



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, Massachusetts. She is a 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.

Since Beverly's death, Julie has had trouble caring for herself. Over the past two years, she started using alcohol regularly, and her symptoms of PTSD and bipolar disorder (such as nightmares, hypervigilance, sleep disturbance, fearfulness, scattered thinking) have been very disruptive in her life. She has been taken to 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. During 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 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 was her Aunt Beverly but that she and her brother would want her in their children's lives if Julie took better care of herself. They do not visit with

their children because Julie's apartment is small, dirty, and cluttered, making the visits 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 overwhelmed by symptoms of mental illness and addiction. The loss of her sister, her greatest support, 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 disorganized and overwhelmed when trying to clean the apartment and it is filled with hundreds of books that Julie finds and brings home.

When Beverly died, the family sold the house and inherited the profits from 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 worried about her problems with mental health and alcohol, but hope to maintain a relationship with her.

SUMMARY OF NEEDS:

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

- **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 nine to 13 by a trusted adult male neighbor—after which she increasingly developed symptoms of PTSD, including flashbacks, sleep disturbance, depression, and hypervigilance. She has had periods when she used effective coping strategies, managed her symptoms, and felt she was doing well. For the past two years, Julie's symptoms of irritability and severe depression have become much worse, and she tends to rely on alcohol to manage her distress.
- **Health concerns:** Julie has uncontrolled high blood pressure. 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.
- **Social relationships:** Julie acknowledges that since Beverly died, she has not visited other family or friends. She belonged to a book club, but says now 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 admits that she has "never been much of a housekeeper." Beverly performed 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 these activities.

Julie has a number of strengths and interests that she can draw upon in order to overcome her current difficulties. Julie is intelligent, is 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 when she was feeling well and only rarely had problems caused by symptoms or alcohol. During these times, Julie actively used 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 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, 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. 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 AND 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; and alcohol use increased irritability and interfered with family relationships in the past. Julie is recently one-week clean and working on sobriety. Identifies loneliness and lack of meaningful activity as contributing to use; family reluctant to visit while mental health and alcohol use are leading to impairment and unpredictable behavior.

Objective(s):

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 motivated to take care of her physical health; her daughter will support her health goals.

BARRIERS AND ASSESSED NEEDS

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

Objective(s):