

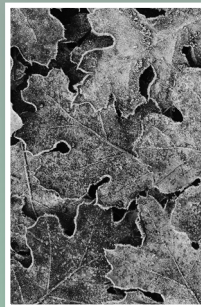


THE
Southdown
INSTITUTE

Reading and
Responding
to the
Signs of the Times

Southdown's
Annual Report | Fiscal

2010

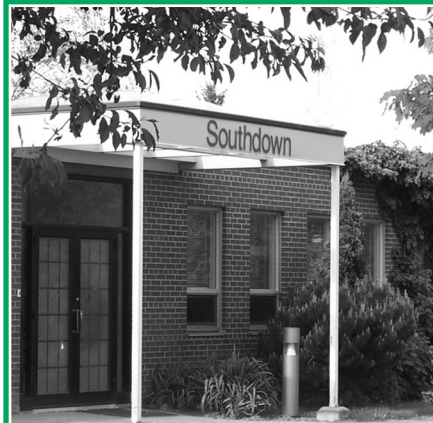


Those of us who grew up in the era of the Second Vatican Council are familiar with the call to read and respond to the “signs of the times.” This call is particularly challenging for those engaged in the healing ministry of the Church, as both the external environment and internal developments have changed dramatically. Recognizing our responsibility as a well-known leader in providing excellent care in a healing environment to religious and clergy who face the challenges of addictions and emotional distress, the Institute, its Board, management and staff have spent the past year in reflection and study.

Making the necessary changes to meet the new and emerging needs of church ministers in this 21st century, the Southdown Institute marked the March 31, 2011 close of this fiscal year with a major shift in our model of residential treatment. After months of research and reflection, we refocused our residential treatment model from a relatively open-ended four-to-six month length of stay to a focused 14-week program. We are pleased to tell the story of this major effort on the part of the Southdown Institute to read and respond to the signs of our times

Reading the Signs of the Times.

Along with our colleagues in other treatment centers, we have long noted internal shifts in referral patterns and presenting issues. We have also acknowledged the demographic changes in the populations of religious and clergy, particularly in Canada and the United States – our major referral sources – where the average age of sisters in most congregations exceeds 70 years, where diminishing numbers of diocesan priests results in individuals assuming responsibility for multiple charges early on in their ordained lives, and where shifts in



Reading and Responding to the Signs of the Times

size of local communities increases the difficulty of absorbing those challenging personality dynamics that were more easily accommodated in larger groups. Simultaneously, fiscal realities, related to both world economy and an increasingly litigious environment, have had their impact on the ability of religious and diocesan leaders to underwrite the cost of treatment.

Our clinical staff has also been attentive to shifts in clinical treatment, where increasing emphasis is placed on a shorter length of stay in mental health treatment facilities, followed by comprehensive and monitored aftercare programs. Treatment that couples more traditional psychodynamic psychotherapy with behavioral approaches whose effectiveness has been empirically demonstrated enables access to effective care for more individuals. Research on the workings of brain chemistry and the role of psychotropic medications has heightened our understanding and ability to intervene effectively in the range of affective disorders. With all of this knowledge, Southdown’s mission of providing healthy ministers for a healthy church has never been clearer.

Time away from parish, community and/or ministry has become increasingly problematic for church ministers. The clinical staff

has also had a longstanding concern related to the length of stay. Analysis of our measures of change in levels of depression, anxiety, hostility, interpersonal sensitivity, and overall symptom severity revealed that while positive change continued through the entire time of residential treatment and into the 18 months of continuing care, the greatest change was effected in the first ten weeks. .

Responding to the Signs of the Times.

Overview. Southdown’s clinical team has designed and developed a 14-week residential treatment program that is based on the needs and reality of today’s religious and clergy. In this new program, residents anticipate a 14-week stay involving three phases:

- (1) Admission, Goal Setting, and Motivation for Change
- (2) Process and Activity toward Change
- (3) Preparation for Departure and Re-Entry into Daily Life and Ministry.

PROGRAM OVERVIEW

Phase 1 (Weeks 1-4):

Admission, Goal Setting, and Motivation for Change

- Orientation to treatment and change
- Naming core issues and core dynamics
- Goal Setting
(What will I focus on and how will I know I’ve done it?)

Phase 2 (Weeks 5-10):

Process and Activity toward Change

- Identifying and relinquishing maladaptive patterns
- Grieving the Old
- Establishing adaptive patterns and behaviors
- Moving toward a future self

Phase 3 (Weeks 11-14):

Preparation for Departure and Re-Entry into Daily Life and Ministry

- Preparation to leave
- Relapse Prevention
- Reflection
- Re-entry

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).

These phases reflect current standards of care and best practices. Information gained at admission (comprehensive assessments completed by Southdown or another provider/ institution) places residents in one of two streams,

- Behavioral problems (e.g., addictions or other compulsivity, boundary violations/professional misconduct), and
- Mood and personality problems (e.g., depression, anxiety, 'burn-out', etc.).

While overlaps most certainly exist, residents are streamed according to their highest need. Assessment information further serves to tailor treatment for each resident individually. A high level of input from both residents and their leadership is considered essential to building the collaborative treatment relationship for which we have become known.

Consistent with past practice, treatment emphasizes adoption of healthy behaviours, reduction and/or elimination of symptoms, and development of a long-term continuing care plan that is implemented in collaboration with the referring diocese or community. Frequent staff meetings focus on attaining treatment goals in an unhurried yet efficient manner. In summary, this new approach is more directive and active than previously, and employs an array of appropriate therapy tasks.

Building on the strengths of many of the modules in the existing program, our newly designed program continues to include individual and group psychotherapy, spiritual direction and spirituality groups, psycho-educational seminars, addictions education, fitness programming, psychiatric consultation, medical assessment and on-going nursing care.

New Offerings

Recognizing that the issues and needs of today's residents differ in some respects from those of past years, we have re-designed some offerings and added others to ensure that we are addressing the needs of those present. The shorter time frame and smaller resident community provides us with increased flexibility, allowing us to tailor our offerings in this manner. Descriptions of a few additions follow.

- **Weight Management.** Excess weight is known to shorten lifespan by up to 10 years. In fact, obesity is now associated with five of the ten leading causes of death in the U.S., including: heart disease, stroke, diabetes, cancer and pulmonary disease. We have begun to systematically address this problem with the introduction of a weight management track. As with all residents, persons participating in this track take part in the core clinical program listed above. Residents meet weekly for individual sessions with a registered dietician, participate in a nutrition group, and monitor progress via regular measurement and weigh-ins. The modules in this track are designed specifically to address obesity and ongoing weight management for clergy and religious, whether living alone or within a community setting.

- **Grief and Loss.** Today's religious and clergy face a host of issues related to themes of grief and loss. Many bring with them unresolved grief, years old and dating to a time when they believed that "having faith in God" included putting aside the inevitable feelings of sadness and loss. Many have ministered in countries or our own inner cities where violence was a way of life and time to grieve death of friends and parishioners was not available. Aging brings its own set of losses and adjustments. This four-week module assists residents in facing their sources of grief and loss and in integrating these experiences in light of sound psychology and the Paschal Mystery.

- **Goals Groups.** A resident can easily lose focus on the presenting issues, and become engrossed in concerns that are real but ancillary to their reason for entering treatment. In this new setting, residents meet in a weekly Goals Group to review their goals, identify focus for a particular week, receive feedback from others on their progress and consider how they will use the variety of therapeutic modalities to achieve the change and healing they seek.

Spirituality. Southdown is well known for its efforts to integrate the best of the psychological sciences with the wisdom of the Catholic spiritual tradition. To assist our residents with their own integrative work, we have included with our spiritual direction and spirituality groups additional supports.

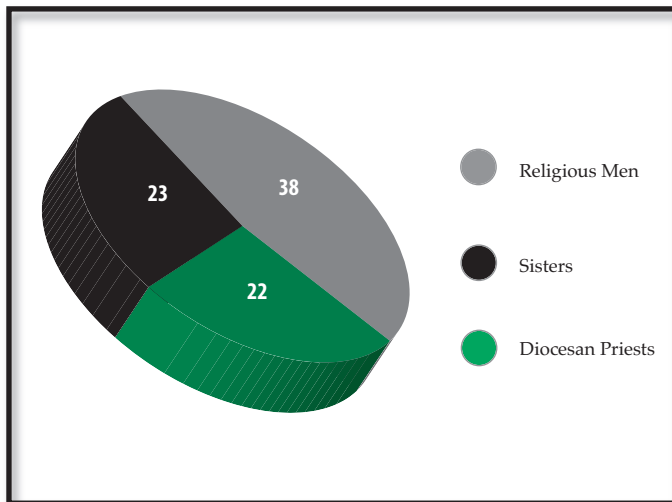
- **Theological Reflection Module.** This four-week didactic/reflective experience invites each resident to consider the issues that prompted the referral to residential treatment in the light of their own spiritual tradition. Residents typically participate in this module during their first half of residency, giving them tools and techniques to understand and participate in their process of healing in the light of the Gospel.

- **Retreat Days.** Advent, Lent and summertime bring special opportunities for solitude and quiet reflection for residents. These days have long been a part of Southdown’s programming and the tradition continues. This past year brought Catherine Nerney, SSJ, from Chestnut Hill College where she serves as Director of The Institute for Forgiveness and Reconciliation. She invited us to consider the need for forgiveness in our own lives. In Advent, Gordon Rixon, SJ, Dean at Regis College, Toronto, opened our eyes and hearts to God’s word as presented in the gloriously illustrated volumes of the Pentateuch and the Prophets, part of Collegeville’s “St. John’s Bible” project.

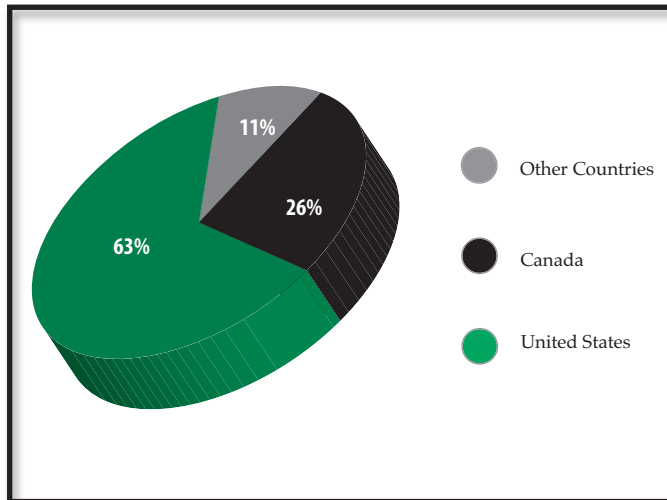
Technology. Finally, as technology has evolved, so, too, have our efforts to use the opportunities to better communicate with our clients and leaders who reside at a distance or who, for other reasons, cannot be present in person for important conversations. Via Skype, we have introduced this option for assessment feedback, ongoing consultation with residents and leadership, discharge planning and continuing care.

Our Residents

Participants in Southdown’s residential programs over the past fiscal year included 83 women and men, including 22 diocesan priests, 23 sisters, and 38 religious men.



While the majority of residents this year came from Canada and the United States, we also welcomed men and women from France, Ghana, Guatemala, Ireland, Japan, Peru and the Philippines.



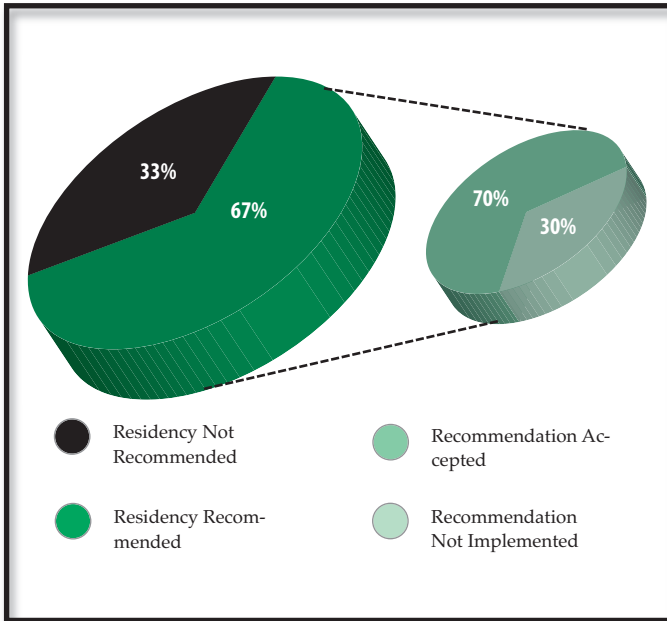
As in years past, more than half of our residents had more than one Axis I diagnosis. Mood and anxiety disorders were typical of more than 75%. Nearly one-third of the men and women in our program participated in our addictions track. While the percentage of those having an Axis II diagnosis is lower (40%), indicating a problematic and deep-seated personality style, many others are noted to have traits that correspond with some of the personality disorders but do not manifest all the qualities required for such a diagnosis. The most frequently noted traits are obsessive-compulsive (46%), dependent (28%) and histrionic (24%).

Nearly all of these residents remain in our Continuing Care services after they leave Southdown. With their identified community or diocesan leaders, they maintain regular communication with our Continuing Care staff and return six months after departure (three months if they have been in the addictions track) for a Connections workshop to assess progress, refresh learnings, and address any emerging concerns. Ordinarily, Continuing Care concludes 18 months post-residence. Those in the weight management program participate in 20 months of Continuing Care.

Clinical Assessment Program

The Southdown Institute continues to provide intensive clinical assessments for women and men seeking to better understand those concerns that interfere with living life more fully. We realize that responding to requests as quickly and efficiently as possible is critical in light of the increased acuity of referrals, and we make every effort to do so.

Over the past year, we conducted a total of 83 assessments for 22 women and 61 men. In addition to residents of Canada (36) and the United States (39), the assesses also called Japan, Ireland, France, Ghana, Peru and the Philippines their home. Approximately two-thirds of these assessments resulted in a recommendation for residential treatment. Of those recommended for residence, 70% have stayed on for the program, returned for treatment, or entered treatment at another residential center.



Assessment Plus

A few years ago, Southdown introduced the option of “Assessment Plus,” an opportunity for individuals who need some extended time for observation and evaluation of concerns that surfaced during their assessment (e.g., further cognitive assessment) or who require a period of time in a setting where medication adjustments can be monitored and optimized. Over the past year, eight men and women, primarily from Canada, were able to use this service as staff also worked with local leadership to ensure that appropriate post-residence plans were set in place.

Vocational/Candidate Assessments

In keeping with our commitment to provide healthy ministers for a healthy Church, the Southdown Institute assists dioceses and religious communities in providing psychological assessments for potential members. Over the past year, we provided nine such assessment experiences for the Church in Canada. We also work with dioceses and religious congregations as they assess the appropriateness of those seeking incardination in a diocese or transfer to a new congregation.

MESSAGE FROM THE CEO

Accreditation Renewed

Early in this past year, Southdown welcomed three representatives from Accreditation Canada for their official review. Following their week-long visit in late May and assessment of the documentation provided, Accreditation Canada awarded us with renewed Accreditation status. In their letter of notification, they pointed out that “this achievement demonstrates your organization’s determination and commitment to ongoing quality improvement.” We know this to be true; it is affirming that external reviewers recognize this reality.

Changes at Southdown

The restructuring of our program at Southdown as described in this report was not without loss. The changes that were implemented involved the departure of several staff from both the support and clinical teams. Although these decisions were not easy, they were not unanticipated. Over the months of planning, we had given priority to maintaining an atmosphere of transparency and openness. In all our decision-making, both the Institute’s administration and Board advisors were mindful of the Gospel call to be faithful to our mission and to act on principles of justice, generosity and gratitude. God’s grace and the movement of the Spirit during this time were most evident.

As this fiscal year ended, we engaged in some physical restructuring of our clinical and administrative spaces. Offices were reconfigured to adjust to staff changes and to reflect a more efficient and respectful use of the environment.

In planning and implementing all of these changes, we were keenly mindful of our residents and those we were assessing. Maintaining the integrity of our clinical services in both the residential and assessment programs and ensuring an environment where our residents could continue the work of healing that brought them to Southdown were key values. In all our planning, we recognized that living with chaos and dysfunction marked the early years of many residents, and we were committed to avoiding a repetition of that experience in the midst of our own transitions.

As staff prepared to leave, we were clear, open and consistent in our communication with residents about upcoming changes. When queried concerning what they might do to help in the process, our clear and consistent response to the residents was to remind them of their purpose in being at Southdown and that continuing with the work that brought them to Southdown through full participation in the various modalities was the best and most appropriate response. In this, we were able to model for residents the value of boundaries, the importance of clear communication, and the benefit of maintaining clarity in roles.

An “Exit Interview” with the CEO is part of each resident’s departure routine. Questions related to “what was helpful” and “what was not helpful” ground the meeting. Observations from residents who were at Southdown during the transition were of particular interest, and their responses bore witness to the success of our efforts. One comment reflected the experience particularly well: “I am glad that I was here for these weeks of transition to a new program. I know our community will be facing change, and I have been very afraid of that. Having had the experience here, I leave knowing, now, that change can be for good. It will not destroy me.”

Thanks to Our Boards

As Southdown's administration shaped and re-shaped plans for the new structure, members of Southdown's Board and the Board of the Emmanuel Convalescent Foundation provided hours of advice and consultation. They have been generous in their support and supportive in their challenge as they reviewed, questioned and affirmed our new direction. They have exercised their role and responsibility in consistently calling us to focus on our mission.

In the midst of implementing our restructuring plans, we received word in late January of the sudden death of William Volk, the Chair of Southdown's Board since December 2009. We are grateful for all that Bill contributed to our ministry, particularly his generosity of spirit as he willingly shared his wisdom and expertise during this time of change.

[Jesus] gave them this reply.

"In the evening you say, 'Red sky at night, the day will be bright' but in the morning, 'Sky red and gloomy, the day will be stormy.' If you know how to interpret the look of the sky, can you not read the signs of the times?"

(Matthew 16:2-4)

Thanks to All Who Support Our Ministry

We at Southdown extend our thanks to you for providing the data that enriched our reading of the signs of the times. The honest conversations about your needs for service, your experience of the workings of residential centers (ours and others), and your suggestions as to how we might improve our services helped shape our planning conversations.

Your critique, your questions and your comments consistently assist in our efforts to enhance the effectiveness of this ministry. We are grateful for the time you take to write your comments, respond to our surveys, and update our mailing lists! We are also grateful for your support – for your prayers and your donations.

Over the past several months, reading and responding to the signs of the times has been both a challenge and a privilege. We are most grateful for the ways in which God has graced us in these efforts, and we are convinced more than ever of the profound nature of Southdown's mission: providing healthy ministers for a Church in need.



Miriam D. Ukeritis, CSJ, PhD
Chief Executive Officer

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