WORKING PARTY

re Therapy Centre and On-going Counselling
for
Priests, Religious and Church Workers who
are perpetrators of Sexual Abuse & Misconduct

Friday, 21st January 1994 2pm - 3.30pm

Present: Mr Tim Burns
Sr Angela Ryan
Br Vianney Welch

Notes on the Meeting of this Working Party

A. The proposal

A meeting has been held with Alex Blazinski in order to clarify the proposal.

Fr John Usher is refining the proposal for presentation to the Special Issues Committee Meeting on February 10, 1994.

The proposal is for the program to be part of a behavioural unit for the treatment of compulsive behaviours.

B. The legal issues involved

Sr Angela Ryan has requested from CCI any legal opinion obtained to date regarding disclosure, mandatory reporting, notes, documents, indemnity, liability of the Trustees/Board. This information is to be made available to the Hospital Board.

Futher legal opinion will then be sought regarding the possibility of a client re-offending during treatment or post discharge; the differing responsibilities during the in-patient or out-patient phase.

C. Costs and location of unit

In-patient costs if in the hospital.

Out-patients would be charged day-patient rates plus treatment. If an alternative location were used there would be licensing issues for clinical reasons and for Medicare/Health Care reasons.

D. Acceptance of the concept, expectations of the Program

No cure can be guaranteed, there is hope for a reduced risk of re-offending.

Each person in the program would be different, not all would be pedophiles, some would have other psycho-sexual disorders.

In requesting the admission of a client to the program the Bishop or Congregatational Leader would need to agree to the following

- (i) Bishop/CL is to visit and have appropriate involvement in the program
- (ii) Bishop/CL to arrange for another Priest/Brother to be available to attend some sessions and to be available in the out-patient phase
- (iii) Bishop/CL to be responsible for living arrangements and security in the out-patient phase
- (iv) Towards the end of the out-patient phase the Bishop/CL to work with the client and the program personnel about the future.

E. Process

(i) Working Party to consider the document prior to the meeting of Special Issues Committee, 10th February 1994

(ii) Presentation to this Meeting 10th February 1994.

(iii) Following this, a letter from the Chairman of the Special Issues Committee, Bishop Peter Connors, to the St John of God Hospital Board formally requesting their assistance in providing the program.
(To include - what is requested (Alex letter revised) and commitment from Bishops and Conf. Leaders)

(iv) Presentation to the Board Meeting on 3rd March 1994. Mr Tim Burns and Br Vianney Welch will be present to provide background information.

(v) If the Hospital Board are willing to proceed they would indicate to Bishop Connors that they are willing to assist in the provision of this program.

(vi) Preparation of a submission for presentation to the Bishops' Conference in April and to the Conference Leaders in July. Throughout Fr John Usher and Sr Angela Ryan will liaise with Mr Tim Burns and Br Vianney Welch.

PROPOSAL FOR THE ESTABLISHMENT OF A COGNITIVE-BEHAVIOURAL PROGRAM FOR PARAPHILIC DISORDERS - ST JOHN OF GOD HOSPITAL, BURWOOD

ADMISSION:
A request for admission of a Priest/Religious to the program would require the following:

i) the Bishop/Congregational Leader agrees to visit and have appropriate involvement in the program

ii) the Bishop/CL agrees to arrange for another Priest/Religious to be available to attend some sessions and to be available in the out-patient phase.

iii) the Bishop/CL is to take responsibility for living arrangements and security in the out-patient phase.

iv) towards the end of the out-patient phase the Bishop/CL is to work with the client and the program personnel in planning the future.

v) the Bishop/CL to ensure that any allegations of criminal behaviour have been notified to the police if mandatory reporting is a requirement.

vi) the Bishop/CL to ensure that an adult survivor making allegations has been told that they are free to go to the police at any time and that no-one will stand in their way. There will be an explanation that the person is going into therapy.

vii) the Bishop/CL to ensure that the Priest/Brother is not in any pastoral situation at the time of the program or the out-patient phase.

viii) for self-referring clients the Bishop/CL do not need to ask questions but the person needs to be told that if there is disclosure and it concerns children the previous conditions will apply.

ix) the Bishop/CL can only request admission for Priests/Brothers who have admitted to psychosexual problems or who are self-referring. They can not refer people against whom allegations have been made and the Priest/Brother is adamant about his innocence and is not prepared to admit any problem in the psychosexual area.

x) the above conditions apply to Priests and Religious or those who have recently been laicized or exclaustrated or have made application for this change.

xi) in the case of a lay Church worker, if the Bishop/CL in exceptional circumstances wishes to make a referral the above conditions would apply but admission remains at the discretion of the program director.

xii) at this stage of the program's development it is seen as set up for men, however if in exceptional circumstances a Bishop/CL wishes to refer a religious or lay woman the same conditions would apply and admission would remain at the discretion of the program director.

PRIOR TO ADMISSION, except in cases of self-referral, the Bishop/CL would have caused an internal investigation to have taken place in relation to the prospective client's psychosexual problems. The written report of this pre-admission investigation/interview/ previous counselling must be made available to the program director prior to admission.

PROGRAM PHILOSOPHY OR CLARIFICATIONS ABOUT THE PROGRAM

* The program is not investigative and will make no judgment about a person's innocence or guilt.

* People will seek to enter the program at different strategic moments e.g. pre-investigation, pre-trial, post-trial acquittal, post-goal sentence.

* The program is essentially designed as a long-term therapy program and not as a pre-trial diversion program.

* Admission of alleged offenders in the pre-trial phase must be at the discretion of the program director.

* The Bishop/CL may request periodic reports on a client in the program but the provision of such reports remains at the discretion of the program personnel in consultation with the client. The Bishop/CL must be involved and must be properly informed on matters relating to living arrangements in the out-patient phase, matters concerning strictly limited re-assignment to ministry and for probable laicization and other matters related to the post-in-patient and post-treatment phases.

* Any periodic or final report from the program director re the inpatient or outpatient phase will be circumspect about the possibility that the person will re-offend. The Bishop/CL needs to be aware that in no way can the program guarantee that during the program or afterwards the person will be unlikely to offend.

* Any periodic or final report should be handed on to successive Bishops/CL's.

* It is likely that the participant in the program will have had some form of supportive therapy or counselling prior to admission. It is critical that those Church agencies and private therapists/counsellors show a willingness to work in close collaboration with the program.

THE AIM OF THE PROGRAM

1. The aim of the program is to provide and develop a cognitive-behavioural Unit offering a specialised treatment program for Priests and Religious suffering sexual paraphilic disorders; homo- and heterosexual pedophilia, compulsive homosexual urges/behaviours/compulsive inappropriate heterosexual urges/ behaviours/exhibitionism, voyeurism etc.

2. In particular the unit would offer specific individual and group treatment programs for the reduction of inappropriate and sexual anomalous urges and behaviours, to reduce the risk of re-offending, to enhance stress management skills, and to deal with associated personality and emotional issues, either as a cause or effect of their sexual difficulties.

3. Ultimately the unit aims to bring particpants to an appreciation that their reassignment to the lay state or to some very limited future ministry is in their best interests and in the best interests of the Church of their Diocese/ Congregation/Society.

4. Inform Dioceses/religious orders nationally of the availability of such a program for members who may be suffering sexual urges or preoccupations in isolation, unaware of professional help or its access. A proactive preventative strategy is essential in reducing the incidence of inappropriate sexual behaviours.

CLINICAL ASSESSMENT

Bearing in mind the admission conditions cited earlier, prior to admission all patients would be assessed by the program director, clinical psychologist or psychiatrist for suitability. Each patient would be comprehensively assessed medically and psychiatrically, and complete relevant psychological evaluation measures. Such date would form the basis for treatment evaluation.

Treatment Program:
The program should be cognitive-behavioural in orientation. The literature suggests that cognitive-behavioural programs are the most effective. Ideally patients should be admitted for a period of eight weeks. During this period patients would receive an appropriate program based on the following treatment components:

* Approximately three one and a half hour weekly sessions of cognitive-behaviour therapy designed to modify cognitive distortions and negative schemata, the recognition of the impact of behaviours on others, responsibility over actions and identification of factors leading to offending.

* Two weeks prior to discharge about four sessions of intensive Relapse-Prevention strategies to reduce the risk of re-offending.

* There would be fourteen sessions of Imaginal Desensitisation spread over a two week period. Imaginal desensitisation has been found to be an effective technique to reduce the drive and preoccupation to carry out impulse driven disorders.

* One weekly group Stress Management session extending over approximately six weeks.

* Individual counselling sessions.

* Relaxation and other arousal reducing strategies.

* Review and appropriate management of concomitant substance abuse problems.

* Medication review for depression, anxiety and/or psychiatric symptoms.

* Spiritual counselling by pastoral professionals.

* Additional interventions for individual patients would be offered where appropriate.

STAFFING

The initial expectation is that the staffing of the program would be limited as a small number of referrals are expected at the outset. It is likely that the unit will develop if referrals increase. The staffing of an independent fully functioning unit may be as follows :-

Clinic Director (Clinical Psychologist skilled in cognitive behavioural therapy)

Duties -
- To supervise and co-ordinate the overall program.
- To develop, implement and evaluate the cognitive-behavioural, relapse prevention and stress management groups.
- Co-ordinate training of staff and continuing education programs.
- Evaluate the overall effectiveness of the program.
- Develop and implement educational and promotional preventative strategies.
- Follow-up patients over the longer term.

Two to Three Psychiatric Nurses

Duties - To act as co-therapists in cognitive-behavioural and stress management groups.
- Administer the Imaginal Desensitisation and relaxation techiques
- Offer individual counselling where appropriate

Psychiatric Consultant and/or Registrar

Duties - To provide psychiatric assessments of patients and prescribe and review medication where necessary.
- Provide necessary psychiatric intervention where necessary.
- Assist in evaluating the progress of patients.

Medical Registrar

Duties - to medically assess each patient and provide necessary medical treatment.

Additional Staff

At times the need may arise for social worker or occupational therapy interventions. Under these circumstances, existing staff may be utilised. The majority of patients would be self-sufficient and require minimal nursing care except where risk of suicide necessitates close observation. Weekly staff meetings would be held reviewing patient progress.

Other counsellors/therapists, spiritual directors or mentors who may have had contact with the client may be invited to join the staffing establishment for specific cases, from time to time.

COSTING

The In-patient/Out-patient phases of the program are based in a registered hospital, therefore the ability of clients to access hospital/medical benefits depending on their cover. Additional costs will be met as medical gap and as fee for service payments and must be provided by the Diocese/Congregation. It is at the discretion of the Bishop/CL to recoup these costs from a client or his estate as they deem appropriate.

Stages of Implementation of the program:
To maximise efficient and cost-effective utilisation of staff it is proposed that the Paraphilia Program be implemented in stages.

Stage 1 - Allocation of an interested, motivated and suitably qualified staff member to the position of Clinic Director assume responsibilities for the implementation of the program. Initially, such responsibilities would form part of his/her existing work load. The Director would prepare the basic infrastructure and materials (assessment procedures and data protocols, patient handouts, relaxation tapes, etc.) necessary to introduce the program.

Stage 2 - One to two beds would be made available. The Director and one psychiatric nurse would offer treatment on an individual basis. Patients would be involved in current ward stress management programs. Other staff would be trained during this stage.

Stage 3 - Actively promote the program through conferences, seminars and lectures.

Stage 4 - Increase bed numbers and introduce group sessions as demand dictates.

Stage 5 - Arrange outpatient follow-up review and booster sessions.

Stage 6 - Once effectively implemented, the Unit would form the medium for staff training and development, postgraduate teaching and supervision (registrars and psychologists) and research into the comparative effectiveness of treatments and clinical feaures of sexual offenders.

The process of endorsement will be as follows :-

i) presentation for discussion and seeking agreement in principle to the Special Issues Committee

ii) the proposal will be forwarded by the Special Issues Committee to the Board of the St John of God Hospital seeking a willingness to proceed.

iii) response from the Board of the St John of God Hospital regarding their willingness to proceed.

iv) re-drafting of the proposal in the light of the above discussion by the Working Party (Fr John Usher, Mr. Tim Burns, Br Vianney Welch, Dr Alex Blazinski,Sr Angela Ryan).

v) re-presentation to the Special Issues Committee for approval to present to the ACBC and ACLRI.

vi) Authorization from the ACBC/ACLRI for the Special Issues Committee to work with the Board of the St John of God Hospital in implementing this Unit.

vii) Final decision by the Board of the St John of God Hospital.