COVENANT

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Candidate Assessment – a Foundation for Growth

By Dorothy Heiderscheit, OSF, MSW, ACSW, RSW

Saying "yes" to the call of a vocation to religious life or priesthood is a twofold response. It requires prayerful reflections and discernment on the part of the candidate and on the part of the congregation and seminary. To live the life of vowed poverty, celibacy and obedience in today's society one needs to possess the ability to trust, to continue to grow both psychologically and spiritually in self-awareness, self-acceptance, transparency, compassion, forgiveness, and acceptance of others with their strengths and their weaknesses.

In her book, ***The Fire In These Ashes***, Joan Chittister describes religious life as "…a very personal, very human, very spiritual, very life absorbing thing…a time honored way of being Christian in the world." It is certainly a call from God as well as an intellectual choice that also requires self-evaluation and the ability to make decisions. Another way to say this is that it requires personal maturity. The demands of ministry call forth the need to be able to balance quality self-care with social/community interactions and involvement, prayer life, and ministerial demands.

Persons in position of Leadership in Religious Life are well versed in Canon 642: "Superiors are to exercise a vigilant care to admit only those who, besides being of required age, are healthy, have a suitable disposition and have sufficient maturity to undertake the life which is proper to the institute."

A candidate assessment is an aid to both the candidate and the congregation or seminary. For the person seeking admission, the process offers a clearer understanding of his/her strengths and weaknesses. Assessment includes the opportunity to identify intellectual strengths and abilities, interpersonal skills and an understanding of interactive dynamics, levels of emotional intelligence, an understanding of basic personality structure, and a disposition of the potential for serious psychological concerns.

This knowledge can be utilized in forming an ongoing personal growth program to continue in the adult development process. For some the assessment is an affirmation and an encouragement to continue or move forward with the process of vocational discernment. For others it may clarify some questions and concerns they held in their hearts regarding the wisdom of the decision and may take the opportunity to re-evaluate the vocational choice or goals. Sometimes these decisions can be viewed by either party as a failure or by the candidate as being disqualified. Knowing why one is being cautioned about continuing the process is important information. Whether one's gifts and talents are best served in vowed commitment, priesthood, married or single lifestyle, we are all called to personal growth. The information gleaned from the process can assist in placing one's gifts where they can best flourish. In reality the challenge of the admission process is to ensure future members will persevere as joy filled ministers and that community members will be able to live productive healthy lives.

Assessments before admission can provide valuable information for program development during novitiate and seminary that can support and encourage a personal growth plan. It also provides for the discovery of some behaviour traits that may be dormant and be potentially destructive to community life and ministry in later years.

The question is often posed as to when is the best time to seek an assessment – before admission or before the final step along the journey? How to decide may be best answered by the needs and experiences of the congregation/seminary. The advantage of an assessment previous to admission gives formation personnel a baseline to focus growth programs. There is also some wisdom to seeking a modified assessment prior to the final step. The growth period between entrance and the final stage provides indicators for future concerns or areas of weakness. It can also confirm the growth in strengths the individual possesses for the lifestyle. ■

Retirement Adjustment

By Samuel F. Mikail, PhD, C Psych, ABPP

As we enter that phase of life in which we are told we qualify for the senior's discount on movie tickets and bus fares, we are challenged to reflect on what it will mean to retire. Researchers note that retirement adjustment is a process that unfolds and varies over time (Wang, Henkens, Solinge, 2011). Effective retirement planning extends beyond attending to the financial resources needed to support members of a community or presbyterate during retirement years; it includes attending to the psychological, social, and spiritual impact of reducing one's involvement in active ministry or the decision to embark on full-time retirement. Such considerations are particularly important in light of the progressive trend toward ever increasing life expectancy.

In one study investigators found that 12% of those aged 51-61 had not thought about when they would retire, while 43% had not made any retirement plans. Yet, research suggests that individuals who actively engage in retirement planning experience less anxiety and depression about retirement and manage the transition to retirement more successfully. Ideally, preparation should begin in middle age, well in advance of when one expects to cease involvement in active ministry. For those called to a religious and/or priestly vocation, ministry is not only a central part of daily life; it often becomes a core aspect of one's identity. Ministry serves as a means of expressing the charism to which one has chosen to dedicate his/her life. It fulfills one's need for meaning, purpose, relatedness, and growth. Ministry also serves a number of practical functions. It responds to the financial needs of the individual or community and structures one's time so that he/she can feel productive and useful. Enhanced adjustment to retirement is made possible by ensuring that these varied needs are met over the course of retirement years.

For many people, retirement involves a change in residence. Retirement adjustment is greatly impacted by the degree of choice one has in making this decision. In some instances the decision is driven by changes to physical health, diocesan or congregational policies, available supports, or external obligations. Another critical variable impacting adjustment to retirement is the extent to which an individual perceives having control over a departure from ministry. Research suggests that retirement adjustment is made more difficult if an individual feels forced to leave ministry prematurely or unexpectedly. Retirement is likely one of the most challenging life transitions we face over the course of adulthood. Research suggests that to the extent that one has cultivated a flexible style of dealing with life transitions, he/she is more likely to anticipate and prepare for the changes inherent to retirement.

Results of a longitudinal study in which a national representative sample of retirees was followed over eight years found that 70% of retirees experienced at least minimum declines in positive adjustment initially after retiring. Twenty five percent experienced a more significant negative decline in psychological well-being during the transition phase, which eventually improved, while 5% experienced a positive change in psychological well-being in response to retirement.

What can you do to enhance retirement adjustment?

- Begin conversations and planning regarding retirement early, particularly if ministry involves being physically separated from the community or the heart of the diocese.
- Attend to forming and nurturing relationships that will extend well into retirement years.
- Attend to and nurture your spiritual life and relationship with God at a personal level that extends beyond ministerial activity.
- Take time to develop avocational interests.
- Pay attention to ensuring good physical health through the myriad of preventative health strategies such as undergoing an annual physical exam, having a proper diet, engaging in regular exercise, and stimulating your brain.
- Work toward a balanced life that reinforces the view that your identity is multi-determined and not solely defined by your work. ■

After 19 years, Dr. Mikail is leaving Southdown to assume the position of Senior Mental Health Consultant with the Sun Life Insurance Company. Dr. Mikail served as Clinical Director and member of the executive team for 12 of his 19 years at Southdown during which he oversaw and redesigned the Residential Program, provided clinical services and assessments and took a lead role in Southdown's Accreditation with Accreditation Canada. We wish Dr. Mikail the best of luck. He will be greatly missed by all of us at Southdown.

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We are grateful for your continuous help with keeping our mailing list current. While we update our database software we apologize if we have missed any recent address changes. Any new information can be e-mailed to administration@southdown.on.ca or please call us at 905 727 4214.

"The part can never be well unless the whole is well" - Plato

By Susan Roncadin RN, CPMHN(C)

Although some people arrive at Southdown for a Clinical Assessment in optimal physical health, this is not always the case. Often, by the time individuals arrive they may have spent years avoiding a heathy lifestyle. For many, the Nursing Assessment reveals that they have become distanced from their bodies resulting in a lack of awareness of the state of their health. On occasion, a person comes to us directly from the hospital environment. It is an important part of the Nursing Team's role to welcome the individuals, to assist in meeting their needs, and to provide an environment and an experience that is supportive as well as dignified and educational. Working together with the individual to promote good health practices is the desired outcome of the Nursing Assessment.

The Nursing Assessment is a multi-faceted, systematic and continuous collection of data related to the health status of the individual. It begins immediately on arrival at Southdown with the Initial Intake. This is done to identify risk areas that include issues with cognitive functioning, mobility, suicide risk, risk of infection, language or comprehension issues, allergies, etc. Depending on the presenting issue screening for alcohol or drugs may be indicated. The Nursing Team has the advantage of being on duty after hours and weekends thus making it possible to observe and evaluate proficiency in performing activities of daily living as well as social interaction skills. The diversity of our people requires and invites us to practice Transcultural Nursing to promote culturally competent nursing care.

At a scheduled time during the assessment week a detailed Comprehensive Nursing Assessment is performed. The evaluation involves interviewing, observation and reviewing past and present medical conditions that directly and indirectly affect the individual's mental state. For example, alterations in mood may be linked to untreated medical diagnoses like diabetes, thyroid dysfunction or chronic pain. In preparation for assessment individuals are requested to complete a variety of laboratory tests. These are reviewed with the person at the time of the interview. If these cannot be arranged before arrival, collection can be done by the Nursing Team.

In conducting a Comprehensive Nursing Assessment the nurse begins with the person's health history. Elements of the history include: the overall health status, the course of the present illness including symptoms, the current management of illness, the person's medical history including surgical history, social history, sexual health, and how the individual perceives the illness. Medication history, management and adherence are documented and provide an opportunity for health teaching. Identifying the person's premorbid level of functioning allows for the recognition of significant changes in present level of health.

It is important in the measurement of the individual's health status to review dates of the last physical exam, eye exam, dental exam, immunization history, and any specialist referrals that have taken place. Assessing nutritional knowledge and practice, weight history exercise habits, sleep patterns, stress level, grief issues and personal hygiene help to reveal areas of concern and recognize areas of functional decline. Vital signs including blood pressure, pulse and pain are important markers to note.

The interdisciplinary team meets at the end of the assessment week to present their findings. In addition to our role as medical nurses, our experience as psychiatric nurses position us well to provide insights and recommendations that are helpful to the team in formulating the mental health diagnosis. In the event that residential treatment is recommended, the Nursing Assessment findings are used to formulate the Nursing Care Plan. ■

Assessing Addictive Patterns in their Broader Context

By Elaine Dombi, SSJ, MA, ICADC, CSAT Candidate

In a previous issue of *Covenant* it was noted that an assessment at Southdown is an integrated process that includes interviews by our clinical staff including a psychologist, a nurse, an addiction counselor and a spiritual director. Each interview offers an opportunity for assesses to share their lives with professionals who are trained to listen to examine and analyze various aspects of their lives and experience.

Assessment is meant to aid in understanding a person's unique situation. To accomplish this, the addiction interview explores thoughts, feelings, and behaviours in a broad range of domains including use of alcohol, street drugs, caffeine, nicotine, prescription and non-prescription drugs as well as sexuality, work habits, gambling, financial management and eating. Individuals are asked specific questions about behaviours in each of these domains, including the frequency, the timing and the situational triggers involved in any problem behaviours. Assessment is designed to offer a deeper understanding, and to help reveal the size and nature of assesses' issues. It is important for individuals to express not only the time they consume in their addictive or dysfunctional behaviours but also to express how it affects their personal sense of self. Persons with addiction lose themselves to the addiction. They also lose close relationships with family, friends, community and God. We also look at what responsibilities are neglected or are beginning to be ignored as a result of indulgence in addictions.

It is the norm rather than the exception that a person with an addiction tends to have at least one other accompanying mental health concern. This is called comorbidity or dual diagnosis. The National Institute on Drug Abuse describes comorbidity as "Two or more disorders or illnesses occurring in the same person. They can occur

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at the same time or one after the other. Comorbidity also implies interaction between the illnesses that can worsen in the course of both." For this reason it is imperative that when assessing a person with an addiction we need to further assess for a secondary addiction or a separate mental health concern. We often find, and research confirms, that addictions are accompanied by anxiety and/or depression. It becomes evident that unassessed and undiagnosed, and therefore untreated comorbidity can result in many complications.

In cases of comorbidity the assessment strives to discover whether the substance use existed prior to the mental illness. One can pave the way for the other, or in some cases both the substance abuse and the mental illness can occur separately from one another. Assessment helps to determine which illness is primary. A more accurate assessment of this distinction of substance related comorbidities sometimes requires a period of detoxification. Some substance use symptoms rapidly diminish after the substance use discontinues which offers evidence for a more accurate diagnosis. The integrated assessment along with detox can greatly help the assessment team to determine what mental illness or behaviours remain comorbid with the substance use problem.

Additionally, an assessment helps to determine which of the several types of relationships exist between a person's substance use and mental disorder(s). In some cases, the substance use may be causing a substance induced mental disorder; for example, drinking of alcohol frequently leads to greater anxiety. For others, the use of the substance may be secondary when a person uses the substance to self-medicate the symptoms of mental distress, such as using alcohol to relieve symptoms of anxiety. Others may use substances to enhance symptoms of mental illness. For instance a person in a manic state may use stimulants to enhance the existing exuberance. Some may use substances in an attempt to counter the side effects of medications they are taking for a mental disorder, such as using cocaine to elevate the numbing effects of sedation. In some cases a mental disorder and substance use may be coincidental and not related to each other.

A good assessment is beneficial to those who seek help and to those who offer it. For an assessment to aid in understanding a person's unique situation, we have to consider all the variations we have discussed in the assessment process. The interdisciplinary clinical team can offer an excellent opportunity for assessing comorbid mental and addiction disorders. Anyone who seems to be afflicted with the illness of addiction should be recommended for a personalized assessment. It is important to realize that persons with one or more conditions may often feel at the mercy of their disorders and that some disorders can be debilitating, leaving the person feeling abandoned and isolated in shame and fear. A comprehensive, holistic assessment can be the beginning of new hope and a new way of living. ■

FROM MY DESK TO YOURS:

For me, Easter is such a feast of joy and hope; the fasting and reflecting of the Lenten journey give way to new life, new energy, new adventures. I hope this is true for you as well. As I write this, there is much new energy and adventure to share with you.

This is the 30th anniversary of Covenant – first published in the Spring of 1985. Covenant has provided you, our readership, with the latest issues facing us in the mental health field. Mental health awareness and delivery has grown through these 30 years. We look forward to being an active part of these services for many years to come.

Our first conference on the US west coast, hosted in Oakland, CA in joint partnership with KAIROS Psychology Group, was a great success. Seventy people participated in a day on cultural diversity, working with difficult persons, sexual identity and issues of aging. I appreciated meeting so many of you that day and having time to share concerns you are encountering in your ministry.

This summer marks 50 years of the Constating Documents drafted in June of 1965. Our doors opened for the first residents in December 1966. This is a perfect time for us to express our gratitude for the support you have given us these wonderful years by hosting our first **Annual Benefit Dinner** on May 1st. Sr. Veronica O'Reilly, CSJ, and Most Rev. Douglas Crosby, OMI, will be our honoured speakers at the event. We look forward to meeting and visiting with you. If time and distance prevent a personal appearance, please keep us in your prayers. We thank you for your ongoing support of our ministry.

As you can tell, life is exciting here. It has been a blessed winter; however, as this goes to press, we in Holland Landing anticipate spring, flowers, warmer days and longer hours of sunshine.

Wishing you and your loved ones a glorious Easter.

Dorothy

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CEO
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Covenant is produced and published by The Southdown Institute. Its purpose is to inform and educate the readership about clinical issues that surface in our work and to invite integration of the emotional and spiritual aspects of our lives.

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