disorders: A Psychodynamic Perspective*, Edward J. Khantzian MD, May-June 2012,

Furthermore, we recognize both substance abuse and addiction, and the underlying issues, as treatable medical and psychological issues and not moral failings.

As such, we approach this issue with love, understanding, and compassion. As Paul writes in his second letter to the Corinthians:

*<sup>3</sup>“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, <sup>4</sup>who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.” – 2 Corinthians 1: 3-4*

### **3. Expectations**

#### **3.1 Expectations of Rostered Ministers**

While we practice compassion and understanding, we also have high expectations for our Rostered Ministers. We strive to balance the expectations Rostered Ministers promise to adhere to in their ordination/commissioning vows, with the calling of our church and common humanity to be people of compassion.

The call to ordained or commissioned ministry in this church is a high calling. As such, this church has developed a document outlining the expectations for rostered ministry, entitled *Vision and Expectations*. It is not:

*“intended to suggest unrealistic or impossible expectations for those who serve on the roster of ordained ministers. Instead, it seeks to express the high value and importance that the ordained ministry of word and sacrament [or word and service] has in the life of the Evangelical Lutheran Church in America.”<sup>6</sup>*

*Vision and Expectations* holds that Rostered Ministers practice self-care, which:

*“includes seeking counseling and/or medical care when there is evidence of physical or mental illness, substance abuse, eating disorders, or relational problems.”<sup>4</sup>*

Furthermore, this church has recognized that brokenness exists on this side of heaven, even amongst our church leaders. In light of this, this church has established *Definitions and Guidelines for Discipline* to further outline the expectations and ramifications for the failure to live out such expectations. *Definitions and Guidelines for Discipline* state that:

*“Any addictive behavior that impairs the ability of an ordained minister to perform effectively the duties of the office or the misuse of alcohol, drugs, medications, sex, gambling, or pornography is incompatible with the office of pastoral ministry. The approach of this church to such a problem may be to insist upon effective treatment or to initiate immediate discipline. Refusal to accept*

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<sup>6</sup> *Vision and Expectations* (for Ordained and Lay Ministers of the ELCA), pg 4

*treatment or failure to abide by the terms of such treatment is conduct incompatible with the character of the ministerial office."*<sup>7</sup>

It should also be noted that if addictive behavior coincides with other behavior deemed to be incompatible with the character of the ministerial office as outlined by *Definitions and Guidelines for Discipline*, consequences for the additional incompatible behavior may override these *Substance Abuse and Addiction Guidelines for Rostered Ministers and Congregations*. As such, the Office of the Bishop may pursue a disciplinary process on the basis of the non-addictive behavior that is incompatible with the character of the ministerial office.

### **3.2 Expectations of Congregations**

It is the expectation of this synod, that congregations, congregational members, or congregational leaders, inform the office of the Bishop promptly if they are aware that their Rostered Minister is struggling with substance abuse or addiction. While it is the responsibility of all three expressions of this church (congregation, synod, and churchwide) to safeguard the integrity of called, ordained, or commissioned offices; it is also our collective responsibility as followers of Jesus to practice care and compassion for each other and our leaders. This includes contacting the Office of the Bishop to arrange help for Rostered Ministers who are unable or unwilling to care for themselves.

## **4. Investigative Process**

### **4.1 Receipt of Complaint or Allegation**

Individuals or congregations who feel moved to make a complaint or allegation against any Rostered Minister of this synod are encouraged to contact the Director of Leadership Development and Congregational Care, the Executive Administrative Assistant to the Bishop, the Bishop, or the Synod Council Vice-President. The Bishop will always be informed by staff and synod council members of any and all complaints/allegations that are received. Complaints can be received via phone call, in person, email, or letter. All staff members and significant volunteers of the Office of the Bishop have signed this synod's *Confidentiality Agreement for Volunteers and Staff Members* and take confidentiality very seriously.

After the allegation is initially received, the Office of the Bishop may seek to meet the complainant to hear more details and gather more information. The Office of the Bishop will also review any and all records of the Rostered Minister that are held by this synod and may contact previous synods or entities affiliated with the ELCA for further information that may be relevant to the investigation.

The Office of the Bishop will also contact Churchwide legal counsel for direction and support throughout the process and may consult with the NWOS' local legal counsel.

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<sup>7</sup> *Definitions and Guidelines for Discipline*, pg 5 & 9

#### **4.2 Conversation with the Rostered Minister**

After reviewing the allegation, the Office of the Bishop will inform the Rostered Minister that an allegation has been made, and a time for conversation will be scheduled.

Should the Rostered Minister refuse to meet, the Office of the Bishop will continue to investigate, and a formal disciplinary process may begin.

If the Rostered Minister agrees to a meeting, the Office of the Bishop will strive for candid and open conversation about the nature of the allegations and will allow the Rostered Minister to respond. The Bishop will personally attend this meeting, and at her/his discretion may bring in additional synodical staff, Conference Dean(s), Rostered Minister(s), or lay individuals. Anyone present or otherwise involved in the investigative process will have signed this synod's *Confidentiality Agreement for Volunteers and Staff Members* and will adhere to the highest standard of ethics and confidentiality.

#### **4.3 Professional Medical/ Psychological Evaluation**

After this initial conversation, the Office of the Bishop will most likely direct the Rostered Minister to undergo a medical/ psychological evaluation/ assessment.

Should the Rostered Minister refuse a professional evaluation/ assessment, then a formal disciplinary process will begin.

The Rostered Minister will also be asked to sign a release granting the Bishop access to the results of the evaluation / assessment and allow the Bishop to have direct contact with the evaluator/treatment provider. The Rostered Minister will also acknowledge that the Bishop may, at her/his discretion, disclose some information from the evaluation with appropriate synodical staff, Conference Dean(s) or Rostered Minister(s), consultants, provided such individuals have signed this synod's *Confidentiality Agreement for Volunteers and Staff Members*.

Depending on the outcome of the evaluation and based on the informal recommendations of those involved in the investigation and Churchwide or local legal counsel, the Bishop may:

1. Insist on the Rostered Ministers' participation in a treatment program (may also include a medical leave)
2. Ask the Rostered Minister to resign their current call and participate in a treatment program (On-Leave-From-Call status)
3. If the Rostered Minister refuses either of the above, the Bishop may begin formal disciplinary proceedings

#### **4.4 Treatment or Disciplinary Process**

Regardless of the Rostered Minister's eventual roster status, the Bishop will insist on a formal treatment plan. The treatment and recovery plan is to be overseen and facilitated by relevant licensed medical and psychological professionals. If the Rostered Minister wishes to remain on the roster of the ELCA and this synod, then the Rostered Minister will be required to appropriately authorize and release the treatment providers

to communicate and update the Bishop on the progress of the treatment plan. Should the Rostered Minister refuse to authorize such communication, then the Office of the Bishop may begin formal disciplinary proceedings.

Under this arrangement, the Bishop will receive, at a minimum, monthly status reports in addition to unlimited verbal consultation with the treatment providers. During the course of treatment, the Rostered Minister may be asked to, or may voluntarily take a medical leave from their call.

As stated in *Definitions and Guidelines for Discipline*, refusal to participate in a treatment plan constitutes “conduct incompatible with the character of the ministerial office” and is grounds for discipline and removal from the roster(s).<sup>8</sup>

#### **4.5 Disclosure**

After the Rostered Minister has agreed to treatment, resigned, or formal disciplinary proceedings have been initiated, the Office of the Bishop will make contact with the congregation's President and leadership to disclose the addiction, treatment plan, and “next steps”. The Office of the Bishop will also offer to meet with the Congregational Council for a further disclosure.

Should the Rostered Minister take a medical leave, resign, or otherwise be removed from the roster, the Office of the Bishop will also make a disclosure to the Rostered Ministers of that specific conference.

It should also be noted that the congregation is not entitled to the privileged communications between treatment providers and the Bishop. However, the Office of the Bishop will be in regular communication with the congregational President and Executive Committee, providing consistent updates on the Rostered Minister's health and progress.

#### **4.6 Long-Term Recovery**

If treatment proves successful to the satisfaction of both congregational leaders and the Office of the Bishop, the Rostered Minister will enter the recovery phase, which will be long term and perhaps indefinite. Treatment providers may give long term recommendations to all parties that are specific to the type of substance abuse or addiction. These may include, but are not limited to, increased supervision for a specific timeframe, internet controls, travel restrictions, long-term therapy, participation in long-term support groups, etc.

In addition to recommendations given by treatment providers, both the Office of the Bishop and congregation may outline additional stipulations for continued employment and rostered status. While these stipulations may go above and beyond what is recommended by the treatment provider, they should not conflict with the

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<sup>8</sup> *Definitions and Guidelines for Discipline*, pg 5 & 9



recommendations of the treatment provider and should be developed in consultation with the treatment providers.

After a year of continuous healthy behavior and/or treatment, a reassessment will be done by a licensed medical/ psychological professional, preferably the same individual(s) utilized for the initial evaluation. If the evaluator/ treatment provider determines that recovery is on target, the Rostered Minister will provide appropriate status reports for an agreed upon period. Should the need arise in the opinion of the Office of the Bishop this reporting schedule may be modified.

#### **4.7 Commitment to Future Disclosures**

The Office of the Bishop is committed to future disclosure of known substance abuse and addictions. This will be disclosed in the Rostered Minister Profile and disclosed to congregations when a Rostered Minister interviews, even after years of service. If the Rostered Minister accepts a call in another ELCA Synod, the Office of the Bishop of the NWOS will disclose to the receiving Office of the Bishop both the existence of the substance abuse/ addiction and the rostered minister's history of compliance with proper treatment.

It is the policy and practice of this synod to never hide or cover up potentially damaging behaviors or actions of members of the rosters of this synod.

### **5. Considerations for Congregations**

While the Office of the Bishop exercises some oversight of our Rostered Ministers in accordance with the constitutions of the three expressions of our church, a congregation is the legal employer of the Rostered Minister. As an employer, congregations are encouraged to have conversation about their own expectations in regard to conduct and acceptable workplace behavior of their employees, including their Rostered Minister(s).

Congregations are strongly encouraged to develop an "Employee Handbook" or "Personnel Policies" that outline appropriate conduct, workplace behavior, and expectations. The NWOS can offer a copy of its own Personnel Policies for congregations to utilize in crafting and contextualizing their own. Congregations are also strongly advised to have any and all policies reviewed by their own legal counsel. Any recommendations given here or by the Office of the Bishop of this synod are not intended and should not be taken as professional legal counsel.

#### **5.1 Workplace Substance Abuse Policy**

As an employer, congregations should also consider adopting a workplace substance abuse policy of their own (if not included in the congregation's personnel policies). It is far easier to have conversation with employees about expectations and consequences before a problem arises. A clear policy can also provide legal protections to the congregation in the event of a termination or related employment dispute.

Resources and examples of policies can be found in abundance online, but congregations may wish to consult with their own members who are human resource professionals. Likewise, congregations could even contract with a firm or individual to develop a policy. Regardless, it is strongly encouraged that congregations seek the guidance of local legal counsel when developing these policies.

### **5.2 Signs of Substance Misuse, Abuse, or Addiction**

Below are some signs and symptoms of possible substance abuse or addiction. (from the American Addiction Center):

- Loss/ lack of interest in work, declining workplace performance, consistent tardiness
- Changes in appearance especially a lack of personal hygiene and grooming
- Changes in behavior, especially increased need/ insistence of privacy
- Financial management issues, including asking to borrow money
- Extreme changes in relationships and interpersonal skills
- Changes in appetite and eating habits
- Bloodshot eyes, poor skin tone, appearing fatigued
- Defensiveness when asked about substance use, abuse/ addiction

It should be noted that some of these signs/ symptoms can also be symptoms of other issues, including mental illness or mood disorders. Therefore, their presence does not automatically mean a substance abuse issue or addiction is present, but they may indicate that some form of care or intervention is needed.

### **5.3 Handling Violations/Allegations**

Congregations are encouraged to utilize this policy as a model for how they may respond to violations or allegations against their own employees. It is the hope of this synod that congregations respond with compassion and understanding, recognizing substance abuse and addiction as treatable medical and psychological issues and not moral failings.

### **5.4 If Your Rostered Minister is Being Investigated, Treated, or in Recovery**

If the Office of the Bishop is investigating a Rostered Minister, called or otherwise employed by your congregation, you will be informed by the Office of the Bishop once the allegations have been substantiated as outlined in section 4.

When the Office of the Bishop discloses the existence or admission of substance abuse or addiction to the congregational leadership, the Office of the Bishop will also outline the next steps, such as treatment or disciplinary action, and provide recommendations to the congregational leadership. At that point, the congregational leadership has several different options and rights.

The congregation may choose to retain the Rostered Minister, working in tandem with the Office of the Bishop, treatment providers, and health insurers to provide support and treatment. The Rostered Minister, Office of the Bishop, or the congregation may

request or decide that a medical leave may be necessary during this time. In this case, the Office of the Bishop will help the congregation find adequate pastoral care during the leave and will provide additional support and leadership to the congregation.

The congregation may also decide that it is in the best interest of the congregation to end the call of the Rostered Minister, and may ask him/her to resign, or if he/she refuses, may seek their termination in accordance with the constitutions of the congregation, synod, and ELCA. Likewise, the Rostered Minister may also decide that their resignation from the congregation is the best outcome. In both cases, the Office of the Bishop will work with all parties to achieve an appropriate severance package and separation.

A congregation with a recovering Rostered Minister should closely adhere to the long-term recommendations of the treatment providers in an effort to minimize the chances of relapse.

In the case of relapse, the process as outlined in section 4 will begin again.

#### **6. A Prayer for Those Suffering from Addiction**

O blessed Jesus, you ministered to all who came to you. Look with compassion upon all who through addiction have lost their health and freedom. Restore to them the assurance of your unfailing mercy; remove the fears that attack them; strengthen those who are engaged in the work of recovery; and to those who care for them, give honesty, understanding, and persevering love; for your mercy's sake. Amen.

- *Evangelical Lutheran Worship* pg. 85