AD HOC COMMITTEE ON SEXUAL ABUSE

OBJECTIVE NO. 2

REPORT ON EVALUATION AND TREATMENT CENTERS

OUTLINE

INTRODUCTION

One of the objectives for the Bishops' Ad Hoc Committee on Sexual Abuse relative to the use of evaluation and treatment centers. The objective reads:

> To compile descriptions of sexual abuse evaluation and treatment centers, church-related and others - for priests and lay employees - including their specialties, style of contact with referring bishops, and type of client information shared; to collate a series of key questions their professional staff expect to be asked by bishops on the occasion of a referral, along with a list of questions the bishops themselves may be asked; and to provide bishops with suggested criteria for looking at evaluation and treatment centers.

This report covers ten evaluation and treatment centers that were approached to cooperate in this review. These facilities were selected following conversations with senior staff of the National Association of Church Personnel Administrators and a review of the most recent edition (1992) of their publication **Treatment Facility Resource Manual.**

These centers were requested to supply responses to questions based on the four-part outline given at the beginning of this report. The bishops on the ad hoc committee are grateful for the 100% response by these facilities and for the insights they offered for consideration by the bishops.

Supplying this material for review by NCCB members does not imply endorsement by the ad hoc committee of any or all of the facilities described. Their self-descriptions really do speak for themselves. The criteria for assessing a potential facility for use by a bishop are also in the words of the respondents themselves.

The Ad Hoc Committee on Sexual Abuse is grateful to these and to all other centers for care that are living out so explicity the healing mission of the Church.

Later in the fall there will be an updated version of this report available for NCCB members based on a survey of the bishops in mid-September regarding all of the facilities that they have been using.

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CENTERS REPORT - OBJECTIVE NO 3

PART 1

JOHNS HOPKINS MEDICAL INSTITUTIONS
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

600 N. Wolfe Street/Meyer 4-113
Baltimore, MD 21287-7413
Phone: 410-955-3130
Contact person: Paul R. McHugh, M.D.

1. DESCRIPTION

1.1. In General

Our facility consists of the inpatient and outpatient services of the Department of Psychiatry of Johns Hopkins. This is an extensive facility but one in which 10 beds are set aside for the study of patients who have trouble with various forms of behavioral problems, including sexual problems and eating problems.

1.2 Specialties

These patients represent one group though in a set of specialty units here in our Department. We also have geriatric psychiatry, depressive disorders, pain disorders and the like separately studied by specialists.

1.3 Style of contact with referring bishop

In the past, our way of relating to a referring bishop or a director of a church order was to discuss with him and the referring priest exactly what was sought and how the information would be shared. For the most part, the agreed upon information that was to be shared was all those matters that related to the public function of the referred patient, particularly those functions that would bring trouble and reveal any failure to maintain a trusting relationship with parishioners.

1.4 Type of client information shared with bishop

We certainly encourage the patient to permit us to share with the bishop all aspects of the clinical situation that will reveal the nature of the problem and its potential for treatment and recovery. Afterall, the purpose of evaluation is for everyone to know the truth.

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THE INSTITUTE OF LIVING

400 Washington Street
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Phone: 203-241-8000
Contact Person: Heidi Williams McCloskey, RN, MSN, CS

1. DESCRIPTION

1.1. In general

Founded in 1822, The Institute of Living is a comprehensive, non-profit, hospital-based mental health network for the evaluation, treatment, and follow-up care of psychiatric, emotional, and addiction disorders. The Institute offers a broad spectrum of services and programs that are available in connection with inpatient, residential and outpatient care. Located in Hartford, Connecticut, The Institute provides service for the general population of all age groups. Our philosophy is to treat people in the least restrictive environment possible.

1.2. Specialties

The Program for Professionals at the Institute of Living is a unique psychiatric service for the evaluation and treatment of priests and men and women religious as well as other professionals, Issues of stress, emotional disorders, depression, sexual disorders, chemical dependency, and patients with all other psychiatric diagnoses, are treated confidentially in an atmosphere of compassion and respect.

A variety of settings permits flexibility in providing care. An individual may enter the system as a outpatient; a day patient with or without residential program; or as an inpatient. All cases involving sexual issues receive a core consultation consisting of extensive interviews with senior psychiatrists, psychological testing, vocational evaluation, and psychosexual assessment. Neurological and psychoneurological testing, as well as full medical evaluation, is completed when appropriate.

As an outpatient, the individual enters the system through the hospital's Consultation Service where brief or comprehensive evaluations are completed by The Institute's experts in general psychiatry, human sexuality, forensic psychiatry, spirituality, and psychopharmacology. Patients may participate in individual and/or group therapy.

For the partial hospital patient, the Professional Program's Day Treatment Center provides intensive evaluation and treatment within a therapeutic milieu. A multi-disciplinary team of experienced clinicians, including psychiatrist, psychologist, priest, nurse, and social worker provides evaluation and treatment through individual and group psychotherapy. Victims of sexual abuse may participate in the Trauma Track, developed specifically for those experiencing post traumatic stress syndrome.

An inpatient component is available for those at acute risk to self or others. As quickly as clinically possible, the inpatient will visit and participate in the Day Treatment Program.

Residential options include the Barnard Program, an apartment-living treatment program which offers staff availability twenty-four hours each day. An arrangement with St. Thomas Seminary provides a convenient living opportunity for priests. A supportive, informal community develops in this setting. Additionally, on the Institute of Living campus, accommodations are available at the Professional Suite. Living space in other areas of the Hartford community is also available. the Director decides which of these residential options is clinically appropriate for the individual patient.

A patient may easily move from one level of care to another if this move is clinically indicated. Consistency is maintained through the patient's relationship with an individual therapist and casemanager.

Extensive and careful planning for aftercare with input from the patient's diocesan or religious community superior occurs prior to discharge. An established system of telephone contact provides connection between patient and casemanager after discharge.

In recent years, The Institute of Living has developed considerable expertise in working with managed care companies. Specialized staff is available to assist dioceses in negotiating in this area when necessary.

Other specialty programs at the Institute focus on: eating disorders, chemical dependency, geriatric illness, child and adolescent problems. Programs are combined when the professional patient has multiple problems.

1.3. Style of contact with referring bishop

When a person, man or woman, is referred for issues related to sexual abuse, the following procedure occurs: the referring person calls the Director of the Professional Program (203-241-8061); the Director collects information, evaluates it, and recommends options for beginning assessment or therapeutic care.

Contact with the referring bishop, or his designate, is considered critical to effective service. The bishop receives regular and frequent communication from the casemanager and/or individual therapist. Other significant clinicians may also be involved in this communication. Contact occurs within twenty-four hours of admission and weekly thereafter. Written results of the evaluation are shared prior to the Case conference. This conference, which includes the patient, is held near completion of evaluation and/or treatment at the Institute. The purpose of this meeting is to review the progress of the patient, clarify issues regarding aftercare, offer recommendations, and answer questions. Other conferences may occur whenever clinically indicated. The bishop, or his designate, may attend in person, or a conference call by phone may be arranged. Additional contact may occur by fax or mail when needed.

1.4. Type of client information shared with bishop

The Institute will communicate to the bishop, or religious superior, whatever information about the patient that could have a bearing on the priest's ministry. This process hinges on the legal requirement that the patient signs a formal release of information. On the very rare occasions when the patient refuses this legal requirement, the bishop is notified.

A bishop plays a key role in a priest's life, both as the individual's advocate and as protector of those the priest serves. The psychiatric clinician will always inform the bishop whenever a priest's condition is likely to result in harm to another person.

All questions asked by the bishop at the time of referral will be addressed; therefore, the bishop is encouraged to be as specific as possible in defining his areas of concern. In situations where, in evaluation and/or therapy, information is disclosed by the patient that does not impact his ministry, this information would be kept confidential. The patients are encouraged to share personal issues with their bishop when this is appropriate for their mental health.

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THE NEW LIFE CENTER

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Contact Person: Thomas Drummond

1. DESCRIPTION

1.1 In general

The New Life Center is a not-for-profit corporation which operates on a therapeutic community model providing rehabilitative services to clerics and religious who are highly troubled in their own lives or troublesome and ineffective in the lives of others. The Center follows a wholistic plan which includes therapeutic interventions with the body as well as with the mind and the spirit. The residents, though troubled, and often in trouble, do not require psychiatric inpatient hospitalization. The

distinction between individuals who do require hospitalization and those who do not is made according to strict criteria during the initial evaluation.

Residents of The New Life Center live in coed groups of no more than six; each group is self-sufficient and lives in a separate house on a large tract of land. There are livestock and gardens on the land. This environment creates an invitation to each individual to become grounded in a real rather than just a metaphorical sense.

The residents run their own house. Everything must be negotiated between them from what goes on the menu for the month to who cooks on a particular day or who cleans what public space. This forces a resident to use latent social skills or to develop new ones as situations arise. The staff does no problem resolution for the clients but only acts as consultants. The aim of a program at the New Life Center is to have each resident develop as much skill at resolving interpersonal issues as possible so that the skill will translate automatically into the home environment. Accordingly, residents hold and conduct their own house meetings, at least twice a week (more often if a crisis needs attention), to conduct the business of the community and to deal with any interpersonal issues which have an effect (positive or negative) on the group as a whole.

In addition, all residents are in a weekly scripture sharing group. This serves the purpose of reawakening a scripture based spiritually in people who in many cases have not prayed in decades, and in people who escape into a fantasy spiritual life based on pious readings that are not scripture based. From that group, residents can request individual spiritual direction with the Center's Spiritual Director, a Franciscan theologian. However, 'nature' must be operating actively and positively in a person before individual spiritual direction takes place. In addition, an individual must have a plan and goals for their spiritual life so that contact with the Spiritual Director is relevant and fruitful.

Other Client staff contacts are: weekly group meeting for defining and resolving therapeutic issues; weekly women's group meeting; weekly men's group meeting. Each client is seen for individual therapeutic work at their request. Client's may arrange with the therapist to work independently on therapeutic issues with the proviso that the therapist be kept up to date on the results of such work. The rationale is that the more skilled the person becomes at dealing independently and effectively with themselves, the more likely he or she will be to translate

their therapeutic gains back into the home environment. Each individual's therapeutic program must meet exacting criteria in its formulation and for deciding on its effectiveness. The more important of these is that any change must be observable to others. The inner conviction of a resident that something is better is insufficient; others must be able to see and hear the change in the resident's behavior. With that empirical requirement, the progress of the individual can be observed and evaluated.

When an individual's program goals are observable in their behavior and can be sustained from their own inner resources, the person is transferred to a transition house. There they will live in a group of no more than three, they will have one car, money to run the house and they must use all of the skills and knowledge and new behavior they have acquired in the therapeutic residence. They must form a viable group, they must find work that is relevant to their needs and that of their community or diocese. Some people, because of legal or other circumstances, will have to find a new ministry. The transition house is the time and the opportunity to try on one or several new ministries. They do not go home as the bishops' or the provincial's problem. They will solve their own life issues about ministry and then negotiate their inclinations with the diocese or the superior. A person returning home must fit congruently into the community, whether a diocese or religious congregation, from whence they came.

An aftercare workshop is scheduled a month or two after the person returns home. Further aftercare is individually designed and relevant to the needs of the individual (e.g. some people come back to the Center for a yearly retreat, some people are in more frequent contact by phone or letter after they resolve a difficulty which allows us to reinforce effective behavior rather than foster dependency).

1.2. Specialties

Evaluation.

A standard battery of psychological and neuropsychological tests are administered in order to assess the person's resources or lack thereof. People too disorganized to mobilize inner resources are referred for hospitalization (about five percent fall into this category).

Developmental Assessment

All clerics and religious are struggling with issues of sexuality in some way. Some are struggling to manage overactive libidos; some have difficulty keeping boundaries between ministry and romance; some have specific sexual disorders (e.g. pedophilia), some have been raped, both men and women. Almost all of them are younger on the dimension of psychosexual development relative to their chronological age. Their sexuality has not grown up with them; usually because of the nature of clerical and religious formation but also because of sexual abuse and exploitation. This results in a lack of an integrated self-image. All sexual issues are viewed developmentally. That is, is the problem a need for an immature part of the person to grow up? The solution then is to produce awareness of and interest in a sexual self that is commensurate with one's age and to manage sexual awareness and interest within the constraints of vocation and professional functioning (just as vowed married people must do).

Developmental Therapy

The problem is immaturity along some dimension (e.g. social; sexual). The solution is to make that part of the person grow up. This is accomplished in several ways. Generally, the approach is to coordinate, through hypnotic induction, the immature part of a personality, which usually operates in isolation, with those aspects of the personality which are highly resourceful and functional.

Values Therapy

People often experience serious difficulty in their lives when their actions are not congruent with their basic values. By means of hypnotic induction, the core values of a person are determined and brought into full awareness. These then act as a frame of reference for changing, guiding and judging one's own behavior. It works well with issues of sexuality when a person is leading a double life, one apparently celibate and the other sexual.

Body Work

In order for nature to operate fully so that grace can be efficacious, the body is important in the therapeutic approach. It is also well known that a properly oxygenated brain prevents depression. For example, athletes do not suffer from depression. Accordingly, Yoga breathing and stretching are parts of each persons's program. This lead to increased

energy which results in a desire to exercise. Massage has a variety of health benefits. But it also teaches those with poor or no self-image much about their body. It also teaches people with sexual fears or sexual ignorance about the difference between sexual and non-sexual touching. Massage, though physically intimate, is non-sexual. Many are amazed to discover this fact.

In addition to sexual issues and disorder, a wide variety of difficulties is present in the resident population; chronic depression and anxiety; serious authority problems; chronic failure tendencies in ministry and professional life; chronic anger and aggression; lack of a self-identity as a man or as a woman; emotional and social isolation, among other things.

1.3. Style of contact with referring bishop

Contacts are usually by phone. The bishop or his representative is requested to come to the Center after approximately eight weeks for a formal evaluation, conducted by the resident, to inform him of the specific nature of the program the priest and staff have designed, what the specific issues are that are being addressed, what the specific outcomes are going to be, and how progress will be monitored. At other times, visits to the resident are always welcome by other priests or diocesan personnel. The bishop may also wish to meet with the priest at times when the bishop is in the area (e.g. during the bishops' conference). The bishop might not have access to the specific content of therapy sessions (that would be too microscopic to be meaningful in many cases), but, knowing the treatment plan and the predicted outcome, he is always welcome to ask about the progress being made and can expect specific answers and examples relevant to those inquiries.

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SAINT LUKE INSTITUTE

2420 Brooks Drive
Suitland, MD 20746-5294
Phone: 301-967-3700
Contact Person: Canice Connors, OFM, Conv. Ph.D.

1. DESCRIPTION

1.1. In General

1.1 In general, Saint Luke Institute is a thirty-two bed specialized psychiatric hospital licensed by the State of Maryland and JCAHO approved. The Institute provides:

1.1.1 A five day comprehensive evaluation program;

1.1.2 A four to six month residential treatment program;

1.1.3 A two to five year continuing care program depending on the difficulty of the presenting problem;

1.1.4 A three to six month half-way house program for those seeking greater consolidation of treatment outcomes or in transition from ministry;

1.1.5 Education programs for clergy, seminarians and church personnel directors.

1.1.6 Research projects directed to the scientific community.

All staff and professionally accredited and committed to the mission of caring for clergy and Religious and are guided by the core values of the Daughters of Charity National Health System.

1.2. Specialties

The Institute specializes in the treatment of a broad spectra of addictive diseases involving the abuse of food, alcohol and sex. It also offers treatment for such psychiatric problems as mood disorders and chronic depression. Inpatient treatment includes intensive group and individual therapies; physical therapies; attendance at 12 step meetings; education

about the particular problem the patient is dealing with; a strict exercise program and dietary counseling to assist the patient to redevelop a healthy lifestyle. Considerable attention is given to the need for behavioral change in order to assist the patient with personal acceptance and continuing recovery. All residents are involved in groups which review maturity of spiritual life and vocational history.

1.3 Style of contact with referring bishop

Residents are only accepted with the referral and sponsorship of the Bishop. Our client responsibility is both toward the individual and the Bishop. Evaluatees are required to sign a release of information form which allows the evaluation report to be sent to the Ordinary (he or his delegate may also attend the feedback session). Regular reports of patient progress are sent to the Bishop and he is involved in the planning for continuing care.

1.4 Type of client information shared with bishop

Evaluation report; progress reports during the course of inpatient treatment; continuing care plan and contract; reports following each continuing care visit.

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SERVANTS OF THE PARACLETE
St. Michael's Community

13270 Maple Drive
St. Louis, Missouri 63127-1999
Phone: 314-965-0860
Contact Person: Joan C. Thorn

1. DESCRIPTION

1.1. In general

St. Michael's Community provides intervention, assessment, treatment, and follow-up services for Catholic priests and vowed religious men.

Our services include:

1. A week-long assessment program;

2. A residential program which includes the following services:

   a) a dual diagnostic program for the treatment of alcoholism and other chemical dependency issues.

   b) a biopsychosocial program for the treatment of such issues as affective disorders, anxiety disorders, sexuality issues, life and vocation crisis.

3. Aftercare services.

1.2. Specialties

St. Michael's Community specializes in the treatment of alcoholism and chemical dependency and also the treatment of psychosexual difficulties.

1.3 Style of contact with referring bishop

Our style of contact with a referring Bishop is usually personal. Quite often, the Director of Priests Personnel or the Bishop himself will call St. Michael's with a referral. The initial contact is usually made through me since I am the Director of Admission for St. Michael's Community. Thereafter, contact is usually through a Case Manager or the Director of St. Michael's Community, Reverend Michael Foley, s.P., L.C.S.W., D. Min. It is sometimes required that a Bishop speak directly with a man's psychotherapist.

1.4. Type of client information shared with bishop

In terms of the type of client information that is shared with a Bishop, normally a man in the program is required to sign a release of confidential form. Once this release form has been signed, St. Michael's shares all relevant information with the referring Bishop. This begins during the evaluation process when a Bishop or his representative is asked to attend a feedback session in which the findings of the assessment process are shared with the person being evaluated and his Bishop. This takes place at St. Michael's and is conducted by members of the evaluating team. If a man enters the program at St. Michael's, periodic progress conferences are set up by telephone and on a personal basis throughout the duration of a man's stay. Monthly progress notes and a monthly report are sent to the referring Bishop. At the end of a man's stay at St. Michael's, an Aftercare conference is set up to design an Aftercare program. A Bishop or his representative is invited to attend all of these sessions.

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SERVANTS OF THE PARACLETE
The Albuquerque Villa

2348 Pajarito Road, S.W.
Albuquerque, New Mexico 87105
Phone: 505-873-0647
Contact person: Sarah Brennan, Ph.D.

1. DESCRIPTION

1.1. General

The Albuquerque Villa is a 20 bed residential treatment facility located in the south valley of metropolitan Albuquerque, New Mexico. the grounds include a swimming pool and tennis court with ample space for leisurely walking in a pastoral setting. There are bicycles and exercise equipment and a recreational therapist for supervised health maintenance. There is a pottery work-space and a large common area for television, cards and other community activities. There is a chapel for public and private devotions and private reflection.

The core components of the program are psychology, spirituality, and physical health. The various components of the program are applied interactively to promote wholistic health in each residents life personally, spiritually, psychologically and vocationally.

All residents participate communally in an hour of private prayer before the Blessed Sacrament with morning prayer. Priests who wish may take their turn presiding at the daily celebration of the Eucharist. Evening praise in common ends the program day.

Residents are involved in individual therapy and spiritual direction meetings at least weekly. Group therapies are a key component to the program and include psychotherapy groups, relapse prevention groups/classes, and focused groups in the areas of sexuality/celibacy and vocational transition. Residents may also be asked to attend 12-step groups for addictions when applicable.

Residents are encouraged to attend to personal fitness and health. A professional health and recreational therapist and a message therapist are available as integral parts of the course of therapy. Planned escorted social outings are scheduled regularly to the many scenic and

historic sites of New Mexico. They provide the residents with a break from their therapy routine, and, more importantly, an opportunity to strengthen the sense of community and responsibility for one another that is encouraged in the program.

Upon completion of a course in therapy, the resident, in conjunction with the staff, prepares a detailed course of aftercare treatment. Usually this will include on site visits with one of the staff for the purpose of facilitating the reintegration into one's community and ministry. There will also be a series of return visits to the Villa over a period of time determined by the treatment staff, the resident and the referring diocese or religious superior.

The basic cost of room and board at the Albuquerque Villa is $80.00 per day. This includes three meals a day with snacks; light housecleaning and laundry facilities. Besides basic room and board the cost includes weekly sessions with the spiritual director, classes in Sacred scripture, spirituality and prayer, and pottery classes.

Not included are group therapy, individual therapy sessions with the staff psychologist and consultation with the consulting psychiatrist. Personal expenses for recreational purposes, use of the van for trips to town, telephone and other miscellaneous expenses are the personal responsibility of each resident.

1.2. Specialties

The relatively small size the Albuquerque Villa allows for individualized therapy tailored to meet the personal needs of each resident. The Villa is unique in its ability to integrate the experience of a community of prayer and faith sharing with highly professional standards of modern psychology, medicine and physical health maintenance.

A thorough assessment by the psychologists and psychiatrist as well as a spirituality profile is the first step in evaluating the appropriateness of the person for the Villa program. This provides the staff with the data necessary to design an individualized course of treatment for him. This initial assessment includes structured interviews, social histories, administration of a battery of projective and objective psychological tests. The testing is complemented with personal interviews and screening by the psychologist and a spiritual profile interview by the spiritual director. Other specialized is available as needed such as neuropsychological and plethysmography.

The Albuquerque Villa staff in keeping with our policy to be of service to a wide spectrum of needs, sets aside a limited number of rooms for those who are unable to return to ministry and need residence in a protected and monitored environment.

A) Other specialties included long-term, less intense therapy programs for men who cannot respond to the demands and confrontations characteristic of some therapy modalities, or who may have been unsuccessful in other therapy programs (e.g., personality disorder diagnosis and/or recent/current inappropriate sexual behaviors.

B) Short-term transitional programs for those who are leaving active ministry. (Drs. Brennan and Goodkind have several years' experience with the Department of Vocational Rehabilitation).

C) A concentrated, intense, three-month program for men who were involved in inappropriate sexual behavior in the past but who have maintained their celibacy in recent years (regressed versus fixed sexual acting out; no personality disorder diagnosis).

D) Special arrangement may be made for short term (two to four weeks) with brief focused counseling sessions and individual spiritual direction with the spiritual director.

E) Outreach consultations and training programs for religious communities and dioceses in areas of intervention; therapist training and consultation with bishops, superiors and personnel directors in assessment, intervention, treatment and aftercare. Dr. Sarah Brennan served as Director of the Court Clinic of the Second Judicial District in New Mexico and is a certified mediator. Dr. Robert Goodkind, the Villa's psychological consultant and director of group therapy, has served as a mediator to the courts in the second judicial district. They provide specialized qualifications in working with parishes, dioceses, and religious communities in efforts to mediate the painful splits between diocese and parish, and priest and parishioner, particularly in the areas of sexual improprieties.

1.3. Style of contact with referring bishop

Regular, honest and frequent communication with the resident's sponsoring bishop or superior is considered to be an essential component of the therapeutic process. Forthright communication all around - client, staff and diocese/religious community - is the cornerstone of the Villa's program the Villa staff makes every effort to be a cordial, professional advisory resource to bishops and superiors in the personal, pastoral and ministerial decisions they need to make. From the initial contact a team approach is taken to include the man coming to the villa, his bishop and any other intermediary designated, and the staff of the Villa. The long history of the Servants of the Paraclete, their professional staff colleagues in the treatment of behavioral and psycho-sexual issues has sensitized us to the need to be conscious of the issue surrounding treatment and after-care placement.

Father Raymond Gunzel, Sp, the Director, and other staff persons are available at any time for queries and consults regarding a resident or potential program candidate. For this purpose we maintain a twenty-four hour emergency answering service.

Normally, contacts with the staff are by telephone during working office hours, letters, in-person visits, conference calls, FAX messages, and regular written progress reports from the Villa. The treatment philosophy at the Villa is that the more communication and information available for any in-coming resident, the more productive can be his time at the Villa. Any and all communications, questions, and suggestions are welcome.

1.4. Type of client information shared with bishop

Of utmost concern to the staff of the Villa is the matter of confidentiality. Civil laws regarding patient/client and priest/penitent confidentiality are very strict. Since the Villa staff believe that any priest or brother entering the program includes in his family his bishop and/or community, we request that he sign a legal release of information which allows the free exchange of information between the Villa and his bishop and superior, as well as among the Villa staff. This allows for a supportive and informed team/community approach. If a resident declines to sign such a release, serious consideration is given to the appropriateness of that individual for the Villa program. In such case as he is accepted, the limits of confidentiality are explained to him, and to the referring bishop/superior. As provided by the Tarasoff legal precedent, when there is any specific individual known to be in danger, the safety of that

person takes precedent over doctor/client privilege. However, it must be understood that posing a less specific threat to society does not allow for the breaking of the doctor/client privilege. At that point, individual civil rights and confidentiality take priority.

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PROGRAM IN HUMAN SEXUALITY
DEPARTMENT OF FAMILY PRACTICE & COMMUNITY HEALTH
MEDICAL SCHOOL
UNIVERSITY OF MINNESOTA

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1. DESCRIPTION

For over twenty years, the *Program in Human Sexuality* has been committed to developing and providing comprehensive therapeutic services for individuals with a wide range of concerns related to sexuality.

Since sexual dysfunctions and disorders are rooted in biological, psychological, social and cultural factors, effective treatment involves a multi-disciplinary team of well qualified professionals with unique skills and training in human sexuality.

Individuals who come to the *Program in Human Sexuality* receive a comprehensive and thorough evaluation of their problems and concerns. We make every effort to coordinate this assessment with referring professionals. Once an assessment is completed, an individualized treatment process is recommended.

As in the past, the *Program in Human Sexuality* will continue to develop and evaluate new treatment approaches to sexual dysfunctions and disorders. This ongoing development will be grounded in the latest developments in basic and applied research in human sexuality. With this continuing process of development, we will fulfill our mission to provide patients with the most up-to-date and effective treatment for their concerns.

The Program in Human Sexuality, Department of Family Practice and Community Health, Medical School, University of Minnesota, provides diagnostic, treatment, research, consultative, and educational services to promote the sexual health of individuals, couples and families of all backgrounds and ages.

The *Program in Human Sexuality* is internationally recognized as an outstanding sexuality teaching and research center, and is a highly regarded center for the treatment of sexual health concerns. All of our professional staff have received specialized training in human sexuality and are appropriately credentialed through both state and national organizations.

With the consultative resources available through the University of Minnesota, the *Program in Human Sexuality* is able to provide thorough medical evaluations of various sexually-related problems and issues.

Programs and services include:

Marital and Sexual Dysfunction
Sex Offender Treatment Program
Sexual Abuse Recovery
Compulsive Sexual Behavior
Gender Dysphoria
Sexual Orientation Conflict
Ethical Violations
HIV Counseling
Forensic Evaluation

Education and consultative services are also available.

1.4. Type of client information shared with bishop

The client information that is shared with the bishop is a considerable amount. We draw up a contract with the bishop and the client or whomever the bishop appoints as what we call "the probation officer" and consent forms are signed. This contract is made in agreement with what the bishop feels he needs to know and what the client really needs to be telling the bishop.

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SOUTHDOWN

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Canada
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1. DESCRIPTION

1.1. In General

Southdown is a 42 bed residential treatment facility, located some 25 miles north of Toronto in Aurora, Ontario. It is owned and operated by Emmanuel Convalescent Foundation, a registered non-profit charitable organization, governed by a Board of Directors comprised primarily of lay persons.

Southdown was established in 1965, with support and endorsement from the Canadian Conference of Catholic Bishops, to provide care and treatment for male clergy suffering with alcoholism. Continued requests for Southdown to extend its treatment program beyond alcoholism were honored in 1974. Presently about one quarter of the residents come for reasons around alcohol or drug dependency, while the rest are experiencing a broad range of difficulties in the form of psychological or emotional conflicts. In 1976, the Foundation assented to the appeal of the Canadian Religious Conference to make its services available to women religious. Women now comprise up to one half the population of residents. Men and women are fully integrated in all aspects of the program.

Southdown's distinguishing trait is a willingness to receive both chemically dependent and emotionally distressed clergy and men and women religious. Since its founding, over 2400 persons have found the support and care which assisted their recovery and, for most, return to active ministry. Approximately half the residents have been from Canada, 45% from the United States, and 5% from other English-speaking parts of the world.

Assessment Program

The ordinary pre-requisite for entry into the residential program is to participate in an intensive, five-day assessment, designed to identify a wide variety of psychological, emotional and dependency problems. During assessment clients undergo a complete battery of psychological tests, and detailed social, medical and psychiatric profiles are developed. As well, a comprehensive spiritual profile and an addictions profile are compiled to ensure we obtain a fully integrated diagnostic picture.

All findings are then brought before the Assessment Team for analysis and recommendation. Members of the team include a psychiatrist, clinical psychologist, neuro-psychologist, spiritual director, registered nurse, addictions counsellor and a psychometrist. Treatment recommendations are referrals are not limited to Southdown. Considerable emphasis is placed on alternative treatment possibilities, together with some prognostic indications of the results of those alternatives.

Assessment concludes at the end of five days with a meeting of the Assessment Team leader, the individual, and the referring person from his/her diocese or community. This meeting provides an important opportunity for frank discussion and co-operative planning between the individual and the diocese or community. Shortly after assessment, a comprehensive written report is sent to the individual and to whomever the assessee designates.

Residential Program

Upon admission to the residential program, each person is assigned a doctoral-level clinical psychologist to serve as their primary therapist, responsible for overall treatment planning and direction for that individual. Based on the assessment findings, clear and specific treatment goals and objectives are written, usually within the first week. In addition, each individual is assigned a spiritual director and an addictions counsellor (if appropriate) with whom they meet on a regular basis. Progress is monitored during a bi-weekly interdisciplinary team review of each resident. Length of stay usually averages from four to six months.

In recent months Southdown has instituted a more intensified program of group and individual therapy. Strong emphasis is given to small, psychodynamically oriented therapy groups that meet daily. Each group is conducted by two therapists, primarily doctoral level psychologists.

Other types of group therapy, such as bioenergetics therapy and cognitive/behavioral groups meet on a weekly basis.

In addition to the psychotherapy groups, residents participate weekly in small theological reflection groups to assist in the process of personal integration and to enable residents to frame their healing process in the context of their faith and ministerial commitments. For those dealing with addictions issues, a comprehensive program which includes education, 12 - step groups, and small group interaction is mandatory. As persons prepare to leave, the participate in an intensive relapse prevention program which can be continued in support groups throughout North America.

As well, aware of the importance of achieving healthy balance in daily living, staff continue to emphasize the importance of nutrition, maintenance of physical activity and exercise, and a variety of forms of holistic relaxation.

During their last few weeks at Southdown, residents enter a Transition Group to help them prepare psychologically and emotionally for departure and return to ministry. During this time each resident prepares a formal statement of the healing which has occurred and of specific commitments to further this healing. The resident sees this statement, or Covenant, as a reference for on-going self evaluation and continue growth.

The resident is asked to review his Covenant with his Bishop (or designate) as well as with another person in his diocese with whom he will regularly meet to monitor his fidelity to continued growth.

During this time, plans for return to ministry and community life are discussed in detail during a face-to-face close out meeting with the therapist, the resident, the referring Bishop or Superior, and a member of the Continuing Care team who will provide follow-up and ongoing support over an 18 month period.

Continuing Care

The Southdown program is defined as a period of residential treatment, followed by 18 months of continuing care follow-up, known as the "southdown Connection". The Southdown Connection was instituted to provide support and encouragement for departing residents to continue the healing process initiated during their stay here. It is designed to

facilitate the transition from a structured program back to active ministry and daily life.

Approximately 3 to 6 months following discharge from residential treatment, each person returns to Southdown to participate in an intensive, three-day program. The support person who co-signed the resident's Covenant is also invited and encouraged to accompany the former resident and to participate in some components of the three-day meeting. While here, the former resident participates in a relapse prevention workshop, theological reflection, and an intensive, day-long group therapy institute. As well, there are opportunities to meet with clinical staff who were involved with the individual throughout the course of residential treatment.

The purpose of these meetings is to review the Covenant, to assess progress, and to help guide the individual toward better living out the commitments made therein. A second return visit occurs 12 to 18 months following discharge from the residential program. If there is a need for a third visit at a later date, Southdown will accommodate this. As well, Southdown staff remain available at all times to confer with the referring Bishop or Superior and to assist with any questions or concerns that may arise.

1.2. Specialties

The Southdown residential treatment program is designed as a very individually tailored, multi-modal and holistic experience. Although we have been actively treating presenting problems around issues of sexual misconduct since 1984, these cases still comprise a relatively small part of the overall residential population. However, when such issues are part of the presentation, in addition to participation in the overall program of individual and group therapeutic modalities, some specific concerns are addressed separately.

We are aware of often competing spheres of responsibility: to the individual surely, but also to the "public", and to the Church and society. We are acutely aware of how important it is to assess risk factors for recidivism prudently and conservatively. To this end, a specifically designed "protocol" for sex offenders is rigorously applied in every instance (copy attached). We strive to maintain candid dialogue between the individual and the referring bishop/superior throughout treatment and especially during the critical transition period from residential treatment.

Southdown places a great deal of emphasis on careful diagnosis as critical to any recommendations about return to ministry. Though the professional language may not always be adequate to the task, we still find that significant numbers of our sexual misconduct population are not "classical" pedophiles or ephebophiles. There remains a significant group of grossly immature, sexually repressed, psychosexually underdeveloped persons who have transgressed behaviored norms for a variety of reasons and who may or may not represent significant continued risk to the population at large. Recommendations upon termination, therefore, are quite individually tailored.

In all cases, the treatment regimen attempts to respect biological, psychological and spiritual dimensions in an explicit manner. Pharmacologic intervention is always considered for appropriateness, but in fact, is used in few cases at Southdown. the interplay of a variety of therapeutic interventions is seen as most effective. The range and intensity of group therapeutic experience, particularly the daily psychodynamically oriented groups, have been especially helpful with the sexual misconduct population. These groups allow shame-based issues to be raised and confronted with peers (including a significant number of our population who are adult survivors of sexual abuse themselves).,

Other effective therapeutic interventions would include: physio-therapies (bioenergetics analysis being a principal mode), additions education and counselling (including AA, SLAA, and other modalities when appropriate), and cognitive-behavioral restructuring, particularly in identifying precipitants to inappropriate behaviour and in monitoring relapse prevention.

In short, we are optimistic about the multi-modal treatment possibilities provided in our context and try to share that optimism - even if necessarily guarded in some cases -- with our residents.

1.3 Style of contact with referring bishop

With the understanding there are constraints under obligations of professional confidentially between patient and therapist, Southdown nevertheless strives to provide relevant, clear communication with the referring bishop (or his designate) on an ongoing and timely basis. We strongly encourage residents to be as honest and open as they possibly can with their bishop. At the same time, we hold a clear expectation that the bishop will be as fully disclosing as possible, no just with

Southdown or the primary therapist, but with the individual as well. In many cases, overtime, both resident and bishop are able to achieve a new plateau of effective communication and mutual trust.

In all cases, the following contacts and communications occur:

- At the time of initial contact or referral, relevant information pertaining to the assessment is sought from the diocese. This is done by phone, in writing, or both.

- At the conclusion of the assessment phase, consultation and feedback with the referring party occurs (preferably in person) wherein information regarding diagnosis and treatment recommendations are presented and discussed.

- A comprehensive written report of the assessment is sent to the referring party (subject to obtaining a written "release of information" authorization from the individual).

- Upon entry into the residential program, review letters are written by the primary therapist to the referring party - at the end of the first, third, and fifth month of residency. A final letter, the most detailed and descriptive document concerning a person's stay, is prepared at the end of residency. All correspondence is seen and initialled by the resident, ensuring the individual's knowledge, but not necessarily agreement with the contents.

- the Bishop (or his designate) is requested to be present for a final meeting at Southdown prior to the individual's departure. This meeting, with the primary therapist, the resident and the Continuing Care worker, reviews progress in treatment and discusses in detail recommendations for future ministry, re-entry into the diocese and plans for ongoing therapy and monitoring as may be appropriate.

- Bishops and superiors are welcomed and encouraged to raise any concerns they may have with the primary therapist throughout the course of residency and beyond.

1.4. Type of client information shared with bishop

Within the communications framework outlined above, material relevant to the presenting issues, diagnosis, progress in treatment, and recommendations concerning suitability for future ministry are shared. In all cases where sexual misconduct is an issue, the specific questions outlined in the sexual abuse "protocol" are explicity addressed. Assurance is given that these issues have been covered during the course of treatment.

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VILLA ST. JOHN VIANNEY HOSPITAL

Lincoln Highway at Woodbine Road
P.O. Box 219
Downingtown, PA 19335
Phone: 215-269-2600
Contact Person: Martin C. Helldorfer, Ph.D.

1. DESCRIPTION

1.1. In general

Villa St. John Vianney Hospital is a private psychiatric facility which ministers to Clergy and Religious, solely. We will soon celebrate our fiftieth year in this specialized ministry. We are a licensed, JCAHO accredited, psychiatric hospital. During the past five years an average of more than seventy priests, sisters and brothers have been admitted each year. The patients have been about equally divided between men and women. The most frequently cited reason for admission is depression. The most frequently cited behaviors that are a concern to patients or their superiors are a) the inability to function in day to day life within the ministry, b) the ineffectiveness of out-patient treatment, c) conflicts in living with others, including repeated patterns of withdrawal and d) problems associated with sexuality, particularly with acting-out behaviors. A considerable number of patients have had suicidal feelings at the time of admission and some have had actual plans to suicide. We have a specialized unit for clergy and religious with sexual disorders and sexual misconduct. During the past two years there has been an increase in the number of admissions to this unit.

Some patients are admitted to the hospital in order to stabilize them during a time of crisis. If this is the case, their medications are reviewed and, when the patients are stable, they are discharged.

Other patients are admitted for a lengthier, yet time-limited, length of stay as they work on specific problems that are more easily addressed in the specialized milieu of the hospital.

Still others are admitted for an extended length of stay as they deal with particularly severe problems such as a long history of treatment resistant depressions of sexual problems complicated by legal issues.

1.2 Specialties

As mentioned above, while we are a general psychiatric hospital, we have a unit devoted explicity to the treatment of priests and brothers with sexual problems, including sexual disorders and sexual misconduct. The unit is limited to 20 men. Clinical treatment does not follow the addictions model. Our stress is on personal accountability, a need for a support system, and the need to develop and maintain boundaries. Highly structured aftercare recommendations are part of this treatment approach.

In addition to that unit within the hospital, Villa St. John Vianney Hospital also maintains the Anodos Center which conducts four day comprehensive psychological assessments for Clergy and Religious. We prefer that priests undergo a comprehensive psychological evaluation, either here or at other Institutions, before admission to the sexual disorder unit. One of the major changes that has taken place relates to the cost of psychiatric care for clergy. The treatment program has been reworked, and the average length of stay has been reduced to six months. On the welcome side, this means lower cost of care. On the challenge side, it accents the need for on-going and often supervised out-patient care.

The Anodos Center varied services which include out-patient psychotherapy, spiritual direction, and professional consultations to Bishops and Superiors. The center has developed an educational outreach program for priests entitled "Sexual Ethics in Ministry." Its purpose is to provide a well-informed basis for making healthy decisions regarding boundaries in pastoral relationships.

1.3. Style of contact with referring bishop

By policy, the bishop or his appointed representative, is always involved in the patient's treatment. We follow all guidelines and laws of the Commonwealth of Pennsylvania regarding these matters. Consent of the patient is necessary. Verbal communication from the staff to the bishop is at least monthly. We strongly encourage that bishops, or their appointed representative, visit the patient frequently. As a matter of fact it is now required that the bishop, or his representative, meet with the patient's treatment team thirty days after admission, at least ninety days thereafter, and at the time of discharge.

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OUR LADY OF PEACE HOSPITAL
PEACE MINISTRY CENTRE

2020 Newburg Road
Louisville, KY 40232
Phone: 502-451-3330
Contact Person: Michael Coppol

Abstract

Philosophy

1. DESCRIPTION

1.1. In General

Our Lady of Peace Hospital is a comprehensive psychiatric referral and treatment center committed to upholding the overall mission, philosophy, and values of the Sisters of Charity of Nazareth. Our Lady of Peace Hospital is committed to providing quality psychiatric care. We respect the dignity of all persons and encourage their physical, emotional, and spiritual growth. This ministry of healing is an integral part of the church, and an extension of Christ's mission of mercy. Our Lady of Peace Hospital provides psychiatric and substance abuse treatment to all age groups, and to all professionals, religious and laity. The Peace

Ministry Centre provides an environment where male and female religion professionals in crisis can seek treatment for emotional disorders and/or addictions. Religion professionals in crisis who are seeking our help tend to be experiencing confusion in their role, their beliefs, and their relationship with God. They may be in need of professional help to acknowledge these problem areas.

Our Lady of Peace Hospital recognizes that there are religion professionals who may not have had the occasion or willingness to reveal to anyone else the true state of their personal struggles. Religion professionals in crisis may lack the kind of trusted friend who could understand their struggles of faith. Additionally, religion professionals in crisis, due to their role as authority figure, may often feel that it is impossible to disclose any of their own limitations or failures, especially in the area of spirituality.

Our Lady of Peace Hospital encourages religion professionals in crisis to experience themselves apart from their roles, to step back for a while from their usual positions as teacher, preacher, and helper, and to experience their own imperfect and wounded humanness. These religion professionals in crisis can experience the opportunity for openness and growth in a trusting environment that enables them to admit their own urgent needs for change in both their human and spiritual life.

Our Lady of Peace believes that our treatment responsibility also extends to the family, to the religious community, and/or to significant others who are important in the treatment process. Involving these significant people in the treatment/recovery process is an important component of treatment. Therefore education, therapy and support services are offered to those significant persons in order to strengthen the functioning of the individual patient and his/her support network.

The primary purpose of the Peace Ministry Centre is to provide a comprehensive treatment environment that addresses the physical, emotional, and spiritual needs of the person and the larger interfaith system (i.e., family, church, community). The addiction issues and skill building techniques. The religion professional is assigned to one of these programs and a schedule of activities is established based upon the evaluation of the patient's cognitive and emotional functioning and assessment of needs. The goal of this assignment is to provide the maximum degree of therapeutic intervention that is appropriate to the patient's current and potential level of functioning.

Once assigned to the one of the treatment programs, individuals are assigned to the Peace Ministry Centre Track. The key components of the track are individual psychotherapy, group psychotherapy, and psychoeducational group therapies in which coping skill acquisition and problem resolution are emphasized. Some of these therapies are Spirituality Group, Biofeedback, Healing the Healer's Group, Art Therapy, Reflections Group, Spiritual Counseling, Family/Community Therapy and Interfaith and/or Catholic worship services. The structured milieu provides the opportunity for the development of interpersonal skills and maintenance of healthy interpersonal relationships. The religion professionals are blended into the milieu with non religion professionals on their home unit in order not to isolate but to promote support and sharing with others in the human experience of the treatment process. Patients also have the opportunity to engage in therapy groups which focus on their individual needs such as survivors of abuse, adult children of alcoholics, and group and individual therapy dealing with accepting responsibility for perpetration of abuse

- physicians

- human service agencies

- judicial system

- other treatment facilities

- a major superior

- a bishop

- a personnel director

- a local superior

- an employer (principal of school, president of college)

- a local house

- pastoral counseling services

- etc.

Referrals may be accepted through the 24 hour Peace Helpline at (502) 451-3333. Non-local callers may also use the 1-800-451-3637 telephone line for toll free access.

1.2. Specialties

The individual's treatment needs are assessed at the time of his or her admission. According to the assessed level of care appropriate, the religious professional is admitted to one of the following Treatment services; Adult Treatment Services Inpatient, Pathways To Peace Chemical Dependency Inpatient or Intensive Outpatient Programs, Adult Partial Hospital Program, or Peace Counseling Center Outpatient Services. Patients entering the above mentioned services would focus on psychiatric issues, treating of the whole person in an environment that is supportive of one's ministerial life is a critical component of the delivery of these services. The Peace Ministry Centre is an ecumenical, spiritually-based treatment opportunity where growth, transformation, and healing can take place.

The staff of Our Lady of Peace is aware of the fact that our ministry is one that calls for sharing in our patient's life journey of healing. By honoring this journey, the Hospital encourages an atmosphere of caring, reverence, and confidentiality for the patient.
The overall purpose is to treat individuals presenting with emotional, addictive, and spiritual difficulties and needs. This treatment is available in three levels of care: inpatient, partial hospital, and outpatient.

Another purpose is to address the educational, consultation and treatment needs of the family, church and community as they are impacted by the treatment of the individual while maintaining appropriate boundaries and confidentiality.

Referrals are accepted from a wide range of sources including but not limited to the following:

- an attending psychiatrist

- self referrals

- family members or significant others

- mental health professionals issues

For further information, the reader is encouraged to contact the Vice President of Patient Services or the Director of Nursing at Our Lady of Peace Hospital, 502-451-3330.

1.3. Style of contact with referring bishop

Our usual procedure is to have received a referral directly from a bishop. The bishop has usually made it clear to the religious professional that their participation in treatment and their progress is a major factor in deciding on placement following treatment.

1.4. Type of client information shared with bishop

The bishop, usually requests to be allowed to have communication with the treating psychiatrist. We are required by law to secure written permission from the patient to release this information, but have not yet had a problem getting that agreement.

PART 2 - KEY QUESTIONS

2.1 QUESTIONS THAT MAY BE ASKED OF THE FACILITY BY BISHOPS

The following is a synthesis of the sort of questions institutions would expect to be asked when a bishop contacts them regarding a possible referral.

- Do you have a staff especially trained and experienced in evaluating and treating priests?

- Do you have an assessment process before admission?

- Is the assessment process necessary in every instance?

- Will he be evaluated at the start of treatment or during the course of treatment?

- Are the problem behaviors I see in this patient related to mental health issues?

- What might make these behaviors worse?

- Is this patient's behavior a potential threat to others' safety? How serious is the risk and under what circumstances may he endanger others?

- How would you determine whether you could help the man or whether he should be referred for hospitalization?

- Can you justify your recommendation for or against outpatient care, residential treatment or hospitalization?

- What elements will the treatment program include: psychiatry? psychology? spiritual counseling? social work? physical fitness? career guidance? etc.

- Do you have much experience and success in dealing with the sort of problem this particular priest is presenting?

- What is the procedure of assessment of outcome, prognosis, and recommendations for placement and return to ministry?

- What is the nature of risk following participation in treatment?

- How soon can his evaluation or treatment begin?

- Will he be admitted as an in-patient or will he be given out-patient status?

- Do you have a place where he can reside if he is an out-patient?

- How long will the evaluation and/or treatment take?

- Will the results of the evaluation and the recommendations made by the staff be communicated to the bishop? In what form?

- Will the priest be present when the staff discusses its recommendations with the bishop or his representative?

- When the priest is in treatment, how often and in what way will progress reports be communicated to the bishop?

- Will the priest receive vocational evaluation and spiritual direction?

- Will the priest be able to participate in daily liturgy?

- Will the priest be treated with other priests? Also with other professionals such as physicians, lawyers, teachers, women religious, men religious, business people?

- Is the accusation against the priest founded on fact or could this be a false accusation derived from some other source?

- If the accusation is true, how should the priest be viewed for his future responsibilities and for therapy?

- What is the status of the priest's faculties?

- Will the hospital assist the bishop to understand which future assignments would be inadvisable for the priest's and others' well-being, and which ministries would be preferable for him?

- If it is inadvisable for the bishop to reassign the priest, will the hospital staff assist the priest to prepare himself for non-sacerdotal employment?

- Do you have a specific and detailed aftercare program?

- Will the hospital staff assist the priest to find a suitable therapist after discharge from the hospital, if followup treatment is indicated?

- What will the costs be?

- Will our insurance cover these costs?

- What further referral sites might be appropriate for the patient?

- Do you have any suggestions about how I might make this difficult intervention?

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2.2 QUESTIONS THAT MAY BE ASKED OF THE BISHOP BY THE FACILITY

The institutions consulted in this survey had suggestions on certain points bishops may be asked on the occasion of exploring a referral to one of these facilities.

- Bishops are asked to provide as much detailed information about the presenting issue and personnel history of the individual as possible, from as many sources as possible. General information is usually not very helpful. Historical as well as contemporary data are needed.

- Name, age, place of origin (diocese/religious community), years ordained.

- Status with the diocese/religious community: good standing, suspended, with a positive evaluation possible return to active ministry, or no return to ministry under any circumstances.

- His recent assignments.

- The reason for referring for evaluation or treatment. What brought him to your attention as presenting a problem? Is there a pattern that has been repeated?

- Has there been any legal action? Are there any outstanding legal matters that might inhibit effective evaluation/treatment?

- Were complaints made about him? What do the complainants want? Description of the complaints and/or problem behavior.

- Have there been previous complaints about him? Relevant history of similar problems/complaints.

- Is he a recent offender or is the offence from years ago?

- Has the priest been abused himself?

- What has been done so far, before referral (e.g. administrative leave, etc.)?-

- What is the quality of your relationship with the priest?

- Has there been a decision, unknown to him, about his future?

- If you need to confront him, would you need someone from the hospital to be present to facilitate the encounter?

- What have you heard about him from his parishioners and other priests?

- Do you see therapeutic value in intervening in the priest's life administratively as well as pastorally?

- Will you hold the priest responsible for translating his program gains in a visible way into the diocese?

- Will you hold the priest responsible for getting along effectively with the presbyterate and with authority when he returns home?

- For purposes of treatment, it would be important to know whether or not the priest would ever be able to return to active ministry.

- Where is he now? Is he alone? Are there any danger or safety issues present? Is he suicidal?

- What have you said to him about referring him to our institution?

- What was his reaction? How open is he to evaluation?
  How motivated is he to treatment?

- Does he acknowledge misbehavior, if this has been alleged? Is he in denial or rationalization?

- Has he received psychological or psychiatric treatment? Type, time, and circumstances of any kind of therapeutic interventions or counselling. How did he respond?

- Has he been hospitalized in the past? Where? In whose care? Medical conditions, prescription medications, or other limiting physical conditions.

- How soon can he come in for evaluation and/or treatment?

- How willing are you to sponsor him throughout the length of the continuing care contract?

- What is your willingness to work with the primary therapist in terms of keeping information updated and to participate in future planning concerning the individual?

- Where will he live if he comes to this (non-residential) facility?

- Where will he work while in this city? (Our expectation is that the men will not be rather idle but on the contrary engage in some kind of 40 hour per week work. It does not necessarily have to be church work but we do expect our men to hold jobs and possibly even pay towards their treatment.)
- Who will be the bishop's delegate, if any, to serve as a contact person with the hospital and the priest?

- Is there insurance that may cover hospital care?

- To whom should the bills be sent?

- Has there been publicity in the media?

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3. CRITERIA FOR BISHOPS LOOKING FOR A FACILITY

The institutions described above in this survey were invited to indicate criteria bishops should look for when seeking a facility for personnel of their dioceses. What follows is a summary-for the most part in their own words-of what they would suggest to the bishops. There is much complementarity in these replies, along with nuanced differences on certain points.

- (An institution) that is both experienced in the matter of evaluation and differentiation of patient's problems but as well that has an appreciation of the diocesan responsibilities and the spiritual purposes of the church. There has to be a sense in the facility that the aims of the church are appropriate aims to seek in the priestly mission and that the facility is interested in supporting, rather than altering or subverting that mission.

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- Interviews should be conducted by psychologists and psychiatrists with special training and experience evaluating and treating sexual problems of the clergy, including sexual abuse.

- The psychologist who administers tests should have training and experience in assessing sexual issues and treating members of the clergy.

- An internist should examine the patient medically, along with a neurologist.

- A specialist in spirituality and pastoral care should evaluate the state of the priest's spiritual life and ministry, along with his life-style and relationships.

- A specialist in neuropsychology should be available with access to a clinical facility where special testing can be performed, if this is needed.

- A laboratory should be available where testing can be done for alcoholism, AIDS, drugs, hormonal disorders, genetic problems, etc.

- A professional staff experienced in working with priests with sexual problems should be in frequent and close communication with the bishop who refers the priest for evaluation and treatment.

- Rarely, if ever, should a priest sexual offender be treated by an individual therapist without first being evaluated in a clinical setting where an experienced team conducts the evaluation and provides initial treatment.

- The results of evaluation and recommendations for treatment are generally best communicated to the bishop in a conference including staff members, the priest-patient, and the bishop or his delegate.

- The written reports to the bishop regarding the priest's progress in treatment should be communicated regularly, in writing, clearly, and with professional estimates of how long the treatment is likely to be necessary.

- The facility where evaluation and treatment are provided for priests should be one that is approved by the Joint Commission on Accreditation of Hospitals.

- The psychiatrist and psychologist who do the evaluating should be willing to testify in court, if that becomes necessary.

- A hospital should remain in contact with the priest's referring physician, if there is one, and generally refer the patient back to that physician at the time of discharge, unless some other plan seems indicated.

- The treatment center should have enough patients who have sexual problems to be able to provide group therapy for these priests along with one-on-one treatment.

- While in treatment the priest should receive spiritual and pastoral counseling and participate regularly in liturgical worship unless, for some reason, this is in inadvisable for a time.

- If priests are being treated at a hospital on an out-patient basis, it is generally beneficial and desirable for them to reside with other priests, but not necessarily exclusively. The hospital should approve their place of residence and living conditions.

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- Effectiveness. How have the men fared who have been to various facilities? Do they fit back well and effectively into the diocese? Are they happy or do they relapse? Has the relationship between the priest and the bishop improved? Are the people they serve content with them? Are they managing their sexuality well? Are they still in therapy after a long residential stay (they shouldn't be)? Are they still connected to the treatment facility after several years (they shouldn't be)?

- We believe that judging by the results obtained is the only useful criterion. Statements made by facilities about themselves are often irrelevant to the real problems the diocese faces with a priest. For example, "Compassionate Care" may be a kind thing to say, but, effective intervention is the kindest thing that can be done for the priest and for the diocese. Slogans do not necessarily result in effectiveness. Being good

consumers and asking others about a facility is a good way to gauge effectiveness regardless of how a facility advertises itself.

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- Experience of the center in dealing with the issue under review.

- Familiarity of the center in dealing with clergy.

- Available research on outcomes of treatment.

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- The bishop needs to know what type of evaluation process is offered. Is projective testing offered? Is neuropsychological testing available?

- What type of specific treatments are available for a specific problem?

- Does the facility offer training in social, assertiveness, empathy, and cognitive skills? Does it offer sex education?

- What types of psychotherapy are available?

- It would be important to understand the spirituality that is offered by the facility. ("... religious consequences have often proven to reduce recidivism more than legal consequences."

- The cost of the program and approximate length of stay.

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- In seeking healing or restoration for the suffering cleric or religious, special care needs to be given to helping the client assess and accept his personal inner needs. It is not uncommon for many priests and brothers in treatment to discover that they lacked even the basics of a life of prayer and faith. Joined to the scientific, psychological and medical aspects of prayer there needs to be skilled and professional guidance in creating an inner life of prayer and reflection grounded in sound meditative and contemplative disciplines and practices.

- Treatment centers with longevity and continuity of services provide verification of the soundness of their program. Men effectively returned to fruitful and personally satisfying ministry, or men successfully transitioned to a satisfying lay-state are the

best indications of the effectiveness of any treatment program. Those in the profession of therapeutic services are now well aware that continuity of services is paramount to quality of services. A facility **must** provide follow-up to residential care with specific recommendations for out-patient care.

- Therapeutic Philosophy: There are a multitude of treatment approaches available to those in need. There are programs which offer uniform services for all clients (e. g., 12-step programs). There are individualized programs which tailor the therapeutic experience to each resident. And there are programs which have an eclectic basis. Does the program follow established standards of care, for example, the "Proposed Standards of Care for the Treatment of Adult Sex Offenders" (if that is the presenting issue) established by the Journal of Offender Rehabilitation, (Vol. 15, Nos. 1/2 1990, Coleman and Dwyer)? Is there adequate flexibility in the program to allow for a variety of etiological factors contributing to the manifestation of the presenting issue? Are there behavioral, cognitive, and emotional factors considered in the treatment approach? A comprehensive treatment approach must include developmental, cognitive, affective, behavioral, familial, and spiritual determinants.

- It is our belief that a compatible, comprehensive team approach is irreplaceable in working with priests and brothers who have emotional, behavioral, and/or interpersonal problems. When the man feels he has the support, understanding, respect and concern of those who are trying to help him, he is in a much better position to take advantage of that professional and personal assistance. There is no substitute for confidence and trust in those who are caring for you. If there are individuals in your diocese or community who have been through a treatment program and are willing to share themselves and their stories with someone with whom you are intervening, there is no more persuasive a position for their support, understanding, and concern. They can be allies in your fight for health, honest and integrity among the priests in your diocese.

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- While recognizing there are a wide variety of factors that can and do influence the selection of a treatment facility, the following represent what we hold to be essential criteria. In fact, these criteria are applied when, on occasion, (this facility) makes cross-referral to other residential treatment facilities.

  -- As all healing involves the whole person, the facility should provide comprehensive and effective integration of psychological, spiritual and physical aspects (i.e holistic model).

-- Therapeutic staff in all areas to be professionally credentialed (e.g. doctoral level, licensed psychologists, certified addictions counsellors etc.).

-- Intensive, multi-modal therapy program with clearly defined treatment goals and objectives, coupled with realistic time parameters.

-- A planned program for follow-up with both the individual and the referring diocese/community. Specific relapse prevention strategies are integral to this.

-- Demonstrated experience in treating sexual misconduct/abuse issues and a well-defined strategy for such treatment.

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- A treatment center sensitive to the particular needs of priests.

- A treatment center that accents the faith dimension of a priest's life.

- A treatment center that is licensed, accredited and staffed by professionals who use a multidisciplinary approach to treatment.

- A treatment center that maintains communication with the bishop while maintaining professional boundaries regarding privileged communication.

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In seeking a facility for evaluation and treatment, we would advise the bishop to consider the experience, staffing, and reputation of the center. The most efficient program provides a comprehensive system of care that ranges from an inpatient component to a full outpatient regimen continued through aftercare. The recommended team of caregivers should be multi-disciplinary: psychiatrist, psychologist, psychiatric nurse, psychiatric social worker. A priest or other religious person should be provided vocational evaluation and spiritual direction. Program services should be molded to individualized needs, especially the length of the patient's treatment and hospital stay. Many religious find it beneficial to be treated in a milieu that includes lay men and women who represent other professions and other religious denominations. Finally, geographic availability and personal preference should be considered.

PART 4

4. OTHER COMMENTS

(Johns Hopkins Medical Institutions)

Finally, I think that the critical matter is to learn that problems that are found amongst priests are not unique to them but are found amongst many other patients that the unit is evaluating, treating, and rehabilitating as well. This has the advantage of enlarging a person's understanding of the problem. I hope this is helpful to you in relationship to you and your group.

(Saint Luke Institute)

It is helpful to the staff and the priest-in-treatment if a thorough understanding about the prospect of returning to ministry is available prior to the beginning of residential treatment. If the return is condition upon treatment outcome that should be clearly stated; if legal issues preclude return then the priest can benefit from that knowledge throughout the course of therapy.

(Servants of Paraclete - St. Michael's Community)

As you may know, St. Michael's and the other programs offered by the Servants of the Paraclete do not treat lay people. Therefore, we accept referrals only concerning priests and religious.

(Servants of the Paraclete - The Albuquerque Villa)

The Servants of the Paraclete have been in the forefront in giving service and aid to priests and brothers in need since 1947. Because of our pioneering efforts in this area, an area in which there was a little information and no precedent, we have come under heavy attack within recent months. Many also know - as has been recently testified to under oath by independent, well-respected professionals in this field - the Servants are also the only religious community whose sole purpose and charism is to serve other priests and religious in need. As a result of being in a field that had been ignored by the larger professional community, we have made the mistakes and benefited from the experience of having tried, failed and tried again to give assistance to fellow priests and brothers.

As a result of our efforts, and our failures, we have learned the valuable lesson of supporting our efforts by enlisting the help of professionals of the highest quality. Together with our professional lay staff we continue to offer the finest treatment modality available and at the lowest cost to the sponsoring diocese or religious communities. At the Albuquerque Villa we have enlisted men and women, lay and clergy, of the highest caliber to design and implement a program uniquely suited to meet the needs of today's clergy. We have learned hard lessons and continue ready to offer our brothers in need a treatment program that combines the spiritual with the psychological and medical resources.