

## **POLICIES AND PROCEDURES FOR PROFESSIONAL CONDUCT**

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*We are called to share the mission of Christ primarily through the witness of our consecrated life.  
Sharing the apostolic charism of Angela, we continue the mission she opened to us.  
(Constitutions, Articles 93 and 95)*

### **Introduction**

Having made a radical and personal commitment to Christ through our vows, we Ursulines see our ministries as sharing in the mission of Jesus and Angela, our foundress. We recognize the power, influence and authority we hold in our ministerial relationships. "Like Angela, we will approach others with respect and sensitivity....sincere love and humble service will give our relationships that mark of humanity and gentleness so characteristic of our foundress." (Article 96) We therefore commit ourselves to honor the appropriate personal and ministerial boundaries required.

We acknowledge that our human condition and human frailty may give way to unacceptable behavior that violates the appropriate ministerial boundaries and the basic God-given dignity and human rights of others. We also recognize that our ministerial roles can make us particularly vulnerable to allegations of sexual abuse.

This policy therefore expresses our desire to provide an appropriate pastoral and professional response when allegations of misconduct, sexual abuse or abuse of any sort are encountered. We commit ourselves to cooperate with civil and religious authorities in determining the truth of an allegation of member misconduct. We will seek solutions that are just and compassionate, protecting the rights of all concerned.

### **Principles Guiding Implementation of Policy**

This policy focuses on sexual abuse of minors and other vulnerable persons. We state unequivocally that sexual abuse of any person is unacceptable behavior. In all instances in which a member of the Province is reported to have engaged in such conduct, we will take appropriate measures for responsible intervention. We base our intervention on the following principles:

1. All allegations will be taken seriously and promptly investigated.
2. All requirements of civil and criminal law concerning the reporting of alleged abuse will be met.
3. All proceedings will be characterized by concern for the person making the allegations and the person's family. Out of pastoral concern, the Provincial may offer the alleged victim or victims support and assistance while a formal investigation of the allegation is taking place.
4. All proceedings will be characterized by concern for the person who is accused. The canonical due process rights of accused persons will be respected. The Province leaders will operate on the principle that an accused person is innocent until a thorough and impartial investigation establishes guilt or a strong possibility of guilt. Nonetheless, while an investigation is pending, the member

- against whom an allegation has been made may be removed from her place of ministry if the ministry involves access to children or vulnerable adults. The Province will provide support and assistance to the member during the investigation, resolution and aftermath.
5. All parties will be treated in a manner that is consistent with gospel values of dignity, compassion, understanding and justice.
  6. To the extent it is legally possible, confidentiality and discretion shall characterize all investigations and procedures with careful distinction made between confidentiality and secrecy.
  7. One person designated by the Provincial will be responsible for all public statements. Should the allegation become public, or at the discretion of the Provincial, the sisters of the Province will be informed of the matter. The Provincial, working with local Prioresses, will attend to the need for healing within the Province, particularly in the community where the member is or was ministering. Every attempt will be made to be candid and truthful, while honoring the limits of confidentiality.

### **Procedures Regarding Allegations of Sexual Abuse**

When an allegation or report of sexual abuse or other serious misconduct is received:

1. The Provincial will meet with the Province legal counsel to assess the situation and to determine an appropriate course of action, including whether on the basis of the available information a Response Team should be put in place. The Response Team includes the Provincial and at least one councilor, legal counsel, and experts in psychology or related fields. This team will evaluate the situation, decide on who will be the spokesperson to the public, determine what information needs to be obtained, and decide whether the member against whom an allegation has been made should be removed from current ministry. Additionally, they will decide on who will meet with the person bringing the allegation to extend pastoral concern.
2. The Provincial will notify the insurance carrier of the possibility of a claim being made against the community.
3. The Provincial or, at times the Response Team, will meet with the person who has brought the allegation in order to hear the details of the charge and to offer cooperation in addressing her/his requests of the Province. Prior to this interview the individual will have submitted to the Provincial a written statement of the allegation, signed and dated. Following the interview, a written report will be prepared by the Provincial or her delegate. If the person bringing the allegation has sought therapy, a written statement from the counselor, therapist, or other appropriate professional may be requested and included with the written report.
4. The Provincial will communicate with the member in order to assess the situation and to inform her of the allegation, to assure her of her rights, to offer appropriate assistance, and to apprise her of the applicable procedures. Communications with the Provincial and/or any member of the provincial team may not be legally "privileged" communications and the member has a right not to respond to the allegation.

5. The member against whom an allegation has been made will choose someone as her support person during this time. Every attempt will be made to offer her legal counsel.
6. As soon as the Provincial, or her delegate, has credible information regarding an allegation of abuse or misconduct with a minor, the Provincial leadership will give priority to the protection of the minor(s), which will include removing the member from contact with minors during the time of investigation.
7. At an appropriate time, the Provincial will inform the Prioress General, the Bishop of the diocese where the member ministers and if different, the Bishop of the diocese where she ministered at the time the alleged misconduct reportedly occurred.
8. If the allegation appears to be credible, based upon an investigation, the Provincial will present the information to the Provincial leadership and expert advisors. This group, in a confidential context, will assess whether the allegation of misconduct is substantiated and determine the appropriate pastoral response to persons involved. This may include assistance with costs of therapy and other related matters.
9. If it appears that the allegation of sexual abuse is substantiated, a psychologist or an individual with special training in dealing with abuse/misconduct cases may be retained to be consultants to the Provincial. This consultant will assist in determining how to provide the member with appropriate ongoing psychological and pastoral care.
10. If it appears that the allegation of sexual abuse is substantiated, the Provincial will coordinate plans for the member to undergo a specialized assessment in an appropriate setting, followed by the recommended treatment. Factors to be considered in future ministry assignments include the type of misconduct, psychological assessment and response to treatment, prognosis for recidivism, access to other potential victims, and the possibility of safeguards being established.
11. If the allegation of sexual abuse is determined by the Provincial, in consultation with expert advisors, not to be substantiated, the member will be allowed to continue in ministry or be restored to her full ministry if there has been a suspension of the ministry. The member will also be provided emotional and psychological support as needed.
12. If the Provincial is unable to carry out this policy and these procedures, she will delegate these responsibilities to a member of the Provincial Council. Should the Provincial be the person accused, the Provincial Council will choose a Councilor to carry out these responsibilities.
13. The Provincial is obligated to inform her successors of all credible and substantiated cases of alleged member misconduct. The Provincial will prepare a summary of the case which will be kept in a confidential file during the term of the Provincial. The draft of this material should be presented to legal counsel before it is finalized. The summary should only be a statement of facts, and not any perceptions of the truth or falsity, or feelings with regard to the guilt or innocence of the member. Thus the summary should be a statement of the allegations made, the response of the provincial leadership, the actions taken, whether any assessment was done of the member, and the results of that assessment, if any. This information will be placed in a sealed file where it will be available to succeeding Provincials if required.

## **Procedures-Sexual Misconduct and Sexual Harassment**

The above procedures may be adapted and used as appropriate in cases of sexual misconduct and sexual harassment.

### **Education of Members**

Periodically the Province will provide educational opportunities and materials for members which help them recognize appropriate ministerial boundaries and prevent serious misconduct, especially in the areas of sexual abuse and exploitation. It is the individual member's responsibility to be cognizant of appropriate behaviors in relationships and to maintain integrity in all ministerial interactions.

### **Definitions**

***Provincial Leadership:*** the Provincial and Council

***Minor:*** any person under 18 years of age

***Vulnerable Person:*** as defined in applicable State Statutes

***Sexual abuse:*** any sexual contact (physical contact with the sexual organs including the female breast) or conduct with another person which by its nature tends to harm the other person, including: (a) any sexual contact or conduct by an adult with a minor, regardless of whether the minor's participation was coerced, since a minor is legally incapable of consenting to such conduct; (b) any sexual contact with another adult that is accomplished by force or coercion

***Sexual misconduct:*** the use of power, influence, and/or special knowledge inherent in one's position in order to obtain sexual gratification, romantic partners or sexually deviant outlets. It can include sexual harassment

***Sexual harassment:*** any unwelcome sexual advances, unwelcome physical contact of a sexual nature, or unwelcome verbal or physical contact of a sexual nature. Unwelcome verbal or physical contact of a sexual nature includes, but is not limited to, the deliberate, repeated making of unsolicited gestures or comments. (Inappropriate conduct which some may view as merely humorous may be sexually offensive to others and constitute sexual harassment)

***Other serious misconduct:*** any conduct other than sexual abuse or sexual misconduct which may violate the criminal code or tend to harm or endanger another person

Original Policy Approved: July 10, 1997  
Revised Policy Approved: April 3, 2003

## **LIVING MISSION IN LATER LIFE CENTRAL PROVINCE RETIREMENT POLICY**

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### **Philosophy**

“We are called to share the mission of Christ primarily through the witness of our consecrated life.” (*Const.art.93*) “Sharing the apostolic charism of Angela, we continue the mission she opened to us. She evangelized by the spoken word and by the witness of her life, thus responding to the deepest need of all people, the need for God.” (*Const.art.95*)

Following Angela’s example, we are called to

- Respect and foster each person’s dignity, integrity, potential and experience.
- Recognize that aging continues from conception to death uniquely, individually, not merely chronologically, and that the differentiation between persons increases as we age.
- Accept our need to adjust the proportions of work and leisure as our energy levels and interests change.
- Acknowledge that a sister’s worth is not the same as her usefulness for her ministry; who she is as a person is more important than what she does.
- Appreciate the invaluable contribution of living Ursuline mission through presence, prayer and suffering.
- Celebrate the lives of our older sisters as sources of inspiration, encouragement and wisdom.
- Struggle together to embrace the task of coping with loss, diminishment and death.

### **Phases of Living Mission in Later Life/Procedures**

***Phase I:*** Between the ages of 60 and 70, a sister is encouraged to begin addressing later life developmental needs.

- She is encouraged to participate in workshops and other activities to enhance her living mission in later life.
- In the event of illness or incapacitation, special arrangements will be made through dialogue with the provincial team.

***Phase II:*** When a sister reaches the age of 70, she may engage in full-time or part-time ministry depending on her capabilities.

- A sister evaluates her energy level and health regarding full-time or part-time ministry, and shares this with her prioress and with the provincial team.

- By mutual agreement of the sister, her prioress, and the provincial team, the sister may move into a part-time compensated or non-compensated ministry. She is encouraged to engage in additional fulfilling and life-giving activities, e.g. Elderhostel courses, tutoring, volunteer opportunities, spiritual opportunities, hobbies, crafts, etc.

***Phase III:*** When a sister reaches the age of 72, she is free to enter fully into living mission in later life.

- A sister again assesses her energy level and health regarding ministry, and shares this with her prioress and with the provincial team.
- By mutual agreement of the sister, the prioress, and the provincial team, a decision is made regarding the best options for the sister's community life, health, needs, and ministry involvement
  - a. The sister may enter fully into living mission in later life.
  - b. The sister may continue part-time or full-time ministry.
- If the sister enters fully into living mission in later life, she is encouraged to engage in activities she may find fulfilling and life-giving, including prayer, leisure, presence, and the suffering that may come as a result of the aging process.
- If the sister continues in ministry, the decision is to be reviewed in three years or sooner, as determined by the sister, the prioress, and/or the provincial team.

## **MAINTENANCE AND REPAIR OF PROVINCE OWNED HOUSES**

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### **Policy and Procedures**

1. Ordinarily the local house will obtain two or three written bids for the maintenance/repair project.
2. If the bids are under \$1000, the local house will contract and pay for the repair as long as it is within their maintenance/repair budget.
3. When bids are over \$1000, the following procedures should be followed.
  - The local house sends the maintenance/repair request, copies of the bids and their recommendation to the provincial.
  - If the bids are under \$13,500, the request and the bid can be approved by the provincial. The provincial will inform the local house of the approved request and give the approved bid to the province business office. The local house will contact the company with the approved bid, sign the contract and proceed with the project. The local house is also responsible for having the bill delivered to the provincialate business office.
  - If the bids are over \$13,500, the provincial team will review them. The approved request and bid will be communicated to the local house and the bid will be given to the business office. The local house will contact the company with the approved bid, sign the contract and proceed with the project. The local house is also responsible for having the bill delivered to the provincialate business office.
  - For property damage covered by insurance the local house should report the damage to Daniel and Henry and proceed with the needed repairs. The local house should also notify the provincialate business office.
4. The province pays the property insurance. The local house pays the personal property insurance.

Approved by the Provincial Team, June, 2008.

**CENTRAL PROVINCE SAFE DRIVER POLICY**  
**EASY REFERENCE SHEET**  
*Effective February 1, 2018*

AGE	WHAT	WHERE
65 years old	Complete either: <ul style="list-style-type: none"> <li>• AAA Driver Safety Course, <i>OR</i></li> <li>• AARP Driver Safety Course</li> </ul>	Certificate given to Prioress
70 years old	<ul style="list-style-type: none"> <li>➤ Undertake a clinical driving assessment, including a behind-the-wheel assessment.</li> <li>➤ Begin annual eye examination.</li> </ul>	Forms given to Prioress
73 years old	<ul style="list-style-type: none"> <li>➤ Undertake a clinical driving assessment, including a behind-the-wheel assessment.</li> <li>➤ continue every two years until age 80.</li> </ul>	Form given to Prioress
80 years old	<ul style="list-style-type: none"> <li>➤ Begin <u>annual</u> clinical driving assessment, including a behind-the-wheel assessment.</li> </ul>	Form given to Prioress

**ONE TIME ONLY**

By February 24, 2018	Complete the <i>Driver Acknowledgement</i> form and <i>Authorization to Obtain Motor Vehicle Record</i> .	Give forms to Prioress. Prioress will send completed forms to Provincialate
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## **CENTRAL PROVINCE SAFE DRIVER POLICY**

*Effective February 1, 2018*

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**Driving a vehicle is both a privilege and a responsibility. To remain responsible drivers it is essential that this driving policy be adhered to.**

**The Province acknowledges that the loss of driving privilege affects the individual and the community as a whole. The local prioress will make efforts to provide alternative transportation: taxis, ride services, paid or volunteer drivers, etc. to meet the needs of Sisters who are unable to drive. It is also encouraged, should a Sister lose her state-issued driver license, that a State ID be maintained for identification purposes and other travel.**

**This policy applies to all members of the Central Province and to any driver of a vehicle insured by the Ursuline Sisters. Failure to comply with all aspects of this policy will result in loss of access to an Ursuline-insured car. That is, the keys will be taken.**

### **AGE CONSIDERATIONS**

Within 3 months of her 65<sup>th</sup> birthday the driver must present evidence to the local prioress of taking either the AAA Roadwise Review or the AARP driver safety education class (55 Alive).

Within 3 months of her 70<sup>th</sup> birthday every driver will take a clinical driving assessment, including a behind-the-wheel assessment.

This clinical driving assessment should be repeated every two years beginning at age 73 and annually beginning at age 80.

It is recommended that all sisters complete regular self-assessments. A proposed assessment is included in Appendix A of this policy.

### **HEALTH CONSIDERATIONS**

At any age a driver with a serious medical condition should cease driving until it is determined in consultation with her physician and the local prioress that she is able to drive safely. Serious conditions include, but are not limited to

- orthopedic, abdominal, ocular or other major surgeries
- diagnosis of heart disease, diabetes, stroke or dementia including early stage Alzheimer's disease
- visual problems such as cataracts, glaucoma or macular degeneration

- decrease in hearing acuity
- any condition involving seizures, loss of consciousness, vertigo, fainting, limited mobility or involuntary motion (tremors)
- use of any prescription or non-prescription drugs that impair ability to safely operate a motor vehicle, e.g.- those drugs which carry a specific warning or indicate that they may cause drowsiness.

It goes without saying that driving can be affected not only by vision but physical abilities. Loss of hearing, hand, arm or leg physical limitations or reduced reflexes should be assessed.

### **VISION CONSIDERATIONS**

Good vision is essential for good driving health. As we age, vision decline is natural but could be detrimental. All Sisters age 70 or older, are required to see an eye doctor every year to check for cataracts, glaucoma, macular degeneration, diabetic retinopathy and other conditions with aging.

The following are helpful hints for all drivers who wear prescription glasses:

- ✓ Wear your glasses at all times while driving.
- ✓ If you lose or break your glasses, don't rely on an old pair. Replace immediately.
- ✓ Avoid eyewear with side pieces that may block your vision.

### **PERFORMANCE**

Every driver must have a valid driver's license, and be certain that the proof of insurance card is current and is in the vehicle she is driving. She is expected to be familiar with and to comply with the rules of the road for the state she is driving in or through. The driver is also expected to be familiar with the vehicle she is driving: e.g. location of flashers, windshield wipers, lights.

Every driver must provide signed permission for the province to obtain Motor Vehicle Records.

Motor Vehicle Records may be used in assessing a driver's driving habits, attitudes and capabilities.

Any driver involved in an auto accident the cause of which is related to the use of alcohol or medication—prescription or non-prescription—has relinquished her privilege to drive any car insured by the Province. Reinstatement of this privilege will be at the discretion of Province leadership.

Other situations that may indicate the need for termination or suspension of driving privileges, requiring a medical and driving evaluation include, but are not limited to the following:

- two moving violations within two years.
- two or more at-fault accidents within two years.
- a combination of at-fault vehicle accidents or violations within two years.
- pattern of repeated accidents or damage to any vehicle insured by the Province regardless of the cause.

Drivers should be aware of other factors that impair driving ability. These include but are not limited to weather conditions, drowsiness, use of electronic equipment including that provided by the car manufacturer.

Sisters who have concerns about another's driving should make those concerns known, ideally to the driver herself, but, if warranted, to the local prioress.

Where appropriate, the local prioress can seek for a sister to be assessed to determine if operating a motor vehicle is further deemed safe. Reports, either accident or family or self-assessments, can trigger a required medical exam to determine continued driving.

#### **DRIVER ACKNOWLEDGEMENT**

Within thirty days of receiving the Central Province Safe Driver Policy, the Driver Acknowledgement form on page six of this policy is signed by each Sister driver and given to her Prioress. The Prioress, in turn, will send a copy of each Driver Acknowledgement form to the Province Office, in care of the Provincial Secretary.

**CENTRAL PROVINCE SAFE DRIVER POLICY**

**ANNUAL EYE EXAMINATION FORM**

*Effective February 1, 2018*

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**To be completed by the Sister:**

Date: \_\_\_\_\_

Name of Sister: \_\_\_\_\_

**To be completed by examiner:**

\_\_\_\_\_ has received a thorough eye examination in my office today.

\_\_\_\_\_ Sister's eyesight is sufficient for her to be a safe driver.

\_\_\_\_\_ Sister must refrain from driving for the following reasons: (Please print clearly.)

Signature of examiner: \_\_\_\_\_

Address: \_\_\_\_\_

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*Please give the completed form to your Prioress.  
You may want to make a copy for your personal files.*

**CENTRAL PROVINCE SAFE DRIVER POLICY**  
**AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**  
*Effective February 1, 2018*

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THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned is an Ursuline Sister of the Central Province and operates a motor vehicle insured by the Central Province. The undersigned gives consent to the release of their driving record (MVR) for review by:

Ursuline Provincialate, Central Province of the United States  
Provincial Leadership Team Member

2. That the undersigned authorizes their driving record to be periodically obtained and reviewed for the purpose of assessing driving privileges.
3. That all information presented in this form is true and correct.

Name of Sister: \_\_\_\_\_

*Print name as it appears on driver's license.*

License Number and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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***To be filled out by Provincial Leadership Team Member only:***

Provincial Leadership Team Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please complete this form and give to your Prioress by February 24, 2018.*

## CENTRAL PROVINCE SAFE DRIVER POLICY

### Overview of the Clinical Driving Assessment

*Effective February 1, 2018*

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A clinical driving assessment is performed by a professional with a background in health care. Typically the evaluators are licensed Occupational Therapists. The assessment requires the driver to have a valid license. Some also require a physician's referral. The evaluation includes a pre-driving assessment of the person's physical, visual/perceptual, and cognitive status. Providers evaluate the driver on some or all of the following capabilities:

- |   |                           |                                       |
|---|---------------------------|---------------------------------------|
| ▪ Range of motion                             | ▪ Endurance               | ▪ Ability to follow directions        |
| ▪ Strength                                    | ▪ Acuity                  | ▪ Reasoning & judgement               |
| ▪ Sensation                                   | ▪ Night vision/glare      | ▪ Understanding the rules of the road |
| ▪ Coordination                                | ▪ Field of vision         |                                       |
| ▪ Reaction time                               | ▪ Depth perception        |                                       |
| ▪ Balance                                     | ▪ Color vision            |                                       |
| ▪ Ability to transfer into & out of a vehicle | ▪ Visual processing time  |                                       |
|   | ▪ Attention/concentration |                                       |

Following the pre-assessment, driver rehabilitation specialists complete a behind-the-wheel evaluation to assess the individual driver's safety potential. Final recommendations are shared with the driver. If concerns are identified, the provider will work with the client to address and resolve such issues.

The cost for the assessment varies. The Province will pay for your evaluation. Please request that the provider set up direct billing with the Province Office. However, some providers require payment at the time of service. In that instance, the Province will reimburse for those expenses.

#### **What restrictions are possible after I have a clinical assessment?**

Recommendations could include the following:

- Return to driving, with or without adaptive driving equipment.
- Limit driving with restrictions on either geographic areas or conditions in which you can drive.
- Attend a driver improvement course to establish/maintain defensive driving skills.
- Receive adaptive driving instruction or driver retraining using a vehicle matched to your individual needs.
- Cease driving. This is advised when you do not demonstrate the necessary skills to resume driving and when your potential for improvement with retraining is poor. In these cases, alternative transportation options should be reviewed with you.
- Receive reassessment. This option is indicated if your driving ability is expected to improve or if you demonstrate adequate skills but have a progressive disorder that may cause future decline.

**CENTRAL PROVINCE SAFE DRIVER POLICY**  
**Clinical Driving Assessment Form**  
*Effective February 1, 2018*

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**To be completed by the Sister:**

Date: \_\_\_\_\_

Name of Sister: \_\_\_\_\_

\_\_\_\_\_ I understand that this form does not take the place of the report which will be sent to my physician.

**To be completed by examiner:**

\_\_\_\_\_ has completed a comprehensive driver assessment today.

\_\_\_\_\_ Sister's cognitive, physical and driving skills are sufficient for her to continue driving at this time.

\_\_\_\_\_ Sister must refrain from driving for the following reasons: (Please print clearly.)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of examiner: \_\_\_\_\_

<b>Billing Information</b>
Ursuline Provincialate 353 S. Sappington Road Kirkwood, MO 63122
Questions? Call (314) 821-6884

*Please give the completed form to your Prioress.  
You may want to make a copy for your personal files.*

**POLICIES AND PROCEDURES FOR ALCOHOLISM  
AND OTHER CHEMICAL DEPENDENCIES**

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**Introduction**

The Ursuline Sisters of the Central Province, in agreement with competent authorities, recognize alcoholism and other chemical dependency as a serious disease which demands our enlightened and compassionate response.

This disease manifests itself in a threefold impairment of body, mind, spirit, which, unless arrested, can lead to irreparable damage and even death. It requires appropriate treatment, just as do cancer, diabetes, heart disease, and though it is treatable in any of its stages, the sooner, the better. Those suffering from alcoholism and other chemical dependency deserve our understanding, support, and, if necessary, our assistance in obtaining competent professional medical evaluation and treatment.

Reverencing the dignity of each human person, we acknowledge our obligation, in justice and in charity, to establish a policy and procedures to be followed in intervention, in the evaluation and treatment of the disease, and in the encouragement of ongoing recovery for our sisters who suffer from addiction.

**POLICY GOALS**

- to relieve pain and suffering
- to restore health and a sense of worth and dignity
- to provide the assistance needed for both ministry and community living as would be available for any sister recovering from an illness
- to educate our communities about alcoholism and chemical dependency

**PROCEDURES**

**A. IDENTIFICATION**

Alcoholism and/or chemical dependency are not determined by the amount or frequency of the use of a substance, but rather by its effects on the behavior of a sister and her ability to function effectively in community or ministry. The disease can be identified when a sister's use of alcohol and/or drugs, either habitual or sporadic,



- results in loss of control, erratic or embarrassing behavior, or personality changes
- reduces her dependability;
- affects her physical, mental, emotional and spiritual health;
- impairs interpersonal and professional relationships and her participation in community life.

## **B. INTERVENTION**

### **1. General principles:**

A sister who is dependent on alcohol and/or other chemicals is unaware of her addiction and the extent of its gravity. Since denial is a common symptom of the disease, in the great majority of cases constructive confrontation and intervention are necessary in order to initiate treatment and recovery.

All too often, concerned friends, associates, relatives, sisters in local community, sisters in leadership have failed to intervene until it was too late to reverse some of the cumulative damage. Feedback regarding observed behavior should be given to the dependent person as the behavior occurs. The truth is part of the healing process.

### **2. Intervention Strategies**

If the concerned sister has a close relationship with the sister, it is recommended that she meet with her one-on-one to express her concern, and to encourage the sister to seek help, either professional or in A.A. Securing a promise of abstinence, even when it is observed for a period of time, almost always proves ineffective in the long run, since it leaves the mental and spiritual aspects of the disease untreated;

If the sister does not get help and/or the use of alcohol or drug continues or recurs, the concerned sister should discuss the matter in confidence with the sister's local superior or the provincial if the sister is a member of the province group.

The local superior/provincial will meet with the sister and provide a list of professional advisors in the field of addiction, and, if desired, the names of sisters currently in recovery who have expressed their willingness to be of help. She will require the sister to consult with one or some of these persons and, after evaluation, may require her to enter a program of recovery.

If formal intervention is called for, it should include people significant to and trusted by the sister, and be prepared with and attended by a professional consultant.

### **C. RECOVERY: TREATMENT AND AFTERCARE**

Consultation with professionals in the field of alcoholism/drug dependency will enable the sister and the parties involved to choose the treatment appropriate for her. It will, therefore, vary in detail from person to person, depending on such factors as duration of the disease, degree of impairment, physical, psychological and social-vocational needs, personal insight and motivation.

In some cases, participation in A. A., rather than entry into a treatment center, can be the vehicle of recovery. If the abuse of the substance has been continuous and heavy, care should be taken that the first phase of recovery, detoxification and physical stabilization, is done under medical supervision.

The second phase of recovery (as well as the first) may take place in a hospital, clinic, treatment center, halfway house. There, as in A.A., she will have the opportunity to:

Learn about the disease of alcoholism/drug dependency;

Identify the consequences of alcohol/drug abuse.

Accept the reality that she is alcohol/drug dependent and is responsible for her sobriety. Make a commitment to an ongoing plan for maintaining an alcohol/drug free condition.

In the aftercare phase, the sister will participate in aftercare programs offered by the treatment facility, and will involve herself in an effective ongoing support system such as A. A. Committed to recovery, she is guaranteed full and equitable consideration in matters of ministry and community living.

For its part, the community will participate as required in the aftercare phase and support the sister in her ongoing recovery.

### **D. RELAPSE**

Should a relapse occur, the sister will be directed, with all kindness and respect, to undergo, resume, or continue treatment in A.A. or a treatment center, as circumstances dictate.

## GUIDING PRINCIPLES

The responsibility of community members in the implementation of this policy and these procedures cannot be overemphasized. Ignorance about addiction and the failure to address it among our members constitute a serious omission and a grave injustice both to them and to the community.

The individual's right to privacy precludes discussion of the matter with those not directly involved and in regard to records kept.

Cooperation, support and the opportunity for treatment are to be made available as soon as possible to a sister identified as needing help.

Treatment for alcoholism and/or drug dependency will not in any way jeopardize a sister's membership in the community, her eligibility for community offices or committee work, or her choice of ministry. She is entitled to the same privileges and respect as any other sister suffering from an illness.

Should a sister refuse the recommended treatment, she has the right, as in any other matter, to appeal to the next level of government. However, until a decision is reached, in order to protect her and others, appropriate restrictions (e.g., on her mandate for ministry, the use of community cars) may be imposed.

This policy and these procedures are applicable in the identification and treatment of other forms of addiction, such as eating disorders, compulsive gambling, shopping, credit card use, etc.