



LUKENOTES

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CASE STUDY

"Sister Anna" • Continuing Care

Martha Keys Barker, LCSW-C, a therapist in the Talitha Life Program for Women Religious at SLI, also serves as the women's Continuing Care therapist.

Sr. Anna, age 58, has recently returned to her local community from five-months in the Talitha-Life residential program for women religious at Saint Luke Institute. The first two weeks have been a bit unsettling for both Sr. Anna and her community. She was eager to return to her home and to see her sisters, but initially she has felt somewhat emotionally numb. She feels anxious about talking about her experience in the treatment program and unsure of how others will respond. The sisters with whom she lives want to be supportive of her as she readjusts to community life, but they feel uncertain. They are worried that she is fragile and they may upset her. Though they notice many positive changes in her behavior and mood, they find some new behaviors puzzling, even irritating. Understanding the process of re-entry may help Sr. Anna and her community members as they weather this period together. It may also be helpful to know some of the new skills and behaviors that Sr. Anna has learned, and how her Continuing Care Contract and her Support Team will function to help her maintain these behaviors.

Women who leave residential treatment often report the initial emotional numbness that Sr. Anna is experiencing. The numbness may last for several weeks, but dissipates as the woman becomes more settled in her living situation. She has been spending every day in a very structured environment, with a full daily schedule of groups and activities. Now she is adapting to a new structure and schedule, and is trying to integrate what she has learned into her new situation. Residential treatment is an intense experience, focused on becoming aware of one's feelings, thoughts, and behaviors and learning to make changes. When leaving this environment, a person takes some time to disengage from this intensity and to return to daily life. Sr. Anna became good friends with several sisters in the program and feels grief at leaving them. She is reluctant to mention this, in case her local community members think she is not happy to be home. It may be helpful to know that grief is also a normal part of the re-entry process. Sr. Anna has learned to be aware of her feelings, to accept them, and to share them appropriately. She needs to share with her sisters that she is experiencing grief. The sisters do not need to try to make her feel better or to give advice about what she should do. They can simply listen, acknowledge her feelings, and express support for her.

Continuing Care Contract

In consultation with her therapist and her therapy group members, Sr. Anna has created a Continuing Care Contract, which includes behaviors that she has found beneficial and has

committed herself to continue. The contract covers all areas of Sr. Anna's life: physical, emotional/social, spiritual, work/ministry, support network, accountability, and ongoing therapy. During the first weeks, she will need time to find ways to implement these behaviors and to let the sisters know what she has committed herself to do. For example, Sr. Anna said that she will find a way to maintain her physical fitness, which has been an essential component in her recovery. She may join an exercise class or invite someone to join her in exercise, since exercising with a buddy has been shown to increase the likelihood of maintaining a routine. She will meet regularly with a Spiritual Director, and she will continue to participate in individual therapy. Sometimes the need for ongoing therapy is difficult for house members to understand. It would not be uncommon for community members to ask, "She has been in intensive therapy for five months, why does she need more therapy?"

When a sister comes to a residential program, she often works through painful or traumatic childhood experiences, which usually require long-term therapeutic work. She also becomes aware of patterns of behavior that she developed in order to protect herself in childhood. In adulthood, these patterns have become maladaptive, preventing her from developing respect for herself and/or building healthy relationships with others. During treatment Sr. Anna practiced new behaviors, but she needs ongoing practice and reinforcement to establish lasting behavioral changes. Particularly during times of increased stress, she may be vulnerable to her old ways of thinking, feeling, and behaving. Ongoing therapy provides an arena for her to continue to work through traumatic experiences and to strengthen her healthy behaviors.

The Support Team

The local community members may also be anxious that Sr. Anna expects the living situation to be a therapeutic community. It is important for them to know that this is not the expectation and that Sr. Anna will have other places in which she can share and continue to work on her issues. One of these places is her Support Team—a group of four to six members whom she has asked to meet with her on a regular basis (every 4-8 weeks). They provide support for her as she follows her contract. The team members commit themselves to affirm her as she integrates what she has learned into her life, and also to challenge her to continue to practice her new behaviors.

Some sisters in her living situation will participate in the Support Team, since they observe her on a daily basis. In this situation, it is important that some clear boundaries be established between local community and Support Team. What Sr. Anna shares with the Support Team is held in confidence and should not be talked about in the living situation, unless she chooses to share it. If Sr. Anna experiences ongoing difficulties with others in the living situation, she may talk about the problems with the Support Team. She needs to avoid blaming the others and instead focus on her own feelings and the skills she is using to solve the problem or cope with the situation. When possible, the situation would then be discussed in the living situation with the person involved.

If others see Sr. Anna relapsing into problematic behaviors, they have the responsibility to bring problems to her attention. Her responsibility is to use her strategies and work with her Support Team and therapist to avoid further relapse. In dealing with relapse or other problems, the local community may need occasional assistance from others to facilitate their relating with

one another. It is vital that the community members maintain an attitude of respect toward each other, commitment to work things out in their common life, and patience with the process. There will be some rough patches, but listening to each other and problem-solving together can help the whole community to grow.

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