



Healthy Leaders for a Healthy Church

Presentation to Concerned Lay Catholics (CLC)

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Overview of Presentation

1. A brief overview of who we are:
History, Vision, Mission and Core Values
2. What services do we provide?
(Population served and types of services)
3. Details of Candidate Assessments
4. Education:
Vulnerability, Boundaries, Sexuality, Intimacy, Loneliness
5. Consultation – Professional Conduct

1. Who we are

The History of Southdown

- Our story **begins in 1964** with the late Msgr. Clement Schwalm, a priest of the Archdiocese of Toronto, who **struggled with alcoholism** and ultimately found sobriety through Alcoholics Anonymous and with the help of his friends.
- Out of his personal experience, **a dream** evolved in Fr. Schwalm **to establish a facility that would assist clergy** in their recovery from alcoholism. Fr. Schwalm envisioned a facility that was treatment oriented (12 Step) to be run and managed by lay persons.

1. Who we are

The History of Southdown

- On **December 15, 1966**, we welcomed our **first residents to the residential treatment program** that soon became popularly known as Southdown.
- Although the initial focus for the program was the treatment of alcoholism, the clinical team soon recognized that many of the men coming to Southdown were **also experiencing other psychological or emotional difficulties** in addition to their chemical dependency.

1. Who we are

The History of Southdown

- In **1976**, in response to an appeal from the Canadian Religious Conference (CRC), the residential treatment program was **expanded to include vowed women religious.**
- In **1979, a more holistic model**, including the full integration of spiritual direction and physical well-being, became integral to the overall treatment program.
- At that time, **psychological assessment services** were integrated into the process.

1. Who we are

The History of Southdown

- In **2001**, **Southdown was first accredited** by the Canadian Council on Health Services Accreditation (CCHSA), and we have maintained accreditation since.
- In **2011**, **the residential program**, based on outcome data, was restructured from 24-weeks to an **intensive 14-week program** at the recommendation of the clinical team and with the approval of the Board of Directors.

1. Who we are

The History of Southdown

- In 2019, **Southdown expanded its service umbrella** to include **lay ecclesial/lay pastoral ministers** to be eligible for residential treatment. At the same time, **all lay people** began to be welcomed for our **outpatient services**.
- Most recently, in September 2021, Southdown was awarded with **exemplary standing** by Accreditation Canada, the highest level awarded by the Accreditation Canada program.

1. Who we are

Our Vision:

Healthy Individuals, Healthy Communities, Healthy Church

Our Mission:

- Southdown provides **preventative** and **restorative** care using the integration of psychological, physical and interpersonal practice with the wisdom of the Catholic spiritual tradition

1. Who we are

Our Core Values:

Integrity

- We commit to engaging our clients, team members and community in building trust, upholding the inherent dignity and value of all.

Balance

- We believe that holistic healing and well-being unfolds when there is harmony of mind, body, and spirit.

Safety

- We create a welcoming, accessible and friendly environment of belonging, where we strive to honour and recognize diversity in cultures and backgrounds.

Professionalism

- We aspire to the highest standards of excellence, seeking the strength of innovative and collaborative teamwork and leadership.

Relationship

- We build community on a foundation of care, respect, compassion and understanding.

1. Who we are

- We are an **independent, registered nonprofit charitable organization** governed by a volunteer Board of Directors, with the majority of its members being lay individuals.
 - We do not receive direct funding through the Church but operate on a **fee per service** basis. In other words, we invoice individuals and referring organizations for services rendered.
- ➔ By contrast, for example, the Recollectio House Treatment Center in Germany is funded by 8 of Germany's dioceses, who all pool resources to fund the treatment center.
- ➔ For our clinical and assessment work, **independence** and **objectivity** are essential.

1. Who we are

- Southdown practices a **client-centered, trauma-informed, holistic, multi-disciplinary** approach to treatment.
- Our treatment and assessment team consists of **clinicians of varying disciplines and licensures**, such as a psychiatrist (MD), psychologists and psychological associates (Ph.D., Psy.D., MA), social workers (MSW), nursing staff (RN), trained spiritual directors, and other professional staff (nutritionist/dietician, fitness instructor, mindful movement/yoga therapist), as well as psychology interns and counseling and spirituality interns.
- As licensed mental health providers, we operate as **Regulated Health Professionals**, under the laws of the Province of Ontario, following all regulations regarding confidentiality and limits to confidentiality, including all mandatory reporting laws.

2. What services we provide

Populations served:

- **Clergy:** priests, deacons, bishops (from Roman Catholic, Orthodox, Anglican, Episcopal, United, and other denominations or faith backgrounds)
- **Vowed Religious:** men and women religious, and those seeking entrance into formation programs or those in formation programs
- **Seminarians:** applicants to seminary/applicants to formation for ordained ministries (all denominations and faith backgrounds)
- **Lay Ecclesial Ministers/Lay Pastoral Ministers:** lay men and women, who are in an employment context with the Roman Catholic Church
- **Lay People:** adult lay men and women, who seek spiritually integrated outpatient psychotherapy, spiritual direction, psychoeducation, or other community wellness services

2. What services we provide

Services offered:

- Psychological assessments and candidate assessments
- Outpatient psychotherapy
- Outpatient spiritual direction
- Community Wellness Services (virtual requested webinars)*

- Residential 14-week treatment program
- 18 months post discharge accompaniment (continuing care)

- Psychoeducational presentations
- Psychological consultations
- Consulting work with the ACBO, CCCB, CMSM, LCWR, and more

2. What services we provide

Services offered:

Community Wellness Services (virtual requested webinars)*

Examples:

- ***Mental Health in Times of Crisis: Emotional and Spiritual Coping Skills***
2-hr virtual webinar, offered to priests, deacons, lay ecclesial ministers, teachers, lay associations, campus ministry etc....
- ***The Dangers of Sex and Pornography Addiction***
4-hr educational virtual webinar, offered to dioceses across Canada
- ***Navigating Pastoral Realities***
virtual webinar to those ordained less than five years; challenging issues after the transition from seminary to parish ministry (with starkly different realities)
- ***Trauma – The Many Layers of Distress and Pain***
virtual ½ day workshop with a parish community, helping parishioners and staff to navigate through the time after their pastor was removed for sexual misconduct allegations

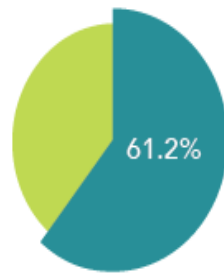
2. What services we provide

Diagnosis (most residents presented more than 1 diagnosis)

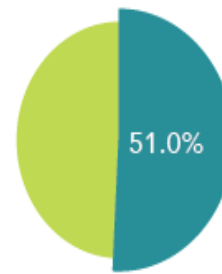
Mood Disorders include Schizophrenia, Depression and Anxiety.

Personality Disorders include Narcissistic, Avoidant, Histrionic, Obsessive-Compulsive, Dependent and Borderline.

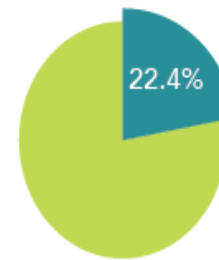
Anxiety Disorders include Social Phobia, Obsessive-Compulsive, Somatization, Adjustment Disorders and Post-Traumatic Stress Disorder.



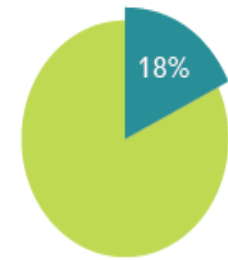
Mood Disorder



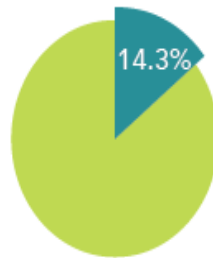
Phase of Life



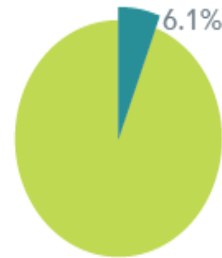
Substance Abuse



Personality Disorders



Anxiety Disorder



Sexual Disorders



Impulse Control /
Gambling



Abuse as
a Child

2. What services we provide

- The majority of residential clients come to work through a **phase-of-life** issue, **depression** and **anxiety**, and other mood related difficulties.
- They may be experiencing a challenging or traumatic **transition**, or may have **developed maladaptive coping patterns**, such as a **substance use disorder**, or an **eating disorder**.

2. What services we provide

- More recently, a goal of treatment may be for an individual to be helped **to transition out of active ministry.**
- **Grief work, psychosexual integration work, self-awareness** about power differentials, and **psychoeducation about boundaries**, and development of more **effective coping strategies.**
- A growing referral reason is **boundary violations** with a **vulnerable adult.**

2. What services we provide

- We are **not** a sex offender treatment provider.
- We are **not** a supervised safety plan living facility (halfway house) or a prayer & penance holding facility.

3. Candidate Assessments

- Process of **screening in** candidates who have the psychological maturity and balance required for seminary formation and priestly life.
- Process of **screening out** candidates who lack the psychological maturity and balance required for seminary formation and priestly life, or who enter with less than honest intentions, secondary motives, or presence of psychopathology or other impediments.

3. Candidate Assessments

- Assessments are best conducted in a **team approach**, with the candidate engaged in the evaluation process for **multiple days**, with **multiple team members** – preferable **both men and women**.
- Clinical **observations** and **impressions**.
- Objective, projective, and cognitive **psychometric test measures**.
- Medical/**physical health** background (lab work), as well as **spiritual life** evaluation.

3. Candidate Assessments

Intent is to screen for risk factors, such as:

1. Underdeveloped affective maturity
2. Unintegrated psychosexual identity
3. Spiritual rigidity
4. Poor understanding of ministerial boundaries

3. Candidate Assessments

Underdeveloped Affective Maturity

Affective maturity = human formation concept in seminary.

In psychology = concept is **emotional competence** and **emotional intelligence**.

- Limited insight/understanding of relational needs, creates blind spots.
- Lacking **social or interpersonal skills** (highly sheltered upbringing (at times, homeschooling may be a contributory factor)).

3. Candidate Assessments

Underdeveloped Affective Maturity

- **Gap in self-understanding** → inability to understand others' needs.
- **Over-reliance on others** to set boundaries.
- **Histrionic and narcissistic** personality styles are highly oriented to how they may be affirmed by their relationships with others.
- Compounded by **unearned privilege of clergy members**, resulting in a sense of **entitlement** (ordained males in a male dominated hierarchical power structure = clericalism).

3. Candidate Assessments

Underdeveloped Affective Maturity

- Spending time in an **all-male, highly structured**, at times **emotionally restrictive** and **socially isolated** environment, which did not allow for naturally occurring interactions with women and non-seminarians, made the process of developing the capacity for emotional intimacy a challenging one.
- Fear of 'particular friendships' and **overt or subtle or internalized homophobia** as obstacle in the process of maturing emotionally.

3. Candidate Assessments

Unintegrated Psychosexual Identity

- In the developmental years, **scrupulous beliefs** were adopted in an environment that was not conducive to open and free communication about sexuality.
- For those individuals, especially when there was an additional **layer of ridicule, shame or fear**, their sexual identity development was **delayed and occurred at a later stage in life**.
- Overly **rigid or judgmental approach to sexuality**. Shame, moral failure add to pressure to gain a sense of mastery over sexual urges.

3. Candidate Assessments

Unintegrated Psychosexual Identity

- Sacrament of Reconciliation is often relied upon as a means of 'correcting' for any missteps in this regard. However, it also **limits any significant exploration** of one's underlying sexual interests and dynamics.
- Lack of **basic knowledge** of one's own sexuality: sexual attractions, sexual needs, fantasies.
- Lack of **acknowledgment, acceptance, and integration** of **sexual orientation identity** into cohesive sense of self.

3. Candidate Assessments

Spiritual Rigidity

- For many, prayer life reduced to a “**rote recitation**” of the **obligated prayers**. Lack of personal, meaningful prayer practices – as long as obligation is fulfilled.
- Often, strong sense of **perfectionism** and **compulsivity**, which amplifies a very **high internal expectation** of pressure to do things “exactly the right way,” which for many means “the only way.”
- When they **fall short** in that expectation, because of their “human weakness,” they **judge themselves harshly for their failure**, and perceive God as judging them for their sinfulness.

3. Candidate Assessments

Lack of Understanding of Boundaries

- **Lack of awareness** or understanding of the **power differential** (effects of clericalism)
 - Inability to recognize and accept **personal power**, **positional power** (narcissistic blind spot).
 - Inability to recognize the **power of the role** of the ordained priest, especially when individual feels they have little power or influence (poor self-regard, having been bullied, loner, high powered parish).
 - Inability to recognize the **power of the role**, even when individual sees self as “with the people.”

4. Education

When requested and invited:

To Seminarians, Priests, Deacons, Lay Ecclesial or Lay Pastoral Ministers, Teachers, Bishops, Religious Leaders

Topics:

- Healthy Sexuality/Sexual Identity Formation
- Boundaries (Vulnerability/Understanding Power)
- Affective Maturity (Emotions and Emotion Regulation)
- Non-Violent Communication
- Intimacy/Loneliness
- Cultural Acculturation (Boundaries and other culturally informed issues/areas of interest)

4. Education

Awareness About Vulnerability

An adult of **diminished capacity to consent** due to **age, illness, or disability**.

- An adult in **crisis**, seeking pastoral, spiritual, or emotional support.
- An adult **who relies upon another** person for emotional, psychological, physical, or spiritual care or support.
- An adult in a context of **positional power imbalance**, unable to give free, informed consent (parishioner, staff member, ministry recipient – participant, spiritual directee, pastoral counselee, seminarian, supervisee ...)
- An adult in a context of **personal power imbalance** (poverty, financially dependent, anxiety, depression, abuse, trauma, maturity ...)

4. Education

Vulnerability

- An adult in a **spiritual power imbalance**, having sought the expert spiritual advice from the person representing faith/spirituality/God.
- An adult who **sought safety in the ministerial role of the priest/seminarian/catechist** (who may not be Catholic or a parishioner ...)
- An adult **who received professional help and support** from the priest/seminarian/catechist – even without knowing his role, his status, his function, his priestly promises ...

5. Education/Consultation

- Boundary education for seminarians, clergy **within first five years of ministry**, formators, and religious leaders.
- Boundary education for foreign-born clergy and active **assistance in questions of acculturation processes**.
- Boundary education for individuals who join dioceses in process of **incardination** (plus assessments).
- Education regarding **healthy sexuality** and **sexual identity formation** as well as overall affective maturity.

5. Education/Consultation

- Continue to work on **education** in regard to sexual abuse, physical abuse, emotional abuse, financial abuse, exploitation.
- **Clarity about matters of abuse**, clarity about reporting, clarity about mandatory reporting.
- **Establish system of “regulating” priests**, as in a system of being issued a license to practice pastoral ministry
 - Standards of practice (integrate clearly codes of ethics/safeguarding protocols)
 - Standards of education (scope of practice/competence)
 - Standards of continuing education to renew license
 - Standard of reporting another “regulated provider”

5. Education/Consultation

- Establish **clear safeguarding protocols** and **best practices**, and identify pathways to confront the reality of abuse, and to establish **clear paths to reporting abuse** or attempts to look the other way (Canadian Conference of Catholic Bishops, Canadian Reporting System for Sexual Abuse or Cover-up by a Catholic Bishop, 2021).
- Bring together **clinical and pastoral experience**.
- Foster capacity and **willingness to listen and learn**.
- ➔ These and other education and consultation components are provided to organizations that invite Southdown to offer psychoeducational presentations, such as various dioceses, seminaries, formators conferences, vocation directors, school districts.
- We currently work with the CCCB (Standing Committee for Responsible Ministry And The Protection Of Minors And Vulnerable Persons) and the ACBO (Professional Conduct Committee) to promote safeguarding protocols and establish more meaningful and widely accessible education and training resources.

Availability of Services

- In response to the COVID-19 Pandemic, Southdown has established a **Virtual Walk-In Clinic**, as an unbureaucratic way for clergy, religious, and lay ecclesial ministers to connect for up to two free of charge support sessions with a clinician.
- Southdown is now available for tele psychological outpatient and assessment services **across Canada** in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Newfoundland and Labrador, and Prince Edward Island.



Southdown



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