

Assessment PLUS: *An Added Dimension of Service*

For over 25 years, Southdown has offered assessment services in two primary forms: clinical assessments to help individuals experiencing significant stress in their lives, whether from personal problems or some difficulty in ministry or relationships; and, vocational (or candidate) assessments for those considering entry into religious life or priesthood.

However, in recent years, due largely to shifting demographics, leadership have increasingly voiced concern regarding issues related to cognitive functioning and about management of medications. For individuals presenting with these kinds of issues, the typical one-week assessment format is often insufficient to accurately assess, diagnose and formulate a treatment plan for them. In response to this emerging need, earlier this year Southdown implemented a third form of intervention and assessment, known as **ASSESSMENT PLUS**.

In **ASSESSMENT PLUS**, the assessment process is extended from the usual one-week period to whatever time is required to complete the diagnostic process and assist the individual and his/her leadership implement a plan to address the presenting concern. In instances where onset of cognitive impairment due to aging or other organic issues is in evidence or simply "appears present", the possibility that other factors are at play can be differentiated. A thorough neuropsychological evaluation, supplemented with ongoing observations of day to day living, can be valuable aids to understanding and planning for how best to deal with such impairment in a thoughtful and compassionate manner.

For example, depression is frequently a concern, as it can be part of the process of dementia. While the onset of dementia is, for the most part, a continuous process, medication can ameliorate the symptoms of depression. Accurate information and education for both the individual and their diocesan or community leadership can be very helpful in addressing concerns about the progression of a particular disorder.

In other cases, the prescribed use of numerous medications and/or shifting dosage requirements can sometimes cause these medications to be working at odds with each

other. Under the close supervision of our staff psychiatrists, the required medications and dosages are carefully adjusted and the results monitored in order to regain optimum effect. Such re-balancing and monitoring frequently results in significant improvements to daily functioning.

Dr. Michael Sy, Co-Director of the Assessment Program, explains that **ASSESSMENT PLUS** is a more highly individualized and somewhat extended assessment. The goal is to determine more precisely "what is going on" with an individual. Length of stay may take the form of an extra week to complete a more thorough neuropsychological assessment, or up to six to eight weeks for medication monitoring. In some instances, the individual may ultimately move into the residential treatment program but, for most, this is not needed. Upon leaving, the individual client and their leadership are provided with a detailed follow-up programme, based upon the findings of the **ASSESSMENT PLUS** process. As with all our programs, our clinicians remain available for ongoing consultation if required.

In all cases, whether providing a clinical or vocational assessment or inviting one to participate in our **ASSESSMENT PLUS** service, the goal of Southdown's assessment process is to promote personal insight and foster change. The objective is to clarify the nature and scope of problems, identify specific goals and to determine realistic expectations for the individual. This kind of knowledge serves to bring a much clearer focus to the issues at hand and to help the individual, along with their leadership, determine what course of action may be most appropriate and beneficial. As our Mission Statement asserts, we are "committed to assisting the Church to provide healthy ministers . . . that will fulfill the desire of Jesus that all 'might have life and have it to the full' (John 10:10)."

RELAPSE PREVENTION:

A Strategy Not Limited To Those With Addictions

by Wendy Cope, MA, C.Psych. Assoc. in collaboration with a Former Resident



In many ways, we all have the potential to benefit from the significant struggles alcoholics have had in their repeated efforts to achieve and maintain sobriety. They have brought forward the concepts of recovery, relapse prevention and a more thorough understanding of what it truly takes to sustain health. Terry Gorski's pioneering work with chronically relapsing alcoholics, dubbed the "end of the roaders" in the

1970's, shed light on the process of relapse. His work led to the new realization that one does not, simply and suddenly, return to drinking but, in fact, the relapser had been journeying towards that drink over a period of time. There had been a progressive and predictable series of changes in attitudes, behaviors and emotions taking place that ended with that drink.

The good news of this discovery is that there are many opportunities to prevent the return to self-destructive behaviors if one can become more aware of the subtle changes that progressively led to the relapse. Not only has the concept of a process towards relapse been lifesaving for alcoholics, it has also become a model to aid anyone in preventing a return to other addictions, psychiatric illness and many other patterns that can wrench that sense of purpose, integrity and serenity from us all. The more we can attune ourselves to the process of how we engage in self-sabotage, the better equipped we can become in establishing and maintaining the life that we believe God has meant for us.

The following points are offered by a former Southdown resident who applied the principles of relapse prevention to help in dealing with a bipolar disorder. In sharing this experience with others, it is the hope that this work will benefit those who experience similar struggles.

DEVELOPING A RELAPSE PREVENTION PLAN FOR BIPOLAR ILLNESS

While a resident at Southdown, I heard others speak about developing a relapse prevention plan. From what I could tell, these plans were designed to help prevent relapses among those struggling with addictions. As someone in treatment for bipolar disorder, I was surprised when staff on the transition team suggested that I write my own relapse prevention plan.

The following plan outlines, both for me and for those persons in my support network, what the behavioral signs are that would indicate that I may be moving toward depression or a manic episode. It further identifies stressors that may trigger such

an episode, as well as things that can be done to prevent one from occurring. Finally, there is a list of questions that one may ask me in order to get an idea of where I am and how things are going. While this plan addresses my concerns, it may offer a general idea as to what a relapse prevention plan might look like for those of us who suffer from this disorder and suggest points for others' consideration.

BIPOLAR DISORDER RELAPSE PREVENTION PLAN

- 1. What are the specific behaviors that may be signs that I am moving toward or in a state of relapse?**
 - a. Becoming markedly less talkative.
 - b. Becoming excessively needy and dependent on others, and particularly on one person.
 - c. Staying in bed/napping excessively.
 - d. Frequent crying. Uncontrolled crying.
 - e. Expressing negative and defeatist attitudes.
 - f. Presenting myself with a flat affect or as extremely anxious.
 - g. Failing to carry out daily responsibilities (household chores, etc.).
 - h. Apathy and lack of initiative for taking steps to combat symptoms.
 - i. Intense anger that is disproportionate to a given situation.
 - j. Being unable to let go of anger. Ruminating.
 - k. Frequent talk about death or dying. Talk of suicide.

- 2. What are some possible stressful situations or experiences that could lead to a relapse?**
 - a. Being engaged in a ministry that is unfulfilling.
 - b. Living in a situation that is unstructured and/or unsupportive.
 - c. Spending extended periods of time alone.
 - d. Finding no one with whom I can talk over pertinent issues.
 - e. Finding myself in what I perceive as an inferior position to someone else.
 - f. Finding myself overwhelmed with responsibilities.

- 3. Examples of behaviors in which I can engage that may circumvent a relapse.**
 - a. Maintain regular contact with psychiatrist to ensure that my medications are still effective.
 - b. Maintain regular contact with therapist in order to talk over issues and decide how best to cope with them.
 - c. Maintain regular contact with my support person.
 - d. Maintain regular contact with my spiritual director.
 - e. Maintain my involvement in group activities (book club, etc.).
 - f. Use skills learned in cognitive behavior therapy in order to identify distorted thinking and replace those thoughts with more rational ones.
 - g. Use skills learned in mindfulness and to engage in mindful breathing and short periods of mindful meditation throughout the day.

I BELIEVE IN THE COMMUNION OF SAINTS . . .

by: Miriam D. Ukeritis, CSJ, PhD

The last issue of the **Covenant** featured Sam Mikail's "Healthy Endings" article, reminding us that "too often, the emotional work of saying goodbye was short changed." The other key article, "Self-Love: Try It, You'll Like It" was written by Sister Barbara Gaudet. Little did any of us realize that within less than a month of that issue's mailing, we would face Barbara's sudden death and enter deeply into the emotional work of saying goodbye.

As word of Barbara's death spread beyond Southdown and her CSJ community, the sense of connectedness in the grief that we experienced was almost palpable. Responses to e-mails sent to former staff who had worked here with Barbara spoke of the profound effect her life had on so many. Within a few days, messages of condolence, support and shock arrived not only from across Canada and the United States, but from also across the ocean in the UK and Europe, from Chile in the south and from as far away as New Zealand.

While the experience of saying good-bye to a current staff member through death was unprecedented in Southdown's history, we knew "in our bones" what needed to be done. Southdown's memorial service for Barbara included not only current residents and staff from all sectors of our services, but also many former members of our support staff who came to this familiar space to celebrate Barbara's life. The wake service and funeral liturgy at Morrow Park, her Motherhouse in Toronto, brought together Barbara's religious community, friends and family members from across Canada and the US, and numbers of Southdown staff. Barbara was truly a graced woman, and we were truly graced to know and minister with her.

And, in her death, Barbara continues to teach us. She died on October 20, just before those wonderful feasts of All Saints and All Souls and the season of remembering our loved ones. The events that followed Barbara's death were a true testament to the communion of saints and a call to deepen our belief in that reality. As a Sister of St. Joseph, Barbara's congregation claims as charism a call to unity, often described as "active inclusive love." We experienced this connectedness, this oneness, knowing that as our lives touch each other, we live and grow. Memories shared called to our attention those "little acts" as well as enduring personal

characteristics that healed memories, deepened relationships, and showed us the face of God. We experienced the truth that, even in grief and sadness, when apparently separated by time and distance, we do not stand alone.

The Church calls us each year to reflect on our communion with one another through the November feasts. Our culture continues that call to reflection as we move into the Christmas season where, however commercialized or saccharine, our connections with family and friends are again a focus. Relationship is core to our understanding of who we are. Our God, a Trinity of relationship, images for us the call to true communion, without domination or deprivation. The opportunities we have to touch into the experience and meaning of communion in our lives are invitations to growth and grace.

Much is written these days of "communion" and the many ways we encounter one another in the Body of Christ. Here at Southdown, the healing that we know as our residents explore their history of relationships and deepen their ability to enter into communion with others is daily witness to the power of grace and to our need for one another. The enduring connection that many former residents enjoy with one another via internet and other modes of connection and the life-giving nature of that communion – certainly more than "virtual" – speaks to profound meaning and significance of bonds shaped in this community.

As we think of the coming opportunities to celebrate the families and friends in our lives, may we take time both to reflect on the graces offered through these connections and to enter joyfully into those opportunities to experience first hand our communion with the saints in our lives.



Relapse Prevention

continued from Page 2

- h. Seek out the company of a variety of individuals rather than rely on one or two people to fulfill my need for friendship.
- i. Be willing to express my anger appropriately before it becomes exaggerated.
- j. Engage in physical exercise, preferably with others.
- k. Ask for help before responsibilities become overwhelming.

4. Relevant Questions to be asked of me by others:

- a. Are you going to bed and getting up at reasonable times?
- b. Are you being faithful to your exercise and trying to eat nutritiously?
- c. Have you kept appointments with your psychiatrist, therapist, spiritual director, and support person?
- d. Have you gotten involved with some form of group and are you attending regularly?
- e. Have you been crying often? How often?
- f. Have you been faithfully carrying out your household and ministerial responsibilities? Are you feeling overwhelmed by them?

Continued on Pg 4

IN MEMORY Barbara Gaudet, CSJ

The entire Southdown community was saddened by the sudden loss of Sr. Barbara Gaudet, CSJ, on October 20th. Barbara was in the 56th year of her religious life as a Sister of St. Joseph of Toronto.



Following a successful career in Health Administration, she pursued a ministry in spiritual direction. Since June of 2001, Barbara ministered as a member of the spirituality team at Southdown and during that time touched the lives of hundreds of men and women who have journeyed here. During her last few years at Southdown, Barbara noted the significance of grief and loss issues in the lives of our residents, and took advantage of a variety of continuing education opportunities that addressed those areas. She was instrumental in introducing a "Grief and Loss" modality in Southdown's program, and, ironically, had just completed the series with Southdown residents the week before her death.

Barbara was a woman of extraordinary compassion and grace, and is deeply missed by all of us. We extend our sympathy and our prayers to the Sisters of St. Joseph in Toronto and to her family.

Relapse Prevention

continued from Page 3

- g. Have you experienced any periods of intense anger? Over what? What have you done about it?
- h. Have you been trying to spend time with a variety of people?
- i. Have you been experiencing periods of loneliness? What have you done about it?
- j. Specifically, how have you been using your cognitive behavior therapy and your mindfulness skills during times of stress?

There are always patterns to our behaviors that can serve as signs or signals of a pending relapse. As you can see from this Bipolar relapse plan, the details of the behaviors can provide a signpost to allow the early signs of unhealthy behaviors to be noted. The more specific the relapse plan, the more effective it will be. Therefore, it is important to know your illness, including the various behaviors and emotions that would signal trouble. The more you can describe your behaviors in operationalized or observable terms, the easier it will be for you and those who are supporting your recovery to recognize that some maladaptive behaviors are returning. The relapse plan also highlights the situational triggers for relapse which require a thorough understanding of what constitutes a high risk situation for the individual. The development of a relapse prevention plan requires the process of proactive thinking, including an identification of what preventative behaviors need to be in place.

Through the course of treatment new coping skills are taught in order to provide a variety of positive ways to respond to difficult situations. These may include mindfulness, cognitive behavior therapy, yoga and the necessity of seeking out emotional support from others. In order to develop a well functioning support network, it is important that potential supports be "taught" about the person's illness and negative behaviors. The relapse prevention plan can serve as a specific tool to outline the warning signs of relapse and to identify what coping behaviors are most helpful to that person.

The Eighth North American Conference for Bishops and Major Superiors

on

CRITICAL PERSONNEL ISSUES

Effective and Practical Leadership Today

Washington, DC area Toronto, Ontario area
March 21 – 23, 2010 April 11 – 13, 2010

Sponsored jointly by:

The Southdown Institute Aurora, ON, Canada
and

Saint Luke Institute, Inc. Silver Spring, MD

Staff from both Institutes will conduct presentations at both sites

For more information or to register, please contact:
Wanda Lintner at Southdown

Email: wlintner@southdown.on.ca Phone: 905 727 4214

THE
Southdown
INSTITUTE

 COVENANT

The Southdown Institute is a registered non-profit charitable organization.

Chair of the Board: Joanne De Laurentiis
Chief Executive Officer: Miriam D. Ukeritis, CSJ, PhD
COVENANT Editor: Dennis Collins
Copyright: 2009 The Southdown Institute

Address all correspondence to: The Southdown Institute
1335 St. John's Sideroad E.
Aurora, ON, Canada L4G 0P8
Tel: (905) 727 - 4214

e-mail: administration@southdown.on.ca

Current and past issues of Covenant are available at our

website: www.southdown.on.ca