

RESEARCH TO RECOVERY CONFERENCE • ORIENTATION SESSION

Faith Responders Program

Strengthening Communities for Compassionate Recovery

An overview of the Faith Responders initiative and the Recovery Ally Training — equipping faith communities to respond to addiction with compassion, skill, and hope.

60-Minute Orientation • Recovery Ally Training

Why We're Here

Addiction is reshaping the communities you serve. The question is no longer whether faith communities should respond — it is how.

The Need

- Overdose remains a leading cause of death for adults under 50
- Most people in recovery report needing spiritual support
- Families are looking to clergy and laypeople before they look anywhere else

The Opportunity

- Religious involvement is a documented protective factor
- Faith communities are present in every neighborhood
- Hope, belonging, and meaning are core to long-term recovery

The Gap

- Most congregations have no training to respond
- Stigma still shapes how addiction is discussed in faith settings
- Good intentions without skills can do unintended harm

Session Objectives

By the end of this 60-minute orientation, participants will be able to:

1

Understand the Faith Responders Framework

Gain an overview of the program and its foundation in the protective association between religious involvement and substance use prevention and recovery.

2

Identify the Role of Faith Communities

Learn about the unique position faith communities hold in supporting individuals facing addiction, and how they can contribute to holistic recovery efforts.

3

Explore Tools for Compassionate Engagement

Discover key tools and strategies within the Recovery Ally Training that help communities address addiction and recovery compassionately and effectively.

THE EVIDENCE

Faith Is a Protective Factor

Religious and spiritual involvement is consistently associated with lower rates of substance use across decades of research.

“Many people in recovery describe faith as central to how they got well — and how they stay well.”

How faith protects

Faith communities supply protective ingredients across the lifespan:





- 1 Belonging**
Stable, multi-generational community across life stages
- 2 Meaning**
A framework for purpose, suffering, and hope
- 3 Norms**
Pro-social values reinforced through regular practice
- 4 Practices**
Prayer, gratitude, service, confession, forgiveness
- 5 Witnesses**
Real people whose recovery is visible in the pews

The Medical Case for Spiritual Care

American Society of Addiction Medicine (ASAM) — 2011, updated 2019

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.”

ASAM recognizes addiction as affecting four dimensions:

-  Biological — Brain chemistry, genetics, physical health
 -  Psychological — Emotions, trauma, mental health, behavior
 -  Social — Relationships, community, environment, culture
 -  Spiritual — Meaning, purpose, values, and connection to something greater than self
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ASAM's Definition of Recovery

“An active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.”

1 Quality of Life

Improved life and enhanced wellness, as identified by the individual

2 Consistent Pursuit

Sustained pursuit of abstinence from substances or behaviors of pathological pursuit

3 Symptom Relief

Relief of symptoms, including substance craving

4 Behavioral Control

Improvement in the individual's own behavioral control

5 Connection & Skills

Enrichment of relationships, social connectedness, and interpersonal skills

6 Emotional Regulation

Improvement in the individual's emotional self-regulation

Key Phrases for the Faith Community

Four phrases from the ASAM definition that speak directly to what faith communities already do.

“Active Process”

Recovery is ongoing, not a single event. The faith community provides the long-term, consistent presence recovery requires.

“Whole Person”

Biological, psychological, social, and spiritual. All four. Every time. Spiritual care is not optional — it is structural.

“Quality of Health and Life”

Recovery is about flourishing, not just abstinence. Flourishing is the church's native language.

“Pathological Pursuit”

A brain disorder in which neural pathways are rewired to prioritize the addiction above survival needs.

“When medicine itself says recovery has a spiritual dimension and requires whole-person, whole-community support — the faith community is not overstepping. It is being called.”

What This Means

- ✧ Spirituality is not peripheral to recovery — it is embedded in medicine's own definition
 - ✧ A purely clinical response addresses only two of the four dimensions
 - ✧ The faith community is uniquely equipped to address the spiritual and social dimensions
 - ✧ Whole-person healing requires whole-community response
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The Science of Flourishing

Harvard Human Flourishing Program — Tyler VanderWeele, PhD –

research findings on regular religious service attendance:

- Greater life satisfaction, meaning, and purpose
 - Significantly lower rates of depression, anxiety, and substance use
 - Lower risk of suicide — weekly attenders up to 5x less likely to die by suicide
 - Stronger social integration and community connection
 - Higher rates of volunteering and civic engagement
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What the Research Tells Us

Ying Chen & VanderWeele (2018) — JAMA Internal Medicine

- Religious service attendance associated with greater longevity
- Lower likelihood of depression and substance use disorder
- Peer-reviewed, longitudinal research

Gallup & Healthways Well-Being Index

Actively religious people report higher wellbeing across all five domains:

Purpose | Social | Financial | Physical | Community

Faith as an Asset, Not a Supplement

Pew Research Center

Actively religious people significantly more likely to describe themselves as “very happy”

Report stronger social networks and deeper community ties

If religious participation reduces substance use, depression, and isolation — and increases purpose, connection, and longevity — then the faith community is not a supplement to recovery. It is an asset.

AND YET

The evidence has been clear for over a decade.

Most faith communities are still not in the conversation.

1 While the science named spiritual care as essential...

Many congregations stayed silent. The word “addict” kept its place in our prayers and our judgments.

2 While people in recovery named faith as central...

Many were told their medication was a failure of faith — or asked to leave the only community they had.

3 While families grieved in our pews...

Many heard sermons about willpower, not science. About sin, not suffering. About shame, not the Christ who sat with the broken.

The gap between what we know and what we do is measured in lives.

The Gap We're Closing

Faith communities want to help. Most have never been trained how. Good will without skills can do harm.

What's Often Missing

- **Language**
Stigmatizing words still circulate — “addict,” “clean,” “gave in”
- **Knowledge**
Addiction framed as moral failure, not as a disease of the brain
- **Skills**
No tools for the conversation, the referral, or the relapse
- **Pathways**
One-size-fits-all expectations of how recovery should look

What Faith Responders Provides

- **Person-first language**
Practical alternatives, role-played until they're natural
- **Disease-model literacy**
Plain-language brain science to replace moral judgment
- **Real-world scenarios**
Skills for the doorway, the phone call, the funeral
- **Multiple pathways**
12-step, medication, secular, faith-based — each honored

The Recovery Ally Training

Eight core modules. Practical. Trauma-informed. Built for clergy, lay leaders, and any congregation member who wants to respond well.

1

People First

Language & stigma

2

Understanding Addiction

The disease model

3

A Little Brain Science

Counter moral judgment

4

Recovery 101

What recovery is

5

Multiple Pathways

One size does not fit all

6

Safe Haven

Faith community as refuge

7

Practical Scenarios

Skills & referrals

8

The Ally Pledge

Commitment & next steps

A Sample: Language That Heals

A quick taste of Module 1. The words we choose either invite people in or push them away.

Instead of

- Addict
- Clean
- Dirty test
- Relapsed / fell off
- Substance abuser

Try

- Person with a substance use disorder
- In recovery / not currently using
- Positive screen
- Returned to use / experienced a recurrence
- Person who uses substances

Person-first language separates the person from the disease. It is the foundation of every other conversation in this training.

Many Pathways. One Welcome.

Module 5 affirms that recovery looks different for different people. The faith community's role is to make room for all of them.

12-Step Mutual Aid

AA, NA, Al-Anon — spiritually rooted, peer-led

Medication for Opioid Use Disorder

Buprenorphine, methadone, naltrexone — evidence-based, life-saving

Faith-Based Recovery

Celebrate Recovery, recovery ministries, pastoral support

Secular Mutual Aid

SMART Recovery, LifeRing, Recovery Dharma

Clinical Treatment

Outpatient, IOP, residential — with licensed professionals

Natural Recovery

Without formal treatment — more common than once believed

“What matters most is not the path — it is that the person is moving forward, and that someone is walking with them.”

The Faith Community as Safe Haven

Module 6 turns the question outward: What would it take for your community to be a place where someone in recovery feels truly welcome?

Marks of a Safe Haven

- ✓ Names addiction openly — from the pulpit and in the bulletin
- ✓ Lists recovery resources next to the prayer requests
- ✓ Welcomes people in medication-assisted recovery without caveat
- ✓ Has trained members who know what to do, what not to do, and when to refer

Three actions a community can take this month

- 1 Speak it**
Mention recovery from the pulpit and in printed materials
- 2 Stock it**
Keep naloxone on site. Post the 988 line. Display referral cards.
- 3 Host it**
Offer your space to a recovery meeting at no cost

Optional Modules: Going Deeper

Beyond the 8 core modules, the program offers deeper-dive content tailored to specific populations and topics your community is encountering.

A ACEs

Adverse Childhood Experiences — 60 min

B Families & MOMs 2 Recover

Family system & ITC/CRAFT — 60 min

C Children & Sesame Street

The 7 C's, age-by-age — 60 min

D Pregnant & Parenting

MOUD, NOWS, family-centered care — 60 min

E Naloxone Training

Overdose response — 45 min

F Motivational Interviewing

Spirit, OARS, change talk — 60 min

G Young Adults & Prevention

Brain development, protective factors — 45 min

H LGBTQ+ People

Affirming recovery spaces — 60 min

I Immigrants & Refugees

Welcoming the stranger — 60 min

J Church Hurt & Religious Trauma

Honest inventory & repair — 60 min

K Theology of the 12 Steps

Oxford Group, Shoemaker, Sister Ignatia — 60 min

Each optional module is a self-contained unit with facilitator notes and handouts. Communities select what fits their context.

AN INVITATION

*You are not being asked
to become clinicians.*

**You are being asked
to bring what your community
already has.**

Belonging. Meaning. Witness. Welcome.

WHAT YOU BRING

Belonging

A community that does not leave

Meaning

A story big enough to hold the suffering

Witness

People in recovery, visible in the pews

Welcome

A doorway that does not close

We Gather as People of Faith

We gather as people of faith who believe that every human being is made in the image of God — deserving of dignity, compassion, and care.

We recognize that addiction is a chronic brain disorder — not a moral failing, not a spiritual weakness, not a punishment — and that recovery is possible for every person, in every family, in every community.

As Faith Responders, we commit ourselves to the following:

The Ten Commitments

As Faith Responders, we commit ourselves to the following:

1

We Will Learn

Addiction is a chronic brain disorder. Knowledge keeps our care helpful.

2

We Will Listen

Hear hard things without flinching, without judging, without turning away.

3

We Will Use Words That Heal

Person-first language. Retire what shames. Speak to open doors.

4

We Will Walk Alongside

The long, unglamorous, faithful presence that recovery requires.

5

We Will Make Safe Havens

Welcomed, not whispered about. Supported, not judged. Accompanied, not abandoned.

6

We Will Advocate

Speak up for treatment, evidence-based care, and the dignity of recovery.

7

We Will Tend to Families

Spouses, parents, siblings, children — carry their wounds, too.

8

We Will Protect the Children

The most vulnerable. The greatest opportunity to break the cycle.

9

We Will Care for Ourselves

We cannot pour from an empty vessel. Rest is part of the ministry.

10

We Will Hold Onto Hope

Communities of resurrection hope. We have seen too many funerals.

“We take this pledge not as a performance but as a covenant.”

CLOSING BENEDICTION

We take this pledge not as a performance,

but as a covenant —

with one another,

with those we serve,

and with the God who goes to seek the one who is lost.

Take your time. Sign when you are ready. Or carry it with you and sign later.

The Faith Responders Program Suite

Everything your community needs to bring this work home — ready to print, deliver, and adapt.

Field Guide Suite

A Field Guide for Faith Communities

- One-Page Summary
- Cover Page
- Copyright & Permissions Page
- “Children Learn What They Live” — poem display page

Training Curriculum

8-Module Recovery Ally Training

- Facilitator’s Guide • Participant Manual
- Slide Deck Script & Speaker Notes
- Interactive Training Companion Slides
- Core Handouts (H-1 through H-10)

Specialty Inserts & Architecture

Faith Responders Pledge

Opening covenant, 10 commitments, closing benediction

ASAM Definition Insert

The medical case for spiritual care

Curriculum Architecture

Course overview & sequencing guide

Plus 11 optional add-on modules tailored to specific populations — detailed earlier in this deck.

By the Numbers

What the full Faith Responders Program Suite contains — ready to deploy in any congregation, of any size, in any denomination.

26

total documents

40+

handouts

9¹/₂+

hours of curriculum

60+

NRSV-UE scripture references

Adaptable for any congregation — size, denomination, context

Single-day intensive, eight weekly sessions, or modular delivery. In-person, hybrid, or online. Every component is built for adaptation by the people who know their community best.

8 core modules

The Recovery Ally Training spine

11 optional modules

Population- and topic-specific add-ons

Strengthening Communities for Compassionate Recovery

Learn More

- Recovery Ally Training — 8 core modules
- 11 optional modules tailored to your context
- Facilitator notes and handouts included

Bring It Home

- Identify one champion in your congregation
- Schedule the training within 90 days
- Choose two optional modules to add

Resources

- 988 — Suicide & Crisis Lifeline
- [samhsa.gov/find-help](https://www.samhsa.gov/find-help) — Treatment locator
- Naloxone — Available at local pharmacies