COVENANT

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Invitation to a lecture

Forgiveness: From the Everyday to the Sublime
by Karl Loszak, MD, FRCP(C)

When: April 13, 2016

Where: Novotel Toronto Centre

Admission: free and open to public

RSVP by March 21, 2016

BY PHONE:
905 727 4214

BY EMAIL:
events@southdown.on.ca

FROM MY DESK TO YOURS:

"Lent is a journey of conversion that puts the heart at its center. Our heart must convert to the Lord." Pope Francis

This year we celebrate 50 years of service to ministers in the Church. I have been researching information on anniversaries and jubilees in preparation for this event. After many words and humorous articles, one comment caught my eye: 50 years is half a century and a significant milestone so keep the comments light, recognize the importance of the time, and invite others to journey these years with their memories of you and your service.

Our Covenant articles have two significant foci: Dr. Michael Sy reflects on the changes in residential treatment and Sr. Miriam Ukeritis identifies shifts as viewed through the lens of religious life. Both writers give voice to the importance and significance of observing the needs, recognizing changing times, and being open to conversion. As I reflected on their thoughts, I was reminded of the notes and letters I have received from alumni and leadership who have been supported and given assistance through Southdown. You have heard me say there are amazing graces and miracles walking our halls each day. Some come to us with anxiety, some with fear, some with the conviction that no one can help and they feel worthless, not worthy of the time, love, and effort of anyone, including staff. With support, acceptance, understanding, encouragement and prayer, I watch this sadness, fear, defensiveness, or anxiety slowly melt away and shift to acceptance and understanding.

These miracle moments, graced moments, conversion moments are what we celebrate this year. We often are not aware of the impact we have on people. We trust, we believe, that each person returns to ministry, active or retired, with new coping skills and improved self-esteem. The ripple effect of one person feeling renewed directly impacts everyone they meet going forward. We know conversion is not a lightning strike or being knocked off our horse but rather that day to day commitment to be at peace interiorly so that all we do brings the love of Christ to those we encounter.

As we celebrate this year, I invite you to recall those moments in your life when you have celebrated grace and conversion. We at Southdown are grateful for the opportunity to walk with each of you both in person and through the written word. I look forward to seeing you at our Critical Personnel Conference in April and our celebration Benefit Dinner in May.

May you have a fruitful Lent and a Glorious Easter.

Sister Dorothy

Dorothy Heiderscheit, OSF, MSW, ACSW, RSW
CEO, Southdown

APRIL 13 – 15 2016

Critical Personnel Issues Conference: Emerging Trends

Novotel Toronto Centre,
45 The Esplanade,
Toronto, ON M5E 1W2

The conference is designed to explore the most current and challenging issues that affect the work of clergy and religious women and men, leadership teams, personnel directors, vocation directors, and directors of formation programs. The conference will commence with a special guest lecture (open to the public), followed by concurrent workshops, a discussion forum and consultations with clinical staff.

Register now!

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Our History

1964 Canadian Bishops endorsed concept of treatment facility

1965 Letters Patent granted for non-profit corporation, Emmanuel Convalescent Foundation

1966 Residential facility known as Southdown opened on December 15

1976 Lakewood residence for women religious opened

1977 East wing office space constructed

Looking at 50 Years of Religious Life as Southdown Celebrates its 50th Birthday

By Miriam D. Ukeritis, CSJ, PhD

My 50 years of being a Sister of St. Joseph coincide almost exactly with Southdown's 50 years of addressing the mental health needs of religious and clergy. They also coincide pretty closely with our post-Vatican II life (the Council opened in 1962 and closed in 1965). These are the years during which the "baby-boomers" came into adulthood and moved into retirement. As the world around us changed, so did religious life.

In the 1970's, we found ourselves enthusiastically singing "Be Not Afraid" in the belief that our wandering in the desert of renewal called for by the Council would have an end. We joyfully sang out "Let Us Build the City of God" generally unaware of the implications that our shifting demographics would have on our capacity to continue in familiar ministries. Now, as many come to understand that the destination dreamed of is not to be had, we quote another almost too-familiar text from Isaiah, "Behold, I am doing something new. Do you not perceive it?" (Isaiah 43:19) We search to discover what that "something new" might be.

Most of us have moved from seeing crowded novitiates to considering the sale of our motherhouses. A time of common horariums and regular appointments to ministry positions has yielded to crowded schedules of our own doing and searching for new ministry in the face of closing schools and parishes where we had long ministered. We have reinterpreted our vows of chastity, poverty and obedience and know their call more deeply. We have unearthed our founding stories and discovered both treasures and skeletons in that search. In a way, we have "grown up" in that we have moved from a culture of dependence on externals (rules, superiors) to a growing sense of interdependence (as community members, we choose to share our lives and all that means). Many of us – especially those of us who entered at age 18 or so – needed time to move through adolescence where questions of "who am I" found responses in a variety of ways. As individuals and as communities, we have come to a clearer sense of our call and our identity, an appreciation of our distinctive charisms and a lived knowledge of the meaning of the Paschal Mystery. As we named the truth of our lives and our experience, we have come closer to the absence of unnecessary attachments that our poverty allows, to the depth of relatedness that religious chastity demands and to the ability to hear God's call in the lives and events of those around us that a life of obedience entails.

Changes in lifestyle, dress and ministry, bringing increased interaction with our lay sisters and brothers, have helped us to accept the reality that we are not different from other human beings. We all share the joys and struggles of the human condition and the realities of dysfunctional families, childhood abuse and trauma, tendencies to engage in addictive behaviors and the onset of cognitive decline touch us. And, as is true for those around us, we are more willing to name the reality, consider its effect on us as individuals, and seek the wholeness that is God's desire for us. Sadly enough, we have experienced the consequences of denying our humanity and holding ourselves above or free from the reality of the human condition.

In terms of efforts to address the mental health needs of religious, Southdown was preceded by St. John Vianney in 1946 (first established by the Archdiocese of Philadelphia in Downingtown, PA, as a private hospital for clergy and religious with mental health difficulties) and by Guest House in 1956 (initially for male religious and clergy with addictions, then welcoming women at another site). After Southdown opened in Canada in 1966, thanks to the initiative of committed and creative lay men and women, the House of Affirmation, offering a psychotherapeutic program, opened its doors in Whitinsville, MA, in 1973, and expanded to five centers across the United States. Saint Luke Institute, now located in Silver Spring, MD, opened its doors in 1977. Several other "centers for renewal" or "therapeutic communities" also sprang up to address the concerns raised by the changes in religious life. Many of these centers have ceased to exist; others have changed and redefined themselves to address evolving needs.

In their early years, in addition to addressing addiction to alcohol (the first focus of many facilities), concerns of these treatment centers were often related to self-esteem, depression, and adjusting to the lack of structure that religious life had once provided. As time moved on, the need for assistance in addressing the life concerns has continued though content/focus has shifted. These changes have marked the agendas and approaches of treatment center staffs. Just as the role of director of education has yielded to a coordinator of retirement services in many communities, so has the focus on determining the best profession/ministry for a client via a range of "vocational inventories" shifted to more frequent need for neuropsychological screening to help identify the best manner of coping with cognitive decline.

Grief and depression remain common issues – now often related to loss of ministry and post-traumatic stress resulting from violence as members serve those in the margins, both at home and abroad.

Because the average age of clients reflects the populations from which they come, both the treatment programs and physical aspects of a newly designed facility like Southdown have taken this into account. Center staffs know from experience the fallacy of the approach that "one size fits all."

Shame or guilt associated with the need for assistance, though still common, is lessening and those in one's circle of care and support are there as witness to the goodness of that individual. There

1982
Expansion of facilities including pool was completed

1984
West wing residence opened to accommodate women on-site

1985
Publication of Covenant newsletter initiated

1991
Educational conferences for leadership initiated

1996
First Critical Personnel Issues Conference

are skilled and knowledgeable mental health and addictions professionals who understand religious life, and who know the value of spirituality in health and healing. Over the years, religious leaders and mental health professionals have learned how to speak to and with one another and, together, plan for healthier lives and living situations. Residential treatment centers have adjusted their programs in terms of content and length of stay to accommodate the changing needs of clients and the limited resources of communities. They have strengthened their post-residential care programs and become more flexible in their scheduling and offerings. Religious leaders and mental health professionals have also come to understand that not all problems are able to be solved – and to better plan for their management.

In Matthew's account of the good news, the author poses a question to us: "In the evening you say, 'It will be fine. There is a red sky,' and in the morning, 'Stormy weather today; the sky is red and overcast.' You know how to read the face of the sky, but you cannot read the signs of the times." (Matthew 16:2-3). Over the past 50 years, we have sought to read and respond to the signs of the times. As we continue to seek to be ever faithful to the call to incarnate religious life in our time as best we can and to do so in a manner that takes seriously Jesus' prayer that all might have life, life to the full (John 10:10), our challenge today is to continue to read those signs and to work together, generously and creatively, sharing the breadth and depth of knowledge that all of God's people can offer. ■

Developments and Changes in Clinical Program

50 YEARS OVERVIEW

By Michael Sy, PhD, C Psych

Southdown's 50th anniversary presents an opportunity to review how we have changed and evolved clinically over the years. Initially, the treatment of an alcohol addiction was at the core of the program, making the twelve step recovery central in clinical approach. The physical, emotional, and spiritual health of an exclusively male population was treated in a holistic manner in individual as well as group formats.

It did not take long before it became clear that many of the individuals in treatment had emotional and psychological problems in addition to addictions. The psychological and spiritual aspects of the program became more defined in terms of its theoretical underpinnings while at the same time maintaining the principles of a twelve step recovery. In order to obtain diagnostic clarity that needed to address dual diagnoses, a psychometrically sound assessment process was put into place. In subsequent years, the capacity to perform neuropsychological assessments and candidate assessments became available in addition to the standard clinical assessment.

The powerful role of the intellect was quickly recognized as a major factor that needed to be addressed early in our history. The intellect's capacity to interfere with the awareness, understanding, and acceptance of one's emotional and psychological life was quickly identified. In order to address this phenomenon, various forms of expressive therapy were explored and incorporated into the residential program. Bioenergetics therapy was one of the earliest methods to address these intellectualized defenses. The body-mind approach of bioenergetics proved to have a liberating and positive effect on emotional, physical, and psychic distress. For many, this was a key factor in the healing and recovery process. At that time, massage was brought into the program to augment the focus on the body. Psychodrama was another therapeutic modality that was introduced and continues to this day. Psychodrama is an action-insight based form of psychotherapy that is experienced in an atmosphere that is controlled, supervised, cohesive and safe. Under the direction of the facilitator, clients are given the opportunity to play out roles and scenes relevant to their lives with the intent of gaining insight. Psychodrama compliments the inner work that surfaces in other therapies.

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By the late eighties, a psychodynamic approach was added to the clinical program. Psychodynamic therapy focuses on unconscious processes as they are manifested in the client's feelings and behaviour. The main goal of psychodynamic therapy is for the clients to achieve self-awareness. It makes it possible for them to examine unresolved conflicts, symptoms and defenses that have arisen from past dysfunctional relationships and experiences. This therapeutic approach provided a further avenue of understanding the difficulties and struggles they experienced in their relationships and ministry. It also provided powerful insights into their emotional life and its course of development.

The start of a new millennium also brought new clinical developments and challenges. The need to go further than an awareness of emotional dynamics into behavioural change resulted in the addition of a cognitive behavioural approach to the clinical program. It brought forward what had been accomplished in psychodynamic work. Cognitive behavioural therapy provides a way

Cont'd on next page

2001
First Accreditation granted by the Canadian Council on Health Services Accreditation
•
Carter Centre opened

2011
14-week residential program established

2013
Accreditation with Exemplary Standing granted by Accreditation Canada
•
Moved to new facility in Holland Landing

2015
Inaugural Benefit Dinner

2016
50th Anniversary: **Gratitude, Compassion and Care**
50 YEARS

Cont'd from previous page

of achieving behavioural and emotional change by surfacing distortions and key beliefs that can sway perceptions and the reactions that ensue. It provides a language and process from which one can identify and then apply alternatives to address well-ingrained emotions, thoughts, and feelings that have not resulted in positive outcomes.

The availability of several therapeutic approaches made it possible to address the need to provide treatment for personality disorders. Forming and maintaining healthy relationships are particularly difficult for individuals with personality disorders. Authority issues and difficulties in community life are usually problematic for the individuals, their leadership, and their community. The combination of psychodynamic and cognitive behavioural therapy have been helpful in managing such difficulties.

Over the years, Southdown's initial raison d'être, addictions treatment, was never lost and in fact has grown in breadth and depth. Its growth has kept in step with the developments in our understanding of what addiction is: its implications for an individual's treatment; genetic predisposition, environment factors and neuroscience. Addiction is no longer restricted to chemical addiction but includes dysfunctional behaviours in work, sexual behaviour, eating, spending and use of technology. The qualifications of our clinical staff to treat a person with addiction is complemented by the lived-experiences of persons in recovery in the community based 12-Step Programs.

Continuing Care has been part of the program since its earliest years as a key in sustaining and further developing what has been accomplished in residential treatment. Various approaches to Continuing Care have evolved over the years. It became clear that while Continuing Care involved the participation of leadership, the peer support also played an important role. Over time, Continuing Care has become a significant part of clinical care and is no longer something that is considered only at the end of the treatment but introduced at the outset of residency.

Shifts in demographics have also influenced changes and additions to the residential program. The clinical issues and pragmatic needs of an aging population have become a reality for both, residential and assessment programs. A neuropsychologist has been a member of our clinical staff for 10 years. He has been able to speak to and make the necessary changes in the assessment and treatment course of individuals who face age related changes and limitations in cognition. The impact of these changes and limitations are likewise shared and processed with the individuals and their leadership.

The development of candidates for priesthood or religious life has also been an ongoing commitment for Southdown. The assessment program has continuously changed to accommodate the diversity in terms of age, culture, and life experience of this population. The continuous improvement and growth of the residential and assessment programs at Southdown have been timely but carefully considered. Our response to changing requirements has been a result of thorough research and understanding the needs of those we serve. Our willingness to listen, understand and respond will continue as we make our way into the future. ■

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MAY
12
2016

Annual Benefit Dinner celebrating our 50th Anniversary

Columbus Event Centre,
Sala Caboto Ballroom,
40 Playfair Avenue,
Toronto, ON M6B 2P9

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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.

Southdown
Healthy Ministers for a Healthy Church
50 YEARS

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