

## A Leader's Role in Supporting Members in Continuing Care

by: Mary Buckley, GSIC, MA and Dolores Hall, D. Min.

Among the many and varied roles that leaders are called on to fulfill is the ongoing support of members needing residential treatment. The purpose of this article is not to trace



the beginnings of this relationship, but rather, to focus on the transition from residential treatment. In preparing for a discharge planning meeting, residents often have questions that range from concrete decisions about meeting basic needs to more esoteric ones: Where will I live? Will I have a ministry assignment? What ministry will I have? With whom will I share my life? Who will understand what I am experiencing? Where will I find support for my ongoing pursuit of wellness? Will I be able to maintain the changes I have begun to make? Will others notice the changes?

At the same time, leaders will voice questions such as: What is expected of me at the discharge planning meeting? Is there anything I can do to prepare for that meeting? How do I support a member who is being discharged from Southdown?

Let's begin with the leader's participation in the discharge planning meeting. As the name suggests, the goal of the meeting is to gain an understanding of the resident's progress at this time in his/her treatment so that realistic plans for discharge can be made. If the leader has specific questions about the resident's progress that have not previously been answered, this is a good time to address them. It may be helpful to review previous progress reports prior to the meeting. Having some options for living and ministry to share is always helpful, especially if these details still need to be determined. The discharge meeting



may not be the time to negotiate the final decision, but it is helpful to table the options and the rationale for them, as well as to hear any clinical parameters that need to be considered.

Living situations ideally take into consideration the need for ongoing support in the form of peer and professional relationships. If any kind of mentoring or supervision of activity or ministry is anticipated, having some ideas about who can fill that role is important. It is sometimes helpful to recall Maslow's *Hierarchy of Needs* when planning for a resident's discharge. Once basic decisions about living and safety are made, further planning can incorporate how to meet higher level needs for belonging, contributing to the life of a group and continued personal growth and fulfillment.

During their final month, residents prepare a personal *Covenant for Mission*, a document articulating their commitment to ongoing recovery and health and using their gifts in mission. We recommend that residents identify a support person to companion them by way of affirmation and challenge to be faithful to their Covenant commitment. Leaders are not asked to choose the support person, but they can be helpful in affirming the choice or offering alternatives. Besides this specific relationship, residents are asked to identify other people who could also provide some ongoing support, ranging from more intimate sharing of their experience, to participating in leisure activities. Generally, the more people in the support network, the lower the risk of relapse. Leaders have an important role in supporting members and

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# FLOOD WATERS, LEVEES AND HIGHWAYS: *Concepts of Emotional Illness*

by Harold Grossman, MD, FRCP(C)

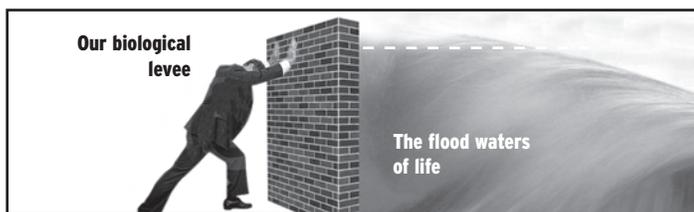


How does one become depressed? There are simple ways of conceptualizing the forces that conspire to develop emotional illness. Conceptualization can be helpful toward explaining the factors involved and the role that medications play in the treatment of depression, as well as coming to understand why treatment often has to be continued on a long term basis.

Imagine the pictures that we saw earlier this year of the

levees trying to withstand the storm surges during Hurricane Gustov that eventually breached the walls in New Orleans. When the storm waters of our lives rise too high through losses and traumas, they overwhelm our threshold, spill over and we become symptomatic.

The height of our own personal levee is determined by factors in our constitution as well as our early experiences in life. The height of the walls represents our personal threshold of developing mental illness and our resilience against the rising flood waters of life.



The height of the wall of the levee is a product of four factors. Together they represent our natural resilience to the ups and downs of life.

- **Our genetics.** The levee is lowered by a family history of illness. Have our parents or grandparents suffered from a mental illness like depression, bipolar disorder, alcoholism, or anxiety disorder?
- **Our upbringing.** The height of our levee is also determined by the way that we were parented, the security of our attachments with our parents, their response and gentleness to us, the consistency of their attention and discipline, and respect for our personal boundaries. Conversely, the threshold is lowered by neglect, inconsistency, intrusion and insecurity at home growing up.
- **Our early experiences of trauma.** The effects of early experiences of physical, emotional or sexual abuse lower the threshold and our tolerance for adversity later in our lives.
- **Our early experiences with losses.** Loss of parents, places, or friends, and instability (frequent moves) while growing up may also translate into lowering the height of the levee.

Biologically, these are all imprinted into our developing brains through the development of neuropathways. Imagine these as highways that link our brain cells to each other and serve as the coordinating elements of our brains; the essence of how our minds grow and function. By time we are adults, these pathways are forever established. How and where they form make up our personalities and our automatic thoughts and behaviours

On the other side of the wall are the flood waters of life. These are the events, the relationships, the recent history of losses, transitions, physical and emotional pain that rise and fall in the course of our lives. Just like the storm surge, when the level gets to be higher than the levee is built to withstand, the waters flood over us and we develop symptoms of illness. When a person first becomes ill with depression, there is usually a precipitating event. Later on, if the wall remains low, it seems that even lesser waves can breach the levee and we can relapse.

The psychiatric medications that we use can be viewed as helping to increase the biological height of the levee. Whether it is an antidepressant used for Depression or Anxiety Disorders, or a mood stabilizer used for Bipolar Disorder, the effect is to raise our threshold for getting ill. If the 'flood waters' rise too high, even with raised walls, we can become symptomatic and our conditions can relapse.

Psychotherapy and all the strategies that are part of our work here at Southdown enable a person to keep the waters from rising too high. In biological terms, our brains have stem cells and growth factors which continue to enable us to form new pathways; new highways built on top of old highways. By learning new ways of understanding, new ways of perceiving our lives and our world and making changes in our behaviour, we are adding new and improved pathways to our brains. Like road maintenance, these improvements require constant awareness and upkeep.

Even when functioning to the best of our abilities, we recognize that there will always be significant waves in our lives; losses, traumas, physical illness. However, with new improved pathways and stronger and higher levees, we can better manage the water levels; we can prevent flooding and recover from the storms of life.

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having an awareness of how they are continuing the growth begun in treatment. Some ongoing contact in which the person's well-being is reviewed is recommended. Leaders may want to suggest the frequency of contact that they can manage in this regard.

The return to community/diocese and ministry is a difficult one. It is also challenging for those who have made other life choices, adding another layer of transition to negotiate. In either case, the individual is leaving behind good friends in the residence community, a safe place of openness and support, and often, they are returning to a place that reminds them of their old selves. Instead of a structured way of receiving support, they now must set up what is frequently a brand new network, everyone from psychiatrist to spiritual director. This is a time of natural anxiety

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## BETRAYED BY A LENTEN PRACTICE: Lessons in Living the Paschal Mystery

by: Miriam D. Ukeritis, CSJ, PhD

I recently heard a primary teacher tell the story of a precocious student who, for the first time, had heard about the practice of “giving up” something for Lent. The student mused for a bit and then wondered aloud, “If you can do without it for 40 days, maybe you don’t need it at all.” I smiled as that story brought to mind a long ago Lent when I decided to “give up” the spoon of sugar in my morning coffee. Eager to return to that sweet treat, I enthusiastically sweetened my coffee on Easter morning and found – somewhat to my chagrin – that I really preferred that cup of coffee without the sugar!

These days may find many of us in the midst “giving up” or “trying on” a new practice for the first time – or for the  $n^{\text{th}}$  time. This change may be related to the liturgical season, to health considerations, to a chosen spiritual exercise, to the experience of therapy, or to the demands of these economic times. One way or another, chosen or not, we are in a new life space.

Our Christian tradition calls us to consider this dynamic in terms of our core belief – the Paschal Mystery: that holy cycle of life, death and resurrection. On that long ago Easter, after I had endured the “death” of that spoonful of sugar for forty days, I looked to the resurrection of Easter when I could return (so I thought) to life as I had known it. What I found was that I was invited to a new life – a life of coffee without sugar. The new life was not what I had anticipated when I entered into that time of fasting from the sweet. I found something new – and unanticipated. My response to that new taste preference was a bit mixed – a sense of loss in terms of how I perceived my “natural” style of coffee and a call to claim new taste preferences.

Trivial as that example may seem, it typifies for me that experience of the Paschal Mystery that Ron Rolheiser<sup>1</sup> wrote of in *The Holy Longing*. As we enter authentically into the mystery of life-death-resurrection in any experience of change or loss, we are invited into the mystery of death to an old way of life and entrance into a new way of living/being.

So often, after an experience of death in our lives, we tend to console ourselves with the belief that we have endured this death and, as we integrate the reality into our lives, we will return (at least psychologically) to life as we have known it. The “death” I speak of can come in the form of the loss of a friend through physical death, a shift in our own health through the normal process of aging, the experience of a catastrophic illness or, the need to change life circumstances resulting from a new assignment or limited resources. Regardless of the “source” of the loss, a healthy response involves taking time to grieve the loss, to name the new, and to embrace the new life that follows.

Lost relationships must be mourned; old patterns of behavior must be relinquished. The “letting go” of the old way of being – in relationship or in behavior – must occur before we can embrace fully the new way of being. Naming the losses, the gifts and comforts of the old life is part of that letting go. So, too, is naming the

grace of the new space. Looking at lessons learned from a loved one, at the freedom gained from adapting life-giving ways of living are all part of exploring the new space in which we find ourselves.

Having experienced the life-death-resurrection journey, the life we are now called to live is a new life. Should we be willing to accept it, this new life is one that is gifted with a new spirit and a new way of being in the world. Authentically living that new life involves a willingness to embrace change and transformation. Sometimes, the change may be obvious to others. Other times, we ourselves are the only ones to know the core difference. Resisting that change and the embrace of the new leaves us in tomb space, a space that defines itself in terms of what was, rather than what is or what may be.



*“The ‘letting go’ of the old way of being... must occur before we can embrace fully the new way of being.”*

Our liturgical season continues after Easter into those “in between” times before the Ascension and through to Pentecost. As we journey with those first disciples, we can learn from them the challenges of embracing a new way of life and the awesome power of the Spirit at work in one’s life.

In our own paschal journeys, we may be more familiar and, perhaps, more comfortable with the times of death and dying, of diminishment and self-denial. This time of our lives and history challenges us to move through the spaces of death into life, to heed the ever-present call of the God whose desire for us is the fullness of life. We may choose to remain in the dark tomb. Or, we may choose to respond to the message of the resurrection that calls us, having known the reality of so many forms of death, to look at our lives, our communities, and our Church in the light of transformation that the changes we are experiencing demand. Then, individually and in communion with one another, we may embrace that spirit of new life that is the heritage that Jesus promises.

Here at Southdown, the life and living of the Paschal Mystery is not confined to a single liturgical season. We see it lived in the daily lives of residents who know well the experience of death and struggle to live in hope of resurrection. We accompany our residents through the days when new life does seem possible, but is contingent on letting go of familiar patterns of thinking and acting. Seeing the faces of those women and men who have begun to embrace the spirit of the new and full life of grace to which they are called is witness to all of the ever present and ever new way God’s promise is fulfilled.

<sup>1</sup>Ronald Rolheiser (1999). Chapter 7: *The Spirituality of the Paschal Mystery in The Holy Longing*. New York: Doubleday (pp.141-166).

## WORKSHOP REGISTRATION FORM

CLIP AND FAX

Full Name: \_\_\_\_\_  
 Community/Diocese: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
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 Postal/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
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You will be invoiced upon confirmation of your registration.  
 Please indicate your interest below:

|   |  |  |
|---|--|--|
| <b>Mental Health 101</b><br>May 3 – 8, 2009 | <b>Mental Health 101</b><br>Oct. 18 – 23, 2009 | <b>Clinical Workshop</b><br>Aug. 16 – 28, 2009 |
| <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>                       |

Please fax your Registration Form to: 905 - 726-8988

## WORKSHOP PROGRAMS

### “MENTAL HEALTH ISSUES 101”

Southdown is offering this intensive learning opportunity for those who work with religious and clergy, including leaders of religious congregations, personnel directors, formation personnel, and those whose ministries call for an understanding of mental health issues in their dealings with church ministers.

This workshop will address: Addictions, Personality Disorders, Mood and Anxiety Disorders, Normal Aging and Cognitive Decline, Conflict Management, and Working with Mental Health Professionals. The aim of this experience will be to acquaint participants with key issues and provide a basic understanding of these topics.

All input will be presented in an adult learning mode, with opportunities for group interaction, individual consultation, wellness breaks, and theological reflection.

**DATES:** The workshop will be offered on two occasions.

*Select the week that best suits your schedule:*

Sunday evening, **May 3** to Friday noon, **May 8, 2009**

**OR:** Sunday evening, **Oct. 18** to Friday noon, **Oct. 23, 2009**

**COST:** \$975.00 (Cdn) including room and board

### INTENSIVE CLINICAL WORKSHOP FOR PERSONS STRUGGLING WITH MINISTERIAL DEMANDS AND PROFESSIONAL BOUNDARIES.

This two-week clinical intensive will provide those who struggle with boundaries in a ministerial setting the opportunity to devote some focal time to learning about boundaries, to better understand the nature of their struggle and their lapses, and to develop strategies for appropriate ministerial conduct.

This workshop will focus on three components: Boundaries and Ministerial Conduct, Managing the Demands of Ministry, and Sexuality & Intimacy Issues. Issues of power differentials, trauma and abuse, and concepts of interpersonal and intrapersonal boundaries will be explored.

Format will include input in an adult learning mode, group therapy sessions, opportunities for group interaction, individual consultation, wellness breaks, and theological reflection.

**DATES:** Sunday afternoon **Aug. 16** through Friday noon, **Aug. 28.**

**COST:** \$2,500.00 (Cdn) including room and board.

Prior to Registration Confirmation, applicants will participate in an interview with a member of the workshop staff. This may be conducted via phone or in person.

All offerings will be at the Carter Centre on the grounds of the Southdown Institute in Aurora, Ontario.

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and requires a lot of time and effort. Some may have additional requirements related to restrictions, ministry supervision, or safety plans. As the aging population increases, some others have cognitive impairment or physical disabilities which limit their capacity to adjust.

All of this presents a challenge to the leadership. Your acceptance and caring has already been demonstrated; now is the time for faithfulness. Hopefully, the former resident will share with you the documents which support the maintenance of wellness. If he or she does not, it is appropriate to ask him or her to do so. Discussing the Covenant for Mission, the Theological Reflection, and, if applicable, a Relapse Prevention Plan provides an opportunity for the leadership person to better know what the person is about during these first months following residence and to provide support to his/her efforts.

At times, some work with local communities or parishes is necessary as well. Others often misunderstand the importance of a self-care plan that makes demands on the former resident's time. Community or parish members may be judgmental about mental health problems, or see the person as having something wrong with her or him. Leaders may need to communicate information to communities beforehand, or perhaps they may need to facilitate a meeting with the returning person present. Continuing Care staff are happy to dialogue with you about how to go about this. Likewise it is often helpful to periodically review progress with the individual and his/her therapist.

Participation in the Continuing Care workshops is an important way to monitor and encourage wellness. As leadership, your willingness to participate in person in the workshop, or alternatively, to engage by telephone conference call, is greatly appreciated by the person and by us. Knowing that you, as well as the former resident, are welcome to call here at any time helps to keep the lines of communication open and allows us to respond to difficulties as soon as they may occur. At all times, it is a privilege for us to share in an individual's journey to wholeness and we are grateful for the opportunity to share in the healing process with you.

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