

§1000 ALCOHOLISM AND CHEMICAL DEPENDENCY

Christian health embraces body, mind and spirit. Christian teaching maintains this holistic attitude toward self and others. As we aid others in living their lives meaningfully in Christian faith, we must remember to aid ourselves in personal health maintenance.

The National Conference of Bishops Committee on Priestly Life and Ministry states: "Alcoholism or chemical dependency is one of the most serious health and social problems facing our society today. Because of its threatening influence to the dignity of the person and the fabric of society, it must necessarily be a major concern to all of us in the compassionate and healing ministry of the Church."

Alcoholism or chemical dependency is accepted as a chronic progressive illness. Both affect a person physically, mentally and spiritually, and the behavior of the dependent person is affected in such a way that it is often socially inept and inappropriate. The symptoms of the disease bring devastation to those who suffer the illness itself and to countless others who are significant in the life of the actively drinking alcoholic or chemically dependent person.

In light of this, when the Archdiocesan Health Program was established in 1966, the Committee on Alcoholism and Chemical Dependency was formed as part of the overall program. Since that time, this Committee has had much experience in caring for and responding with reverence and concern to priests afflicted with alcoholism or substance dependency.

The policy and procedure for diocesan priests described herein has grown out of these years of experience.

The Archdiocese, in accord with competent professional authorities, recognizes alcoholism and/or other substance dependencies as human disease conditions, incurable but treatable. Research and experience indicate that persons afflicted with such diseases are usually blind to the developing symptoms in themselves and are rarely capable of effective self-help.

Therefore, out of compassionate concern and in justice to our fellow priests, we adopt the following procedures to facilitate proper treatment and lasting recovery. These procedures cover the following areas: Identification; Intervention; Assessment and Diagnosis; Treatment; and Post Treatment Care.

§1001 COMMITTEE ON ALCOHOLISM AND CHEMICAL DEPENDENCY

§1001.1. Committee Involvement

1001.1 Policy The Committee on Alcoholism and Chemical Dependency (hereinafter “Committee”) shall facilitate a priest through all phases of recovery from initiation and motivation to well advanced care and thorough after-care support.

Procedures

- a) The Committee meets on a monthly basis and communicates as frequently as the need arises. Each case of illness will have a case manager assigned by the Committee, but the entire Committee will be intimately involved in the overall course of care. Committee contact and liaison with a patient in treatment is of utmost importance.
- b) After-care planning is another service of the Committee. The Committee attempts to continue active involvement in after-care and ongoing support of the patient until the recovery process is well-advanced.
- c) Punitive attitudes have no place in this process of recovery. Love and concern for our brothers in Christ is behind all efforts and recommendations of the Committee.
- d) All expenses for the Committee and for payment of treatment are coordinated by the Priests’ Retirement and Mutual Aid Association.

§1001.2. Confidentiality

1001.2. Policy In all phases of the recovery process, the highest level of confidentiality and anonymity shall be maintained as befits the recovery needs of the individual who has the illness or who is suspect of the illness.

§1002 IDENTIFICATION, INTERVENTION AND ASSESSMENT

In order to provide help, it is necessary to identify the illness. It is necessary to know the type, intensity and duration of drinking or chemical use, and the resulting inappropriate behavior. A drinking problem or drug problem manifests itself in a variety of patterns: drinking or taking drugs in the morning or early afternoon; drinking or drug taking for prolonged periods in the evening; solo drinking or drug taking; impulse drinking or drug taking; drinking or taking of drugs before going to a party; or, drinking or taking of drugs around the clock for a few days. However, the behavior of the individual, more than the drinking or drug taking, will be of greater help in identifying the problem. Some behaviors that may indicate a problem are: compulsive drinking or drug taking with increasing consumption to achieve effects; continued consumption despite negative results, being consistently late for Mass or other functions; not keeping appointments; creating inappropriate and embarrassing situations; lacking concern for personal appearance; being argumentative and depressed; exhibiting a noticeable change in attitude and/or behavior; suffering blackouts, periods of forgetting, amnesia; being involved in frequent auto accidents; or receiving police citations for drinking or drug taking.

Denial is one of the major obstacles to overcome in helping the alcoholic or drug dependent person. The process of intervention is necessary in almost all cases to help the alcoholic or chemically dependent person to get treatment for the disease and to begin a life of sobriety. This is a process in which both peers (either family or clergy and/or staff) and professionals take direct action in order to help the person to treatment.

§1002.1. Evaluation

Because alcoholism and chemical dependence impair the judgment of those afflicted to the point that they are not aware of their illness or are unwilling to seek treatment, certain procedures are necessary for proper intervention on their behalf.

1002.1. Policy The Committee shall evaluate each case presented to them, whether contact was prompted by concerned others or voluntarily initiated by the individual, to determine whether intervention is necessary.

Procedures

- a) Consultation with Committee. Once a priest or friend, associate, family or staff member thinks the person in question has a problem, he or she is asked to consult with a member of the Committee.
- b) Intervention Discernment. Should there be sufficient reason, the Committee member contacted shall consult with other members of the

Committee to determine whether or not an intervention is indicated. A case manager is chosen, usually the Committee member originally contacted and an intervention is planned and coordinated through the Committee.

- c) Successful Intervention. If this primary intervention is successful, the alcoholic or chemically dependent person and the Committee case manager will discuss treatment plans and access into treatment.
- d) Unsuccessful Intervention. If a priest, after intervention, refuses the treatment plan, the Vicar for Priests will be contacted for resolution.
- e) Additional Resources. An interested priest may also contact any member of the Committee on Alcoholism and Chemical Dependency directly, without fear of prejudice, and with every assurance of confidentiality.

§1003 TREATMENT DETERMINATION

§1003.1. Treatment Determination

1003.1. Policy The Committee shall determine whether short term residential, long term residential, or primary out-patient treatment is necessary.

Procedures

- a) Short Term Treatment can be accomplished in a number of facilities available in the Chicago area.
- b) Long Term Treatment is frequently recommended because of the physical, psychological and spiritual condition of the individual. The patient will be informed by the case manager about the particular facility for treatment and be given a description of the life there.
- c) Primary Out-Patient Treatment. Usually, residential intervention is the treatment of choice. However, there are some persons who can be treated on an out-patient basis. In such cases, the person will follow a prescribed treatment plan which will be reviewed by a case manager in consultation with other Committee members. (It should be noted that the Chicago Committee has found that eighty-five percent of the patients who complete long term treatment and have been involved actively in post treatment care have developed quality sobriety.) A member of the Committee will maintain contact with the patient while he is in treatment.

§1004 POST TREATMENT CARE

An essential part of the holistic approach to treatment is the aftercare.

§1004.1. Continued Recovery Process

1004.1. Policy As part of the aftercare program, the priest shall be expected to join Alcoholics Anonymous (A.A.), or another appropriate self-help organization whose objective is life management.

Procedures

The patient is expected to attend weekly sessions of 75 minutes for at least six months and is always encouraged to continue afterwards. "Life Management Groups" are directed by members of the committee and offer a unique personal approach to the continued recovery process.

Note

The purpose of these groups is to offer a climate in which the patients can discuss their personal and professional adjustments as they re-enter their ministry. Facilitators for these groups are licensed psychologists. Confidentiality and trust are the keystone of the group. It is understood that attendance at A.A., or other appropriate self-help groups on a regular basis is essential to the development and maintenance of a healthful life style.

§1005 CONTACT WITH APPROPRIATE PERSONS AND AGENCIES

§1005.1. Parish or Agency Contact

1005.1. Policy When a priest goes into treatment, the case manager shall establish contact with the appropriate administrative person in order to ensure smooth functioning of the parish or agency operation.

§1005.2. Committee Representative

1005.2. Policy A Committee representative shall be in touch with the Priests Placement Board during the treatment period, and shall continue any negotiations necessary at that time.

§1005.3. Salary Maintained

1005.3. Policy While a priest is in treatment his salary shall be maintained. He is further guaranteed full and equitable consideration for ministerial placement.

§1006 FAMILY AND STAFF AND/OR OTHER SIGNIFICANT PERSONS

Though the patient is ultimately responsible for his own recovery, the support and understanding of family, staff and significant others can assist in the harmonious and serene relationships needed upon re-entry to the parish or institution. It must be reiterated that mutual trust and confidentiality are the keystone of this program, and the essence is loving and concerned care.

§1006.1. Case Manager Involvement

1006.1. Policy A case manager shall be available to parish priests, staff and significant others concerned for the patient from identification through total recovery.