

COVENANT

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The Courage To Continue, The Definitive Expectation

By Judith Smith RSM, Psy.D.



Typically, a person enters residential treatment at Southdown with much apprehension and anxiety. In most instances one's life has become unmanageable and the necessity for outside help is urgent. Added to this are shame, fear of stigma, and ambivalence.

In treatment, the individual enters into a monumental transition where expectations abound; those of the clinical team, their own, and those of leadership.

Reasonable expectations are those that are realistic and attainable and foster growth. Meeting one's own expectations and the expectations of others requires openness, negotiation, modification, and change.

What does the clinical team expect?

The clinical team's expectations focus on addressing the presenting issues with the goal of helping the resident gain relief from painful distress, understanding their problems and the antecedents, and learning new skills and behaviours to work toward a successful outcome. An ongoing expectation is that of transparency and motivated participation in therapeutic relationships that probe the resident's deepest thoughts and feelings, often revealing denied or unknown shadows. Meeting these expectations requires immense courage and often presents an enormous challenge. When met with non-judgment and acceptance, residents move through these challenging expectations.

What does the resident expect?

The residents' desire is relief from the pain of life that they have carried, and renewal and ongoing freedom from that which has made life so stressful. Gradually, as they move forward in the residential program and gain insight, often insecurities arise. "Can I really change all that seems required?" is a frequently asked question. When change is not quick or easy, success can sometimes appear impossible. Trust becomes the foundation for engaging at this deep level.

What can leadership expect?

The Southdown program models a balanced lifestyle. This includes time for daily prayer and reflection, therapeutic interaction (both individual and group), psychological education, exercise, a healthy diet, rest and proper sleep, and social engagement. Translating this to the home environment, although it will appear different, provides a template for seeking balance while attending to the spiritual, emotional, physical, and relational components of one's life.

Residents need both affirmation and challenge. Through much interpersonal processing in groups and community living, each resident receives feedback that emphasizes

both areas of strength and areas in need of growth. In addition, they gain insights and learn skills to help them alter unhealthy attitudes, old patterns of thinking, and maladaptive behaviours.

Further, through opportunities for individual spiritual direction and various spirituality groups, residents increase their awareness of God's love and faithfulness in all aspects of their personhood.

What is expected in transition?

In the final month of treatment, the focus turns toward transitioning to life outside of Southdown. Residents engage in individual and group Transition sessions to discuss and develop plans for how they will integrate their learned experience. A relapse prevention plan is developed with the help of the treatment team. This serves as a script, outlining the areas of residents' life that need continued attention in the home environment. In addition, residents write a formal Covenant claiming their experience prior to and during treatment and make a commitment to ongoing self-care. Sharing these documents with leadership and support persons on a regular basis is essential. Some individuals use these documents as part of their daily prayer. Reportedly, some frame them and hang them in their rooms at home. The documents themselves are meant as a testament to the investment made by the resident and by their communities and dioceses, in their well-being and their commitment to moving forward.

What is expected of leadership?

Upon leaving the residential program, residents often feel renewed and energized at the prospect of new possibilities in their lives. While enthusiasm flourishes, newly acquired attitudes, skills, and behaviours may be fragile. There can be some insecurity about re-entering their home environment and their relationships with peers, authority, communities and fraternities. Attitudes of welcome and acceptance are paramount. Unwavering support and gentle challenging is needed to help sustain acquired gains and to encourage ongoing growth. It can be of great significance when others notice and affirm recognizable changes, however great or small. Emphasis on a support network is imperative. Leadership can assist this endeavour through regular contact with the individual and inquiry about commitment to their Covenant and Relapse Prevention Plan.

Lastly, the "courage to continue" is the definitive expectation that will sustain new growth and ongoing development after the journey of Southdown. Measures of success are best defined by motivation and courage to continue that journey. Perhaps, Winston Churchill's words provide a fitting lens: "Success is not final, failure is not fatal; it is the courage to continue that counts." ■

Yoga's Positive Outcome On Treatment In Diverse Setting

By Linda Varnam, RYT



The International Association of Yoga Therapists (IAYT) serves as a professional organization for yoga therapists and teachers. IAYT supports global research and education in yoga. The mission is to establish yoga as a recognized and respected therapy. To support this IAYT hosts the annual **Symposium on Yoga Therapy and Research (SYTAR)**. June 2014 marked the 25th anniversary of the conference held this year in Austin, Texas. I was honoured to attend as part of the Common Interest Community Session: *Mental, Emotional, and Spiritual Health – Integration of Yoga and Yoga Therapy in Diverse Settings*. The focus of this forum was to generate discussion in terms of addressing issues and challenges in embracing western and eastern views of mental, emotional and spiritual functioning as well as trends in current and future research.

In addressing the audience of Yoga Therapists, Psychotherapists, Researchers and other interested participants from around the world my purpose was two-fold; to address the correlation between spiritual health and mental health and to discuss the benefits and challenges of teaching yoga to specific faith based groups when there may be conflict due to the perception of yoga as a religion. The presentation titled: *Is Yoga A Religion? The Benefits and Challenges of Teaching Yoga to Clergy and Vowed Religious Participating in Residential Treatment*, was received with interest. Questions revolved around the format of the yoga and breathing sessions at Southdown with relevance to using yoga in an integrative, client centred treatment model. In particular there was interest in how to present the ancient traditions of yoga in relevant and meaningful terms to diverse populations in order to support understanding and use of yoga concepts as tools for healing and wholeness in the present context of daily life.

I was truly inspired by the conference presenters, a dedicated group of professionals who offered a wealth of knowledge and research based evidence to support the use of yoga therapy in the arena of professional mental health disciplines. These are exciting times in that we can now use modern technology and science to confirm that yoga practices such as breathing exercises, meditation and mindful movement have a significant positive outcome in treatment. For example the U.S. military now use yoga in the treatment of PTSD with current research confirming the efficacy of the deep relaxation protocol of yoga nidra. This is encouraging as these practices are accessible and available to all with a few small but significant changes in lifestyle. There are links to much of the present research on the IAYT website at www.iayt.org. The International Journal of Yoga Therapy is also an informative annual publication. ■

LATEST RESEARCH

Weight Satisfaction and Risk of Diabetes

By Sam Mikail, PhD, ABPP



The incidence of Type 2 diabetes is truly alarming. It is estimated that 2.5 million Canadians are diabetic and another 5 million over the age of 20 are prediabetic.

In the U.S. 11.3% of adults are diabetic. Diabetes occurs when the body is unable to produce or sufficiently use insulin to convert sugar into energy that can be used by the body. Type 2 diabetes is caused by life-style factors including diet (consuming high fats, simple carbohydrates, proteins, low intake of fruits and vegetables), being sedentary, smoking, or excessive alcohol use. Proper weight management and physical activity are essential to preventing the onset of Type 2 diabetes. But, as is often the case, these critical life-style factors require commitment and motivation. A study conducted by researchers* at the University of South Carolina examined the relationships between weight satisfaction and a person's motivation to achieve and maintain a healthy weight. Weight satisfaction occurs when there is a close correspondence between a person's actual weight and his or her

self-reported target weight. It has been found to be associated with engaging in more physical activity, consuming more fruits and vegetables, and achieving better cardiorespiratory fitness. The researchers noted that women tend to be more dissatisfied with their weight than men, as do European Americans compared to African Americans, regardless of body mass index (BMI). The researchers followed a sample of nearly 10,000 Americans over the age of 20 for up to 5 years. They found that weight dissatisfaction was associated with increased risk of developing Type 2 diabetes, particularly if an individual was chronically dissatisfied with his/her weight. Not surprisingly, weight dissatisfaction was also associated with fewer positive health behaviours and elevated levels of blood glucose and cholesterol. The researchers argued that being dissatisfied with one's weight may actually perpetuate poor dietary and lifestyle behaviours rather than increasing motivation to make positive changes, which in turn increases the risk of developing Type 2 diabetes. The converse was found to be true; adults who were satisfied with their weight tended to be

more physically active and had a lower risk of Type 2 diabetes regardless of changes in health behaviour or BMI. Similarly, individuals whose satisfaction with body weight shifted from being unsatisfied to satisfied became more physically active during the study period and lowered their risk for diabetes.

How is this Helpful to You?

One important lesson from this research is that when one decides to embark on a weight reduction program it is important to set modest and realistic targets that are achievable within a reasonable time frame. One can easily become dissatisfied when targets are too ambitious; leading to a mentality of "oh what's the point anyway." The popularity of TV programs that promote weightloss are in fact counterproductive in promoting a sensible approach to developing a healthier lifestyle or serving as a source of motivation.

To assess your risk for Type 2 diabetes see the self-assessment questionnaire at: <http://healthycanadians.gc.ca/health-sante/disease-maladie/diabetes-diabete/canrisk/index-eng.php> ■

*Wirth, M.D., Blake, C.E., Hebert, J.R., Sui, X, and Blair, S.N. (2014). *Chronic weight dissatisfaction predicts Type 2 diabetes risk: Aerobic Centre longitudinal study*. Health Psychology, 33(8), 912-919.

Smoking - The Electronic Cigarette

By Elaine Dombi SSJ, MA, ICADC, CSAT Candidate



The war on smoking can look back and claim a huge victory. Fifty years ago, nearly half the country smoked. Today,

less than 20% of the country smokes and we know that smoking along with second-hand smoke cause many serious and potentially fatal health problems. Persons who quit or never smoked breathe easier, get fewer cases of lung disease, suffer fewer strokes, pass on fewer birth defects and require fewer sick days.

Several friends, who are long time smokers hoping to break the nicotine habit, have switched to e-cigarettes. Maybe you have seen one being lit up in a public place where smoking tobacco is banned such as a restaurant or maybe you are using one yourself. My curiosity about e-cigarettes led me to learn some facts I would like to share with you.

In the U.S., the patent for an electronic smoking device dates back to 1963 when Herbert A. Gilbert became aware of the hazards of tobacco and sought to offer a safer form of smoking at a time when no market for healthier alternatives existed. In 2003, Hon Lik, a Chinese pharmacist and smoker, set out to develop electronic cigarettes after his father died from lung cancer. His determination to transform tragedy into a positive led to the creation of the e-cigarette. He developed a method of enabling smokers to have nicotine through inhalation while eliminating the smoke, tobacco and thousands of chemicals that are typically part of cigarette production. In 2007, the use of electronic cigarettes spread from Europe to the U.S.

These battery-powered nicotine providers that simulate the feel of traditional cigarettes are now becoming mainstream. Sales have grown from \$500 million in 2012 to about \$1.5 billion in 2013. Three major tobacco companies in U.S. have bought or developed their own brands in recent years to offset shrinking sales in conventional tobacco cigarettes.

What are electronic cigarettes?

Electronic cigarettes, also known as e-cigarettes, are battery-operated products designed to deliver nicotine, flavour and other chemicals. They turn chemicals, including highly addictive nicotine, into an aerosol that is inhaled by the user.

Most e-cigarettes are manufactured to look like conventional cigarettes, cigars, or pipes. Some resemble everyday items such as pens and USB memory sticks.

Each rechargeable e-cigarette has a refillable cartridge of liquid "juice" that contains nicotine, solvents and flavours. When the user draws on the mouthpiece, it causes the battery to heat the liquid solution, which atomizes or converts the stored liquid into an inhalable vapour. The consumer can purchase a desired level of nicotine. Some brands of e-cigarettes offer cartridges of varying strengths from 16 mg of nicotine decreasing in increments of 6 mg to 0 mg. Each cartridge contains roughly 250 "puffs." Other brands list nicotine as a percentage of volume. The e-cigarette users, who are known as "vapers," use e-cigarettes as an aid to quit or cut down tobacco intake. Some brands offer flavouring such as pina colada, bubble gum, or mint. This infusion of unidentified chemicals for flavour raises the concern that the e-cigarette industry is intentionally marketing to youth with the same fervour as it marketed cigarettes to youth decades ago.



Do they help people quit?

The Center for Disease Control (CDC) estimates that 42 million Americans smoke tobacco and that more than 68% are trying to quit. A study conducted in England and published by the Society for the Study of Addiction, surveyed 5,863 smokers between 2009 and 2014, in which participants tried to quit smoking without prescription medication or professional support. In result, "20% of people trying to quit with the aid of e-cigarettes reported having stopped smoking conventional cigarettes at the time of the survey." This research, chiefly funded by Cancer Research UK, suggests that e-cigarettes could play a positive role in reducing smoking rates. Other studies contradicted these findings or indicated no major difference in effectiveness in various methods of smoking cessation.

The overall number of people who quit with any method after six months was still very low: about 7% in the e-cig group, 6% of those who used nicotine patches and 4% of those who used placebo e-cigs. E-cigarettes also present an attractive alternative for those who want to be able to get their nicotine in public areas where regular cigarettes are banned.

The cost is rapidly becoming part of the decision to switch. The average annual cost for a tobacco habit is about \$2200. A friend indicated that his former monthly \$200 tobacco tab is now reduced to \$40 monthly with e-cigarettes. This ratio is consistent in state and province wide responses. Truly, e-cigarettes can make an expensive addiction more affordable. Some states consider imposing taxation similar to that of cigarettes.

With respect to health it is essential to consider the potential costs of any health effects from nicotine addiction, which can be great. Surely, eliminating nicotine is a more effective way to save money and to promote good health.

Several states and provinces have banned e-cigarettes or raised concerns and opposition to their sales until some data and evidence of safety can be provided. Recently, the Food and Drug Administration (FDA) raised five major concerns for which they seek further information:

1. Do e-cigarettes actually help people to quit or are they a gateway for new smokers? Among teens, the use of e-cigarettes has more than doubled in a one year period.
2. The health risks associated with liquid nicotine in e-cigarettes is not completely understood. The New York Times found that the liquid could be linked to a 300% increase in the number of poisonings linked to e-cigarettes.
3. They question if the vapourizers are safe since there have been few but verified reports of e-cigarettes exploding and harming users.

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For the smoker or would-be smoker, electronic cigarettes exemplify everything about modern technology that is rewarding.

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4. They also have concerns about the safety of the nicotine solvent—propylene glycol—which is a clear, colourless liquid that can be found in food, cosmetics, and pharmaceutical products and is considered safe in small amounts. It is uncertain if consistent inhalation of propylene glycol could present unforeseen future health risks.
5. Since nicotine is highly addictive and regulatory safeguards are non-existent in the sale of liquid nicotine, researchers do not know how much nicotine or other potentially harmful chemicals are being inhaled during e-cigarette use. This makes it difficult to tell how much or little damage is being done.

For the smoker or would-be smoker, electronic cigarettes exemplify everything about modern technology that is rewarding. They offer great convenience at low cost and they provide the same pleasure smokers are used to with traditional cigarettes - all without the burdens that come with smoke. For the researcher, clear evidence of safety is lacking, but more research is beginning to fill that void. Both viewpoints have their merits. It seems that time, experience and study is needed to solidify initial responses. ■

FROM MY DESK TO YOURS:



The young maple tree at the entrance of our drive is showing red leaves these days. For some of us it may be too soon, while for others looking forward to the fall beauty and crisp air is exciting. Nature is such a good reminder for us of transitions. Whether it is the liturgical year, the seasons of earth, or the cycle of our daily lives, transitions occur. Sometimes we miss them until we are well into it and other times we are keenly aware of the internal and external shift as well as of a myriad of feelings this may generate. Whether it is excitement or anxiety, anticipation or dread, sadness or nostalgia, each experience teaches us something about ourselves as individuals, as travelers on this unique planet called Earth.

Seasonal changes are a reminder for me of our ministry here at Southdown. The journey of inner healing requires so many transitions – so many adjustments to change. This change can come in how we see ourselves or it can be as simple as relaxing and allowing ourselves to experience living a balanced daily life. As ministers, we are so often focused on the needs which are calling for our assistance that we miss the hunger we are experiencing in our own lives. Our passion for the mission and the service of the people of God can cloud our vision for the importance of tending to our own needs so that others may benefit from our fullness rather than our emptiness. Giving ourselves permission to spend time in quiet reflective prayer, proper amount of sleep, daily exercise, and recreational activity that rejuvenates our spirits is a tremendous service not only for ourselves but for those we encounter, whether in our community living situation or in our public ministry.

So wherever you are living, may the changing of the seasons (whether slight or dramatic), the birth year reminder of your season in life, or the passing of the liturgical season from ordinary time, I encourage you to see these transitions. See them as moments to stop, reflect, and recall just what you may need to do to rebalance your daily routine, to rejuvenate your spirit and by doing so, refresh your enthusiasm for the mission and the ministry. May God bless you in all you do.

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Covenant is produced and published by The Southdown Institute. Its purpose is to inform and educate the readership about clinical issues that surface in our work and to invite integration of the emotional and spiritual aspects of our lives.



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