

2018

Transforming Drug Addicts' Lives: Restoration Christian Outreach Community (RCOC) In Northwest Mississippi

Rose Maria McCarthy Anding
randing15@georgefox.edu

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GEORGE FOX UNIVERSITY

TRANSFORMING DRUG ADDICTS' LIVES:
RESTORATION CHRISTIAN OUTREACH COMMUNITY (RCOC)
IN NORTHWEST MISSISSIPPI

A DISSERTATION SUBMITTED TO THE
FACULTY OF PORTLAND SEMINARY
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF MINISTRY

BY

ROSE MARIA MCCARTHY ANDING

MARCH 2018

Portland Seminary
George Fox University
Portland, Oregon

CERTIFICATE OF APPROVAL

DMin Dissertation

This is to certify that the DMin Dissertation of

Rose Maria McCarthy Anding

has been approved by
the Dissertation Committee on February 15, 2018
for the degree of Doctor of Ministry in Leadership and Global Perspectives.

Dissertation Committee:

Primary Advisor: MaryKate Morse, PhD

Secondary Advisor: Carlos Jermaine Richard, DMin

Lead Mentor: Jason Clark, DMin

Expert Advisor: MaryKate Morse, PhD

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DEDICATION

I dedicate my dissertation to my professors, family, and friends who have supported me along this journey. Thanks to you all for participating in this amazing experience and for traveling together with me.

This project is the result of the God’s vision given to author, Rose Maria McCarthy Anding, whose heartfelt goal is to impact the lives of men and women trapped by addiction of any kind. After twenty-five years, God delivered me from crack cocaine and other drugs at a spiritual rehab program for women in Houston, Texas. After returning as a free woman from the drug-rehab program, God gave me a vision. He told me to write the vision and make it plain, according to Habakkuk 2:2–3 “As she stood and listened to God, He answered her, ‘Write the vision, and make it plain upon tables, that he may run that readeth it,’ for this vision *is* for an appointed time.”

I, Rose, found that the answer to America’s substance abuse nightmare was to fall in love with Jesus—that the only answer was Jesus—and I found my answer in a program that offers a Christian alternative. Eleven years ago, I found “the Answer.” This vision is as any seed planted in good soil; it does not stop growing, but continues to multiply.

Many requests are made by family members for help, which calls for a program to which drug addicts and family members could send their loved ones. Because I knew from experience that the only answer was Jesus—I have now accepted the mantle to establish the Restoration Christian Outreach Community to fulfill my God-given vision and passion for those trapped in addiction.

ACKNOWLEDGMENTS

First of all, I would like to give thanks and glory to my Lord for the opportunity to do this dissertation project. My research mentor, Dr. Jason Clark, is acknowledged and deeply appreciated. He has led me with deep concern and thoughtful consideration to perform in the spirit of excellence in this research project. I also want to give thanks to my adviser, Dr. MaryKate Morse, not only because she carefully read this proposal, but also because she had an effect on my research in connection with the subject of this project. I would like to thank all the staff of George Fox University, The Global Perspective Leadership Group of Portland Seminary's Doctor of Ministry program, especially the distinguished professors Dr. Laura Simmons and Dr. Clifford Berger.

I also thank my editors, John Morris, and Connie Anderson, and the second reader, Dr. Carlos Richard provided by the program; they ensured accuracy and clarity of my message.

However, in addition I wish to dedicate this dissertation to my late husband Joshua J. Anding, my late brother Rev. Dr. Joseph N. Simmons, and all my brothers, sisters, and especially my children Tamela McCarthy-Redd, and Daniel Lamar McCarthy, who have been the greatest source of motivation and inspiration to their mother. And thanks to friends who have prayed and supported my family and me spiritually, emotionally, and financially. Also Dr. Geraldine Raynor, Dr. Willie J. Berry, and Mrs. Floyce Robinson who always offered prayer, patience, encouragement, and emotional and spiritual support.

My children, grandchildren, and great grandson are the joy of my life and the best gifts that God has given me—my two lovable granddaughters, Alexandria D. and Kristen J. and great grandson Denver J.

All thanks and glory to God!

EPIGRAPH

The Word of the Lord to Rose Maria McCarty Anding

“I will make you like a signet ring on my finger, says the Lord, for I have chosen you. I, the Lord of Heaven’s armies, have spoken!” Haggai 2:23

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ABSTRACT

The National Institute on Drug Abuse reports on over 14,500 specialized drug-treatment facilities providing counseling, behavioral therapy, medication, case management, and other services to persons with substance-use disorders.¹ Drug addiction is a complex disorder that can involve the individual's family, work, school, and community involvement with pervasive consequences, so treatment typically involves many components, with the goal of addressing each facet affected by the disorder. Residential drug-treatment programs throughout the United States follow different treatment and rehabilitation models. In Mississippi, most drug-treatment programs are offered by the Department of Mental Health, Bureau of Alcohol and Drug Services. However, residential drug-treatment programs in northwest Mississippi do not incorporate Godly tools and leadership principles to address the increasing challenges of drug addiction. This dissertation addresses v faith-based treatment environments, servant leadership, and reintegration into spiritual and community life to determine the effectiveness of three residential drug-treatment programs around northwestern Mississippi aiming to understand the effectiveness of those programs and how they could better improve the lifestyles of Mississippi's drug-addicted population. Based on the findings, I propose to establish a Restoration Christian Outreach Community (RCOC), a faith-based, holistic, drug-treatment program, planned for northwest Mississippi and designed to change each recovering individual's social environment. The resulting artifact, entitled "Transforming Drug Addicts' Lives in Northwest Mississippi:

¹ See "Drug Addiction Treatment in the United States," in Nora D. Volkow *Principles of Drug Addiction Treatment: A Research-Based Guide*, 3rd ed. (Darby, PA: Diane, 2011), accessed December 27, 2017, <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states>.

Restoration Christian Outreach Community (RCOC),” represents portions of a proposed facilitator’s manual for daily sessions at the RCOC Ministry. This artifact incorporates the Godly tools missing from many recovery programs, and may be used by others in outreach ministries and residential drug-recovery facilities as a holistic approach to healing.

SECTION ONE: THE PROBLEM

Introduction

In certain biblical metaphors, God is compared to a potter molding clay. God's people are the clay. However, this comparison also works with God as the Master Potter, and the drug addict as the clay. Jeremiah reported, "[the Lord said,] 'Arise and go down to the potter's house and there I will cause thee to hear my words.' Then I went down to the potter's house, and behold, he wrought a work on the wheels. And the vessel that he made of clay was marred in the hand of the potter" (Jeremiah 18:1-3, NIV). Somehow, the clay becomes marred, the Lord, the Master Potter, first finds addicts in the potter's field, they are broken vessels in need of salvation. He gently picks them up and carries them back to the potter's house. It is through the Master Potter that the addicts can be restored. The steps in this journey can be painful, but the steps are necessary for the drug addicts to be transformed from broken bits of clay into anointed vessels that reflect the Lord's glory.

The vision of a collection of broken vessels has been germinating for 10 years within my mind because of my multifaceted career as a chaplain, biblical and drug counselor, and minister of the gospel in northwest Mississippi. In that area, residential drug treatment programs seem to be failing the drug addicts, including some faith-based services for drug addicts.

The Problem

Drug addiction and drug abuse have become a common issue in Western society. Drug addiction and abuse creates its own culture. Drug addiction also has long-lasting adverse effects on the individuals involved, as well as on society as a whole, causing

lifelong emotional and physical scars.² Long-term drug addiction and abuse can ruin the lives of the people involved, challenging them emotionally, psychologically, and physically, and they can overcome these challenges only through great struggle.³ Drug addicts must undergo appropriate treatment and rehabilitation programs to ensure significant improvement in their health.⁴

The common view of rehabilitation centers and healthcare organizations connected to the public and private sectors is that they are actively contributing to rehabilitating and treating drug-addicted individuals. However, despite the rehabilitation centers in northwest Mississippi, drug addiction is increasing in that area. According to current statistics, as many as 3% of Mississippians are suffering from drug abuse and 5% are alcoholics. Indeed, substance use in Mississippi is a serious problem, and the increasing trends are not unlike many other states nationwide.⁵ This author believes that these programs lack a strong incorporation of spiritual and leadership principles. In the Christian community, the church can work as a center point to help the local community overcome this issue, but this requires a singular focus and strong leadership principles to transform the drug culture and help restore the lives of drug addicts and their families.⁶

² Robert West and Jamie Brown, *Theory of Addiction*, 2nd ed. (New York: John Wiley & Sons, 2013).

³ Michael T. Bardo and Wilson M. Compton, "Does Physical Activity Protect against Drug Abuse Vulnerability?" *Drug and Alcohol Dependence* 153 (2015): 3–13.

⁴ Alicia Yolanda Harvey-Vera et al., "Risk of Violence in Drug Rehabilitation Centers: Perceptions of People Who Inject Drugs in Tijuana, Mexico," *Substance Abuse Treatment, Prevention, and Policy* 11, no. 1 (2016): 5.

⁵ Mississippi State Department of Health, "Preventing Prescription Drug Abuse," accessed December 27, 2017, http://msdh.ms.gov/msdhsite/_static/44,0,382.html.

⁶ George F. Koob, "Negative Reinforcement in Drug Addiction: The Darkness Within," *Current Opinion in Neurobiology* 23, no. 4 (2013): 559–563.

Drug addiction is one of the most fundamental lifestyle-related problems. According to the SAMHSA Report, it causes significant reduction in nations' workforces.⁷ The drug addict not only suffers from mental health problems, but is also at an increased risk for chronic illness. The many stories about drug abuse shed light on the incredible hold that addiction can have on a person and how it affects not only them, but their loved ones. My friend Ann tells one such story.

The Story

I entered a local nail salon and sat down to have my nails done, saying, "Hello, Esor. How are you?" Suddenly, she began crying uncontrollably on my shoulder. "Esor, what's wrong?" She poured out her story: Her boyfriend got her hooked on cocaine, an addiction that lasted over twenty-five years. She tried drug rehabs, and each recovery ended with relapse. Uncontrollable behaviors and emotional cycles lasted until she eventually lost everything and had to live on the streets. Esor related how she became a Christian and found the power to struggle against drug addiction through Jesus. I said: "That's great!" She began to cry again: "But my friend is struggling with the same sins unabated." Her words touched me. I was moved to help Ann's friend and others who struggle with addiction. However, drug addiction is a real problem and is not restricted to Esor's friends.

People have used drugs for as long as they have tried to ease pain and avoid problems. However, individuals develop drug addiction by voluntary intake of drugs. By the time they have lost their control over this habit, it is very difficult to stop using drugs.

⁷ Substance Abuse and Mental Health Services Administration, "Data," accessed December 27, 2017, <https://www.samhsa.gov/workforce>.

Regular drug intake significantly changes the nervous system and permanently impacts brain activity.⁸ Drug addiction influences the regions of brain responsible for rewards, learning, memory, behavior, and motivation. For this reason, drug addicts rarely lead healthy, normal lives.⁹ While drug addiction is a real problem, it is not an incurable illness; however, a spiritual resource of faith can tremendously help drug addicts.

According to II Corinthians 5:17–21 (NKJV)

¹⁷Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new. ¹⁸Now all things are of God, who has reconciled us to Himself through Jesus Christ, and has given us the ministry of reconciliation, ¹⁹that is, that God was in Christ reconciling the world to Himself, not imputing their trespasses to them, and has committed to us the word of reconciliation.

Drug addiction is a complex disorder that can involve virtually every aspect of an individual's functioning—family, work, school, and community. Drug addiction, along with behaviors and lifestyle choices, cause significant economic burden to healthcare sectors around the globe.¹⁰ Therefore, drug addiction causes or is a precursor of a number of physical and mental health problems. Due to these chemicals' addictive power and the behavioral changes they cause, users' lives degenerate until they need help to recover. This assistance must come from skilled practitioners, compassionate family, and supportive colleagues, within a residential drug-treatment program.

⁸ Michael Kuhar, *The Addicted Brain: Why We Abuse Drugs, Alcohol, and Nicotine* (Upper Saddle River, NJ: FT Press, 2011), 70.

⁹ National Institute on Drug Abuse, "Treatment Approaches for Drug Addiction," 2016, accessed March 4, 2017, <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>.

¹⁰ West and Brown, *Theory of Addiction*.

Statement of Methodology

The proposed project will involve six sections. The first three sections will provide an overview of the need for a facilitator's manual written for the Restoration Christian Outreach Community (RCOC) residential drug treatment program called the Rose House in northwestern Mississippi. It is a ninety-day, twenty-four-hour, free, residential drug-rehabilitation program for adults, aged eighteen and older.

Section One, the Introduction of the dissertation, primarily deals with the rationale for the project. It describes the condition of the drug addicts and their effect on the community in which they live. The background for the need of the project is visited, as well as the theological premise that undergirds the need for the study. In the introduction, some alarming statistics about the drug addiction is presented and the ways in which leadership and environment directly affects residential drug treatment programs within a community. Section Two is concerned with reviewing other Drug Residential treatments programs and which will demonstrate the need for a holistic drug program. Section Three involves research that focuses on drug addiction in Mississippi, rehabilitation programs for drug addiction in Mississippi, and drug residential programs in northwestern Mississippi versus state drug programs. Section Four describes the Artifact.

Drug Addiction Treatment Background

Drug addiction is as old as humankind; in all periods we find remedies for drug victims, including home remedies, herbal remedies, and many others. In addition to these, institutes and clinics offer drug victims treatment through medicines and different types of remedies. Drug addicts must undergo appropriate treatment and rehabilitation

programs to ensure significant improvement in their health.¹¹ Drug rehabilitation is a complex process, consisting of a wide range of treatment modalities which will be discussed later in this section. Those who suffer from addiction are often driven by destructive thoughts. Rehabilitation programs might be offered to populations at the community or the national level to significantly reduce the number of drug-addicted individuals in society.¹²

In Mississippi, the Department of Mental Health, Bureau of Alcohol and Drug Services, is responsible for administering concerns related to excessive consumption of drugs: referral, assessment, diagnosis, prevention, treatment, and post-treatment care for drug-dependent individuals.¹³ Moreover, these offices are responsible for delivering counseling sessions and strategies to effectively deal with drug addicts' fluctuating behaviors. Similarly, they are also responsible for establishing, maintaining, and reviewing services provided by public and private rehabilitation centers. They oversee state-operated facilities, along with the services provided by regional mental health departments. They analyze the effectiveness of drug rehabilitation programs in northwestern Mississippi and investigate factors that could contribute to improvement and closing the relapse gap.

¹¹ Harvey-Vera et al., "Risk of Violence in Drug Rehabilitation Centers," 5.

¹² Inge Petersen et al., "Promotion, Prevention and Protection: Interventions at the Population- and Community-Levels for Mental, Neurological and Substance Use Disorders in Low- and Middle-Income Countries," *International Journal of Mental Health Systems* 10, no. 1 (2016): 30.

¹³ L. Herbert and S. Ginger, *FY 2011 State Plan* (Jackson, MS: Mississippi Department of Mental Health, Bureau of Alcohol and Drug Services, 2010).

Drug Addiction and the Related Issues

Many issues are linked directly or indirectly with drug addiction because it:¹⁴

- Has negative effects on the user's work or employment. For instance, performance and efficiency is badly affected, and the organization may suffer as a result.¹⁵
- Affects the family and society. People taking drugs can harm their families and the broader society by their ill behaviors.¹⁶
- Can involve severe legal troubles.¹⁷
- Causes both short- and long-term health troubles. Commonly, these come in the form of cardiovascular diseases, cancer, stroke, AIDS/HIV, lung disease, and hepatitis.¹⁸
- Also creates behavioral and mental issues.

Drug dependence and addiction are personal and public issues. They affect individual privileges and limitations, as well as domestic autonomy and international control.¹⁹ The ethical problems under these titles can be connected to comprehensive moral issues. The issues related to drug misuse spread far beyond the immediate

¹⁴ Drugabuse.Com, "Drug Abuse Problems," 2016, accessed November 23, 2016, <http://drugabuse.com/library/drug-abuse-problems/>.

¹⁵ Ron Stall et al., "Alcohol Use, Drug Use and Alcohol-Related Problems Among Men Who Have Sex with Men: The Urban Men's Health Study," *Addiction* 96, no. 11 (2001): 1589–1601.

¹⁶ Child Welfare Information Gateway, "Parental Substance Use and the Child Welfare System," Children's Bureau, 2014, accessed December 27, 2017, <https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>.

¹⁷ Lauren Villa, "Trafficking Statistics," Drugabuse.com, 2017, accessed December 27, 2017, <https://www.drugabuse.net/drug-policy/penalties-for-drug-abuse/>.

¹⁸ National Institute on Drug Abuse, "Medical Consequences of Drug Abuse," 2016, accessed November 23, 2016, <https://www.drugabuse.gov/related-topics/medical-consequences-drug-abuse>.

¹⁹ T. M. Hammett, C. Roberts, and S. Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime and Delinquency* 47, no. 3 (2001): 390–409.

individual effects. They negatively affect overall society directly and indirectly. The effects of drug addiction are persistent, and society as a whole pays a huge price for it.²⁰

Drug dependence is directly linked with the brain of the person taking the drugs. It affects the brain more than other parts of the body. It “targets the brain’s reward system by flooding the circuit with dopamine,”²¹ making the person unable to think or behave rationally, which creates social issues. This gives rise to such behavioral issues as lowered self-control, impaired judgment, impulsiveness, and aggressiveness. These behaviors create problems within the society, as well as other circumstances like the war on drugs.

Bruce L. Benson presents the unintended consequences in *Academics Journal*, which was part of his research on the effects of the War on Drugs.²² There is no delicate way to address some of the social problems in society, especially the war on drugs, and its effect on 21.6 million Americans, and millions more worldwide, who abuse or are dependent on drugs. Teaching drug addicts caregivers (the various helping professionals who provide alcohol and other drug-abuse treatment) about the latest addiction science research shows promise as an approach. However, we must view the effect of the war on drugs.

However, taking into consideration how drug use affects all parts of society, this causes strain on the healthcare system, the criminal justice system, and the economy.

²⁰ J. David Hawkins, Richard F. Catalano, and Janet Y. Miller, “Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention,” *Psychological Bulletin* 112, no. 1 (1992): 64–105.

²¹ Recovery Gateway, “Effects of Drug Abuse and Addiction | Gateway Treatment Centers,” 2016, accessed November 23, 2016, <http://recovergateway.org/substance-abuse-resources/drug-addiction-effects/>.

²² Bruce L. Benson, “Escalating the War on Drugs: Causes and Unintended Consequences,” *Stanford Law and Policy Review* 20, no. 2 (2009): 293–357.

Drug addiction does not respect any ethnic, geographic, or social boundaries, but there are certain groups more likely to be exposed to drug use. Addicts are stereotyped as inherently bad people who do bad things because they are driven by their values. America's war on drugs is a good example of a punitive method against addiction that is consistent with the moral model. The war on drugs seeks harsh punishments for those involved with drugs, rather than rehabilitative methods. The underlying assumption is that those engaged in drug-related offences, including drug abuse, choose to behave that way. Since Richard Nixon famously called for an "all-out offensive" on the war on drugs in 1971, the U.S. government has funneled a trillion dollars into the effort.

The War on Drugs

America is at war and has been fighting drug abuse for almost a century. The amount spent annually in the United States on the war on drugs is more than \$51,000,000,000,²³ and 1.5 million individuals have been arrested on nonviolent drug charges. For example, 693,482 individuals were arrested for the violation of marijuana laws in the year 2013; of those, 609,423 (88%) were charged with possession.²⁴ Analytically, drugs have existed for thousands of years and have been prohibited for only 1% or less of that time.²⁵ The war on drugs has several side effects.

²³ Drug Policy Alliance, "Drug War Statistics," 2017, accessed December 27, 2017, <http://www.drugpolicy.org/drug-war-statistics>.

²⁴ Ibid.

²⁵ Mark Axelrod, "Popular Culture and the Rituals of American Football," *CLCWeb: Comparative Literature and Culture* 3, no. 1 (2001): Article 2.

To understand the historical and sociological perspectives on this issue, it is important to explore how racial injustice impacts society, and to evaluate health- and family-related issues that show the most influence in society.

Many families in the United States have experienced the overwhelming side affects of the failed drug-war policies, and many individuals have supported policies that treat drug use as a health issue, not as a criminal-justice issue. The drug police alliance has worked hard to end the drug war's assault on families. Questions have been raised about abolishing the drug war because research has shown that drug abusers continue to fill the county's courts, hospitals, and prisons. Drug business and the war on drugs ravage our society and involve racial injustice.

Racial Injustice: The Main Aspect of the War on Drugs

“Imprisonment Rates in the U.S. by Race, Age, and Gender, 2014,”²⁶ reports that:

- Imprisonment rates by race were highest for males ages 30 to 34 (6,412 per 100,000 black males, 2,457 per 100,000 Hispanic males, and 1,111 per 100,000 white males).
- More than 1% of white male residents ages 30 to 39 were in state or federal prison at year end 2014.
- The figure for black males exceeded 6% of the total U.S. population.
- Female prisoners aged 30 to 34 had the highest imprisonment rates among black (264 per 100,000 black females of the same age), Hispanic inmates (174 per 100,000), and white (163 per 100,000).

²⁶ E. Ann Carson, *Prisoners in 2014*, NCJ248955 (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015), accessed December 27, 2017 <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5387>.

- Black females were 1.6 to 4.1 times more likely to be imprisoned than white females of any age group.²⁷

In some states, the rates are a bit higher depending on their particular drug-use history. In Mississippi, for instance, the rate is above 30% of the population.²⁸ The three states with the highest ratios are Louisiana (881 per 100,000), Mississippi (702 per 100,000), and Oklahoma (657 per 100,000).²⁹ The war on drugs has produced profoundly unequal outcomes across various racial groups. This is evidenced through racial discrimination practiced by law enforcement as well as the drug war's particular focus on blacks.³⁰ Compared to whites, blacks are more often arrested, prosecuted, and incarcerated for drug violations. Latinos are also on the list of targets. Currently, the Drug Policy Alliance aims to identify the various disproportionate rates at which blacks and Latinos are arrested, as well as the various systems and behaviors that encourage such crimes.³¹ The war on drugs has had dramatic effects on the United States. For example, it has slowed the integration process among different communities.

Many U.S. families have experienced the devastating effect of failed drug-war policies. There is a high rate of imprisonment among the African Americans that has led the police to target African American communities where they carry out extreme levels

²⁷ Get the Facts, "Prisons and Race," accessed December 27, 2017, http://www.drugwarfacts.org/chapter/race_prison.

²⁸ Benson, "Escalating the War on Drugs."

²⁹ Heather C. West, William J. Sabol, and Sarah J. Greenman, *Prisoners in 2009*, NCJ231675 (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2010), accessed December 27, 2017, <http://www.bjs.gov/content/pub/pdf/p09.pdf>. Appendix Tables 16a, 16b, and 16c, pp. 29–30.

³⁰ Arthur Berger, *Ads, Fads, and Consumer Culture: Advertising's Impact on American Character and Society* (Lanham, MD: Rowman & Littlefield, 2011).

³¹ Drug Policy Alliance, "Mission and Vision," 2017, accessed December 27, 2017, <http://www.drugpolicy.org/mission-and-vision>.

of surveillance. In many cases, police have interfered with the individuals' right to privacy.³²

The racially disproportionate nature of the war on drugs is not just devastating to black Americans. It contradicts faith in the principles of justice and equal protection of the laws that should be the bedrock of any constitutional democracy; it exposes and deepens the racial fault lines that continue to weaken the country and belies its promise as a land of equal opportunity; and it undermines faith among all races in the fairness and efficacy of the criminal justice system. Urgent action is needed, at both the state and federal level, to address this crisis for the American nation.³³

Most African American communities are not well protected. Consequently, police hesitate to respond to an emergency call at any of these communities. This is quite obvious—and is why criminals and gangs grow so strong in black communities. It all starts as a small matter, but when arrests disproportionately target mainly one group, the effect is always costly for the entire nation. Gangs kill and rob irrespective of their victim's racial background. Those who are convicted of drug-related offenses serve long terms in prison, excluding them from the rest of the society. Since the numbers are so large, the drug war has actually created another society of Americans: millions of people who cannot vote, access any kinds of public assistance, or be licensed. A racist enforcement of drug-war policies means that most inmates are from the black and Latino communities. Does this have an effect on the democracy and political landscape of the country? Besides tainting the names of African Americans, the war on drugs has actually denied most of them an opportunity to exercise their democratic rights. The war on drugs separates individuals rather than uniting them as Americans. It excludes Latinos and

³² Drug Policy Alliance, "Strengthening Families," 2017, accessed December 27, 2017, <http://www.drugpolicy.org/families>.

³³ Human Rights Watch, *Key Recommendations*, 2017, accessed September 21, 2017, <https://www.hrw.org/legacy/campaigns/drugs/war/key-reco.htm>.

African Americans from the great American society, with its common goal of attaining the American dream.

Factors Leading to Drug Addiction & Its Consequences

A variety of environmental and personal factors can predispose an individual's behavior toward acquiring and maintaining drug availability: access to drugs, social life, personality traits, hereditary vulnerability, and mental problems.³⁴ Personality traits that might lead an individual toward this behavior are associated with poor or inadequate impulse control. To deal with situations leading towards emotional distress, individuals with low impulse control prefer consuming drugs to reduce potential impacts of emotional disturbance. In this regard, mentally ill individuals, suffering from anxiety, depression, and attention deficit hyperactivity disorders, are at an increased risk of drug addiction. Excessive consumption of drugs causes significant alterations within the neural circuits, and the toxicity of a drug might make this alteration long lasting, so it can become very difficult to suppress toxicity caused by drug addiction.³⁵ These are some of the factors that impact individual lives.

Drug addiction negatively influences individuals' physical and mental health. Excessive consumption of drugs causes gradual alteration in the neurological pathways of the human brain. For this reason, an addicted individual can lose the ability to perform routine functions. These individuals are expected to find it difficult to perform activities

³⁴ Pier Vincenzo Piazza and Véronique Deroche-Gamonet, "A Multistep General Theory of Transition to Addiction," *Psychopharmacology* 229, no. 3 (2013): 388.

³⁵ National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction*, NIH Pub No. 10-5605 (Washington, DC: National Institutes of Health, 2010).

of daily living and to effectively perform cognitive tasks.³⁶ Drug addiction might cause decreased productivity at the workplace, neurological and psychological impairment, medical complications, and poor health. In this regard, individuals who habitually use excessive amounts of drugs are at risk of developing acute pains, infections, pancreatitis, and traumatic injuries.

Drug addicts often suffer from a number of medical complications. These complications might be associated with short-term illness, but excessive consumption of drugs might also cause severe health issues, including cardiovascular disease, cancer, stroke, and complications leading to mental illness.³⁷ There is a strong correlation between drug addiction and mental disorders; drug addiction enhances mental and cognitive disorders among individuals with particular health conditions. The adverse impacts of drug addiction are not confined to medical complications among drug-dependent individuals; they might also harm others. For instance, parental drug exposure is associated with serious medical complications in children: A child born of a drug-addicted mother might suffer from neonatal abstinence syndrome (NAS). Furthermore, children living in close association with drug-addicted parents and other family members are anticipated to suffer from cognitive and mental defects. Similarly, drug addicts are anticipated to be engaged in acts of violence and thus pose serious health and welfare threats to other members of society. Many drug-dependent individuals also prefer

³⁶ K. Jaswinder, G. Deepti, and M. S. Bhatia, "Rehabilitation for Substance Abuse Disorders," *Delhi Psychiatry Journal* 16, no. 3 (2013): 400–403.

³⁷ National Institute on Drug Abuse, *Drugs, Brains, and Behavior*.

injecting drugs intravenously, which contributes to the spread of some diseases, including AIDS, Hepatitis C, and other sexually transmitted diseases.³⁸

Purpose

This dissertation focuses on four major goals:

1. To determine how effective the residential drug programs are in northwestern Mississippi.
2. To determine how well equipped leadership is to fulfill specific care needs of the addicts within the drug programs.
3. To determine the type of environment most suitable to the proper training or guidance.
4. To identify the resources that can meet the needs and offer a model to improve the residential drug programs.

Theoretical Treatment Frameworks

From an international perspective, it has been noted that drug addiction is not limited to individuals of particular age groups or ethnicities; this lifestyle-related issue must be cured at the community and national levels. Most often, individuals become addicted through the influence of other individuals within their social circles.³⁹ According to social-cognitive theory, individuals' cognitive representations and expectations are

³⁸ Alexandre B. Laudet, "The Case for Considering Quality of Life in Addiction Research and Clinical Practice," *Addiction Science Clinical Practice* (2011): 44.

³⁹ Kendler et al., "Genetic and Familial Environmental Influences on the Risk for Drug Abuse: A National Swedish Adoption Study," *Archives of General Psychiatry* 69, no. 7 (2012): 690.

cultured in light of experiences and social norms.⁴⁰ In this regard, reasoned action is strongly emphasized by social standards and intention. Under social-cognitive theory, individuals are addicted to drugs because of their society and social culture.

Rehabilitation programs for these individuals involve treatment with medication, along with psychological sessions.⁴¹ Counseling sessions for these individuals not only help convince them to avoid drug abuse, but also train them to use the available pharmacological strategies to overcome the problem. For this reason, cognitive behavioral therapy (CBT) is widely used in drug-addiction rehabilitation programs. CBT studies have demonstrated that abuse of any substance can be cured by considering a number of aspects related to treatment.⁴² These aspects include motivational elements along with cognitive strategies for boosting confidence. Consideration of these elements during treatment helps ensure the efficacy of drug-addiction rehabilitation and works side by side with pharmacological interventions.

As defined by the National Association of Cognitive Behavioral Therapists (NACBT), CBT focuses on what we do and how we feel.⁴³ According to New Beginnings Drug and Alcohol Rehabilitation,

CBT is a relatively short-term, focused approach that helps users understand and recognize specific situations in which they are prone to engage in addictive behaviors. By identifying such situations, it becomes easier to avoid them when appropriate or deal with them in a healthy manner. It is interesting to note that

⁴⁰ Bruce G. Simons-Morton and Tilda Farhat, "Recent Findings on Peer Group Influences on Adolescent Smoking," *Journal of Primary Prevention* 31, no. 4 (2010): 191.

⁴¹ Wimk Van den Brink, "Evidence-Based Pharmacological Treatment of Substance Use Disorders and Pathological Gambling," *Current Drug Abuse Reviews* 5, no. 1 (2012): 3.

⁴² R. Kathryn McHugh, Bridget A. Hearon, and Michael W. Otto, "Cognitive Behavioral Therapy for Substance Use Disorders," *Psychiatric Clinics of North America* 33, no. 3 (2010): 512.

⁴³ National Association of Cognitive-Behavioral Therapists, "What is Cognitive-Behavioral Therapy (CBT)?" 2016, accessed December 27, 2017, <http://www.nacbt.org/whatiscbt-htm/>.

CBT is not a distinct therapeutic technique that can easily be identified. Rather, it is a general term for a number of similar therapies. These different therapies include Dialectic Behavior Therapy, Rational Living Therapy, Rational Emotive Behavior Therapy, Cognitive Therapy, and Rational Behavior Therapy. When used as a part of an overall recovery program, CBT has proven extremely promising.⁴⁴

A major component of CBT is that thoughts, feelings, and behaviors are connected in a way that each influences—and is influenced by the others.⁴⁵ For example, feelings are impacted by thoughts and behavior, and feelings impact thoughts and behaviors. This notion offers the client some level of power to improve the unwanted facet by addressing the other facets. Many holistic drug- and alcohol-treatment programs operate within a holistically augmented framework of more traditional approaches.

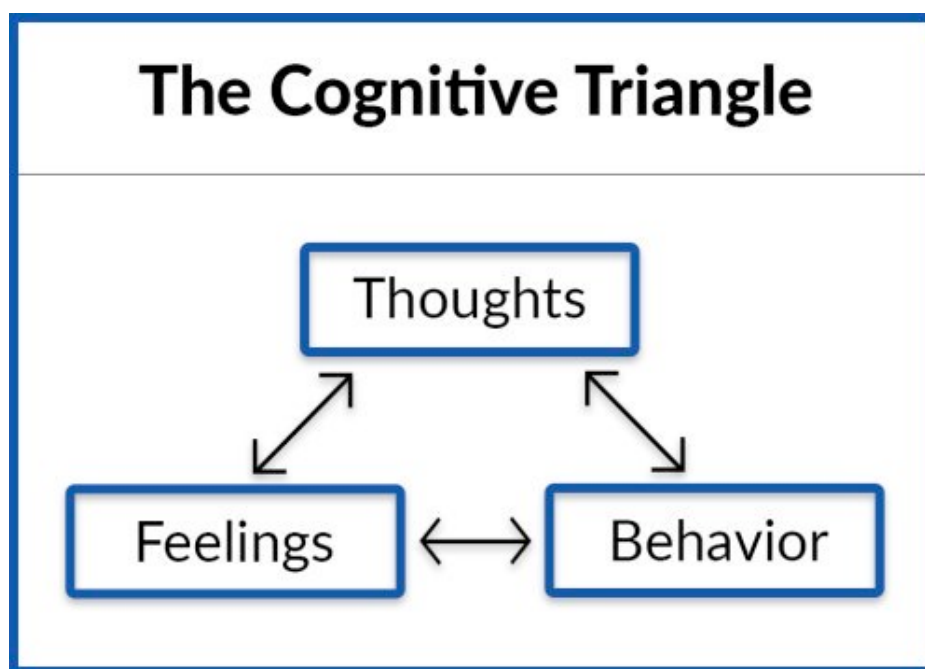


Figure 1. Unlearn the Old—Learn the New.

⁴⁴ New Beginnings Drug and Alcohol Rehabilitation, "Cognitive Behavioral Therapy and Drug Addiction," 2018, accessed March 9, 2018, <http://www.newbeginningsdrugrehab.org/cognitive-behavioral-drug-therapy/>

⁴⁵ B. Martin, "In-Depth: Cognitive Behavioral Therapy," Psych Central, 2016, accessed December 6, 2017, <https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/>.

The goal of CBT is to increase the client's awareness of his or her thoughts and actions, as well as the consequences of those thoughts and actions. Through this process, clients gain a better understanding of their motivations and also the role of drug abuse in their lives. So, a feeling that one does not like can be modified by changing thoughts and behaviors. "CBT is about understanding and providing insights as to why a person abuses drugs or alcohol in the first place."⁴⁶ According to CBT, the physical dependence on illicit

Substances is not the "problem," but rather a serious issue resulting from the constant underlying needs. It is possible to have a patient undergo withdrawal, and then be completely physically independent from drugs or alcohol, but unless there are strategies in place to ensure that the patient stays sober in the future, a relapse is likely. Simply put, patients have to understand how to replace their addictive behaviors with a positive alternative.⁴⁷

In summary, evidence-based CBT helps patients "identify and unlearn addictive behavior— and replace this with healthier behavior that puts them on the path to recovery."⁴⁸

Review of Other Models and Theories

Moral Model of Addiction

The moral model was perhaps the first major model of addiction, being prominent in the early part of the 20th century, and it set the tone for decades to come. The moral model roots are set in religion rather than being supported by empirical evidence.

Therefore, the theologians and clergymen were highly respected and viewed as very

⁴⁶ New Beginnings Drug and Alcohol Rehabilitation, "Cognitive Behavioral Therapy and Drug Addiction."

⁴⁷ Ibid.

⁴⁸ Ibid.

knowledgeable about human behaviours.⁴⁹ The moral model frames addiction as a result of human weakness—a defect in character. This suggests that addiction results from addicts’ the ill-considered decisions stemming from their poor willpower or moral fortitude. According to Wilbanks, the moral model views addiction as a choice based on bad values, made by individuals with low moral standards.⁵⁰

The moral model began to lose its influence when physicians and doctors were seen as having more expertise about humans than theologians, and religion began to fade into the backdrop of people’s lives.⁵¹ The disease model was originally part of the moral model,⁵² but addiction’s effects on the morally strong were undeniable. Therefore, the disease model supplanted the moral model. Consequently, alcoholism officially became a disease in 1956 according to the American Medical Association.⁵³ By the 1960s and 1970s, studies supported the idea of a genetic component to alcoholism.⁵⁴

According to the moral model, a moral failure causes addiction. Therefore, recovery consists of strengthening the patient’s will or motivation to behave in an upright manner. The moral model is prominent in traditional approaches to recovery. “He just needs to strengthen his willpower to resist temptation and get on with his life.” The criminal justice system also approaches addiction from this perspective. Punishments for addiction-related crimes (e.g., DUI, public intoxication) are intended to motivate people

⁴⁹ W. Wilbanks, “The Danger in Viewing Addicts as Victims: A Critique of the Disease Model of Addiction,” *Criminal Justice Policy Review* 3, no. 4 (1989): 408.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ E. C. Hirschman, “Professional, Personal, and Popular Culture Perspectives on Addiction,” *American Behavioral Scientist* 38, no. 4 (1995): 537–552.

to behave better. Trying to persuade someone to behave better is also associated with this model.

This model is based on the defective inner spirit and the inner choice of one's conscience. Society views addictions in a myriad of ways, none of which are positive. There is the perspective of the addiction as being criminal. There is the moral perspective of it being a sin. This model resembles the spiritual and medical model. This model focuses on a person's character defects. The emphasis is on the need for pride to overcome humility. According to Nora J's research paper, "Weakness and character defects are the result of addiction according to the moral model. This model contains very little sympathy for people that have chronic addictions. Individual choices are the main theme of this model."⁵⁵

According to the moral model, a person possessed of moral strength would have the required strength to stop the addiction. Religion is required to be ethical and moral.

In most cases, spiritual rehab centers provide the same therapies and tools to help the addicts to stay sober, as do the secular facilities. The difference is that faith-based rehabilitation centers also teach spiritual principles, and view their relationship with God as an important aspect of healing, while secular facilities may develop multifaceted drug intervention programs without including God. This author believes that humans are tripartite beings. Therefore, using spiritual resources is important for addicts.

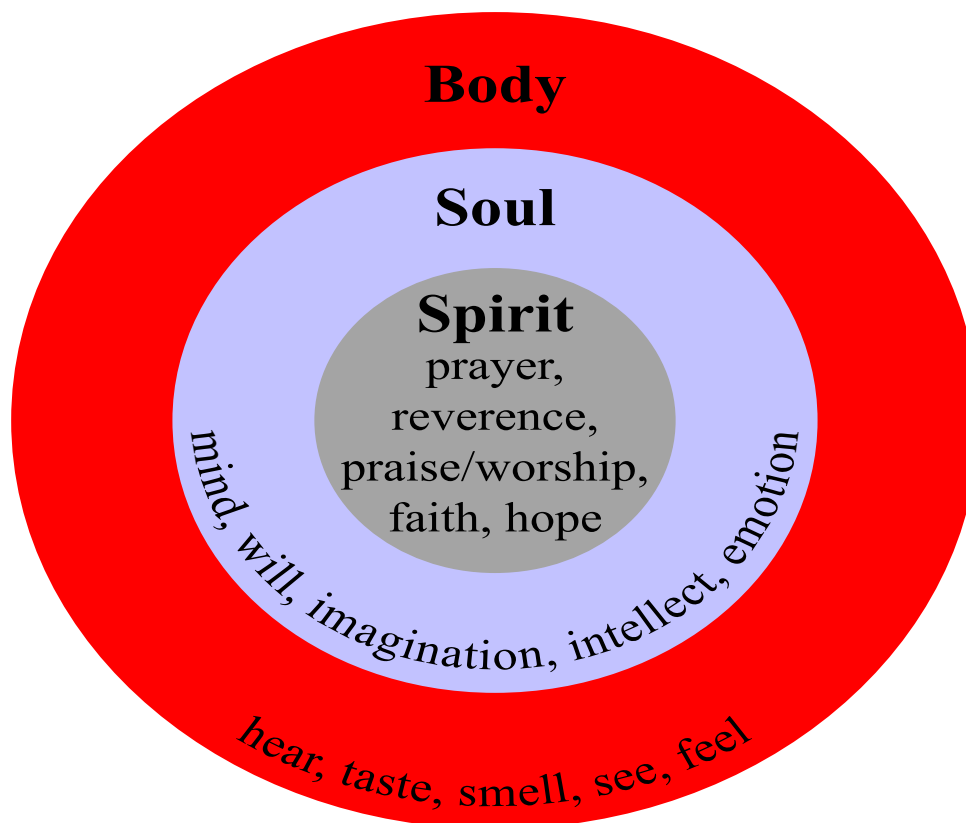
Genesis 1:26–27 indicates that God created humankind distinct from all the other creatures. Scripture clearly teaches that a person is intended to experience an intimate relationship with God, and, therefore, He created us as a unity of both material (physical)

⁵⁵ Nora J. See, "Models and Theories of Addiction and the Rehabilitation Counselor" (Master's thesis, University of Southern Illinois, 2013), accessed December 27, 2017, http://opensiuc.lib.siu.edu/gs_rp/478.

and immaterial (spiritual) aspects (Ecclesiastes 12:7, Matthew 10:28, I Corinthians 5:5, II Corinthians 4:16; 7:1, James 2:26). The material component of humans is obviously that which is tangible and temporal: the physical body. The immaterial aspects are intangible: soul, spirit, intellect, will, conscience, mind, emotions, etc. These exist unendingly beyond the lifespan of the physical body.

Since, humans are made up of three parts: *body*, *soul*, and *spirit*, they are spirit beings, they live in a physical body, and they possess a soul. When a person has a drug challenge and comes to the Lord for salvation, his or her spirit becomes alive to God. The flesh (body) has been trained to misbehave and sin. Now the person has to take the Word of God and feed his or her spirit and renew the mind to overcome the flesh (body) and glorify God with one's life.

Man Is a Tripartite Being



Holistic Addiction Treatment Model

The National Center for Complementary and Integrative Health reports that “more than a third of adults in the US use some form of holistic medicine, and the trend seems to be expanding.”⁵⁶ The American Addiction Centers reports

Holistic addiction treatment aims to deal with several factors that are considered by these programs to contribute to addiction. These aspects include:

- Physical symptoms of addiction and withdrawal.
- Emotional imbalance that can lead to substance abuse.
- A lack of spiritual grounding that can make the bliss of drugs desirable.
- Unhealthy eating habits, resulting in neurochemical imbalance.

⁵⁶ National Center for Complementary and Integrative Health, “The Use of Complementary and Alternative Medicine in the United States,” 2017, accessed December 27, 2017, https://nccih.nih.gov/research/statistics/2007/camsurvey_fs1.htm.

- Environmental toxins or contaminants that result in a need for the substance that gets out of control.

In most cases, these treatments are used alongside more conventional therapies. Some centers claim that the holistic program is the best way to treat addiction to provide lasting recovery. It is generally recommended that holistic therapies are used in combination with evidence-based treatment.⁵⁷

Theophostic Prayer Model (TPM)

Theophostic Prayer (TP), “founded by Dr. Ed M. Smith in 1996, is an approach to mind renewal, or the healing of emotional pain.” Theophostic prayer is universal and accepted the world over due to its positive effects.⁵⁸

First invented by Dr. Smith, it was then adopted by clinics in different countries to treat drug addicts because they also need enlightenment. Without this enlightenment, they cannot escape the suffering, which makes them take drugs that affect their minds directly and society indirectly.

Smith’s interpretation of what is happening in such sessions is that in the same *experiential* manner in which the lie was first believed, Jesus now replaces it with His truth. He enters into the recipient’s *memory* so that she or he can *reexperience* the event with Him in the midst of it, giving the person a true perspective of what happened [Smith says]: Jesus brings present-tense *experience* into a past-tense *experience* creating a new *experience*.⁵⁹

According to the Christian Broadcasting Network,

⁵⁷ American Addiction Centers, “Find an Effective Treatment Programs with a Holistic Approach,” 2018, accessed March 9, 2018, <https://americanaddictioncenters.org/rehab-guide/holistic/>.

⁵⁸ Bryan N. Maier, “Theophostic,” Ministries of Pastoral Care, 2016, accessed November 23, 2016, <http://ministriesofpastoralcare.com/category/theophostic/>.

⁵⁹ Elliot Miller, “Theophostic Prayer Ministry (Part One),” *Christian Research Journal* 29, no. 2 (2006): Article JAT206-1, accessed November 23, 2016, <http://www.equip.org/article/theophostic-prayer-ministry-part-one/>, p. 15.

Theophostic prayer is a Spirit-led process by which a Theophostic Prayer minister asks the recipient to focus on their current emotional pain as well as any physical feelings in the body or images that come to mind. For example, I might recommend the person close their eyes to help them focus on their painful emotions for a few minutes while I briefly pray and invite the Holy Spirit into the session.⁶⁰

The TP leader “has them tune in to their emotional pain and physical sensations, such as body tension and tightness.” After the session, participants will write in their journal about the day’s experience, in order to monitor and help them understand the progress they are making. “When anyone experiences emotional pain in the present, often they are having emotional and sometimes physical memories triggered by situations related to conflicts in family [the workplace] or even in church or other areas.” A person *overreacting* is probably being triggered; his or her “mind is activating painful emotions rooted in a former unresolved conflict of past memories.”⁶¹

Researchers have conducted some initial surveys and case studies that provide favorable results for TPM, but much more extensive and rigorous testing (e.g., randomized control group studies) will be required to establish its claims.⁶²

Social-Cognitive Theory and Treatment

Social Cognitive Theory (SCT), developed by psychologist Albert Bandura, remains one of the most widely supported theories explaining the acquisition and maintenance of human behavior. In SCT, Bandura identifies two key constructs: outcome and self-efficacy expectancies. Outcome expectancies, sometimes referred to *as if ... then*

⁶⁰ Christian Broadcasting Network, “Theophostic Healing Prayer,” 2018, accessed March 9, 2018, <http://www1.cbn.com/prayer/theophostic-healing-prayer>.

⁶¹ Ibid.

⁶² For detailed descriptions of the surveys see Fernando Garzon, “How Is the Research Stacking Up?” *Journal of the International Association for Theophostic Ministry* 1 (2003): 4, 15; Fernando Garzon, “Research Corner,” *Journal of the International Association for Theophostic Ministry* (Spring 2004): 10–11.

expectancies, are the perceived behavioral and affective consequences of engaging in specific behaviors.

Around the world, drug addiction is not limited to individuals of particular age groups or ethnicities; this lifestyle-related issue must be cured at the community and national levels. Most often, individuals become drug addicted through the influence of other individuals within their social circles.⁶³ According to social-cognitive theory, individuals' cognitive representations and expectations are cultured in the light of their experiences and social norms.⁶⁴ In this regard, reasoned action is strongly emphasized by social standards and intention. According to social-cognitive theory, individuals are addicted to drugs because of their society and social culture. Using Bandura's social cognitive theory was effective on quitting addiction.

The Multistep General Theory of Addiction and Treatment

The multistep general theory of addiction has revealed that the transition to drug or substance addiction results from several interacting characteristics: primarily, the vulnerability of an individual to drug addiction, and the amount and duration of drug intake.⁶⁵ According to this theory, an individual cannot adopt overconsumption of a particular drug without the influence of a social circle or life-related circumstances. In light of this theory, the effectiveness of a rehabilitation program is also influenced by the individual's vulnerability and responsiveness to behavioral and pharmacological treatment interventions.

⁶³ Kendler et al., "Genetic and Familial Environmental Influences on the Risk for Drug Abuse," 690.

⁶⁴ Simons-Morton and Farhat, "Recent Findings on Peer Group Influences on Adolescent Smoking," 191.

⁶⁵ Piazza and Deroche-Gamonet, "A Multistep General Theory of Transition to Addiction," 387.

The multistep general theory of addiction describes humans' transition to addiction as independent but consecutive "nonpathological" phases of drug intake, intensified drug intake, and loss of self-control.

As discussed earlier,

according to cognitive theory, chemical dependence results from a complex interaction between cognitions (thoughts, beliefs, schemas); values, opinions, expectations and suppositions; behaviors; emotions; familial and social relationships; cultural influences; and biological and physiological processes. CBT is obviously mainly focused on cognitive processes, which, in turn, interact with the emotional, environmental and physiological systems, determining the probability of a person being dependent.⁶⁶

Cognitive behavioral therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies. In this regard, CBT is widely used in drug-addiction rehabilitation programs. CBT treatment, on the other hand, is based on the presumption that an individual might be addicted to drugs due to changes and ambiguities in his or her behavioral patterns. Thus, CBT-based rehabilitation aims to limit and suppress behavioral problems that have influenced an individual to adopt an addiction lifestyle.

Significance of the Proposal

The process of drug rehabilitation is a combination of treatments and interventions; every intervention and treatment procedure offers its own effectiveness. For this reason, the efficacy of drug rehabilitation is dependent upon the efficacy of each treatment modality associated with the rehabilitation process. According to a

⁶⁶ Cláudio Jerônimo da Silva and Ana Maria Serra, "Cognitive and Cognitive-Behavioral Therapy for Substance Abuse Disorders," *Revista Brasileira de Psiquiatria* 26, suppl. 1 (2004): 33–39, accessed March 9, 2018, http://www.scielo.br/scielo.php?pid=s1516-44462004000500009&script=sci_arttext&tlng=en.

demonstration project run by the World Health Organization (WHO), promoting rehabilitation programs and making them accessible to more drug-dependent individuals would help reduce the global economic burden.⁶⁷ Further illustrations provided by the WHO reveal that drug-dependent individuals can be led to normal and healthy lives by ensuring drug rehabilitation programs are accessible, economical, and available to all individuals around the globe.

From the suggestions of the United Nations Office on Drugs and Crime, to increase enrollment of drug-addicted individuals in rehabilitation centers, we must enhance and promote the association between healthcare systems and systems responsible for dealing with criminal justice.⁶⁸ In this manner, effective and high-quality drug rehabilitation programs can reduce the potential harms from drug addicts to other community members. Drug-rehabilitation programs are cost-effective treatments for dealing with this complex condition. However, the efficacy of treatment is entirely dependent upon the type, features, and how pharmacological and behavioral interventions are delivered within the rehabilitation program.⁶⁹

Rehabilitation programs for drug addiction consist of a variety of procedures. Initially, the drug addicts are screened for physical and cognitive abilities. On the basis of initial consultation, addicted individuals are referred for analysis of the nature and severity of addiction. A multidisciplinary team of professionals helps establish a patient-

⁶⁷ World Health Organization, *Principles of Drug Dependence Treatment* (Geneva, Switzerland: World Health Organization, 2008).

⁶⁸ United Nations Office on Drugs and Crime, *From Coercion to Cohesion: Treating Drug Dependence through Health Care, not Punishment* (New York: United Nations, 2010).

⁶⁹ Megan E. Patrick et al., "Novel Psychoactive Substance Use by US Adolescents: Characteristics Associated with use of Synthetic Cannabinoids and Synthetic Cathinones," *Drug and Alcohol Review* 35, no. 5 (2015): 586–590.

specific treatment plan. This treatment might include a variety of physical and cognitive exercises to lead these individuals back to their lives. Individuals admitted in rehabilitation centers are required to follow a particular daily routine, during which they are not only provided with medications, but are also taught the strategies and approaches for reducing and significantly eliminating drug addiction from their lives. Most often, the rehabilitation program lasts for months or even years, depending on the severity of the addiction. In this regard, undergoing and completing the phase of rehabilitation might provide positive outcomes.⁷⁰ On the other hand, inclusion of diversified treatment strategies, such as behavioral therapy and physical exercises within one phase of rehabilitation might improve long-term impacts of rehabilitation programs for drug addicts.⁷¹

Limitations of the Study

This project will address a particular residential drug treatment community program, and it is not intended to address the issues and circumstances of all drug program or even all residential drug treatment communities, but will be confined to the northwest counties of Mississippi, and in particular, Hinds and Madison County. In essence, this project will be focused primarily on developing a new holistic addiction residential drug treatment program in Flora, a town in Madison County. This project uses a variety of models including the Moral Model, the Holistic Model, CBT and MultiStep Model with the additional use of theophostic prayer.

⁷⁰ Christy K. Scott et al., “Surviving Drug Addiction: The Effect of Treatment and Abstinence on Mortality,” *American Journal of Public Health* 101, no. 4 (2011): 738.

⁷¹ Laudet, “The Case for Considering Quality of Life in Addiction Research and Clinical Practice,” 44.

This project will be limited to only male and female adults ages eighteen and above. This approach will be looking into ways in which servant leadership, in particular, can better minister to addicts (i.e., in the residential treatment program) who are suffering from substance abuse. This thesis will not be looking in depth into pharmaceutical treatments for substance abuse, but will only briefly discuss current trends in this solution.

Rationale for Choosing This Topic

The purpose of this dissertation is to provide a new residential drug-treatment program with *A Facilitator's Manual for Daily Sessions* at the Restoration Christian Outreach Community (RCOC) Ministry in northwest Mississippi. This manual may be used by others in outreach ministries and communities as a complete teaching tool for churches and communities to transition their approach to ministering to the drug culture as a community.

Summary

In conclusion, drug addiction affects the drug taker personally, the addict's family, people around the drug abuser, and society in general. From an examination of the background of drug-taking habits, it is clear that the effects of addiction on the brain and health, the isolated and independent lifestyle, and a lack of connection to the spiritual are making it difficult to treat addicts or to ever stop people from becoming addicts. Many issues are directly or indirectly linked with drug addiction. This project fills a gap by developing a program that has a *Christian* alternative designed specific for members of the drug culture.

SECTION TWO: OTHER PROPOSED SOLUTIONS

Research studies on addiction treatment typically have classified programs in several general types or modalities. Treatment approaches and individual programs continue to evolve and diversify, and many programs today do not fit neatly into traditional drug addiction treatment classifications. Therefore, this section will outline several other residential treatment model within Mississippi and Louisiana while, reviewing alternatives models.

Also, the research will focus on drug addiction in Mississippi, rehabilitation programs for drug addiction in Mississippi, and drug residential programs in northwestern Mississippi versus state drug programs. This project will survey two residential programs in the United States and one in the United Kingdom, seeking new alternatives for a holistic faith-based model of a residential rehab drug program. In addition to the models and theories explored, this section describes obstacles fostered by other models of drug addiction in Mississippi, however, offer ways to address problems of residential drug-treatment programs within a Christian community.

Mississippi Drug Control Update

This report reflects significant trends, data, and major issues relating to drugs in the State of Mississippi. “Mississippi at a Glance”:

- In 2009–2010, Mississippi was one of the top ten states for rates of past-year non-medical use of pain relievers among young adults age 12–17.
- Approximately 6.95% of Mississippi residents reported past-month use of illicit drugs; the national average was 8.82%. Source: National Survey on Drug Use and Health (NSDUH) 2009–2010.

- The rate of drug-induced deaths in Mississippi is lower than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Mississippi.⁷²

The National Survey on Drug Use and Health (NSDUH) provides national- and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent survey, 6.95% of Mississippi residents reported using illicit drugs in the past month. The national average was 8.82%. Additionally, 3.38% of Mississippi residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6%).⁷³

As a direct consequence of drug use, 345 persons died in Mississippi in 2009. This is compared to the number of persons in Mississippi who died from motor vehicle accidents (745) and firearms (487) in the same year. Mississippi drug-induced deaths (11.7 per 100,000 population) were lower than the national rate (12.8 per 100,000).⁷⁴

⁷² National Survey on Drug Use and Health, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings* (Rockville, MD: Center for Behavioral Health Statistics and Quality, 2012).

⁷³ Substance Abuse and Mental Health Services Administration, “State Estimates of Substance Use from the 2009–2010 National Survey on Drug Use and Health,” 2011, accessed December 27, 2017, <http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf>.

⁷⁴ Centers for Disease Control and Prevention, “About Compressed Mortality, 1999–2016,” 2017, accessed December 27, 2017, <http://wonder.cdc.gov/cmfi-10.html>.

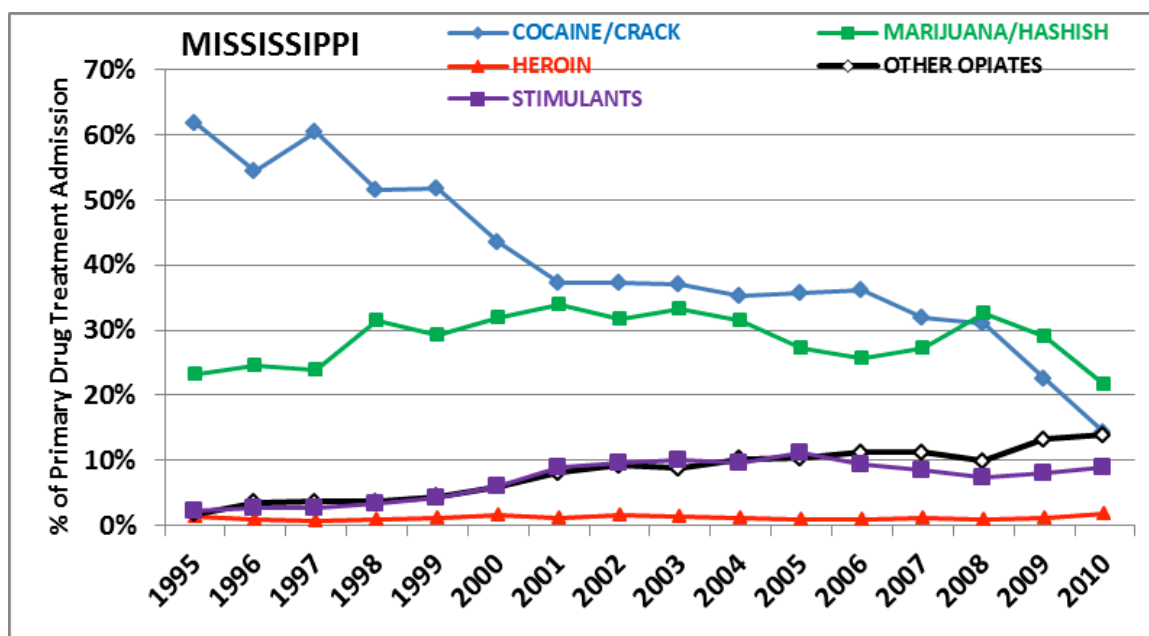


Figure 2. Rising Rates of Resistance to Abuse Treatment

Note. Mississippi's Primary Treatment Admissions: The graph depicts substance abuse primary treatment admissions in Mississippi from 1995 to 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state. Adapted from Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration.⁷⁵

Rehabilitation Programs for Drug Addiction in Mississippi

In Mississippi, the Department of Mental Health, Bureau of Alcohol and Drug Services, is responsible for administration of concerns related to excessive consumption of drugs: referral, assessment, diagnosis, prevention, treatment, and posttreatment care for drug-dependent individuals.⁷⁶ Moreover, these offices are responsible for delivering counseling sessions and strategies to effectively deal with drug addicts' fluctuating behaviors. Similarly, they are also responsible for establishing, maintaining, and reviewing services provided by public and private rehabilitation centers, and they oversee

⁷⁵ Substance Abuse and Mental Health Services Administration, "Client Level Data / TEDS," 2014, accessed December 28, 2017, <https://www.samhsa.gov/data/client-level-data-teds>. Note: The Treatment Episode Data Set (TEDS) only displays data from 1995 to 2010 for Mississippi.

⁷⁶ L. Herbert and S. Ginger. *FY 2011 State Plan* (Jackson, MS: Mississippi Department of Mental Health, Bureau of Alcohol and Drug Services, 2010).

the state-operated facilities along with the services provided by regional mental health departments.

Specifically, the Bureau of Alcohol and Drug Services is charged with analyzing and administering appropriate use of funds allocated by the government for preventing further increases in the number of drug-dependent individuals in the state. This bureau also oversees rehabilitation services provided by private rehabilitation centers, community-based mental health centers, and organizations engaged in nonprofit community programs. Community mental health centers in Mississippi provide patient-specific treatment and prevention services.⁷⁷ Some rehabilitation centers provide treatment only to individuals belonging to a specific age group or population segment, such as children, adults, or pregnant women.

Rehabilitation centers offering diversified services for drug addicts in Mississippi are contributing to the solution with their rehabilitation services. While drug addicts receive pharmacological rehabilitation as outpatients, these centers also offer acute partial-hospitalization services. This is short-term treatment; it provides high-quality, intensive care to patients while allowing them to reside within a structured community setting.⁷⁸ Residential drug-treatment program models are also offered by these organizations, which are established on the principles of providing integrated care to drug addicts to help them carry on their routine activities while they receive treatment. To ensure the provision of quality rehabilitation services, it is crucial to acquire appropriate funds and grants. In this regard, the Bureau of Alcohol and Drug Services has been

⁷⁷ Diana S. Mikula, *Mississippi Department of Mental Health Service Provider's Manual* (Jackson, MS: Mississippi Department of Mental Health, 2010).

⁷⁸ Anders G. Viana et al., "Non-medical Use of Prescription Drugs among Mississippi Youth: Constitutional, Psychological, and Family Factors," *Addictive Behaviors* 37, no. 12 (2012): 1382.

distributing Substance Abuse Prevention and Treatment block grants. Funds are allocated for the provision of outpatient rehabilitation services, intensive outpatient rehabilitation programs, primary and transitional residential rehabilitation programs, aftercare services for drug addicts, and prevention services for drug addicts.

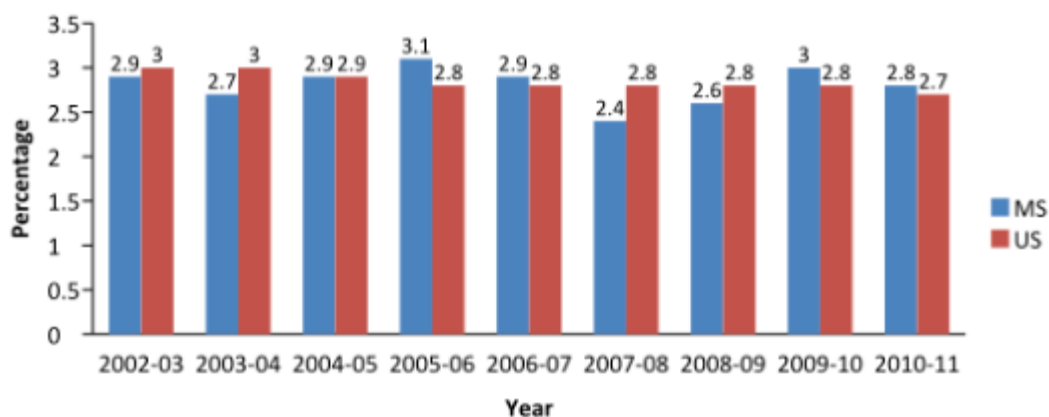


Figure 3. Drug addiction in Mississippi and the United States. Percentage of persons aged 12 or older reporting dependence on or abuse of any illicit drug: 2002–03 to 2010–11. Accessed from the National Survey on Drug Use and Health.

The relapse statistics presented by National Institute on Drug Abuse demonstrate that, despite undergoing rehabilitation, drug addicts in Mississippi and the rest of the country are at a high risk of relapse. In fact, the rate of relapse for drug addiction is similar to those of chronic diseases.⁷⁹

The NIH has also revealed that relapse statistics reported by drug addicts after undergoing rehabilitation were 40% to 60%. However, effective rehabilitation strategies have reduced relapse rates. In those programs, drug addicts receive cognitive exercises that help them limit relapse.

⁷⁹ National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction*, NIH Pub No. 10-5605 (Washington, DC: National Institutes of Health, 2010).

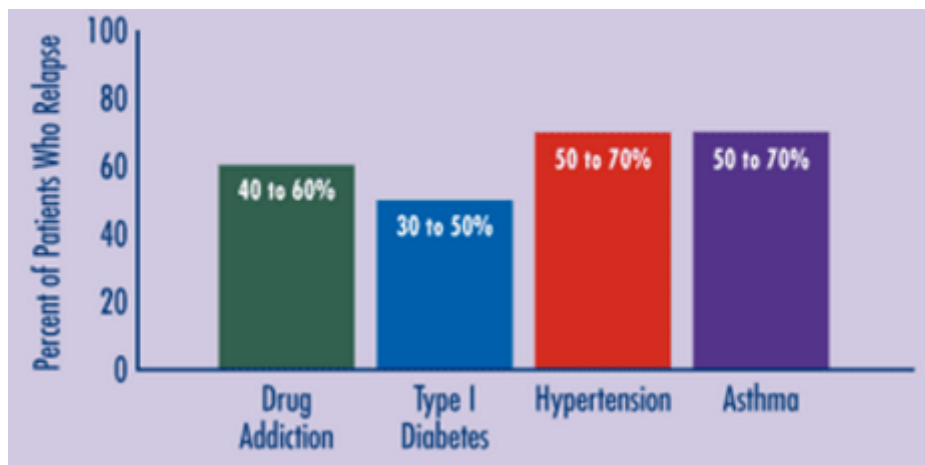


Figure 4. Comparison of relapse rates of drug addiction and other chronic illnesses in the United States.

Accessed from the National Institute on Drug Abuse.

Drug Residential Program in Northwestern Mississippi versus State Drug Programs

Drug residential programs throughout the United States follow different treatment and rehabilitation criteria. Drug-addicted residents of northwestern Mississippi have access to residential care services without discrimination by age, race, gender, or ethnicity. Unlike many other rehabilitation centers in the United States, rehabilitation centers of this region provide all elements of residential rehabilitation services to drug addicts at a low cost, such that rehabilitation centers of this region might offer dual-diagnosis treatments. Unlike other U.S. rehabilitation centers, the rehabilitation center under consideration offers medical treatment along with cognitive therapies, such that addicted individuals are asked to be admitted for a 30-day inpatient program. Moreover, residential rehabilitation can last for 48, 60, or 90 days, depending upon the patient's condition.

In-patient residential programs in Mississippi include an intervention program, which is usually considered when an individual is unable to accept responsibility for the

consequences of substance abuse. The provision of detox services might also be considered as another part of residential rehabilitation services. Detoxing is often considered the most unpleasant part of a rehabilitation program due to the associated withdrawal symptoms. Unlike other U.S. rehabilitation centers, the rehabilitation centers in northwest Mississippi also provide CBT to drug addicts, thus allowing them to deal effectively with withdrawal symptoms. Pharmacological treatment might also help suppress withdrawal symptoms of drug rehabilitation.⁸⁰ In contrast, cognitive behavioral therapy might help suppress withdrawal symptoms as compared to pharmacological treatments.⁸¹ On the other hand, a rehabilitation treatment consisting of a combination of pharmacological and behavioral therapy treatment should be beneficial for patients.⁸² Due to efficient strategies offered by residential rehabilitation in northwest Mississippi, more drug addicts have been helped by these services, but there should be a better residential drug-treatment program.

In the context of northwestern Mississippi, the number of drug addicts has been increasing gradually. In this region, drug addicts do not belong to a specific gender or age group; rather, drug addiction can be found among young adults and among seniors. Research has revealed that many of the people of this region are addicted to a diverse variety of drugs, including painkillers and antipsychotic drugs. Studies have further revealed that many of these individuals use these drugs on a daily basis. Drug use suppresses the body's immune system, so these individuals are at increased risk from

⁸⁰ Gavin Bart, "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," *Journal of Addictive Diseases* 31, no. 3 (2012): 208.

⁸¹ Sonali Jhanjee, "Evidence Based Psychosocial Interventions in Substance Use," *Indian Journal of Psychological Medicine* 36, no. 2 (2014): 112.

⁸² R. Kathryn McHugh, Bridget A. Hearon, and Michael W. Otto, "Cognitive Behavioral Therapy for Substance Use Disorders," *Psychiatric Clinics of North America* 33, no. 3 (2010): 512.

viruses and other chronic diseases. Regular intake of drugs also causes neurological changes. Therefore, these individuals' mental and cognitive abilities are suppressed, leaving them less able to work effectively.

To bring drug addicts back to normal life, Mississippi's Department of Mental Health has been charged with the provision of rehabilitation and routine care to these individuals. Rehabilitation programs in this region are controlled by the Bureau of Alcohol and Drug Services, and offer pharmacological and cognitive treatments to improve drug addicts' health. Mississippi's Department of Mental Health has proposed a variety of rehabilitation services for drug addicts.

Other Residential Drug Programs

Fieldhouse Outreach Rehab Center...Mississippi

The Fieldhouse for the Homeless in Hattiesburg, Mississippi, offers safe, secure shelter to those living on the street.⁸³ A godsend for those without homes, it uses a one-to-one approach to offer salvation, encouragement, and friendship. It also provides tools, tips, and assistance to those looking to leave the streets and begin a healthy lifestyle.⁸⁴

In contrast to the norm, the Fieldhouse also offers shelter services to the mentally challenged and to drug addicts. Since opening in September 2013, the organization has moved over 250 men, women, and children to safe and secure housing. Local churches and synagogues support the organization and coordinate their efforts with the Salvation Army, Christian Services, St. Vincent's De Paul, Hope House, RSM, PRVO, MUTHE,

⁸³ Fieldhouse for the Homeless, accessed April 12, 2016, <http://Fieldhouseforthehomeless.com>.

⁸⁴ Ibid.

and other great public and private entities.⁸⁵ In addition to providing clothing, food, and shelter, this institution offers counseling, personal hygiene facilitation, transportation, telephone and computer access, family-reunification assistance, reemployment training and support, state ID assistance, and assistance with applications for SSI, VA, SNAP, and FAFSA benefits.⁸⁶

The Fieldhouse helps people restore their lost hope by expressing affection for them, meeting their physical needs, offering opportunities, and reuniting them with family members.

After participating in the Fieldhouse outreach programs, I found two ideas that could help people discard their maladaptive behaviors:

- First, it is important to enrich them with spiritual knowledge and help them restore their hope in life.⁸⁷ The organization could help ensure that the homeless, prostitutes, and drug addicts are inspired and given another chance to improve. After I spoke with them about the love of God, some developed positive attitudes towards life, regardless of their predicaments. This suggests that spiritual guidance can restore lost hope and encourage people to transition from their old ways of life.

⁸⁵ Ibid.

⁸⁶ Fieldhouse for the Homeless Facebook Page, accessed April 12, 2016, <https://www.facebook.com/hattiesburgfieldhouse/?fref=ts>.

⁸⁷ Russell K. Schutt and Stephen M. Goldfinger, *Homelessness, Housing, and Mental Illness* (Cambridge, MA: Harvard University Press, 2011).

- My second idea is about expressing love.⁸⁸ This requires spending time together with people to help them feel worthwhile and appreciated, and to share their stories.

In conclusion, the Fieldhouse offers great resources for the homeless. However, the drug culture requires much work. The sleeping giant, the church, and outreach missions, should rise out of their comfortable setting and do more to rescue these people, more than just meet their physical needs. The mending power of the gospel can point them toward their destiny so they can return to their families as role models, to the church as gifts, and to their communities as evidence of the love, power, and grace of the Lord Jesus Christ.

The Strengths of the Fieldhouse Outreach Missions

The Fieldhouse Outreach Missions bring better awareness of the nation's drug addicts, emphasizing churches' and missions' role in reaching those in need. The Fieldhouse Outreach Missions meet more than physical needs; homeless people need to be inspired and encouraged through spiritual interventions to revive their hope and remind them, in spite of their current situation, they are still valuable human beings. They deserve better treatment through interaction, affection, and spiritual interventions to help reform their lives for the better.

However, when building a holistic drug program with training and preparation around giving back to society, those in the drug culture need a more spiritual approach, not yet another need-based program. They need a place where they can be free from

⁸⁸ Marjorie E. Scaffa and S. Maggie Reitz, *Occupational Therapy in Community-Based Practice Settings*, 2nd ed. (Philadelphia, PA: F. A. Davis, 2014).

addictive behaviors and learn new behaviors from leaders teaching them how to fall in love with Jesus. They need programs that help restore lives through positive intellectual, emotional, and spiritual influence. They need help abandoning harmful patterns and avoiding addictive, destructive relationships and behaviors to become positive, contributing members of society.

Narconon Residential Drug Treatment Program of Louisiana

Narconon Residential Drug Treatment Program is a long-term, residential rehab program for every drug addict. The Narconon program is not a “medical model,” but Narconon is a social-education life-skills model. Therefore, the physical aspect of addiction is also addressed through the use of modern nutrition, both to aid in faster and more effective drug withdrawal, and later in the program to thoroughly unburden the body of stored drug and other toxic residuals through a unique, carefully administered exercise and sauna sweat-out program. The rehab program offers methods to address three factors: craving, depression, and guilt. Lasting sobriety can be achieved when the addicted person once again starts taking interest in daily life activities and future planning and has a drug-free outlook on life. This is being achieved by relieving the aforementioned three factors.

Narconon operates under eleven principles of drug addiction treatment.⁸⁹

1. Brain functions are greatly affected by addiction, but it is curable disease.
2. The treatment varies depending on the patient’s conditions and type of drug use. Therefore, no single treatment is suitable for every individual.

⁸⁹ Nora D. Volkow, *Principles of Drug Addiction Treatment: A Research-Based Guide* (Darby, PA: Diane, 2011).

3. Immediate availability of treatment is required for drug addicts in order to avoid losing potential patients.
4. The duration of an individual treatment depends on the type and degree of the patients' needs and problems.
5. The significant element of treatment for the majority of patients is medication, in combination with behavioral therapies and counseling.
6. The treatment plan must be continually modified to meet the patient's changing needs.
7. Drug addicts usually have multiple mental disorders other than addiction and drug abuse. Therefore, treatment for such individuals involves the use of appropriate medication.
8. To help drug addicts achieve long-term abstinence, detoxification alone is not sufficient.
9. Treatment does not necessarily have to be voluntary to be effective.
10. There should be proper monitoring of treatment to adjust to the changing needs of an individual treatment plan. This leads to better success rates.
11. Risk-reduction counseling and treatment programs are necessary for such infectious diseases as tuberculosis, hepatitis B and C, and HIV/AIDS.

The Narconon rehabilitation program is a holistic approach to the treatment of drug use by using nutritional supplements rather than using addictive drug substitutes during recovery sessions.⁹⁰ There are only a handful of rehabilitation centers that are working with such state-of-the-art treatment strategies like the Narconon Rehabilitation

⁹⁰ Narconon International, "Drug Rehabilitation Program," 2017, accessed December 28, 2017, <http://www.narconon.org/drug-rehab/drug-rehabilitation-program.html>.

Program. The rehabilitation program is so effective because of the strategy of focusing on each and every aspect for addiction in the rehabilitation program. Unlike the conventional programs, Narconon rehab programs and technologies are developed to remove even the smallest of the toxic residuals from the body that helps the participants to live a drug-free life.

In broad terms, common nutrients of various drugs contain stimulants that suppress individual's appetite, which eventually cause the disturbance in neuroendocrine and metabolic regulation.⁹¹ Some controversies regarding the Narconon Rehab program exist; however, given the success rate and the leading technologies supported by strategies of recovery, the program can be considered as effective for people seeking rehabilitation and treatment. It is important to know that the Narconon rehab program has been sued a number of times for inadequate approaches towards the health and safety of the patients. In this regard, the use of high doses of minerals and vitamins in the detoxification processes have been a main concern for the program. Another critical aspect regarding the detoxification procedure is the number of hospitalization cases reported during the treatment courses. In this regard, the authorities at the Narconon program claim that the program is safe and helps the individuals in recovering physically as well as spiritually.

The Strengths of Narconon

The Narconon rehab program has three main phases to achieve a lasting recovery: (1) withdrawal, (2) detoxification, and (3) restoring those skills lost in a life of addiction.

⁹¹ Kendall D. Jeynes and E. Leigh Gibson, "The Importance of Nutrition in Aiding Recovery from Substance Use Disorders: A Review," *Drug and Alcohol Dependence* 179 (2017): 229–239.

Research highlights that mineral and vitamin deficiencies create metabolic imbalances in the body of an addicted individual that lead to addictive cravings.⁹² A diet rich in vitamins, minerals, proteins, and fats in appropriate and balanced amounts is quite successful against substance abuse. Additionally, in a spiritual drug program, there should be some accountability, someone who stays connected to the addict individual during recovery, such as a significant other.

Oasis, United Kingdom

Oasis UK (United Kingdom) has been offering professional alcohol and drug support services in Buckinghamshire since 1984.⁹³ They offer a variety of healing programs and options that aim to help people deal with their alcohol and drug abuse, and then get their lives back on the right path.

Having served people for a long time, Oasis has recognized that all people taking drugs are not uniform, nor are their treatment requirements. They require different treatments and different environments, which is why Oasis provides drug-dependent people with the choices that suit them. They fit the program to the person, not the other way around.⁹⁴ Additionally, Oasis provides them with such services as accommodations and other daily needs. Oasis considers accommodations as a necessity because only treating a person for part of a day is not enough; observing the patient and his or her activities for the whole day is very important.

⁹² Catherine Geissler and Hilary Powers, eds., *Human Nutrition* (Oxford: Oxford University Press, 2017).

⁹³ Oasis Project, "Case Studies," 2016, accessed November 23, 2016, <http://www.oasisproject.org.uk/information/case-studies/>.

⁹⁴ Oasis, "Case Studies—Oasis Children's Centre," 2016, accessed November 23, 2016, <http://www.oasischildcare.co.uk/our-goal/case-studies/>.

Considering the need to house drug addicts, the Oasis Communities developed “inpatient detox”⁹⁵ and residential rehabilitation hubs that offer a variety of treatment choices. Oasis UK residential rehabilitation hubs provide a secure and protected atmosphere with customized treatment programs for the people to improve and recover. Oasis UK provides some unique programs to drug-addicted people—providing tailored care and treatment depending on the individual’s requirement for restorative practices:

[It is a] social science that integrates developments from a variety of disciplines and fields—including education, psychology, social work, criminology, sociology, organizational development and leadership—in order to build healthy communities, increase social capital, decrease crime and antisocial behavior, repair harm, and restore relationships.⁹⁶

Oasis UK offers treatment programs of varying content and duration. *They fit the program to the person, not the other way around.* Each treatment program and duration are tailored according to the individual’s specific treatment needs. Their primary care rehabilitation programmed run from four weeks up to twelve weeks. They also offer secondary care and supported community integration and living. Patients are encouraged to stay for as long as possible, in most cases the longer the better for their long-term recovery. During this time, each patient will undergo a number of powerful, proven and highly effective addiction and mood disorder treatments, including:

STaRS: Oasis partnership is quite an effective approach for the treatment of alcohol and drug addiction.⁹⁷ The treatment strategy that Oasis uses is Structured Treatment and Recovery Service (STaRS). The STaRS is a collective approach that

⁹⁵ Oasis Partnership, “Home Page,” 2016, accessed November 23, 2016, <http://www.oasispartnership.org/>.

⁹⁶ Ted Wachtel, “Defining Restorative,” International Institute for Restorative Practices, accessed July 11, 2012, <https://www.iirp.edu/pdf/Defining-Restorative.pdf>.

⁹⁷ Oasis Partnership, “Home Page.”

includes medicinal treatment, group-work opportunity, recovery coaching, opiate substitute treatment, residential rehabilitation assessment, complementary therapies, and family/loved one's support, and other practices that help individual to recover from addiction.⁹⁸ Oasis UK offers a number of treatment programs that vary in content and duration.

The Strengths of Oasis

National Institute on Drugs research has shown unequivocally that good outcomes are contingent on adequate treatment length. “Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes.”⁹⁹ Also, participation in group therapy and other peer-support programs during and following treatment can help maintain abstinence. However, more emphasis must be placed on the holistic approach, biblical principles, and servant leadership.

It is important to help clients understand and realize the significance of their lives—even those individuals on the edge of committing suicide. Dealing with such patients is always a challenge for Oasis employees. Often, the medicines used for treatment become the client's addiction of choice. According to recent research, the drug-recovery medicines promote addiction, if their dose exceeds a safe level or they are used

⁹⁸ Oasis Project, “What We Do,” 2016, accessed November 23, 2016, <http://www.oasisproject.org.uk/about-us/what-we-do/>.

⁹⁹ “How Long Does Drug Addiction Treatment Usually Last?” in Volkow, *Principles of Drug Addiction Treatment*.

inappropriately.¹⁰⁰ Therefore, correct dose and medication period is critical, and the focus of a holistic drug-recovery program should include care for the spirit, soul, and body.

Summary

Drug addiction affects the drug taker personally, the abuser's family, people around the abuser, and society in general.

Fieldhouse Outreach, Narconon Residential Drug rehab and Oasis UK show drug-recovery strategies, and their techniques are quite distinct. Oasis UK provides a number of strategies for rehabilitation that can be molded to suit the needs of individuals. Narconon's strategy is unique and its application is reported to be highly effective on all type of addictive patients. The only disadvantage that can be considered is the amount of money Narconon charges for the client, which is quite expensive.

Narconon Residential Drug Treatment Program and Oasis UK were reviewed with regard to their proposed solution for the drug dependents. There were different solutions, which are prevailing in different societies working to address the problem of drug-taking at its roots, but time has suggested that programs using medications and therapies are not as effective as they might be.

The public and private rehabilitation centers in northwest Mississippi have proposed a variety of rehabilitation techniques to reduce the number of drug addicts in this region. However, individuals' lifestyle habits in this region must be further improved, and initiatives are needed to limit the availability of drugs.

¹⁰⁰Nora D. Volkow, Thomas R. Frieden, Pamela S. Hyde, and Stephen S. Cha, "Medication-Assisted Therapies—Tackling the Opioid-Overdose Epidemic," *New England Journal of Medicine* 370, no. 22 (2014): 2063–2066.

Today, thousands of drug-abuse rehabilitation programs offer addicts a variety of treatment approaches, ranging from traditional, evidenced-based care to more experiment or holistic services. Since care should be customized according to the patient, often one's treatment regime will consist of a range of therapies that have been chosen specifically for the individual.

RCOC proposes a new solution: a residential drug program in northwest Mississippi practicing therapeutic faith community and servant leadership to be discussed in Section Three and using theophostic prayers models. By offering a holistic faith-based treatment program at RCOC, within a therapeutic environment, mentoring, and teachings addicts how to solve their complex issues, addicts can return healthy to their jobs and families.

SECTION THREE: TRANSFORMING DRUG ADDICTS' LIVES IN NORTHWEST MISSISSIPPI—THE HYPOTHESIS

Introduction

This section introduces a proposed new solution: Restoration Christian Outreach Community (RCOC) in northwest Mississippi. The features are the distinctions for a holistic faith-based model for a more effective drug-recovery program. The features demonstrate how intellectually, emotionally, and spiritually infused servant leadership can restore people's lives and help them discard harmful patterns, avoid addictive and destructive relationships and behaviors, and engage in comprehensive training focused on godly principles. The therapeutic faith communities (TFCs) and the theophostic prayer model helps the overall community resolve the issues faced by drug addicts and their families. The question is: *In light of the ineffectiveness of drug-addiction recovery programs, how will the holistic drug program model at RCOC be deemed successful?*

First, we will look at the importance of servant leadership in a residential drug-treatment program and how servant leadership facilitates healing. The focus is the concept of servanthood in leadership coined by Robert K. Greenleaf in his work, *The Servant as a Leader*, originally published in 1970. Of note from his essay, servant leadership begins with “servant first.” It originates from a natural feeling that the individual wants to serve; then the human conscious brings in the inspiration to lead. There is a great difference between a “servant-first” leader and a “leader-first” leader.¹⁰¹ The RCOC Residential Drug Program for Men/Women has developed essential tools for

¹⁰¹ Robert K. Greenleaf, *The Servant as Leader* (Westfield, IN: Greenleaf Center for Servant Leadership, 2008).

leadership to serve our students during Phases I and II of the program. The servant leader must be trained with a full understanding and knowledge of the program's tools.

There is a major reason why we cannot afford to waver on this point: This is where the rubber meets the road. The servant leader must fully realize the seriousness of seeing the students freed and delivered from drugs. Leadership must understand the demonic forces at work hindering students' freedom. A full detail of the "Personal Servant Leader/Minister (Psalm)" is outlined in the facilitator manual, where each "Psalm" will report to the directors of the RCOC for Men/Women. This highly responsible position will be the core of the project. The personal servant leader ministers will have the most contact with the students and so must understand the importance of confidentiality and loyalty. The personal ministers must be extremely disciplined, mature, and compassionate. Each servant leader must be prepared to do battle for the lives of the students, using prayer and God's Praise until they are fully victorious. The leaders must be willing and prepared to serve the men and women of the RCOC program.

Leadership

Under this topic are leadership models and the leadership principles for transforming the drug culture at RCOC. To discover the methodology and underlying philosophy that will build a drug-free community at RCOC, a variety of leadership models will provide members of the ministry with frameworks for strong, helpful, caring, and healthy forms of leadership. This leadership will show community members how they can operate within their congregation, and with regard to their professional duties.

The same concept of servanthood in leadership is coined by Robert K. Greenleaf in his work, *The Servant as a Leader: Essay*, originally published in 1970. Of note from

his essay, visionary leadership begins as a “servant first.” It originates from a natural feeling that the individual wants to serve; then the human conscious brings in the inspiration to lead. There is a great difference between a “servant-first” leader and a “leader-first” leader.¹⁰²

Even more attractive is how John Maxwell describes leadership. To him, true leadership benefits the followers; it does not enrich the leader.¹⁰³ Therefore, regardless of the position or title given to an individual, great and visionary leader always embrace the attitude of service to other people. According to Mark Miller and Kenneth Blanchard, leaders must uniquely serve the people most effectively and efficiently.¹⁰⁴

We must look at the practices of servant leadership, biblical leadership, and the primary concept of leadership levels to explore the primary features of a leader, how leadership relates to service, and what being a servant leader means in the ministry. Following Greenleaf’s and Maxwell’s great inspiration, this paper will focus on a variety of leadership models that ultimately encourage leaders to act as servants. It will take intellectually, emotionally, and spiritually infused servant leadership to restore people’s lives and help them discard harmful patterns, avoid addictive and destructive relationships and behaviors, and accept comprehensive training focused on godly principles.

¹⁰² Robert K. Greenleaf, *The Servant as Leader* (Westfield, IN: Greenleaf Center for Servant Leadership, 2008).

¹⁰³ John C. Maxwell, *The 21 Irrefutable Laws of Leadership: Follow Them and People Will Follow You* (Nashville, TN: Thomas Nelson, 2007).

¹⁰⁴ Kenneth H. Blanchard and Mark Miller, *The Secret: What Great Leaders Know and Do* (San Francisco: Berrett-Koehler, 2009).

Background on Leadership

According to Professor Warren G. Bennis, a leader is an individual who does the right thing at the right time to improve his team of followers. In support, Robert Greenleaf argues that a servant leader is always focused on the growth and well-being of communities and environments to which they belong.¹⁰⁵ The same is echoed in Max De Pree's argument that servant leaders are excellent at setting goals and then getting people to work toward and achieve those goals. In essence, visionary leadership involves setting a clear set of goals and then actively working within the community to help people accomplish those goals.¹⁰⁶ The community does not work for the leaders; servant leaders work for the people. Therefore, servant leaders understand how to serve. They offer accountability and direction to complete crucial projects required by the team.¹⁰⁷

Despite the fact that ministers, who act as “servants of God,” are often dismissed and disrespected by those who are not immediate members of their congregation, their calling is to serve all in their surrounding community. More specifically, in the ministry, being a servant of God means that the leader serves both the less abled and more abled with equal measures, and sets a good foundation for society.¹⁰⁸ They are closer to the people, and spend time removing roadblocks and laying groundwork for the followers’

¹⁰⁵ Ibid.

¹⁰⁶ Pat Williams and Jim Denney, *Leadership Excellence Devotional: The Seven Sides of Leadership in Daily Life* (Newburyport, MA: Barbour, 2014).

¹⁰⁷ Carlos R. Galvão-Sobrinho, *Doctrine and Power: Theological Controversy and Christian Leadership in the Later Roman Empire* (Berkeley: University of California Press, 2013).

¹⁰⁸ Mario Fernando, *Spiritual Leadership in the Entrepreneurial Business: A Multifaith Study* (Cheltenham, England: Edward Elgar, 2007).

success.¹⁰⁹ Through his leadership and mentorship arguments, John C. Maxwell explores how people (the team) care little about the leaders' knowledge but more about the "care" leaders have for them.¹¹⁰ As such, it is essential that members of a congregation, or residents within the community that the minister serves, believe that a local minister cares about and will serve their needs. This practice is, in fact, more important than the minister's bible knowledge or ability to teach. Based on these philosophical arguments, this paper argues that leadership in ministry is serving the people.

Service to the population is the key to converting a normal leader to a visionary leader. Servants of God, men and women of God, or prophets have large congregations and followings due to their service to society and their creativity in building positive lifestyles for their followers.¹¹¹

RCOC requires a new set of servant leaders determined to serve and care for the people. As echoed by Max De Pree, we need leaders who will be in a position to cut a clear path through life challenges by enabling individuals to have shared dreams, goals, and thrust to live positively in life. As illustrated by Professor Warren Bennis, the new outreach, RCOC, requires a servant leader who will set goals and implement them at the right time with the aim of developing the right people, while also understanding that leadership is about the leader serving the interests of the church, the community, and its followers.

¹⁰⁹ Mervyn Davies and Graham Dodds, *Leadership in the Church for a People of Hope* (London: T & T Clark, 2011).

¹¹⁰ Maxwell, *The 21 Irrefutable Laws of Leadership*.

¹¹¹ Ibid.

According to author John C. Maxwell, “Real leadership is being the person others will gladly and confidently follow as everything rises and falls on leadership.”¹¹² We seek to develop great leaders to coach and mentor workers, inspire enthusiasm, and depend not on authority, but goodwill. Our leaders will influence others through lifestyle, integrity, and character. Leadership is complex, but our leader must have passion for the lost, have a kingdom mentality, love people, be willing to sacrifice, have family support, be a servant and an anointed hard worker, have integrity, and be humble.¹¹³ The leadership style must be one that others are willing to follow, and must understand the importance of discipline, because that is what makes a leader stand out from the crowd. We understand that a person who will scorn or dismiss self-discipline will never qualify for leadership of a high order. Therefore, our very basic leadership principles begin with character—the RCOC focus must be on character while viewing the major role played by theology and psychology in the overall process.

Theological Beliefs for RCOC

RCOC proposes to offer a holistic drug program within a therapeutic faith community and theophotic prayer environment. According to John Perkins’s *Restoring At-Risk Communities*, this can be done by providing drug-addicted patients with the treatment that they require.¹¹⁴ TFCs are discovering hurts and treating them by God’s gifts...creating all things anew.¹¹⁵

¹¹² John C. Maxwell, *Developing the Leader within You* (Nashville, TN: Thomas Nelson, 1993), 5.

¹¹³ *Ibid.*, 203–205.

¹¹⁴ John Perkins, *Restoring At-Risk Communities*, 1st ed. (Grand Rapids, MI: Baker Books, 1995).

¹¹⁵ New Restoration Outreach Christian Center, “Live Streaming Channel,” 2016, accessed November 23, 2016, <http://www.christianworldmedia.com/livechannel/pccofnc>.

In addition to this, six other beliefs help this community:¹¹⁶

1. The strong belief in God and his existence, and that He is the creator of all humankind and the ultimate sustainer, keeper, and provider. He has all the wisdom, love, care, and eternity that make Him the Holy Spirit.
2. The Bible is the final work of God, and it is given to the humankind to have faith in it and to consider it a complete path for the life.
3. Jesus Christ is the only son of God, and He is the true man that must be followed in every area of life.
4. Men and women are born as sinners in their natural state, and they must be reborn by accepting the faith of God in him.
5. Church is the place where people come to get religious teachings and to make their lives in accordance with religious beliefs.
6. Hell, and Heaven are awarded to people on the basis of their deeds.

On the basis of the above faiths and beliefs, RCOC can provide a healing model to those addicted to drugs.¹¹⁷ RCOC enables people to have strong faith in all the above beliefs. These faiths can act as a positive contribution to each person's life. Therefore, through this model of beliefs, RCOC can provide a successful recovery program using TFCs and theophostic prayers, servant leadership, and godly principles in contrast to other ineffective drug-recovery programs.

Now, faith communities can take the lead, challenge other organizations, churches, and outreach centers to join the contemporary struggle against drug abuse and

¹¹⁶ New Restoration Outreach Christian Center, "Home Page," 2016, accessed November 23, 2016, <http://nrocc.org/>.

¹¹⁷ ChurchOMania.com. "RCOC Bible Class, 1040 E Windhaven Rd, Pittsburgh, PA," 2016, accessed November 23, 2016, <http://www.churchomania.com/church/1505010593151419/RCOC+Bible+Class>.

dependency in a new faith community that will bring their full theological and religious resources to bear on this pressing social problem. Using the contemporary practical and theological method as a way to approach these issues, RCOC plans to integrate historical, biblical, and other sources into a way of thinking about issues of drug abuse and dependency in a theological frame.

Therapeutic Faith Communities Environment

A faith-based treatment environment is essential to teaching individuals how to live free from addiction by providing faith-based behavior-modification principles. According to the National Institute of Drug Abuse, “A primary component of the therapeutic communities (TC) is ‘community as method’—people live drug-free together in a residential setting in the community”¹¹⁸

Therapeutic communities are a common form of long-term residential treatment for substance use disorders (SUDs). Residential treatment for SUDs emerged in the late 1950s out of the self-help recovery movement, which included groups such as Alcoholics Anonymous. Some such groups evolved into self-supporting and democratically run residences to support abstinence and recovery from drug use. ... According to therapeutic community theory, substance use disorders often erode social functioning, education/vocational skills, and positive community and family ties. Thus, recovery involves rehabilitation—relearning or re-establishing healthy functioning, skills, and values as well as regaining physical and emotional health.¹¹⁹

Historically, Therapeutic Communities are a mutual self-help alternative to medically oriented strategies to address addiction. Most have not allowed program participants to use medications of any kind, including medications such as methadone, “a

¹¹⁸ National Institute on Drug Abuse, “What are the Fundamental Components of Therapeutic Communities?” 2015, accessed December 28, 2017, <https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/what-are-fundamental-components-therapeutic-communities>.

¹¹⁹ Ibid., 1–4.

long-acting opioid agonist medication shown to be effective in treating opioid addiction and pain.”¹²⁰ A TC is a community that seeks to help people on their therapeutic journey by creating a safe place for them to do so. Therefore, the core of this community is structured by teaching in workshops, mentoring of one another through difficult issues, and teaching people to learn deeper relationships. The center of both kinds, the Christian faith and the therapeutic community, is the belief that people can change. The central belief used to cure drug victims is that change is possible, and it will factor into people’s addiction healing.¹²¹ No medication or therapy is used; the only agent that works perfectly is *the faith in change*, and this faith is imparted to the drug-dependent. However, to implant the change in the patients, the therapeutic faith communities (TFC) must have an environment that promotes this change process: a solid sense of belonging with a positive inspiration “to become more of the person they were created to be.”¹²²

TFCs help drug addicts realize that drugs *will not make them who they were created to be*. They embed the belief of change in their minds as an agent of therapeutic faith. Due to this faith in change, the person feels the need for change in him or herself. Then, with the help of proper counseling and teaching, the change takes place, fostered

¹²⁰ Ibid., 2; G. De Leon, “Therapeutic Communities,” in *The American Psychiatric Textbook of Substance Abuse Treatment*, 5th ed., eds. M. Galanter, H. D. Kleber, and K. T. Brady (Washington, DC: American Psychiatric, 2015), 511–530.

¹²¹ Thomas H. Groome, *Will There Be Faith?* 1st ed. (New York: HarperOne, 2011).

¹²² Christ Church Deal, “Therapeutic Faith Community,” 2016, accessed November 23, 2016, <http://www.christchurchdeal.org.uk/about-us/therapeutic-faith-community/>.

by the safe and secure environment.¹²³ Clearly, therapeutic faith uses the change factor as an important element of treating the addicted.

TCs are oriented for recuperation of the whole person and complete modification of life choices, not simply avoiding the use of drugs. This focus recognizes that substance use disorders (SUDs) are prone to relapse and encourages the notion that relapses are educational opportunities.¹²⁴ Slow recovery is expected, ongoing cognitive adjustment through clinical interventions. The recovery is expected to require time for participants to complete the treatment stages, with intermediate personal objectives.

TFCs provide a safe platform to the drug-dependent and help them on their therapeutic journey.”¹²⁵ There are TFCs in different countries with different names; they help drug-addicted people in an organized way by providing them workshop teachings, mentoring facilities, and the opportunity to provide mentoring to one another in an environment that is positively designed for this purpose.¹²⁶ TFCs also help the drug addict by teaching them to experience deeper associations and relationships.¹²⁷

Therapeutic faith communities use the change factor as an important element of treating the drug-addicted people, while also adding Theophostic Prayer.

¹²³ Fernanda Mendes Lages Ribeiro and Maria Cecília de Souza Minayo, “Religious Therapeutic Communities in Recovering Drug Users: The Case of Manguinhos, State of Rio de Janeiro, Brazil,” *Interface: Comunicação Saúde Educação* 19, no. 54 (2015): 515–526, doi:10.1590/1807-57622014.0571.

¹²⁴ Wouter Vanderplasschen et al., “Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective.” *Scientific World Journal* (2013): Article 427817.

¹²⁵ Steven S. Martin and Christine A. Saum, “Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare,” *The Prison Journal* 79, no. 3 (1999): 294–320, doi:10.1177/0032885599079003002.

¹²⁶ Dustin A. Pardini et al., “Religious Faith and Spirituality in Substance Abuse Recovery. Determining the Mental Health Benefits,” *Journal of Substance Abuse Treatment* 19, no. 4 (2000): 347–354, doi:10.1016/S0740-5472(00)00125-2.

¹²⁷ Wayne N. Welsh, “A Multisite Evaluation of Prison-Based Therapeutic Community Drug Treatment,” *Criminal Justice and Behavior* 34, no. 11 (2007): 1481–1498, doi:10.1177/0093854807307036.

Theophostic Prayer

Theophostic derives from the Greek words for God and light. A relatively new movement in American churches, theophostic prayer is now spreading worldwide. It signifies a Christianity-based commitment—and dynamic methodology—to healing people from within. Therefore, this project is a solid piece of the whole picture.

Theophostic prayer is the participation of God in the addicts healing.¹²⁸ Theophostic prayers work around the philosophy that emotional agonies can really disturb people's lives and that these agonies are connected to false beliefs. These false beliefs are changed through prayers to God to enlighten the victim's mind and heart.¹²⁹

Theophostic prayer goes back to the mid-1990s and Doctor Ed Smith, who was trying to help women who had experienced sexual abuse as children. He arranged to meet on a weekly basis, and he did everything he could to cure their mental illness. Unfortunately, he was completely unsuccessful. Dr. Smith specialized in curing the people with any kind of mental illness, but these women's situations were beyond his knowledge.¹³⁰ The results were not as Biblical as he wanted them to be. In this situation of disappointment and regret, Dr. Smith wept and cried for help from God. This practice

¹²⁸ Eliot Miller, "An Evaluation of Theophostic Prayer Ministry," Christian Research Institute, 2005, accessed November 23, 2016, <http://www.theophostic.com/resources/1/pdf/PST001.pdf>.

¹²⁹ Edward M. Smith, *Healing Life's Hurts. Experiencing the Peace of Christ through Theophostic Prayer* (Royal Oak, MI: New Creation, 2005), 10.

¹³⁰ Elliot Miller, "Theophostic Prayer Ministry (Part One)," *Christian Research Journal* 29, no. 2 (2006): Article JAT206-1, accessed November 23, 2016, <http://www.equip.org/article/theophostic-prayer-ministry-part-one/>.

laid the foundation of theophostic prayer now practiced globally to cure people with mental diseases, including drug addiction.¹³¹

In the case of drug addiction, the underlying cause might be dysfunction or emotional agony, but the drug-addicted person generally has something in the back of his or her mind that is directly linked with the substance abuse. Thus, it is not the agony that makes the person consume the drugs; rather, it is the person's false belief—or not accepting the truth—that makes the person consume drugs abnormally. In this situation, theophostic prayer asks God to resolve the emotional pain. God, the ultimate power, implants the light in the person and renews his or her beliefs and restores freedom that brings peace to the mind and heart when God's truth is realized. These gifts, freedom and peace, are the agents that bring the person to the real state of mind; all this is achieved by theophostic prayer.¹³² Therefore, theophostic prayer process is deemed to be a highly effective method for helping people with emotional issues so that they can find freedom and peace.

Theophostic Prayers and Their Effects

The effects of theophostic prayers are on the person's mind and heart, and the prayers help the person by providing enlightenment that can change one's false beliefs.

¹³¹ Srdjan Sremac, *Addiction and Spiritual Transformation: An Empirical Study on Narratives of Recovering Addicts' Conversion Testimonies in Dutch and Serbian Contexts* (Berlin, Germany: Lit Verlag, 2013), 127.

¹³² Luís Fernando Tófoli, "Drugs Policies and Public Health," *International Journal on Human Rights* 12, no. 21 (2015), accessed September 21, 2017, http://sur.conectas.org/wp-content/uploads/2015/07/Sur-21_Luis-Fernando-Tofoli_en.pdf.

Theophostic prayer is a positive treatment for drug addicts that get help from God.

Following are the major effects of theophostic prayer in that it:¹³³

1. Helps the person have direct connections with God. Theophostic prayer is the kind of worship that links the person with God; in this link, the communication goes between the person and God and the result of this communication is mental harmony.¹³⁴
2. Helps the person have strong beliefs in God and His power.
3. Directs the person to the biblical beliefs that are necessary to bring change to a life of agony or distress.
4. Makes the person strong in a religious sense.
5. Give the person the freedom and peace that helps cure mental illness of any kind.

Theophostic prayer is universal and accepted all over the world due to its positive effects.¹³⁵ Without this enlightenment, addicted cannot escape the suffering that causes them to take the drugs RCOC set out to develop a holistic drug residential program using servant leadership principles, in a therapeutic faith environment and using theophostic prayer for healing.

¹³³ Zila van der Meer Sanchez and Solange Aparecida Nappo, "Religious Intervention and Recovery from Drug Addiction," *Revista de Saúde Pública* 42, no. 2 (2008): 265–272, doi:10.1590/S0034-89102008000200011.

¹³⁴ Community Evangelical Free Church, "A Biblical Evaluation of Theophostic Ministry," 2016, accessed November 23, 2016, <http://www.cefcelverson.org/biblical-evaluation-of-theophostic-ministry/>.

¹³⁵ Bryan N. Maier, "Theophostic," Ministries of Pastoral Care, 2016, accessed November 23, 2016, <http://ministriesofpastoralcare.com/category/theophostic/>.

The Restoration Christian Outreach Community's (RCOC) Drug Program

Program Structure and Curriculum

The administration, structure, and curriculum of this residential drug-treatment program is based on Christian principles of the belief in God as a vehicle for change, with a supportive therapeutic-faith environment including participation in Bible study, church services, job-skills training, spiritual counseling, twenty-four-hour supervision, and a structured daily schedule. Residents are usually from ethnically diverse backgrounds, tend to be poor, marginally employed and housed, and have not been able to benefit from traditional public or private substance-abuse treatment programs. Furthermore, these programs provide twenty-four-hour services with no fees and serve many people with limited or no English-language abilities. Residents are required to be committed to a twenty-four-hour, ninety-day program.

Drug addicts must be reintegrated into spiritual and community life for rehabilitation, and to avoid relapse into previous behaviors and social connections. RCOC proposes to offer a holistic drug program and provides the participants with an atmosphere fostering self-confidence and self-esteem. This well-rounded program is designed to help the user, the family members, and friends handle the mechanics of rebuilding their lives as they handle their day-to-day challenges. It prepares participants for integration into the social mainstream of their social circles through the biblical principles for change.

The RCOC residential drug treatment program for men and women, ministers to the participants by faith within a TFC environment, a program that will change drug addicts' lives. The change addicts will experience is not temporary; it can last throughout

eternity. Freedom can happen if first, addicts are willing to learn the principles for change. The drug addicts must come to realize the addiction they have experienced is more than just a chemical addiction; it is an internal spiritual battle. RCOC will teach why participants want to stop, but cannot. RCOC show them who they really are, and how the terrible dependency can and must stop once they take control of their situation. Not only does the program ensure them freedom from drugs, but helps them put their personal life back together. RCOC helps them prepare emotionally, psychologically, and spiritually for the job they have desired, and helps them resume their role as husband or wife, mother or father, son or daughter.

RCOC can also ensure freedom if they work with leadership honestly and sincerely. If they do their part, leadership gives them our word that we will go the extra mile to see them to victory. Finally, RCOC program can assure addicts of freedom because we all have come to fully know and realize that we are helpless on our own. Only through the Holy Spirit's power are we winners. The residential drug program for men and women operates under the concept of a twenty-four-hour, ninety-day learning center, and provides a spiritual and therapeutic environment that teaches participants how to live free from addiction. The program teaches that this freedom comes from a change of attitude, a change of associates, a change of activities, and living by the power of the Holy Spirit.

At RCOC, we believe that addiction results from an initial choice to try drugs. Because of the addictive power of these chemicals, and the behavior modifications that take place, the users' lives degenerate to the point where they must have help to recover. This help is provided through the combined efforts of trained individuals, caring family, and supportive friends. With this principle in mind, the program is structured to minister

to the spiritual and sociological needs of the participant and the family. Every participant of the RCOC for Men/Women is encouraged to go through the program with the assistance of a family member or friend, a *significant other*. During the program's ninety days, the assigned RCOC personal servanthood leader provides a ministry support system for the participant and the significant other.

During their ninety-day stay, participants will be under the direct supervision of a servant leadership support team who will teach them the behavior-modification principles that will help them live free forever. Upon completion of the program, the significant other, along with the support of the ministry team, will have the personal responsibility of monitoring and helping the participant throughout the ninety-day aftercare program. The residential treatment facility is Part 1 of a two-part program that involves the family members and significant others as well as the participant. The Addiction Recovery Ministry (ARM) class is the second component.¹³⁶

RCOC's Addiction Recovery Ministry (A.R.M.)

The RCOC Residential Treatment Facility is the first part of a two-stage program involving the family members and significant others as well as the participant. The support group sessions (A.R.M. classes) have been planned for the significant other to allow him or her the opportunity to learn about the drug user while sharing and being of support to other families experiencing the same challenge.

During the assessment interview for acceptance into RCOC residential drug treatment program, it is recommended to the participant that they have a significant other who is willing to commit to attend the evening support group sessions (A.R.M.). If the

¹³⁶ See Appendix D, The Addiction Recovery Ministry (ARM) class, second component.

participant has a significant other who lives in the Mississippi area, the assigned Servant Leader will contact the significant other, give him or her a brief overview of the program, and invite this person to be involved in the participant's recovery by attending a weekly meeting.

If the significant other lives outside of the Mississippi area, the assigned Personal Servant Leader will contact the significant other, give that person a brief overview of the program, and make referrals to other support group meetings that are available in his or her area. If there are no support group meetings available in that area, the Significant other will be given the option of purchasing thru the Order Processing Department the teaching materials utilized in the A.R.M. Class (The Answer Book & Videotape, *Faith for Their Freedom* book, *Are You Sure You Are in faith* book, *Ingredients for Success* book, and all of the Applicable Lesson videos and material on Tough Love, Parenting, Self-Image, etc.) This will help the significant other to benefit from the same information that is being shared in the A.R.M. Class.

The support group sessions for both the participant and the significant other will provide them with a forum to interact with other families experiencing the same challenge. This interaction will equip the participant and the significant other with the skills to apply the spiritual principles taught in the class sessions. However, an assessment must be done with the potential participant as well as with his or her significant other.

Assessment

The assessment interview will be evaluated by the Director and the Servanthood Ministry team that will be working with the participant. The participant and significant other will receive a response within forty-eight hours after the interview.

After official acceptance, all participants are required to obtain a current physical exam by their personal physician within two weeks of admission to the program. This exam must be done at the participant's expense. If there are any special medical treatments required, they also will be done at the expense of the participant. The participant must submit to RCOC a signed statement from the examining Physician outlining the participant's current health status. If a participant is pregnant, she will not be accepted into the program. If a participant is dishonest about being pregnant, and is determined by the ministry staff that a pregnancy does exist, the participant will be asked to leave the program immediately, because RCOC cannot provide care for expectant mothers.

Out-of-town Applicants

For out-of-town applicants, an interview conducted via telephone will be scheduled with the potential participant, their significant other, and the Program Director. This interview will assess the overall attitude of the participant to determine whether the RCOC program can benefit him or her. If there are special needs that must be addressed prior to enrollment, these needs will be cited at this time.

For example, some participants may need to enroll in an in-patient detox center before entering the program. The RCOC primarily addresses crack cocaine addiction, which normally does not require a traumatic detox period that must be medically

supervised. If this is necessary, RCOC will assist the family in directing the participant to the proper facility and will follow the participant's progress until the participant can enroll in the Institute.

Also, a general psychological or medical evaluation may be required along with a pregnancy test. Again, the RCOC will recommend the best road to take so the participant can begin his or her program at the RCOC in short order. We have clearly defined the parameters of our program, and will always advise the applicants, based on their need in light of what we can do within the limited, but effective scope of this program.

Conclusion

In examining various problems faced by Mississippi residents studies have found that a large segment of problems are because of habitual drug users. Further research reveals that this state is home to a wide range of rehabilitation centers actively engaged in caring for and treating drug addicts. However, previously conducted studies have not revealed the effectiveness of various rehabilitation practices. For this reason, we have analyzed the effectiveness of drug rehabilitation in northwestern Mississippi, and our findings support the fact that Mississippi's mental health department has introduced a number of rehabilitation strategies for patients; some of these rehabilitation practices are pharmacological in nature, and others include behavioral therapies. Similarly, the duration of rehabilitation services also varies from one program to another.

However, the proposed RCOC residential drug program will provide the participant with an atmosphere that will build self-confidence and self-esteem. This well-rounded program is designed to help the user, the family members, and friends handle the mechanics of rebuilding their lives as they handle their day-to-day challenges. The

RCOC program prepares the participants for speedy integration into the social mainstream of their sphere of influence through instilling the Biblical principles for change, and a Resident Manual as a resource.

The resident manual for *Transforming the Lives of the Drug Culture within the Restoration Christian Outreach Community*, was prepared for RCOC, and also for others that are willing to duplicate the model. The manual offers step-by-step instructions on setting up holistic drug residential program using theophostic prayers as a model of treatment under the aegis of a TFC. It has a biblical foundation that utilizes biblical concepts, leadership styles, levels of leadership and philosophical guidance from different schools of thought.

SECTION FOUR: RCOC: TRANSFORMING DRUG ADDICTS' LIVES IN NORTHWEST MISSISSIPPI

The artifact is a nonfiction facilitator's manual written for the Restoration Christian Outreach Community (RCOC) residential drug treatment program called the Rose House in northwestern Mississippi. It is a ninety-day, twenty-four-hour, free, residential drug-rehabilitation program for adults, aged eighteen and older, who have drug or chemical dependency. Drug and alcohol treatment in America has been based on the medical model of treatment. Accordingly, the medical model of addiction is rooted in the philosophy that addiction is a disease with biological, neurological, genetic, and environmental origins.

In contrast to this model, the Rose House operates under a holistic model that provides a spiritual and therapeutic faith environment using the concepts of general, holistic rehab programs to integrate mental, spiritual, and physical, models to treat addiction and substance abuse. Theophostic prayers underlie treatment with servant leadership at the helm of the residential drug rehabilitation program that teaches its participants how to live free from addiction. The program teaches that this freedom comes from a change of attitude, a change of associates, a change of activities, and a change to living by the power of the Holy Spirit.

The Rose House program believes that addiction results from an initial choice to try drugs. Because of the addictive power of these chemicals and the behavior modifications that take place, the users' lives degenerate such that they need help to recover. This help is provided through the combined efforts of trained individuals, caring family, and supportive friends in a community residential setting.

With this principle in mind, the Rose House is structured to minister to the spiritual and sociological needs of the participant and the family. Every participant of the Rose House is encouraged to go through the program with the assistance of a family member or friend, called a *significant other*. During the program's ninety days, the assigned transformational leader of Rose House will provide a leadership support system for the participant and the significant other.

During their ninety-day stay, participants will be under the direct supervision of a servant leadership support team who will teach them the behavior-modification principles that will help them live free of drugs. Upon completion of the program, the significant other, along with the support of the transformational team, will have the personal responsibility to monitor and help the participant throughout the ninety-day aftercare program.

The residential treatment facility is Part 1 of a two-part program that involves family members and significant others as well as the participant. The Addiction Recovery Ministry (ARM) class is the second component.

This manual also serves as a Training Module Facilitator's Guide, presenting information for the facilitator about how to prepare and address the spiritual and sociological needs of drug addicts at the RCOC facility.

This program is the life work of the author, whose vision and heart are to impact the lives of men and women bound by drug addiction. The Rose House Facilitator Manual opens with an introductory chapter that briefly explains the program, including the Requirement for Acceptance into the Program, the Enrollment Procedures, the Financial Criteria, and the following:

- Participant assessment and participant handbook, which contains policies, guidelines, rules, and responsibilities for all participants.
- Training guidelines for the transformational leader with comprehensive training focused on godly principles.

The Rose House Facilitator's Manual is also a guide that may be used by leaders in setting up a therapeutic faith community's environment for a new spiritual residential drug program, conducting daily sessions in their community, outreach ministry, and residential drug centers. The manual gives a step-by-step guide for facilitating a residential drug program, written for both beginners and for experienced practitioners in centers or communities. The program explains how to put the hard-won wisdom of the program into practice while empowering servant leaders and support teams in building an addiction-recovery program, a vital and necessary part of the recovery process. It is structured to minister to the spiritual and sociological needs of the resident during their stay at the center, which will network with other programs and agencies to provide the necessary resources for each individual to help them regain independence and life control.

The lessons are designed to build the participants spiritually in designated areas so addicts can overcome the trap of codependence. In addition, the instruction and ministry will teach addicts how to make difficult tough-love decisions to help the abuser. Even though the significant other will not be involved in the participant's classroom setting, the group support sessions will reinforce the teaching they receive from the audio presentation. This promises to be a unique spiritual-growth experience. The Rose House Facilitator Manual is based on God's promise that those who come will not leave unrestored. The changes addicts will experience are not temporary; they can last throughout eternity.

SECTION FIVE: TRACK 02 ARTIFACT SPECIFICATION

This section of the Written Statement follows the nonfiction book template provided by the George Fox University Doctor of Ministry Department. Because it is a template, the format of the following pages deviates from Turabian to conform to the standards elucidated in the template. It contains the following materials:

- Cover letter to a book editor
- A nonfiction book proposal for the *Rose House Facilitator's Manual*:
 - ⌘ Title: Proposed title and subtitle
 - ⌘ Author: Name and complete contact information of the author
 - ⌘ Overview: Book subject, summary, and takeaways
 - ⌘ Purpose: Specific goals of the book
 - ⌘ Promotion and Marketing: Possible avenues of book promotion
 - ⌘ Competition: Other books in print that compare to the propose project
 - ⌘ Uniqueness: How the proposed book differs from its competition
 - ⌘ Endorsements: Established authors that will back the book
 - ⌘ Book Format: How the information in the book will be presented
 - ⌘ Chapter Outline: Short summaries of each chapter
 - ⌘ Intended Readers: Primary and secondary audiences
 - ⌘ Manuscript: Estimated word count and completion date of the manuscript
 - ⌘ Author Bio: Establishing the author's credibility on the subject
 - ⌘ Publishing Credits: Previously published works
 - ⌘ Future Projects: Other works in progress or planning

Rose Maria McCarthy Anding
521 2nd Street
McComb, MS. 39648
Telephone: 601_812_9632
Email: msrose1938@hotmail.com
November 29, 2016

Kathleen Schubitz
RPJ & Company, Inc.
Post Office 160243
Altamonte Springs, FL 32716

Dear Ms. Schubitz:

I hope to interest you in *Rose House Facilitator's Manual: Transforming the Lives of Drug Addicts*, a book concept with the proven power to eradicate drug and chemical dependency and to restore life and dignity not only to drug abusers, but also to the collateral victims of this relentless contemporary scourge—families, friends, and associates of all people now trapped in addiction.

This book will continue and greatly expand themes of redemption I first explored in my autobiographical *High Heels, Honey Lips, and White Powder* (Tate Publishing, 2010). However, what had previously been my personal journey (one that lifted me from depths of drug abuse to attaining advanced degrees, including a Master of Divinity) here becomes detailed, step-by-step instructions that can inspire community members throughout the nation who wish to have, in their own hometowns, a proven, highly effective program for turning around the lives of those who have fallen into the drug culture. Many books address the drug challenge, but only *Rose House Facilitator's Manual: Transforming the Lives of the Drug Culture* supplies step-by-step instructions on how to set up *the holistic model of treatment under the aegis of a therapeutic faith community with a biblical foundation. (Theophostic derives from the Greek words for God and for light. A relatively new movement in U.S. churches, now spreading worldwide, it signifies a Christianity-based commitment—and dynamic methodology—to healing people from within.)*

I have developed a proposal, hopefully covering all relevant details and providing an easily accessible blueprint for a book with the potential to restore full humanity and a hope-filled future to the countless victims of drug abuse in all our communities. It would give me great pleasure and encouragement if you believed it may be worth your professional time to review the proposal. I would love to see if you find in it the kind of hope I believe it has to offer. Please be in touch. I can have the completed book on your desk within eight months.

With warm regards,

Rose Anding

Track 02 Artifact Book Proposal—Nonfiction

Title: *Rose House Facilitator's Manual: Transforming the Lives of the Drug Culture*

Author: Rose Maria McCarthy Anding

521 2nd Street

McComb, MS. 39648

msrose1938@hotmail.com

+011 601-812-9632

Overview

The *Rose House Facilitator's Manual* is a step-by-step guide for facilitating a residential drug-rehabilitation program, written for beginners and for experienced practitioners in communities. The manual outlines the paradigm shift from a medical model of treatment with focus to holistic and theophostic-prayer model for a drug rehabilitation residential program at the Restoration Christian Outreach Community (RCOC). It shows how to restore drug addicts' lives and what is required of the participants. It gives a philosophical and theoretical framework of a scientific school or discipline. It also explains how to put the hard-won wisdom of the program into practice, and how the program empowers transformational leaders and ministry teams to building a better addiction-recovery program, a vital and necessary part of the recovery process.

Purpose

Rose House Facilitator's Manual is the creation of the faith-based RCOC in northwest Mississippi. It can change recovering individuals' social environment and can be adopted by other drug-recovery programs. This facilitator manual provides answers to the question, "In what ways can RCOC in northwest Mississippi be developed to use a holistic faith-based model for a more effective drug-recovery program?" by filling in the following gaps:

- Address the residential drug program problem.
- Present a simplified overview of the facilitator's manual for a new drug program.
- Describe therapeutic faith environment that addresses clients' spiritual and sociological needs.
- Describe transformational leadership learning guidelines.
- Describe how tools of ministry are used in the program.

Requirement for Acceptance into the Program

- Have respect for spiritual information given through the Word of God.
- Have a personal desire to be free from drugs.
- Be willing to submit to ninety days of twenty-four-hour monitoring.
- Exhibit a need for psychological help during the assessment interview.
- Not be pregnant.

Contents of the Manual

- Explanation of the Rose House program model of residential treatment. Description of the two-part program, which involves the family members and significant others, as well as the participant.

- Participant assessment and handbook, with policies, guidelines, rules, and responsibilities for all participants.
- Training guidelines for the transformational leader with comprehensive training focused on godly principles.

Promotion and Marketing

This book is aimed at Christian outreach ministries, communities, and other organizations wanting to develop the proper framework, incorporate proven leadership principles, and use godly tools to address the challenges of the increasing drug addiction.

Competition

A quick search reveals no direct competition. Drug and alcohol addiction is a global problem requiring a global solution. More centers are needed worldwide to reduce the drug culture.

Uniqueness

Many books address the drug challenge, but only this one supplies step-by-step instructions on how to set up theophostic prayers as a model of treatment that helps the person have a direct connection with God under the aegis of a therapeutic faith community with a biblical foundation.

Endorsements:

Dr. Ira V. Hilliard, a native Houstonian, was called at the age of nine to preach God's Word. He co-founded New Light Christian Center Church (NLCCC) in September 1984 and the church was honored as one of the Top Fifty Most Influential Churches in America. NLCCC has six locations in Texas with over 20,000 members. The ministry encompasses a nationwide television ministry, an aviation division, a credit union and an early childhood development center.

Bishop I.V. Hilliard is an accomplished songwriter and has been recognized with various scholarly honors. He is also the author of many life-changing and thought-provoking books. Also, he accepted an opportunity to write for Nelson Publishers after being approached by them, resulting in the release of *Living the Maximized Life*.

With over 130 part-time and full-time employees to assist him, Bishop Hilliard is committed to creating and cultivating an authentic church experience that glorifies God and exceeds all expectations. His unwavering compassion for people along with his steadfast faith in building up God's principles, purpose, power, and praise, will continue yielding great results in the Kingdom of God.

Book Format:

Nonfiction.

Section One: Rose House Polices & Procedures

Subsection One:

Introduction

Welcome to the Rose House for Men/Women
Twelve Characteristics of a Leader

Pages 3–5

	Mission Vision and Goals Confidential Phone List	
Subsection Two:	Applications of Enrollment Telephone Application Intake Application Assessment Application Acknowledgement of Acceptance Acknowledgement of Household Rules	Pages 8–15
Subsection Three:	Overview Orientation Overview of Daily Schedule	Pages 16–21
Subsection Four:	Counseling Sessions First Thirty Days Second Thirty Days Last Thirty Days Thirty-Day Evaluation Sixty-Day Evaluation Ninety-Day Evaluation	Pages 22–29
Subsection Five:	Forms Letters & Procedures Participation Letter Medical Attention Form Medical Emergency Procedures Incident Forms Early Dismissal Form Reasons for Dismissal	Pages 30–36
Subsection Six:	Graduation Agenda & Setup Certification of Achievement Ninety-Day Completion Five Steps to Recovery	Pages 37–41
Subsection Seven:	Confessions Men/Women Confession Finances Confessions by Leaders	Pages 42–47
Subsection Eight:	Schedules Typical Day Daily Duties Monitors Lesson Schedule Kitchen Schedule Bathroom Detail Schedule	Pages 49–59

Dining Room Detail Schedule
 Kitchen Detail Schedule
 Kitchen Inventory

Subsection Nine:**Logs****Pages 60–67**

Daily Communication Log
 Daily Journal
 Resident Follow Up
 Graduation Log
 Visitation Sign In & Sign Out
 Curfew Sign In & Sign Out
 Bed Log

Chapter 1: Explanation of the Program

There are thirteen chapters that will guide facilitators and participants through the ninety-day process. The residential drug program offers assured freedom from drug addiction to those adults who meet the criteria for acceptance. The Rose House for Men/Women will not accept participants who

1. Are under a doctor's care for a drug-related medical or psychological condition.
2. Exhibit the need for psychological help during the assessment interview.
3. Are pregnant.

Chapter 2: Enrollment Procedures

If a person meets the criteria and seriously desires to enroll, he or she should request an enrollment information packet from the Rose House's administrative office. Two applications are involved, one for the prospective participant and another for the prospective participant's significant other. The participant is encouraged to select a significant other willing to commit to attending the evening support-group sessions. If the participant's significant other lives in the Mississippi area, the assigned personal minister will contact him or her to relay a brief overview of the program and the participant's invitation to participate in the participant's recovery by attending a weekly meeting.

Chapter 3: Participant Assessment

We clearly define the parameters of our program and advise applicants, based on their need, what we can do within its limited yet effective scope. The director and ministry team who will be working with the participant evaluates the assessment interview. The participant and significant other will have a response within forty-eight hours of the interview.

An interview will be scheduled by telephone with the potential participant, their significant other, and the program director for out-of-town applicants. This interview will assess the participant's overall attitude to determine whether the Rose House program can benefit him or her. If special needs must be addressed prior to enrollment, these needs will be noted at this time.

For example, some participants may need to enroll in an in-patient detox center before entering the Rose House for Men/Women. The Rose House for Men/Women primarily

addresses crack cocaine addiction, which does not normally require a traumatic detox period with medical supervision. If necessary, the Rose House for Men/Women will help the family direct the participant to the proper facility and will follow the participant's progress until the participant can enroll.

Section Two: Rose House Participant Handbook

Chapter 4: Understanding the Program

The participant handbook includes a welcome letter to participants, assuring them that the Rose House leadership is there to help prepare them emotionally, psychologically, and spiritually for the job they've desired, and help them resume their role in society. It also promises that we are concerned about their life and are committed to seeing them through these next few months. This participant handbook has been designed to familiarize participants with the program's terms, concepts, and guidelines, including a glossary.

Chapter 5: Basic Operations Overview

The following subjects are included.

Participant Progress

Orientation

Teaching Sessions

Prayer Assemblies & Theophostic Prayers

Praise and Worship Assemblies

Personal Ministry/Counseling Time

Work Sessions/Clean-Up Sessions

Saturation Methods: The participant will be taught that the subconscious mind controls the dominant programming of our lives. So, to affect the subconscious mind of the participants, along with their conscious mind, a variety of repetitive *saturation methods* are used to override the participant's old programming. This will also help produce an atmosphere conducive to developing a relationship with God while growing spiritually.

1. **Music Saturation:** During wake-up time, soft praise and worship music will play throughout the dormitory. The first thirty minutes of the day sets your programming mode into effect. Dominating the participant's thoughts with praise and worship music makes their hearts more receptive to the Word and develops a desire to pray. Upbeat praise music will be used for cleanup time.
2. **Visual Saturation:** Mission statements, portraits, inspirational posters, The I AMs and Fifteen Freedom Truths, participants' rights, and a meticulously organized environment will develop a sense of renewed self-esteem, self-worth, and appreciation. The absence of secular media, such as personal TV, radio, and newspapers will help maintain the participants' focus on their recovery.
3. **Verbal Saturation:** Teaching sessions, prayer assemblies, praise and worship assemblies, confessions, everything will help the participant develop and release the Word within.

4. **Behavior Saturation:** Consistent wake-up times, bedtimes, meal times, and prayer times will provide the participant with a sense of order. Over the ninety days, this sense of order will become habitual to the participant.
5. **Fellowship Saturation:** Limited visitation, along with the pairing of a more spiritually mature participant buddy, combined with Godly examples in staff and leadership, who take the time to minister, love, and help develop the participant, will help ensure the participant's success.

Participants Who Have Completed Ninety Days (Post program Guidelines)

Daily Program Format

Schedule for Rose House for Men/Women Daily Video Time

Significant Events of the Day (Journaling)

Administrative Forms

Chapter 6: Rose House for Men/Women Staff

This chapter reviews the primary duties and responsibilities of the positions and what abilities are reasonably required for these tasks. First, we define the basic elements of each position (i.e., what it is you actually want the person to be able to do, or know, or be good at to do the job well). Second, we identify all the specific activities the job requires. It takes a hypothetical job, Community Health Educator, and reviews the development of a list of duties and responsibilities for it.

Chapter 7: Training Guidelines for the Personal Ministers/Servant Leadership

The Rose House for Men/Women provides ministry to drug users, drug dealers, and family members who want spiritual help to overcome their drug dilemma. The Rose House for Men/Women teaches that the ability to live drug free comes from a change of attitude, a change of associates, a change of activities, and a change to living by the power of the Holy Spirit. The personal minister must implement Rose House philosophy and beliefs. The personal ministers and servant leaders will have the main contact with Rose House participants. This training guide provides direction for being effective in their positions. The personal ministers and servant leaders must be trained in the following areas.

The Program for Men /Women consists of seven steps to Recovery for participants:

- Step 1** Admitting the problem
- Step 2** Commitment to God
- Step 3** Knowing oneself
- Step 4** Principles for change
- Step 5** Accountability and responsibility
- Step 6** Growing spiritually
- Step 7** Helping others

EXPLANATION OF THE SEVEN STEPS TO RECOVERY

1. Admitting the Challenge—Psalms 51, I John 1:9

The user recognizes that his or her drug addiction or misbehavior is destroying her

life, relationships, and future. He / She also realizes that He or she is now powerless over their behavior and needs help to break the endless cycle of addiction.

2. Commitment to God—Romans 10:9–10

The user has accepted God's gift of salvation, forgiveness, cleansing, and deliverance through the blood of Jesus. She has also chosen to renounce his/her willful involvement with the devil through drugs, and now chooses to operate her/her life in agreement with God's Word. Therefore, he/she now makes a commitment to God because that is whence her help comes.

3. Knowing Oneself—Matthew 16:18, I Thessalonians 5:23

The delivered user now understands how she is made up. She is a spirit being, living in a physical body who possesses a soul. Their soul is their mind, will, imagination, emotions, and intellect. They know that at salvation, only their spirit became new and alive to God. His/her mind must be renewed by the Word of God so that He or she can glorify God with their body and lifestyle. They also understand that it is their personal responsibility to control the desires of her flesh.

4. Principles for Change—Hebrews 6:12

The delivered user is using principles for behavior change and has developed a personal life-change strategy. He or She understands that a natural example is critical to natural development and has acquired an appropriate role model. He or She understands that change occurs on purpose and is sustained with divine help. Because change is deliberate, not by chance but by design, He or she has established personal guidelines and preplanned responses to temptation.

- A. Principle of faith confession
- B. Principle of purposeful action
- C. Principle of dominant influence
- D. Principle of tough love monitoring

5. Accountability and Responsibility—Luke 14:28–30, Luke 12:48

Accountability always breeds predictability and security. The delivered user must always be accountable for His or her time and responsible for their actions. He or She must have someone with her as much as possible and should not go anywhere alone unless absolutely necessary. The delivered user willfully submits himself, or herself to her significant other and allows them to monitor her finances, movement, and attitude. Finally, He or she must establish guidelines for self-own protection that will allow one to stay on course.

Responsibility is having the ability to respond in a suitable manner in any given situation. It is important that the delivered user be held responsible for his/her own actions. Do not allow them to place the blame or point the finger at anyone. Make him or her aware that He or she is responsible and that there will be consequences for his/ her actions. The significant other cannot smile at or allow their misbehavior to go unchecked. Always remember, where there are no consequences, there is no motivation for change.

6. Growing Spiritually

The delivered user must be actively involved in a Bible-believing, Bible-teaching ministry so he/or she can continue to receive the Word of God. There can be no growth apart from God's Word.

7. Helping Others—Ephesians 6:8

Helping others has always been the plan of God. God has always wanted believers to be a benefit outside of themselves. It is the will of God that we implement obedience so that we may help others. After a 90-day commitment to God, the fruit of your doings should be noticed by others and you can begin to help others change. David, the psalmist, understood that he could not be a help until his heart was right toward God (**Psalms 51:10–13**). Jesus prayed that your faith fails you not so that, when you are converted, you can help others also (**Luke 22:32**). The delivered user is now giving back to the drug ministry by being involved through support-group attendance, donations, and ministering.

Chapter 8: Tools of Ministry for the Rose House Participant

“The Answer” is a video documentary about crack cocaine and the nightmare it has become in the United States. For the first time ever, we provide an informational track starting with “How the drug got here,” “Who sells it,” “Who buys it,” and “The profit in it.” Then, we show what our law enforcement can and cannot do, based on legislation. We examine the solutions the United States has developed to handle the 5.8 million regular users, and those who deal crack cocaine. We follow this nightmare all the way to our rehabilitation services that treat the two million addicts and look at the results of their best efforts. Finally, “The Answer” presents the only plan of action that has a success rate.

Section Three: Rose House Teachers' Manual

Chapter 9: The Significant other's Instruction Program

The purpose of Rose House's Significant other Program is to give the significant others in users' lives the ministry they need. It has been proven that drug abuse affects more than the abusers. For the participant to benefit from the program, he or she must have family members' and friends' assistance.

The lessons are designed to build participants spiritually in designated areas so they can overcome the trap of codependence. In addition, the instruction and ministry will teach them how to make difficult tough-love decisions to help the abuser. Even though the significant other will not be involved in the participant's classroom setting, the group ministry sessions will be used to reinforce the teaching they receive from the audiocassettes. This promises to be a unique spiritual-growth experience.

Chapter 10: The Participant's Instruction Program

The purpose of the Rose House participant's instruction program is to give the participant direction and ensure freedom from addiction. The lessons are designed to increase the participant's awareness of what he or she thinks is causing the drug problem, and to present a spiritual plan of action for total deliverance.

The lessons will explore situations and help participants reorganize their behavior patterns, harness their feelings, develop self-worth, renew family relationships, and plot a course for drug-free living. The lessons, coupled with the prayer groups, discussion groups, and ministry groups, present opportunities for the participant to develop effective identification and communication skills to confront the real issues that have caused the addictive behavior.

Chapter 11: Lesson Plan Guide

Rose House lesson plans are designed to teach the residents the Word of God. This will help them develop a knowledge of who they are in Christ Jesus, the ability to apply the Word of God in their lives, and the discipline to use faith in every area of their lives. These subjects are covered in twelve lessons. Each lesson is taught over a five-day period in the form of two teaching sessions and one review, with group discussions held daily. The twelve-lesson plan is repeated every three months. Using this format, any participant enrolling in Rose House Residential Drug Programs for Men/Women will have completed each lesson and subject within a ninety-day period, regardless of enrollment date.

Chapter 12: The Teaching Session

The teaching sessions will be conducted by either a staff minister or an approved minister. The primary teaching materials will be chosen from a variety of books and other tapes relevant to the participant's spiritual development and continued freedom. Each lesson starts with a prayer.

Prayer for Ministry of the Word of God!

Father, we do thank You and praise You for another time of study and sharing together around Your Word. We thank You for Jesus, that He is our High Priest and that He ever liveth and He makes intercession for us. We thank You for Your Word. Your Word is not void of power and You always confirm Your Word with signs. We thank You for the Holy Spirit, our teacher and our guide. We believe because of Him, that revelation truths will flow freely in this place, unhindered and unchecked by any force. We thank You Father. Our bodies are strong, our minds are alert, and our lips are anointed. Therefore, we will accurately articulate the Word such that every spiritual need will be met. We thank You. Every ear is anointed to hear, every heart is receptive to receive, and we declare that we are anointed to teach, even at this hour. And now Father, we covenant in advance with You before we begin, to give You alone the praise, the glory, the honor, the adoration, and the thanksgiving for all that shall be accomplished, and for all that shall be revealed, in Jesus' name, and the people said Amen

These topics will include, but are not limited to,

1. Salvation
2. Authority of the believer
3. Building blocks of faith
4. The Holy Spirit
5. How to pray for an hour
6. Healing

7. The power of a good self-image
8. Building positive relationships
9. Parenting
10. Tough love
11. Overcoming addictions
12. The ingredients for success

Chapter 13: The Aftercare Program

After ninety days in the program, the participants will be reviewed for finalizing their primary program. As previously mentioned in the ninety-day program, this is not the ending or culmination of anything, but really only the beginning of a new life. It signifies that you, your fellow participants, and staff members feel you are now ready to begin taking responsibility for yourself and lead a productive life. For the next three months, we will see you regularly, meet with you, advise you, and continue to be your support. We are committed to your success.

Intended Readers

Those who are interested in having effective drug rehabilitation facilities in their communities would have to reinvent the wheel. We have done it all and have organized it for others, making it quickly accessible. For more details, please go to our website or contact us.

- Churches
- Outreach ministries
- Nonprofits
- Communities
- Church planters

Manuscript:

The introduction and the twelve chapters are completed, but unedited. There are approximately 89,000 words.

Author Bio

Rose “Maria McCarthy” Anding is a candidate for a Doctorate of Ministry at George Fox University. She holds master’s degrees in Evangelism and Church Planting, Master of Divinity, and Master of Addiction & Recovery, and has worked as a church evangelist and owner of business consulting firms. She is visionary and executive director of Early & Lettie Simmons Foundation for Humanity, Inc., having more than six years’ experience as a chaplain, and biblical & drug counselor.

Publishing Credits

High Heels, Honey Lips, and White Powder, Tate Publishing (10 Aug. 2010)

SECTION SIX: POSTSCRIPT

The Doctor of Ministry track of the Leadership and Global perspective program of Portland Seminary at George Fox University followed by nine members of my cohorts studying different ministry problems. Each was wonderfully enhanced, causing us to revisit the many ministry problems. However, drug addiction—the human brokenness caused by the drug culture—has rested on my shoulder for nearly ten years. At the same time, when I began the Doctor of Ministry program at George Fox University, it became apparent that it was time to complete my God-given assignment.

Summary of Execution

Restoration Christians Outreach Community (RCOC): “Transforming Drug Addicts’ Lives in Northwest Mississippi at Restoration Christians Outreach Community (RCOC).” The written statement and facilitator manual are developed to use a holistic faith-based model for a more effective drug-recovery program. The written statement provides the theological underpinnings to holistic faith-based model. The facilitator manual of the curriculum guide as an artifact provides practical application how to transform drug addicts’ lives in northwest Mississippi at RCOC, by using a therapeutic faith environment and servant leadership to address clients’ spiritual and sociological needs.

Personal Discovery

For me the God-preparation period of ministry lasted nearly ten years, because I had never started from the ground up on a ministry project. I had only participated in several small existing partnerships. However, this was a God-given assignment. As I

began to research and review the community, outreach and the role of the church in the environment, treatment, leadership, and recovery addiction, I found that

no one in society is left untouched by these losses. Virtually every family has a substance abuse story somewhere in their history. Because of the stigma attached to abuse and addiction, Christians who experience the ravages of substance abuse often do so in shameful isolation, afraid to share their burdens with fellow [communities or] church members. This experience of isolation is both tragic and ironic since the basic issues of recovery fall squarely within the life of the church: repentance, turning life over to God, honest self-assessment, responsible living, and spiritual devotion.¹³⁷

Hong Kong Experience

It was the fall of 2015 in my first semester of my first year, the 2015 Advance in Hong Kong. It was a privilege for the Leadership and Global Perspectives Cohort to visit the center for recovering drug addicts, a program led by Jackie Pullinger, MBE (born 1944), British Protestant Christian charismatic missionary to Hong Kong and founder of the St Stephen's Society.

Her work has saved thousands of drug addicts from their drug addictions.¹³⁸ In 1981, she started a charity called the St Stephen's Society to provide rehabilitation homes for recovering drug addicts, prostitutes, and gang members. The early years of her Hong Kong ministry are chronicled in the book *Chasing the Dragon*.

Christian missionary Jackie Pullinger has been helping Hong Kongers kick their addictions through prayer since 1966. It has gone quickly, she says, and she feels lucky to have realized her dream. The word *dream* echoes in my ear, it was now my dream to help

¹³⁷ Ferrell Foster, "Ministry and Substance Abuse," 2018, accessed March 9, 2018, <http://texasbaptists.org/ministries/clc/ethics-justice/life-health-dying/ministry-substance-abuse>.

¹³⁸ Martin Booth, *Opium: A History* (New York: St. Martin's Press, 1998), 100.

the people of northwest Mississippi and the United States kick drug addiction through Theophostic prayer.

War on Drug Experience

A few months later, attending the 2015 International Drug Policy Reform Conference held in Arlington, Virginia (November 18–21, 2015), I gathered information regarding the war on drugs and used it to develop this project's main analysis of its side effects. At the conference, I also discovered that the incarceration and long jail terms for millions of individuals involved in nonviolent drug crimes have had economic, moral, and financial effects by turning people with devastating addictions into people with unbearable convictions. The essay on the war on drugs can be found in Appendix B.

Kenya Experience

It has been an amazing research journey that ended with a nine-day trip to Nairobi, Kenya, where I visited and viewed two drug programs from a global perspective. Our first stop was a program called the Retreat Rehab Centre, established as an inpatient medical-rehabilitation center for treatment of substance addiction and cooccurring disorders. Their treatment philosophy is based on the understanding of alcoholism and drug abuse as diseases and disorders of the whole person. The Retreat is based on the electric model employing community as a method and self-help concepts of substance-use-disorder treatment.

The second program, called Nairobi Place, is committed to promoting the disease model of addiction, with both inpatient and outpatient treatment, much like the RCOC Program with significant others as part of the program. It was interesting to see how Nairobi Place had developed a partnership with corporations and businesses to save

employees who are tangled with the drug community and in need of help. This is an outreach cry to employers to help save their employees who are trapped by addiction of any kind. In conclusion, drug-rehab centers all have the same goal, returning addicts to their family, to churches, and to society ... happier lives in successful and friendly surroundings. The program's procedures ensure that the addicts return to normal lives.

Seeing recovery as a spiritual process is the answer to America's substance abuse nightmare and can be found in the churches, outreach centers and communities that are uniquely equipped to minister to recovering persons and their loved ones—as a whole person. As the people of God, congregations can provide caring communities, which fosters acceptance, nurtures self-worth, offers forgiveness and reconciliation, and supports spiritual healing and growth.

However, the vision of the RCOC community was developed with the commitment to prepare to deal with the drug culture of the world, starting in northwest Mississippi—by introducing a residential drug treatment program for those enslaved or troubled by a habitual use of various narcotic, stimulant or mind-influencing drugs (including alcohol). It's also for those who have symptoms of physical, emotional or mental addiction, who may not have a sickness, but a sin problem that causes enslavement and sickness.

The RCOC says it's time to pick up the mantle of servanthood and proclaim, “Jesus Christ has done something about your problem. He came to liberate addicts from such problems and enable them to gain self-control, a fruit of the Holy Spirit” (Galatians 5:22,23).

What Scripture Says

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*Everything is permissible for me—but not everything is beneficial.
Everything is permissible for me—but I will not be mastered by anything.*
—I Corinthians 6:12

*Do not get drunk on wine, which leads to debauchery.
Instead, be filled with the Spirit.*
—Ephesians 5:18

The Spirit of the Lord is on me, because He has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor. Then He rolled up the scroll, gave it back to the attendant and sat down. The eyes of everyone in the synagogue were fastened on Him, and He began by saying to them, "Today this scripture is fulfilled in your hearing." All the people were amazed and said to each other, "What is this teaching? With authority and power, He gives orders to evil spirits and they come out.
—Luke 4:18–21, 36

And having disarmed the powers and authorities, He made a public spectacle of them, triumphing over them by the cross.
—Colossians 2:15

He who does what is sinful is of the devil, because the devil has been sinning from the beginning. The reason the Son of God appeared was to destroy the devil's work.
—I John 3:8

It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery. You, my brothers, were called to be free. But do not use your freedom to indulge the sinful nature, rather, serve one another in love.
—Galatians 5:1, 13

Conclusion

My Prayer of Faith is that this dissertation becomes the creation of a faith-based RCOC in northwest Mississippi that can change the recovering individuals' social environment, using leadership principles and godly tools in restoring the lives of drug addicts. This can also be adopted by other drug-recovery programs. And, the use of its respective Facilitator's Manual for Daily Sessions at the RCOC Ministry will also be used by others in outreach ministries and communities.

APPENDIX A

DEFINITION OF KEY TERMS

According to author Bernard Barber, the social definition, the concept of “drug,” is a cultural artifact, a social fabrication. The definition of a drug is arbitrarily defined by certain segments of society. Although not all substances called drugs share certain pharmacological traits that set them apart from other non-drug substances, they do share the trait of being labeled as drugs by members of society. This means that the effects of different drugs have relatively little to do with the way they are conceptualized, defined, and classified. The classification is artificial; it resides in the mind, not in the substances themselves. But it is no less real for its arbitrariness.¹³⁹

Erich Goode gives the sociologist’s view of drugs and drug use, and goes a good deal further than merely recognizing the sociological perspective on drugs and drug use. Because societies define not only the meaning of drugs, but also the meaning of the drug experience, these definitions differ radically among different societies and among subgroups and subcultures within any society. They spell out which social situations are approved for drug use, and which are not.¹⁴⁰

The use of key terms helps convey research information accurately and precisely. To find literature on focused aspects of a particular topic, it is crucial to begin searching with the right keywords and key terms. The right key terms help the researcher retrieve appropriate articles. For this reason, the keywords for this dissertation include *drug addiction, substance addiction, drug abuse, community, drug culture, drug-addiction*

¹³⁹ Bernard Barber, *Drugs and Society* (New York: Russell Sage Foundation, 1967).

¹⁴⁰ Erich Goode, “A Sociological Perspective on Drugs and Drug Use,” The Psychedelic Library, accessed December 27, 2017, <http://www.psychedelicalibrary.org/goode.htm>.

treatment, drug rehabilitation, drug addiction in Mississippi, spirituality, theology, faith, recovery, relapse, effectiveness of rehabilitation, and effectiveness of drug rehabilitation.

To further refine the search, Boolean operators, such as AND and OR were also used.

Substance Addiction

From a medical perspective, substance addiction refers to an extensive use of a variety of substances, including drugs, tobacco, and alcohol, such that these substances are anticipated to negatively influence individuals' health and well-being.¹⁴¹ Considered from a specific context, substance addiction is fundamentally a health-related problem around the globe, and contributes to significant personal, community, and socioeconomic burdens.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey on Drug Use and Health, 23.5 million persons, aged 12 or older, needed treatment for an illicit drug or alcohol abuse problem in 2009 (9.3% of persons aged 12 or older). Of these, only 2.6 million—11.2% of those who needed treatment—received it at a specialty facility.¹⁴²

Drug Addiction

Drug addiction is a psychological and physical dependence on drugs. Dependence on psychoactive substances, including alcohol, heroin, and tobacco, can temporarily cause various chemical imbalances in the brain. In this regard, the drug addict is referred

¹⁴¹ Neil McKeganey, *A-Z of Substance Misuse and Drug Addiction* (New York: Palgrave Macmillan, 2013), 90.

¹⁴² National Institute on Drug Abuse, "Treatment Statistics," 2011, accessed December 27, 2017, <https://www.drugabuse.gov/publications/drugfacts/treatment-statistics>

to as a drug-dependent individual and may require the drug at regular intervals.¹⁴³ The quantity of drug required might also increase with time. If drug addicts fail to take regular doses of the drug, chemical changes in the brain may force them to seek the next dose of drugs. For this reason, drug addicts have an overwhelming desire to continue taking the drug.

Drug Culture

The phrase *drug culture* might be used for the cultivation of plants that would be used in herbal remedies and medicinal drugs; however, this practice of cultivation has significantly reduced with society's shift to chemical-based medications. Analyzed from another perspective, drug culture is a subculture associated with the lifestyle-related habits of drug addicts along with common practices, languages, and habits associated with the use, sale, and purchase of illegal or recreational drugs.¹⁴⁴ Such drugs were initially orally administered, but over time, there have been significant changes within the drug culture. In addition to being based on drug-use behaviors, the drug culture includes an evolving variety of shared beliefs, values, traditions, and customs. Individuals in the drug culture might share common patterns of socializing, styles of communication, and language dialects.

Drug addicts might have different socioeconomic statuses, cultural attitudes, and substance-use patterns; however, they are still considered members of a single drug culture. Individuals living in one area are anticipated to live under the influence of a

¹⁴³ Gurpreet Kaur Saini, N. D. Gupta, and K. C. Prabhat, "Drug Addiction and Periodontal Diseases," *Journal of Indian Society of Periodontology* 17, no. 5 (2013): 587.

¹⁴⁴ Center for Substance Abuse Treatment, *Improving Cultural Competence* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

similar drug culture. As the drug culture has a significant impact on health and well-being of individuals residing within a particular population, rehabilitation programs for that drug culture must consider the cultural affiliations of individuals to be treated. This approach emphasizes that many subcultures exist within and across diverse ethnic and racial populations and cultures. Drug cultures are a formidable example—these cultures can influence the presentation of mental, substance use, and cooccurring disorders, as well as prevention and treatment strategies and outcomes. The treatment improvement protocol (TIP) also demonstrates that a drug culture has a significant influence on individuals' perceptions, beliefs, health, and well-being; therefore, it is crucial to develop and implement treatment and rehabilitation strategies by considering perceptions related to the potential consequences of substance misuse along with perceptions related to potential outcomes of these rehabilitation and treatment programs.

Community

The word *community* is used here to mean not a uniform geographic or political entity, but the network of people who live in a neighborhood, village, town, or city and who are concerned with the lives of their fellow human beings. Some families living in a community can accept the reality of drugs in their neighborhood, adapting to a situation that they cannot hope to change immediately. However, they can change their lifestyle to reduce the threat of drug dealing and violence in their streets and buildings. They can change the environment by some form of community action either with or without the support of the authorities, or they may flee to safer housing if possible.

APPENDIX B

ESSAY: THE SIDE EFFECTS OF AMERICA'S WAR ON DRUGS

Many families in the United States have experienced the overwhelming side effects of the failed drug-war policies, and many individuals have supported policies that treat drug use as a health issue, not as a criminal-justice issue. The drug police alliance has worked hard to end the drug war's assault on families. Questions have been raised about abolishing the drug war because research has shown that drug abusers continue to fill the county's courts, hospitals, and prisons. Drug business and the war on drugs ravage our society: How should the war be won? A close assessment of a number of aspects contributing to drug use strongly suggests that the drug war is affecting the society negatively more than it does positively.

Racial Injustice: The Main Aspect of the War on Drugs

I attended the 2015 International Drug Policy Reform Conference held at the Crystal Gateway Marriott in Arlington, VA, and (November 18–November 21, 2015). I gathered some information regarding the war on drugs and used it to develop the main aspect of this paper on its side effects. At the conference, I discovered that all the incarceration and long jail terms for millions of individuals for nonviolent drug crimes have had economic, moral, and financial effects by turning people with devastating addictions into people with unbearable convictions.

“Imprisonment Rates in the US by Race, Age, and Gender, 2014,”¹⁴⁵ reports that imprisonment rates by race and Hispanic origin were highest for males ages 30 to 34 (6,412 per 100,000 black males, 2,457 per 100,000 Hispanic males, and 1,111 per 100,000 white males). More than 1% of white male residents ages 30 to 39 were in state or federal prison at yearend 2014. The figure for black males exceeded 6% of their total U.S. population. Female prisoners aged 30 to 34 had the highest imprisonment rates among black (264 per 100,000 black females of the same age), Hispanic inmates (174 per 100,000), and white (163 per 100,000). Black females were 1.6 to 4.1 times more likely to be imprisoned than white females of any age group.¹⁴⁶

In some states, the rates are a bit higher depending on their particular drug-use history. In Mississippi, for instance, the rate is above 30% of the population.¹⁴⁷ The three states with the highest ratios are Louisiana (881 per 100,000), Mississippi (702 per 100,000), and Oklahoma (657 per 100,000).¹⁴⁸ The war on drugs has produced profoundly unequal outcomes across various racial groups. This is evidenced through racial discrimination practiced by law enforcement as well as the drug war’s particular

¹⁴⁵ E. Ann Carson, *Prisoners in 2014*, NCJ248955 (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015), accessed December 27, 2017, <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5387>.

¹⁴⁶ Get the Facts, “Prisons and Race,” accessed December 27, 2017, http://www.drugwarfacts.org/chapter/race_prison.

¹⁴⁷ Bruce L. Benson, “Escalating the War on Drugs: Causes and Unintended Consequences.” *Stanford Law and Policy Review* 20, no. 2 (2009): 293–357. <https://www.questia.com/library/journal/1G1-202203357/escalating-the-war-on-drugs-causes-and-unintended>.

¹⁴⁸ Heather C. West, William J. Sabol, and Sarah J. Greenman, *Prisoners in 2009*, NCJ231675 (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2010), <http://www.bjs.gov/content/pub/pdf/p09.pdf>. Appendix Table 16a, Appendix Table 16b, Appendix Table 16c, 29–30.

focus on blacks.¹⁴⁹ They are more often arrested, prosecuted, and incarcerated for drug violations compared to whites. Latinos are also on the list of targets. Currently, the Drug Policy Alliance aims to identify the various disproportionate rates at which blacks and Latinos are arrested, as well as the various systems and behaviors that encourage such crimes.¹⁵⁰ The war on drugs has had dramatic effects on the United States. For example, it has slowed the integration process among different communities.

The many U.S. families have experienced the devastating effect of failed drug-war policies. There is a high rate of imprisonment among the African Americans that has led the police to target African American communities and to carry out extreme levels of surveillance. In many cases, police have interfered with the individuals' right to privacy.¹⁵¹

The racially disproportionate nature of the war on drugs is not just devastating to black Americans. It contradicts faith in the principles of justice and equal protection of the laws that should be the bedrock of any constitutional democracy; it exposes and deepens the racial fault lines that continue to weaken the country and belies its promise as a land of equal opportunity; and it undermines faith among all races in the fairness and efficacy of the criminal justice system. Urgent action is needed, at both the state and federal level, to address this crisis for the American nation.¹⁵²

Most African American communities are not well protected. Consequently, police hesitate to respond to an emergency call to any of these communities. This is quite

¹⁴⁹ Arthur Berger, *Ads, Fads, and Consumer Culture: Advertising's Impact on American Character and Society* (Lanham, MD: Rowman & Littlefield, 2011).

¹⁵⁰ Drug Policy Alliance, "Mission and Vision," accessed September 21, 2017, <http://www.drugpolicy.org/mission-and-vision>.

¹⁵¹ Drug Policy Alliance, "Strengthening Families," accessed September 21, 2017, <http://www.drugpolicy.org/families>.

¹⁵² Human Rights Watch, *Key Recommendations*, 2017, accessed September 21, 2017. <https://www.hrw.org/legacy/campaigns/drugs/war/key-reco.htm>.

obvious and is why criminals and gangs grow so strong in black communities. It all starts as a small matter, but when arrests target mainly one group disproportionately; the effect is always costly for the entire nation. Gangs kill and rob irrespective of their victim's racial background. Those who are convicted of drug-related offenses serve long terms in prison, excluding them from the rest of the society. Since the numbers are so large, the drug war has actually created another society of Americans: millions of people who cannot vote, access any kinds of public assistance, or be licensed. A racist enforcement of drug-war policies means that most inmates are from the black and Latino communities. Does this have an effect on the democracy and political landscape of the country? Besides tainting the names of African Americans, the war on drugs has actually denied most of them an opportunity to exercise their democratic rights. The war on drugs separates individuals rather than uniting them as Americans. It excludes Latinos and African Americans from the great American society with the common goal of attaining the American dream.

This racial injustice exacerbates one characteristic of many teenagers: curiosity.¹⁵³ For example, whenever you warn your 17-year-old grandson against taking Cola drinks, expect the boy to be an addict of the same drink; at least for some time until he learns about the reason behind the warning on his own. According to Marsha Rosenbaum,

Safety First ... guides parents by telling them that a reality-based approach enables teenagers to make responsible decisions by: providing honest, science-based information; encouraging moderation if youthful experimentation persists;

¹⁵³ Andrea Claire Harte Smith, *Drug Culture: The Facts Behind the Headlines* (North Mankato, MN: Sea-to-Sea, 2005).

prioritizing safety through personal responsibility and knowledge; and promoting an understanding of the legal and social consequences of drug use.¹⁵⁴

In the United States for instance, college students have access to alcohol and some of them smoke marijuana. Similarly, accessing other drugs is obviously not difficult for many. Research has shown that about 7.8% of college students in the United States use cocaine and about 14% of college students use marijuana; 53% of college students will try marijuana in college and 71% will drink alcohol before their graduation.¹⁵⁵ Further, over 70% of drug users in college began using the drugs before entering college.

Curiosity tops the list of the causes of drug use in colleges. Students tend to enjoy doing what is illegal to feel proud of themselves and their ability.

In addition, the drug war has enabled the drug cartels to establish channels that supply most of these drugs to many institutions in the United States, where college students are the main target of drug traffickers. In other words, marijuana, cocaine, and harder drugs are readily availability in colleges. This kills many students' future; most of them end up in jails, rehabilitation centers and even the grave due to consumption of these drugs. Notably, most parents are not aware of their children's behaviors in college, only to be surprised when the effects manifest themselves. Putting young people behind bars for several years is equivalent of killing the country's future.

¹⁵⁴ Marsha Rosenbaum, "A Mother's Advice," *San Francisco Chronicle*, September 7, 1998, accessed December 28, 2017, <http://www.sfgate.com/default/article/A-Mother-s-Advice-About-Drugs-2991952.php>.

¹⁵⁵ Alfred W. McCoy and Alan A. Block, *War on Drugs: Studies in the Failure of U.S. Narcotics Policy* (Boulder, CO: Westview Press, 1992).

Major Health Issues

The war on drugs has had several health-related consequences that have reduced economic development. Criminalizing drug users has led to such risky behaviors as sharing needles, which may lead to increased HIV and Hepatitis B infection. Based on the research done by many health organizations, 10% of HIV infections result from sharing needles. In Africa, the figure is about 30%, whereas it approaches 50% in many of the former Soviet Republics.

Besides this, the widespread use of disproportionate punishments, particularly for minor offences, has overwhelmed the U.S. criminal justice system, leading to excess prison populations. This has led to health-related issues and violation of the human right to good health. For example individuals who use drugs are intimidated by the police and sometimes tortured.

HIV/AIDS is currently among the world's deadliest diseases; in its last stages, it often kills parents, leaving many young children as orphans, a clear burden to society and the families affected. The disease also causes trauma among the infected individuals which calls for mental health counseling. Increased use of needles among the users will obviously increase the infection rates leaving most societies with fewer workers to drive economic development. Controlling HIV infection has become a nightmare because the virus can be transmitted via needles. It is currently an epidemic and the painful fact is that the drug war has contributed to this.¹⁵⁶

¹⁵⁶ S. Darke, S. Kaye, and R. Finlay-Jones, "Drug Use and Injection Risk-Taking among Prison Methadone Maintenance Patients," *Addiction* 93, no. 8 (1998): 1169–1175; Ralf Jürgens, *Interventions to Address HIV in Prisons: Drug Dependence Treatments* (Geneva, Switzerland: World Health Organization, 2007).

Bringing Drug Use into Prison

Omar Farook, a drug dealer in the UK, posted a picture on Facebook of himself and colleagues in prison. He wrote how they enjoyed their stay in prison and that the drug business was booming.¹⁵⁷ In jails, prisoners collude with the wardens and get out with wardens' uniforms to receive drugs from their dealers. Wardens are easily corrupted since they are offered large sums of money that are difficult to reject. As stated before, the war on drugs has driven the value of drugs to rival that of gold. A gram of cocaine is worth \$300 in the United States. Considering this, the money the traffickers get from the drug business is enough to bribe prison officers and workers to smuggle drugs to the inmates. This makes prisons less useful because it destroys the inmates rather than rehabilitating them. An inmate convicted of other crimes can easily use drugs when they are available and the drug addicts continue using drugs. The drug war was not well thought out; President Nixon and his advisers clearly did not consider its consequences. It was seemingly an impromptu decision meant to scare the drug traffickers. The United States should have focused more on rehabilitating the drug addicts rather than starting a war that would later seem useless and costly. Rehabilitation would have reduced the market for drugs in the United States. If there was no drug war today, the government would obviously find it easy to initiate rehabilitation processes, but the war has created a parallel force full of rebels creating wealth through the available illegal opportunity.

¹⁵⁷ William J. Bennett and James Q. Wilson, *Drugs: Should Their Sale and Use Be Legalized?* 9th ed. (New York: RR Donnelly and Sons, 2011), 633–640.

The Drug War Has Affected Legitimate Businesses Negatively

The war on drugs is a serious concern for many legitimate business people in different regions because it adds costs to doing business. In Mexico for instance, drug dealers use their money to undermine legitimate institutions. The war on drugs has opened a pathway for corrupting leaders. Corruption increases business costs and in most instances creates uncertainty about the credibility of various business contracts. This is likely to discourage investment in any affected regions. It is apparent in Mexico, where \$1.7 billion is lost annually to corruption. As mentioned earlier, drug dealing is always associated with violence because it is done illegally, making violence an attractive means to ward off competition. International investors cannot set up business in areas where they will be forced to pay workers extra due to the risks they will face. In Mexico, most international investors have closed down their businesses due to the insecurity cause by drug traffickers. Most people tend to migrate to safer regions when violence erupts. In such incidences, businesses are automatically closed due to a lack of workers.¹⁵⁸ Security officers are always threatened because drug lords are well funded and are able to acquire similar rifles or more dangerous weapons for protection purposes.

What happens when the authorities arrest such individuals? What happens when they die? Such businesses are likely to collapse and many workers are likely to lose jobs. The drug war has created an economy that functions like a gamble. An economy run by a high percentage of drug lords is never stable. People are likely to lose jobs when the owners die. The drug war has made the drug lords rich. Drug dealers have caused

¹⁵⁸ Mark Axelrod, "Popular Culture and the Rituals of American Football," *CLCWeb: Comparative Literature and Culture* 3, no. 1 (2001): Article 2.

instability in developing countries.¹⁵⁹ Unlike developed nations, developing countries have a war to fight against poverty and its catalysts. Corruption is one of the serious problems affecting developing nations and, as discussed before, drug businesses encourage corruption. In developing countries, there are many poor people and leaders are not well paid because of the weak economy. This paves way for corruption among these top leaders. Drug traffickers take advantage of this and bribe most of the leaders so they can conduct their businesses freely. Recent research on an upcoming and ambitious African nation, Kenya, vividly reflects this fact. Kenya is one of the most developed nations in Africa. It has resources, but the nation is ailing from corruption. The country has many drug dealers, some of whom are elected to crucial leadership positions. Kenya has been facing issues to do with economic insecurity for many years. It is difficult to predict the nature of the Kenyan market.¹⁶⁰ This is largely attributed to the increased number of drug cartels and the amount of corruption in the government.

Wasted Taxpayers' Money

The war on drugs, like any other war that America has undertaken, has involved large amount of money. U.S. federal, state, and local governments currently spend over \$55 billion annually with the hope of making the United States a drug-free nation. Surprisingly, the budgets of state prisons are much higher than those of public universities and colleges. The government has also spent hugely to employ more police officers to help fight the war. A larger percentage of money assigned to drug war policy has been used on the law enforcement instead for treatment, but the policy has not yet

¹⁵⁹ Ibid.

¹⁶⁰ Arthur Berger, *Ads, Fads, and Consumer Culture: Advertising's Impact on American Character and Society* (Lanham, MD: Rowman & Littlefield, 2011).

met its goal. The money could have been put to better use such as starting projects that will would inspire youth be more creative; America relies on innovation by young people as its main source of income and business growth.

Creation of a good business environment by improving infrastructure and security would have been a much better idea. The taxpayers' money is wasted on fighting a war that is more harmful than all the wars that the United States has ever undertaken. Americans are literally suffering from the war. People pay large amounts of money as tax, yet the government misuses the money. Collectively, the nation has spent more than \$1 trillion since Nixon launched the war on drugs in the 1960s.¹⁶¹ Besides this, the United States has taken the forefront in fighting the war despite many other countries having higher records and more big drug lords. In this case, the United States has killed many of its relations with other nations. Currently, the U.S. Department of Citizenship and Immigration Services does not allow Mexicans to apply for the lottery visa to become citizens of the United States. In addition to this, the United States has been working with other countries to fight the war and curb drug trafficking; unfortunately, this has never succeeded. The nation has spent billions in the campaign but it all has been futile. How do you spend money and engage governments whose leaders are drug barons?

Conclusion

It is apparent from the above assessment that this research strongly suggests that the drug war is negatively affecting society more than it does positively. The war on drugs was a war meant to eradicate drug trafficking, but it has devastated lives. The war against drugs is blamable for hundreds of billions of wasted taxpayers' dollars and

¹⁶¹ Axelrod, "Popular Culture and the Rituals of American Football."

mismanaged government spending as well as distressing human costs that significantly outweigh the damage resulting from drugs only. The United States' unrivaled confinement rate is a relentless financial drain, causing a massive loss in personnel productivity and straining legal, legislative, and law-enforcement resources. While the national government spends billions trying to diminish the demand for illegal drugs via prohibition, treatment consistently proves to be a more efficient, economical, and humane way to reduce the demand for illegal drugs. The fight against drugs has increased the illicit drug trade. It has become a vibrant market with many buyers and sellers and well-established distribution channels. The result is increased deaths and broken societies.

However, there is still hope we can handle the issue effectively. As stated before, the government should focus on reducing the market for drugs rather than enforcement measures targeting offenders. The government should use the diverted funds to educate people on how to avoid using drugs as well as how drugs are dragging our country down. Drugs should be considered the enemy of progress in our society. We should consider drug traffickers jealous of the America's progress so far. The United States is a powerful nation. Some wars are fought psychologically rather than physically. The drug-war policy should be abolished.

APPENDIX C

EXCERPTS FROM FACILITATOR'S MANUAL

**RESTORATION CHRISTIAN
OUTREACH COMMUNITY "RCOC"*****THE ROSE HOUSE FOR
MEN/WOMEN***

"If you want to be free, the Rose House is the place to be."

Facilitator's Manual

Daily Sessions

&

Addiction Recovery Ministry

DEDICATION

This Residential Drug Treatment program is the vision of Rose Maria McCarthy Anding whose heartfelt goal is to impact the lives of men and women trapped by drug addiction. After twenty-five years, God delivered her from crack cocaine and other drugs at a spiritual rehab program for women in Houston, Texas. After returning from the drug-rehab program, a free woman, God gave her a vision. He told her to write the vision and make it plain according to Habakkuk 2:2–3 “As I stood and listen to God, He answered me, ‘Write the vision, and make it plain upon tables, that he may run that readeth it,’ for this vision *is* for an appointed time.”

The vision was planted in Rose’s heart. Since then, God has given her clear directives on how to bring it to pass. After being home for a few weeks, God anointed her to teach his word. She began to teach as a member of the Faith Temple Ministry and share God’s word with others wherever she went. She found the answer in Jesus.

She found that the answer to America’s substance abuse nightmare was falling in love with Jesus. Rose knows from experience that the only answer was Jesus—a program that offers a Christian alternative. Because of Rose’s obedience, she became one of the fruit of this seed. It has been ten years since she found The Answer. This vision is as any seed planted in good soil; it does not stop growing, but continues to multiply. Many requests are made by family members for help, calls for a program to which they could send their loved ones. Rose knew from experience that the only answer was Jesus: She has now accepted the mantle to establish the Restoration Christian Outreach Community to fulfill her God-given vision and passion for those trapped in addiction.

This program will change the lives of not only the drug user, but also the drug dealer and the family members of both. It offers a lasting change. It offers hope and direction for many husbands, wives, and children. It has God’s promise that those who come will not leave unrestored.

EXPLANATION OF THE PROGRAM

The Rose House for Men/Women is a 90-day, 24-hour, free-drug rehabilitation program for adults, ages 18 and above, who have a drug or chemical dependency. The program offers assured freedom from drug addiction to those adults who meet the criteria for acceptance.

1. Applicants must have a respect for spiritual information given through the Word of God.
2. Applicants must have a personal desire to be free from drugs.
3. Applicants must be willing to submit to 90 days of constant monitoring.

The Rose House for Men/Women will not accept students who

1. Are under a doctor's care for a drug-related medical or psychological condition.
2. Exhibit the need for psychological help during the assessment interview.
3. Are pregnant.

The Rose House for Men/Women operates under the concept of a 24-hour, 90-day learning center and provides a spiritual and therapeutic environment that teaches its students how to live free from addiction. The program teaches that this freedom comes from a change of attitude, a change of associates, a change of activities, and living by the power of the Holy Spirit.

It is the belief of the Rose House that addiction results from an initial choice to try drugs. Because of the addictive power of these chemicals and the behavior modifications that take place, the users' lives degenerate to the point where they must have helped to recover. This help is provided through the combined efforts of trained individuals, caring family, and supportive friends.

With this principle in mind, the Rose House for Men/Women is structured to minister to the spiritual and sociological needs of the student and the family. Every student of the Rose House for Men/Women is encouraged to go through the program with the assistance of a family member or friend called a *significant other*. During the program's 90 days, the assigned personal minister at Rose House for Men/Women will provide a ministry support system for the student and the significant other.

During their 90-day stay, students will be under the direct supervision of a ministry support team who will teach them the behavior-modification principles that will help them live free forever. Upon completion of the program, the significant other, along with the support of the ministry team, will have the personal responsibility of monitoring and helping the student throughout the 90-day aftercare program.

The residential treatment facility is Part 1 of a two-part program that involves the family members and significant others as well as the student. The Addiction Recovery Ministry (ARM) class is the second component.

The Rose House for Men/Women program consists of seven (7) steps:

1. Admitting the challenge
2. Commitment to God
3. Knowing oneself
4. Principles of change
5. Accountability and responsibility
6. Growing spiritually
7. Helping others

The group sessions during the day will develop every aspect of the student's life such as how to live drug free, building self-esteem, communication techniques, dysfunctional relationships,

biblical principles for success, and much more. The program is designed to be shared with the significant other. Much of the information the student will receive will be valuable to both. Support-group sessions (ARM Classes) have been planned to allow significant others the opportunity to learn about the drug user while sharing and supporting other families experiencing the same challenge. During the assessment interview for acceptance into the Rose House for Men/Women, the student is encouraged to select a significant other willing to commit to attending the evening support group sessions. If the student's significant other lives in the Mississippi area, the assigned personal minister will contact him or her to relay a brief overview of the program and the student's invitation to participate in the student's recovery by attending a weekly meeting.

The assigned Personal Servant leader/Minister will contact significant others who live outside of Mississippi area to give them a brief overview of the program and to refer them to other support-group meetings in their areas. If no support-group meetings are available in an area, the significant other have the option of purchasing the teaching materials through the Order Processing Department (The Answer Book & Videotape, Faith for their Freedom Book, Are You Sure You Are in Faith Book, Ingredients for Success Book, and all of the Applicable Lesson provided by the Restoration Christian Outreach Community; Tough Love, Parenting, Self-Image, etc.). This will help the significant other benefit from the same information being shared in the ARM Classes.

The support-group sessions for both the student and the significant other will offer a forum to interact with other families experiencing the same challenges. This interaction will equip the student and the significant other with the skills to apply the spiritual principles taught in the class sessions.

The Rose House for Men/Women offers the student an atmosphere that will build self-confidence and self-esteem. This well-rounded program is designed to help the user, family members, and friends handle the mechanics of rebuilding their lives as they handle their day-to-day challenges.

The Rose House for Men/Women prepares its students for speedy integration into the social mainstream by instilling the biblical principles for change.

Enrollment Procedures

The Rose House for Men/Women accepts only those who meet the following criteria.

1. Applicants must have a respect for spiritual information given through the Word of God.
2. Applicants must have a personal desire to be free from drugs.
3. Applicants must be willing to submit to 90 days of constant monitoring.
4. Applicants cannot be pregnant.

A personal ministry session will be conducted, via telephone or in person, to provide the potential student and, if available, the significant other, with an explanation of the challenge and an opportunity to agree to receive help. The potential student and significant other will receive ministry regarding salvation and deliverance at this time.

If a person meets the criteria and seriously desires to enroll, he or she should request an enrollment information packet from the Rose House's administrative office. There are two applications involved. One application is for the prospective student and the other is for the significant other. If no significant other will be participating in the program, it is not necessary to complete the Significant Other Application.

Both applications, if applicable, should be completed and returned to the administrative office for processing. The application will gather information necessary to determine the best possible direction for the applicant.

Assessment

An interview will be scheduled via telephone with the potential student, their significant other, and the program director for out-of-town applicants. This interview will assess the student's overall attitude to determine whether the Rose House's program can benefit him or her. If special needs must be addressed prior to enrollment, these needs will be noted at this time.

For example, some students may need to enroll in an in-patient detox center before entering the Rose House for Men/Women. The Rose House for Men/Women primarily addresses crack cocaine addiction, which does not normally require a traumatic detox period with medical supervision. If this is necessary, the Rose House for Men/Women will help the family direct the student to the proper facility and will follow the student's progress until the student can enroll.

A general psychological or medical evaluation may be required along with a pregnancy test. Again, the Rose House for Men/Women will recommend the best road to take so the student can begin his or her program at the Rose House for Men/Women in short order. We have clearly defined the parameters of our program and will always advise the applicants based on their need in light of what we can do within the limited, but effective scope of this program.

The assessment interview will be evaluated by the director and the ministry team who will be working with the student. The student and significant other will have a response within forty-eight hours after the interview.

All students must obtain a physical exam by a physician within two weeks of program admission at their own expense. If any special medical treatments are required, they must be done at the student's expense. The student must submit to the Rose House for Men/Women a signed statement from the examining physician outlining the student's current health status. If a student is pregnant, she will not be accepted into the program. If a student is dishonest about being pregnant and the ministry staff determines that a pregnancy does exist, she will be asked to leave the program immediately. The Rose House for Men/Women cannot care for expectant mothers!

Financial Criteria

There are some things in life to which you just cannot assign a price. For any institution to maintain a level of excellence and professionalism it must be adequately funded. The Rose House for Men/Women is not an exception; therefore, Restoration Christian Outreach Community have developed a humanitarian program to assist or fund those persons for those without health insurance.

Many families who are experiencing a chemical addiction problem have been devastated financially as they have tried to cope with the problem. The Rose House for Men/Women has considered this and is able to offer a multifaceted service to the student and the student's family, at a minimal cost. This cost will be absorbed by the RCOC Humanitarian program so that every willing person who desires this type of program will be able to benefit from it. A budget, per student, will be determined so that funds will be properly targeted!

THE ROSE HOUSE FOR MEN/WOMEN

“If you want to be free, the Rose House is the place to be.”

STUDENT ASSESSMENT

EXECUTIVE DIRECTOR

STUDENT ENROLLMENT APPLICATION

NAME _____ SS #

ADDRESS

CITY _____ STATE _____ ZIP

PHONE (___) _____ DRIVERS LICENSE #

AGE _____ DATE OF BIRTH

EMPLOYER NAME

EMPLOYER'S PHONE NUMBER (___) _____ YEARS EMPLOYED

NAME OF SPOUSE IF MARRIED

SPOUSE'S EMPLOYER

SPOUSE'S WORK NUMBER (___)

HOW LONG HAVE YOU BEEN DRUG DEPENDENT?

HAVE YOU USED DRUGS WITHIN THE LAST 24 HOURS? ___ YES ___ NO

DO YOU HAVE ANY OUTSTANDING WARRANTS? ___ YES ___ NO

IF SO, WHERE? _____ WHY?

ARE YOU ON PROBATION OR PAROLE? ___ YES ___ NO

HAVE YOU BEEN CONVICTED OF A FELONY? ___ YES ___ NO

DO YOU HAVE A FAMILY MEMBER OR SIGNIFICANT ANOTHER WHO WILL SEE YOU THROUGH THE PROGRAM? ___ YES ___ NO

A significant other is a person who will see you through the program with support, encouragement, and being responsible for you. They will be able to learn about your addiction causes and how you will remain free. Special evening support groups are planned for them.

If yes, list their name, relationship, and phone number:

_____ (___)

STUDENT MUTUAL AGREEMENT

The Rose House for Men/Women Program and _____

Agree to honor the following mutual obligations.

I, _____, agree that my unreserved cooperation is essential for recovery. Therefore, I will make every effort to fulfill the following.

1. During my participation in the program, I will abstain from mood-altering chemicals.
2. If I ever feel that the use of mood-altering chemicals is the only alternative available to cope with a stressful situation, I will contact my individual instructor.
3. I agree to honor the program schedule by
 - A. Arriving five minutes prior to all scheduled activities.
 - B. Attending all scheduled meetings.
 - C. Completing assignments, to the best of my ability, by the assigned time.
 - D. Actively participating in all phases of the treatment program.
 - E. Making daily confessions.
 - F. Doing all Bible study assignments.
4. I agree to submit to the 24-hour 90-day monitoring program of The Rose House for Men/Women, and to a thorough pat down search of my person and belongings prior to becoming a resident of The Rose House for Men/Women. This includes the inspection of any mail or packages delivered to me during my stay.

Rose House for Men/ Women agrees to

1. Begin all meetings on time.
2. Provide the necessary materials and information to fulfill your treatment goals.
3. Be available and responsive to your needs.
4. Honestly inform you of your progress in the program.
5. Keep all information regarding your status confidential.

I, _____, understand and acknowledge that failure to comply with the conditions of this contract may place my continued involvement in the program and my sobriety in jeopardy.

STUDENT SIGNATURE

DATE

WITNESS

DATE

STUDENT RIGHTS AND UNIT RULES

The Rose House endorses the preservation of dignity and the human, civil, constitutional, and statutory rights of all students admitted to the program.

1. Students in the Rose House for Men/Women shall have impartial access to ministry.
2. Students will be provided appropriate and human services, regardless to the source of their financial support, within the least restrictive environment available for the protection of the student and the community.
3. An individualized ministry plan will be provided for each student. The assigned minister will review the plan every two weeks to monitor the student's progress.
4. It is against Rose House for Men/Women rules to discuss a student by name within hearing distance of anyone else or to discuss the student in any manner that is degrading.
5. To avoid misunderstandings, embarrassment, and discrimination, the staff of the Rose House for Men/Women will release no information to unauthorized phone callers.
6. Students are entitled to all rights, benefits, responsibilities, and privileges guaranteed by the U.S. Constitution and laws of the United States and of the State of Mississippi.
7. Student complaints are never ignored, regardless of how minor they may appear.
8. All students' privacy shall be considered and protected with respect to photographers, facility visits, etc. Students' privacy is never sacrificed for profit or community public relations.
9. In the provision of all care and ministry and in all endeavors with the community, regardless of the circumstances, Rose House for Men/Women staff shall act in a manner to maintain the student's dignity and never in a degrading manner.
10. Students are not allowed to make personal phone calls from Rose House telephones. If a family member needs to contact the student, he or she must call the Director for assistance. No other phone calls are accepted.
11. The maintenance of confidentiality of communications between student and staff and of all information recorded in student records is the responsibility of Rose House staff.

STUDENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

STUDENT ASSESSMENT QUESTIONNAIRE

NAME _____

HOME _____ WORK () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION/EMPLOYER _____

SEX _____ BIRTH DATE _____ AGE _____

MARITAL STATUS: MARRIED ___ SEPARATED ___ SINGLE ___ DIVORCED ___

EDUCATION (Last Year Completed) _____ DIPLOMA _____ DEGREE _____

OTHER TRAINING (List type and year) _____

REFERRED BY _____ PASTOR, Family members or other YES NO

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK? YES NO

DO YOU JESUS AS YOUR SAVIOR? YES NO NOT SURE WHAT YOU MEAN

HOW LONG HAVE YOU BEEN USING DRUGS? _____

WHAT TYPE OF DRUGS DO YOU USE? _____

HAVE YOU EVER HAD ANY PSYCHOTHERAPY OR COUNSELING BEFORE? YES NO

IF YES, EXPLAIN: _____

ARE YOU CURRENTLY ON PAROLE OR PROBATION? YES NO

DO YOU HAVE ANY OUTSTANDING WARRANTS? YES NO

DO YOU HAVE ANY COURT DATES WITHIN THE NEXT NINETY DAYS? YES NO

HEALTH/MEDICAL INFORMATION AND QUESTIONNAIRE

NAME _____ PHONE (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

SEX _____ BIRTHDATE _____ AGE _____

RATE YOUR HEALTH (Check One) EXCELLENT _____ GOOD _____ FAIR _____ AVERAGE
_____ DECLINING _____ OTHER _____

WEIGHT CHANGES RECENTLY (Check One) LOST _____ GAINED _____

SURGERIES WITHIN THE PAST SIX (6) YEARS YES NO IF YES, EXPLAIN:

DATE OF LAST EXAMINATION _____ REPORT _____

ARE YOU PRESENTLY TAKING MEDICATION? YES NO IF YES, EXPLAIN:

ARE YOU CURRENTLY UNDER DOCTOR'S CARE? YES NO IF YES, EXPLAIN:

DO YOU HAVE ANY INJURIES OR HANDICAPS THAT MAY PREVENT YOU FROM ACTIVELY PARTICIPATING IN THIS PROGRAM? YES NO IF YES, EXPLAIN:

ARE YOU, OR COULD YOU POSSIBLY BE, PREGNANT? YES NO (IF YES, SEE ENROLLMENT PROCEDURES)

HAVE YOU EVER HAD A POSITIVE T. B. SKIN TEST OR BEEN TREATED FOR TUBERCULOSIS ? YES NO

IF YES, EXPLAIN: _____

IN CASE OF EMERGENCY, WHOM DO WE CONTACT?

NAME _____ HOME PHONE (____) _____

ADDRESS _____

RELATIONSHIP _____ WORK NO. (____) _____

CELL PHONE (____) _____

NOTE: THE ROSE HOUSE FOR MEN/WOMEN HAS NO MEDICAL PERSONNEL ON STAFF. SHOULD A SITUATION OCCUR THAT DEMANDS MEDICAL ATTENTION WE WILL DO ONE OF THE FOLLOWING BASED ON THE SERIOUSNESS OF THE SITUATION.

- 1. CALL 911 EMERGENCY**
- 2. CALL YOUR RELATIVES**
- 3. DISMISS YOU FROM THE PROGRAM**

I, _____, have read the foregoing Health/Medical Information Questionnaire and answered all questions to the best of my knowledge. My signature indicates that the information given is true and correct. I understand Restoration Christian Outreach Community, residential drug program called the Rose House for Men/Women is not medically staffed and if I become ill at any time during my tenure here, be it mild or serious, or if death should occur, Restoration Christian Outreach Community, the Rose House for Men/Women, Early & Lettie Simmons Foundation for humanity, its affiliate and subsidiary companies, and their respective officers, employees and agents will not be held liable. Therefore, I am fully aware that at no time will I or any relative of mine be able to hold Early & Lettie Simmons for Humanity, Inc., affiliate and subsidiary companies, and their respective officers, employees and agents legally responsible for my mental and physical well-being.

Resident Signature Date

Printed Name

Witness Date

Rose House Director

RELIGIOUS BACKGROUND

NAME OF CHURCH YOU ATTEND _____

ARE YOU A MEMBER? YES NO

PASTOR _____ MEMBER OF C.H.A.N.G.E. OR A.I.M. YES NO

CHURCH ATTENDANCE PER MONTH (circle): 0 1 2 3 4 5 6 7 8 9 10+

HAVE YOU EVER BEEN BAPTIZED? YES NO

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? YES NO

DO YOU BELIEVE IN GOD? YES NO UNCERTAIN

DO YOU PRAY TO GOD? NEVER OCCASIONALLY OFTEN

DO YOU BELIEVE THAT JESUS IS THE SON OF GOD AND THAT HE DIED FOR YOUR SINS AND WAS RAISED FROM THE DEAD? YES NO

ARE YOU SAVED? YES NO NOT SURE

IF YES, HOW LONG HAVE YOU BEEN SAVED? _____

HAVE YOU COME TO THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU CAN SAY THAT YOU KNOW FOR CERTAIN THAT IF YOU DIED TODAY, YOU WOULD GO TO HEAVEN? YES, NO NOT SURE

ARE YOU SPIRIT-FILLED? YES NO

HOW FREQUENTLY DO YOU READ THE BIBLE? NEVER OCCASIONALLY OFTEN

EXPLAIN THE RECENT CHANGES IN YOUR SPIRITUAL LIFE, IF ANY.

DO YOU BELIEVE GOD HAS A PURPOSE FOR YOUR LIFE? YES NO DON'T KNOW

IF YES, WHAT DO YOU BELIEVE IS GOD'S PURPOSE FOR YOUR LIFE?

MARRIAGE AND FAMILY INFORMATION

SPOUSE'S NAME _____

ADDRESS _____

HOME PHONE (____) _____ WORK. PHONE (____) _____

SPOUSE'S AGE _____ OCCUPATION _____

HOW LONG HAVE YOU BEEN MARRIED? _____

HAVE YOU EVER BEEN SEPARATED? YES NO

HAVE EITHER OF YOU EVER FILED FOR A DIVORCE? IF YES, WHEN _____

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE? _____

IF YOU AND YOUR SPOUSE ARE SEPARATED, WOULD YOU LIKE TO RESTORE THE MARRIAGE?

YES NO NOT SURE

INFORMATION ABOUT CHILDREN:

NAME	AGE	SEX	EDUCATION IN YEARS	CHILD LIVING? YES OR NO
------	-----	-----	-----------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR OWN PARENTS, EXPLAIN:

HOW MANY BROTHERS DO YOU HAVE? _____

HOW MANY SISTERS DO YOU HAVE? _____

ARE BOTH OF YOUR PARENTS LIVING? YES NO

WHAT KIND OF HOME WERE YOU RAISED IN? SINGLE PARENT BOTH PARENTS

HAVE THERE BEEN ANY DEATHS IN YOUR FAMILY RECENTLY? YES NO

WHO AND WHEN? _____

PERSONALITY INFORMATION

HOW LONG HAVE YOU BEEN USING DRUGS? _____

HAVE YOU EVER HAD A SEVERE EMOTIONAL UPSET? YES NO

EXPLAIN _____

CIRCLE ANY WORD THAT BEST DESCRIBES YOU NOW:

ACTIVE AMBITIOUS SELF-CONFIDENT PERSISTENT NERVOUS HARDWORKING
IMPATIENT IMPULSIVE MOODY OFTEN-BLUE EXCITABLE IMAGINATIVE CALM
SERIOUS EASY-GOING SHY GOOD-NATURED INTROVERT EXTROVERT LIKABLE
LEADER QUIET HARD-BOILED SUBMISSIVE SELF-CONSCIOUS LONELY SENSITIVE

OTHER _____

HAVE YOU EVER FELT THAT PEOPLE WERE WATCHING YOU? YES NO

DO PEOPLE'S FACES EVER SEEM DISTORTED? YES NO

DID YOU EVER HAVE DIFFICULTY DISTINGUISHING FACES? YES NO

DID COLORS EVER SEEM TOO BRIGHT OR TOO DULL? YES NO

WERE YOU SOMETIMES UNABLE TO JUDGE DISTANCE? YES NO

HAVE YOU EVER HAD HALLUCINATIONS? YES NO

DO YOU HAVE EXCEPTIONALLY GOOD HEARING? YES NO

DO YOU HAVE PROBLEMS SLEEPING? YES NO

HOW MANY HOURS OF SLEEP DO YOU AVERAGE EACH NIGHT? _____

***** ALL INFORMATION WILL BE KEPT CONFIDENTIAL *****

Date & Time Preliminary Assessment Completed ____/____/____ am pm

Student's Name _____

Minister's Name _____

Entry Date	30 Days	60 Days	90 Days	Graduation Date
------------	---------	---------	---------	-----------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

I have answered every question that was applicable to me truthfully and to the best of my ability.

Student's Signature _____

Minister's Signature _____

RESIDENT ACKNOWLEDGMENT

Name _____

Date of Residency _____

Assignments: General housekeeping duties—cook, clean, remove trash, dust, mop, vacuum, buff and wax floors, clean windows, clean toilet and shower areas, clean countertops, etc.

Exposure Potential Tasks: Cleaning toilet areas, emptying trash, cleaning up spills.

Personal Protective Equipment to be Worn: Gloves

I understand that my residency may involve minor tasks that routinely involve exposure to blood or certain body fluids or tissues. Therefore, personal protective equipment may be required to ensure safety and avoid the transmission of blood-borne pathogens. I understand and release Restoration Christian Outreach Community, the Rose House for Men/Women, the Early & Lettie Simmons for Humanity, and their leadership from any liability due to human error or negligence on my part.

Resident Acknowledgement

Date

RELEASE OF LIABILITY

In consideration for using the Rose House for Men/Women, I, _____, to the maximum extent permitted by law, agree to release and hold harmless Restoration Christian Outreach Community, Rose House for Men/Women, Early & Lettie Simmons Foundation for Humanity, Inc., affiliate and subsidiary companies, and their respective officers, employees, and agents (“released parties”) against all claims, demands, causes of action, suits, damages, liabilities, judgments, losses, and expenses (including, without limitations, attorneys’ fees) that may be asserted by myself, my estate, heirs, assigns, family, or by any third party, on account of but not limited to personal injury, disease, death, damage to property, money damages, specific performance, or breach of contract caused by, arising out of, or in any way incidental to or in connection with my use of Restoration Christian Outreach Community, the Rose House for Men/Women, or actions or omissions of Early & Lettie Simmons Foundation for Humanity, Inc. (including, without limitations, its employees, contractors and agents) or any third party including, without limitation, (1) the sole negligence (ordinary or gross), fault or strict liability of myself, (2) the sole negligence (ordinary or gross), fault or strict liability of the released parties, (3) the concurrent or contributory negligence, (ordinary or gross) fault or strict liability in any combination of the released parties or myself or any third party.

It is the intention of the parties that this release is without regard to whether the negligence (ordinary or gross), fault, or strict liability of a released party is concurrent to or to protecting the released parties against the consequences of their own negligence (ordinary or gross), fault, or strict liability.

This is a release, read it before signing.

Signature Date

Printed name

Witness

CERTIFICATE OF ACHIEVEMENT
RESTORATION CHRISTIAN OUTREACH
COMMUNITY MINISTRY CHURCH
THE ROSE HOUSE FOR MEN/WOMEN
MISSISSIPPI

Certificate of Achievement is granted to

Graduate's Name

City, State

Who has successfully completed all course requirements, and has successfully completed the 90-day program according to the Rose House for Men/Women's standard of excellence, by admitting the challenge, making a commitment to God, knowing who she is in Christ, learning the principles for change, becoming accountable and responsible, growing spiritually, and helping others

Given this twenty-first day of October, two thousand seventeen A.D.

Administrative Forms

THE ROSE HOUSE FOR MEN/WOMEN

"If you want to be free, the Rose House is the place to be."

INQUIRY LOG

Staff Minister Name: _____

Date: _____

Time of Call: _____

Name of the inquirer: _____ Age: _____

Home number: _____ Work number: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you on Probation? _____ **Are you on Parole?** _____

Residents are not allowed any office visits during their stay.

Drug Challenge (name the substance) _____

Previous Drug Rehab Programs? Yes [] No [] Program Name _____

Medical History

Are you taking any medication? Yes No

What type? _____

Are you under a Doctor's Care? Yes No

Preexisting Medical Conditions? Yes No

HIV/AIDS Diabetes Hepatitis A, B, C Lupus Cancer

Arthritis Hallucinations Open Wounds/cuts High Blood Pressure

Vision Challenges Dental Challenges Pregnancy Tuberculosis

Explanation: _____

Do you have any court dates or any important business pending within the next 90-days?

Yes No Explain: _____

Date of Approve or Decline: _____ Approved by: _____

Arrival Date and Time: ____/____/____

Transportation: Bus Airport

NEEDS LIST

Once a person is approved for the program, Rose House Servant Leader will then fax the needs list.

Date _____

Name _____

Fax _____

Congratulations on your decision to change your life for the better by enrolling in the Rose House for Men/Women. We look forward to your arrival on _____. Please call to confirm your exact arrival time. During your 90-day stay, you will need the following items.

Bible, pens, tablets, highlighters

Soap, soap dish, toothbrush & toothpaste, shampoo/conditioner

Other hair products, i.e., hair oil, rollers, etc.

Disposable razors, sanitary napkins/tampons

Deodorant, lotion, comb and brush

Underwear, socks, shower shoes

Shorts (to be worn at appropriate times only, knee length)

Combination of slacks, skirts, or dresses, total of seven

Total of seven shirts or blouses

Three pairs of shoes maximum (2 dress, and 1 tennis)

One sweater and jacket

Pillow and pillowcase

Towels/laundry bag

One flashlight

Two phone cards for long-distance purposes or a mobile phone

Stamps and envelopes

DO NOT BRING THE FOLLOWING:

TVs, TAPE/CD PLAYERS, MAGAZINES, NEWSPAPERS, TOBACCO, DRUGS, ALCOHOL, DARK GLASSES, HEADPHONES, FOOD (EXCEPT OF TRAVEL SNACKS) OR ANY DANGEROUS OR REVEALING ATTIRE.

Please bring this letter with you. Be sure to give your family members the phone number to the Rose House for Men/Women, (XXX) XXX-XXXX. In addition, please remind your family members that you will only receive visitation privileges after you have been in the program for 30 days. We know that your life will be changed for the better by the completion of the program, and we look forward to your arrival.

In His Service,

The Rose House for Men/Women

RESIDENT REQUEST FORM

Resident _____ Bunk # _____ Date _____

Request _____

Resident Signature _____

Approved _____ Denied _____

Date of Resolution _____

Personal Minister's Signature _____

RESIDENT REQUEST FORM

Resident _____ Bunk # _____ Date _____

Request _____

Resident Signature _____

Approved _____ Denied _____

Date of Resolution _____

Personal Minister's Signature _____

RESIDENT REQUEST FORM

Resident _____ Bunk # _____ Date _____

Request _____

Resident Signature _____

Approved _____ Denied _____

Date of Resolution _____

Personal Minister's Signature _____

RESIDENT DISCIPLINARY ACTION FORM

Date _____

Resident _____

Incident _____

Details

Consequences

Submitted by Minister _____

Resident _____

Authorized by Director _____

RESIDENT DISMISSAL FORM

STUDENT NAME _____

DISMISSAL DATE _____

REASON FOR DISMISSAL

STAFF COMMENTS

Submitted by Minister _____

Authorized by Director _____

Director's Name _____ Evaluation Date _____

MAN/ WOMAN OF FAITHFULNESS—30-DAY EVALUATION

Mission: Fall in love with Jesus

- | | | | |
|--|-----|----|--------|
| 1. Does student have a SENSE OF GOD-CONSCIOUSNESS as seen by appreciation for what God has done for her? | Yes | No | Excels |
| 2. Does student ABIDE BY THE GUIDELINES of LCIW as seen by a lack of continual correction by its staff? | Yes | No | Excels |
| 3. Does student mingle and BEFRIEND OTHER STUDENTS well, as seen by a respect for others and showing of “sisterly love and kindness”? | Yes | No | Excels |
| 4. Does student operate like A NEW CREATURE, as seen by “forgetting those things which are past” (i.e., talking about and glorifying worldly and sinful things)? | Yes | No | Excels |
| 5. Does student have an active PRAYER LIFE, as seen by vocal prayer and self-initiated prayer time? | Yes | No | Excels |
| 6. Does student participate in the CLASS SESSIONS and perform assignments, as seen by notebook review? | Yes | No | Excels |
| 7. Does student participate in PRAISE AND WORSHIP as seen by vocal adoration and enthusiasm? | Yes | No | Excels |
| 8. Does student CONFESS the Word of God regularly as seen by speaking faith vs. doubt and complaining? | Yes | No | Excels |
| 9. Does student have a SENSE OF MATURITY AND RESPONSIBILITY, as seen by proper handling of situations and completing assigned tasks with diligence? | Yes | No | Excels |
| 10. Does student show signs of GROWTH AND SPIRITUAL MATURITY, as seen by a genuine hunger and thirst for righteousness? | Yes | No | Excels |

Resident Signature _____

Personal Minister’s Signature _____

Name _____

Evaluation Date _____

MAN/WOMAN OF INTEGRITY—60-DAY EVALUATION

Mission: Develop Spiritual Maturity

- | | | | |
|--|-----|----|--------|
| 1. Does student LEAD BY EXAMPLE, as seen by personal obedience to guidelines? | Yes | No | Excels |
| 2. Does student know how to WALK IN LOVE, as seen by ability to get along with others? | Yes | No | Excels |
| 3. Does student OPERATE AT THE LEVEL OF EXCELLENCE, as seen by personal, closet area, bed area, hygiene, and dress? | Yes | No | Excels |
| 4. Does student have her FLESH UNDER CONTROL as seen by the ability to control her emotions? | Yes | No | Excels |
| 5. Does student UNDERSTAND SALVATION and WHO SHE IS in Christ, as seen by personal confidence and testimony? | Yes | No | Excels |
| 6. Does student UNDERSTAND BIBLICAL FAITH, as seen by day-to-day conversation and responses to life's concerns? | Yes | No | Excels |
| 7. Does student ACTIVELY PARTICIPATE IN ALL FACETS OF THE TREATMENT PROGRAM, as seen by involvement in prayer, praise, class sessions, cleanup, etc.? | Yes | No | Excels |
| 8. Does student have the capacity to ACCEPT CORRECTION as seen by appropriate responses to constructive criticism and critiques by staff? | Yes | No | Excels |
| 9. Does student RECOGNIZE WEAKNESSES IN HER FLESH that, left unchecked, could produce future relapses as seen through SIGNIFICANT EVENT SHEETS? | Yes | No | Excels |
| 10. Does student have a GAME PLAN for walking in her continual deliverance at the end of the program, as seen by acceptance of postprogram guidelines? | Yes | No | Excels |

Resident Signature _____

Personal Minister's Signature _____

Name _____

Evaluation Date _____

MAN/WOMAN OF CHARACTER—90-DAY EVALUATION

Mission: Be a Blessing to Others

- | | | | |
|--|-----|----|--------|
| 1. Does student esteem others over herself, as seen by a willingness to SACRIFICE for the good of others? | Yes | No | Excels |
| 2. Does student exercise her position with grace and mercy, as seen by ABILITY TO LEAD VS. LORD over others? | Yes | No | Excels |
| 3. Does student willingly accept the responsibility of being “her sister’s keeper,” as seen by effectively MENTORING HER ASSIGNED WOMAN OF FAITHFULNESS? | Yes | No | Excels |
| 4. Does student have a POSTPROGRAM PLAN OF ACTION for natural success, as seen by written spiritual, emotional, physical, financial, and family goals? | Yes | No | Excels |
| 5. Has student completed the ASSIGNED READING of “Mental Toughness for Success” by Pastor Hilliard, as seen by the completion of all relevant assignments? | Yes | No | Excels |
| 6. Does student exhibit a genuine RESPECT FOR AUTHORITY AND GUIDELINES, as seen by an attitude of submission towards the vision, goals, and standards of LCIW? | Yes | No | Excels |
| 7. Does student know how to APPLY THE WORD, as seen by participation in group sessions? | Yes | No | Excels |
| 8. Does student have a BALANCED SPIRITUAL OUTLOOK AND ZEAL, as seen by staff observations? | Yes | No | Excels |
| 9. Does student have DEEP-ROOTED ISSUES RESOLVED as seen by ability to confront the challenges of her past? | Yes | No | Excels |
| 10. Has student’s level of PERSONAL GROWTH significantly evolved from time of enrollment, as seen by staff observations and the keeping of the guidelines? | Yes | No | Excels |

Resident Signature _____

Personal Minister’s Signature _____

Name _____

Evaluation Date _____

90-DAY AFTERCARE PROGRAM

Graduate's Name _____ Date _____

Graduation Class # _____ Telephone _____

Staff Minister's Name _____

1. Does Graduate have a significant other? YES NO

Name _____ Relationship _____

2. Is Graduate allowing significant other to handle money? YES NO

3. Is Graduate staying with someone at all times? YES NO

(exception for traveling to and from work as necessary)

4. Is Graduate accountable for her time? YES NO

5. Is Graduate attending a Bible-believing, Bible-teaching church? YES NO

Church _____ Pastor _____

6. Is Graduate employed? YES NO

Student Comments (Concerns, Challenges, Praise Reports)

Significant other comments (Concerns, Challenges, Praise Reports)

Staff Minister Comments (Recommendations, Concerns, Praise Reports)

PICK-UP CHECKLIST

Airplane

1. Call to confirm that the individual did get on the plane.
2. Ask what the individual was wearing.
3. Double check to be sure you have the correct airport, airline, flight #, gate, & arrival time.
4. Arrive fifteen minutes prior to flight arrival time.
5. When you get to the gate and the awaited flight lands, once passengers begin unloading, hold up the Rose House for Men/Women sign.
6. Greet student and escort to the baggage-claim area.
7. Return to Rose House for Men/Women.
8. Upon returning, call the individual's family to assure them of a safe arrival.

Bus

1. Call to confirm that the individual did get on the bus.
2. Ask what the individual was wearing.
3. Double check to be sure you have the correct arrival time.
4. Arrive fifteen minutes prior to bus arrival time and be prepared to wait an extra hour because bus schedules are more subject to delays than planes.
5. When the bus arrives, hold up the Rose House for Men/Women sign.
6. Greet student and return to the Rose House for Men/Women.
7. Upon returning, call the individual's family to assure them of a safe arrival.

The Rose House for Men/WOMEN
INFORMATION REGARDING ENROLLMENT

DATE:

TO:

FROM:

RE:

This letter is to serve as proof for those agencies or persons needing information concerning _____ enrollment into the drug program here at the Rose House for Men/Women. This 90-day program provides students with the spiritual tools to overcome their addictions and chemical dependencies.

This program addresses the spiritual components of overcoming addictions, managing anger and emotions, and developing personal discipline and behavior change. Over the 12 weeks of enrollment, which is from (____) to (____), _____ will participate in classes and discussions that will help process emotions constructively. This will be done through a combination of teaching and group-discussion techniques that will help her deal with the causes, consequences, methods, and principles of change in overcoming the drug challenge.

She will be an active participant in the program, and make significant contributions by helping and serving others in the program. I believe that upon her completion of the 90-day program, she'll be able to make the same level of contribution to her family, community, and society.

Should you have any questions or need additional information, please contact Rosalind Edwards at _____.

In His Service,

VISITATION GUIDELINES

Each student that has been in the program for at least thirty days, is allowed three hours to visit with their family members on Saturdays between the hours of 12 noon and 6:00 pm at the Rose House

1. Visitation Hours: Saturdays, 12 Noon to 6:00 pm
2. Visitors must sign in on the Visitation Sign-In Sheet.
3. Visitation must take place inside of the facility only.

Visitations are restricted to the dining area.

4. Students may not escort visitors to their cars, etc.
5. Visitors must keep children with them at all times.
6. No food may be brought into the facility.
 - A. Visitor cannot bring in food for themselves.
 - B. Visitor cannot bring in food for the student.
7. Donations may be brought for the facility as a whole.
8. Clothes or special gifts for a student must be turned in to a staff person.
9. Students who were dismissed or quit the program may not attend visitation.
10. Tours may be given to guests, in the presence of a staff person, but the dormitory area is off limits to the public.

**EARLY & LETTIE SIMMONS FOUNDATION
THE ROSE HOUSE FOR MEN/WOMEN**

Vision of Rose Maria McCarthy Anding

MADISON, MISSISSIPPI 39648

Ph. (601) XXX XXXX

Fax (601) XXX-XXXX

To: _____

Forward To: _____

Fax #: _____

From: The Rose House for Men/Women

Concerning: _____

THE ROSE HOUSE FOR MEN/WOMEN

“If you want to be free, the Rose House is the place to be.”

**The ROSE HOUSE
for
Men /Women Staff**

POSITION DESCRIPTIONS

THE DIRECTORS

The directors of the Rose House for Men/Women will report directly to the vice president of the Early & Lettie Simmons Foundation, Inc., the operating firm, and will perform their requests as outlined. The directors must be able to effectively communicate with a variety of personalities. The directors must be disciplined to maintain the utmost confidentiality and must be mature enough to handle any situation that presents itself.

The directors will head up the servant leadership development training team for Rose House for Men/Women program. Because this program is starting from infancy, the development will include writing the overall concept of the program, writing the guidelines and procedures of the program, creating the positions for the program, writing the position descriptions of each staff person involved.

The directors will handle staff management and will be responsible for recommending potential staff members to the human resource department (HR) of the Early & Lettie Simmons Foundation, in humanity, Inc., Upon the HR's approval, the directors will be responsible for interviewing, hiring, and terminating Rose House for Men/Women staff. The directors will be responsible for training the selected staff members. This training will ensure the consistency of all staff members and impress the importance of everyone being in line with the goals, vision, and desire of the executive director of the Restoration Christian Outreach Community.

The directors will prepare the expense budget for the program. The budget will reflect the necessary expenses such as staff salaries, office supplies, food, training supplies, and other program-related expenses.

The Accountant Director will be responsible for coordinating the various facets of the program for the Rose House students, which include The Restoration Christian Outreach Community Group Ministry, significant other support groups, physical activities, lectures, job training, the After Hours Watch program and the Follow-Up Aftercare planning.

The Meal Director will plan the meals for the students and will be responsible for purchasing the necessary food for the program.

The Inventory Director will maintain an inventory system for all the necessary supplies for the operation of the program such as paper materials, tape recorders, Bibles, and training equipment.

The Therapy Director will monitor the group-therapy sessions to ensure the success of the program. The same will be done for the Family Personal Ministry sessions.

The Student Director will maintain the necessary communication with the students to observe their contentment. Any grievances or complaints filed by the students will be handled by the

Student Director after the situation has been discussed with the appropriate Personal Minister.

The Community Director will act as the liaison between the Rose House for Men/Women and the community, the media, and any agency with interest or concerns regarding the Rose House for Men/Women. The Community Director will handle some inquiries or phone call from the family members of the students and any other person who inquiries about a student's progress.

The Event Director will ensure the ongoing success of the Rose House for Men/Women by keeping current with information that will enhance the development of its ministry. The Event Director will attend any necessary seminars, lectures, or classes to accomplish this objective.

The Operational Director will further perform any duties as requested by the Pastor or president of the foundation. The entire operation will function exclusively through the direction, advice, recommendations, and suggestions of the vice president.

THE PERSONAL SERVANT LEADER/MINISTER (PSLM)

Each PSLM will report to the directors of the Rose House for Men/Women. This highly responsible position will be the core of the project. The personal servant Leader ministers will have the most contact with the students and so must understand the importance of confidentiality and loyalty. The personal ministers must be extremely disciplined, mature, and compassionate.

The PSLM will be assigned responsibility for a particular number of students at one time. The minister, along with the Ministry Team, will be responsible for the student during the daytime hours and will supervise their activities. Upon entrance into the program, a personal minister will interview the student to properly plan the student's course in the program.

The PSLM along with the Directors, will develop each student's Life Change Plan. The personal minister will be available to provide personal ministry to the student and family throughout the program.

The PSLM will serve on the Ministry Leadership Team that provides both instruction and group discussion for the student body at large. As an instructor, each personal minister will minister the lessons that are prepared in the Rose House Lesson Plan. Each instructor will follow the Seven Steps to Recovery, as prepared by the executive director/Pastor/Overseer of the Restoration Christian Outreach Community.

Each instructor will take a turn as Group Servant Ministry Leader and will be expected to know how to handle a group session. Training will be provided by the program directors, and the instructors are expected to follow that format. The instructors will be expected to further enhance that training by reading the recommended books and documents on successful group-therapy sessions.

During the Group Ministry, the personal minister must maintain order and control of the group sessions. The students in the group must be led to fruitful discussion of the topic at hand to

reinforce the lecture session. The group must be a forum that encourages the students to participate and express their feelings.

The instructors will be expected to know the difference between a lecture and a group session. This is very important, so that the Group Ministry will accomplish its purpose of equipping the students with the skills to apply what has been taught.

The personal ministers shall report to the directors any uncontrollable disturbances that occur. The instructors will submit a weekly student progress report on each assigned student to the directors and participate in the team evaluation meetings to further plan the students' road to recovery.

The person in this position will have a major responsibility and must be sincere about their commitment to such a position. This person must go far beyond the call of duty to see lives changed and families freed from destruction. This position has an initial demand for long hours and hard work, but the rewards are priceless.

THE DIETITIAN

The dietitian is responsible for oversight of the planning and preparation of all meals and snacks served at the Rose House for Men/Women. This is a specialized position and calls for a responsible and experienced individual.

The duties include maintaining the cafeteria facility and the dining area. The dietitian will make certain that the kitchen area meets the guidelines of the City Board of Health, which includes keeping the area clean, storing food at the proper temperatures, and following other city rules.

The dietitian will coordinate the meals and submit weekly menus to the Meal Director. The dietitian will also inform the Meal Director of cafeteria needs on a weekly basis, detailing all necessary supplies and food purchases.

The dietitian is responsible for the preparation of all snacks and three (3) full meals during the day.

The dietitian must have a minimum of two years' experience in this area.

FAMILY-SUPPORT MINISTERS

The Servant Leadership family-support ministers (SLFSM) will minister to the significant others as the personal minister's minister to the student. They must have a special interest in this type of family crisis situations and have the compassion to deal with stressful and often very painful circumstances.

Those in this position must maintain the confidentiality of the people being ministered to. The family-support minister will meet with family members in a support-group setting. Some sessions will be with individual family members and others with groups of families who need the support of others experiencing the same kind of challenges.

The SLFSM will be conducted during the evening hours, three times weekly, at the Rose House for Men/Women locations. The minister must be knowledgeable of leading and maintaining support groups. The family-support minister will submit a typed report on the progress of the support-group meetings to the directors. This will allow the directors and the personal ministers to better understand the student and the level of support the student is receiving.

During the course of the program the family-support ministers and the personal ministers will meet with the significant others and the students to evaluate the student's progress. The family-support minister will assist in the after-hours monitoring of the student.

THE LIFE COORDINATOR

(For the 90-day Aftercare Program)

The Life Coordinator has multiple responsibilities. The Coordinator must be a highly motivated person able to motivate others. From this position, the Coordinator will direct the Rose House students in specific areas that are needed to rebuild their life as they return to unsupervised living.

During the 90-day aftercare program, the coordinator will serve as the major contact between the Rose House for Men/Women and the student. The coordinator will provide the student with assistance with his or her job search or return to employment.

The Life Coordinator will prepare a weekly report on the students who complete the first phase of the program and participate in the 90-day aftercare program. This is a very rewarding position and will be long remembered and treasured.

THE ROSE HOUSE FOR MEN/WOMEN

"If you want to be free, the Rose House is the place to be."

**TRAINING GUIDELINES FOR
PERSONAL SERVANT LEADERSHIP MINISTERS**

TRAINING GUIDELINES FOR THE PERSONAL MINISTERS

The Rose House for Men/Women provides ministry to drug users, drug dealers, and family members who want spiritual help to overcome their drug dilemma.

The Rose House for Men/Women teaches that the ability to live drug free comes from a change of attitude, a change of associates, a change of activities, and a change to living by the power of the Holy Spirit. The personal minister must implement Rose House philosophy and beliefs.

The personal Servant Leaders minister will have the main contact with the Rose House student. This training guide provides direction for being effective in your position.

KNOWING THE NEW STUDENT

Many facts must be known about students newly enrolled in the Rose House for Men/Women.

I. The student did not start out to be an addict

It is essential to realize that the new student did not set out in life to be an addict. Seven factors lead to drug addiction are

1. A disordered or dysfunctional family
2. Low self-esteem
3. Peer pressure
4. Experimentation (curiosity)
5. Cultural influence
6. Parental drug abuse
7. Weak moral and spiritual values

These are not *causes* of drug abuse, but *factors* that can lead to abuse. The cause is the *choice* the user made to initially try the drug.

A disordered or dysfunctional family is a major root factor that leads to most drug abuse. The dysfunctional family follows three rules: They don't talk, they don't feel, and they don't trust.

The functional family is just the opposite. They are a family that expresses that it's okay to trust, feel, talk, make each other feel special, and assure each other that it's okay to make a mistake.

Many Rose House students will come from, or live right now, in dysfunctional families. We must have the compassion and understanding for such circumstances to aid their deliverance.

The world has given us many facts on addiction. Here are five facts on addiction that are commonly rehearsed in other rehabilitation programs.

1. One in every seven to ten people becomes addicted to a mind-altering chemical.
2. One in every three to four families is adversely affected by addiction.
3. Children with one addicted parent have a 50% chance of becoming addicted themselves.

4. Children with two addicted parents have an 80% to 95% chance of becoming addicted.
5. Children with grandparents, aunts, or uncles who are addicted are at risk of developing an addictive disorder, even if their immediate family is drug free and functional. It is not unusual to see an alcoholic or codependent pattern manifest in every other generation.

What a gloomy picture! None of which is in line with the Word of God. These facts paint little hope for the world.

What is not said in other programs is that God created man as a tripartite being, *body, soul, and spirit*. I Thessalonians 5:23 identifies these aspects of a man's nature. The spirit man is the "real person." The spirit man is the inner man, the heart of man and that spirit will live forever.

Drugs affect the body through physical addiction, damage to health, and eventually even physical death. Drugs affect the soul or the mind through guilt, fear, and depression and it renders the user incapable of making wise choices. They affect the spirit because, when a person is addicted or using drugs, that person cannot have a close relationship with God. The drug addict will not have a close relationship with people who care such as family members.

God created man and breathed His very spirit into man. The spirit man, "the real person" inside us, was created to naturally respond to God. It is the body and soul (flesh) that readily respond to Satan and evil works because of Adam's fall in the Garden of Eden. For that reason, the body and soul respond to what they hear, feel, say, and see.

It is that spirit man that must be renewed, developed, and strengthened. That is where the internal struggle and conflict exists for the drug user.

Life Change Institute for Women addresses seven (7) Steps to Recovery:

- Step 1** Admitting the problem
- Step 2** Commitment to God
- Step 3** Knowing oneself
- Step 4** Principles for change
- Step 5** Accountability and responsibility
- Step 6** Growing spiritually
- Step 7** Helping others

TOOLS OF MINISTRY FOR THE ROSE HOUSE STUDENT

The Rose House for Men/Women has developed tools for ministry to the student to be used during Phases I and II of the program. The personal Servant Leadership ministers must have a full understanding and knowledge of the tools that will be used.

There is a major reason why we cannot afford to waver on this point: This is where the rubber meets the road. You must fully realize the seriousness of seeing the students freed and delivered from drugs. You must understand the demonic forces at work hindering the student's freedom. praise God until they are fully defeated. Each minister must be prepared to do battle for the lives of the students. You must know and have no doubt that the Rose House for Men/Women has the answer to the drug problem.

The following tools will be used.

1. THE ANSWER VIDEO AND THE ANSWER BOOK

The Answer is a video tape documentary about crack cocaine and the nightmare it has become in America. For the first time ever, we will provide an "informational track" starting with "How the drug got here," "Who sells it," "Who buys it," and "The profit in it." Then we teach the student what our law enforcement can and cannot do based on our legislation. We examine the solutions America has come up with to handle the 5.8 million regular users, and those who deal crack cocaine. We follow this nightmare all the way to the nation's rehabilitation services that treat 2 million addicts a year and look at the results of their best efforts.

Finally, *The Answer* presents the only plan of action that will guarantee 100% victory.

The topics covered are

Drug trafficking	Reasons people get high
Drug marketing	Rehabilitation
Drug dealing	Legislation
Attraction to the drug	The answer

2. DAILY CONFESSIONS

Proverbs 18:21 says, "Death and Life are in the power of the tongue and they that love it shall eat the fruit thereof."

Hebrews 11:13 says, "Through faith we understand that the worlds were framed by the Word of God, so that the things which were seen were not made of things which do appear."

Proverbs 6:2 says, “Thou art snared with the words of thy mouth, thou art taken with the words of thy mouth.”

I Peter 3:10 says, “For he that will love life and see good days, let her refrain him tongue from evil, and his lips that they speak no guile.”

The Word of God teaches us that we have those things that we speak out of our mouth. That death and life are in the power of the tongue and we can call those things that be not as though they were. So, the Rose House for Men/Women teaches that daily confessions of the Word of God will change situations.

The Rose House for Men/Women teaches the addicted person that the things they say out of their mouth can revolutionize their lives. The Rose House for Men/Women provides daily confessions for the participants to use.

3. DAILY SCRIPTURE READING

Again, the Word of God says, “Study to show thyself approved unto God a workman that need not to be ashamed rightly dividing the word of truth.” So, the addictive person should study the Word daily. It will be the responsibility of the personal minister and the family-support minister to provide daily scriptures for reading, lesson materials, and audiocassette tapes.

4. HOW TO PRAY FOR AN HOUR BY PASTOR I.V. HILLIARD

How to Pray for an Hour is an audiocassette tape with instructions on how to pray for an hour and what to pray. An addictive person must know how to develop a prayer life. This audiocassette will develop that need.

5. A DAILY SIGNIFICANT-EVENT SHEET

This significant-event sheet will be a journal for the student’s daily events and occurrences. Encourage the student to take time out every evening to write down their feelings and thoughts. Emphasize to the student that this journal will be held in the utmost confidence. Use this journal as a vehicle for student self-expression during group therapy.

Allow the student the opportunity to talk to you about things in the journal. If the student needs help in writing, assure the student that the journal will not be judged on grammar, but on its heartfelt content.

6. PRAYER REQUEST SHEET

Students should use this sheet to record those things they want to receive from God. When those things are manifested, they can record the date. This is a tool that will encourage the student to recognize the power of prayer and faith.

7. THE ARM SUPPORT GROUP

The ARM group offers ministry and support to those experiencing drug challenges and to their family members and significant others. The ARM support group meets every Friday at the Rose House at 7 pm

The ARM group setting is designed to minister to student and significant other principles from the Word of God on how to develop self-esteem, how to communicate with family members, and how to continue on the road to successful recovery.

8. GROUP-MINISTRY SESSIONS

A major portion of the student's (significant other's) time will be spent in group ministry, so it is important to have the participants' interest during those sessions. The group ministry must be skillfully organized to keep everybody participating and desiring to freely express their feelings.

The participants' spiritual development will take place during group-ministry sessions. It is here in this crucible that the participants will understand the Biblical Behavior-Modification Principles to change their lives. It is here the participants will come to know you as a caring friend.

During group ministry, the participants will develop self-confidence and self-esteem. These sessions are designed for application and not mental retention of principles. The participants' recovery will depend on the strength of these group sessions.

Eight key points for a successful group-ministry session

- 1. Be a servant leader**
- 2. Prepare for the group meeting**
- 3. Establish cohesiveness in the group**
- 4. Model effective communication skills for your group members and use them to enhance the flow of communication within the group**
- 5. Establish an accountability system within the group**
- 6. Recognize the stages of group development**
- 7. Know how to deal with group-distress signals**
- 8. Know how to make appropriate referrals**

Each of these points will be thoroughly discussed during the personal-minister training session. At any point during the group ministry, if you feel uncomfortable or intimidated, be sure to let a director know. Do not try to take on a forceful authoritative position and make the participants withdraw. It would be far better for you to change the format to scripture reading, and then to come to the Director for assistance.

There is no shame in not flowing at that particular time. It does not mean you can't handle group-ministry sessions or that you are incapable. Keep in mind that we don't know what

personalities the participants will possess. We do know that working together, we will be able to handle any and every situation that will arise. We are all on the same team!

9. PHYSICAL-TASK ACTIVITIES

The directors and personal servant Leaders minister plan physical activities for the students. The physical activities are a vital part of the students' recovery.

Often bodily exercise is neglected when a person is continuously on drugs. The physical activities should be a daily part of each student's lifestyle. The student should be encouraged to develop some form of exercise during and after the program. A serious exercise regimen is outside the limited but effective scope of the Rose House for Men/Women.

The Physical tasks that will be assigned are designed to stimulate your thinking as well as provide for physical activity. Our objective is to instill discipline and responsibility in the student through physical activity.

***ROSE HOUSE FOR
MEN/WOMEN
Teacher's Manual***

"If you want to be free, Rose House is a place to meet the Master Potter"

THE SIGNIFICANT OTHER'S INSTRUCTION PROGRAM

The purpose of the Restoration Christian Outreach Community significant other Program of the Rose House for Men /Women is to give the significant other person in the user's life the ministry they need. It has been proven that drug abuse affects more than the abusers, but also those around her. For the student to benefit from the program, he or she must have the assistance of other family members and friends.

Lessons are designed to build participants up spiritually in designated areas so they can overcome the trap of codependency. In addition, the instruction and ministry will teach them how to make difficult tough love decisions to help the abuser.

Even though the significant other will not be involved in the student's classroom setting, the group ministry sessions will reinforce the teaching they receive from the audio DVD. This promises to be a unique spiritual growth experience.

SUBJECT 1: PRINCIPLES FOR OVERCOMING THE DRUG NIGHTMARE

This lesson is designed to give the significant other an overview of the biblical principles for addressing life's problems. Specifically, the significant other will get an understanding of how the Bible relates to the problems they and the drug user are experiencing. Drug abuse will be addressed from the spiritual perspective and the spiritual solution given.

DISCUSSION: The group minister will focus on the significant other's understanding of the terms used in the discussion of spiritual concepts. During the discussion period, examples of the applications (testimonies) should be discussed to give the significant other hope for their situation.

SUBJECT 2: THE POWER OF A FAITH CONFESSION

The object of this lesson is to teach the basic fundamental principles of change. The significant other should emerge from this class committed to controlling what he/she says. The significant other should acquire the skills to locate the answer to their problems in the Bible. Next, they will learn how to make a Faith Confession based on the scriptures.

DISCUSSION: The discussion period will reinforce the principles taught during the class session. Group exercises on how to make a Faith Confession will be the major emphasis of the program.

SUBJECT 3: TOUGH LOVE—HELPING THOSE WHO USE DRUGS

These lessons are designed to teach principles of self-worth and tough decision making. The significant other will be taught how to deal with rejection, self-abusive, and the manipulative nature of the drug abuser.

DISCUSSION: The group period will encourage the application of tough love principles by group decision making in mock drug-abuse-related situations. The instructor will carefully monitor

participants to assess their understanding of the balanced approach to quality decision making.

SUBJECT 4: BUILDING BETTER RELATIONSHIPS

This lesson is designed to help the significant other reconstruct the relationships that have been destroyed during the drug crisis. The mechanics of relationship building and the dynamics of interpersonal relationships will be taught on a simple level so the significant other emerges from the class knowing specific areas to address in his/her life as he/she relates to others involved.

DISCUSSION: Group sessions will address various mock relationship situations giving the significant other the opportunity to create a plan of action to handle conflicting relationships. The significant other will have the opportunity to share their own situations and allow the group to offer suggestions.

SUBJECT 5: THE POWER OF A GOOD SELF-IMAGE

This lesson is designed to build the self-image of the significant other through the Word of God concerning the three (3) lesson objectives: Who I Am, What I Deserve, and What I Allow Myself to Desire and Dream. The significant other is taught value and worth from God's perspective and given practical steps to protect and maintain a positive self-image. The significant other is encouraged to confess the 15 Freedom Truths and the 40 "I Ams" daily; these are part of the informational packet given to all first-time ARM Class participants.

DISCUSSION: Group sessions will address commonly known false identities and beliefs that have been imposed on the significant other to enslave them as well as the user in the drug nightmare. The significant other will be given living-lesson-type demonstrations of self-image attacks and counterattacks.

SUBJECT 6: PRINCIPLES FOR PROSPERITY AND SUCCESS

This lesson will cover the biblical principles necessary to promote a positive self-image in the significant other. These principles will show the participants God's will for prosperity and success.

DISCUSSION: During the group session, significant others will be supported to acquire motivation to overcome the devastation that may have been caused by their addiction. Resource materials will be made available to participants to help in the development of a practical plan of action to achieve success.

SUBJECT 7: PARENTAL SKILLS

This lesson will teach the biblical principles of parenting. This material is designed to equip the significant other with the skills needed to mend hurt relationships between parent and child. The objective is to give the parent ideas for successful family guidelines.

DISCUSSION: The group session will provide an opportunity for significant others to share the experiences they have had in the home with the children of drug abusers. The session will encourage many parents who have been struggling with open rebellion and will offer suggestions about how to handle the hurt.

The group sessions will provide an opportunity for the student to develop skills for successful management of their family life. Sessions will encourage the significant other to assist the students who are parents to regain the respect of their families.

SUBJECT 8: HOW TO PRAY FOR AN HOUR

This lesson will teach the significant other the importance and the value of prayer during this challenging time. The instructor will explain the different kinds of prayer and how each type of prayer can relate to the present situation. The significant other will learn how to pray for their loved ones during their drug challenge.

DISCUSSION: The group session will be a prayer workshop. The significant other will exercise new learning during the class session by actually praying for the situation. This time of prayer and intercession will give the significant other strength and direction for themselves as well as for their family members.

SUBJECT 9: THE MINISTRY OF THE HOLY SPIRIT

This lesson will teach the significant other the importance and the value of being filled with the Holy Spirit during this challenging time. The instructor will explain Who the Holy Spirit Is, His Ministry on the Earth Today, How to Receive the Baptism with the Holy Spirit with the Evidence of Speaking in Other Tongues, and How to Effectively Minister the Holy Spirit to others.

DISCUSSION: The group session will address false beliefs about the Holy Spirit and will also consist of sharing of the instructor's personal testimonies of victories achieved during the drug challenge as a direct result of praying to the Holy Spirit. The significant other will be strongly admonished to receive the baptism with the Holy Spirit when the appeals are made.

THE STUDENT'S INSTRUCTION PROGRAM

The purpose of the student's instruction program of Life Change Institute for Women is to give the student direction for assured freedom from addiction. The lessons are designed to increase the student's awareness of what she thinks is causing the drug problem, and to present a spiritual plan of action for total deliverance.

The lessons will explore present situations and help students reorganize their behavior patterns, harness their feelings, develop self-worth, renew family relationships, and plot a course for drug-free living. The lessons, coupled with the discussion groups (ministry groups), will present opportunities for students to develop effective identification and communication skills to confront the real issues that have caused the addictive behavior.

SUBJECT 1: HOW TO OVERCOME ADDICTIONS

This lesson is designed to teach the spiritual dimensions of an addiction problem. The student will gain insight into how to apply the biblical concepts and practical guidelines in establishing a drug-free life.

DISCUSSION: The group session will explore the student's understanding of Spiritual concepts. The student will emerge from these group sessions with a practical plan of action to redirect his life.

SUBJECT 2: THE POWER OF A FAITH CONFESSION

This lesson will teach the student the basic fundamental principles of change. The student should emerge from this class committed to controlling what she says. The student should acquire the skills to locate the scripture answer to their problems in the Bible. Next, they will learn how to make a Faith Confession based on the scriptures.

DISCUSSION: The group sessions will reinforce the principles taught during the class session. Group exercise on how to make a Faith Confession will be the major emphasis of the program.

SUBJECT 3: HOW TO CHANGE YOUR BEHAVIOR

These lessons will address specific behavior-modification principles and will teach students to take control of their behavior. The instructor will explain the process of establishing a value system that governs and monitors one's individual lifestyle. This class will discuss how false belief systems have negatively affected behavior and affected self-esteem. This class will emphasize why a behavior change is essential for drug freedom.

DISCUSSION: During the group session, the student will explore the areas in their own behavior patterns that need changing. The student will design their own Life Change Program Action Plan. The group sessions will allow the student to develop a plan to address the significant relationships in their lives.

SUBJECT 4: BUILDING BETTER RELATIONSHIPS

This lesson is designed to help the student to reconstruct the relationships that have been destroyed during the drug crisis. The mechanics of relationship building and the dynamics of interpersonal relationships will be taught on a simple level so that the student emerges from the class knowing specific areas to address in his life as he relates to others involved.

DISCUSSION: Group sessions will include various mock relationship situations giving the student the opportunity to develop a plan of action to handle conflicting relationships. Students will have an opportunity to share their own situations and allow the group to offer them suggestions.

SUBJECT 5: PARENTAL SKILLS

This lesson will teach the biblical principles of parenting. This material is designed to equip students with the skills to mend hurt relationships between parent and child. The objective is to give the parent ideas for successful family guidelines.

DISCUSSION: The group session will allow an opportunity for the student to develop skills for successful management of their family life. The sessions will encourage and suggest techniques to students who are parents to regain the respect of their families.

SUBJECT 6: PRINCIPLES FOR PROSPERITY AND SUCCESS

This lesson will cover the biblical principles necessary to promote a positive self-image for the student. These principles will show the participants God's will for prosperity and success.

DISCUSSION: During the group session, the student will be supported to develop the motivation to overcome the devastation that may have been caused by the addiction situation. Resource materials will be made available to participants to help them develop a practical plan of action to achieve success.

SUBJECT 7: HOW TO PRAY FOR AN HOUR

This lesson will teach the student the importance and the value of prayer during this challenging time. The instructor will explain the different kinds of prayer and how each type of prayer can relate to the present situation. The student will learn how to pray during her drug challenge.

DISCUSSION: The group session will be a prayer workshop. Students will exercise their new learning during the class session by actually praying for the situation. This time of prayer and intercession will give the student strength and direction for themselves as well as for their family members.

SUBJECT 8: RELAPSE SKILLS—HOW TO HANDLE TEMPTATIONS

This lesson is designed to teach the student how to handle relapses, what to do, and how to

fight against them. Instructors will emphasize the importance of not running away from the program or principles because of guilt or shame, should a relapse occur. The lesson will teach the powerful impact of gaining total control over the desire to return to a world of destruction.

DISCUSSION: Group sessions will assist students to take authority over their emotions and compulsive desires. Sessions will allow students to express their feelings during those tempting times, and will show students how to find help through the Word of God, and how to contact someone who will help them through difficult times.

SUBJECT 9: THE MINISTRY OF THE HOLY SPIRIT

This lesson will teach the student the importance and the value of being filled with the Holy Spirit during this challenging time. The instructor will explain Who the Holy Spirit Is, His Ministry on the Earth Today, How to Receive the Baptism with the Holy Spirit with the Evidence of Speaking in Other Tongues, and How to Effectively Minister the Holy Spirit to Others.

DISCUSSION: The group session will address false beliefs about the Holy Spirit and will also consist of sharing of the instructor's personal testimonies of victories achieved during the drug challenge as a direct result of praying to the Holy Spirit. The significant other will be strongly admonished to receive the baptism with the Holy Spirit when the appeals are made.

SUBJECT 10: THE POWER OF A GOOD SELF-IMAGE

This lesson is designed to build the self-image of the student through the Word of God concerning the three (3) lesson objectives: Who I Am, What I Deserve, and What I Allow Myself to Desire and Dream. The student is taught value and worth from God's perspective and given practical steps to protect and maintain their self-image. They are encouraged to confess the 15 Freedom Truths and the 40 "I Ams" daily that are a part of the informational packet given to them upon their admission to Life Change Institute for Women.

DISCUSSION: The group sessions will address commonly known false identities and beliefs that have been imposed on the student to enslave them in the drug nightmare. The student will be given living-lesson-type demonstrations of self-image attacks and counterattacks.

LESSON PLAN GUIDE

Overview

The Restoration Christian Outreach Community for Rose House residential drug treatment program for Men/ Women lesson plans are designed to teach the residents of RCOC the Word of God. It will help them develop knowledge of who they are in Christ Jesus, the ability to apply the Word of God in their lives, and the discipline to use faith in every area of their lives.

These subjects are covered in twelve lessons. Each lesson is taught over a five-day period in the form of two teaching sessions and one review and group discussion period held daily. The twelve lessons are repeated after twelve weeks. Using this format, any student enrolling in RCOC'S Rose House program will have completed each lesson and subject within their 90-day period, regardless of their enrollment date.

In the leadership possession is a RCOC'S Rose House for Men/ Women Teacher's Manual, which has in it the Seven Principles for Abundant Living. As Ministers of the Gospel or servanthood leaders, you are to prepare yourself through study, prayer, and meditation to be effective in ministering the Word of God to the Men/women in the program. The lessons are already outlined, and it is expected for the servant leaders will stay with that outline. Just because these lessons are already prepared does not mean you won't have to take the time to study and meditate. You do the students an injustice when you fail to prepare, grab the manual and just haul off and start teaching. These lessons are line upon line and precept upon precept. In other words, the plan shows a principle in the Bible (what God says), then shows that principle being lived out in the lives of believers (examples). The lessons are based on scripture and applicable to everyday life. However, you must deliver them in a manner that captures the attention of the students. Also, involve the men/women in the lessons as much as possible. RCOC has the utmost confidence in your ability to minister the word, therefore you **MUST** do exactly that. Don't get spooky and don't use the Word of God to attack, fuss, and complain because some sister or brother has upset you. Most importantly, you are to respect the time given for you to minister the Word of God. You will start on time and when your time is up, you will not act like the Holy Spirit wants you to go on.

Prayer for Ministry of The Word of God!

Father, we do thank You and praise You for another time of study and sharing together around Your Word. We thank You for Jesus, that He is our High Priest and that He ever liveth and He makes intercession for us. We thank You for Your Word. Your Word is not void of power and You always confirm Your Word with signs following. We thank You for the Holy Spirit, our teacher and our guide. We believe because of Him, that revelation truths will flow freely in this place, unhindered and unchecked by any force. I thank You Father. My body is strong, my mind is alert, and my lips are anointed. Therefore, I will accurately articulate the word such that every spiritual need will be met. I thank You. Every ear is anointed to hear, every heart is receptive to receive, and I declare that I am anointed to teach, even at this hour. And now Father, I covenant in advance with You before I begin, to give You alone the praise, the glory, the honor, the adoration, and thanksgiving for all that shall be accomplished, and for all that shall be revealed, in Jesus' name, and the people said Amen!

SALVATION

LESSON 1

FOUNDATION SCRIPTURE: John 3:16 Romans 10:9–10

Six questions will guide this series of lessons.

1. Why should I get saved?
2. What happens at Salvation?
3. What are the benefits of being saved?
4. Who can be saved?
5. What happens if I reject Salvation?
6. How do I get saved?

It has always been the original plan of God for man to be in right standing with Him. For one of the purposes of man is to have fellowship with God. To fellowship with God, one must be in right standing with God.

In Genesis Chapters 1 and 2, we see God talking and fellowshiping with Adam. The plan and purpose that God had for Adam is the same for all mankind. Adam was created to live forever and never die, because death was never part of God's plan for man. But when Adam sinned in the Garden of Eden and disobeyed God, he set in motion the wheels of death and he died spiritually. The Word of God says because of Adam's sin, death was passed upon all men (Romans 5:12).

Every person that is born into this world is spiritually dead and cut off from the life of God; therefore, man has a need to be born again. Now, the Word of God says in Jesus Christ, we all live. Therefore, the scripture lets us know that God has a plan whereby man can be restored back to the position of right standing with God.

DEFINITION FOR SALVATION:

1. The act of saving
2. To rescue or preserve from destruction
3. Spiritual deliverance from sin and death

Greek Word: *soteria*—final and complete deliverance from all curses.

Jesus came to seek and save the lost. Salvation in its fullest sense covers all of our needs: physical, mental, emotional, financial, material, social, and spiritual. By Jesus dying on the cross and being raised from the dead, the world through Him could be born again and saved (Luke 5:30–32, Luke 19:10).

It is the order of God for all mankind to be saved (II Peter 3:9, Romans 10:13)

Whenever God saves a person, that is not when God starts to love that person (Romans 5:6–8).

1. God only has one level or degree of love
 - A. God loves the saved and unsaved the same
2. God can only love a person and never hate them
 - A. God hates sin, but loves the sinner
3. God has always loved you and always will
 - A. Nothing can separate you from God's love (Romans 8:35–39).

Salvation

LESSON 2

FOUNDATION SCRIPTURE: John 3:16, Romans 10:9–10

Life is choice driven, therefore we live or we die by the choices that we make (Deuteronomy 30:19, Joshua 24:14–15).

1. With every choice that I make, there are consequences attached
 - A. There are both positive and negative consequences (Isaiah 1:19–20).
2. Every righteous choice will be challenged by the devil
 - A. Commit to stand on your righteous choice (James 4:7, Ephesians 6:13–14).
3. When I make a decision to do something in my life or with my life that will bring glory to God, I tap into the supernatural power of God and grace of God to bring it to pass.

EXAMPLE David & Goliath

4. The choice that I make to live for God is the choice that gives meaning and purpose to life.

In order to benefit from God's love, you must make a choice: that is the choice to be in covenant relationship or right standing with God. God loving you does not automatically put you in right standing with Him, but because of God's love, the opportunity to be saved is afforded to every man (John 3:16, John 1:12).

1. Why Should I Get Saved?

1. So I can have life and be in covenant with God (John 10:10, Ephesians 2:11–13).
2. So I can fulfill God's plan and purpose for my life
3. So I can live throughout eternity with God (John 14:1–6)

2. What Happens at Salvation?

At Salvation, my spiritual position changes. Instantaneously I am translated from the kingdom of darkness into the Kingdom of God (Colossians 1:12–13). Immediately, my spirit is made alive unto God. (Explain I Thessalonians 5:23) We are spirit, we live inside of physical bodies and we possess a soul. My hands and feet do not change. Salvation, The New Birth or Being Born Again is a spiritual matter and not a matter of the flesh (John 3:1–8). So, supernaturally I am placed in right standing with God (II Corinthians 5:17–21). I am accepted into the Family of God by adoption (Ephesians 1:5–6).

Salvation

LESSON 3

FOUNDATION SCRIPTURE: John 3:16 Romans 10:9–10

3. What Are The Benefits of Being Saved?

1. Everlasting Life (John 3:16, John 5:24).
2. I am now eligible for all covenant benefits: healing, prosperity, protection, deliverance, victory, peace, joy, redemption, power over the devil, forgiveness of sins, etc.
3. I now have the God factor working in my life (Philippians 2:13).

4. Who Can Be Saved?

Anybody! God will save whoever wants to be saved. It doesn't matter what you've done or how many times you've done it, God will save you (Isaiah 59:1, Romans 10:13, John 6:37)

5. What Happens If I Reject Salvation?

I am not a fire and brimstone teacher, but the truth of the matter is you will spend eternity in hell. Now, hell was not made for man, but for the devil and his angels. But when you reject Jesus, there will be a place for you there as well. Hell is a place of torment. It is eternal punishment for the rejection of Jesus Christ (Luke 16:19–31, Hebrews 2:3). You won't want to miss out on the opportunity of spending eternity with the Lord Jesus Christ.

6. How do I Get Saved?

Romans 10:9–10: Confess the Lordship of Jesus over your life and believe in your heart that God raised Him from the dead. You do not have to confess your sins because as a sinner, you don't remember all of your sins. When you come to God, He will in no wise cast you out, but will accept you and remit (put away) your sins. You are responsible for repenting (turning away from) your sins. We are saved by grace through faith (Ephesians 2:8–9).

Become part of a Bible-believing Bible-teaching church so you can learn to live your new life in Christ and learn God's plan and purpose for your life.

Principle No. 2

Authority of the Believer

Principle No. 2—Authority of The Believer

LESSON 1

FOUNDATION SCRIPTURE: Luke 9:1–2

Because many believers don't understand authority, they do not act the way they should act in certain situations. They look for others to do their praying for them and also to use their faith for them. For some strange reason, they believe the devil flees from a particular person, when the truth is he will flee from any believer who understands the authority that has been given to him/her.

We have authority over the devil (Luke 10:17–19).

1. What is Authority?

Authority is delegated power

2. What is the purpose of Authority (delegated power)?

Its purpose is to set, establish, and maintain order. If there is to be order, there must be authority. If the order of God, which is to bless you, is to be established in your life, then you must get a clear understanding of the authority that has been given you. Once your understanding is clear, it will change the way you respond in the situations of life.

Throughout the Word of God, men marveled when they saw authority in demonstration (Mark 1:27, Matthew 7:28–29, Matthew 8:26–27). Whenever authority is demonstrated, it is always declared.

Jesus was successful in His ministry because He understood that He had been given authority (Acts 10:38). He had delegated power to set, establish, and maintain the order of God on earth.

As believers, we must have that same understanding. If you are to have God's best, if you're to have His promises, if you are to set, establish, and maintain God's order, then you are going to have to walk in the authority (delegated power) that has been given you.

3. Why is it important that I walk in this authority (delegated power) (Ephesians 6:10–12)?

1. Because of the spiritual forces that are against you
2. Because we wrestle not against flesh and blood

Principle No. 2—Authority of The Believer

LESSON 2

FOUNDATION SCRIPTURE: Luke 9:1–2

To get a clear understanding of authority, let's go back to the beginning.

In Genesis 1st Chapter we see God establishing order for everything that He created. In verses 26–28 He establishes the order for mankind. God's order for mankind is that mankind has the authority on the earth and also that mankind is blessed.

Again, in Genesis 2:15–17, 19, we see God letting Adam know that he has authority (delegated power).

Because of sin and disobedience, Adam lost the authority (delegated power) God gave him (Genesis 3:6). Because Adam was the first man and a representative of the human race, the consequences of his disobedience (which was death) was passed to all men (Romans 5:12). But, immediately God set in motion His plan to reestablish order.

Now, let's look at God plan or God's order to still see man blessed (Deuteronomy 28:1–2). God chose a race of people and gave them the law to keep His order in the earth. The law was only temporary and its purpose was to reestablish God's order in the earth (Romans 5:12–15).

1. **Was the law temporary?** Romans 10:1–4 Christ is the end of the law for righteousness to everyone that believeth.

The law brings us unto Christ and it has done that; therefore, we no longer need the law (Galatians 3:22). Jesus has come as God's agent to reestablish His order for mankind. Now, you cannot establish order without authority (delegated power).

Why did God give Jesus authority (delegated power) (I John 3:8)?

1. Reestablish order on the earth. In Genesis 1st Chapter, God's order was interrupted.
2. To destroy the works of the devil. He's the one who interfered with God's order in the beginning.
3. To demonstrate to us how we should function in authority. Adam had authority in the Garden of Eden, but he did not walk in it.

Principle No. 2—Authority of The Believer

LESSON 3

FOUNDATION SCRIPTURE: Luke 9:1–2

1. How does the believer get authority (delegated power) (II Corinthians 5:17)?

1. Have to be born again (Romans 10:9–10). Through the new birth our spirits are made alive unto God and supernaturally God recreates our human spirits. If you are born again, you have authority (delegated power). You just need the revelation of how God gave it to you (II Corinthians 10:8).

To understand the revelation of how God gave you authority (delegated power)

1. Understand you're chosen by the Father (Ephesians 1:1–5).
2. Understand you're redeemed by the Son (Ephesians 1:7–12).
3. Understand you're sealed by the Holy Ghost (Ephesians 1:13–14).
4. Accept the testimony of God's Word; you have authority (Ephesians 1:15–20).

2. When did God give us the authority (delegated power) (Ephesians 2:1–7)?

When God raised Jesus up, He raised us up also and made us sit together with Him in the position of authority (delegated power). As born-again believers, we have delegated power of attorney. In other words, someone (Jesus) has delegated to us (the Church, His body) power to do something in His stead. So, whatever Jesus could do when He was on the earth, I can do because I'm on the earth and I have authority (delegated power of attorney).

Apart from walking in that authority (delegated power) you will not live at the level God expects you to.

It is very important that we function in this spiritual authority because of the many spiritual outlaws: devils, demons, evil spirits, the forces of darkness, etc. They can affect your health, your finances, your relationships, your joy, your peace, and anything else that you give them place to do so. But, when you take authority over them, you are setting, establishing, and maintaining God's order for your life.

3. What happens when I get the revelation on authority?

1. I take authority over the ability of the devil (Luke 10:17–19).
2. I immediately begin setting, establishing, and maintaining God's order for my life
3. I begin to stand and resist the devil (James 4:7).

Excerpts from Student's Handbook

***THE ROSE HOUSE FOR
MEN/WOMEN***

“If you want to be free, the Rose House is the place to be.”

STUDENT HANDBOOK

Madison, Mississippi

THE ROSE HOUSE FOR MEN/WOMEN

"If you want to be free, the Rose House is the place to be."

Student Manual

Student's Name Here

"1st Thirty Days"

Woman of Faithfulness

Name of City and State

THE ROSE HOUSE FOR MEN/WOMEN

"If you want to be free, the Rose House is the place to be."

Student Manual

Student's Name Here

"2nd Thirty Days"

Woman of Integrity

Name of City and State

THE ROSE HOUSE FOR MEN/WOMEN

"If you want to be free, the Rose House is the place to be."

Student Manual

Student's Name Here

"Last Thirty Days"

Woman of Character

Name of City and State

UNDERSTANDING THE PROGRAM

Dear Rose House Student,

The Rose House for Men/Women staff would like to welcome you to a *Therapeutic Faith Community* program that will change your life. The change you will experience is not a temporary change, but one that can last throughout eternity. How can we say we can assure you of freedom from addiction? Well, freedom can be assured if several things happen. First, you must be willing to learn the principles for change. You must come to realize the addiction you have experienced is more than just a chemical addiction, but a spiritual battle inside of you.

We will teach you why you want to stop and can't. We will show you who you really are and how the terrible dependency can and must stop once you take control of your situation. Not only will we ensure your freedom from drugs, but we will help you put your personal life back together. Rose House residential drug treatment program will help you prepare emotionally, psychologically, and spiritually for the job you've desired; and help you resume your role as a wife and mother, son, father and brother.

RCOC can also ensure freedom if you work with us honestly and sincerely. If you do your part, RCOC give you our word that we will go the extra mile to see you to victory. Finally, RCOC can assure you of freedom because we all have come to fully know and realize that on our own we are helpless, but through the power of the Holy Spirit, we are winners.

We are concerned about your life, and we are committed to seeing you through these next few months. Trust RCOC at your Rose House to help you because this program will not only change your life, but also the lives of your family members. We look forward to working with you and your family.

This student handbook has been designed to familiarize you with the program's terms, concepts, and guidelines. If you have any questions, please don't hesitate to ask. Remember, no concern or question is too minor. We are here for you.

I. ORIENTATION TO THE ROSE HOUSE FOR MEN/WOMEN

By the time you read this handbook, you will have already made a brave decision to go through the program. Be assured that from this step on, you will not be alone. Others with the same challenges and concerns are here, as is a compassionate staff to support you in the coming days.

As you know, the Rose House for Men/Women is a 24-hour treatment center. The program lasts 90 days and has a three-month follow-up program.

Upon arrival, there will be a group orientation session to inform you verbally about the program and answer your questions. You will be immediately assigned to a personal Servant leader/ minister. Your Individual Instructor (personal Servant-minister) will show you around the facility and introduce you to other staff and students.

PROGRAM SCHEDULE

During your 90-day stay at Rose House for men/ Women, each day begins promptly at 6:00 am and concludes at 11:00 pm, Monday through Sunday. There will be an aftercare program to keep in touch with the students after the 90-day stay. There will be many ministry activities scheduled throughout the 90-day program. The times for those activities, as well as for the group-therapy sessions, will be given to you daily by your personal servant leader/ minister.

ATTENDANCE

Your attendance at all parts of the program is mandatory. Students must attend all activities, Rose House Groups, films, lectures, services, etc., unless given specifically excused by your personal leader/minister. Remember to use the restroom and to take care of any other personal business before coming to the group sessions, as there will be no leaving once you are present. If you become ill, excuse yourself and go directly to the director's office.

DRESS

Appropriate attire is required at all times. The Rose House for Men/Women operates with a dress code. The women will be expected to wear a clean shirt and pants. Shorts, large belt buckles, dark glasses, caps, headphones, and dangerous or revealing attire are not allowed. Everyone must be fully dressed when going to the cafeteria or group meetings. Shorts may be worn to summer outdoor functions or recreational ministry. Outdoor attire must be changed immediately upon returning to the unit.

FOOD

Three full meals will be served during the day. A full breakfast will be served at 7:00 am; lunch will be served at different times. Mondays, Tuesdays, Wednesdays, and Fridays, lunch is served at 12 noon and dinner at 6:00 pm. On Thursdays, lunch is served at 1:00 pm, with an evening

snack. Saturdays, lunch is served at 11:00 am and dinner at 6:00 pm. Sunday's lunch is served at 2:30 pm, with an evening snack. All students are to be present for all meals. All students are to eat in the cafeteria. No food will be allowed in the classrooms, group sessions, hallways, or dormitory.

VISITING HOURS

After successfully completing the first 30 days of the program a student may receive visitors for up to three hours per week. The visiting hours are Saturdays, 12:00 noon–6:00 pm. Consideration will be given to Special Holidays and visitors from out of town.

There will be opportunities for family members, friends, and significant others to participate in scheduled family-group sessions held weekly.

TELEPHONE USE

There will be no phone calls made by the students during the day. If a family member has an emergency and needs to get a message to you, they can do so by leaving a message with the Program Director who will decide whether you may receive the call.

ASSIGNED DUTIES

Each student has certain duties assigned. You are responsible to see to it that these duties are properly performed. You will be given your duties on your daily schedule. These duties are assignments geared to getting you back on the road to being a responsible person. Therefore, trading of duties is not allowed without permission from your personal leader/ minister.

GRIEVANCES

From time to time, there may be grievances. You have the right to and are expected to consult your personal minister to work the problem out to a mutual satisfaction. If the two of you cannot resolve it, then you have the right to put your grievance in writing to the attention of the Program Director. Final disposition of the grievance rests with the Program Director. Your grievance will be resolved within forty-eight hours.

JOURNAL OF SIGNIFICANT EVENTS

You will be asked and encouraged to keep a journal to record your daily feelings and insights. You should spend a minimum of ten minutes each evening recording your significant events. You will be asked to privately share this journal with your personal minister. The contents will be held most confidential, so use this time to freely express your inner feelings.

LECTURES

You are expected to attend all lectures and group meetings. It is your responsibility to read and listen to issued materials in preparation for these lectures. Punctual attendance is your

responsibility. No food or drinks are permitted in any lecture.

MEDICATIONS

There shall be no use of any medication, prescription or otherwise, without the approval of a director. **ALL MEDICATION** is to be preapproved in writing by your personal physician. If you require medication for any chronic condition (asthma, diabetes, coronary problems, allergies, etc.) you must leave your medication with a director upon arrival at the Rose House for Men/Women. All medications will be kept by the staff until it is dispensed. When it is your scheduled time to take medication, there will be a supervised area designated for you to take it. After you have taken your medication, the staff member will keep the medicine until your departure. At no time are you to take medication without the supervision of a Rose House for Men/Women staff member.

Our philosophy and policy prohibit the use of any mood-altering chemicals. Violation of this policy can result in immediate dismissal. The staff has and will exercise the right to inspect your personal belongings to ensure that you are in compliance with this policy.

RANDOM DRUG TESTING

Students of the Rose House for Men/Women are required to abstain from using mood-altering chemicals. Therefore, random drug tests will be given to enforce this guideline.

If a student tests positive for drug use, the student will be immediately dismissed from the program. The students must fully realize that **DRUG USE DURING THIS PROGRAM WILL NOT BE TOLERATED!**

TELEVISION AND RADIO

No private television or radio listening is allowed during daily activity hours. No videocassette tapes or audiocassette tapes will be allowed unless distributed by your personal minister.

SERVICES

Students will attend the church services of the Restoration Christian Outreach Community. This will include weekly bible studies, Saturday and Sunday services, and special events such as monthly special fellowship meetings.

Participant Progress

The RCOC residential treatment program, the Rose House servant leaders will be ministering to the participant by faith. Therefore, we believe that their deliverance will manifest in the same manner as a seed, according to (Mark 4:28). “For the earth bringeth forth fruit of herself; first the blade, then the ear, after that the full corn in the ear.” To keep residents from developing a “here I am—change me” mentality, RCOC inform them of the progress they should have made at thirty, sixty, and ninety days. Monthly evaluations are given during participant personal-leadership time to facilitate the participant’s progress

ENROLLMENT

Family and Participant Ministry

ORIENTATION

Participant Expectations and Explanations

1st 30 DAYS –WOMAN OF FAITHFULNESS

“Fall in love with Jesus”

2nd 30 DAYS—WOMAN OF INTEGRITY

“Develop Spiritual and Emotional Maturity”

Last 30 DAYS—WOMAN OF CHARACTER

“Be a Blessing to Others”

COMPLETION AND GRADUATION OF RCOC PROGRAM

Family members and significant others in support group sessions are ask to join and support the fulfill post residency guidelines for a minimum of 90 days.

ORIENTATION

- A. The new student is classified as a “Men or Woman of Faithfulness” in the first 30 days of their development. They will be ministered to regarding salvation and the baptism with the Holy Spirit. He or She will then be paired with a “Man or Woman of Character” (a resident in the final 30 days of her development who has received a positive evaluation). This person will operate in a buddy system with the new resident, accompanying her through the day.
- B. The New Student Packet will include a daily schedule of events, an ARM Packet with the 40 I AM’s and 15 Freedom Truths, and a prayer outline (Lord’s Prayer), the student will need a notebook and two (2) pens. A Bible will be provided as needed.
- C. The Woman of Excellence Instructor (volunteer minister approved by Ministry of Helps) or staff member, along with the assigned Woman of Character resident will provide the new resident with a complete tour of the facility, review the guidelines in detail, and answer any relevant questions.
- D. The new student submits to personal and belongings examination for contraband, inappropriate items, etc., and is then assigned a bed and closet and is responsible for maintaining order and excellence.
- E. The new student joins in with the current activity.

Level 1: Men or Woman of Faithfulness—First 30 Days: “Fall in Love with Jesus”

During the first 30 days, the student’s focus should be to develop faithfulness. First, the student should develop faithfulness to God by becoming committed to God through salvation and sincerity in prayer and worship. Second, students should develop faithfulness to themselves by receiving all that God has to offer spiritually, being filled with the Holy Spirit, and actively participating in class. Finally, the student should develop faithfulness to the program by showing appreciation for what they receive free of charge at the Rose House by respecting the instructors, staff, and facility.

A personal ministry evaluation will be performed at the end of 30 days to acknowledge growth and recommend progression to the Woman of Integrity classification, or minister to the areas of needed improvement with a reevaluation in 15 days. The Significant Events of the Day sheets along with staff supervision will help produce an effective evaluation.

Level 2: Man or Woman of Integrity—Second 30 Days: “Develop spiritual and emotional maturity”

Many of the new students may have a track record of bad character, but by helping them develop integrity, a new track record is developed. Students will receive work assignments (chores), from dormitory maintenance to cooking and cleaning, to help them regain their dignity, work ethic, and commitment to excellence.

Man, or Women of Integrity will be evaluated on their growth by their ability to receive

instruction, control their flesh, accomplish stated objectives, confess the Word, pray, praise, and study with little prompting and assistance.

A personal Servant Leader ministry evaluation will be performed at the end of 60 days to acknowledge growth and recommend progression to the Woman of Character classifications, or minister to the areas of needed improvement with a reevaluation in 15 days.

Level 3: Men or Woman of Character—Last 30 Days: “Be a Blessing to Others”

The student should now be on the way towards beginning to develop a track record of faithfulness to God, self, and the program and have the integrity to accept and fulfill some basic and simple responsibilities and duties. This is the time to help the student develop critical relapse-prevention skills, rebuild relationships, grow spiritually, and learn how to be a blessing to others. These students will assist instructors in classes, prayer sessions, and praise assemblies.

Each of these students is paired with a new student (“Woman of Faithfulness”) and given the responsibility of being accountable for them at all times, serving as a natural example to the new student in conversation, behavior, encouragement, and love.

The Woman of Character is evaluated on her ability to apply the Word in her life, having a plan of action for addressing challenging situations, a willingness to attend ARM’s, and the ability to control and manage thoughts and emotions.

A personal ministry evaluation will be performed at the end of 90 days to acknowledge growth and recommend progression to the Woman of Excellence classification or minister to areas of needed improvement with a reevaluation in 15 days.

Level 4: Man or Woman of Excellence—Rose House Completion

Upon successful completion of 90 days, the student will join significant others in weekly support-group sessions.

The graduated student should operate under the following post-Rose House guidelines and sign a contract with a significant other for a minimum of 90 days:

1. Agree to handle no money.
2. Agree to go no place alone.
3. Agree to be accountable for time.
4. Agree to attend (1) Support Group Sessions, (2) Bible Study, and (3) Sunday Service on a weekly basis. Out-of-town students should attend a Bible-believing, Bible-teaching church.

At the completion of the 90 days, the significant other can evaluate the student to determine ability to adjust guidelines accordingly.

TEACHING SESSIONS

The teaching sessions will be conducted in a classroom format using a variety of teaching tools, including instruction, visualization, repetition, discussion, and examples. The students will be required to participate in class by taking notes, reading the assigned Bible text, performing homework assignments, etc.

Teaching sessions will be conducted by either a Servant Leaders or staff minister or an approved Visiting minister.

The primary teaching materials will be chosen from a variety of books and other materials or tapes relative to the student's spiritual development and continued freedom. These topics will include, but are not limited to,

1. Salvation
2. Authority of the believer
3. Building blocks of faith
4. The Holy Spirit
5. How to pray for an hour
6. Healing
7. The power of a good self-image
8. Building positive relationships
9. Parenting
10. Tough love
11. Overcoming addictions
12. The ingredients for success

Students rights, and a meticulously organized environment will develop a sense of renewed self-esteem, self-worth, and appreciation. The absence of secular media, such as personal TV, radio, and newspapers will help to maintain the students' focus on their recovery.

3. Verbal Saturation: Teaching sessions, prayer assemblies, praise and worship assemblies, confessions, etc. will allow the student to develop and release the word within them.

4. Behavior Saturation: Consistent wake-up times, bed times, meal times, and prayer times will provide the student with a sense of order. Over the 90 days, this sense of order will become habitual to the student.

5. Fellowship Saturation: Limited visitation, along with the pairing of a more spiritually mature student buddy, combined with Godly examples in staff and leadership, who take the time to minister, love, and help develop the student, will help impact the student's success.

MAIL AND PACKAGE PROCEDURES

Objective: To ensure that residents of the Rose House for Men/Women receive their incoming mail without obtaining any materials, objects, or substances that are in violation to the program guidelines.

1. Mail call will be given once a day, at a time determined by a director.

2. Residents must open any envelopes and all packages in the presence of a director or staff person.
3. Residents give the staff the right to search any envelopes and packages in their presence.
4. Any weapons, drugs, cigarettes, pornography, or other materials and substances contrary to the guidelines of the program will be confiscated.
5. Mail and packages should come addressed to the resident with a return address.

POSTPROGRAM GUIDELINES

Objective: To ensure that the student continues to walk in her deliverance as she rejoins her family and society after completing her 90 days of treatment.

Strategy: Guidelines will help to keep her accountable, reduce the temptation to use drugs, and continue to feed her spirit the Word of God. This procedure should be followed for a minimum of 90 days.

1. Student should not handle any money.
2. Student must be accountable for time.
3. Student must not travel alone.
4. Student and significant other must attend at least one weekly Bible study and one weekly ARM class. Out-of-town students need to attend a Bible-believing, Bible-teaching church in their area.

Consequences must be initiated and agreed upon between the student and the significant other if these guidelines are not maintained.

DAILY CHARGES

Teaching Sessions

RCOC'S teaching sessions are conducted in a classroom format using a variety of teaching tools, including instruction, visualization, repetition, discussion, and examples. The participants are required to participate in class by taking notes, reading the assigned Bible text, performing homework assignments, and so on. Either a member of the servanthood team or an approved minister teach sessions. The primary teaching materials are chosen from a variety of books and other materials relevant to the participants' spiritual development and continued freedom.

Personal Ministry Time and Family Meeting Time

The mission of the personal ministry time is to conduct evaluations with the residents to identify their progress and growth, resolve differences, and provide wisdom. The objective of the personal ministry time is to help new participants chart a course and stay on it toward total manifestation of their deliverance, and help them be ready to victoriously reenter the outside world. Group personal ministry time and discussions will be held for each of the three enrolled classifications for the purpose of providing edification, encouragement, exhortation, and correction. This will also allow the participants to feel ministered to at their level of development.

The RCOC'S family meeting time will be a weekly event that will provide the participants with a natural example of how their personal family meetings should operate. These meetings will include staff and participant agenda topics as an opportunity to air and resolve differences and grievances.

Praise and Worship Assemblies

The mission of the praise and worship assemblies is to teach the participants how to vocalize their praise to God for whom He is, and what He has done. Using approved praise songs, the staff minister will lead the participants in enthusiastic and exciting faith-filled praise to God for their deliverance and blessings in their lives. Prerecorded and approved faith-oriented praise music can be used in conjunction with the sing-along praise and worship songs. The objective of the praise and worship assembly is for the men and women to know how to use praise to inspire their faith, stop the enemy, glorify God, and develop an ongoing attitude of worship and reverence towards God throughout the day.

Prayer Assemblies

Theophostic Healing Prayer Session

In the healing prayer sessions, participants meet with prayer facilitators to assist the individual to feel and stay connected to their pain, and to stay out of that logical room of their mind—this encourages them to go to the memories that emerge, and then ask questions about their painful emotions in order to help them discover their own lie-based thinking.

Theophostic prayer is a Spirit-led process by which a Theophostic Prayer Servant asks the ministry recipient to focus on his current emotional pain as well as any physical feelings in the body or images that come to mind. For example, the servant leaders recommend that the person close his eyes to help him focus on their painful emotions for a few minutes while they briefly pray and invite the Holy Spirit into the session. The leader will have them tune in to their emotional pain and physical sensations, such as body tension and tightness.

Most of us have developed coping techniques and defense mechanisms that help us bury, suppress, and avoid our pain. Many compulsive addictive behaviors are used to cover or numb out. Alcohol, drugs, eating disorders, work, and sex are often used to cover pain. Although it looks good on the surface, even “working for the Lord” can become compulsive if the inner motivation is denial and avoidance of one’s personal problems and emotional pain. An example would be people who are always at church events in an out-of-balance way, while neglecting their own family.

The prayer assemblies will operate in accordance with guidelines for Lord prayer and Theophostic Healing Prayer. The prayer assemblies will also be an opportunity to observe the residents’ development over their ninety-day period.

Using the Lord Prayer

RCOC will follow AA, by using the Lord’s Prayer, and use the prayer journal for recording their personal journey. The mission of the prayer assemblies is to teach the participants how to pray in faith. Using the Lord’s Prayer Outline and a Prayer Journal, the participants will be able to pray effectively upon completion of the program.

I. Our Father Which Art in Heaven, Hallowed Be Thy Name

- A.** Picture Calvary and thank God. You can call Him “Father” by virtue of the blood of Jesus.
- B.** Hallow the names of God corresponding with the six benefits in the New Covenant and make your faith declarations.

Benefit	Name	Meaning
Sin	Jehovah Tsidkenu	Jehovah our righteousness
	Jehovah M'Kaddesh	Jehovah who sanctifies
Spirit	Jehovah Shalom	Jehovah is peace
	Jehovah Shammah	Jehovah is always there
Success	Jehovah Jireh	Jehovah provides
Security	Jehovah Nissi	Jehovah my banner
	Jehovah Rohi	Jehovah my shepherd
Soundness	Jehovah Rophe	Jehovah heals
Breakthrough	Jehovah Baalperazim	The God of breakthroughs

II. Thy Kingdom Come, Thy Will Be Done

- A. Yourself
- B. Your family, mate, children, other family members
- C. Your church, pastor, leadership, faithfulness of people, the harvest
- D. Nation, city, state and national political and spiritual leaders, the harvest

III. Give Us This Day Our Daily Bread

- A. Be in the will of God, prayer life, church, work habits, obedience in giving
- B. Believe it is God's will for you to prosper
- C. Be specific
- D. Be tenacious

IV. And Forgive Us Our Debts as We Forgive Our Debtors

- A. Ask God to forgive you
- B. Forgive and release others
- C. Set your will to forgive those who sin against you

V. And Lead Us Not into Temptation, But Deliver Us from Evil

- A. Put on the whole armor of God (Put on the Lord Jesus Christ)
 1. Loins girt about with truth
 2. Breastplate of righteousness
 3. Feet shod with the preparation (readiness) of the gospel of peace
 4. Shield of faith
 5. Helmet of salvation
 6. Sword of the Spirit, which is the Word of God
- B. Pray a hedge of protection (You are my refuge, my fortress, my God)
 1. Because I have made the Lord my habitation
 2. Because He hath set His love upon me
 3. Because He hath known my name

VI. For Thine Is the Kingdom, and the Power, and the Glory Forever

- A. Make your faith declarations
- B. Return to praise

Faith Confessions for Men and Women

Woman of God, Man of God

I am a woman whose purpose is to glorify God; therefore,
I choose to manage all my affairs with honesty and integrity.

Because honesty and integrity please God,
It positions me for God's best in life.

I am a woman of vision and faith.

Therefore, I boldly pursue God's best without compromise.

When the Spirit of God convicts me of my faults and
Shortcomings, I choose to submit to the Word
And overcome every challenge by faith.

I live life so that others may know
The faithfulness of God through my lifestyle.

I choose to act responsibly in all situations.

I owe it to my Lord who saved me.

I owe it to my family who depends on me.

I owe it to my church that instructs me in righteousness.

I owe it to my generation that needs my example.

I owe it to myself because I am a Woman of God whose purpose is to glorify God.

The Forty "I Am's"

Confessing the forty "I am's" every day will help you see yourself the way God sees you. When you begin to see yourself from God's perspective, the opinions of others do not offend you. You are who God says you are.

1. A child of God. **Romans 8:16**
2. Redeemed from the hand of the enemy. **Psalms 107:2**
3. Forgiven. **Colossians 1:13-14**
4. Saved by grace through faith. **Ephesians 2:8**
5. Justified. **Romans 5:1**
6. Sanctified. **I Corinthians 1:2**
7. A new creature. **II Corinthians 5:17**
8. Partaker of His divine nature. **II Peter 1:4**
9. Redeemed from the curse of the law. **Galatians 3:13**
10. Delivered from the powers of darkness. **Colossians 1:13**
11. Led by the spirit of God. **Romans 8:14**
12. A son of God. **Romans 8:14**
13. Kept in safety wherever I go. **Psalms 91:11**
14. Getting all my needs met by Jesus. **Philippians 4:19**
15. Casting all my cares on Jesus. **I Peter 5:7**
16. Strong in the Lord and in the power of His might. **Ephesians 6:10**
17. Doing all things through Christ who strengthens me. **Philippians 4:13**
18. An heir of God and a joint heir with Jesus. **Romans 8:17**

19. Heir to the blessing of Abraham. **Galatians 3:13–14**
20. Observing and doing the Lord's commandments. **Deuteronomy 28:12**
21. Blessed coming in and blessed going out. **Deuteronomy 28:6**
22. An heir of eternal life. **I John 5:11–12**
23. Blessed with all spiritual blessings. **Ephesians 1:3**
24. Healed by His stripes. **I Peter 2:24**
25. Exercising my authority over the enemy. **Luke 10:19**
26. Above only and not beneath. **Deuteronomy 28:13**
27. More than a conqueror. **Romans 8:37**
28. Establishing God's word here on Earth. **Matthew 16:19**
29. Overcomer by the blood of the lamb and the word of my testimony. **Revelation 12:11**
30. Daily overcoming the devil. **I John 4:4**
31. Not moved by what I see. **II Corinthians 4:18**
32. Walking by faith and not by sight. **II Corinthians 5:7**
33. Casting down vain imaginations. **II Corinthians 10:4–5**
34. Bringing every thought into captivity. **II Corinthians 10:5**
35. Being transformed by renewing my mind. **Romans 12:1–2**
36. A laborer together with God. **Corinthians 3:9**
37. The righteousness of God in Christ **II Corinthians 5:21**
38. An imitator of Jesus. **Ephesians 5:1**
39. The light of the world. **Matthew 5:14**
40. Blessing the Lord at all times and continually praising Him with my mouth. **Psalm 34:1**

Fifteen Freedom Truths

These fifteen truths should be confessed daily to build the believer's self-esteem. It is critical for believers to see themselves as God looks at them. John the Baptist saw himself, and spoke in agreement with the way God saw him. The discipline to speak God's word will transform your thinking; it will change how you see yourself, and your faith level will soar. As you see yourself differently, you will respond to others differently. Always remember, there are two truths. What man or circumstances say—and then what God says. Choose to believe God because your circumstances are only temporary.

1. I am a new creature predestined for greatness. **II Corinthians 5:17**
2. I am a child of God fully accepted by the Father. **John 1:12**
3. I am loved by God regardless of how I perform. **Romans 5:8**
4. I am forgiven and will not be tormented by my past errors. **I John 1:9**
5. I am an overcomer and my faith is changing my circumstances. **I John 5:4**
6. I am a giver and God is causing people to help me prosper. **II Corinthians 9:8**
7. I have authority over the devil and no demon power can hurt me. **Luke 10:17**
8. Abundance is God's will for me and I will not settle for less. **John 10:10**
9. I am healed and sickness will not lord over my body. **I Peter 2:24**
10. God is on my side; I will not fear. **Psalm 118:6**
11. The Holy Spirit is my helper; I am never alone and I have the peace of God. **Philippians 4:7**
12. I am blessed and it is a matter of time before things change. What I see now is only temporary. **Ephesians 1:3, II Corinthians 4:18**

13. I have the wisdom of God; I hear the Father's voice. My steps ordered by God, the voice of a stranger I will not follow. **I Corinthians 1:30**
14. I am set in the body of Christ, and I know that I am valuable and important to the work of God. **I Corinthians 12:20–25, Ephesians 4:11–12**
15. I choose not to be offended, and I am being delivered out of all afflictions and persecutions. **Matthew 5:1–12**

Clean-Up Sessions

The purpose of the clean-up sessions is to give the participants a sense of ownership towards the facility, and enable them to regain their sense of dignity. This will be done by helping them develop and maintain a high level of excellence in areas of the home, such as the dormitory, showers, kitchen, etc.

The work detail sessions will use the combined resources of the home to help and reduce maintenance costs in such areas as the parking lot, lawn, shrubbery, and other needs of the Restoration Christian Outreach Community. Participants who have achieved a Man/Woman of Character position will help staff ministers in supervise particular cleanup and work detail sessions. A daily program format is posted.

DAILY PROGRAM FORMAT

Daily: Monday, Tuesday, Wednesday, and Friday

- 6:00 am – Lights On, participants make beds and dress, soft-tempo praise and worship music played throughout the dormitory
- 7:00 am – Morning Prayer, breakfast served in the dining area
- 7:30 am – Cleanup Time, upbeat praise music played throughout the dormitory
Kitchen, dining area, restrooms, dormitory quarters, and outdoors
- 8:00 am – Praise and Worship Assembly #1, sanctuary
Approved praise and sing-along songs led by staff minister. Testimonies of staff ministers, Women of Character, exhortations and daily confessions.
- 9:00 am – Theophostic Healing Prayer Session
- 10:00 am – Prayer Assembly #1
Staff minister uses the Lord's Prayer Outline or Prayer Journal to lead the participants in praying in agreement with the Word of God. Servanthood Leadership should encourage new participants to pray. A variety of positions of prayer such as kneeling, standing, and hands raised should be used.
- 10:50 am – Break
- 11:00 am – Teaching/DVD Session #1, staff Servanthood Leadership
- 11:50 am – Break
- 12:00 pm – Lunch
- 12:30 pm – Cleanup Time, upbeat praise music played throughout the dormitory
- 1:00 pm – Free Time, read, study, write letters, and exercise
- 2:00 pm – Video/DVD Time
- 3:00 pm – Teaching Session #2, staff Servanthood Leadership
- 3:50 pm – Break
- 4:00 pm – Theophostic Healing Prayer Session
- 4:30 pm – Prayer Assembly #2
- 5:00 pm – Praise and Worship Assembly, video /DVD Time Review #3, sanctuary
Vocal adoration to God for who He is and what He has done
- 5:50 pm – Break
- 6:00 pm – Dinner
- 7:00 pm – Cleanup Time, upbeat Praise music played throughout the dormitory
- 7:30 pm – Prayer Assembly #3

8:00 pm – Free Time, time for reading, study, personal devotion, writing letters, exercise, and showers

11:00 pm – Lights Out, no exceptions!!

Please Note: Each resident has a scheduled laundry time on Saturday

Daily: Thursday

6:00 am – Lights On, participants make beds and dress, soft-tempo praise and worship music played throughout the dormitory

7:00 am – Morning Prayer, breakfast served in the dining area

7:30 am – Cleanup Time, upbeat praise music played throughout the dormitory
Kitchen, dining area, restrooms, dormitory quarters, and outdoors

8:00 am – Praise and Worship Assembly #1, sanctuary
Approved praise and sing-along songs led by staff minister. Testimonies of staff ministers, Women of Character, exhortations, and daily confessions.

9:00 am – video/DVD Time

10:00 am – Prayer Assembly #1
Staff Servanthood Leadership uses the Lord's Prayer Outline or Prayer Journal to lead the participants in praying in agreement with the Word of God. Other ministers should encourage new participants to pray. A variety of positions of prayer such as kneeling, standing, and hands raised should be used.

10:50 am – Break

11:00 am – Teaching Session #1, staff Servanthood Leadership

11:50 am – Break

12:00 pm – Theophostic Healing Prayer Session

1:00 pm – Lunch

1:30 pm – Cleanup Time, upbeat praise music played throughout the dormitory

2:00 pm – Free Time, read, study & write letters

3:00 pm – Teaching Session #2, staff minister

4:00 pm – Praise and Worship Assembly, DVD Time Review #3, sanctuary

4:30 pm – Circle Up

5:30 pm – Prayer Assembly

6:30 pm – Prepare for Bible Study

7:30 pm – Depart for Bible Study

9:00 pm – Depart for dormitory

- 9:15 pm – Return to dormitory
- 9:30 pm – Late Night Snack
- 10:00 pm – Showers
- 11:00 pm – Lights Out, no exceptions!!

Daily: Saturday

- 6:00 am – Lights On, participants make beds and dress, soft-tempo praise and worship music played throughout the dormitory
- 7:00 am – Morning Prayer, breakfast served in the dining area
- 7:30 am – Cleanup Time, upbeat praise music played throughout the dormitory
Kitchen, dining area, restrooms, dormitory quarters, and outdoors
- 8:30 am – Prayer Assembly #1
- 9:00 am – Theophostic Healing Prayer Session
- 10:00 am – Praise and Worship Assembly #1, sanctuary
- 10:50 am – Break
- 11:00 am – Lunch
- 11:30 am – Cleanup Time, upbeat praise music played throughout the dormitory
- 12:00 pm – Free Time, Visitation and Phone Calls
Between the hours of 12 noon and 6 pm, those participants who are over 30 days are allowed three hours to visit with their family at RCOC Between the hours of 12 noon and 6 pm, those participants who are over 30 days are allowed 20 minutes telephone time to talk with their family. Iron clothes, wash clothes, rest and relaxation, read, study, write letters, personal devotion.
- 6:00 pm – Dinner
- 6:30 pm – Cleanup Time, upbeat praise music played throughout the dormitory
- 7:00 pm – Exhortation, staff Servanthood Leadership
- 7:30 pm – Praise and Worship Assembly #2
- 8:00 pm – Prayer Assembly #2
- 8:30 pm – Free Time, time for reading, study, personal devotion, writing letters, exercise, and showers
- 11:00 pm – Lights Out, no exceptions!!

Daily: Sunday

- 6:00 am – Lights On, participants make beds and dress, soft-tempo praise and worship music played throughout the dormitory

- 7:00 am – Morning Prayer, breakfast served in the dining area
- 7:30 am – Prepare for church
- 8:20 am – Depart for morning worship
- 12:00 pm – Arrive from church, undress, cleanup time
- 1:00 pm – Lunch
- 1:30 pm – Cleanup Time, upbeat praise music played throughout the dormitory
- 2:00 pm – Prayer Assembly
- 2:30 pm – Free Time, time for reading, study, personal devotion, writing letters, and evaluations
- 5:00 pm – DVD/ Theophostic Healing Prayer Session
- 5:50 pm – Break Time
- 6:00 pm – Dinner
- 7:00 pm – Cleanup Time, upbeat Praise music played throughout the dormitory
- 7:30 pm – Prayer Assembly and Praise and Worship
- 8:30 pm – Free Time, time for reading, study, personal devotion, writing letters, exercise, and showers
- 11:00 pm – Lights Out, no exceptions!!

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