



Recovery Roadmap



Julie's Story

Julie is a 54-year old Caucasian woman who grew up and currently lives in Boston, MA. She is a deeply loving mother and grandmother. When her children were young, Julie relied heavily on her sister Beverly to provide care and support when she was struggling with symptoms of bipolar disorder, PTSD (due to a history of childhood sexual abuse), and addiction. Most of her life, Julie and her children lived with Beverly in the home that Beverly owned. Her children are now ages 32 and 30, are married, and have children of their own. Previously, they visited Julie and Beverly almost every weekend to enjoy big Sunday dinners together, but since Beverly died nearly two years ago and Julie moved into her own small apartment, they rarely visit her.

Since Beverly's death, Julie has had trouble caring for herself. Over the past two years, she has started to use alcohol regularly, and symptoms of PTSD and

bipolar disorder (e.g., nightmares, hyper vigilance, sleep disturbance, fearfulness, scattered thinking, etc.) have been very disruptive in her life. She has been brought into the emergency room four times in the past three months due to severe alcohol intoxication. Emergency room personnel offered her medical detoxification and warned her that her blood pressure was dangerously high. Julie was extremely frightened by these events but rejected treatment at the time. On her last emergency room visit, the physician who evaluated her used civil law to put Julie on a medical detoxification unit at the hospital. This hospitalization is how the Boston Community Support Program CSP became involved with Julie.

Julie feels very sad about her current relationships with her children and grandchildren. Most of all, she wants to have a meaningful role in their lives. Her daughter,

Carmen, says that Julie was less of a mother to her and her brother than her Aunt Beverly, but that she and her brother would want to have her in their children's lives if Julie took better care of herself. They don't visit her with their children because Julie's apartment is very small, dirty, and cluttered and this makes the visits very uncomfortable for them—especially now that Carmen has another child on the way.

Julie has been living in her own apartment for 18 months, and for most of that time she has been very overwhelmed by symptoms of mental illness and addiction. The loss of her sister, her greatest support, has left her feeling vulnerable and without a home. Julie has never lived alone and has not yet made this apartment a true home for herself. She gets very disorganized and overwhelmed when trying to clean the apartment and it has been filling up with hundreds of books that Julie finds and brings home.

Julie's children, Carmen and Anthony, do not want to visit their mother when she is drinking alcohol, as she can be short and irritable, especially when she stops taking care of herself and her apartment. They complain that the space is so filthy that it is not safe for the grandchildren to be there. Carmen and Anthony say they would be willing to visit if Julie could take better care of the apartment and herself.

Julie has a number of strengths and interests that she can draw upon in order to overcome the difficulties she is currently experiencing. Julie is intelligent, well educated, and has worked successfully as a research assistant and a writer. She has many interests including knitting, making baby clothes, walking, and reading. Julie has enjoyed long periods of time when she was feeling well and only rarely had problems caused by symptoms or alcohol. During these times, Julie actively used both professional supports as well as a range of personal wellness strategies.

NARRATIVE SUMMARY

Julie is a loving mother and grandmother who has shown tremendous resilience in surviving multiple traumatic events in her life and in working to overcome difficulties associated with her diagnoses of bipolar disorder, PTSD, and co-occurring alcohol dependence. She has enjoyed many years of recovery while benefiting from the support of her close family members, including her sister Beverly, her children, and grandchildren. However, the passing of her sister a few years ago appears to have acted as a trigger for

Julie, increasing her mental health symptoms and her sense of loneliness and isolation. When Julie experiences these painful emotions, she tends to resort to the use of alcohol as a means of coping, only to discover that this adds to her difficulties, including tensions in her family relationships and an inability to maintain basic cleanliness in her apartment. Regarding her health concerns, while Julie is terrified of having a heart attack or stroke, she is even more frightened of meeting with doctors, as her trauma history makes her intensely fearful of adult men in closed environments. Julie might benefit from a range of behavioral health services including but not limited to trauma-informed therapy, medication management, family therapy, wellness-oriented self-management, psychosocial rehabilitation, cognitive behavioral therapy, and peer support. Among the strengths and interests she can use in her recovery plan are a high level of motivation (action-oriented), deep love of family, demonstrated resilience following traumatic events, and numerous interests including knitting, reading, walking, and writing.

Julie: Possible Recovery Plan Excerpts

GOAL #1

“I want to be close with my children and grandchildren.... Have them visit me a lot.”

STRENGTHS

Love for her children and grandchildren; recognizes the need to take care of herself and her home; her children want her to be in their lives; many hobbies and interests; understands the relationship between trauma, substance use, and mental health symptoms; willing to participate in recovery education activities at the Recovery Learning Community; has not consumed alcohol in six days (action oriented).

BARRIERS/ASSESSED NEEDS

Mental health symptoms (depression, anxiety, hoarding, trauma symptoms can lead to sleep disturbance) have been persistent and interfere with self-care and care for her apartment. Used alcohol almost daily for past six months; use of alcohol has increased irritability and interfered with family relationships in the past, though recently one-week clean and working on sobriety. Identifies loneliness and lack of meaningful activity as contributing to use; family is reluctant to visit while mental health and alcohol use are leading to impairments and unpredictable behavior.

Objective(s)

1a. Julie will better manage mental health symptoms as evidenced by maintaining basic cleanliness of her apartment per daughter Carmen's report following a home visit within 30 days.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports

1. Dr. Barry Roth, clinic psychiatrist, will provide medication management biweekly for two months to help with distressing symptoms (e.g., depression, hoarding), which interfere with Julie's ability to take care of her apartment.
2. Sally Rodriguez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that interfere with her self-care and care of her apartment.
3. Ellen Plotka, rehabilitation coordinator, will meet with Julie twice weekly for a total of eight visits at her home and will provide coaching and skill development interventions to help Julie clean, organize, and manage her household.

4. Nancy Costa, peer wellness specialist, will meet with Julie within one week at her home to do an inventory of cleaning supplies and will accompany her to the store purchase needed items.

Self-Directed and Natural Support Actions:

1. Within one month, Julie and her children will select and purchase a dining room table with eight chairs so that the whole family could have dinner together in Julie's apartment. The \$400 needed will come from Julie's savings.

Objective(s)

1b. Julie will maintain abstinence from alcohol for the next three months as evidenced by her self report and by communication with family members.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports

1. Sally Rodriguez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that cause her to feel unsafe and to crave alcohol.
2. Dr. Barry Roth, clinic psychiatrist, will meet with Julie biweekly for two months to monitor medication regime and to introduce the option of Antabuse into her treatment and to discuss risks and benefits.
3. John Barratt, substance abuse coordinator, will provide weekly 1:1 relapse prevention meetings for one month and then invite Julie to participate in his Relapse Prevention Support Group for the purpose of coaching skills and strategies to manage cravings.
4. Grace Swanson, peer support specialist, will meet with Julie two times over the next two weeks. Grace will help Julie in using the supports at the Metro Recovery Learning Community to reduce isolation that triggers drinking. She will orient Julie to all the community has to offer and help her select roles that best match her interests.
5. Grace Swanson, peer specialist, will meet with Julie at least four times within three months to help her develop her own Wellness Recovery Action Plan. The plan will identify positive coping strategies to use when she is feeling unsafe, lonely, or bored, as these feelings can trigger alcohol cravings.

Self-Directed and Natural Support Actions:

1. Julie will identify daily wellness activities that she can use to keep herself well and will record these in a log.
2. Carmen, Julie's daughter, has offered to take Julie to at least three AA meetings over the course of the next month to help Julie learn positive ways to manage loneliness and stress.
3. Carmen will also work with Julie to arrange dog walking weekly at the local animal shelter with her grandson during his volunteer placement in order to promote family connections and reduce isolation.

GOAL #2

“I need to be healthy so I can be there for the kids. I don’t want to drop dead from a heart attack or stroke anytime soon.”

STRENGTHS

Julie is intelligent and could learn a health regime easily; she has successfully managed her high blood pressure in the past; she is very motivated to take care of her physical health; her daughter will support her around health goals.

BARRIERS/ASSESSED NEEDS

Julie is very frightened of healthcare providers. She panics when she needs to visit a doctor, tends to believe that they might cause her harm, and frequently misses appointments. She has a history of high blood pressure that is aggravated by alcohol use and difficulty making healthy food choices.

Objective(s)

Within six months, Julie will achieve blood pressure readings no higher than 140/90 for a period of four consecutive weeks.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports:

1. Sally Rodriguez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that interfere with using health care services.
2. Elizabeth Buffington, ANP-BC, adult health director, will meet with Julie one time over the next three months to conduct a primary health assessment.
3. Nancy Costa, peer wellness specialist, will accompany Julie to health appointments for the next two months.
4. Grace Swanson, peer specialist, will meet with Julie at least twice to help Julie incorporate her health regime into her WRAP plan. Julie will create her expanded WRAP plan within two months.

Self-Directed and Natural Support Actions:

1. Carmen, Julie's daughter, will accompany her mother to a physical exam appointment within two months to provide comfort and support given Julie's anxiety around accessing health care on her own. Julie will give Carmen two weeks prior notice of the appointment to make arrangements for missing work.
2. Julie will purchase a home blood pressure monitor within two weeks in order to track her blood pressure readings.