THE

Southdown

INSTITUTE

ANNUAL REPORT

2009

FAITHFUL
TO MISSION,

RESPONSIVE
TO NEW NEEDS

Faithful to Mission, Responsive to New Needs

Our 2008 Annual Report focused on *Change: An Invitation to Transformation* and reflected on the significant shifts in our environment, church communities and Southdown itself. This 2009 Annual Report presents a review of changes that Southdown has implemented during this past year, recognizing our commitment to simultaneously be *Faithful to Mission* and *Responsive to New Needs*.

FAITHFUL TO MISSION

Since Southdown opened its doors in December 1966 to serve six priests who struggled with alcoholism, the Institute continues to offer *"residential and outpatient psychological treatment and spiritual guidance to clergy and vowed religious. . . 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." (Mission Statement)*

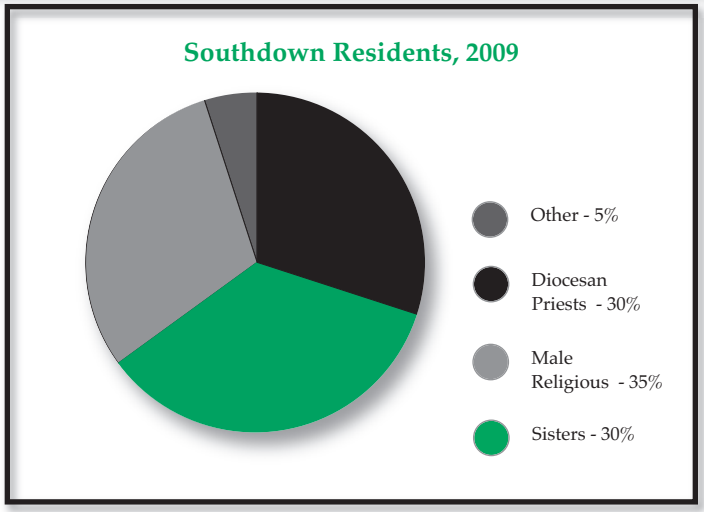
Over these nearly 45 years, Southdown has expanded its residential services to include religious women and men and to offer a comprehensive assessment program whose aim is to identify clinical concerns and recommend means of addressing them. We also provide religious communities and the diocesan church with vocational assessments which offer both the receiving group and potential candidates an opportunity to identify one's strengths as well as areas of potential challenge. Leaders regularly consult with our clinical staff on matters of concern. And as part of our commitment to provide healthy leaders for healthy church communities, we welcome groups to come for team building, education and reflection, and our staff continues to travel to bring these services to religious congregations and the diocesan church in their home settings. This past year, the Carter Centre has welcomed former residents to ten different Connections workshops and a variety of leadership groups for team building, leadership discernment, and formation consultation.

Our Residential Program

At the beginning of 2009, Southdown Institute's residential population included 27 women and men. During the year, we welcomed an additional 83 residents. While 87% of these men and women were from Canada and the United States, we also enjoyed the richness of a truly international community with other residents calling England, France, the Netherlands, Ireland, the Philippines, South Africa, Switzerland, and Zambia their home.

The number of sisters (33), diocesan priests (33) and men religious (39) reflected proportions of past years. Southdown Institute also welcomed 5 members of other Christian communities among its residents.

Continuing the tradition of Southdown's founders, 35% of this year's residents participated in the addictions track. The majority of them struggle with the more traditional addiction in the form of alcoholism and a growing number came to address increasingly common forms of process addictions such as gambling, spending, and sexual addiction.



The following table summarizes some of the other clinical issues that residents bring to treatment. You may note that the sum of the percents exceeds 100%. The reason for this is that residents often deal with multiple diagnoses. Mood disorders – including the range of bipolar disorders as well as "simple" depression – continue to be the major concern of our residents.

Axis 1 Disorder	Percent of Residents
Mood Disorders	78%
Phase of Life (includes grief and loss, vocational issues, struggles with celibate chastity)	35%
Substance Abuse	21%
Anxiety Disorders	17%
Survivor of Child Abuse	17%
Impulse Control (e.g., spending/ gambling)	9%
Other	9%
Sexual Disorders (e.g., sexual identity, paraphilia)	5%
No Axis 1 Diagnosis	1%

In addition to the clinical issues, 29% of the residents treated at Southdown this past year were diagnosed with some form of personality disorder, often a more difficult to treat component of presenting concerns. An additional 45% of the residents were noted as having "traits" related to these personality disorders. The most frequently noted disorders/traits include Obsessive-Compulsive (34%), Dependent (27%), Avoidant (26%), Histrionic (18%) and Narcissistic (15%). Traits such as Self-defeating, Schizoid, Borderline, Antisocial and Paranoid were each noted for fewer than 6% of our residents.

Assessments

Southdown's assessment service has long been a part of our clinical offerings. For more than 25 years, the Institute has offered both clinical and vocational assessments. This past year was no different, with our clinical staff conducting a total of 109 clinical assessments and 19 assessments of candidates seeking to enter either religious congregations or the diocesan priesthood.

Once again, Canadians and Americans accounted for the majority (92%) of the clinical assessments, with the other 8% coming from France, the Netherlands, Ireland, Malta, the Philippines, Switzerland, and Zambia.

Of the 20 women and 89 men who were assessed, we recommended that 58 of these individuals participate in a residential treatment program. Of that number, 8 women and 42 men entered Southdown's program. Reasons for entering treatment parallel what was reported earlier regarding the residents. Mood disorders, phase of life issues and substance abuse are the most frequent diagnoses. Those diagnosed with substance abuse and mood disorders were more likely than not to comply with a recommendation for residential treatment.

Is Treatment Effective?

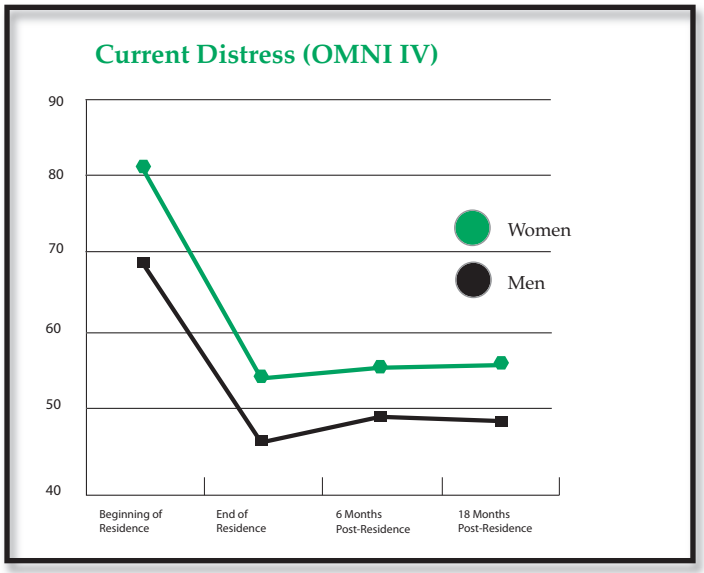
While results may vary from individual to individual, Southdown's research department conducted a Treatment Outcome Study in order to assess the overall effectiveness of the residential treatment program. Each person who entered the residential program from October 2004 through June 2007 was invited to participate. A total of 182 individuals took part in the study from the beginning of residence through their final Connections workshop. Given the longitudinal nature of the project, data collection ended in late fall 2009.

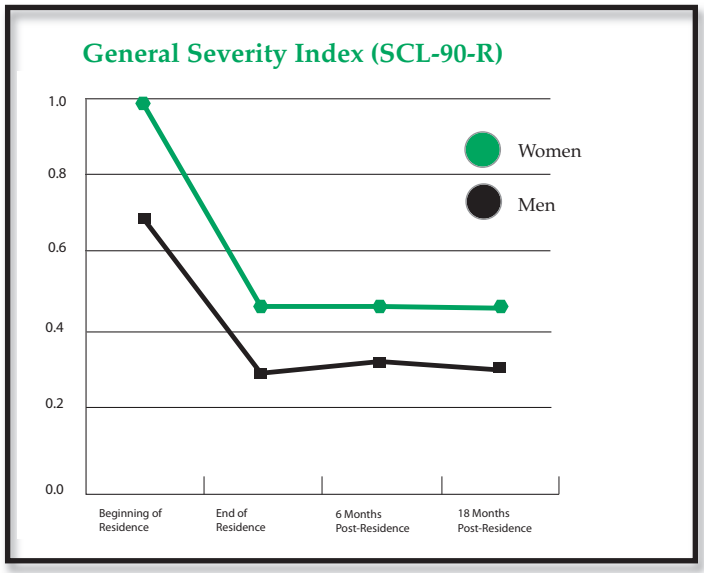
At the beginning of their residence experience, during the month before they left, and when they returned for Connections Workshops, the participants completed two clinical instruments: the 90-item Revised Symptom Check List (SCL-90-R) and the OMNI-IV, an instrument that assesses qualities related to the range of personality disorders. They also identified the presenting issue that prompted residence, and rated the severity of it at each data collection point.

OMNI-IV ratings of Current Distress and the General Severity Index of the SCL-90-R all showed a significant decrease in distress/severity between the beginning of their residence experience and their departure. The gains made during residence were typically maintained over the 14 to 18 month post-residence period of continuing care. Participants in the addictions track of the residential program tended to reported slightly greater changes in their improvement. As the accompanying charts indicate, men's ratings of distress and severity tended, in general, to be lower than the women's. Whether this reflects a tendency of men to minimize problems or the fact that women actually do experience greater distress is not clear.

Additional analysis is in process, and will be reported in subsequent issues of the *Covenant*.

More recently, all residents have participated in the Resident Progress study. This component of the program uses two brief measures – the Inventory of Interpersonal Problems -32 (IIP-32) and the Brief Symptom Inventory (BSI) – to measure progress in treatment. As in the case of the Treatment Outcome Study, the two instruments assess both personality functioning and clinical





concerns. These surveys are completed by residents prior to the case conference which is held every three weeks. Results are considered at the case conference, and used by the clinical team in treatment planning.

RESPONSIVE TO NEW NEEDS

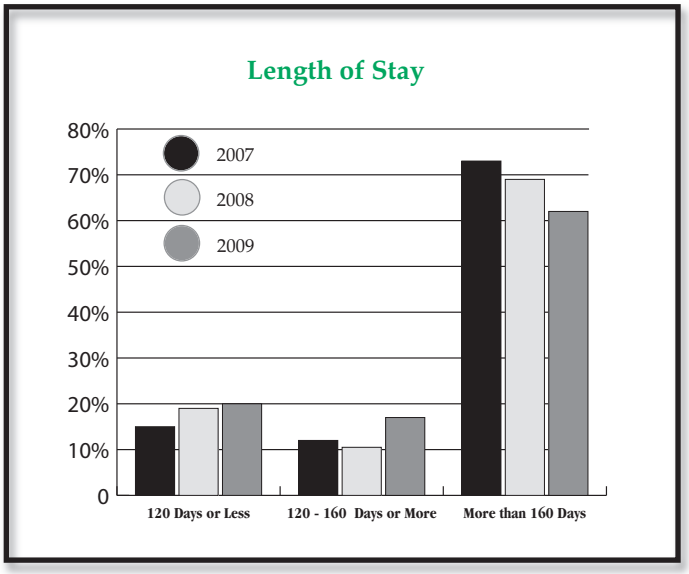
It is no secret that the needs of clergy and religious in today's world are changing. Demographics – fewer and older members – not only call for new ways to meet needs of those who rely on the ministry of our congregations and dioceses and to consider issues related to aging, but also challenge us to plan to assist young and committed members in maintaining energy and healthy practices in an increasingly stressful ministerial environment. Southdown is very aware that dwindling financial resources require a careful balance of stewardship concerns with the need to attend to members' needs.

Leaders themselves are called to address complex issues of mental and physical health along with challenges of shifting ministry needs and the call to mission focus. Many come from ministerial backgrounds that find them ill prepared to adequately address such concerns. Southdown is committed to work to assist those in leadership positions as they seek to address new questions and handle emerging challenges.

In last year's Annual Report, we identified several changes and strategies to assist leaders as well as those who seek our assistance. This year, we would like to report on our efforts to respond to new needs.

Reduced Length of Stay

We have introduced 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. These changes have enabled us to plan for a focused, brief period of residency as well as shorten the length of stay for those in need of more intense work.



Last year, 36% of our residents had a length of stay equal to 5 months or less. This stands in contrast to the two previous years where a 5-month or shorter length of stay was true for 30% in 2008 and 27% in 2007. While a seemingly small percentage difference, this shift reflects a trend which Southdown strives to continue.

"Assessment Plus"

In keeping with our commitment to respond to emerging needs, we implemented a means of extending an assessment from the usual week to what is needed to complete the process and assist an individual and his/her leadership in formulating a plan to address the presenting concern.

This service grew from Southdown's recognition of the increased complexity marking many of the issues that we see at assessment. In particular, those related to cognitive functioning and management of medications often require additional time. 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. As described in last year's Annual Report, we noted that Assessment Plus may take the form of an extra week to complete a more thorough psychoneurological assessment, or a six to eight week stay for medication monitoring.

Over the past year, ten persons have participated in the Assessment Plus service. Their length of stay ranged from 4 to 70 days, with an average of 39 days. Three of these men and women subsequently entered the residential program.

Our experience in working with these individuals and communities has confirmed our sense of the need for this service, and enabled us to better assess who might benefit from such an opportunity. We have also found that Assessment Plus may be beneficial for those who need not an assessment but, rather, time and space to reflect on a life crisis or to reintegrate learnings from a prior therapeutic experience.

Variable, Time-Limited Modules

A key element in the revised clinical program was the introduction of a greater variety of psycho-educational seminars and time limited focal groups. Each month, Southdown staff offers two different series of psycho-educational seminars on a wide variety of topics. These offerings provide residents with quality input and an opportunity to integrate and better understand their therapeutic experiences.

PSYCHO-EDUCATIONAL SEMINARS: A SAMPLE

Relapse Prevention	Emotional Intelligence
Boundaries	Sleep Hygiene
DSM-IV Diagnoses	Styles of Prayer
Family of Origin	Intimacy
Nutrition and Health	Memory and Cognition
Sexuality	Stress Management

Time-limited groups such as Cognitive Behavior Therapy, Wellness, and Grief and Loss enable residents to focus on a particular theme or issue in their therapeutic work. Mindfulness and the Theological Reflection groups provide an opportunity to learn (or re-learn) ways of reflecting on and integrating one's experience.

Residents regularly evaluate both the quality of the input in these modalities and their usefulness. Ratings are consistently high, typically averaging around 4.0 on a 5-point scale. Comments on seminars include "well explained and taught compassionately," (re: Family of Origin), "immensely positive message; wholesome and liberating" (Sexuality), "presenters were flexible and open to our questions on issues" (Boundaries). Their suggestions also point us to where we can enhance the scope of our offerings - e.g., "international /intercultural dimensions could also be introduced" (Boundaries).

Improved Follow-Up: Continuing Care Updates As the staff completed their review of the clinical program, attention shifted to Continuing Care. In working to achieve a more focused and shorter length of stay, we recognized the need to introduce the concept and process of Continuing Care earlier in the residential program so that, from the very beginning of one's residential stay, information and understandings regarding Continuing Care were clear. This has taken the form of an "Introduction to Continuing Care" session, typically held during a resident's first month. As the residential program draws to a close for an individual resident, our Continuing Care coordinators 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. In an effort to strengthen this connection, residents leave Southdown with an appointment for a phone contact with their Continuing Care coordinator. Most recently, and as a result of conversations with leadership, a phone conversation with the resident's community or diocesan leadership contact is scheduled for some time during the second month after departure.

Future Plans: Obesity Treatment As we have reflected on requests and questions that have come to us through meetings at conferences and in phone conversations, we have noted that there are increasingly frequent requests for assistance with members who struggle with obesity. We have recognized that while some programs that address this issue do exist, there is little opportunity to combine the need to address significant clinical issues with concern for weight management in a residential setting.

Over the past several months, a group of Southdown's clinicians have focused energies on exploring how the Institute might provide a clinical program that would focus on obesity. We have consulted with experts in this area and plan, in the coming year, to initiate an Obesity Treatment Track as part of our residential program.

New Assessment Focus: Incardination and Transfer As we have listened to the concerns of bishops and congregational leaders, we are aware that the number of priests seeking incardination in another diocese or professed religious seeking to transfer their religious profession to another institute is increasing. We have also heard their many questions related to this process.

Aware that the concerns raised by persons overseeing the transfer request can often be addressed through use of Southdown's assessment service, we welcome the opportunity to assist in this process. Similar to a candidate evaluation, such an assessment will focus on an individual's strengths as well as the challenges he or she may present to the receiving diocese or community. Issues related to the individual's desire and motivation for the transfer as well as the particular questions of the referring group will be thoroughly explored.

TRANSITIONS AT SOUTHDOWN

Life in any organization is not without change! Over this past year, we have said several good-byes as staff have moved on to new challenges and responsibilities.

- **Judith Smith,** RSM, PsyD, has returned to be closer to her Mercy community in the Philadelphia area. She now serves as a psychologist on the staff of Saint Luke Institute.
- **Mary Buckley,** GSIC, MA, has moved from her position of Aftercare Coordinator to serve on her congregation's Leadership Team in Pembroke, ON.
- **Dolores Hall,** DM, also a member of our Aftercare Team, responded to an offer to minister as spiritual director and trainer on the staff of Providence Renewal Centre in Kingston, ON
- **Olive Couper,** after nearly 30 years of service as Southdown's chief financial officer, has "retired."
- And, as we reported in the December *Covenant*, **Barbara Gaudet**, CSJ, MAMS, died suddenly on October 22. A graced and gifted member of our Spirituality Team, she is truly missed.

Along with farewells, we have also had the joy of welcoming Dorothy Heiderscheit, OSF, MSW, to the position of Continuing Care Coordinator. Dorothy, a Dubuque Franciscan, brings a wealth of experience and expertise to our continuing care service.

Southdown's Board of Directors marked a transition in its leadership as Joanne De Laurentiis concluded five years of service as Board Chair. William (Bill) Volk has generously accepted the position of Board Chair, and Joanne has graciously agreed to continue to serve as Board member. A listing of members of our Boards appears on the back panel.

CONCLUDING THOUGHTS

No Annual Report is complete without an acknowledgement of the contributions of the many persons whose commitment to Southdown's mission makes possible this graced ministry.

Our support staff and clinicians work as a team to ensure an environment where the courageous women and men who are part of our residential, assessment, and assessment plus programs can engage in the difficult and often painful work of healing. They have generously responded to the demands of working in a ministry that is subject to the new needs and uncertainties related to the shifting demographics among religious and clergy.

For the nearly 45 years of its existence, Southdown's Board of Directors and the Board of the Emmanuel Convalescent Foundation have given generously of their time and talent. In these challenging times, their advice, presence and support has been constant and affirming.

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).*

You who are leaders of religious congregations and the diocesan churches provide the closest connection with those men and women who are in need of care and healing. We are grateful to you for your ministry of leadership and for the care and assistance you provide to those in need of our services.

During this past year, the Morrow Foundation also provided funding to assist in our Global Outreach Fellowship program. This aspect of our ministry allows for religious and priests from other parts of the world who have training in spiritual direction or psychological services to work with us and engage in learnings that they can bring to their ministry in their home cultures. This past year, Arnulfo (Arnie) Bugtas, SJ, of the Philippine Jesuit Province has been with us as Spiritual Director.

WE CONTINUE TO COUNT ON YOU

As the Southdown Institute continues to be faithful to mission and responsive to new needs, we count on your support.

We thank you who have offered words of encouragement and advice, promise of prayer, and financial contributions. All these indications of support mean more that words can say at this time when we all realize more acutely the vulnerability of our institutions.

And, as we look to the future, we invite you to share what you can in supporting this ministry of healing. Over the past year, approximately 50% of the gifts we received were $100 or less. No gift is too small or insignificant.

Our commitment to the mission of the Southdown Institute is strong, and by God's grace, we are privileged to continue a mission that seeks to provide healthy ministers for a church in need. We take seriously the challenge to do so in a changing world that brings to our door new demands and new needs. Faithful to mission and responsive to new needs, we look forward to the coming years.

Miriam D. Ukeritis, CSJ, PhD
Chief Executive Officer

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