

From the Director’s Desk

Dear Friends in Christ,

One of the greatest pleasures of my service to you at the Behavioral Medicine Institute is the gift of working among a team of highly trained professionals representing various disciplines. In this edition of UpDATE, we have chosen to highlight one of those disciplines.

We all know of the aging population of the United States. A similar demographic shift is occurring among clergy and religious. The Program for Psychology and Religion is committed to serving the needs of older ministers. Two examples are the addition of dementia screenings and the availability of more extensive neuropsychological assessment when needed.

In this edition of the UpDATE, the article by Sandra Carusa, Ph.D. highlights the rationale for neuropsychological testing and its benefits. She is a neuropsychologist, and we are most fortunate to have her services when there are concerns about any form of cognitive impairment.

The old adage that age is “just a state of mind” does not always hold true. While gradual diminishment in cognitive ability is a natural part of aging and in most cases so gradual that we develop methods of accommodating, there are times when the decline is more precipitous or reaches a point at which normal function is notably impaired. That is when an assessment is most valuable. Dementia takes many forms and has various causes; neuropsychological testing can help determine what parts of the brain are being impacted and inform the development of a medical, behavior and spiritual plan to help.

I trust you will find Dr. Carusa’s article helpful and I hope you will call to ask questions about current or possible future needs.


Another and not unrelated concern that we often hear, particularly from leadership, has to do with the increasing cost of healthcare versus diminishing financial resources. We continue to be sensitive and responsive to this concern. In a few weeks, I will disseminate a letter to religious leaders describing the proactive steps our Program is taking to reduce the financial burden of treatment. Compared to residential treatment, high quality services available to ministers through the Program for Psychology and Religion are truly economical; we want to make it even better.

One final note: there is a new addition to our treatment team. Sister Maco Cassetta, M.Ed., MAPC, is a member of the Congregation of Notre Dame. A licensed professional counselor and pastoral counselor, Sister Maco earned her Master of Arts in Pastoral Counseling from Loyola University in Chicago. She specializes in the treatment of trauma survivors, grief, and spiritual concerns. In addition to treating patients, she will be offering workshops for women and men religious, clergy, and lay persons on a variety of subjects related to her areas of specialty. If you are interested in arranging for such a program, please contact us to discuss the possibilities.

Warm Regards,

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P.S. Did you notice the new look and layout for the UpDATE newsletter?
It matches our brand new website. Read about our various services for clergy, religious, and laity at www.slbmi.com

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

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PROGRAM FOR PSYCHOLOGY & RELIGION

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Cognitive Decline in Aging:

“Is this normal aging or is this dementia?”

Sandra Carusa, Ph.D.

Alzheimer’s, Dementia: the words strike fear in many who are middle aged or older. Changes in memory touch on that fear, and getting past the emotional reaction to consider thoughtfully what types and levels of cognitive decline are part of normal aging and what changes might signal a disease process is difficult, not only for elders and family or community members, but for health professionals as well.

This fear response is especially unfortunate in that early detection of a disease process and prompt intervention can be beneficial in slowing the course of the disease and developing plans for personal care. Early recognition and intervention can actually extend independent living.



Tell me about the assessment process.

Neuropsychological assessment, the testing of brain behavior, is an important component of early detection and planning. The assessment process involves standardized tests of memory, concentration, motor speed, problem solving, reasoning, and visual-spatial abilities that are specifically sensitive to changes in the brain. Standardized testing allows results to be compared statistically with others of the same age, allowing a picture to develop of abilities within and outside the expected range of normal. Whereas, an MRI or a CAT scan make visible the structure of the brain, a neuropsychological assessment shows us the function of the brain.

Standardized neuropsychological testing is conducted and interpreted by specially trained, doctoral-level psychologists with extensive coursework, post-doctoral specialization and clinical supervision in brain-behavior relationships.

From the client perspective, the testing is comprised of a series of short, hands-on tasks or verbal question-and-answer sessions. Some of the tasks will be completely new, but others will remind them of their school days. The good news is that there is no “homework,” and the testing process is not burdensome, even by clients in their nineties.

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Cognitive Decline in Aging: Continued from front page

The pattern of test results can be useful in establishing normal cognitive changes or, in the case of disease, differentiating various diagnoses: Vascular Dementia, Alzheimer’s Disease, and Parkinson’s Dementia, among them.

Whether the decline is normal or related to a disease process, the pattern of strengths and weaknesses will suggest ways for the individual and family/community members to compensate for the functions in decline.

Alternatively, when test results are actually better than would be expected based on observations in community, reasons for the discrepancy other than changes in brain functioning may be explored.



So who is a good candidate for neuropsychological assessment?

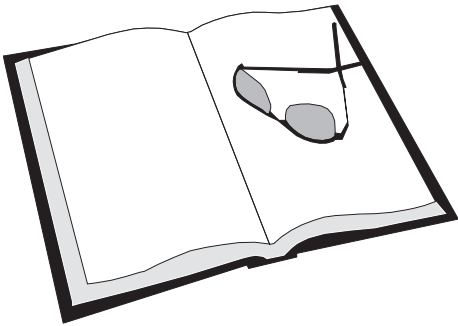
Assessment is warranted when the individual complains of disturbing changes in cognitive functioning (such as memory or the ability to solve problems) or when such changes are noticed by those who have regular contact with the person. The primary care doctor may use “screening instruments” as a first response, but when those tests indicate normal function in the face of observations that say otherwise, it is especially important to get a more thorough, specialized assessment to make sense of what is happening. Many unfortunate clients are sent away with the message that everything is just fine, even when their experience and the experience of family/community members says something is wrong.

Assessment is invaluable when the individual is still driving an automobile. Although the testing is often not the definitive answer to whether or not someone is still able to drive safely, it is a step in the process that might well lead to more specific assessment of driving skills. Given the typical resistance to losing or being restricted with regard to driving privileges, the gradual process of assessment of neuropsychological function before an actual driver’s test increases the likelihood that the individual will come

to accept the need to let go of this important symbol of independence and perhaps even reduce the tendency to blame leadership or care professionals for “taking away the keys,” thus maintaining positive relationships with those on whom the client most depends. If nothing else, you can “blame the psychologist”!

Even when difficulties are obvious, clearly seen in everyday life, a neuropsychological evaluation can be beneficial in collecting information that will support decisions regarding what level of care is required, even whether a guardianship or conservatorship should be suggested. Should the latter course be required, definitive data on cognitive functioning is useful to assist in establishing the need for that form of legal oversight with civil authorities.

In summary, as the average age of religious and clergy has increased, evaluating, categorizing and treating cognitive decline has become ever more critical. The Program for Psychology and Religion of the Saint Louis Behavioral Medicine Institute wants to continue to grow to meet the emerging needs of religious professionals of all types. The development of this new element of the assessment process honors that commitment, integrating the assessment and treatment of brain function with the broader prospective of psychological and spiritual well being.



BOOK REVIEW

“Green Leaves for Later Years:
The Spiritual Path of Wisdom”

by Emily Giffin

Reviewed by S. Therese Anne Kiefer, ASC

Probably many recognize the name of author Emilie Griffin because of her book, *Turnings*, written many years ago. It became a spiritual classic, a favorite of those invested in the spiritual life. Since then she has written many gems of the spiritual genre. In the present book, written in her later years, she displays the accumulated wisdom of teacher, poet, spiritual director, mentor, and sly humorist. Emilie draws not only on her own lived experience, but also on the life experiences of many other wisdom figures who have navigated the waters of pain and transcendence.

Emilie Griffin is not one to concentrate on the losses and missed opportunities of life. Rather, she gives her energy to the creation of a “new normal.” Metaphorically, she describes life as a “sort of Aladdin’s cave of memory, joy and courage where all the spiritual gifts glitter in the darkness and every jewel shines.” She explores a sense of the presence of “the Other,” of dwelling in the present moment, with courage, perseverance, and of the “unlimited future of God’s love”. Her hope leads her to the possibilities for life, and so she asserts that the major challenges of aging are spiritual, not physical. In particular, she boldly proclaims the vitality that flows from maintaining our friendships, even as those friends pass from this life into new life.

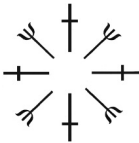
As an added gift to her readers, Emilie Griffin offers at the beginning of each chapter of this book a quote from Scripture and a poem for reflection.

This book brings life rather than decay to our later years. Her reflections can be used for individual prayer, but could just as easily lend themselves to small group sharing in community or ministry teams.

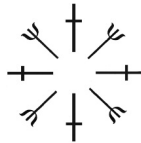
Published by IVP Books, Downers Grove, Illinois, 2012. ISBN-13:978-0830835652

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 – Summer & Fall 2013 Sessions 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 wellbeing, 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 a Summer or Fall program, or for more information on enrollment at a later date, call:
Sue Mertens, 314-289-9407; e-mail: mertenss@slbmi.com