St. John Vianney Center

PSYCHIATRIC DISCHARGE SUMMARY

NAME: Father Patrick Sullivan

CASE NO.:

SOCIAL SECURITY NO.:

DATE OF BIRTH:

AGE: 57

CONTACT: Father David Baumgartner

CONTACT TELEPHONE NO.: (218) 281-4533

DATE OF ADMISSION: 07/05/2009

DATE OF DISCHARGE: 08/07/2009

CONFIDENTIAL

CHIEF COMPLAINT:

Tiredness.

SOURCES OF INFORMATION:

Diocesan referral materials and patient report.

HISTORY OF PRESENT ILLNESS:

Father Patrick Sullivan is a 57 year old priest of the Diocese of Crookstown, Minnesota. He was referred by his diocese for evaluation after he requested time to rest between assignments.

Father just ended a 12 year assignment as the priest on the Red Lake Indian reservation in northern Minnesota. He felt tired and depleted after that experience and requested time to rest and get spiritual and psychological renewal prior to assuming his next pastorate. The diocese expressed some concerns about his disorganization, procrastination, and problems in directing employees.

Father Sullivan reported that in the last two to three years he has felt more tired, disorganized, and defeated in his ministry at Red Lake. He felt that he had been sucked

into the dysfunctional aspects of the reservation and had started to adapt himself to it. Simultaneously, he was feeling depleted and defeated because he felt he had not made any progress or true changes there where so many social problems overwhelmed the people and his ministry. He reported that he had been sleeping more, had less energy and less appetite, was waking up early, and was ignoring most of the other aspects of his life except for the ministry. Although he had been taking Zoloft for approximately 15 years, he had stopped taking it six weeks prior to admission because the generic brand of the medication had precipitated a skin rash. He indicated that he had taken the medication episodically over the years and had misgivings about using an antidepressant. He preferred to think of himself as someone who a seasonal affective disorder as he noted that he felt better in the summer and needed little or no medication at that time. He started the medication at a time when he felt the symptoms of a major depression around age 39 or 40. He did not identify any particular triggers for that depression. In retrospect, he felt that he had suffered from low grade depression before and after that major depression; however, he diminished the significance of the dysthymia.

He reports that he had had problems with administration responsibilities, particularly concerning the parish school. He had had conflicts with the principle of the school and the director of education and at one point had been party to a lawsuit brought by school employees. He gave an incomplete history of those problems which appeared to be affected by his uneasiness about that area of lack of success. He had been told be the diocese to stay out of school affairs and had been stripped of any administrative responsibilities there.

Father stated that he thought that some of his recent problems were also due to his father's death in 2005. Less than a month after his father died, the school shootings at Red Lake occurred. Ten people died in those shootings, and six, including the gunman had been his parishioners. He had been swept up in those events and funerals and had never had an opportunity to adequately mourn his father's death. Not long after, his mother received a diagnosis of cancer and has had gradually deteriorating health since then which has been a worry to him.

Two years ago, the diocese had recommended to father that he leave the assignment. He took that as an insult, fought the recommendation, and eventually prevailed. He later learned that his priest support groups also thought that he should have left the assignment because they thought it was having a deleterious effect on him. In retrospect, he agrees.

He believes he has the potential for addictions so he carefully monitors his behavior. He drinks no more than one drink daily and very rarely has two. He enjoys gambling, but feels that he is "too cheap" to really get into a problem. At one point, he lost 200 dollars in one day which he found to be extraordinary. Some years ago, he was involved in stock day trading. After the fact, he realized in discussion with his financial consultant that he had lost 10,000 dollars over the course of two years with this activity which he then ended.

Father reported misgivings about being at St. John Vianney Center because it was a hospital. He was expecting a retreat atmosphere with mental health consultations available. However, he decided that he would spend several days at the facility to evaluate the atmosphere and how the program unfolded. He was concerned about being recommended for a treatment program, stating that he was expected to be at his pastorate in six weeks.

PAST PSYCHIATRIC HISTORY:

Current Clinician: None.
History of Depression: Reported major depression approximately 15 years ago; Dysthymia symptoms. Treated with Zoloft prescribed by primary care physician.
History of Significant Suicidal Ideation: None.
History of Family Suicide: None.
History of Significant Violent Ideation: None.
History of Mania: None.
History of Anxiety Disorder: None reported.
History of Psychosis: None.
Sleep: Recent early morning awakening and less restful sleep.
Appetite: Recent mild decline.
Personality Traits: Dutiful, eager to please, episodes of impulsivity.
Other Psychiatric Disorders/History of Psychiatric Hospitalizations: None reported.

MEDICAL HISTORY:

Family MD/Last Exam: Howard Hood, M.D. Lask examination was June 15, 2009.
Past/Current Medical Conditions: Left ulner neuropathy, left varicocele, seborrheic dermatitis.
Medical/Surgical Hospitalizations: None reported.
Current Medical Review of Systems: No complaints.
Current Psychiatric and Non-Psychiatric Medications: Zoloft 100mg daily (patient has not taken this medication for four weeks).
Over the Counter Medications: Aspirin 325mg daily
Current Side Effects/History of Side Effects/TD: None reported.
Allergies and Specific Reaction: No known drug allergies.

FAMILY HISTORY:

Psychiatric Disorders: Father Sullivan's father was treated for depression.
Alcohol/Substance Abuse: None reported.
Parents/Siblings/How relates: Father Sullivan is one of two brothers. He is not close to his brother. He got close to his father by way of sports particularly when his father served as his coach. He believes that he has not adequately grieved his father's death in 2005. His mother is ill and he is concerned about her deteriorating health.

HISTORY OF ABUSE:
None reported.

SOCIAL HISTORY:

Relationship History: Father Sullivan stated that he greatly values the connection he has with the priest support group. However, in the last two years he has been too buys and over involved in his ministry to connect with them consistently. Overall, he considers himself someone who is able to make connections fairly easily and who values them. As a youth, he related with peers predominantly through ice hockey. He had girlfriends in high school and college but no particularly serious relationships.
Sexual Relationships: His first sexual experience with women was in high school. As a seminarian, he had some homosexual experiences of mutual masturbation. He has not been sexually active since ordination. He now thinks of himself as bisexual but predominantly attracted to women.
Vocational History: Following ordination, Father was involved in parish ministries. 12 years ago, he moved to the parish at Red Lake Indian reservation where he had been serving until June 2009.
Reason for Religious Life: He had returned to attending church, and was looking for some meaning in his life, and he began to think that priesthood might be his calling rather than hockey coaching.
Education level achieved: Bachelor's degree.
Legal History: None.

ALCOHOL, DRUG AND ADDICTIVE HISTORY:

Cigarettes: None.
Caffeine: Morning coffee.
Alcohol: One drink a day most days.
Drugs: Use of marijuana in college. No current drug use.
Other Addictive Disorders: Father Sullivan considers himself to have an addictive personality; consequently, he closely monitors his gabling, watching television, and eating.

MENTAL STATUS EXAMINATION:

Appearance: Casually dressed, neatly groomed, thin man in no acute distress.
Manner: Polite and generally cooperative with the interview. Father appeared distracted which he explained as a result of his being tired.
Speech: Spontaneous, generally goal directed with a few episodes of tangential speech. Normal rate and rhythm.
Movement Disorder: None noted.
Mood: Underlying sense of exhaustion, sadness, and disappointment.
Affect: Appropriate to content and speech.
Thought Content:
Hallucinations: None.

Current Suicidal Status: None reported.
Current Violent Status: None reported.
General: No delusions, paranoia, or grandiosity. Father spoke predominately about his experiences at Red Lake, his need for recuperation, and his questions about whether St. John Vianney Center was the appropriate placement for him.
Thought Processes: Some episodes of tangential thinking, otherwise within normal limits.
Sensorium: Alert and oriented.
Immediate Memory: 3/3 objects remembered.
Short Term Memory: 2/3 objects remembered.
"WORLD" Backward: "dlrow"
Presidents: Knows last three presidents.
Apple/Orange: Fruit.
Glass House: "Don't criticize others: keep your own house in order.
Insight/Judgment: Reduced.
Fund of Knowledge: Average.
Intellectual Functioning: Average.

DIAGNOSTIC IMPRESSION:

Axis I:	Dysthymia (300.4)
Axis II:	Deferred (799.9)
Axis III:	No diagnosis
Axis IV:	Occupational, lack of appropriate support system
Axis V:	55/55

TREATMENT COURSE:

As a part of the residential assessment, Father Patrick received a variety of clinical assessments and ongoing counseling sessions and he received a full psychological evaluation. Problems areas were identified as depression and interpersonal relationship difficulties. During the assessment, Father participated in some of the elements of the residential treatment program. In addition to individual sessions with his psychiatrist, psychologist, pastoral counselor, and social worker, he participated in daily milieu group therapy and in focus groups addressing areas such as professional boundaries, family dynamics, human development, psychospirituality, and therapeutic process.

The psychological evaluation indicated that Father had both depressive and compulsive traits in his personality. He presented to other people as confident and possessing a positive self image. While he was willing to get involved in emotional situations, he tested as someone who preferred a more formal and restrained way of expressing emotion and as someone with social skills that were not sufficiently developed to help him make the kinds of relationships that he desired with others. Generally, he was more egocentric in that he remained emotionally focused on his own needs in relationships. Furthermore, testing revealed that Father had variable perceptual ability. In more structured situations, he was able to determine obvious aspects of reality, but in

more unstructured situations his reality testing could break down. Consequently, in those situations he could have difficulty in understanding the motivations and behaviors of people with whom he was interacting. This could be a contributory factor in difficulties in anticipating consequences or inability to maintain appropriate boundaries.

In his assessment sessions and in his behavior in the milieu, Father quickly demonstrated his difficultly with boundaries. He touched staff and residents repeatedly without asking, even beginning to give residents shoulder and back massages without apparent appreciation of what this might mean to them. He hung laundry in public places and moved around the unit and the building without shoes until instructed otherwise. He described a long history of dysthymic symptoms for which he had been prescribed medication in the past. He complained of difficulty with attention, concentration, organization, and procrastination which was also evident in some of the ways that he managed his affairs in the center. He acknowledged past difficulties in working with authorities and also at times in exercising authority in an effective manner. He described how, on occasion, he would quickly and reflexively disagree with authority. In his interactions with peers, he had a marked difficulty in being aware of, naming, and expressing emotion, and an impairment in his social skills based on his lack of empathy with how others might be thinking or feeling.

When difficulties were pointed out to him, he was frequently defensive, and he consistently tended to minimize problems. For example, while he had clearly been dysthymic for years and perhaps had some episodes of major depression, he preferred to think of himself as someone who had a seasonal affective disorder. He characterized his coming to St. John Vianney Center as a time for rest and refreshment of his spirit rather than as a result of some interpersonal problems he may have had. He minimized boundary problems as simply his way of relating with others. He described strong attention and concentration problems, but determined that needed no medication. He also declined medication for depressive symptoms.

At the conclusion of his assessments, Father Sullivan, his treatment team, and his diocesan contact person had a conference to discuss the findings. Because of his problems with emotional awareness, professional and personal boundaries, depression and isolation, and impulsivity, his treatment team recommended a period of residential treatment as the first phase of treatment. His diocesan contact person supported this recommendation. Father Sullivan listened, pointed out areas of disagreement, minimized the findings, and maintained that he had always intended that he would be at St. John Vianney Center for one month and intended to leave at the end of the month. He wanted to follow a plan of outpatient therapy and ongoing assessment and return to his previously assigned new pastorate. Follow up sessions with his team members and empathic confrontation by peers were of no avail. Consequently, pursuant to his requests, he was discharged from residential assessment to a program of outpatient treatment that included recommendations for psychotherapy, psychiatric consultations as indicated for dysthymia and attention concentration problems, spiritual direction, use of support persons, and ministry as assigned by his Bishop.

Sullivan, Patrick (Father)
Diocese of Crookston

James MacFadyen, M.D.
Sr. Mary Lindsay, Ph.D.

LABORATORY DATA AND OTHER CONSULTATIONS:

Father's admission physical examination was unremarkable. His electrocardiogram upon admission was within normal limits. He had recently had laboratory studies at his primary care physician which included comprehensive metabolic panel, CBC and differential, and PSA. These studies were reported as within normal limits.

FINAL MENTAL STATUS EXAMINATION:

Appearance: Neatly groomed, casually dressed man in no acute distress.
Manner: Friendly, cooperative.
Speech: Clear, goal directed, normal rate and rhythm.
Movement Disorder: None noted.
Mood: Euthymic.
Affect: Appropriate.
Thought Content: Thought content pertains to his return to ministry, visiting family and friends, and arranging follow up care. No delusions, paranoia, or grandiosity noted.
Thought Processes: Unremarkable.
Sensorium: Alert and oriented.
Immediate and Short-Term Memory: Intact.
Attention and Concentration: Intact
Fund of Knowledge: Average.
Intellectual Functioning: Average.

DISCHARGE DIAGNOSTIC IMPRESSION:

Axis I: Dysthymia 300.4; ADD w/o hyperactivity 314.00

Axis II: Obsessive and Narcissistic traits

Axis III: N/A
Axis IV: Occupational
Axis V: 55

DISCHARGE MEDICATIONS:

Medication	Information on Medication	Number Provided on Discharge	Prescription	
			Number Prescribed	Refill
Aspirin EC 81mg.	1 tab in am	0	0	0

ALLERGIES: No Known Allergies

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CLINICAL SUMMARY:

Father was referred to SJVC when he requested time to refresh himself physically, emotionally, and spiritually after his last assignment. He received a full evaluation of clinical assessments and psychological testing. Father and his team identified several areas of difficulty that warranted therapeutic attention. They included low grade depression, attention/ concentration deficits, personal and professional boundary deficiencies, impaired emotional awareness, and tendencies to dismiss feedback. A course of residential treatment was recommended and was endorsed by Father's diocese. Father decided to decline that recommendation and to pursue outpatient treatment.

SIGNS OF REGRESSION/RISK FACTORS:

Signs of regression include lack of participation in aftercare planning, failure to make use of support persons, return of dysthymic symptoms, increased difficulties with attention, procrastination, and organization, increased problems with and complaints about poor professional boundaries.

RECOMMENDATIONS AND AFTERCARE PLAN:

1. Psychotherapy: Father will arrange psychotherapy after arriving at new assignment.
2. Psychiatric: Recommended to evaluate medication as appropriate for dysthymia symptoms and ADD. Can be arranged in consultation with therapist.
3. Medical: Regular follow-up with Howard Hoody, M.D.
4. Special Instructions: Ministry assignment as determined by Bishop; spiritual direction monthly; identify and meet with support persons; follow practices to support physical, spiritual, emotional, social, and intellectual wellbeing.
5. Re-entry Date: None scheduled.

MacFadyen MD
James MacFadyen, M.D.

DT: 09/2/2009
DR: 09/2/2009

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