



Vol. XIX, No. 1
Spring 2016

Relapse Recovery

by Stephen Carroll, Ph.D., LCPC, with Susan Gibbs

When a priest or religious completes residential treatment at Saint Luke Institute, the achievement is celebrated with a commissioning liturgy.

Though this may seem like a conclusion, it is more like the end of a chapter than the end of a book.

Successful recovery is an ongoing journey that requires vigilance and care. In fact, an important part of commissioning is the signing of a contract that outlines goals and action steps developed by the individual with his or her therapists and agreed-upon with his or her contact person or superior.

For someone living with addiction, the contract usually includes participation in 12-Step programs, therapy, use

For a priest or religious, relapse can bring feelings of shame and a sense of vocational failure.

of a support network, medication, and other strategies to implement the skills and knowledge developed in treatment to be stable and able to self-regulate.

Risk of Relapse

Some studies have suggested the risk

of relapse for an alcoholic can be 40 percent or more, and relapse may occur more than once over a person's life. For a priest or religious, relapse can bring feelings of shame and a sense of personal and vocational failure. This shame then becomes part of the relapse cycle, as it can be not only the result of relapse, but also a cause.

Relapse is "the process of becoming dysfunctional in recovery, which leads to a return to chemical use, physical or emotional collapse, or suicide." (www.SAMHSA.gov, TAP #19, 2016)

It is important to understand relapse not as a person's failure, but potentially as part of the normal recovery process. An addiction is a chronic disease and, like other diseases, needs to be monitored and treated based on the stage and symptoms present at a particular time.

Triggering Relapse

Relapse occurs when a person minimizes triggers, engages in solitary problem solving and delays in sharing his fragility with others.

Triggers that can undermine the stability of a person's recovery include stress, grief, an unexpected loss, news of a serious health issue, or even a ministry reassignment or retirement. A person also may experience increased cravings when encountering people, places or things he or she associates with prior addictive behavior.

Warning Signs

Someone who is relapsing may not be aware of what is occurring. It is important for the person's close friends, support group and superior to pay attention to early warning signs, such as:

- abrupt mood swings and increasing periods of isolation
- "too busy" for 12-Step meetings or therapy
- minimizing the emotional impact of an unpredicted life event
- failing to plan for mood swings that may come at a holiday or significant anniversary of loss
- avoiding close friends and family who may challenge behavior
- decreased involvement in much-loved pastoral work and favorite leisure activities
- increased tendency to intellectualize feelings and make impulsive unilateral decisions ("I quit the committee because no one wants to implement my idea")
- reluctance to discuss feelings of frustration or disappointment about a change in ministerial role (e.g., not being named a pastor or not being elected to a leadership team).

Early intervention by a close friend and/or superior who calmly challenges the person's behavior often can be very

continued on page 3

Case Study Father Tim

by Stephen Carroll, Ph.D., LCPC

Pastor of a large suburban parish for over a decade, Father Tim was highly respected by his fellow priests for his ability to balance pastoral and administrative responsibilities. He was known for putting people first and had an open-office policy for staff and parishioners.

He often shared his personal story. While in his 20s (before he became a priest), he gambled, rationalizing it as stress relief that didn't hurt anyone. A successful sales executive at the time, his income became consumed by gambling debts until he was forced into bankruptcy. He lost his home and job.

Having hit "rock bottom," Fr. Tim joined Gamblers' Anonymous (GA). He started attending 12-Step meetings regularly and saw a therapist for a while. He

As ministry responsibilities increased, Fr. Tim cut back on 12-Step meetings.

also reconnected with his Catholic faith, which led to discovering his vocation. Parishioners and staff felt a special connection with Father because of his vulnerability in sharing his struggles.

"Cured" of his Addiction

As his ministry responsibilities increased, Fr. Tim cut back on 12-Step meetings, eventually attending only sporadically and losing contact with his sponsor. He considered himself "cured" of his addiction.

Ready to slow down, he recently was assigned to a small rural parish where he lived alone. That same year, he lost his mother and then his brother.



Fr. Tim told friends that he was enjoying the quiet of his new assignment. Yet, his brother priests and friends noticed changes that worried them.

Fr. Tim had begun missing key events, including the annual priest convocation. He stopped going to priest support group meetings and cancelled plans with close priest friends.

He began buying new furniture and other expensive items for the rectory. He routinely was unavailable for his staff and parishioners, unusual given his past open-door policy, and was seen leaving a casino in a nearby state.

Word got to the vicar for clergy, who asked Fr. Tim to meet with him. When Fr. Tim made excuses, the vicar stopped by the rectory. He told Father he was concerned and asked if he were still attending his 12-Step meetings. Father said, "There are no GA meetings here in the country and I cannot afford a half-day round trip for a meeting."

During his visit, the vicar also noticed several bottles of pain killers on a kitchen windowsill, which Fr. Tim attributed to a flare-up of back pain.

The vicar called a therapist at Saint Luke Institute, who identified that Fr.

Tim was showing signs of relapse. They worked together on how to approach Father and he agreed to go for an evaluation at Saint Luke. This included a medical consultation, testing and assessments by a psychologist and a spirituality team member.

The evaluation confirmed that Fr. Tim was relapsing, apparently triggered by the loss of his family members and change to a more isolated assignment.

Building New Skills and Awareness

Fr. Tim entered the three-month Visitation Program, which addresses relapse of addictions and mood disorders. He learned that he was using alcohol and gambling to self-medicate an undiagnosed depression. He reconnected with his previous 12-Step work through daily attendance at Alcoholics' Anonymous or Gamblers' Anonymous meetings.

Fr. Tim participated in multiple group sessions each week in which he improved his emotional awareness and gained new self-confidence in sharing his feelings in an open manner. He reintegrated 12-Step principles into

continued on page 3

Father Tim, *continued*

daily activities and learned to identify the emotional triggers for his addictive cravings.

Intensive individual and group therapy helped Fr. Tim develop awareness that his gradual slide back to addiction was the result of significant unprocessed grief from losing family members and presiding at numerous funerals. During spirituality sessions, Fr. Tim found new energy and creativity to develop prayer practices that incorporated recovery into his daily meditation.

He participated in education programs where he learned about the neuroscience of addiction and developed mindfulness skills to de-escalate cravings through controlled breathing and guided imagery. Finally, he developed a relapse prevention plan and identified members for a support team.

After returning home, Fr. Tim found new joy in simple things like taking walks, a book club and guitar lessons.

He worked hard to implement the steps in his relapse prevention plan and spoke regularly with his Continuing Care therapist. He requested a transfer

to a parish closer to 12-Step meetings and near the parish of a priest friend who was part of his support group.

He learned to let his 12-Step sponsor or a support team member know immediately when he had addictive cravings. Fr. Tim also learned to prioritize his recovery and practice being assertive in sharing emotional needs with support team members. He realized that the program helped him recognize that he can manage his addictions and depression with daily vigilance by including supportive companions and God in his journey of recovery.

Relapse Recovery, *continued* from page 1

effective, especially in the early stages. An important part of healthy recovery is being able to speak openly with colleagues and friends about cravings and triggers. Support can be very effective in stopping the slide into further relapse.

Sometimes, however, a person is not able or motivated to take the steps necessary to stop the process. A more formal intervention and treatment are necessary. Consultation with a mental health professional and a person's support team can help guide the next steps, which may include additional treatment.

Treating Serious Relapse

The goals of relapse treatment are to identify and retool a person's knowledge of and response to triggers so he or she may return to stability and recovery, and identify and address co-occurring conditions. For example, a person in recovery who also has depression may self-isolate and return to self-medicating through alcohol or a narcotic.

Signs of Relapse

- Abrupt mood swings and increasing periods of isolation
- "Too busy" for 12-Step meetings or therapy
- Minimizing emotional impact of a difficult or painful life event
- Avoiding close friends and family who may challenge behavior
- Decreased involvement in favorite leisure activities and pastoral work

The components of relapse recovery treatment - daily group therapy, intensive individual therapy and 12-Step programs - are designed to:

- develop a thorough understanding of one's particular relapse process in order to be proactive
- cultivate confidence in sharing with others the emotional triggers for addictive behaviors
- enhance one's ability to ask for support and to identify sources of resistance to receiving help
- address co-occurring conditions such as an addiction and a mood issue (anxiety or depression)
- explore other significant elements

for further healing: addressing significant personal issues, growth in the spiritual life and eventual reintegration.

Successful treatment focuses on identifying what happened, why the process of recovery failed and then adjusting a person's skills and knowledge to the situation, similar to the approach followed with other chronic diseases.

Stephen Carroll, Ph.D., LCPC, is coordinator of the Visitation Program of Saint Luke Institute. This 3-month program addresses relapse recovery and prevention. Dr. Carroll's email is stephenc@slu.org.

Saint Luke President On the Road in South Africa

Capuchin Father David Songy, S.T.D., Psy.D., president of Saint Luke Institute, visited South Africa in April for a series of presentations and meetings with the bishops, religious and clergy in the country.

He led a week-long presentation for the Southern African Catholic Bishops Conference sabbatical program and also gave a workshop on the meaning and theology of the Year of Mercy for the Diocese of Port Elizabeth. Fr. Songy is one of a small number of priests com-

missioned by Pope Francis as a Missionary of Mercy earlier this year.

Saint Luke Institute has close ties with the region. One of our clinicians, Fr. Hugh Lagan, S.M.A., Psy.D., is providing consultation and education for the Church in southern Africa.

Eight dioceses in the region, which includes South Africa, Botswana and Swaziland, have signed up for group memberships to SLIconnect.org, providing online continuing education for their clergy.



Rev. David Songy, O.F.M.Cap., S.T.D., Psy.D.

Order of Malta Grant

Saint Luke Institute has a new multi-media library and a biofeedback room thanks to a grant from the Federal Association of the Order of Malta.

Both residential and outpatient clients can check out books and other materials related to treatment, healthy living and spirituality, as well as enjoy relaxing in the updated space.

Annual Benefit

The annual Saint Luke Institute Annual Benefit will be held Oct. 17. Cardinal Donald Wuerl, Archbishop of Washington, will receive the Saint Luke Award. Proceeds will provide financial assistance for priests and religious in need of treatment.

Visit sli.org/donate/annual-benefit, or call 301-422-5405 for details.

Staff and program updates

Reverend Jim Gordon, Ph.D., is now director of clinical services for Saint Luke Institute, while Carmelite Father Quinn Connors, Ph.D., has been named associate director. Both had been serving on Saint Luke's leadership team in other capacities.

New to the spirituality team is Monsignor Bill English, former vicar for clergy for the Archdiocese of Washington.

In other news, Saint Luke's recently opened Caritas Counseling Center in Towson, Maryland, just north of Baltimore. The expanded outpatient center replaces a smaller space that had been in the St. Mary's Spiritual Center & Historic Site in downtown Baltimore. Caritas also has an office in Silver Spring, Maryland. Dr. Taryn Millar is the director of both centers, which serve clergy, religious and lay people.



SAINT LUKE INSTITUTE

8901 New Hampshire Avenue ■ Silver Spring, Maryland 20903
301-445-7970 ■ lukenotes@sli.org ■ www.sli.org

Lukenotes is a free publication of Saint Luke Institute. To receive Lukenotes or update an address, please email lukenotes@sli.org or call 301-422-5593. Include name, current address and, if making an address change, the old address.