

THE
Southdown
INSTITUTE

Annual
Report
2008



C H A N G E :
An Invitation to
Transformation

CHANGE: AN INVITATION TO TRANSFORMATION

Early in Spring 2008, Southdown Institute co-sponsored our bi-annual Critical Personnel Issues conference. The theme of that event was **Change as Invitation to Communal and Personal Transformation**. When we named that theme the summer before, we had little inkling as to how that theme would permeate not only the conference but the entire year.

Our experience of 2008 mirrors many of the changes that you have experienced in your lives as shifting demographics, new opportunities, unanticipated challenges and external realities presented themselves. The call to change was real, as was the resulting invitation to communal and personal transformation. In this review of the past year, we will share with you some of the changes that have marked our journey through 2008, our response to new realities, and our reflection on the transformation to which we have been invited.

Just as the pervasive shifts in demographics of your members and in the economic realities of our world play a significant role in decisions regarding ministry, resources, and your very futures, we at Southdown have not been immune to similar challenges.

CHANGE

Enhanced Clinical Program. As part of our ongoing mission to provide excellent services and programs to fully meet the needs of our clients, we have undertaken a comprehensive review of our clinical program. We had long noted the growing complexity in the array of issues that move a leader to consult with us. Similarly, in both

the assessment and residential services, the increased severity of presenting problems has challenged us to adjust and adapt our programs. Our engaging in a thorough program review has enabled us to consider these realities from perspectives that included consultation from external professionals, review of current best practices in the area of mental health treatment, and reflection on

our own learnings over more than 40 years of service.

Throughout this review, the ability to carry out the mission of the Institute has been uppermost in our consideration. Southdown is deeply committed to integrating the best of psychological science with the profound wisdom of the Catholic spiritual tradition.

CHANGES EFFECTIVE JANUARY 2009:

- **REDUCED LENGTH OF STAY:** Increased program flexibility allows shorter, more focused and cost-effective programs that deliver on important goals;
- **STREAMLINED ASSESSMENT SCHEDULING:** Receiving your referral when you need it to occur;
- **"ASSESSMENT PLUS":** Extending the length of time to adequately assess and plan treatment related to complex referral questions, particularly those related to cognitive issues and medication management;
- **VARIABLE, TIME-LIMITED MODULES:** Updated, theme-focused groups incorporating the most recent research and best clinical practice to meet the needs of today's clergy and religious;
- **TIMELY COMMUNICATION:** Efficient yet comprehensive intake procedures, prioritizing clear and achievable goals, communicated rapidly with leadership;
- **CLIENT-FOCUSED:** Individualizing programs to address the presenting issues of residents and accommodate time constraints of our referral sources ; and
- **IMPROVED FOLLOW-UP:** Continuing care that is integrated earlier in treatment, collaborates with leadership, and actively engages residents in preparing for a solid and effective return to ministry.



Sister Miriam Ukeritis, CSJ

The changes introduced not only provide for a more individualized and flexible approach to treatment, but also focus on the role that the individual priest, sister or brother plays in his or her treatment. Use of both new and traditional modalities is balanced with the need for personal reflection and integration.

Southdown's Leadership and Staff. One of the more obvious examples of change at Southdown was Father Ray Dlugos' departure from the Institute. After nine years at Southdown, the last five of which he served as Chief Executive Officer, Ray's Augustinian Province missioned him to serve as Vice President for Mission and Ministry at Merrimack College in North Andover, MA. Sister Miriam Ukeritis, CSJ, Southdown's Director of Research since 2003, assumed the role of Chief Executive Officer in July.

During the past year, we have both welcomed and said farewell to a number of clinicians. We also celebrated some personal achievements.

Mary Catherine Kelly, gsic, a bioenergetics therapist who ministered at Southdown for many years, concluded her service here in June. She plans to

continue to offer spiritual direction in the Toronto area, and to travel on a regular basis to parts of Canada where spiritual directors are not easily available. Barbara Woody, OSF, PsyD, entered her Congregational Chapter as a member of Southdown's staff, and left as a newly-elected member of their leadership team. She began that ministry in Syracuse, NY, in mid-September.

We also welcomed new faces to our staff. Arnulfo (Arnie) Bugtas, SJ, joined us in July as a Global Outreach fellow on our Spirituality Team. That same month, Joe Forhan assumed the newly created position of Southdown's Chief Administrative Officer. Dolores Hall, MA, joined the Continuing Care (Aftercare) staff in late September as Judith Smith, RSM, PsyD, resumed her role as primary therapist.

A few years ago we announced that we had hired a newly-trained neuropsychologist, Ben Williams, PhD. During these past two years he has completed a post-doctoral program with Baycrest Hospital in Toronto, successfully passed the written and oral examinations, and is now a member of our staff with full credentialing as a member of the College of Psychologists of Ontario.

Staff Restructuring.

While change brings exciting opportunities, change also calls us to address challenging issues such as demographic realities. Census projections – for both the population of religious and clergy as well as our own residential census – have moved us to plan for a smaller resident community. This has entailed a review of staffing needs, and led us to small yet significant reductions in our support and professional staffs. As with our

program review, we have engaged in this process with the mission as a guiding factor. Our aim in all has been to continue to offer a needed service to church professionals that reflects excellence and integrity and recognizes client needs and resources. Regretfully, we said farewell to Robert Camargo, PhD, Shauna Corbin, PhD, and Divna Peric-Todorovic, PhD in the month of December.

RESPONSE TO NEW REALITIES

During the 2008 calendar year, the Southdown Institute responded to the needs of 144 women and men who used the services of our residential and assessment programs. These courageous persons came not only from Canada and the United States (the home countries of the majority of our residents and assessees) but also from England, Ireland, Italy and the Philippines. Many of the 107 assessees entered our residential program, but the majority of both women and men were referred for outpatient or other treatment. Mood and anxiety disorders continue to be the major referring issues, but behaviors related to impulse control (e.g. pathological gambling, compulsive spending) as well as substance abuse and ministerial boundary violations (primarily with adults) comprise a significant portion of presenting concerns.

Assessments and "Assessment Plus."

Southdown is committed to continue offering its comprehensive clinical and vocational assessment services. Recognizing the increasing urgency that often prompts a request for an assessment, we have reviewed our scheduling processes in order to be able to respond to requests for service *when service is needed.*

In addition to scheduling modifications, we have noted over the past few years that, with the shifting demographics, leadership have increasingly voiced concern regarding issues related to cognitive functioning and to management of medications. The women and men who participate in our assessment process with these concerns have taught us that the typical one week format is often insufficient to assess, diagnose and formulate a treatment plan for them. At the same time, it is often clear that residential treatment is either not needed or not appropriate. In keeping with our commitment to respond to emerging needs, we have initiated a plan to extend an assessment from the usual week to what is needed to complete the process and assist the individual and his/her leadership in implementing a plan to address the presenting concern. This may take the form of an extra week to complete a more thorough psycho-neurological assessment, or a six to eight week stay for medication monitoring.

Length of Stay. While continuing to provide the intense clinical program that has enabled hundreds of women and men to return to ministry with renewed energy and deepened commitment, Southdown is also aware of the factors that often limit the time that an individual is able to participate in the residential program. With that in mind, we have introduced several updated, theme-focused groups incorporating the most recent research and best clinical practice to meet the needs of today's clergy and religious. Flexible scheduling provides for a more

focused and individualized program for all residents.

Communication and Continuing Care. As treatment has become more focused and shorter in duration, we recognized the need for efficient yet comprehensive intake procedures, prioritizing clear and achievable goals, and rapid communication with leadership. Similarly, Southdown has integrated Continuing Care (Aftercare) earlier on in the residential program so that, from the very beginning of one's residential stay, information and understandings regarding Continuing Care are clear.

SOUTHDOWN TRANSFORMED

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 to seek to understand what
 the call to change means
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 – has accompanied the surface
 experience of change.

The Continuing Care directors engage with residents in preparing for a solid and effective return to ministry. Content of post-residence Connections workshops has been revised to allow for greater variety in the modules offered, as well as the opportunity to plan for a better fit with the needs of returning residents. As has always been the practice, Continuing Care staff are available to residents and their leadership throughout the weeks and months following their discharge from the residential program.

Focused Educational Sessions. As task groups addressed the question of our clinical program, they also identified areas of need in education and extended workshops. These areas will address requests that leaders have made for focused input in mental health education and the need for brief, focused education and treatment for persons who have been engaged in ministerial boundary violations.

Over the coming year, Southdown will offer a five day educational institute for those in Church leadership, similar to the bi-annual offering on critical personnel issues. It will take the form of a “Mental Health 101 for Leaders” and address topics that include addictions and compulsive behavior, depression, anxiety and personality disorders, boundaries and ministerial conduct, cognitive functioning, and means of dealing with mental health professionals.

The second offering, a two-week workshop, will provide a mini-treatment/education module for those who struggle with issues related to ministerial boundaries. In

addition to regular group therapy sessions, there will be input on appropriate boundaries, intimacy, addictions, and appropriate self care.

Each of these educational modules will include focused input, opportunity for interaction with presenters, personal reflection time, theological reflection, and availability of staff for individual consultation.

Global Outreach Continues.

Recognizing the need for services such as Southdown offers in many parts of the world beyond North America, and our own limits in terms of cultural training and language, Southdown instituted the Global Outreach program a few years ago as a means of contributing what we are able to address this need. Over the years, we have welcomed women and men from India and the Philippines as spiritual directors and as a psychologist. We continue to be open to professionals from other countries who, possessing the credentials appropriate to their discipline, seek to learn from our staff in order to serve the ministers in their own countries and cultures.

Aware of our commitment, we received a request from a group of clinicians from the Philippines (psychiatrist, psychologist, counselors, and spiritual director) who hope to initiate a service that will complement what we offer at Southdown. In May of 2008, we hosted these professionals, and during their month with us, we introduced them to our assessment and continuing care departments, offered training in our addictions and assessment services, and worked to assist them in “translating” the best of psychological services that we offer to what will best serve the religious of the Philippines. This service will be sponsored by the

MISSION STATEMENT

The Southdown Institute offers residential and outpatient psychological treatment and spiritual guidance to clergy and vowed religious and provides education promoting health and holiness for all committed to ministry and religious life. The best of psychological science and practice are integrated with the wisdom of the Catholic spiritual tradition through the efforts of an interdisciplinary team of professionals.

An environment conducive to healing is provided in a setting of natural beauty and a community dedicated to the growth and transformation of each of its members. The Institute is committed to assisting the Church to provide healthy ministers and develop healthy communities of faith that will fulfill the desire of Jesus that all “might have life and have it to the full.” (John 10:10).

Philippine Province of the Society of Jesus, and Fr. Arnie, a member of this province and a current Global Outreach fellow, plans to return to the Philippines to work as spiritual director with this group.

TRANSFORMATION

In this report, we have considered some of the changes that Southdown has faced and responded to in 2008. The deeper call to transformation – to seek to understand what the call to change means in light of our mission and how it touches each of our lives – has accompanied the surface experience of change.

In facing both the minor and the major adjustments at Southdown and in the world around us, we have reflected on the “what” and the “why” of these shifts and how they influence our service. We have found answers in a deeper understanding of Southdown’s mission. Our Mission Statement reminds us that our treatment includes “*the best of psychological science and practice ... integrated with the wisdom of the Catholic spiritual tradition.*” It also speaks of our commitment to “assisting the Church to provide healthy ministers and develop healthy communities of faith that will fulfill the desire of Jesus that all “*might have life and have it to the full.*” (John 10:10).

In responding to the events of this past year, those words have become more than a few nice verses on paper. Holding the mission of the Institute uppermost in our minds and hearts – and central in our decision-making – has sustained us in our losses, energized us in our adaptations, and provided a focus for our creativity.

- We have again recognized the profound need for healing of those who minister to us, and new ways in which that need for healing manifests itself. We have adjusted our ministry to respond to those new needs.
- We have come to a deeper understanding of the financial and personnel implications of missioning a member of congregation or diocese to residential

treatment. We have adjusted our modes of treatment and length of stay in an effort to address these concerns.

- We have been reminded of the fact that we do not minister in isolation but, rather, are part of a global reality and are vulnerable to its vicissitudes. We have adjusted our understandings and expectations with regard to what is possible.

In all of this, we have recognized yet again the grace and call that is at the core of what we do. We know that, as in the words attributed to Archbishop Romero, we are “ministers, not messiahs” but that the work we do is intimately related to Jesus’ prayer that all might have life and have it in its fullness.

WE ARE NOT ALONE: THOSE WHO SUPPORT US

As the ministers in our Church are stretched to address the complex and challenging needs of God’s people, places like Southdown offer a valuable sanctuary to sustain them in their mission and a safe haven to engage in the graced-filled work of recovery and healing. Those of us privileged to serve as members of the professional and support staffs could not do this work in isolation. This reality has not changed.

We are most grateful to the women and men who serve their religious congregations and dioceses in positions of leadership. They are often the ones who provide direct support and assistance to those in need of our services, and who are on site to implement suggestions and engage individuals in healing and self-care.

We are also indebted to the women and men who serve on Southdown’s Boards. Having been founded by laity in 1966, Southdown is the gift of Canadian laity to the Church. Their names appear in the side panel.

Finally, we express our thanks to you who have offered words of encouragement and advice, promise of prayer, and financial contributions. All these indications of support mean more than words can say at this time when we all share in realizing the vulnerability of our institutions.

YOUR SUPPORT IS WELCOME

In an effort to attend to the financial reality of those who use our services, we have not raised our fees or the salaries of our staff for the coming year. And so, with our thanks to all who have contributed to the work of Southdown in the past, we dare to invite you to share what you can to support this ministry of healing.

Before discarding the envelope that accompanies this mailing, please consider what you can offer – no matter how small – to assist Southdown in our efforts to make real Jesus’ dream that “*all might have life, and have it to the full.*” (John 10:10)

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