

From the Director's Desk

Dear Servants of God,

Prior to joining the Behavioral Medicine Institute as Director of the Program of Psychology and Religion, I was a member of a psychotherapy practice in Kansas City. Among the many great things about living in Kansas City is the delicious barbeque offered at local restaurants. Gates Barbeque is one of the more famous local "joints," and if you've ever visited one of their locations you know that before you ever taste their wonderful food you experience their wonderful hospitality. When you enter the door at Gates, one of their employees will, without exception, greet you enthusiastically: "Hi! May I help you?"

During my time directing the Program for Psychology & Religion (Will it really be 4 years in January? Time flies!) I have always tried to keep my ear tuned to the current needs of those we serve. When Sr. Therese Anne and I visit with you at conferences, our discussion always includes the same question as that uttered by the enthusiastic Gates barbeque employee: "How can we help you?" We want to know, and the answers constantly re-create our Program.

As it happens, the feature article of this newsletter arises directly from a request for help we heard while hosting our booth at the Leadership Conference for Women Religious. Several leaders who stopped by our booth expressed concern about how best to help a community member reintegrate to community life following a treatment program. Hearing this concern, Sr. Therese Anne and I approached Dr. Gary Behrman, who is our Community Facilitator, and asked him to write an article to give guidance to religious leadership on this concern. In the role of Community Facilitator, Dr. Behrman works with our clients and their leaders to assure that the aftercare plan can be successfully implemented. He makes "house calls," visiting clients in their community setting and facilitating group meetings with key support people. I hope this article will be helpful to you, helping to identify systemic dynamics relevant to the long term health of client and community alike. Everyone has something at stake in the success of the individual client and pursuing the common good has benefits for each member.

Another repeated request for help concerns the epidemic of obesity that impacts religious communities no less than the community at large. Inside this newsletter you will find a summary reference to our weight management services for clergy and religious. The six-month wellness sabbaticals offered by the Institute have successfully helped numerous ministers develop healthier habits of diet and exercise. The result is not only desired weight loss, but also greatly improved physical and emotional health. If you know of a minister who could benefit from a wellness sabbatical with an emphasis on weight management, we are enrolling now for our January 2013 cohort.

Thank you for allowing us to be of service. Thank you for responding when we ask: "May I help you?" Please, never hesitate to call or e-mail with questions about items discussed in the newsletter, or questions about any of our services.

Warm regards,

Christopher S. M. Grimes, Psy.D.

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Psychologist, Director, Program for Psychology and Religion

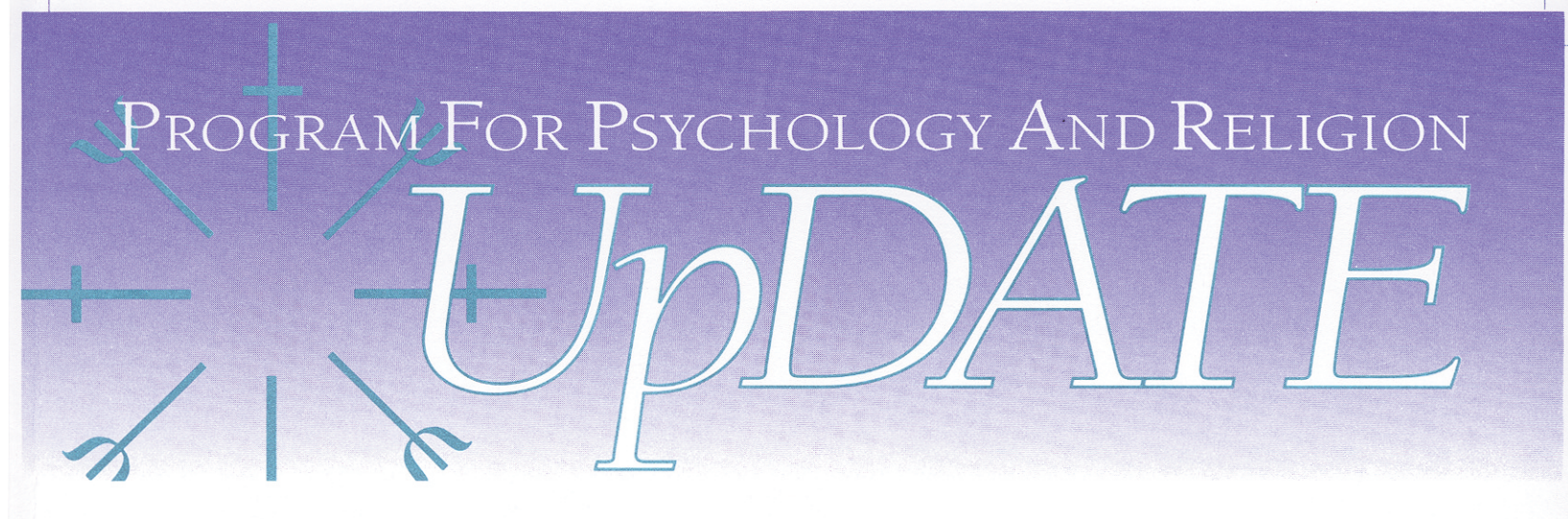
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Engaging Communities in Reentry

by Gary U. Behrman, PhD, MSW, M. Div. Community Facilitator,

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Religious and parish communities invest a tremendous amount of care, concern, and collateral in their pastoral leaders and each of their members. When one member becomes debilitated due to mental illness and/or addictions, the entire community is a stakeholder. When a person is removed temporarily from the community for any of these reasons, the absence is notable and much attention and care are needed before returning to community life. Working actively and collaboratively, the community (as re-entry stakeholders) not only can promote and prepare a supportive environment for the individual, but can also foster accountability with respect to the healing tasks that remain to be done.

Community members provide valuable emotional and spiritual support to a member returning to community life by helping the individual create (or re-create) his/her role within the community. They mitigate the risk of

unwelcome behaviors resurfacing by maintaining relationships strong enough to support intervention anytime that it is needed.

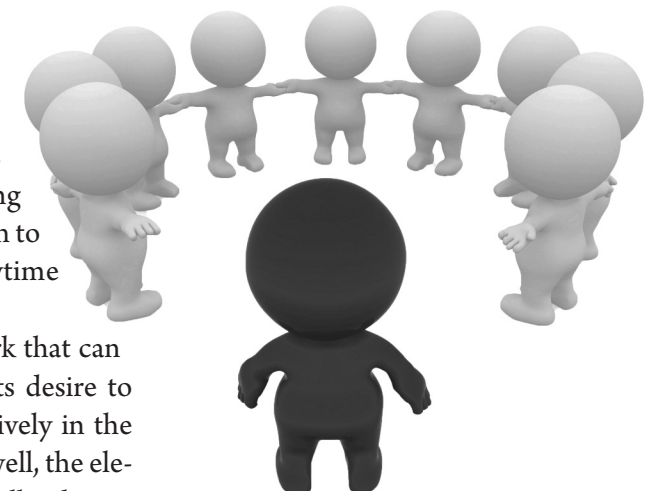
Here is a basic framework that can guide the community in its desire to participate fully and effectively in the process of re-entry. Done well, the elements of this framework will enhance the well-being not only of the returning person, but of the entire community.

Framework for Re-entry:

1. Establishing a Planning Process
2. Engaging in Collaborative Partnerships
3. Educating Community Members
4. Providing Effective Care Management
5. Designing Healing Rituals
6. Identifying Outcomes

1. Establishing a Planning Process:

Effective re-entry begins even before the person undergoing treatment returns home. Key relationships



with members of the community must be maintained during the time away. It can be both embarrassing and disorienting to be removed from one's community as a result of behaviors harmful to others and/or self. Within the limitations and structures recommended by the treatment team, it is critical to engage the person while he/she is away, and to communicate

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in tangible ways concern and hope for a full recovery. The initial plan to maintain communication should be in place from the moment the person is admitted for treatment. The question of who is to be involved, and how, will be further developed over the course of treatment. Discharge planning itself is a conversation among treatment personnel, community leaders and the person undergoing treatment.

2. Engaging in Collaborative Partnerships

In this discharge planning process, leaders in the community can guide the assignment of supportive relationships. With the consent of the person in treatment, they can identify the appropriate individuals to serve as friends, mentors, prayer partners and/or spiritual directors. Each of these persons becomes a part of the network or web of support for the returning member. Within the limits of their competence and assigned role, they can also function as quasi-professional coaches to assist the individual in re-establishing productive employment, volunteer ministry and contributions to community life, all key to recovery.

3. Educating Community Members

An ongoing effort to educate community members about mental illness and addictions can demystify the treatment and re-entry process, leading to empathic understanding of the challenges people face who are receiving professional treatment and what they need to heal. For key members of the re-entry team, education about the

plan for the individual returning to community will promote collaboration and appropriate judgments. In both cases, while respecting the privacy of the individual member, opportunities to ask questions and voice concerns about the re-entry process will increase personal responsibility and fraternal commitment. This approach is proactive and community-specific.

4. Providing Effective Care Management

The treatment team will offer recommendations if additional professional assistance is needed from the treatment center or locally, to successfully achieve re-entry goals. Professional support can be invaluable in providing perspective, resolving conflict, identifying creative solutions, and obtaining resources that will support both the individual and the community. It is advisable to consider professional support with respect to discharge goals, and to determine the priority and timing of each intervention.

5. Designing Healing Results

Healing rituals can be very helpful, however the place and time are important to consider. Sometimes the returning person has "burnt bridges" and damaged relationships in his or her wake. Planning is needed (as outlined in the steps above) to set the stage for healing and a ritual done too early will meet only closed hearts. However, when both the returning person and the community are ready, a ritual can be a powerful symbol of the healing to which the individual and

community are committed. Once again, when and how to do this are community-specific.

6. Identifying Outcomes

It is essential to keep expectations reasonable and to establish clear measurable standards to be achieved. Specificity as to what is expected of the returning person, his/her leadership, and the community will maintain accountability for the returning person while assisting leadership and community from unconsciously raising the bar too high or creating a moving target. When expectations are nebulous and intangible, everyone involved is set up for frustration, disappointment, and relapse. On the other hand, expectations and standards must be dynamic; there should be in place a system for evaluating and adjusting to the changing needs of both community and individual.

This framework for re-entry has proven itself over time with many individuals and communities. The Program for Psychology and Religion at the Saint Louis Behavioral Medicine Institute (BMI) provides support and guidance to implement this framework through trained and qualified spiritual directors and professional mental health experts.

We are here to accompany the individual and community through the healing re-entry process. Give us a call to learn more.

PROGRAM FOR PSYCHOLOGY AND RELIGION



Weight Management Track
St. Louis Behavioral Medicine Institute

Could you, or a minister under your care, benefit from a wellness sabbatical to address obesity and related health problems?

Wellness Sabbaticals – Winter 2013 Session Now Enrolling

Program Overview

As the duties of the clergy and religious are becoming more demanding and complex, there is a need to address health issues including physical well-being, weight management and nutrition, and emotional well-being, to support maximum health as ministers continue their vocation

Evidence Based The weight management track of Saint Louis Behavioral Medicine Institute's Program for Psychology & Religion was the first intensive outpatient program to address the unique health and wellness needs of the religious community.

A Holistic, Personalized, & Team Approach Each participant begins with a comprehensive physical, psychological, and spiritual assessment which leads to personalized goals. The entire weight management team works together to meet the client's needs through group and individual therapy, medical management, nutritional counseling, spiritual direction, exercise, and lifestyle change. Associated psychological and health conditions are also addressed.

Serving Religious & Clergy from Across the World Participants who reside outside the St. Louis area stay in local religious communities. The average stay for this "wellness sabbatical" is 6 months.

Maintenance/Follow Up Because on-going support is critical to maintaining weight loss, the weight management program has support systems in place once the participants return to their own communities after their stay.

To enroll for our January 2013 start date,
or for more information on enrollment at a later date, call:
Sue Mertens, 314-289-9407; e-mail: mertenss@slbmi.com