From the Director's Desk

Dear Friends,

I hope this edition of the UpDATE will be very useful to you in practical ways. In particular, I am confident that you will find helpful Sr. Therese Anne's compilation of insights on how to mount an intervention for a member who is in need of help. She literally built this article from the ground up, beginning with interviews with some of the most experienced persons in leadership and weaving their insights together into a coherent whole. The result is a piece that lends itself to prayerful reflection as you prepare for the day that you face the need to act on behalf of one you shepherd.

We are very blessed. I am very pleased to announce that the Program for Psychology and Religion has added a new psychologist in the person of Sr. Mary Carole Curran, Ph.D. Dr. Curran is a member of the Benedictine Sisters of Yankton, Sacred Heart Monastery. She comes to us from Catholic Family Services (Diocese of Sioux Falls), where she served as Executive Director. Dr. Curran is no stranger to St. Louis; she recently earned the Certificate in Spiritual Direction from Aquinas Institute of Theology. In her work with the Institute, she will serve both in the Program for Psychology and Religion and in the Child and Adolescent Program. Dr. Curran will enrich our work in assessment and treatment, bringing with her not only her professional expertise, but also the rich tradition of service and spirituality of the Benedictine Sisters—the call "to praise God through prayer and ministry, and to listen with eagerness to the Spirit's call into the unknown future." You can learn more about the Benedictine Sisters of Yankton at their website, www.yanktonbenedictines.org.

May the Lord continue to bless each of you in your own ministries that bring such joy and peace to the people of God. Remember, the Program for Psychology and Religion in your prayers and let us serve you when there is a need. Never hesitate to call; it is always a pleasure to speak with you.

Sincerely,

Christopher S. M. Grimes, Psy.D.
Director, Program for Psychology & Religion

Saint Louis Behavioral Medicine Institute is an affiliate of Saint Louis University Health Sciences Center

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PROGRAM FOR PSYCHOLOGY AND RELIGION

UpDATE

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SUMMER 2009

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Intervention: *Skill, Grace, or a Lot of Both?*

Sr. Therese Anne Kiefer, ASC

The issue of intervention has come up often in our conversations with servant-leaders in the church. Few responsibilities of leadership raise such anxiety.

The occasion for intervention cuts across all groups of ministers: women and men, religious and diocesan. Generally, the issue arises when life has run amuck for one of the members.

It may be when someone begins to slip into a behavioral pattern driven by unrecognized anxiety or depression. It may be that thinking becomes increasingly distorted or behavior increasingly fractious, turning friends away. It may be when a person turns to addictive behaviors in a desperate attempt to satisfy an interior longing.

Addictive behaviors may take many forms. We have seen gambling, excessive or inappropriate Internet use, overspending, alcohol or drug abuse, dependence on prescription medicine, over-eating to the point of obesity, obsessive-compulsive behaviors, just to name a few. What holds them all together is the desperate search to find "enough" through one's own initiative and action.

The human condition is such that vulnerability and brokenness are so very common, and so too is the tremendous difficulty in seeing clearly one's own state. We become blind when we are most in need of seeing and grope about, seeking some solution in ourselves rather than seeking help and consultation from trusted others.

Seeing another person in that desperate and lonely state is what motivates servant-leaders to begin to consider intervention, despite the anxieties they might feel about undertaking it.

We took time to speak with experienced leaders of religious communities and vicars for priests to learn from their experience with interventions. We asked them what they had come to understand about the best way to approach their members when it was clear that they needed help.

What we learned first of all was that interventions do not come in the form of a recipe. There is no way to describe a single plan to fit all situations that can be carried out according to a set of instructions, step-by-step. Each individual has different needs; each servant-leader has different skills; each organization has its own culture.

The only commonality among all with whom we spoke was the realization that it is the grace of God that brings the intervention to a positive conclusion. Prayer and discernment are an integral part of any process.

Nevertheless, several themes did emerge that are worth exploring.

The intervention is best led by a person with authority. Peers may be the first to recognize the need for help, but they do well to seek from leadership the endorsement of their perception and a willingness to organize the intervention. Whether it is the provincial of a religious community or the vicar for priests in a diocese, authority still commands some level of respect or, at the least, allows for the imposition of consequences to encourage cooperation.

At the same time, it is of the utmost importance that the intervention is carried out in the spirit of true love and concern for the member who is afflicted. In one case, the leadership team met with a therapist prior to the intervention to make sure that they were able to recognize and put aside their own issues with the member in question. They were then free to proceed with genuine

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care and compassion, and with firmness of purpose.

In most cases, leaders sought collaborators in the intervention. These collaborators were both peers of the leader and peers of the afflicted member. Leaders also often sought the help of a psychologist in the intervention process, sometimes asking the psychologist to be physically present. The team meets beforehand to review the particular behaviors that have given rise to the intervention and the way in which thse behaviors will be brought to the attention of the member during the meeting. The afflicted member is not typically notified of the intervention prior to the event.

If it seems that it might be necessary for a person to submit to assessment and treatment, plans are best made ahead of time. Planning involves contacting a treatment center regarding availability for an assessment and, in some cases, having purchased a plane ticket so that the person can leave almost immediately. This journey is usually made in the company of a member of the intervention team.

The process of the intervention is rarely smooth. Emotional reactions on the part of the member are varied and often strong. Leaders described scenarios involving anger, denial, aggression, and sometimes complete refusal to cooperate. Strong feelings might last for months.

We learned that in these cases it is important to have determined in advance the consequences of refusal to cooperate. Not uncommonly, the member is withdrawn from ministry, perhaps asked to live in a community center, until there is some meeting of the minds with respect to independent professional assessment.

Confidentiality is clearly difficult to maintain when an intervention is necessary. A range of people must be brought into the process. Yet, it is still the practice of leadership to remind all those involved that they have a responsibility not to speak about what has occurred beyond the intervention team.

After the assessment, only the key members of the leadership team remain in the loop. Peers of the afflicted member are brought in only if the member desires their involvement.

Together, leadership and the member work through the findings of the assessment and the decisions as to treatment type, length and location.

Clearly, our interviews with servant-leaders taught us that successful intervention requires both skill and grace. It is not an activity for the faint of heart!

> ***Leaders also often sought the help of a psychologist in the intervention process, sometimes asking the psychologist to be physically present.***

Skill arises from the experience of the leaders and the professional abilities of a consulting psychologist. Wisdom and grace are gifts that arise from the prayer and discernment process of the intervention team.

More than one servant-leader we interviewed noted that contemplation on the Eight Beatitudes of Jesus and prayer with the Book of Wisdom provided an excellent context for the whole process.

It is a spiritual work of mercy to take on the process of intervention, facing the natural anxieties about doing so in the hope of ultimate benefit for the Sister or Brother who is hurting.

There is no more profound expression of the love of the community for one of its own than to lay down one's life to offer a way out of the lonely, self-destructive path on which he or she has embarked.

Our trust in them eventually gives rise to their trust in us. That trust, grace building on nature, opens to trust in the Lord and leads in the end to restored ability to live a more holy and healthy life.

Just Ask

Q & A

Q: How do you keep religious or diocesan leadership informed of the treatment progress of a member they have referred?

A: We understand that when a member is referred from a religious congregation or diocese, those making the referral need to be kept "in the loop" regarding how treatment is progressing. It is a matter of trust, the trust that is lodged in the office held by the leader and the trust that is placed in us as treatment professionals. Those in leadership act with genuine concern for the well being of their brother or sister. They want to be sure that the treatment being provided is appropriate and of high quality. They want to see evidence of progress toward psychological, physical, and spiritual wellness.

Keeping leadership informed as treatment unfolds is also both an ethical imperative and a practical choice for the treatment team at the Saint Louis Behavioral Medicine Institute. As health care professionals, it is both our ethical and legal responsibility to insure that any consent to release personal health information is given by a fully informed client. At the same time, if we are to carry out our joint responsibility—to client and community or diocese—we must insure that the client is willing to work in a collaborative way with those who are making the referral and supporting the treatment.

In addition, the team is well aware that providing information and consultation is as much a support for leadership as it is for the benefit of the member in treatment.

Extending the limits of confidentiality to include leadership is a topic of conversation with the person referred right from the beginning of the assessment process. We discuss the specific type of information that will be shared with leadership, the way the information will be shared, and when.

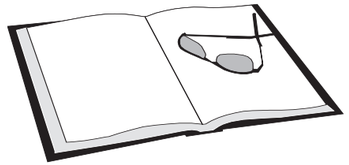
Given the release from the client to share information, we proceed in a manner as open and transparent as possible. A representative of the diocese or religious community is invited to participate in the first feedback session with the client. Findings from the assessment and recommendations for treatment are considered in an open discussion.

The participants are gathered again for a mid-term review to consider how effective the initial plan has been. The discussion interlwines the observations of each participant, leading to adjustments based on the experience of the discussants as to what seems to be going well and what is not working.

Finally, a transition planning session is scheduled shortly before the client is expected to return to the community or diocese. This session allows for a discussion that consolidates what has been learned by all involved. Each in their own way prepares for what is to come, to do as well as they can to maintain the gains that are evident in the treatment facility but vulnerable to dissolution on return to the home setting.

This pattern of conversation at each significant stage of the assessment and treatment journey builds a renewed relationship that enables communication at a deeper level than before. It is always our hope that this new depth of communication will shape in a positive way the journey of the client and his or her leadership that continues beyond the time-limited involvement of our treatment team.

Just Ask is a regular feature of UpDATE. To submit a question, write to S. Therese Anne Kiefer, ASC at kiefert@adorers.org.



Book Reveiw

The 9 Truths about Weight Loss:

The No-Tricks, No-Nonsense Plan for Lifelong Weight Control

By Daniel S. Kirschenbaum, Ph.D. (Henry Holt and Company, New York, New York, 2000)

Daniel Kirschenbaum is one of the nation's leading experts on weight management. He received his doctoral degree in Clinical Psychology from the University of Cincinnati in 1975. He is a professor of Psychiatry and Behavioral Sciences at Northwestern University's Medical School where he has also been Director of the Eating Disorders Program. He is currently Director of the Center for Behavioral Medicine in Chicago which provides programs in weight control, medical Psychology, anxiety and stress management and sports performance enhancement. He is a fellow of the American Psychological Association.

The "9 Truths" offers one of the most comprehensive approaches to weight management. Dr. Kirschenbaum provides real scientifically researched facts about weight loss. The reader should be able to understand the many biological forces working against weight loss and what is necessary to achieve long term weight control; which is a permanent lifestyle and behavior change.

Many "diets" offer quick fixes, focused attention on Carbohydrate, Protein or Fat, total elimination of some foods or food groups, combining of certain foods at certain times, as well as even choosing certain foods based on one's blood type alone, all promising fabulous results! Kirschenbaum offers the knowledge one needs to understand about his/her biology (especially the aging biology) and the psychological and behavior changes one must accept and implement into daily life. This is ***not*** an "all things in moderation" approach.

He recommends a consistent all out "plan of attack", explaining the essentials: food selection, portion control, self monitoring activities, stress management, regular exercise, managing the home and work environment, understanding "trigger" situations and the need to always "have a plan". Successful long term weight control is no accident and successful weight controllers did not obtain it by "winging it."

Truth #1 Your body will resist permanent weight loss

Truth #2 Biology is not destiny

Truth #3 Weight control is a manageable athletic challenge

Truth #4 He explains "you will experience three stages to success: Honeymoon, Frustration, and Acceptance.

Truth #5 Addresses Fat intake. "Consume as low a percentage of your total intake from fats as you can tolerate" He suggests 20 Fat grams per day or less. As a Clinical Dietitian educating weight loss clients for almost 30 years, this piece of advice is cautioned. Planning a nutritionally well-balanced diet that is satisfying to follow long term will be very hard, almost unrealistic. A few meal plans are provided in the book which I think most people will find not do-able long term. For long term compliance and satisfaction, one should have a dietitian help with meal planning.

Truth #6 Discusses self monitoring which involves the observation and recording of eating and exercise behavior.

Truth #7 The exercise prescription may be difficult for some. But it is very important to understand the role and necessity of exercise to achieve negative calorie balance which elicits weight loss.

Truth #8 Managing stress. Many dieters underestimate the impact that stress has on their daily lives including excessive food intake and will not take the time to learn new coping skills that exclude turning to food for comfort. I encourage many clients to stop visiting the dietitian and work with a Clinical Psychologist first, if it is not practical to see both professionals.

Finally, Truth #9. Maintaining weight is actually easier, ***not*** harder, than losing weight. Here he offers expert advice on what behaviors are necessary to be successful.

The 9 Truths about Weight Loss is a must read for anyone who has battled with weight issues all their life or just mid-life. It provides knowledge that is essential. It is the ***real*** story on long term weight control.

Reviewed by Martha Vatterott, R.D., L.D.