



Recovery Roadmap

Julie's Story *(Background and Assessment Data)*

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, 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 2 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. She has been brought into the emergency room four times in the past 3 months due to severe 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 their offer of a medical detoxification. 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.

When Beverly died, the family sold the house and inherited the profits of the sale. Julie inherited \$160,000. Carmen sought support services for her mother when she discovered that Julie had been struggling, drinking, and spending large sums on lottery tickets. She also “loaned” thousands of dollars to people she had only recently met. Julie's children are deeply saddened by their mother's illness. “She had been doing so well over the last 10 years. I guess Aunt Beverly's passing must have been very hard for her.”

SUMMARY OF NEEDS

Julie has needs in multiple areas that could be addressed in future Recovery Plans. The needs that are most relevant at the present time to her overall goal of spending more time with her children and grandchildren are:

- **Family relationships:** 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.

- **Symptom management:** Julie has survived highly traumatic events in her life as she was sexually molested from the age of 9 to 13 by a trusted adult male neighbor – after which she increasingly developed symptoms of PTSD, including flashbacks, sleep disturbance, depression, and hyper vigilance toward others. She has had periods of time when she used effective coping strategies, managed her symptoms and felt she was doing well. For the past 2 years, Julie’s symptoms of irritability, and severe depression have become much worse, and she tends to resort to the use of alcohol to manage her distress.
- **Health concerns:** Julie has high blood pressure that recently has been uncontrolled. Beverly played a big role in helping Julie with doctor’s appointments and medication, but since Beverly died, Julie has not been taking medication for hypertension or visiting her doctor. At the same time, 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.
- **Social relationships:** Julie acknowledges that since Beverly died, she has not visited with other family or friends. She had belonged to a book club but says now that she cannot concentrate on reading and it tires her eyes. She says, “I guess I am lonely and that can get me into trouble.” (Meaning she often uses alcohol when she feels lonely).
- **Residential support:** Julie reports that she has “never been much of a housekeeper.” Beverly performed all of the household chores. Julie feels overwhelmed by the amount of cleaning and laundry that she has to do. She doesn’t know where to start, and at times, is simply too depressed to initiate any of these activities.

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

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.

INTEGRATED SUMMARY/HYPOTHESIS

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 benefitting 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, exacerbating 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 further compounds her difficulties, including tensions in her family relationships and an inability to maintain basic cleanliness in her apartment. 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, 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.