Saint Luke Institute

LukeNotes

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Why Six Months?

by Taryn Millar, Psy.D.

How can two people referred for the same problem, such as depression, receive two very different treatment recommendations? Why is residential treatment recommended for one and outpatient therapy for the other?

A clinician's task is to determine the modality and level of care she or he believes will lead to the best outcome for the client.

Clinicians use a multifaceted decision matrix that involves weighing several complex and dynamic factors within two broad categories: the presenting problem and the person. Each client is unique so this is not meant to be used as a specific rating system, but rather to describe what typically is considered.

Why is residential treatment recommended for one and outpatient therapy for the other?

The Presenting Problem

A clinician considers three factors: complexity, history and risk.

Complexity: Clinicians ascertain the full scope of a person's struggles. The complexity of a presenting problem is based on the number of diagnoses, severity of each diagnosis and other life factors that have been negatively impacted by the problem, such as relationships, ministry or spiritual life. For example, a person referred for depression may also have an underlying alcohol problem or an unresolved trauma history. In general, the more complex the presenting problem, the more complex the treatment.

History: A thorough history helps a clinician ascertain how the problem first manifested, how many times the person struggled in the past, prior treatments and how long the person has been struggling with the problem currently. Generally, newer problems with little history require a lesser level of treatment.

Risk: The level of present and future risk refers to the harm a person may cause to self or to others. A clinician also takes into account any potential for scandal resulting from the presenting problem. Risk requires a greater degree of clinical responsiveness. Because of the sensitivity involved in assessing and treating risk, even a lower risk level may result in a recommendation for a greater level of treatment.

Factors involving the Person

An evaluation also takes into account the individual's psychosocial history and readiness for therapy, including his stage of change.

Psychosocial History: During an assessment, a clinician gathers a thorough psychosocial history to determine factors that might be contributing to the presenting problem, as well as life experiences that facilitated the development of the person's strengths and vulnerabilities. Individuals who had significant difficulties in their early life may need more intensive treatment to address those issues.

Readiness: Clinicians examine a client's readiness to engage in therapy, and determine whether a medical intervention, such a detox program or a psychiatric hospitalization, is indicated. A clinician also assesses a wide variety of psychological functions such as a client's capacity for learning, managing feelings, communication, self-reflection and insight.

Individuals may benefit from different treatments. Those who demonstrate mid- to high-range psychological functioning often benefit from outpatient or residential therapy. Individuals in need of a medical intervention or with very limited psychological capacities may need treatment geared toward stabilization before they are able to enter into treatment geared toward change.

Where a client falls on the stage-

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Case Study **Sister Patty**

by Crystal Taylor-Dietz, Psy.D.

"I'm only here for evaluation. I haven't decided yet on treatment," Sister Patty told her evaluation chairperson, who had just explained the Saint Luke Institute evaluation process and how it is utilized to help guide treatment recommendations.

Sr. Patty went on to explain that she already had completed two residential treatment programs for alcoholism at other centers and was not convinced a third residential treatment would provide her long-term benefits. Since her last residential treatment two years prior, she had been involved in full-time ministry providing administrative support for one of her community's schools.

Sisters in her community became suspicious about her drinking after she neglected ministry responsibilities for a number of consecutive days. Her superiors asked her either to seek evaluation and possible treatment at Saint Luke Institute (most evaluations do not result in a recommendation for residential treatment) or take a leave of absence.

> "I was told your program is more integrative than the previous treatments..."

"I was told your program is more integrative than the previous treatments I attended, so I guess I am open to the evaluation and to considering the team's recommendations."

With her mixed feelings of curiosity and skepticism, Sr. Patty embarked on the five-day evaluation process, which included clinical interviews with different members of the evaluation team, a spiritual assessment, psychological testing, neuropsychological testing, and medical labs and consultation. She was cooperative throughout the week, though she had little motivation for tasks where she feared her performance would not lead to favorable results. Similarly, during the clinical interviews, Sr. Patty shared a long history of self-doubt and self-critical thinking, particularly regarding her abilities as a religious sister.

Despite this openness, Sr. Patty was still uncertain about her motivation to enter treatment for alcohol. She did not feel alcohol use was the primary reason she neglected her ministry, though she did report that she had been unable to maintain sobriety for more than a three-month period since her last treatment. She reported feeling burned out, tired, ineffective and disconnected leading up to her work absences, and believed that increased involvement in Alcoholics Anonymous meetings would be enough to help her regain sobriety.

Impact of Emotions on Behavior

The day prior to her feedback session, Sr. Patty's evaluation chair met with her to provide preliminary results of the psychological testing, clinical impressions and possible recommendations.

Sr. Patty was surprised to hear that the feelings she expressed and the testing revealed significant levels of psychological distress and depression. She did not think of herself as depressed and had never received that diagnosis in the past.

Her results also revealed a long-standing difficulty with identifying, expressing and managing emotions and a desire to avoid uncomfortable and painful feelings. She seemed to have difficulty forming close intimate relationships. The evaluation chair suggested that Sr. Patty's difficulty managing emotions and forming intimate relationships likely contributed to her reliance on alcohol and avoidant behaviors to manage difficult and complex feelings, further cementing her loneliness.

Dual Diagnosis

Sr. Patty's evaluation chair informed her that the evaluation team likely would recommend a six-month residential

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Sister Patty, *continued*

stay to address both her alcohol use and depression.

Sr. Patty felt somewhat overwhelmed and confused, as she was not expecting to hear that depression and the quality of her relationships seemed to be significantly impacting her functioning and alcohol use. Furthermore, she knew Saint Luke has a three-month recovery program, and was hoping at most she would enter that program.

Her evaluation chair emphasized that when both a substance addiction and a mood disorder are present, it is known as a dual diagnosis. Treatment should focus on addressing the addiction and mood struggles simultaneously. The three-month program is for individuals with previous treatment histories who have relapsed, or are at risk of relapse, and can benefit from shorter-term treatment to regain sobriety, strengthen already-developed recovery skills and stabilize psychological issues. Given that Sr. Patty's depression had not been treated and she seemed to be minimizing the impact of her alcohol use, it was unlikely that the foundational work for treating depression and strengthening alcohol recovery skills could be completed in three months.

After her evaluation feedback session where she and her superior heard from all the members of her evaluation team, Sr. Patty had a better understanding of areas where she needed to grow. Initially not pleased about a six-month program, she knew it was the best decision. She understood that an intense focus on her emotions, integrated with spirituality and addiction recovery, was a new approach and not a replication of past treatment. She entered residential treatment with the hope of better understanding her depression and gaining new skills for managing her alcoholism, emotions and intimacy needs. Happily for Sr. Patty and her community, six months later she returned home with new insights, skills and strategies – and excitement for her ministry.

Crystal Taylor-Dietz, Psy.D., is director of Caritas Counseling Center, Saint Luke Institute's outpatient program.

Treatment Decisions, *continued* *from page 1*

of-change continuum is an important part of client readiness. Intentional behavioral change happens in stages. A person moves from not being aware of a problem to awareness, to thinking about changing, to engaging in change, and finally, to maintaining change. Known as the Transtheoretical Model, research shows that it generally takes up to six months to move from one stage of change to the next.

A client with a dual-diagnosis may be in a different stage for each presenting problem. For example, a client may be fully aware of his depression and motivated to feel better, but be in a state of denial about alcohol use. More intensive therapy usually is recommended when a client is in an earlier stage of change or has relapsed, and outpatient therapy may be suitable for a client in a later stage of change.

Factors Affecting Treatment Recommendations

- Complexity of the problem(s)
- History of struggles with the issue(s) and prior treatment
- Risk of harm or scandal to self or others
- Psycho-social history that may affect the problem
- Readiness for change and to engage in therapy

Matching Treatment

Matching treatment with need facilitates optimal change and reduces the likelihood of relapse. Saint Luke's six- and three-month residential programs, outpatient services, halfway house and continuing care are deliberately designed to provide a continuum of services based on a person's needs.

For example, the six-month residential program is structured to create enough education and support to help a person move to the next stage of change. The treatment is depth-oriented and addresses the full complexity of the individual. This is important because an individual placed in a program that does not match his or her needs is less likely to achieve long-lasting results, increases the risk for relapse and may be discouraged from seeking out more appropriate treatment in the future.

Taryn Millar, Psy.D., is chief operating officer of Saint Luke Institute.

New COO, Director of Caritas Counseling Center, Quality Manager

Taryn Millar, Psy.D., has been named Chief Operating Officer of Saint Luke Institute. Dr. Millar joined the clinical staff at Saint Luke in 2011. She previously served on the residential treatment team and as director of Caritas Counseling Center, Saint Luke's outpatient program. She will be responsible for managing the day-to-day operations of the Silver Spring campus.

Dr. Crystal Taylor-Dietz is now director of Caritas Counseling Center, overseeing offices in Baltimore and Silver Spring, Md. She previously served on the residential staff and in community mental health settings domestically and abroad.

Marianne Durgavich, R.N., is Quality Improvement, Safety & Risk Manager. She is responsible for ensuring Saint Luke Institute continues to meet or exceed national standards for health care quality and safety, and accreditation by The Joint Commission.

She comes to Saint Luke with 35 years experience working in inpatient and outpatient mental health settings.

Taryn Millar, Psy.D. is Saint Luke Institute's new Chief Operating Officer.

Webinar on Responding in Times of Tragedy

To help parishes and others be ready to respond to tragedy, Saint Luke offered a free webinar, "Shepherding in Tragic Times: Caring for Self and Others in Trauma," in August. Msgr. Stephen J. Rossetti, Ph.D., D.Min., president emeritus, led the webinar, which was featured on Relevant Radio and in articles by Catholic News Service and Religion News Service. Watch online at sliconnect.org/shepherding-tragic-times.

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Visit sli.org/donate or call 301-422-5405. On behalf of those we serve, thank you.

Foundations Seminary Formation Program

Saint Luke Institute is launching a new online human formation program for seminaries this fall. Foundations is designed to help seminarians cultivate the emotional, psychological and spiritual skills they need to thrive in ministry.

"Foundations grew out of conversations between our leadership here in the United States and our center in Manchester, England," said Capuchin Father David Songy, S.T.D., Psy.D., who has served on the faculty of three seminaries.

Human formation is one of four pillars of formation identified in the Vatican document, *Pastores Dabo Vobis,* and an area of increasing focus by seminaries and religious formators. Foundations offers a complete four-year program or can be incorporated into an existing program. By being online, it also is available internationally.

Learn more at sliconnect.org/seminaries or by emailing sliconnect@sli.org.

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