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# Support When It's Needed Most

by Kimberly D'Alterio, LGPC

**W**hen a priest or religious completes residential treatment and prepares to leave Saint Luke Institute, colleagues, friends, and family can have the temptation to think that person's work is "done."

That is, they may believe the client is healed, the challenges that brought the individual to treatment are fully resolved, and these issues will not return in the future. They may assume treatment has "fixed" the person's problems.

These assumptions are inaccurate for two reasons.

The first is the recovery process is not a linear one with a goal to be reached. Rather it involves simple, daily decisions that will continue to lead a person toward or away from health.

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Second, leaving treatment and living life differently can be daunting. The person embarking on this process needs assistance to implement what he or she learned in residential therapy.

That is where the support team comes in.

## A Support Team Defined

Before a client leaves treatment, the Continuing Care team at Saint Luke asks that individual to think about people back home who can walk closely with them to support their ongoing recovery. These people will serve as the person's "support team."

The support team will periodically meet over the next five years. Its members help the client implement their Continuing Care contract.

This document outlines the activities necessary for recovery (twelve-step groups, therapy, etc.), along with a list of triggers for relapse (e.g., missing twelve-step meetings, detaching from their community, etc.), and how to respond to those triggers.

That is why Continuing Care staff members visit the client and his or her support team back home to train the team members in their role.

## What a Support Person Is

A support person is usually a peer, former parishioner, or community member. It is typically encouraged that the support team has a mix of genders, lay people, and clergy or religious to provide a variety of perspectives.

A support person's role is to serve as a mirror to the client, to give feed-

back to the client about the achievements they notice in recovery, and to challenge the client when he or she is not following the recovery plan in a consistent way.

The team meets every four to eight weeks, and each member speaks with the client in between meetings, both to see how they are doing and to provide one-on-one support.

Most important are the core characteristics of a support person, namely honesty, availability, and care. An effective support person can share the successes and challenges surrounding the client's recovery, express concern, and consistently be present and open for advice.

Oftentimes a support person will feel anxious about their role:

- What does being a support person mean exactly?
- What do I do if something goes wrong?
- Will I provide "good" support?

Usually, such concerns are allayed during the "reentry workshop," where a Continuing Care therapist trains team members in their role. Their concerns are also resolved as they learn through experience how to most effectively give feedback.

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# Case Study **Father Richard**

by Father Ken Phillips, TOR

**F**ather Richard had just finished six months of residential treatment at Saint Luke Institute. Now it was time for him to assemble his support team. One of the people he asked to serve on it was Mary, a former parishioner who had also worked for him as his secretary.

Mary knew little about the reasons Fr. Richard went to Saint Luke for treatment, but she knew she loved and cared for him, so she agreed to help. She said she must first attend a workshop that would take place at his new parish. There she would learn everything necessary about serving as a support team member. At that time, she would also meet the other members of the support team, as well as Fr. Richard's Continuing Care therapist from Saint Luke.

The date came, and everyone met in the rectory. During his stay at Saint

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## She loved and cared for him so she agreed to help

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Luke Institute, clinicians had diagnosed Fr. Richard with bipolar disorder. The Continuing Care therapist explained the symptoms related to this condition. As Mary listened, she realized she had seen many of these signs when Fr. Richard was her pastor and boss.

Every group member felt confident they could help identify Fr. Richard's moods because of how well they knew him and how often they saw him. This regular contact would enable them to identify when he was showing signs of mania or depression.

They each knew these signs because each had seen them before he went to treatment.

Even with the briefing, however, Mary wondered how she could help. She was not a clinician. Indeed the support team had no clinicians.

The Continuing Care therapist mentioned that the team could help Fr. Richard by telling him what they observed. She explained he had a therapist and a psychiatrist, and these two professionals would monitor his mood and behavior, as well as the effectiveness of his medication.

The group expressed other concerns. Would he now be delivered from all the symptoms they knew so well? If so how? Or would he still have them, and would they have to do something to control them? If so what?

The Continuing Care therapist reassured the support team by reminding them of the AI-Anon principle, "You didn't cause his problem, you can't control it, and you can't cure it."

The team met at regular intervals, at first monthly and later every 6-8 weeks. Like the others, Mary learned to trust her feelings about Fr. Richard's moods and behavior.

At times he seemed quiet, at other times more emotional and loud. He was still learning how to differentiate a mood disorder from just ordinary feelings connected to the events of his day. His friends in the group helped him recognize the difference.

Mary learned to trust the other support team members. In phone conversations, they would compare their experiences of Fr. Richard. She also learned to trust the group when they related something different from her own experience, and they did the same with her. Each learned from the other.

In the second year of recovery, Fr. Richard lapsed into old patterns of



working long hours in isolation. Sometimes the support team felt frustrated by their inability to get Fr. Richard to take their suggestions or make critical changes.

Mary called the Continuing Care therapist at Saint Luke for advice. She suggested they meet with Fr. Richard as a group along with the vicar for clergy, whom they had met at the re-entry workshop two years' prior.

At the meeting, everyone described their observations. Fr. Richard admitted he had been constantly working, and at times he couldn't do much of anything.

He also admitted he had not taken his medications as prescribed. Rather, he took them sporadically, almost as if conducting an experiment to see what the effects would be.

Based on this feedback, the vicar for clergy called Fr. Richard's therapist and asked for an appointment with the psychiatrist as soon as possible. Within a few weeks, Fr. Richard was back in balance.

Mary and the support team saw that their intervention with Fr. Richard had proven successful. They realized that saying yes to being on a support team meant none of them had to do this all alone. They would have each other as well as assistance from Fr. Richard's professional helpers.

**Support**, *continued from page 1*

## What A Support Person Is Not

A support person is not a therapist. A support person is not an individual who has engaged in the problematic behavior the client is working to overcome (e.g., an old drinking buddy, an overly negative community member, etc.).

It is important for a support person to know they are not being asked to “fix” a client or to prevent a relapse. Recovery is the responsibility of the client, not the support team. It is up to the client to make use of this resource. A support person should avoid playing the role of supervisor or probation officer.

Finally, a client needs to feel safe and not afraid of being judged by their support team. This means support team members will not criticize or punish a client if he or she struggles.

Instead, they will listen objectively and point the client back to their resources: the contract, the therapist, and the skills they learned in treatment.

## Through the years

A support person commits to be a part of the support team for five years. While this may seem prolonged, research shows that if an individual is able to sustain healthy recovery for at least five years after treatment, the likelihood of relapse decreases (Prochaska and Velicer, 1997).<sup>1</sup> As time passes, the group may not need to meet as frequently.

Each support person also writes twice a year to the client’s Continuing Care therapist. These letters describe

<sup>1</sup> Prochaska, JO, Velicer, WF (1997). “The Trans-theoretical Model of Health Behavior Change,” *AJHP*, 12(1):38-4.

their impression of the client’s growth. The client sees them when they attend Continuing Care workshops at Saint Luke.

The team member’s perception of a client’s progress is extremely valuable to the recovery process. The support person is encouraged to be as candid as possible with the client. That is why the client sees these letters when they attend a workshop. If a support person is not sure how to offer feedback, they can always call the Continuing Care staff for advice.

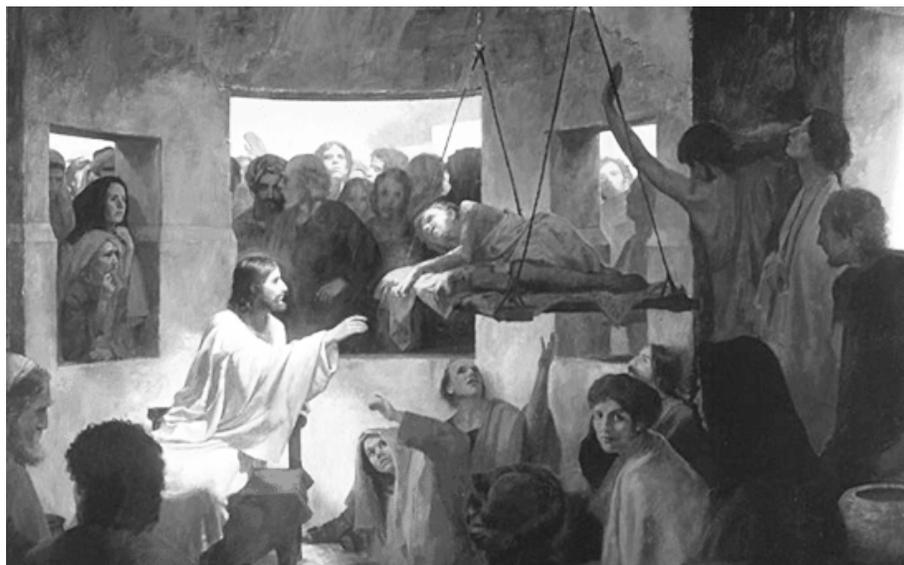
## An honor to serve

While a client may find it difficult to believe at the time, most individuals feel honored to serve on a support team. They recognize the vital, even sacred role they play as someone who is closely connected to a person in recovery.

Saint Luke Institute staff members especially appreciate the role support persons play, as they help the client continue the good work they began while in residential care.

## In Summary

- A support person is a peer, former parishioner, or community member.
- This individual should not be someone struggling with the same issues as the client.
- The support team should have a mix of genders, laity, and clergy or religious.
- The support team is not meant to supervise the client.
- The support team is asked to give honest, objective feedback to the client, to meet periodically, and to provide feedback to the Continuing Care therapist.



*The paralytic’s friends’ support helped him receive Our Lord’s healing (Luke 5:17-24)*

Special Section:

## Managing Stress in Times of Crisis

In this time of deep pain in the Church, you might experience complex reactions such as confusion, anger, and hurt.

These emotional stressors can impact your physical, emotional, and spiritual health. While no one can eliminate all stress from their environments, you can learn to recognize and cope with them to minimize their impact on daily life. Indeed, the solution may be as simple as changing certain routines and setting a few goals.

What, then, is the healthiest way to cope with emotional stress?

First, slow yourself down. Practice bringing yourself into the present moment versus focusing on the past or future. Engaging in deep breathing may assist with this process.

Second, try to reflect on your feelings without judgment. Such awareness can help you respond to stressors with greater clarity and prevent you from being swept away by toxic thoughts.

Practice acceptance. Accepting the reality of a situation does not mean you approve of it. Rather, acceptance allows you to shift focus from what is going wrong to how to respond.

Throughout this process, prayer can play a crucial part. As Father David Songy has written, "Taking sufficient time to rest and pray is essential ... as modeled by Jesus Christ."

In every Gospel, we read of Jesus leaving His disciples in order to pray. The disciples knew Jesus regularly took this time in order to find the strength to do His Father's will.

Self-care, too, plays a decisive role in stress management. Self-care entails engaging in healthy habits and limiting unhealthy ones. So manage what you eat, do your best to get adequate sleep and

exercise, and allow for opportunities for leisure and solitude.

In addition to teaching them the importance of prayer, Jesus demonstrated to them the importance of solitude and rest by regularly going to a deserted place to be alone.

Relationships are also a key source of support, so it is important to seek out others. Talking with a trusted, objective friend or adviser may help you express your feelings and obtain compassionate and candid feedback.

Finally, focus on what you can control, on your choices, and on what will make you more resilient.

## Now Playing

Saint Luke President Father David Songy, O.F.M.Cap. has a new, free video series called "The Healing Charism." These weekly videos offer brief reflections on spiritual and psychological healing. Visit [sliconnect.org/healingcharism](http://sliconnect.org/healingcharism) to learn more and subscribe.



### To learn other practical strategies for understanding and coping with stress, Saint Luke Institute recommends the following resources:

- "Managing Stress," Connections (January 2018) at [SLIconnect.org](http://SLIconnect.org).
- "Resources on Stress, Trauma, and Suicide Risk," available from the website of the National Institute of Mental Health.



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