


SPIRITUALITY: An Operational Leadership Competency

**SPIRITUAL CARE ADDICTION
TREATMENT PROFESSIONALS (SCATP)**

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spir·it·u·al·i·ty
/ˌspɪrɪˈtʃoo̯ələdeɪ/ 
noun

the quality of being concerned with the human spirit or soul as opposed to material things.
"the shift in priorities allows us to embrace our spirituality in a more profound way"

OVERVIEW:

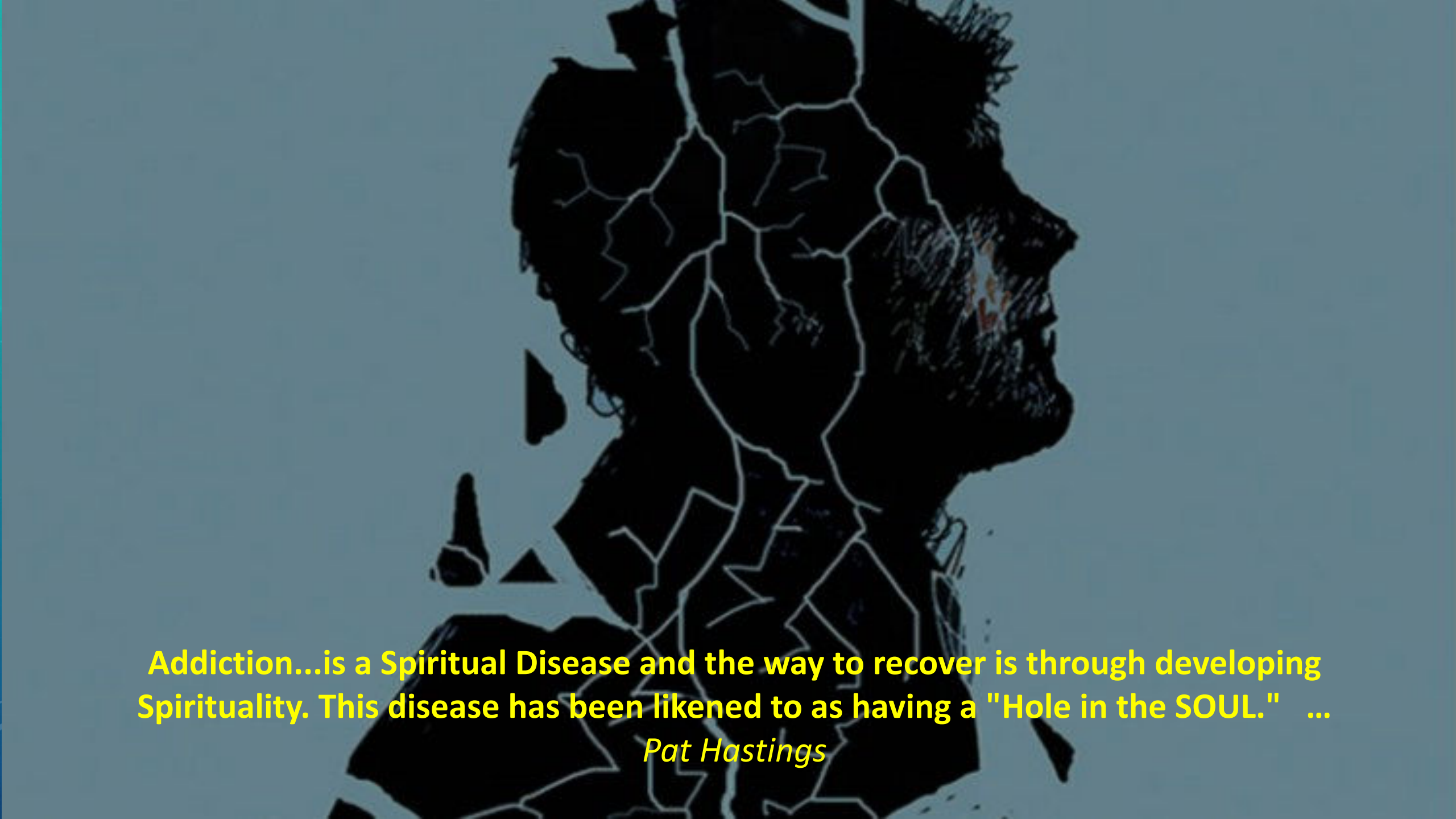
1. Spirituality in
Treatment

2. Spirituality in
Organizational Culture

3. Spirituality as a
Leadership Trait

PART ONE:

Spiritual Director, *Pavillon Treatment Center*



Addiction...is a Spiritual Disease and the way to recover is through developing Spirituality. This disease has been likened to as having a "Hole in the SOUL." ...

Pat Hastings

DEEPENING THE SUBJECT ON THE CLINICAL LEVEL

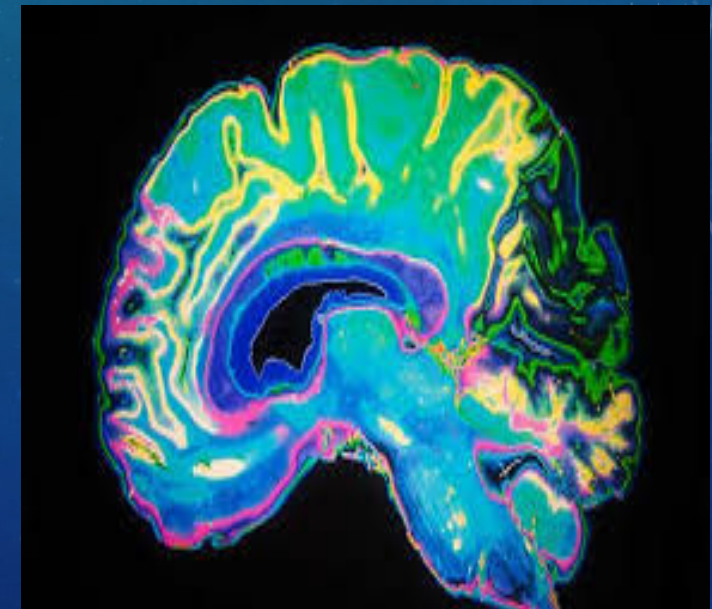
Spirituality versus Mindfulness

Spirituality is a way of
life, not an intellectual
concept.

At the core of our
BEING is our SPIRIT.



Neuro Science of Spirituality





Ritual/Experiential Spirituality

Spiritual Integrity throughout the Whole Program:
Challenging Our Professionals



BE AMAZED BEFORE WE ARE HALF WAY THROUGH.

- WE ARE GOING TO KNOW A NEW FREEDOM AND A NEW HAPPINESS.

- WE WILL NOT REGRET THE PAST NOR WISH TO SHUT THE DOOR ON IT.

- WE WILL COMPREHEND THE WORD SERENITY AND WE WILL KNOW PEACE.

- NO MATTER HOW FAR DOWN THE SCALE WE HAVE GONE, WE WILL SEE HOW OUR EXPERIENCE CAN BENEFIT OTHERS.

- THAT FEELING OF USELESSNESS AND SELF PITY WILL DISAPPEAR.

- WE WILL LOSE INTEREST IN SELFISH THINGS AND GAIN INTEREST IN OUR FELLOWS.

- SELF-SEEKING WILL SLIP AWAY.

- OUR WHOLE ATTITUDE AND OUTLOOK UPON LIFE WILL CHANGE.

- FEAR OF PEOPLE AND OF ECONOMIC INSECURITY WILL LEAVE US.

- WE WILL INTUITIVELY KNOW HOW TO HANDLE SITUATIONS WHICH USED TO BAFLE US.

- WE WILL SUDDENLY REALIZE THAT GOD IS DOING FOR US WHAT WE COULD NOT DO FOR OURSELVES.

- ARE THESE EXTRAVAGANT PROMISES? WE THINK NOT. THEY ARE BEING FULFILLED AMONG US—SOMETIMES QUICKLY, SOMETIMES SLOWLY. THEY WILL ALWAYS MATERIALIZE IF WE WORK FOR THEM.

9TH STEP PROMISES

PART TWO: Spirituality in Organizational Culture

REV. EYGLO BJARNADOTTIR, CSC
Spiritual Counselor, *Hazelden-Betty Ford*



THE SPIRITUAL LIFE IS
NOT A THEORY.
WE HAVE TO LIVE IT.

Alcoholics Anonymous p. 83

“YOU CANNOT TRANSMIT
SOMETHING YOU HAVEN’T GOT.”
p. 164

-INTEGRITY-



BEYOND THE MISSION STATEMENT

CITED UNETHICAL PRACTICES:

- Yes, **paid referrals**
- Yes, **black hat search engine optimization**
- Yes, **insurance excesses and fraud ...**

BUT ALSO ...

- **BELOW MINIMUM STAFFING:** Insufficient ratios or under-qualified personnel
- **QUESTIONABLE SERVICES:** Insufficient or mis-represented evidence-based services
 - **PROGRAM-CENTERED TREATMENT:** Content does not vary based on individual
 - **UNDER-INVOLVEMENT OF FAMILY:** Family elements are perfunctory or absent
 - **TIME-LIMITED HORIZON:** Little or no transition management



SPIRITUAL LEADERSHIP IS ETHICAL LEADERSHIP

Do we practice what we preach at the org level?

- How do we communicate within leadership circles and with constituencies at various levels in our organization?
- Clinical supervisory models warn about “**parallel process**,” where practitioners and clients curiously mirror one another.

- Cowardice asks the question, is it safe?
- Expediency ask the question, is it politic?
- Vanity asks the question, is it popular?
- But, conscience ask the question, is it right?

And there comes a time when we must take a position that is neither safe, nor politic, nor popular, but one must take it because it is right”.



Dr. Martin Luther King Jr.

A wide, straight asphalt road with a white dashed center line stretches from the foreground into the distance, vanishing at the horizon. The road is flanked by green, grassy fields. In the far distance, there are low, rolling hills or mountains under a sky filled with soft, grey clouds. The overall mood is one of vastness and forward movement.

COURAGE TO DO THE NEXT RIGHT THING



PART THREE: Spirituality in Leadership

REV. JACK ABEL, MDIV, MBA
Senior Director of Spiritual Care, *Caron Treatment Centers*

SOME TOUGH QUESTIONS ...

- Would you get an “A” in family and personal relationships?
- What about addiction interaction disorder in your life?
- Who do you confide in?
- Do you have a clear conscience?



CONFLICTING ALLEGIANCES

- Board of Directors
- Executive Leadership Team
- Referral and Payer Relationships
- Clinical and Non-Clinical Functional Areas
- Personal credentialing
- ...





WHAT DOES ETHICAL
LEADERSHIP LOOK
LIKE?





THE KEY QUESTION

HOW MUCH DOES MY INTEGRITY MATTER?

THOUGHTFUL QUESTIONS AND CASE EXAMPLES

SPIRITUALITY AS AN **INDIVIDUAL, TEAM, AND
TREATMENT COMPETENCY**



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS



QUESTIONS

A person wearing a dark, patterned hooded garment is seen from the back, looking out over a coastal landscape with a cloudy sky and a body of water. The image is split vertically, with the left side showing the person and the right side being a solid teal color with white text.

A LEADERSHIP SCENARIO

Marie, a mid-career high level treatment executive, is facing pressures on multiple levels. Board and Executive Teams are looking to her to assess and implement significant changes. Both clinical and non-clinical areas have peculiar spending in some areas, decreasing morale, recent high turnover. No one is aware that she is also unraveling in the face of personal marital and financial challenges

Question 1. Which outcome might you forecast:

- Will she see the capacity to act toughly in the work setting as one small sphere in which she can have control?
- Will she hesitate to carry out tough decisions in parallel with her fears about her own vulnerabilities?

Question 2. Does she need some support? If she was in your organization, how would she seek and find it?



OLD WAY

NEW WAY

A TEAM SCENARIO

Recovery Rules Treatment Center is evolving in response to changes in the industry and the influence of younger leaders who have advanced to key roles. Case load sizes are changing, teams are being reorganized, people are being encouraged and coached both up and out. There is passion at the executive and clinical leadership levels for a new vision that may not only save the organization's present but ultimately open a very different kind of future. Some long term employees and other stakeholders are struggling, feeling that the organization is betraying its heritage and values.

When patients and families are facing major transitions, we encourage them to share openly, to honor the deeper, emotional and attachment dynamics that are activated – positively and critically. If we are spiritually minded, we may advise them to seek counsel, spend time in prayer, ritual, or mentor relationships. We may use the 12 step tradition to recommend surrender, inventory, amends, or service.

Question 1. What would you recommend to Recovery Rules' leadership as methods for navigating organizational and cultural change?

Question 2. Do we practice what we preach?



A TREATMENT SCENARIO

Susan is viewed as opened minded, but closed to her feelings and closed to the idea that there was help for her. She stated to her counselor that she had been like this for years.

Question One: What would your teams suggest to help Susan with this block?

Meeting with the psychiatrist , CBT, and other clinical tools were added to her care plan. After two weeks Susan was in the same place. It was then brought up what if it was approached from a loss of soul idea.

Question Two: What are your thoughts on this as a possible cause?

Moving forward with this idea the spiritual care professional met and moved into experiential ritual which at this time Susan was open to trying. Susan had no belief in a Higher Power, religious or spiritual upbringing. First teaching was smudging to help Susan come into the present moment, then to become mindful of her heart. Next to write down on flash paper what she felt was the block and then released. Then using sound healing and instruments specifically attuned to open a person's spirit and heart were the next steps in the ritual. **Outcome:** One tear began to move down Susan's cheek. The next day she confronted the spiritual care person stating: "I don't know if I should love or hate you but since the ceremony all I can do is cry."

Question Three: How far out of the box are we willing to go to help a person help their soul and possibly save their life?

LIVING AND TEACHING BY EXAMPLE

- What are the spiritual practices you teach your patients? Mindfulness, prayer, walking a labyrinth, daily reading, yoga, walking in nature etc.?
- Do you start your team meetings with a moment of mindfulness or prayer?
- How often does your staff or you walk a labyrinth or other path?
- Do you start groups with meditation/prayer?
- Are your groups done inside or out?
- Do you have a daily spiritual practice?
- Do you participate in a spiritual renewal retreat at least once a year?

