

PROTECTED

THIS INFORMATION MAY NOT BE SHOWN TO, RE-~~AD~~ TO, OR GIVEN TO THE PERSON ABOUT WHOM THE REPORT IS WRITTEN WITHOUT THE WRITTEN CONSENT OF THE THERAPIST WHO WROTE IT.

CONFIDENTIAL

THE CONFIDENTIALITY OF THIS INFORMATION IS PROTECTED BY THE FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY DISCLOSURE OF THIS INFORMATION TO ANYONE WITHOUT SPECIFIC WRITTEN CONSENT FROM THE PERSON. AUTHORIZATION IN WRITING BY A JUDGE OR OTHER INFORMATION, EVEN IF SIGNED BY THE PERSON TO WHOM THIS INFORMATION PERTAINS, IS NOT SUFFICIENT.

C O N F I D E N T I A L

THE CONFIDENTIALITY OF THIS INFORMATION IS PROTECTED BY THE FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY DISCLOSURE OF THIS INFORMATION TO ANYONE WITHOUT SPECIFIC WRITTEN CONSENT FROM TARA. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION, EVEN IF SIGNED BY THE PERSON TO WHOM THIS INFORMATION PERTAINS, IS NOT SUFFICIENT.

Psychotherapist/Patient Privilege



January 26, 1982

REDACTED

Reverend
Provincial
Franciscan Friars Provincial House
1500-34th Avenue
Oakland, CA 94601

REDACTED

re: Reverend Mario Cimmarusti, O.F.M.

REDACTED

Dear Father

Father Mario Cimmarusti came to St. Michael's following discharge from the Hazelden Foundation on November 2, 1981. Problems identified while at Hazelden were anger, resentment, guilt, shame, self-blame and self-pride.

When he arrived here at St. Michael's he began to exhibit an air of defensiveness, and attempted to intellectualize. The change in ministry from Guaymas, Mexico to Stockton, California brought those problems areas of his life to the forefront. Father Mario appeared to struggle with this change, but through staff intervention he was able to gain acceptance.

While here at St. Michael's he was involved in group therapy, lectures, films, one to one counseling session and outside AA meetings. Father Mario, also, made a list of commitments for his on-going sobriety prior to discharge. The following is a list of those commitments:

1. Daily reading of the Twenty Four Hours a Day Book.
2. Attend at least three AA meetings per week.
3. Obtain an AA sponsor and contact him weekly.
4. Obtain a spiritual director and maintain weekly contact.
5. Continue medical monitoring of physical needs and take prescription for blood pressure as directed by physician.
6. Return to St. Michael's for an aftercare visit, when contacted by counselor.

Psychotherapist/Patient Privilege

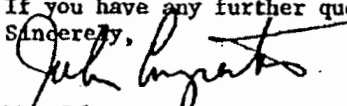
REDACTED

REDACTED

7. To contact _____ at least once per month.
8. To visit with Bill Sisk at least once per month regarding progress, as well as, any problems.

We, the staff, feel if Father Mario keeps these commitments, in the spirit in which they were written, he will have a comfortable sobriety and continue to grow as a man and as a priest.

If you have any further questions, please do not hesitate to contact me.
Sincerely,


Mr. John Carpenter
Focal Therapist

JC/jad

P.S. You will find enclosed a copy of the commitment form signed by Father Mario Cimarrusti,

Encl. -1

Psychotherapist/Patient Privilege

REDACTED

I, Father Mario Cimarrusti, make the following commitments to my sobriety:

1. Daily reading of the Twenty Four Hours a Day Book.
2. Attend at least three AA meetings per week.
3. Obtain an AA sponsor and contact him weekly.
4. Obtain a spiritual director and maintain weekly contact.
5. Continue medical monitoring of physical needs and take prescription for blood pressure as directed by physician.
6. Return to St. Michael's for an aftercare visit, when contacted by counselor.
7. To contact _____ at least once per month.
8. To visit with Bill Sisk at least once per month regarding progress, as well as, any problems.

REDACTED

Date

1/21/82

Mario Cimarrusti
Father Mario Cimarrusti

John Carpenter
Social Therapist

Psychotherapist/Patient Privilege

CIMMARRUSTI, P.8

during his one week of assessment and his followup homework. Gains were noted in: accepting responsibility for offending, accuracy of labeling offenses, insight into offending pattern, willingness to disclose and intellectual understanding of empathy.

CONCLUSIONS AND RECOMMENDATIONS:

In order to protect community safety and to attempt to assist Fr. Mario Cimmarrusti the following recommendations and conclusions are respectfully submitted for your consideration.

1.Fr. Cimmarrusti is at risk to reoffend against minor males if he is in a position of contact with them. A position of authority/control over minors would be very high risk. He is at risk to act out in a sexually compulsive and perhaps dangerous way with adult males on a daily basis. Voyeurism continues as high risk.

2.He appears to be treatable, although long term prognosis can only be rated as fair given his long term history and his current age. A return to the stressful life of ministry with its inevitable access to minors seems very unlikely for this individual.

3.He should be living much closer to his therapy program and should establish local support where his therapy is located.

4.He should be required to do additional work in specialized sexual deviancy treatment. A confrontive group would be the most productive addition to his therapy regime. This group should impose immediate restrictions on his lifestyle and behavior such as prohibiting pornography, avoiding high risk areas etc.

5.He should be monitored by someone who is trained in these issues and who is objective and committed to community safety. Monitoring procedures such as relapse prevention plans, polygraphs and urinalysis should be instituted or community safety cannot be predicted.

Psychotherapist/Patient Privilege

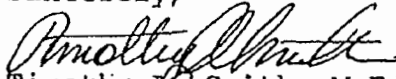
CIMMARRUSTI, P. 9

6. Medical review for anti-depressant, anti-compulsive medication. It may be possible to help this client achieve some relief from these tendencies through medication.

7. If these additions are not possible I would recommend inpatient therapy for sexual deviancy treatment.

Should you have any questions regarding this report feel free to contact me,

Sincerely,


Timothy A. Smith, M.Ed.

Certified Sex Offender Treatment Provider, FC02.

RELEASE OF INFORMATION

I, Mario Cimmarusti, give my permission
to Therapy and Renewal Associates to release information
concerning my personal and psychological status, including any results from
psychological testing, to the following:

Dr. Frank Clayman - Cook

It is my understanding that any information released will be held in confidence
by the above mentioned parties, and not further released to others without my
expressed consent.

(signed) Mario Cimmarusti

(witness) Dr. Fran Feder

(date) 11/2/95 ME



Province of St. Barbara

FRANCISCAN FRIARS

1500 34th Avenue Oakland California 94601 (510)536-3722 Fax (510)536-3970

RELEASE OF INFORMATION

I, *Mario Cimmarusti*, give my permission
to *Mr. Frank Clayman-Costa* to contact Dr. Eugene Merlin;
or, for Dr. Merlin to contact *Dr. Frank Clayman-Costa*.

The purpose of the contact is so that Dr. Merlin can provide
the information he has received through the St. Anthony Seminary
Board of Inquiry; in turn, he may receive some preliminary understanding
of the nature, extent, and progress of my treatment.

It is my understanding that any information released will be held
in confidence for the St. Anthony Seminary Board of Inquiry only,
and will not be further released to any others without my expressed
consent.

(signed):

Mario Cimmarusti, Jr.

(Witness):

Cliff Hile, Jr.

Date:

4/16/93

Psychotherapist/Patient Privilege

Frank L. Clayman-Cook Ph.D.
clinical psychologist

Psychological Evaluation

Name: Mario Cimmarrusti
Age: 61
Sex: Male
Education: 20 years
Marital Status: Single
Tested by: Frank L. Clayman-Cook, Ph.D.
Date Tested July 31, 1992
Tests Administered: Minnesota Multiphasic Personality Inventory-2 (MMPI-II), The Millon Clinical Multiaxial Inventory II (MCMI-II), Thematic Apperception Technique (TAT), Rorschach Test (Exner Scoring Method), Wechsler Adult Intelligence Scale - Revised (WAIS-R), HTP Projective Drawing, Personality Assessment Inventory (PAI), and the Bender Gestalt Test.

Reason for Referral:

As a result of allegations of homosexual behavior, the subject was referred for psychological and cognitive functioning to determine the likelihood of the recidivism of this behavior and recommendations for the remediation of this symptomatology.

Test Taking Attitude:

Overall, the subject was cooperative and honest in his personal reports and responses to interviewing and the psychometric measures. He was extremely anxious throughout the procedure. During the administration of the Rorschach, the subject needed reassurance on several occasions. On the MCMI-II

Psychotherapist/Patient Privilege

there were no unusual test-taking attitudes that would distort the results of the measure. I feel the anxiety of the subject resulted in a lower than capacity score on the WAIS-R. In other words, I feel the subject is more intelligent than he tests.

On the MMPI-II he was mildly self-favorable and minimizing of psychological problems in responding to the inventory. The profile appears valid by the usual criteria for scales L, F, and K. He did not show any significant amount of conscious defensiveness. It appears that his elevation on scale K was due to such factors as emotional reserve and a relatively sophisticated self-presentation; it was not due to any intentionally self-favorable slanting of his responses. In fact, his K score was higher than expected for his Ss score; that is, this level of socioeconomic status identification is usually associated with a lower level of sophistication on K. There were no indications on the "fake bad" scale (Ds) of any attempt to malingering or exaggerate his level of disturbance. The fact that he showed so little atypical responding, as reflected in his low score on scale F, is consistent with this.

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits. Two of the validity scales (ICN and INF) are measures of the extent to which the respondent attended appropriately and

Psychotherapist/Patient Privilege

responded consistently to the content of test items. The respondent's scores on these scales suggest that he did attend appropriately to item content and responded in a consistent fashion to similar items. The remaining two validity scales (NIM and PIM) are measures of the extent to which response styles may have affected the report of symptomatology on the inventory. The scores for these validity scales fall in the normal range, suggesting that the respondent did not attempt to present an unrealistic impression that was either more negative or more positive than the clinical picture would warrant.

All measures were valid and are useful interpretively. There was consistency and intermeasure agreement yielding useful information and establishing convergent validity.

Identifying Information:

Mario Cimmarrusti is a 61 year old Franciscan priest. He was born in Inglewood, California, and is the youngest of eight, having five sisters and two brothers. Both of his parents were immigrants. His mother was born in Mexico and his father in Italy. His mother died in 1959 and his father in 1972. There is no history of alcoholism or mental illness in either parent. Fr. Cimmarrusti does report that two of his siblings suffer from alcoholism; his eldest brother apparently died of diabetes exacerbated by alcoholism. The subject feels that one of his sisters is an alcoholic. The other brother died in an elevator accident.

The subject reports that he is a recovering alcoholic himself. He was intervened upon approximately ten years ago as a

Psychotherapist/Patient Privilege

result of this intervention where he spent two months at St. Michaels and one month at Hazelton. He admits that he still consumes alcohol, but "not the hard stuff." He reports drinking one or two beers twice a month. A fact I find impossible to believe, if Fr. Cimmarrusti is a real alcoholic. He reports that he has never experienced a connection between acting out sexually and his consumption of alcohol, another fact I also find difficult to believe. He remembers that his sexual fantasies were always of men. He masturbated before he entered seminary and reports no masturbation between the ages of 13 through 26. He does report nocturnal emissions.

Fr. Cimmarrusti began his religious education at St. Anthony's Junior Seminary. He completed his studies there and went on to study philosophy at San Luis Rey. On completion of his studies, he then went to the Old Mission in Santa Barbara where he studied Theology and was ordained in 1956. The subject's first assignment at age 26 was in Phoenix, Arizona, where he was fourth assistant pastor. After a year he transferred to St. Francis Seminary in Troutdale, Oregon, where he taught for six years; it was during this time that he had his first homosexual experience. The subject reports that it was a guilt ridden experience, and all subsequent experiences for the next twelve years were also guilt ridden. After St. Francis he was assigned to St. Anthony's where he taught for six more years. His next assignment was Mexico, where he stayed for eleven years. It was in Mexico that he "worked through the guilt" of his homosexual experiences. In Mexico he also had trouble with his

Psychotherapist/Patient Privilege

alcoholism and entered the three month treatment previously referred to. After treatment he was assigned as assistant pastor in Stockton for the next three years. After this assignment he became pastor at Our Lady of Guadalupe in Delano, where he has been for the past seven and a half years.

Summary:

The data is quite consistent and all of the validity indices revealed that the psychometric measures yield valuable insight into the subject. Since many of the measures are consistent, convergent validity is established, further strengthening the conclusions of this report. This section of the evaluation is based on the data in the test results section of the report and my clinical interview with Fr. Cimmarrusti.

The subject reports that all of his homosexual experiences have been with adult males. He denies molestation as a child and asserts that his prepubescent sexual experiences were limited to masturbation. The masturbation ceased when he entered Jr. Seminary. The masturbation apparently began again when he was ordained. I would suppose that the added stress of being an active priest in the community added to his stress level and he sought to soothe himself by masturbatory activities. The graduation from the structured environment of the Old Mission in Santa Barbara obviously stressed him and he also felt both the increase in stimuli and the decrease in structure as quite unsettling. The beginning of his homosexual acting out in his thirties while at St. Francis was probably due to his unconscious attempt at dealing with a deep and long standing depression.

Psychotherapist/Patient Privilege

Sexual acting out at the level of Fr. Cimmarrusti's behavior is not psychologically designed to satisfy sexual strivings, but is an attempt to deal with emotional issues. The best example of this is the comparison of alcoholism. The alcoholic does not drink because he is thirsty, he drinks because he needs to. In the same way, Fr. Cimmarrusti does not act out because he wants to satisfy his libidinal wishes. He may feel as if this is the reason, but my experience in these matters have proven there are far more powerful psychological forces than libidinal strivings that cause this level of sexual acting out.

The factors that support this contention comes both from the data and the subject. His sexual acting out apparently involves voyeurism as well as administering fellatio on his partner. This activity seems to serve the psychic purpose of providing some kind of psychological integration and wards off emotional fragmentation. Apparently his voyeuristic or oral incorporation of his sexual object serves the function of decreasing his anxiety and feelings of physical inferiority. It would also remediate at least temporarily his feelings of depression.

Both the MMPI-II and the Rorschach are sensitive measures of depression and both are clearly positive for the presence of an endogenous depression. Both the alcoholism and the sexual acting out are also signs of depression. It should also be noted that Fr. Cimmarrusti is obese, which also is probably related to the depression. It will be impossible to treat this patient without treating the depression. It is quite possible that the high

Psychotherapist/Patient Privilege

level of anxiety we see may be also a component of the depression. This is often referred to as an anxious depression.

Certainly what is also in high relief in the data is the subject's dependence on fantasy. Probably the sexual acting out is based on some aspect of fantasy gratification. What concerns me most about this finding is the level of perceptual inaccuracy when exposed to neutral stimuli and the resultant active fantasy projection that contributes to this level of distortion of reality in affectively laden situations, which results in projection of fantasy and gross distortions. Given the subject's cognitive gifts, this deficit indicates how much this subject's behavior is based on psychological needs.

Another alarming factor was the subject's lack of understanding of why his sexual exploits damaged his sexual partner. He is locked into the concept that sexual relations between consenting adults could not be considered exploitive. He had not considered the results of a priest having sex with a Catholic and the resultant damage to the trust and faith of that Catholic in his church even if he was not a parishoner. He did not understand the exploitive nature of the power differential that exists between a priest and a Catholic. He also did not seem to be concerned about the danger of AIDS. These factors are quite alarming. Just parenthetically, he was not aware that his behavior could result in a civil lawsuit. All of these factors underscore my grave concern for both Fr. Cimmarrusti and the public. (See Recommendation section.)

Psychotherapist/Patient Privilege

Test Results:

The WAIS-R reveals a man operating at the superior range of intellectual functioning. He is in the upper 6.7 percent of the population. He has an overall I.Q. of 125. His verbal I.Q. is 127, while his performance I.Q. is 117. He was extremely anxious and there was enough inter and intra plot scatter to suppose that the results underestimate his intellectual capacities as a result of this anxiety. Even taking into consideration the age adjusted norms on the performance section of the measure, he was still significantly under his verbal performance which augers for the presence of depression which causes psychomotor retardation which would account for the slowing of his capacities for scoring higher on this portion of the instrument. A remarkable finding on the measure was the unusually low arithmetic score. This usually indicates anxiety which lowers the capacity to concentrate. This finding is not that unusual in alcoholics. It also warns us that there is a possible suicide potential. Often this finding is thought to be the result of poor aptitude in math, but actually the math is quite simple and the subtest assesses more concentration and abstract reasoning. Both the digit span and arithmetic are below all other verbal measures, stressing the level of anxiety. Some experts have suggested that the digit span being higher than the arithmetic is suggestive of schizoid process and tendencies to isolate. There was also an unusually low similarities score reinforcing the hypothesis of an impaired ability to think abstractly. It also indicates a

Psychotherapist/Patient Privilege

possible depressive condition. When we combine this finding with low arithmetic, we have two positive indices for depression.

The MMPI-II profile shows a moderate to severe level of anxiety and depression. The pattern suggests openly depressed moods and complaints of worry, fears, self-doubts, and feelings of inferiority. The pattern would not rule out secondary paranoid and schizoid trends such as projections of his anger, feelings of unreality, or other distortions of his reality testing. He appears prone to overreact with excessive anxiety and poorly regulated emotions to minor matters or even fancied threats. He is apt to become quite tense and ruminative and to have chronic difficulties in getting to sleep. Obsessive qualities in his worries and insecurities are suggested. Despite his discomforts the current level of organization of his day-to-day functioning and immediate practical self-sufficiency tests as quite uneven but as within the normal range.

The pattern indicates a passive-aggressive or related personality disorder. He is likely to get many secondary gains from his symptoms even though his undercontrol of his impulses and lapses of judgment are self-defeating in the long run. His rather rigid social controls would help him to conform socially but interfere with outgoing personal warmth. Difficulties with authority and conflicts over limits on his behavior are strongly suggested. He appears quite immature and insecure with indications of repeated misunderstandings and long-standing resentments in his close personal relationships. He tests as seriously vulnerable to recurrent difficulties with alcohol.

Psychotherapist/Patient Privilege

Persisting problems in regulating his expressions of anger are indicated along with chronic, underlying resentments over dependency frustrations. Fears of confirming his self-dislike would lead to a self-protective interpersonal distancing. These fears would, however, repeatedly block self-assertive expressions of anger. In periods when he is not depressed, he is apt to be assertive, ambitious, and internally pressured. He tests as overly sensitive, easily hurt, and irritable, but at other times reacting passively when others would show appropriate anger. Others may see his moral values as rigid and inflexible if not as withholding or more openly punitive. The profile indicates strong underlying tendencies to rationalize hostility, to covertly blame others, and to externalize problems away from himself when less depressed.

This profile has often been associated with a "Mama's boy" life style; typically the mother was protective and dominant and the son was manipulatively dependent if not weak and passive. He may be described as clutching onto women. Patients who present this profile are fearful and worrisome. Because their threshold for threat is exceedingly low, they are vulnerable to it - both real and imagined; what to others might appear as trivial or minor irritants become "federal cases" for them. They tend to overreact and almost everything seems to be an emergency. Depression (manifest sad mood) is a predominant feature of the symptom picture - hence morale is impaired. Many of these patients are tearful and cry openly. Complaints of weakness and easy fatigability are reported with high frequency. Adjectives

Psychotherapist/Patient Privilege

used by their therapists to describe them are excitable, tense, nervous, sweating, and high-strung - all indicators of anxiety-proneness. Strong emotional reactivity is noted, such that these patients seem unable to control, to adapt, to modulate, or to "tone down" their behavior. With scale 7 part of the defining code, it is hardly surprising that therapists note the presence of phobic reactions and find ruminative, obsessional ideation characteristically present. Therapists also judge them to derive appreciable secondary gain from their symptoms, which represent essentially the somatic expression of psychological conflicts.

These patients are perceived by clinicians as suffering from basic insecurity, unfulfilled needs for attention, and exaggerated needs for affection. Conflict is generated when these magnified needs collide with fears of emotional dependency. Seventy-one percent of these patients express feelings of inferiority. In addition, clinicians are impressed with the presence and role of internal conflicts about sexuality. Usually these patients come to the attention of the professional as a result of being in some kind of trouble. These individuals are impulsive and unable to delay gratification of their impulses. They have little respect for social standards and often find themselves in direct conflict with societal values.

The MCMI-II pertains to those enduring and pervasive characterological traits that underlie this man's personal and interpersonal difficulties. Rather than focus on his more marked but essentially transitory symptoms, this section concentrates on



Psychotherapist/Patient Privilege

his habitual, maladaptive methods of relating, behaving, thinking, and feeling.

The behavior of this man is typified by unpredictable and pessimistic moods, an edgy irritability, and feelings of being cheated, misunderstood, and unappreciated. An intense conflict between his needs for dependency and self-assertion contributes to his impulsive and quixotic emotionality. Critical and bitter, he often feels like a victim, overburdened and mistreated. He uses guilt to undermine the anger of others, claiming that he has been misunderstood and unfairly accused. A pattern of pouting, self-pity, negativism, and stubbornness is punctuated periodically by angry outbursts.

This man permits himself to be exploited by his self-sacrificing acts. He then anticipates being disillusioned, and for this reason behaves obstructively, thereby creating confusion in others and producing the expected disappointment. His personal relationships are tenuous and turbulent, fraught with wrangles and antagonism that are often provoked by his characteristic complaining and passive-aggressive attitude. He frequently relates to marginal acting out types with whom he must suffer but yet identify with. This trend also appeared in a TAT response and I think this identification at present is to the itinerant farm worker. A struggle among feelings of suffering, resentment, and guilt often results in a rapid succession of moods. Restless, unstable, and erratic, he is easily nettled, contrary, and offended by trifles. His low tolerance for frustration is notable, there is a vacillation between being

Psychotherapist/Patient Privilege

distraught and being contentious. Self-sabotaging and self-debasing, he may be stereotyped as a person who is long suffering.

A struggle exists between acting out and curtailing his resentments. Vacillating between feeling smothered by others and then being discarded by them, he exhibits sulking, moody behaviors that induce others to react in a similar inconsistent manner. As a consequence, he feels bitter and unappreciated, and tends to be overly sensitive and defensive.

Scores on the PAI show moderate elevations that reflect sources of difficulty for the subject.

On the Anxiety-Related Disorders (ARD) scale, the respondent obtained a score in the high end of the normal range. The ARD scale taps three major areas of symptomatology: phobias, obsessive-compulsive thoughts and behaviors, and troublesome thoughts related to a traumatic event. A score in the high end of the normal range suggests that the respondent occasionally experiences, or experiences only to a mild degree, maladaptive behavior patterns aimed at controlling anxiety.

The respondent's score on the Anxiety (ANX) scale lies in the upper end of the normal range. Affectively, he is reporting that he experiences a great deal of tension, has difficulty relaxing, and likely encounters fatigue as a result of high perceived stress.

The respondent's score on the Somatic Complaint (SOM) scale lies in the upper end of the normal range, suggesting some concerns about physical functioning and health matters in

Psychotherapist/Patient Privilege

general. He reports particular problems with the frequent occurrence of various minor physical symptoms (such as headaches, pain, or gastrointestinal problems) and has vague complaints of ill health and fatigue, undoubtedly exacerbated by his obesity. His physical symptoms are often accompanied by further depression and anxiety.

On the Borderline Features (BOR) scale, the respondent's score is in the upper end of the normal range. Others may see him as moody and sensitive, and he may be dissatisfied with some of his relationships and uncertain about life goals and purpose in life.

The interpersonal scales measure two primary traits found to be descriptive of behavioral style in interpersonal relationships. Scores on these scales provide a general description of the respondent's style of interpersonal behavior. Scores that are extremely high or extremely low on these scales may be suggestive of problems in interpersonal relationships. The respondent's interpersonal style seems best characterized as being modest, unpretentious, and retiring. He is likely to be shy and self-conscious in social interactions and he is probably not skilled or comfortable in asserting himself. Others probably view him as passive, humble, and unassuming.

The Rorschach is positive for the depression constellation, the suicide constellation and the schizophrenia index are negative. The positive depression constellation indicates a man whose personality organization is susceptible to intense experiences of depression. This, combined with the other

Psychotherapist/Patient Privilege

aforementioned, measures the MMPI-II and the WAIS-R confirm depression as a primary aspect of this man's clinical picture.

The subject has fewer resources for the control and tolerance of stress than most people of his age. Usually subject's with this deficit are more susceptible to disorganization by many of the "natural" everyday stresses of living.

Fr. Cimmarrusti prefers to keep feelings at a more peripheral level during problem solving and decision making. He is willing to display feelings but he is prone to be overly concerned about modulating these displays. This is a very pervasive style and it is reasonable to assume that in most instances, emotions will play a very limited role in his decision making activity at an every day level.

The subject engages in more self inspecting behaviors that focus on negative features than is common. Excessive introspection such as this often promotes discomfort and frequently becomes a precursor to the pervasive depression. Given the subject's intelligence, it is a paradox that his basic cognitive style is to avoid complexity in his medeational processes. This is especially true when the stimuli is emotional. This does not mean that he does not engage in introspection. In fact, he engages in more intrapunitive thoughts than is customary. This introspection focuses excessively on perceived negative features of the self image, and as a result, painful feelings that are difficult to contend with often occur.

Psychotherapist/Patient Privilege

The self image that results from this ideational process tends to be based largely on imaginary rather than real experience. This can result in distorted notions of himself and others. There is also evidence for an unusual body concern or preoccupation. The data reveals that this preoccupation is sexual in nature. Given the reason for referral, this finding is quite cogent and is, along with Fr. Cimmarrusti's own expression of his internal experience, is the basis for my conclusions in the summary section of this document. This is not an unusual finding in an individual involved in the kind of sexual activity that Fr. Cimmarrusti admits to. This results in the sexual acting out as a way to meet his needs for emotional closeness.

He has a predilection for a distinct hypervigilant style. This is resultant from an anticipatory state which has its origins in a mistrusting attitude toward the social environment. He therefore feels quite vulnerable and would implement social behavior cautiously. It would be hard for Fr. Cimmarrusti to sustain close relations unless he feels in control of the interactions. Control in this sense does not mean dominant, in fact, he prefers to take a passive, though not necessarily submissive, role in his interpersonal relations. It will be difficult for the subject to alter this style and little motivation to seek new solutions to this problem.

Fr. Cimmarrusti's information processing style involves a marked tendency to narrow or simplify stimulus fields perceived as complex, or ambiguous. Although this coping style reflects a form of psychological economizing, it also includes problems in

Psychotherapist/Patient Privilege

the processing of information and as such, can create a potential for a higher frequency of behaviors that do not coincide with social demands and/or expectations. In most obvious situations, expected or acceptable responses are likely to occur. The probability of less conventional responses occurring in situations that are simple and/or precisely defined is minimal even though there are some problems in information processing. However, he is capable of behaviors that disregard social norms, demands, and expectations. This is due in part to his psychological strivings and significant problems in perceptual accuracy and/or mediational distortion as a result of these strivings, creating a distorted perception of self and reality. Which has resulted in a syndrome of self destructive behavior that is experienced by the subject as a pleasurable experience, failing to connect behavior with consequence. Serious problems in Fr. Cimmarrusti's thinking is indicated. Instances of ideational discontinuity and faulty conceptualization occur too frequently. They tend to interfere with logic and promote faulty judgment and as a result the probability of errors in decision making is increased substantially, especially where impulses are concerned. What results is a marked style in which a flight into fantasy has become a routine tactic for dealing with unpleasant situations. People such as this can be assumed to have a "Snow White Syndrome," which is characterized mainly by the avoidance of responsibility and decision making. They use fantasy with an abusive excess to deny reality and often, the results are counter productive to many of their own needs. This mode of coping

Psychotherapist/Patient Privilege

involves the creation of a self imposed helplessness because it requires a dependency on others. Unfortunately, it also makes them vulnerable to the manipulations of others. This ideational set is well fixed and relatively inflexible. People such as this find it very difficult to alter attitudes, opinions, or behaviors.

The TAT is particularly revealing with respect to this subject's use and experience of many of the themes alluded to above. I was particularly stuck by the subject's use of fantasy to eschew negative emotions. Fr. Cimarrusti remakes the sensory field to agree with the prereflective invariant organizing sets. His fantasies reflect more what he would like things to be rather than a vertical assessment of the way things are. Another consistent pattern was an over concern of body related matters. This ideational set usually results in depression. I would suppose that he defends against this depression by sexually acting out.

Many times when fantasy is used to deal with negative emotions, the contents of the fantasies are unsophisticated and often of a Pollyanish nature.

Also, the TAT reveals his struggle against his impulse control. He would tend to intellectualize his failure to control his impulses. There is a great deal of ambivalence regarding this dynamic and this conflict results in confusion and cognitive dissonance. I do not believe that he has resolved the conflict between his behavior and traditional religious values and prohibitions. As a result of his familiarity with this

Psychotherapist/Patient Privilege

internal experience, he is able to identify with other's pain and similar struggles, the upside to pain is empathy.

Another theme present in the TAT was a desire for paternal love. I believe that part of Fr. Cimmarrusti's homosexual strivings are a result of a deficit in this area. I do not feel this is the epigenesis of his homosexuality, but I do feel that it is a contributing factor, and a factor that must be considered in any clinical experience.

The TAT also reflects his anxiety regarding his future. He has dealt with this anxiety by, in essence, being totally open and trusting that whatever the outcome of this report, it will result in his well being, at least that is what he expressed to me.

The Bender-Gestalt Test is negative for organicity. It was negative for unusual treatment of the Gestalten, modification in size, or unusual type of arrangements. The extension of the lower part of figure 5 has been associated with feelings of insecurity and dependence. This hypothesis has been validated by other measures. Also, the partial rotation of this figure suggests possible lack of emotional control or loss of psychological equilibrium. The correctly reproduced figure 7 is a good contraindication of organicity. It would appear that the subject's use of alcohol did not result in overt brain damage.

In the projective drawings, the T figure suggests strong dependency needs and a regressive quality. The T's crown was cloud-like, indicating the dependency on fantasy. The numerous branches indicate an over-concern with seeking satisfaction in

Psychotherapist/Patient Privilege

the environment and compensatory defenses against feelings of inadequacy. The H drawing reveals sexual concern, needs for reassurance of masculinity. The H drawing also indicates the subject's strong dependency needs and ultimate reliance on others. The P drawing once again highlights aspects of the subject's feelings of sexual inadequacies with resultant compensating behaviors.

Recommendations:

This man needs to be in treatment immediately. Having sex with consenting itinerant farm workers is a set up for disaster. He is isolated in Delano. The healthy male bonding that he so desperately needs is not available to him in Delano and he is ultimately powerless over his acting out. He was once treated for alcoholism and has apparently not gotten into trouble since, but he also has not stopped drinking, indicating a kind of reckless challenge to his treatment, even though no apparent severe consequence has resulted yet. To me, this seems like just poor impulse control and the decision to drink is really like playing Russian Roulette. Now when we view the sexual acting out, we can certainly induce poor impulse control and a desire to test limits. Overall, this does not auger for a good prognosis if the subject is left in isolation in Delano. There is little doubt in my mind left to his own devices he will continue acting out sexually and probably his eating disorder will continue unabated. These behaviors at present are syntonetic to his personality structure. At present, it would be more foreign for him to stop the behaviors rather than continue it. In other

Psychotherapist/Patient Privilege

words, this behavior at present is not dystonic to his behavior or internal life. It would certainly be a goal of treatment to begin to concentrate on making these behaviors dystonic.

I am not an advocate for inpatient treatment. I feel that (1) it is not cost effective for the results received, (2) it usually does not work, and (3) it is extremely disruptive to patients. I only recommend major surgery when less intrusive measures fail. I would recommend a supervised group living situation with other members of the Order where he could experience healthy male bonding and outpatient psychotherapy where involvement in Sex Addicts Anonymous (SAA), Sexaholics Anonymous (SA) or Sexual Compulsives Anonymous (SCA) was a component. This approach emphasizes a high level of psychosocial support, e.g., the community living situation with his fellow Franciscans and the twelve step program, and insight and understanding from psychotherapy. I also would recommend spiritual counseling to emphasize the spiritual benefits of chastity for a religious. All of the above needs to be implemented in a benevolent mode. Fr. Cimmarrusti is a sick man, not a bad man. Recovery will not be easy and certainly the first goal of treatment is to help the patient through this life change. The therapist needs to be sensitive to Fr. Cimmarrusti's experience of his/her interventions.

The only caveat I would put on Fr. Cimmarrusti's ministry would be for him to refrain from counseling because he could do more harm than good as a result of his tendency to project his own problems, especially in the early stages of his recovery. I

Psychotherapist/Patient Privilege

would try during treatment to allow the patient as close to the normal routine as possible. I also would consider a psychiatric consult for the risk/benefit of a psychopharmacological intervention for the treatment of his depression. He also needs to go on a weight reduction program.

Treatment Implications:

By his affective instability and self-deprecation, this patient avoids confronting and resolving his real interpersonal difficulties. His coping maneuvers are a double-edged sword, relieving passing discomforts and strains but also perpetuating faulty attitudes and strategies. These attitudes and behaviors should be the main targets of therapeutic intervention.

The patient's hold on reality may disintegrate and his capacity to function may wither when the previous methods of coping with anxiety is withdrawn or when his strategies prove wearisome and exasperating to others. At these times, he may succumb to a somber depression or to an erratic and explosive surge of assertion and hostility. Care should be taken to anticipate and quell the danger of suicide during these episodes. A major concern is the forestalling of a permanent decompensation process. Among the early signs of such a breakdown are marked discouragement and a persistent dejection. At this phase, supportive work and cognitive reorientation are useful techniques. Efforts should be made to boost the patient's sagging morale, to encourage him to continue in his usual sphere of activities, to build his self-confidence, and to deter him from being preoccupied with his melancholy feelings. He should

Psychotherapist/Patient Privilege

not be pressed beyond his capabilities, however, for his failure to achieve any goals will only strengthen his conviction of his incompetence and unworthiness.

During quiescent periods, serious efforts to alter the patient's basic psychopathology may be attempted. Primary goals in this regard are the facilitation of autonomy, the building of confidence, and the overcoming of fears of self-determination. In all likelihood, these will be resisted. The patient may feel that the therapist's efforts to encourage him to assume self-control are a sign of rejection, and this may engender disappointment, dejection, and even rage. But success in the area of appetite and a resumption of cellabacy can be ego gratifying and help in self cohesion.

These reactions must be anticipated, given the patient's characteristic style, and they must be confronted if fundamental personality changes are to be explored. If a sound and secure therapeutic alliance has been established, the patient may learn to tolerate his contrary feelings and dependency anxieties. Learning how to face and handle his unstable emotions must be coordinated with the strengthening of healthier self-attitudes and interpersonal relationships. The therapist may serve as a model to demonstrate how feelings, conflicts, and uncertainties can be approached and resolved with reasonable equanimity and foresight.

Prognosis:

Utilizing a self-psychological model, I have had excellent results in two to three years of twice a week psychotherapy. I

Psychotherapist/Patient Privilege

would recommend that any treatment needs to be along self psychological principles. Where it is not the meaning of the symptom that is important, but the function the symptom serves psychologically that allows the symptom to abate. I feel that Fr. Cimmarrusti is not drinking excessively, but has substituted sex and eating which probably serves the same function as the alcohol, and until that function is met and understood, there can be any number of symptom substitutes.

Prognosis: Guarded to good with treatment, without treatment, poor.

Diagnosis:

Axis I

1. Major Depression 296.23
2. Dysthymia 300.40
3. Generalized Anxiety Disorder 300.02
4. Eating Disorder - Obesity NOS 307.50
5. Sexual Disorder NOS 302.90

Axis II

Dependent Personality Disorder 301.60
Personality Disorder NOS 301.90

Axis III

Deferred

Axis IV

Severity of Psychosocial Stressors: 3 Moderate

Axis V

GAF Past year 70 Present 65

Frank Clayman-Cook, Ph.D.
Frank Clayman-Cook, Ph.D.
Clinical Psychologist 8-12-92

Psychotherapist/Patient Privilege

SEX OFFENDER POLYGRAPH EXAMINATION BOOKLET

NAME: Mr. Mario Cimmarrusti

DATE: November 3, 1993

REQUESTOR: Mr. Tim Smith

FINDINGS: In the opinion of this examiner, based
upon physiological emotional responses to the relevant
questions, listed on the last page of this report, this
subject was attempting deception to relevant question
#6 (Are you concealing information about any physical
injury you caused a victim? (answer no)). No deception
was shown to the other listed relevant questions.

Norman R. Matzke

NORMAN R. MATZKE
Polygraphist

Psychotherapist/Patient Privilege

GENERAL

1. Have you ever previously taken a polygraph examination:

Yes ___ no X

Where _____

Purpose _____

Outcome _____

2. Have you been to any therapist other than Tim Smith
Fran Ferder ?

Yes X No ___

3. Regarding your history of sexual deviance, have you told
Tim Smith/Fran Ferder the complete truth about that?

Yes X No ___

4. Have you committed any of the following:

a. Had sexual contact with minor males yes X no ___

b. Had sexual contact with minor females yes ___ no X

c. Peeped yes X no ___

d. Exposed yes X no ___

e. Raped yes ___ no X

f. Assaulted yes ___ no X

g. Paid a prostitute yes ___ no X

h. Masturbated in public yes ___ no X

i. Contributed to the delinquency of a minor yes ___ no X

j. Had sexual contact with an animal yes X no ___

k. Engaged in any homosexual activity yes X no ___

l. Been the victim of sexual abuse yes ___ no X

5. Have you been completely honest in your sexual AB?

Yes X No ___

Psychotherapist/Patient Privilege

6. Did you intentionally withhold any information in your sexual AB?

Yes ___ No X

7. Have you ever had a fantasy involving sexual deviance?

Yes ___ No X

8. Have you ever committed a sexual act while on the job?

Yes X No ___

9. Have you ever lied to anyone about your sexual behavior?

Yes X No ___

10. Have you ever been charged with a crime involving morals?

Yes ___ No X

11. Have you ever been accused of a morals offense by anyone?

Yes X No ___

12. Have you told Tim Smith/Fran Ferder about every type of deviant sexual behavior you have taken part in?

Yes X No ___

13. Have you told Tim Smith/Fran Ferder about every person you have had sexual contact with?

Yes ___ No X

14. Have you ever been confined to a jail, guardhouse, stockade or prison?

Yes ___ No X

15. Have you ever been physically injured while having sexual contact with anyone?

Yes ___ No X

Psychotherapist/Patient Privilege

16. Have you ever verbally threatened anyone prior to or after having sexual contact with them?

Yes ___ No X

17. At what age did you first commit any sexually deviant act?

Age 10

18. Have you ever lied to any person at Tim Smith/Fran Ferder ?

Yes ___ No X

19. Have you ever knowingly violated any treatment rules?

Yes ___ No N/A

20. What treatment rule do you find hardest to keep?

Subject has no treatment rules.

Psychotherapist/Patient Privilege

EXPLANATION

Question
number:

2	Dr. Frank C. Cook, Beverly Hills, Calif for 1 year.
4a	Subject states he has had sexual contact with minor males from his age of 10 through 43. He states he has had approx- imately 30 to 40 (guess) victims. He first had sexual contact with his [REDACTED] and a neighbor boy. They had oral sex and muthual fondling.
4c	From his age 7 to 63: Subject states he does this 50 to 60 times per year the last time being 2 days ago. This happens in restroom and at motels. The last time at a motel was 5 or 6 years ago.
4d	Subject has done this from age 28 through 60, approximately 30 times per year. He does this while at a urinal, the last time was 1 year ago.
4j	Sex with an animal (dogs and cats) from his age 5 through 60 He lets animals lick his penis and states that he cannot remember if he ever had sex with an animal but if he did it was with a dog as a child.

Psychotherapist/Patient Privilege

EXPLANATION

Question
number:

8

time he had sex at the parish was 13 months ago.

9

States he has lied to his superiors.

11

States 19 students

17

both oral and fondling, with a retarded man.

Psychotherapist/Patient Privilege

MINOR FEMALES

1. Have you ever put your hand on the vagina of a minor female?
Yes ___ No X
2. Have you ever put your mouth on the vagina of a minor female?
Yes ___ No X
3. Have you ever put your hand on the breast of a minor female?
Yes ___ No X
4. Have you ever put your mouth on the breast of a minor female?
Yes ___ No X
5. Has a minor female ever put her hand on your penis?
Yes ___ No X
6. Has a minor female ever put her mouth on your penis?
Yes ___ No X
7. Have you ever put your finger or penis in the vagina of a minor female?
Yes ___ No X
8. Have you ever put your finger or penis in the anus of a minor female?
Yes ___ No X
9. Have you ever physically hit, kicked or struck a minor female?
Yes ___ No X

Psychotherapist/Patient Privilege

10. Have you ever promised a minor female anything prior to or after having sexual contact with them?

Yes ___ No X

11. Have you ever told a minor female not to tell about sexual contact you have had with them?

Yes ___ No X

Psychotherapist/Patient Privilege

ADULT FEMALES

1. Have you ever forced an adult female to have sexual intercourse with you?
Yes ___ No X
2. Have you ever put your hand on the vagina of an adult female?
Yes ___ No X
3. Have you ever put your mouth on the vagina of an adult female?
Yes ___ No X
4. Have you ever put your hand on the breast of an adult female?
Yes ___ No X
5. Have you ever put your mouth on the breast of an adult female?
Yes ___ No X
6. Has an adult female ever put her hand on your penis?
Yes ___ No X
7. Has an adult female ever put her mouth on your penis?
Yes ___ No X
8. Have you ever put your finger or penis in the vagina of an adult female?
Yes ___ No X
9. Have you ever put your finger or penis in the anus of an adult female?
Yes ___ No X

Psychotherapist/Patient Privilege

10. Have you ever physically hit, kicked or struck an adult female?

Yes ___ No X

11. Have you ever promised an adult female anything prior to or after having sexual contact with them?

Yes ___ No X

12. Have you ever told an adult female not to tell that you had sexual contact with her?

Yes ___ No X

Psychotherapist/Patient Privilege

MINOR MALES

1. Have you ever put your hand on the penis of minor male?
Yes ☒ No ☐
2. Have you ever put your mouth on the penis of a minor male?
Yes ☒ No ☐
3. Has a minor male ever put his hand on your penis?
Yes ☒ No ☐
4. Has a minor male ever put his mouth on your penis?
Yes ☐ No ☒
5. Have you ever put your penis or finger in or on the anus
of a minor male?
Yes ☐ No ☒
6. Has a minor male ever put his finger or penis in your anus?
Yes ☐ No ☒
7. Have you ever physically hit, kicked or struck a minor male?
Yes ☒ No ☐ (spanked only)
8. Have you ever promised a minor male anything prior to or
after having sexual contact with them?
Yes ☐ No ☒
9. Have you ever told a minor male not to tell about sexual
contact you have had with them?
Yes ☐ No ☒

Psychotherapist/Patient Privilege

EXPLANATION

Question
number:

1

Approximately 30 minors

2

1 time

3

1 time

7

Spanked 20 times, hand only

Psychotherapist/Patient Privilege

ADULT MALES

1. Have you ever forced an adult male to have sexual contact with you?
Yes ☒ No ☐
2. Have you ever put your hand on the penis of an adult male?
Yes ☒ No ☐
3. Have you ever put your mouth on the penis of an adult male?
Yes ☒ No ☐
4. Has an adult male ever put his hand on your penis?
Yes ☒ No ☐
5. Has an adult male ever put his mouth on your penis?
Yes ☒ No ☐
6. Have you ever put your penis or finger in or on the anus of an adult male?
Yes ☒ No ☐
7. Has an adult male ever put his finger or penis in your anus?
Yes ☒ No ☐
8. Have you ever physically hit, kicked or struck an adult male?
Yes ☐ No ☒
9. Have you ever told an adult male not to tell about sexual contact you have had with them?
Yes ☐ No ☒
10. Have you ever promised an adult male anything prior to or after having sexual contact with them?
Yes ☐ No ☒

Psychotherapist/Patient Privilege

EXPLANATION

Question
number:

1 Subject states he has taken advantage of drunks 5 or 6 times.

2 Subject states he has had sexual contact with adult males

15 to 20 times per month between the age of 35 and 60, the

last time being 1 year ago.

Psychotherapist/Patient Privilege

GENERAL

1. Have you understood all my questions?

Yes X No

2. Do you have any questions you would like to ask me?

Yes No X

3. Have you answered all my questions truthfully?

Yes X No

4. Have you withheld any information which would cause you trouble at a later time?

Yes No X

5. Is there any information you would like to add to this booklet that has not been already discussed?

Yes No X

Psychotherapist/Patient Privilege

POLYGRAPH QUESTIONS

1. You have heard all the questions on this examination, are there any you are going to lie to?
Yes ☒ No ☐
2. Is your true last name CIMMARRUSTI?
Yes ☒ No ☐
3. Are you concealing information about your history of sexual deviance?
Yes ☐ No ☒
4. Are you concealing information about ~~the number of~~ ^{any} minor female victims you have?
Yes ☐ No ☒
5. Are you concealing information about the number of minor male victims you have?
Yes ☐ No ☒
6. Are you concealing information about any physical injury you caused a victim?
Yes ☐ No ☒
- ~~7. Are you concealing any information about any treatment rules you have violated?~~
Yes ☐ No ☐
8. Did you knowingly withhold any information on your sexual AB?
Yes ☐ No ☒
8. Prior to the age of 10 did you ever commit a sexually deviant act?
Yes ☐ No ☒
9. When you answered all my interview questions, did you tell me even one lie?
Yes ☐ No ☒

Psychotherapist/Patient Privilege

TIMOTHY A. SMITH, M.Ed.
COUNSELING & THERAPY
200 W. MERCER, #202
SEATTLE, WA. 98119
206-284-3125, FAX 206-284-3613
CERTIFIED SEX OFFENDER TREATMENT
PROVIDER, #FC02.

Dec. 9, 1993

Dr. Fran Ferder, Ph.D.
TARA
1037 S. 102ND
Seattle, Wa. 98168

RE: MARIO CIMMARRUSTI

Dear Dr. Ferder,

This report summarizes my impressions of Fr. Mario Cimmarrusti a Franciscan Priest referred to TARA for sexual deviancy evaluation following the disclosure that he has molested minor males and has been acting out in a sexually addictive and dangerous manner with adults.

This report is intended to supplement your testing and clinical observations of Fr. Cimmarrusti and is not intended to be a complete deviancy evaluation by itself. This report was not written with the intention of this client having unsupervised access to the data or opinions expressed. Emotional damage could be caused to this client by the improper use of this report. I recommend that Fr. Cimmarrusti only have access to this report under conditions of professional supervision.

Psychotherapist/Patient Privilege

REDACTED

CIMMARRUSTI, P.2

In preparing this report I have reviewed the information made available by the Board of Inquiry in Santa Barbara and , Provincial Minister. I have interviewed Fr. Cimmarrusti at the TARA offices Nov.3 and Nov.4, 1993. I have reviewed the polygraph report from Norman Matzke administered on Nov. 3. Fr. Chimarrusti has also completed the Clarke Sex History Questionnaire and the Offense Questionnaire as part of his evaluation and I have reviewed his answers to these assessment instruments. During my interviews I completed the Hare Psychopathy Checklist regarding Fr. Cimmarrusti's history and presentation.

The primary questions focused upon in this study are:

- 1.What is the nature and extent of this man's sexually deviant history?
- 2.What risk does he present to the community in terms of sexual reoffense?
- 3.What treatment setting and treatment plan is recommended to attempt to reduce the likelihood of reoffense?

Fr. Cimmarrusti appeared competent to understand the questions during our interviews. He was nervous and anxious but able to respond appropriately to the subject matter being discussed. He appeared very cooperative in terms of trying to complete the assessment to the best of his ability. It was obvious that he had not been questioned at this length or depth before so much of what was asked of him was new material, nevertheless he seemed to try to answer all questions to the best of his ability.

DEVIAANT SEXUAL HISTORY

This section will attempt to summarize the extent of deviant sexual history reported by Fr. Cimmarrusti or by others who believe they were victimized by him.

Psychotherapist/Patient Privilege

CIMMARRUSTI, P.3

Care should be taken to not put too much credence in the details of this type of history for it is based primarily on self report and there are clear limitations to self report of sexual history, particularly deviant sexual history. Prior to our interviews I questioned Fr. Cimmarrusti regarding his knowledge of mandatory reporting statutes regarding child sexual abuse. It was my opinion that he did not have an adequate understanding of these issues for optimum participation in a treatment program. He did not give me any new information that I felt required a mandator report but there may be some victims within the California statute of limitations that will eventually be revealed in his therapy. This client should have the California laws regarding mandatory reporting fully described to him, perhaps at regular intervals so that he can make an informed decision about any disclosures that are necessary for continued growth in treatment.

This self report of deviant sexual history attempts to summarize this client's behavior from his earliest memories to the present day, thus we are attempting to make sense of 63 years of history. It is inevitable that some details may be reported in error, or the order of some events mixed up. The reader should attempt to see the broad view of this problem rather than each individual fact.

Fr. Cimmarrusti reports no deviant sexual behavior with women or girls since he has been an adult. He reports no rape, or sexual assault upon women or girls. He reports no deviant sexual activity with boys under the age of 12 as an adult. He does not report sexual offenses, or deviant sexual behavior when he was an adolescent or a teenager. He does report being molested when he was age 11 by a retarded man who lived near him. He reports this event however as if he, not the adult were the offender. The man had the boy, Mario, perform oral sex upon him. He also reports sexual contact with his nephew and a neighbor boy but these contacts may have been routine childhood exploratory behavior between children. His reporting these as offenses may be his way of trying to take

Psychotherapist/Patient Privilege

CIMMARRUSTI, P. 4

responsibility for all sexual behavior which is a good sign, or there may have been some more aggressive actions which took place and his labeling the behavior could be the first step in dealing with it appropriately.

Fr. Cimmarrusti does report child molesting boys ages 13-18, voyeurism of teenage boys and adults (both sexes), exhibitionism to adult males and teenage boys, physical "discipline" of teenage boys coupled with sexual abuse, anonymous homosexual behavior with adult males and compulsive pornography usage.

I do not have an exact number of the boys that this man molested. All were accessed through his teaching or some phase of his ministry to the best of my knowledge. In this evaluation he listed 14-18 boys, another time he stated 250 boys age 13-15 with more when we include the 16-18 year old category (which encompassed many of the boys at the Seminary high school). On the polygraph he stated he could guess at 30-40 boys that he molested. It is safe to say that there is no exact number at this point in time, but that the number of victims is very disturbing. It is safe to say that all of the victims have not come forward at this time, and the disclosures may continue for years to come.

I do not have any confidence in this client's descriptions of what he has done in terms of the behaviors of molesting. He agrees with the student reports of "medical exams" of their private areas, putting on ointments to their genitals, etc. but he is a mass of contradictions regarding whether or not he has done anal rape, oral rape, etc. I believe it is too early in his treatment process to have confidence in his report.

One of the many disturbing aspects of his history is the students reports of his aggressiveness during this "exams", which were actually molests. He would embarrass, humiliate and physically punish students. Fr. Cimmarrusti denies doing anything physically abusive to the students except "spanking", but he failed the question on the polygraph regarding

Psychotherapist/Patient Privilege

CIMMARRUSTI, P. 5

concealing information about causing physical injury to a victim, he denied and was cited as deceptive.

In addition to this history of sexual deviancy, actual illegal sexual behaviors, there are also his behaviors with men to consider. Fr. Cimmarrusti acknowledges that his sexual behavior was clearly against his vows and what he wanted to do with his life, but he was unwilling, and at times unable to stop himself from engaging in sexual activity until about one year ago when he was sent to a new living facility and required to undergo treatment. He lists hundred of adult male sexual contacts, no long term relationships, but continuous sexual activity for several decades. Some of the behaviors were similar to what he did to the boys in the seminary, such as "treating" the genital areas of men in Central America when he was working there.

His reports of peeping include looking at men in public restrooms, and also peeping in windows of motels. This behavior has continued until very recently.

Pornography usage for gratification, escape and masturbation stimulation continues to the present day. Magazines and videos of homosexual pornography are both used by this client. This compulsive use of pornography and the lack of control exhibited over his sexual behavior with adults has led Fr. Cimmarrusti to call himself a "sex addict".

APPROPRIATE SEXUAL HISTORY

There is no history of appropriate sexual history to report. He has not established any sexual behavior, or even sexual feelings, within the context of a consenting, peer relationship. This includes his teen years before his entrance into the seminary.

His one sexual behavior that he believes could be appropriate within his lifestyle is masturbation. He has not however had any instruction on appropriate

Psychotherapist/Patient Privilege

CIMMARRUSTI, P. 6

masturbation fantasy construction, nor on the ways to keep masturbation from making his sexual compulsiveness worse.

ASSESSMENT

During my interviews with Fr. Cimmarrusti and the testing and consultations regarding him I formed the following opinions regarding critical areas of sexual deviancy.

Cognition: This client still employs many excuses, minimizations and distortions to shield himself from the reality of what he has done. He, for example, continued to talk about his "exams" of the boys rather than stating simply that he molested them. These thinking errors also can make it easier for an offender to set up and offend a new victim. He fails to take full responsibility for his sexual behavior and blames others, or circumstances rather than himself.

Empathy: Fr. Cimmarrusti did not show any observable emotional empathy for the harm he put his victims through. He did not show even the intellectual knowledge of the effects of sexual abuse.

Social Skills: Observed social skills did not appear to be adequate to relate to a peer in appropriate intimate ways. He appeared immature and poorly educated in this area. Relating to a teenager in an emotional sense would be very easy for this client to do in my opinion, relating to an adult would be more difficult.

Victimization Recovery: The effects of his past victimization are still untreated, as would be expected at this early stage of treatment. They continue to serve as one of the foundations of his motivational complex to act out sexually. I do not believe that we have heard the full extent of this client's childhood history relative to sexual and physical abuse.

Substance Abuse: Fr. Cimmarrusti has been diagnosed as

Psychotherapist/Patient Privilege

CIMMARRUSTI, P.7

alcoholic. He has had two inpatient treatment opportunities. His last reported drinking was 10 months ago when the disclosures of his offending became public. I do not have any knowledge that he is now being monitored for drinking, nor is he in any substance abuse therapy.

Lifestyle/Structure/Accountability: He reports living in an adults only setting. He travels to Los Angeles for therapy twice weekly, each round trip takes up an entire day. He reports no immediate access to minor males but there is no monitoring that I am aware of and this client has not learned to do adequate planning to help insure accountability.

Support System: He reports that his fellow brothers in his living environment are supportive. He also sees other priests in a support/self help group in Los Angeles for sexual compulsives and gains support from them. I did not hear that any of his support was organized into a relapse prevention plan/philosophy.

Impulsivity/Compulsivity: Both reported as high by this client in the sexual area. I would not rule out at this time a more generalized impulsive disorder.

Psychopathy: This client exhibits 11 of 20 habits or traits in common with those men whom we label as psychopathic. Some of these traits are clearly targeted in sexual deviancy treatment and should be reduced in the future.

Deviant Sexual Arousal: A plethysmograph was not attempted given this man's age, his level of nervousness and the information already available about his arousal. He clearly relates that he is aroused to both adult males and to teenage boys. His arousal is fragmented to focus on body parts; penis and particular parts of the penis are primary. He does not believe that he is aroused to pre-pubescent boys due to the presence of secondary sexual characteristics in his fantasies.

Ability to Learn: Appears good. He progressed well

Psychotherapist/Patient Privilege

CIMMARRUSTI, P.8

during his one week of assessment and his followup homework. Gains were noted in: accepting responsibility for offending, accuracy of labeling offenses, insight into offending pattern, willingness to disclose and intellectual understanding of empathy.

CONCLUSIONS AND RECOMMENDATIONS:

In order to protect community safety and to attempt to assist Fr. Mario Cimmarrusti the following recommendations and conclusions are respectfully submitted for your consideration.

1. Fr. Cimmarrusti is at risk to reoffend against minor males if he is in a position of contact with them. A position of authority/control over minors would be very high risk. He is at risk to act out in a sexually compulsive and perhaps dangerous way with adult males on a daily basis. Voyeurism continues as high risk.

2. He appears to be treatable, although long term prognosis can only be rated as fair given his long term history and his current age. A return to the stressful life of ministry with its inevitable access to minors seems very unlikely for this individual.

3. He should be living much closer to his therapy program and should establish local support where his therapy is located.

4. He should be required to do additional work in specialized sexual deviancy treatment. A confrontive group would be the most productive addition to his therapy regime. This group should impose immediate restrictions on his lifestyle and behavior such as prohibiting pornography, avoiding high risk areas etc.

5. He should be monitored by someone who is trained in these issues and who is objective and committed to community safety. Monitoring procedures such as relapse prevention plans, polygraphs and urinalysis should be instituted or community safety cannot be predicted.

Psychotherapist/Patient Privilege

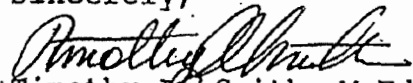
CIMMARRUSTI, P.9

6. Medical review for anti-depressant, anti-compulsive medication. It may be possible to help this client achieve some relief from these tendencies through medication.

7. If these additions are not possible I would recommend inpatient therapy for sexual deviancy treatment.

Should you have any questions regarding this report feel free to contact me,

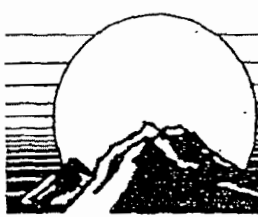
Sincerely,



Timothy A. Smith, M.Ed.

Certified Sex Offender Treatment Provider, FC02.

Psychotherapist/Patient Privilege



TARA THERAPY AND RENEWAL ASSOCIATES

1037 South 102nd St. Seattle, WA 98168 (206) 763-8721

PSYCHOLOGICAL ASSESSMENT

NAME: Mario Cimarrusti, OFM.

AGE: 63

DATE: November 18, 1993

REFERRED BY:

Provincial Minister
1500 - 34th Avenue
Oakland, CA 94601-3091

REDACTED

REASON FOR REFERRAL:

Assessment following charges of sexual abuse and assault at St. Anthony's Seminary between 1964 and 1970.

BACKGROUND:

In 1993, the Franciscan Province of Santa Barbara established an Independent Board of Inquiry (BOI) to investigate possible past sexual misconduct at St. Anthony's Seminary (S.A.S.) from 1964 until its closure in 1987. In response to this investigation, nine young men came forward and identified Mario Cimarrusti as a friar who had engaged in behavior with them which they now understand to be sexually inappropriate and/or abusive.

ACTUAL ALLEGATIONS:

Enclosed is a profile on Mario Cimarrusti from the Board of Inquiry summarizing the complaints made by nine different young men. These complaints or allegations of various forms of abuse include bogus hernia exams, assaults on students who were ill in the infirmary, verbal abuse and assault, bogus medical exams for poison oak on the genitals, physical abuse such as beating, and various other forms of inappropriate behavior.

Psychotherapist/Patient Privilege

CLIENT'S INITIAL RESPONSE TO ALLEGATIONS:

In response to an overview and outline of the allegations that have been made against him, Mario stated, "What I did was wrong. It was taking advantage of students. It was an invasion of their privacy." Mario then went on to say, "I'm sexually compulsive - out of control - with lots of other areas besides sex (food, alcohol, work). I was powerless to stop myself."

This response on Mario's part indicates that he is able to admit that he took advantage of students, and he does acknowledge a variety of ways in which he abused them sexually. The one major abuse accusation that he maintained some denial around is oral copulation. Mario vacillated between stating he didn't have oral sex with any student, to stating later that he "didn't think he did that", and still later, "wouldn't I remember if I did that?". His ambivalence and vacillation certainly suggests that there is more to learn about this area.

While Mario admits some degree of guilt with regard to the charges against him, he parallels that admission with the type of denial and excusing that we typically see in untreated sex offenders, namely:

- Because he was sexually compulsive, he excuses himself as being powerless to stop the abusive behavior at the time that it occurred.
- "All of the things I did were done according to procedure."
- "Some of the exams that I conducted proved beneficial to the students...for example, one student needed to be circumcised and another one needed hormones. If I hadn't examined them, they would not have gotten the help they needed."

To be more specific, Mario fully acknowledged that, as infirmarian at St. Anthony's Seminary, he did engage in the

Psychotherapist/Patient Privilege

sexual abuse of a number of the students. He also acknowledged that "everything I did was under the guise of medicine". When asked to elaborate on why he did these things and what methods he used to obtain his victims, he stated that he was curious and wanted to examine the boys in order to satisfy his curiosity. He fully admitted that the "exams" that he performed on the students were sexually arousing to him and were performed for that reason. Mario also volunteered that he used younger students (age 14 and 15 -- typically Freshmen and/or Sophomores) so that they wouldn't object. He feared that older students would know that the exams were bogus and would not cooperate.

Even though Mario stated several times that he always used medicine as the entry point to sexually molest a student, he quickly stated that, even so, "I never just initiated sex". This suggests that Mario still has not made a connection in his mind between the types of things that he did to students that were, in fact, sexual and sexually abusive, as "initiating sex". Rather, he thinks of his behavior as "medicine" (not sex abuse).

Mario further stated that one of the reasons he engaged in the abusive behavior was "just to liven up the place" when things got dull or boring. Again, considerable denial is evident in that statement.

In addition to Mario's sexual abuse of students at St. Anthony's Seminary, he also acknowledged an extensive history of homosexual activity with adults. A summary of the behavior which Mario volunteered in response to questions involve the following:

- a. Sexual contact with minor males (approximately 30 to 40 victims according to his guess at this point in time).
- b. A history of peeping (approximately 50 to 60 times a year, usually in restrooms and motels). The last time Mario engaged in peeping was two days before he took the polygraph in Seattle.
- c. Exposure - approximately 30 times a year from the ages of 28

Psychotherapist/Patient Privilege

through 60. Typically he would engage in actions of exposure at urinals. The last time he acknowledges doing this was approximately one year ago.

- d. Sex with animals - from the ages of five through sixty, he let dogs and cats lick his penis. (Mario stated that he might have had sex with a dog as a child, but he cannot recall for sure. If he did have sex with an animal, it would have been a dog.)
- e. Sex on the job. He had sex numerous times at parishes at which he has served.
- f. Lying to his superiors.
- g. Hand-genital sexual abuse involving approximately 30 minors.
- h. Spanking, approximately 20 times.
- i. Coercion (forced sex) approximately five to six times involving drunks who apparently came to the parish or someplace where he was ministering for service.
- j. Adult males: homosexual contact with adult males approximately 15 to 20 times a month from ages 35 until one year ago. (Mario has had somewhere between 400 to 500 homosexual contacts according to his estimate over the course of his adult life. He has not used protection during any of these encounters which typically involved oral sex with some occasions of anal sex.)
- k. Lying about causing injury to anyone as a result of his sexual behavior.

BEHAVIOR AND INITIAL IMPRESSIONS:

Mario Cimarrusti was on time for all of his appointments at TARA and behaved in a manner that was courteous, appropriate, and cooperative. He was casually dressed. Mario gave evidence of being able to follow instructions throughout the testing, interview and polygraph procedures and completed all required aspects of the assessment with an attitude that suggested a sincere desire on his part to cooperate.

Mario presents himself as a very obese man who occasionally

Psychotherapist/Patient Privilege

appears to be short of breath and to find moving about cumbersome. He was attentive during questioning, and gave no evidence of any thought disorders or unusual or offensive mannerisms. He does have a tendency to bite his teeth together and bare his teeth when he appears to be concentrating over a matter that has troubling content. Although he generally gave evidence of wanting to please in his responses, I did notice that he could "dig in his heels" and become resistant and very moderately argumentative when he was given feedback with which he did not agree or did not want to hear. For example, when it was suggested to him that he could benefit from participation in a sexual deviancy group and/or working with an individual who specialized in sexual deviancy treatment, he repeatedly insisted that he liked his present therapist and wanted to stay with him. It was during times such as this that I had the feeling that Mario could become argumentative and highly resistant if pushed to do something that he did not want to do.

FAMILY BACKGROUND:

Mario is the youngest of his parents' nine children (one child died very early). His father was born in Italy and was unable to read or write. Mario reported that his father was a hard worker who supported his family well. "He covered up a heart of gold with firmness." Mario stated that there was little communication between him and his father but he did feel loved by him, even though perhaps he didn't know how to handle Mario. Mario's father died of old age at the age of 83 when Mario was approximately 42 years old.

Mario's mother is of Mexican decent born in the United States. She died at the age of 64 of cancer. Mario described her as "the power behind the throne" in the family. He reported that she was tired by the time he came along. She showed him very little affection but he believes that she did love him as well as she could under the circumstances. Mario had two brothers, both of whom are deceased. He has four living sisters, all in their

Psychotherapist/Patient Privilege

70's. None of the members of his family know any of the details of his current situation.

Mario described his father as "occasionally using the strap on me" although he was reluctant to punish him. He'd forbid Mario to cry on these occasions so the neighbors would not be stirred up. Punishment from his mother primarily took the form of "verbal abuse". Mario described this primarily as "scoldings".

Mario described both his parents as conscientious and very much interested in their children, but unable to cope with the cultural changes.

Other than describing his family as closely knit insofar as possible, Mario did not go into any other details about his childhood or family of origin that will not be mentioned later in the section on psychosexual history. Because of Mario's admission of charges, it did not seem necessary to elicit more information from him in this area for an assessment.

PSYCHOSEXUAL HISTORY:

Mario described a history of being sexually active at an early age. He dates his earliest sexual memory at approximately four or five years of age. He was sitting on the toilet seat, watching his father take a bath. Mario recalls his father telling him that he could no longer stay in the bathroom because he was "stealing looks at his body". Mario believes that his father calling attention to the fact that Mario was looking at his genitals "brought out the voyeur in me". Mario described feeling bad about not being allowed into the bathroom anymore while his father bathed, and felt that he had done something very wrong.

Mario also described playing doctor with a couple of neighbor children when he was about eight years old. A six year old neighbor girl whom Mario "examined" "told what I did" and Mario's

Psychotherapist/Patient Privilege

mother became very angry at him for being "naughty or dirty". Although a little boy who was also about six years old was present, but Mario recalls being more interested in the girl than in the boy. This is somewhat atypical for a man who claims to be homosexual from as far back as he can remember. Mario recalls the girls mother "making a big deal" out of the fact that he had examined her daughter. He was made to feel "very nasty" and had to go to his father to be corrected. He reported that his father "just told me not to do it anymore". Mario remembers his mother being much more upset about the situation than his father was.

In describing his parents' attitude toward sex, Mario stated emphatically that it was never mentioned in his home because his parents were very strict in matters of sex. The impression was given that sexual conduct was the most grievous of sins. Mario derived his first knowledge of sex from his boyfriends in grammar school via experimentation during show and tell games before puberty. He recalls a source of deep guilt around early experiences of masturbation during adolescence. Although he indicated that his earliest experiences of sex were homosexual, he didn't realize that he was homosexually oriented until much later in life. He also indicated being homosexual has been difficult for him to acknowledge and that he has been in some denial regarding it.

Mario described some fairly typical experiences with childhood sex play shortly before puberty. These involved playing games with childhood friends and comparing penises. Mario remembered one boy in particular boasting of his pubic hairs before Mario had them. He felt somewhat inadequate--a theme that has carried over into his adult sexual life.

Even though Mario vehemently denied any history of childhood sexual abuse of himself, he did describe an experience that certainly bears further exploration regarding this issue. He reported having oral sex several times when he was about ten years old with a retarded man who lived next door. Mario insists

Psychotherapist/Patient Privilege

that he has never considered this being sexually abused since he was the initiator and the man was "feeble-minded". Mario described performing oral sex on the man and recalls that the man got an erection but doesn't remember if he ejaculated or if the man performed oral sex on him. Mario further reported that this particular man later got married. So it appears that he was not so feeble-minded or retarded that he could not obtain a marriage license or engage in a married relationship. Mario further stated that his mother found out what was going on with the man next door because she saw him over at the man's house and did forbid Mario to go back over there any more. Mario seemed to indicate that his mother may have had some suspicions about this particular man.

Both the fact that the man eventually married, and the fact that Mario's mother seemed suspicious of him, certainly suggests that he may have been more initiating and less unaware and helpless than Mario recalls. The fact that Mario was a child and the other man was an adult certainly suggests that something abusive was going on with Mario as the subject of it.

Mario described an extensive history of multiple sexual contacts with adult males. He has had no sexual contact with females, adult or minor. He also acknowledges taking advantage of drunk people who came to the dispensary either by performing oral sex on them or fondling them. It was in discussing these contacts that Mario acknowledged that he felt inadequate because he is not genitally well-endowed and did not feel that he had very much to offer sexually. "I couldn't present myself as anyone someone would want." Mario stated that although he personally liked oral sex to be performed on him, he didn't think anyone would want to "see me" so he rarely asked for it.

Mario's most recent sexual acting out involved oral sex in a bath house about a year ago. He reported that he has not engaged in anal sex for approximately ten years. Even then he denies an extensive history of this form of sexual contact. This may or

Psychotherapist/Patient Privilege

may not be accurate in light of the polygraph results.

Mario endorsed a whole array of behaviors, feelings and physical sensations that suggest that he is a compulsive, anxious, fretful and moody sort of individual who is tense and restless much of the time. He describes a variety of somatic symptoms ranging from gastrointestinal disturbances to fatigue to skin problems. He takes procordia for hypertension, diazedido (fluise) daily and medication for high blood pressure.

PSYCHOLOGICAL ASSESSMENT:

Tests Administered:

The Millon Clinical Multiaxial Inventory/II (Millon)
The Minnesota Multiphasic Personality Inventory/II (MMPI-II)
The Multimodal Life History Inventory
The Multiphasic Sex Inventory (MSI-II)
Shipley Institute of Living IQ Screening Test
Draw-A-Person (modified)
Polygraph Examination for Sex Offender Assessment

Results:

In terms of his general profile, Mario obtained test results which indicate the validity scales are within the normal limits of all tests that he took. This suggests that his clinical results are reliable and valid. Although he does acknowledge culpability to sexual offending, and did produce valid and reliable test results, there is still an indication that he denies and minimizes his interest and desire in committing sexually deviant acts.

Examination results suggest that Mario suffers from a personality disorder, very probably of the passive aggressive type. Indications are that he also has compulsive

Psychotherapist/Patient Privilege

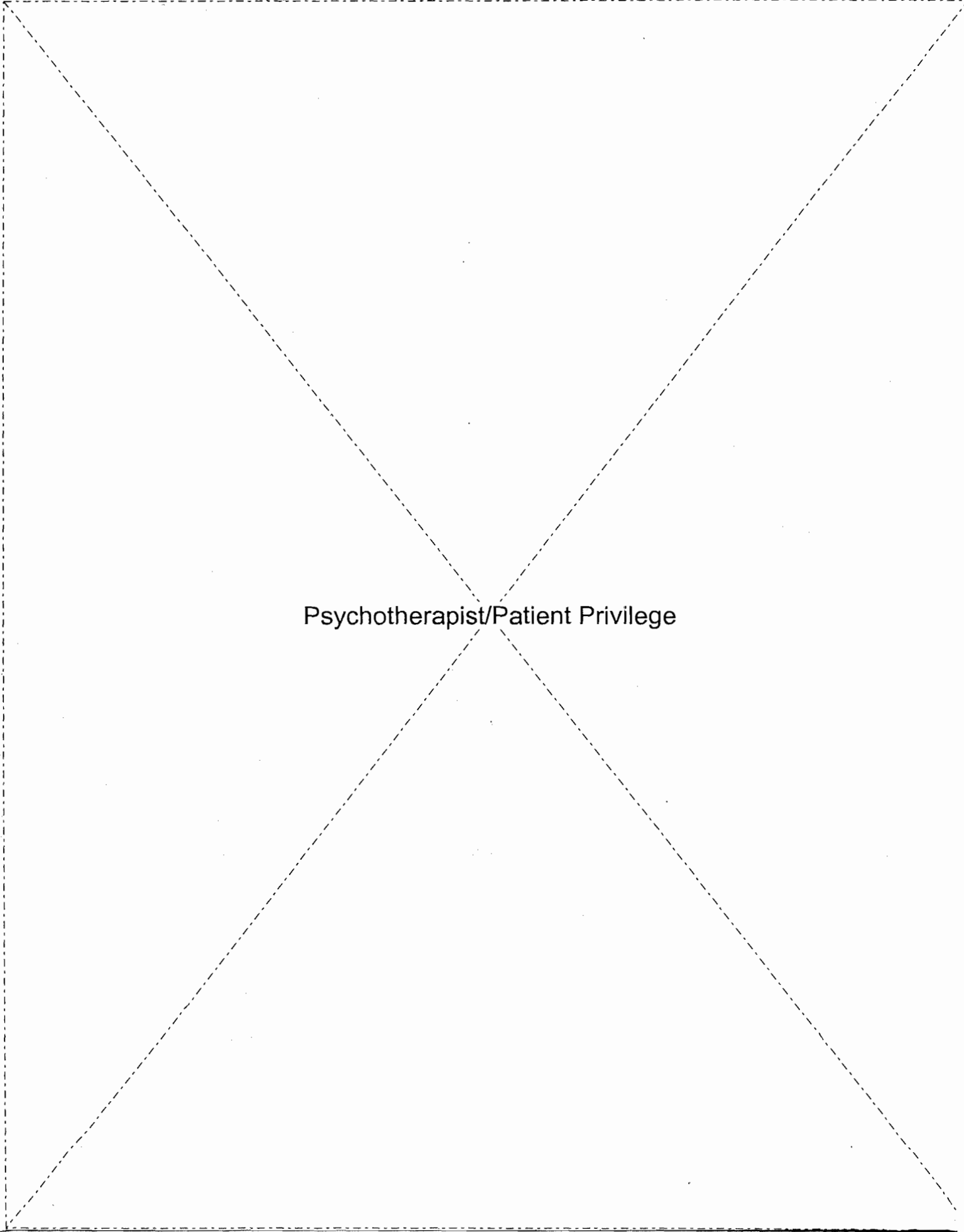
characteristics that are manifested, as he indicates, in a variety of compulsive behaviors. Mario appears to be an aggressive type of person who is apt to be brooding and openly irritable, as well as obstructionistic and stubborn, while pretending to agree with those in authority. This was some of the behavior that we observed during our interviews with him. In addition, Mario is likely to become sulky and argumentative when pressured to do something that he does not want to do, but he is likely to be more passive and devious in expressing his stronger hostilities, rather than owning them more openly.

Mario appears to be a man who is characterized by depression, dependency, and a tendency to engage in behavior that is self-defeating -- in other words, he may attempt to sabotage whatever good happens in his life. He appears to need a great deal of reassurance from others while, at the same time, engaging in behaviors that will undo the support of others. Mario appears to have persistent traits which include erratic moods, tendencies to withdraw, courting criticism, unpredictable and irritable. Basically fearful and eager to please those in authority, he frequently behaves in ways that provoke his expected disappointment. This causes him to feel dejected and alone and to turn to guilt and feelings of self-pity and self-condemnation as a means of changing his offensive behavior.

At the present time, Mario currently feels a great deal of self-pity, helplessness, depression and anxiety. This is understandable considering his current circumstances. Mario's problems and behaviors seem to be an integral part of his characterological structure. It appears to be chronic in nature and part of a constellation of features that will be difficult to change or alter.

With regard to the specific psychosexual results, the following summary statements can be made:

1. Mario does not show an indication of being generally



Psychotherapist/Patient Privilege

criminally oriented, however, there is question about his potential for sexually assaultive behavior.

2. A deep-seated and underlying paranoid-like hostility suggests that he may interpret the behavior of others as provocative and threatening -- and to act out in equally threatening ways against them. His intellectual functioning seems to be in the high-average to bright range.
3. He does not show a significant elevation on the psychopathic deviant scale that is often typical of sex offenders.
4. His score on the sex deviance diagnostic scale (SDx) is in the high range for known adult male sex offenders.
5. His score on MSI sexual perpetrator potential scale is also in the high range for untreated adult male offenders.
6. His score on the sex aggression potential scale was found to be in the low range for untreated offenders, although this result is questionable in light of some of his admissions regarding treatment of derelicts.
7. He scores in the deviant range when evaluating his child-molest potential.
8. It also needs to be noted that Mario does not fully recognize the pattern of his deviant sexual behavior which includes the use of sexual fantasy, cruising and grooming, followed by acting out.
9. He also gives evidence of having body image problems which he readily acknowledges; he is highly obsessed with sex and is driven to act out his fantasies; and he shows an elevation on the voyeurism scale which appears to still be quite operative.

Psychotherapist/Patient Privilege

Diagnosis

Axis I: paraphilia, pedophilia and voyeurism;

Axis II: passive aggressive personality disorder with sex deviation traits;
dependent/histrionic personality disorder with compulsive features.

For summary of Mario's performance on the Sex Offender Polygraph Examination, please see the report of Smith.

TREATMENT RECOMMENDATIONS:

Since Mario completed a questionnaire on sexual deviancy that was sent with him after his assessment here, we have incorporated those results into our recommendations. Tim Smith and I collaborated on these recommendations, and he includes them in his report, so I will not repeat them here. Suffice it to say that Mario's completion and return of the questionnaire was more prompt and honest than those we usually receive (if in fact they are actually returned). Consequently, our prognosis for him is more positive than we originally anticipated, if he does follow treatment recommendations.

Please contact me if you have any questions or comments about this report.

Sincerely,



Fran Ferder, fsa, Ph.d. License # 1111
Co-Director: TARA

Bates Nos. 395-400 were ordered removed by the trial court.

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege



Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege



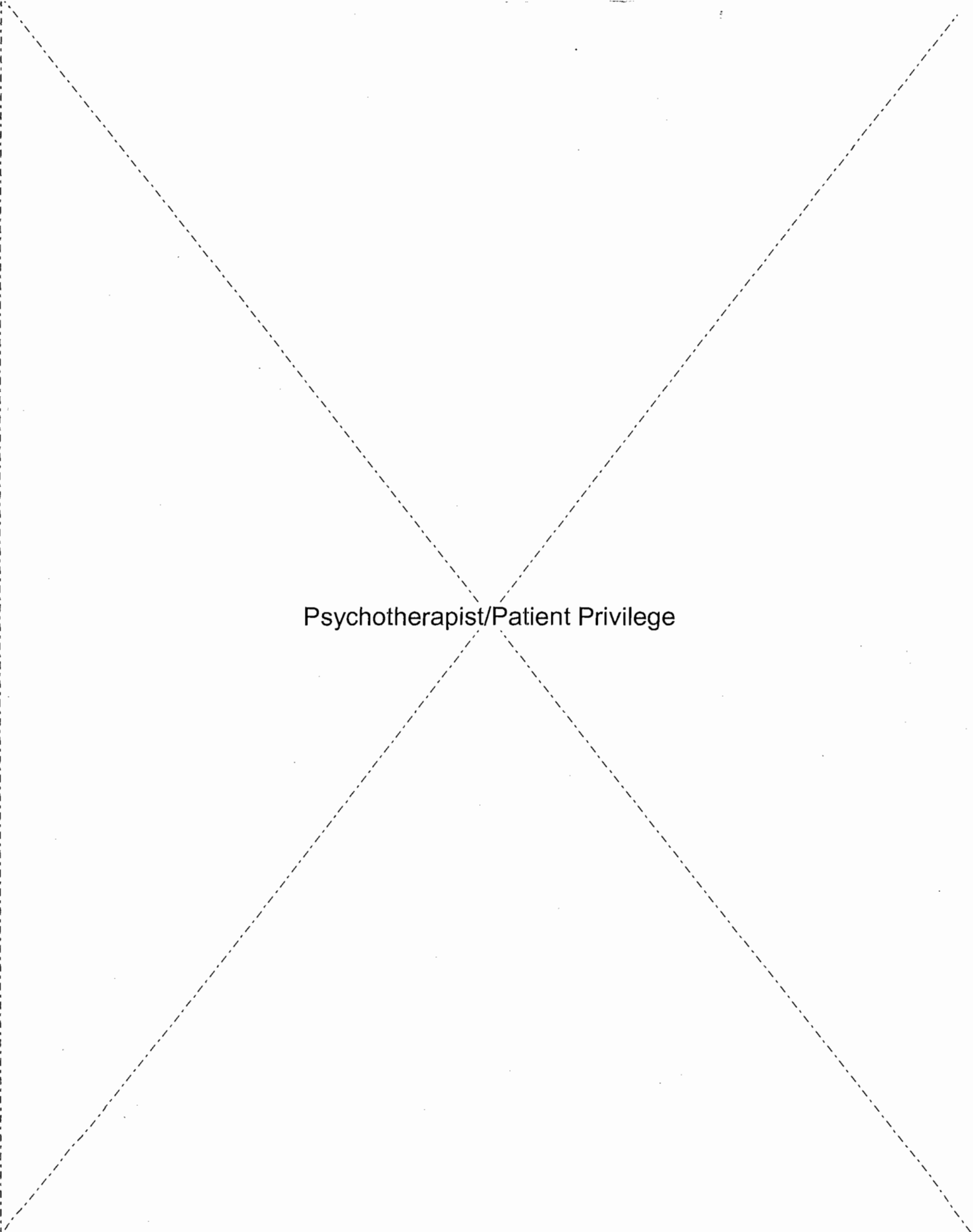
Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege



Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Bates Nos. 417 was ordered removed by the trial court.

Psychotherapist/Patient Privilege

QUARTERLY AFTERCARE FRIAR SELF-REPORT

[please type your answers - form can be provided to you via disk or email]

1. Name of Aftercare Friar *Mario Cimmarusti*
2. Name of treating therapist(s) *Dr. Larry J. Hornian*
3. Date therapy began *I have been in therapy approximately nine years.*
4. Since your last report, what have you and your therapist done with regard to your treatment plan?
We have been working on my continuing fear and depression and how to live positively within the confines of my restrictions.
5. During this period, have you discussed any new aspects of your offending behavior or offense cycle with your therapist? If so, please describe.
We have been working on the effects of medication on my present disposition - also on the far-reaching consequences of my depression.
6. What are some specific examples of progress you have made since your last report?
A new menu of medication has resulted in a clearness of mind and improved memory and motor skills. I have made good progress in serving my community, esp. the sick.
7. Have you had any difficulties with your therapy? If so, please describe them and set forth any ideas or suggestions for amelioration or improvement.
I felt that my former monitor was making his own diagnoses, communicating ideas to my therapist on the side, telling him that I was not the client, and failing to instruct him properly on how to report my progress or lack thereof to the Committee. This situation has been corrected.
8. What difficulties have you had with the Aftercare System during this period? Please describe corrected them and set forth your ideas and suggestions for improvement.
After 9 years of therapy my new lay therapist tells me that the Committee feels that I am in denial and do not "think" the way they want me to. This information should have been given me long ago.
9. What are your suggestions for enhancing your therapy and/or your participation in the long ago Aftercare Program at this point?
I think it should be made clear to my therapist what things he is expected to communicate to the Committee. If the answer is everything, then the client/therapist relationship is virtually destroyed.

Date:

Nov. 29, 2000

Mario Cimmarusti
Signature of Aftercare Friar

MARIO CIMMARUSTI
[Printed/Typed Name of Aftercare Friar]

P.S. Sorry, I do not type and am computer illiterate.



Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

St. Francis Friary

1104 W. Heroy Avenue

Spokane, WA 99205

REDACTED

March 24, 2003

Dear Fr

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated December 16, 2002. – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti continues to lay claim in to having made very good progress in being able to identify his triggers, and that this understanding knowledge has been translated into action. As before, he maintains that he has never knowingly and with forethought engaged in any misdeeds with minors. As in past reports, he maintains a consistent stance, stressing that those inappropriate actions that did occur happened many, many years ago. Too, as in the past, he protests the restrictions that continue to be placed on his activities.

C. Offense cycle. Fr. Cimmarusti sees himself as having developed a full and comprehensive account of those inappropriate actions that did occur.

D. Thinking errors. This continues to be a realm within much effort continues to be put forth. As in prior reports, we still struggle with a range of concerns that are attendant to the issue of what does and does not constitute inappropriate forms of emotional expression.

E. Description of offenses in detail. Without being redundant, Fr. Cimmarusti continues to claim that he has no memory whatsoever of any of those acts which led to the accusations that had been made at the outset of his difficulties. When presented with information bearing on some of his actions, Fr. Cimmarusti simply dismisses such claims



Psychotherapist/Patient Privilege

as having occurred so long ago as to be irrelevant.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to express a good deal of disappointment – even anger – around the point that he has not been allowed to practice his relapse prevention program in a more real world situation. While he strenuously denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. This continues to be addressed given that Fr. Cimmarusti has wavered not at all in the claim that some of his adult contacts may have even served to benefit the individual.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti continues with a blanket denial of any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males.
2. Deviant sexual fantasies. Little more can be said that has not already been detailed in past reports: while Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies that involves minors. While he does admit to entertaining fantasies, these are (he continues to say) all of older males.

K. Proficiency and training.

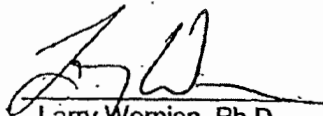
1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti continues to participate in group, although with an ongoing yearning to be done with this portion of his work. Despite such complaints, he has been a fairly active participant, offering support to other members of the group. For all of his involvement with others, he remains quite reluctant to bring forth any more personal issues given that he remains concerned that others might misconstrue his issues and use it to attack the Church.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.

Psychotherapist/Patient Privilege

5. Awareness of and ability to cope with depression. At this point in time Fr. Cimmarusti's depression has fluctuated, this apparently following the state of his two elderly charges at San Damiano. Concerns have been raised by me as to how he will respond if and when either one or both of his charges will require additional and more intensive care than can currently be provided within San Damiano. What will he do under such circumstances. Although Fr. Cimmarusti effectively dismisses such concerns, it seems clear that they have become a focal point of his life. How will he respond when they are no longer in a position to be cared for within that setting?

If any additional information is needed, please let me know.

Sincerely,



Larry Womian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE
3496 BUSKIRK AVENUE
SUITE 102
PLEASANT HILL, CA 94523
(925) 942-0733

REDACTED

Larry
Director of the After Care Program
P.O. Box 249
Three Rivers, CA 93271

March 18, 2002

Dear

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated December 27, 2001 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti has continued to contend that has made good progress in being able to identify his red flags, and that he has consolidated the strides made in this area. He maintains, however, that he never engaged in any misdeeds with minors. He acknowledged, however, that there may have been some occasions during the time in which he served in Mexico – this many years ago – where, quite inadvertently, there might have been some contact with young men perhaps just under the age of consent. From his perspective, this remains a fairly minor point given that it occurred so long ago, and he continues to protest the severe restrictions placed on his activities, reiterating the point that he simply is not allowed to utilize those skills that have been developed.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions.

D. Thinking errors. As in prior reports, this in an area which continues to engage our attention, particularly given that there are continuing signs of Fr. Cimmarusti's manifesting a range of fairly marked distortions. He continues, for example, to abide by the belief that his inappropriate involvements with adults (and only adults) may, in specific instances, have well helped some persons. Such distortions continue to be confronted and addressed, albeit slowly.

Psychotherapist/Patient Privilege

E. Description of offenses in detail. Fr. Cimmarusti continues to insist that he does has no memory whatsoever of any of those acts which led to the accusations that had been made at the outset of his difficulties.

F. Situations to avoid at all costs. As above, Fr. Cimmarusti continues to become somewhat agitated over the point that he has not been allowed to practice his relapse prevention program in a more real world situation. Although he adamantly denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. This continues to be addressed given, as remarked, that Fr. Cimmarusti has taken the stance that some of his adult contacts may have even served to benefit the individual.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti continues to starkly and completely deny any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. As before, there remains precious little direct evidence that presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. Although Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies which involves minors. While he does admit to entertaining fantasies, these are (he says) all of older males.

K. Proficiency and training.

1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti has, reluctantly, resumed his participation in group. His presence and input here is valued by other members, although he contends – solely in our one-to-one sessions – that there is no compelling reason for him to have been returned to the group. There are a number of issues that have surfaced in our individual work, and while he has been advised that it is more than appropriate to bring such matters into the group, he has steadfastly denied this invitation, declaring: a) that this is unnecessary; and b) if he did bring this material up, he worries that others would misconstrue this and develop wrong and completely inappropriate ideas about

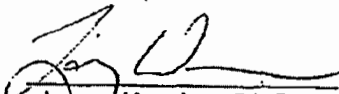
Psychotherapist/Patient Privilege

the Church. In addition, there are broad areas in which he has proven to be quite reluctant in addressing within the context of the group, this even though I have continued to suggest that it would be most appropriate.

4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. Fr. Cimmarusti's depression waxes and wanes, and he remains pointedly bitter regarding the seemingly intractable need to maintain him in treatment. As before, he has come to accuse his involvement in the therapeutic process as being a very significant source of the depression with which he has struggled over the years. In addressing this issue, some heretofore unappreciated facets of his relationship to his spiritual practices and needs have been identified. As such, their ties to the seemingly intractable depression are being discussed and considered in greater detail.

If any additional information is needed, please let me know.

Sincerely,



Larry Womian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11691

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After-Care Program
St. Francis Friary
1104 W. Heroy Avenue
Spokane, WA 99205

REDACTED

June 18, 2002

Dear

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated March 18, 2002 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic Goals".

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti has continued to contend that he has made good progress in being able to identify his red flags, and that he has consolidated the strides made in this area. He steadfastly maintains, however, that he never knowingly engaged in any misdeeds with minors. As detailed previously, this, from his perspective, stands as a fairly minor point given that it occurred so long ago, and he continues to protest the severe restrictions placed on his activities, claiming that he simply is not allowed to utilize those skills that have been developed.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions.

D. Thinking errors. As documented in earlier reports, this is an area which continues to engage our attention. Such distortions continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti continues to insist that he does have no memory whatsoever of any of those acts which led to the accusations that had been made at the outset of his difficulties.

Psychotherapist/Patient Privilege

F. Situations to avoid at all costs. As above, Fr. Cimmarusti continues to display great displeasure around the point that he has not been allowed to practice his relapse prevention program in a more real world situation. While he adamantly denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. This continues to be addressed given, as remarked, that Fr. Cimmarusti has taken the stance that some of his adult contacts may have even served to benefit the individual.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti continues to starkly and completely deny any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males.
2. Deviant sexual fantasies. Although Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies that involves minors. While he does admit to entertaining fantasies, these are (he says) all of older males.

K. Proficiency and training.

1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti continues to participate in group. As before, however, he contends – solely in our one-to-one sessions – that he can see no use in his continued involvement in group. Still, there continue to be a number of issues that have surfaced in our individual work, and while he has been advised that it is more than appropriate to bring such matters into the group, he has steadfastly denied this invitation, declaring: a) that this is unnecessary; and b) if he did bring this material up, he worries that others would misconstrue this and develop wrong and completely inappropriate ideas about the Church. In addition, there are broad areas in which he has proven to be quite reluctant in addressing within the context of the group, this even though I have continued to suggest that it would be most appropriate.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human


Psychotherapist/Patient Privilege

sexual response.

5. Awareness of and ability to cope with depression. At this point in time Fr. Cimmarusti's depression does appear to have remitted to a degree unseen since we began working together.

If any additional information is needed, please let me know.

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

St. Francis Friary

1104 W. Heroy Avenue

Spokane, WA 99205

REDACTED

September 23, 2002

Dear

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated June 18, 2002 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti continues to lay claim to his having made good progress in being able to identify his red flags, and that such knowledge has been consolidated and transformed into actual behavior. However, he continues to hold fast to the claim that he has never knowingly engaged in any misdeeds with minors. As has documented during the course of prior reports, he continues to contend that there has been much ado for virtually nothing given that those transgressions that did occur happened so long ago. He continues to chafe and protest the restrictions placed on his activities, decrying the point that he is not being allowed to actually practice those skills that have been developed.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions.

D. Thinking errors. As documented in earlier reports, this in an area which continues to engage our attention. Such distortions continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti continues to cling fast to his claim of having no memory whatsoever of any of those acts which led to the accusations that had been made at the outset of his difficulties.

Psychotherapist/Patient Privilege

F. Situations to avoid at all costs. As above, Fr. Cimmarusti continues to display great displeasure around the point that he has not been allowed to practice his relapse prevention program in a more real world situation. While he strenuously denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid:

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. This continues to be addressed given, as remarked, that Fr. Cimmarusti has wavered not a bit in the claim that some of his adult contacts may have even served to benefit the individual.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti continues to starkly and completely deny any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males.
2. Deviant sexual fantasies. Little more can be said that has not already been detailed in past reports: while Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies that involves minors. While he does admit to entertaining fantasies, these are (he continues to say) all of older males.

K. Proficiency and training.

1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti continues to participate in group. Within the confines of our individual meetings, he continues to complain that he can see no use in his continued involvement in group. Still, there continue to be a number of issues that have surfaced in our individual work, and while he has been advised that it is more than appropriate to bring such matters into the group, he has declined this invitation, saying a) it is unnecessary, and b) if he did bring this material up, he frets that others would misconstrue this and develop wrong and completely inappropriate ideas about the Church. As before, there are broad areas in which he has proven to be quite reluctant in addressing within the context of the group, this even though I have continued to recommend that it would be most appropriate.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human

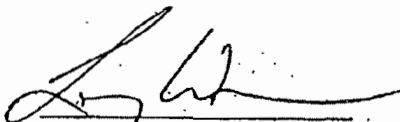
Psychotherapist/Patient Privilege

sexual response.

5. Awareness of and ability to cope with depression. At this point in time Fr. Cimmarusti's depression does appear to have become more pronounced, this following additional restrictions having been placed on him at San Damiano.

If any additional information is needed, please let me know.

Sincerely,



Larry Womian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

St. Francis Friary

1104 W. Heroy Avenue

Spokane, WA 99205

REDACTED

December 16, 2002

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated September 23, 2002 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. As before, Fr. Cimmarusti sees himself as having made good progress in being able to identify his red flags, and that such knowledge has been translated into action. He continues, however, to hold fast to the stance that he has never knowingly engaged in any misdeeds with minors. As has repeatedly documented during the course of prior reports, he continues to claim that there has been much ado for virtually nothing given that those inappropriate actions that did occur happened so long ago. He continues to chafe and protest the restrictions placed on his activities.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions.

D. Thinking errors. This in a significant area in which much effort continues to be put forth. Most recently, there are concerns that have been raised as to what does and does not constitute inappropriate forms of emotional expression. Those distortions that have been discerned continue to be confronted and addressed.

E. Description of offenses in detail. Fr. Cimmarusti continues to claim that he no memory whatsoever of any of those acts which led to the accusations that had been made at the outset of his difficulties.

Psychotherapist/Patient Privilege

F. Situations to avoid at all costs. As above, Fr. Cimmarusti continues to display great displeasure around the point that he has not been allowed to practice his relapse prevention program in a more real world situation. While he strenuously denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. This continues to be addressed given that Fr. Cimmarusti has wavered not at all in the claim that some of his adult contacts may have even served to benefit the individual.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti continues to starkly and completely deny any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males.
2. Deviant sexual fantasies. Little more can be said that has not already been detailed in past reports: while Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies that involves minors. While he does admit to entertaining fantasies, these are (he continues to say) all of older males.

K. Proficiency and training.

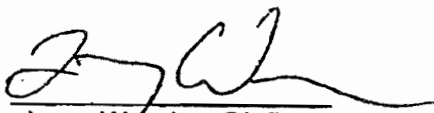
1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti continues to participate in group, albeit reluctantly. There continues to be a number of issues that have surfaced in our individual work, and while he has been advised that it is more than appropriate to bring such matters into the group, he continues to refuse this invitation, saying a) it is unnecessary; and b) if he did bring this material up, he frets that others would misconstrue this and develop wrong and completely inappropriate ideas about the Church. As before, there are broad areas in which he has proven to be quite reluctant in addressing within the context of the group, this even though I have continued to recommend that it would be most appropriate.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.

Psychotherapist/Patient Privilege

5. Awareness of and ability to cope with depression. At this point in time Fr. Cimmarusti's depression does appear to have become more pronounced, this in keeping additional restrictions having been placed on him at San Damiano.

If any additional information is needed, please let me know.

Sincerely,


Larry Wormian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11091

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

REDACTED

March 14, 2001

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated December 11, 2000 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. While, as previously detailed, there is good reason to believe that Fr. Cimmarusti has made reasonably good progress in being able to identify his red flags, the issue of denial has been more explicitly discussed and considered. More will be said of this specific issue below. Again, Fr. Cimmarusti displays the ability to speak about being aware of those warning signs which would, theoretically, allow him to bring to bear those coping skills which have been practiced throughout the course of his involvement in therapy.

C. Offense cycle. Although Fr. Cimmarusti has repeatedly and persistently laid claim to having developed a full and comprehensive account of his actions, a more recent incident – which involved his illicit use of alcohol – served to raise some very significant and profound concerns. Although there was nothing which occurred in terms of inappropriate sexual behavior, the steps taken to address his abuse of alcohol – in which he was referred to a retreat for alcoholic priests – found him returning from this meeting, declaring that he was more convinced than ever that he has never engaged in many of the inappropriate behaviors with which he had been charged so many years before.

D. Thinking errors. This realm continues to be a source of ongoing significant concern. The previously detailed characterological issues do appear to drive such concerns. More specifically, a range of fairly marked distortions have been encountered in

Psychotherapist/Patient Privilege

Fr. Cimmarusti's effort to abruptly and unexpectedly discontinue his involvement in one portion of his treatment regimen, namely group therapy. The range of distortions encountered in his efforts to bring to a premature close this facet of his treatment continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti has, more forcefully than before, come to deny the veracity of any and all claims of ever having engaged in any form of inappropriate sexual behavior with underage males. This blanket denial stands, however, in particularly stark contrast to his acknowledgment of having abused the office of Informan while teaching his seminarians, although not to the degree which has been claimed in other quarters. He has continued to offer basically the same details regarding his contacts with adult males, stressing that such persons have been the sole focus of his sexual interests in the past.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to convey an adequate understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. While Fr. Cimmarusti speaks of understanding the adverse consequences of this specific dimension, we continue to address such matters.

J. Statements.

1. Deviant arousal patterns. Again, Fr. Cimmarusti broadly and completely denies any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. There remains precious little direct evidence which presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. There is nothing which has been revealed at this point which speaks to ongoing deviant sexual fantasies regarding under age males.

K. Proficiency and training.

1. Anger management. Our work continues to progress satisfactorily in this area.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. There are numerous indications to the effect that Fr. Cimmarusti has been reluctant to make full and complete use of all facets of his therapeutic regimen, particularly group. Although there do appear

Psychotherapist/Patient Privilege

to areas of his behavior outside of therapy proper which reflect a more appropriately assertive stance, his stark reluctance to make fuller use of all therapeutic resources is an issue which has been more explicitly confronted over the last few weeks of this reporting period.

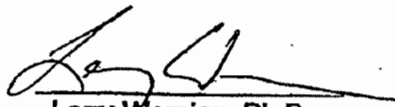
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. My last report found me writing that

This dimension continues to be a significant focus of our work together. As in the past, there have been periods in which signs of seemingly marked improvement have been punctuated by episodes of deep despair and hopelessness. Fr. Cimmarusti has recently undertaken more systematic work in an effort to address this significant component of his difficulties.

This assessment remains unchanged.

If any additional information is needed, please let me know.

Sincerely,



Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

**OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE
3496 BUSKIRK AVENUE
SUITE 102
PLEASANT HILL, CA 94523
(925) 942-0733**

Director of the After Care Program
P.O. Box 249
Three Rivers, CA 93271

REDACTED

June 18, 2001

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated March 14, 2001 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti believes that he has made good progress in being able to identify his red flags, although he expresses concerns given that he has never been allowed opportunities to test himself given the restrictions placed on his life.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions. A more recent occurrence, however, in which he was found to be in possession of a pornographic videotape – which was a recording of an HBO documentary – has been addressed in part. More work awaits this specific and recent incident.

D. Thinking errors. As detailed previously, this area continues to be a source of ongoing work. As noted in prior reports, Fr. Cimmarusti has offered a range of fairly marked distortions, such as in his efforts to terminate from group. Such distortions continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti continues to insist that he does not recall some of acts which led to the accusations that had been made at the outset of his difficulties. Insofar as contacts with adult males, he continues to offer basically the same details regarding his past contacts with them, emphasizing that such persons have been the primary focus of his sexual interests in years past.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to ruminate over the

Psychotherapist/Patient Privilege

point that he has not been allowed to practice his relapse prevention program in a more real world situation. Still, he conveys an adequate understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. We continue to address such matters, although Fr. Cimmarusti has made clear his understanding that such acts harms others. .

J. Statements.

1. Deviant arousal patterns. Again, Fr. Cimmarusti broadly and completely denies any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. There remains precious little direct evidence which presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. There is nothing which has been revealed at this point which speaks to ongoing deviant sexual fantasies regarding under age males. (In passing, it is worth noting that the content of the aforementioned video was found to consist of adult females.)

K. Proficiency and training.

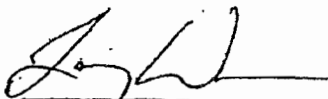
1. Anger management. Our work continues in this area, with steps having been taken toward addressing his passive-aggressive style.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti has effectively refused to make any further use of group therapy, particularly as a setting in which he might further expand his repertoire. As of the submission of this report, today he will be ending group, at least on a temporary basis. There do appear to at least some areas of his behavior outside of therapy proper which reflect a more appropriately assertive stance.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. Although Fr. Cimmarusti's depression waxes and wanes, he is quite bitter over the point that from his point of view, his sense of self-esteem remains quite shaky after so many years of

Psychotherapist/Patient Privilege

therapy. In some fundamental regards, he faults the need to continually focus on a relapse prevention program as cultivating this ongoing sense of misery. Ongoing work is in addressing this area; therefore, continues.

If any additional information is needed, please let me know.

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE

LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE
3496 BUSKIRK AVENUE
SUITE 102
PLEASANT HILL, CA 94523
(925) 942-0733

Director of the After Care Program
P.O. Box 249
Three Rivers, CA 93271

REDACTED

June 18, 2001

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report - dated March 14, 2001 - through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti believes that he has made good progress in being able to identify his red flags, although he expresses concerns given that he has never been allowed opportunities to test himself given the restrictions placed on his life.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions. A more recent occurrence, however, in which he was found to be in possession of a pornographic videotape - which was a recording of an HBO documentary - has been addressed in part. More work awaits this specific and recent incident.

D. Thinking errors. As detailed previously, this area continues to be a source of ongoing work. As noted in prior reports, Fr. Cimmarusti has offered a range of fairly marked distortions, such as in his efforts to terminate from group. Such distortions continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti continues to insist that he does not recall some of acts which led to the accusations that had been made at the outset of his difficulties. Insofar as contacts with adult males, he continues to offer basically the same details regarding his past contacts with them,

Psychotherapist/Patient Privilege

emphasizing that such persons have been the primary focus of his sexual interests in years past.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to ruminate over the point that he has not been allowed to practice his relapse prevention program in a more real world situation. Still, he conveys an adequate understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. We continue to address such matters, although Fr. Cimmarusti has made clear his understanding that such acts harms others.

J. Statements.

1. Deviant arousal patterns. Again, Fr. Cimmarusti broadly and completely denies any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. There remains precious little direct evidence which presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. There is nothing which has been revealed at this point which speaks to ongoing deviant sexual fantasies regarding under age males. (In passing, it is worth noting that the content of the aforementioned video was found to consist of adult females.)

K. Proficiency and training.

1. Anger management. Our work continues in this area, with steps having been taken toward addressing his passive-aggressive style.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti has effectively refused to make any further use of group therapy, particularly as a setting in which he might further expand his repertoire. As of the submission of this report, today he will be ending group, at least on a temporary basis. There do appear to at least some areas of his behavior outside of therapy proper which reflect a more appropriately assertive stance.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.

Psychotherapist/Patient Privilege

5. Awareness of and ability to cope with depression. Although Fr. Cimmarusti's depression waxes and wanes, he is quite bitter over the point that from his point of view, his sense of self-esteem remains quite shaky after so many years of therapy. In some fundamental regards, he faults the need to continually focus on a relapse prevention program as cultivating this ongoing sense of misery. Ongoing work is in addressing this area, therefore, continues.

If any additional information is needed, please let me know.

Sincerely,

Larry Womian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program
P.O. Box 249
Three Rivers, CA 93271

REDACTED

September 16, 2001

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated June 18, 2001 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. As in prior reports, Fr. Cimmarusti staunchly believes that he has made good progress in being able to identify those situations which might prove to be overly provocative. Too, as has been noted in prior reports, he continues to voice concerns given that he has never been allowed opportunities to test himself in view of the many restrictions placed on his life.

C. Offense cycle. While Fr. Cimmarusti either dismisses or minimizes many of the allegations which had previously been leveled at him, he continues to lay claim to having developed a full and comprehensive account of his actions.

D. Thinking errors. This area continues to be a source of ongoing work and attention. Those distortions which surface continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. Fr. Cimmarusti continues to take issue with a range of the charges which had been leveled at him, he is adamant in claiming that he simply does not recall some of acts which led to the accusations that had been made at the outset of his difficulties. As before, he fully admits and acknowledges that his primary sexual interests have been focused on consenting adult males.

F. Situations to avoid at all costs. As has been in the case in prior reports, Fr. Cimmarusti continues to ruminate over the point that he has not been allowed to practice his relapse prevention program in a more real world situation.

Psychotherapist/Patient Privilege

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. We continue to address such matters, although Fr. Cimmarusti has made clear his understanding that such acts harms others.

J. Statements.

1. Deviant arousal patterns. Fr. Cimmarusti broadly and completely denies any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. As before, there remains precious little direct evidence which presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. There is nothing which has been revealed at this point which speaks to ongoing deviant sexual fantasies regarding under age males.

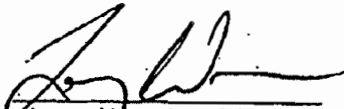
K. Proficiency and training.

1. Anger management. Our efforts continue in this area, with steps having been taken toward addressing his passive-aggressive style.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. As in prior reports, there is some reason to believe that Fr. Cimmarusti has continued to manifest a more appropriately assertive stance, although this is also some reason to believe that this remains inconsistent.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. Although Fr. Cimmarusti's depression waxes and wanes, he is quite bitter over the point that from his point of view, his sense of self-esteem remains quite shaky after so many years of therapy. He quite explicitly faults the need to continually focus on a relapse prevention program as cultivating his misery and despair. Ongoing work is in addressing this area, therefore, continues.

If any additional information is needed, please let me know.

Psychotherapist/Patient Privilege

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

REDACTED

December 27, 2001

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti, this covering the period from the date of the submission of the last report – dated September 16, 2001 – through the above listed date. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Although Fr. Cimmarusti has previously laid claim to his having made good progress in being able to identify his red flags, he has come to occupy a position in which his strong denial of any misdeeds with minors has, in many regards, served to undercut his ability to fully appreciate those situations in which he may be at risk. As before, he continues to give voice to concerns around his never having been allowed opportunities to test himself given the severe restrictions placed on his life.

C. Offense cycle. Fr. Cimmarusti continues to lay claim to having developed a full and comprehensive account of his actions. The issue of his having recorded a basically pornographic HBO documentary continued to absorb our attention, although it recently seems to have been resolved.

D. Thinking errors. This area continues to be a source of ongoing work. Fr. Cimmarusti continues to manifest a range of fairly marked distortions. For instance, he more recently reiterated a claim that his inappropriate involvements with adults may, in specific instances, have well helped some persons. Such distortions continue to be confronted and addressed, albeit slowly.

E. Description of offenses in detail. As in prior reports, Fr. Cimmarusti continues to insist that he does not recall some of acts which led to the accusations that had been

Psychotherapist/Patient Privilege

episodes could not have happened. Insofar as contacts with adult males, he continues to offer basically the same details regarding his past contacts with them, emphasizing that such persons have been the primary focus of his sexual interests in years past.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to ruminate over the point that he has not been allowed to practice his relapse prevention program in a more real world situation. Although he adamantly denies any interests in minors, he has managed to convey a reasonable understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. We continue to address such matters, although Fr. Cimmarusti has – as noted above – taken the stance that some of his adult contacts may have even served to benefit the individual. This matter has and continues to be challenged in some detail.

J. Statements.

1. Deviant arousal patterns. Again, Fr. Cimmarusti broadly and completely denies any interests in under age males, stressing that his primary sexual interests in the past have focused on adult males. There remains precious little direct evidence which presently speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. Although Fr. Cimmarusti admits to having enjoyed both looking at the genitalia of his then young charges, he denies entertaining any fantasies which involves minors. While he does admit to entertaining fantasies, these are (he says) all of older males.

K. Proficiency and training.

1. Anger management. The work within this area continues.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Fr. Cimmarusti has been informed of the need and intent to have him resume participation in group therapy following the first of the New Year. Although he vociferously disputes the need for this move – effectively denying and completely dismissing any of the reasons which have been offered to him for such need – he indicates that he will comply, simply as a matter of obedience.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a

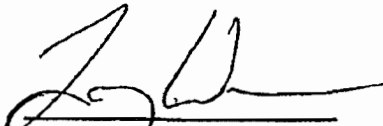
Psychotherapist/Patient Privilege

reasonably detailed understanding and appreciation of the specifics of human sexual response.

5. Awareness of and ability to cope with depression. Although Fr. Cimmarusti's depression waxes and wanes, he remains pointedly bitter regarding the seemingly intractable need to maintain him in treatment. In point of fact, he has come to accuse his involvement in the therapeutic process as being a very significant source of the depression with which he has struggled over the years. As before, he blames the need to continually focus on a relapse prevention program as cultivating this ongoing sense of despair. Ongoing work is in addressing this area, therefore, continues.

If any additional information is needed, please let me know.

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

REDACTED

June 12, 2000

Enclosed is an account of the overview of the discussions that were had with Mario Cimmarusti in discussing his progress in obtaining those treatment goals that were listed in the document "Therapeutic G." By way of background, Fr. Cimmarusti claimed to be quite aware of this document, yet when invited to write out his own responses to each of the points listed, he objected quite strenuously, laying claim to the belief that this was a profoundly misconstrued and totally miscast undertaking. In particular, he objected to the suggestion that he place thoughts to paper, emphasizing that he was once advised against doing such actions. He felt this to be a particularly piece of sage advice and thought it in his best interests to continue to adhere to that recommendation. As such, we found ourselves in a quandary: I made it clear to him that I simply did not want to proceed in a way that would simply present him with a response to the critical dimensions listed in Therapeutic G without his input. After further discussion – and protest – he agreed that we would simply discuss each of the points listed within that document, and that I would record his replies. While he also objected to this – feeling that this would profoundly violate the client-therapist bond – he agreed but repeatedly emphasized that this would be nothing more than a waste of our collective time. At the close of our discussions, I stipulated that I would provide him with a hard copy of this document, and that he could do with it whatever he felt appropriate.

This said, the following reflects a true and accurate record of our discussions of each of the points contained within Therapeutic G.

A. Authorized release of confidential information. Fr. Cimmarusti has done this but bitterly complains that it continues to bother him given that he views this to be a violation of Canon Law.

B. Red flags/warning signs. In discussing this dimension, Fr. Cimmarusti stated that

The thing...that seems to make it difficult for me is the fact that in considering these

Psychotherapist/Patient Privilege

things is making a distinction between minors and non-minors. I assume I'm in this situation because my misconduct concerning minors. As far as external things, there's no problem because I have no contact with anyone else, or contacts that are not conducive to sexual conduct. As far as my sexual life is concerned, that has never involved minor. As far as my fantasies, or sexual urges, at least in recent history, they've never involved minors. (And your distant history?) Not that I can remember. (So as far as your concerned, there are no warning signs...?) From a mental point of view, as far as minors are concerned. (And no high risk situations?) I have no contact with minors. (And if you were to have contact?) I wouldn't know, I can't tell you. I know I need to avoid relationships with minors. That's one of things that I need to do. Anything to do with minors like teaching or coaching is out of the question. (And in terms of contact with minors at the seminary?) Yes, but that's one of the positions that I could never take care of again, as far as their physical well being is concerned is completely out of the question. (Are there any red flags for inappropriate sexual behavior with anyone?) I suppose the baths...the word I'm looking for...like when you go around the park, what's the word...?(Cruising?) Cruising, yes. (You've done this before?) Before therapy, yes. (And these were for anonymous homosexual encounters?) Yes, that's right. (Can you recognize the thoughts, sensations, and so on, that would lead you to cruise?) I haven't had any since I began therapy, my life took a different direction, not by my own will but by the circumstances involved. I haven't had any near-misses where I was on the verge of doing this type of thing. (What about fantasies that might lead you to cruise?) They would be mostly curiosity? (What do you mean?) Curiosity to being able to come into contact with a male and see his genitals and things of that nature. The thrill of it. (What makes the thrill of it?) Doing something dangerous. (Dangerous in what way?) Well, it's against the law, cruising in public parks. (So there's no thrill in going into a gay bar?) I went into one once, a gentleman invited me to the symphony once, and afterwards we went into a gay bar and I was very uncomfortable with that....It was a foreign experience to me. (Why?) They handed out condoms. My friend accepted them but I didn't. I wasn't planning on becoming involved in any relationships.

C. Offense cycle. Fr. Cimmarusti initially declined to discuss this, saying – once again – "Canon Law says they shouldn't do it, this is not something for my superior." This said, however, he offered that

At the Seminary, it wasn't a conscious grooming, I really was concerned about their health, I was a good Infirmary, I took good care of their health, I wonder if I wasn't like a doctor, like a gynecologist, he must be affected by examining women, but he doesn't have sexual contact with them, and I didn't have any sexual contact with them....Yet I enjoyed seeing their penises and I had no idea that the seminarians would have corresponding sexual reactions....Now going to the baths is completely different, going to a public restroom is a completely different sort of thing.

Psychotherapist/Patient Privilege

At this point, Fr. Cimmarusti became somewhat agitated and declared

This is for my therapist, the system is that I should be given a good therapist to work through this and my superiors should not be provided with this kind of information....This is a bunch of shit and bombarding you with a bunch of shit and making your life hell. Why don't they do what you do with other people, it's not forever for God's sakes. The main part of this thing happened 35 years ago, what the hell. I'm imprisoned. They say they want me to be happy for some reason. Give me a break. This is my 9th year. I suppose I'm as safe as any other friar who's been in therapy, but I don't even have a chance to put it into practice....I'm uncomfortable with minors and uncomfortable with children. I have no sexual attraction to them but I'm very uncomfortable with them. I have no opportunity to socialize. I want to go on and live my life with certain restrictions and they are too overwhelming....I have no hopes for happiness in this life, I reserve that for the after life.

D. Thinking errors. When this topic was introduced, Fr. Cimmarusti threw back his head and laughed.

So I have to go back 35 years. There was a thinking error to think that I had the powers of a doctor that I was taking care of them, actually I was, as the Infomation. But I still satisfied my curiosity. I took upon myself that functions that were inappropriate for persons that are not a doctor...and that was certainly a thinking error, but that has nothing to do with my life today.

E. Description of offenses in detail. When this topic was introduced, Fr. Cimmarusti laughed once again and declared

That's impossible. (Why?) Well, I don't know how many times I acted inappropriately. I suppose every time I examined someone for a hernia, and those people who I inspected for poison oak, maybe I should have taken their word and just given them medicine. I never masturbated anyone or had oral sex with anyone. I doubt in my heart that I did. (And picking up men?) This has to do with minors, and this is the main criticism, it has everything that has to do with sex.

F. Situations to avoid at all costs. In this instance, Fr. Cimmarusti simply said "Avoid adolescents." He went on to explain that

I have no relationships with adolescents. I rarely talk to them. I'm in no position to do that....(And your fantasies...?) Have nothing to do with adolescents. I don't remember ever having a fantasy about an adolescent, all my fantasies are about adults.

H. Empathy/apology letters. Fr. Cimmarusti shook his said and said

Psychotherapist/Patient Privilege

That's not possible to do that.... But the idea of empathy is a very important thing. I never realized that the young men had any problems. It should have dawned on me, but it didn't. The idea of empathy is a very important thing in my case. You can hurt people by acting inappropriately toward them.

I. Statement as to why sexually inappropriate acts are wrong. Fr. Cimmarusti tersely offered "Because they harm people, such acts can cause people to suffer."

J. Statements.

1. Deviant arousal patterns.

I have, my sexual fantasies have to do with manliness, with men who look like men, who are hairy, men who are effeminate turn me off. I don't ever remember having any type of fantasy of a pre-pubescent male. That's about it.

2. Deviant sexual fantasies.

I'm turned on by seeing oral sex, just like any other homosexual would be.... a man in his natural state is more pleasing me.... As if there just an urge to be comfortable where men are normal and to do all the things that men should have been able to do in high school and I wasn't able to do. That's what I have strong feelings for. (So you wouldn't say that you have any deviant fantasies?) I don't think so. What do homosexuals do? If psychology says that homosexuality is abnormal, what do you do? Anal sex turns me off, slobbering turns me off (What do you mean, slobbering?) Kissing and that turns me off. Kinky sex doesn't appeal to me. All kinds of rings and God knows what, shaving turns me off.

K. Proficiency and training.

1. Anger management. Although this clearly has been a focus of our work, Fr. Cimmarusti flatly offered

I express very strong anger when I'm alone. I do not express it when I am with others

2. Stress reduction. Again, while this has been an explicit focus of our work, Fr. Cimmarusti used this to complain that

The stress is caused by my environment... by taking away some basic human rights. For example, lack of freedom.

Psychotherapist/Patient Privilege

3. Assertion training and social skills. Fr. Cimmarusti has been an active and valued member in group therapy for several years prior. One of the many issues encountered on a regular basis within this setting has been the repeated complaint that nothing he says will make any difference. This has been challenged, and in the developing relationships within the group, he has been provided with support and practice in giving appropriate voice to his views. There are indications, through his reports from several retreats that he has become a much more active and productive participant in such activities.

4. Human sexuality. Fr. Cimmarusti indicated that

I taught it for six years. I was very pleased with the results. I was very pleased that students were open with their questions.

5. Awareness of and ability to cope with depression. "That," he declared, "that is the one." This has, without question, been a concerted and continuing focus of our work. Although repeated efforts have been made to provide a number of cognitive-behavioral tools for addressing this chronically entrenched problem, Fr. Cimmarusti repeatedly sees such attempts as being futile since he feels he is simply waiting to die. As such, a good deal of our work has necessarily encompassed a more existential orientation. At this point in time, he continues to receive Effexor, which he also feels is quite useful in helping him to deal with his chronic pain issues. Although he often denies any explicit suicidal intent, there have been several instances in which he has admitted to entertaining fleeting thoughts of suicide.

The effort to address each of the aforementioned dimensions has, as can be clearly seen, proven to be a very difficult and contentious undertaking. There were repeated instances in which I worried out loud as to whether this would effectively kill our therapeutic relationship. Fr. Cimmarusti assured me that he was more angry with "That anonymous committee who doesn't even know me" (i.e., the IRT), and that he could see I was trying – futilely, in many ways – to deal with competing agendas. At one point, I asked him by what criteria he would prefer to bring to bear in gauging his progress, as well as areas that remain to be considered. He explained

I have had no sexual contact with anyone, not even close...and that's the feather in my cap, I haven't even been tempted, I've never been in a situation where I asked shall I or shall I not? (And the last time you were tempted?) That was before therapy, that was right before I entered therapy. I knew he would be the last one and that was it. It was in a bath, some nine years ago. That's why I think they should be trying to normalize my life, not having to go back and review these things four times a year, this could backfire, this could be as much a red-flag as my depression is. (How so?) Because it's so discouraging, it's humiliating, it lessens my self-image and that makes me feel like shit. That's spelt s-h-l-l.

Psychotherapist/Patient Privilege

REDACTED

Fr. Mario Cimmarusti

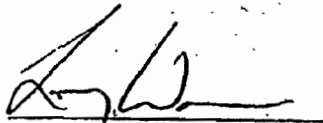
Page 6

Asked if there might be any approach that might prove to be more suitable in gauging his needs, Fr. Cimmarusti replied

I think : has the right approach, he called and said 'I'm trying to affirm you.' That's what I need - this mysterious committee that's running my life and studying documents and what people say, they have no idea who I am.

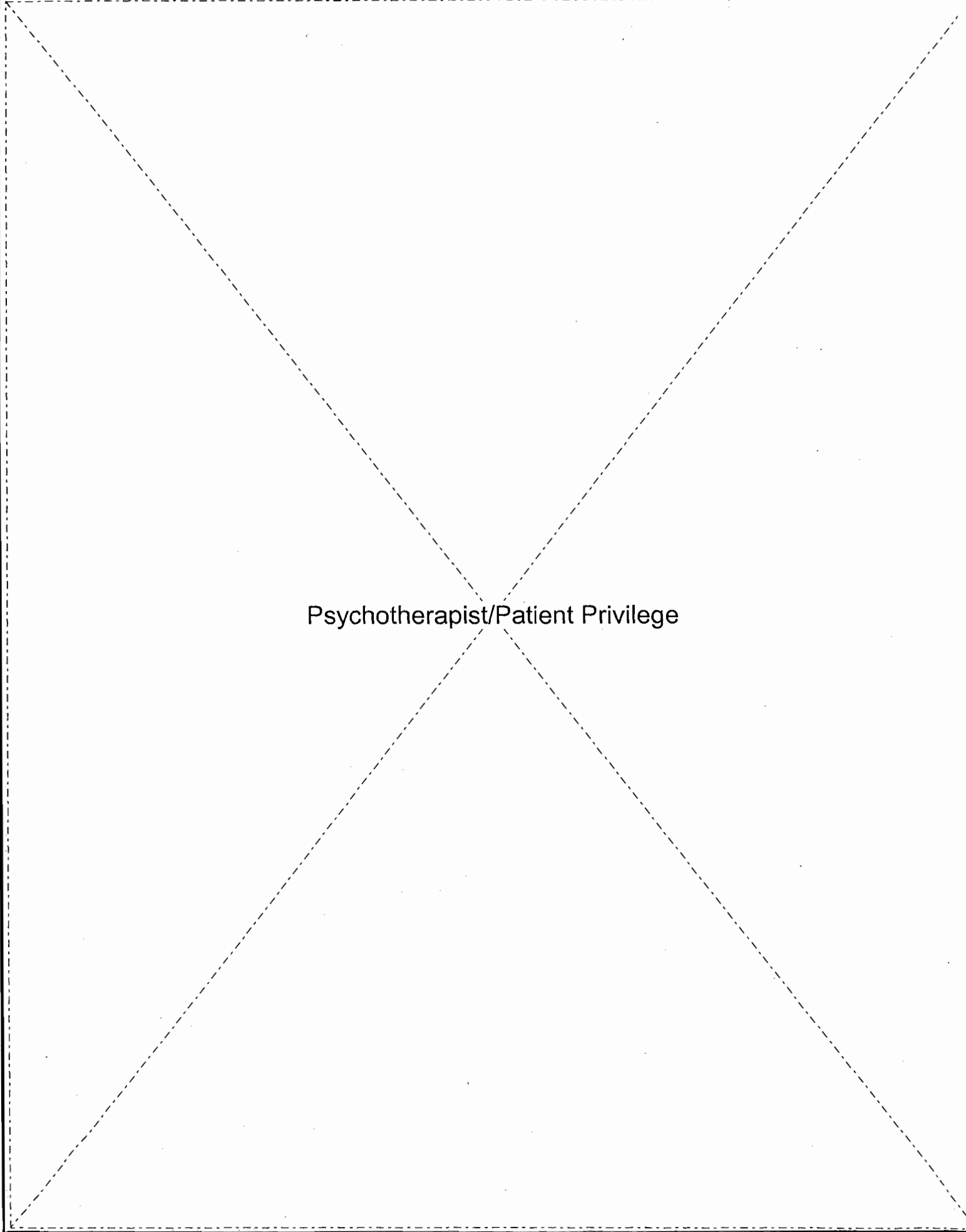
While Fr. Cimmarusti has made progress in a number of critical areas, this document attests to the great work that remains. He was promised a copy of this, and in keeping with the existential approach mentioned above - particularly given a more hermeneutic approach to therapy - it will prove to be worthwhile to see his response.

Respectfully,



Larry Womian, Ph.D.

cc: Dr. Rosales



Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

REDACTED

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

June 12, 2000

Enclosed is an account of the overview of the discussions that were had with Mario Cimmarusti in discussing his progress in obtaining those treatment goals that were listed in the document "Therapeutic G." By way of background, Fr. Cimmarusti claimed to be quite aware of this document, yet when invited to write out his own responses to each of the points listed, he objected quite strenuously, laying claim to the belief that this was a profoundly misconstrued and totally miscast undertaking. In particular, he objected to the suggestion that he place thoughts to paper, emphasizing that he was once advised against doing such actions. He felt this to be a particularly piece of sage advice and thought it in his best interests to continue to adhere to that recommendation. As such, we found ourselves in a quandary: I made it clear to him that I simply did not want to proceed in a way that would simply present him with a response to the critical dimensions listed in Therapeutic G without his input. After further discussion – and protest – he agreed that we would simply discuss each of the points listed within that document, and that I would record his replies. While he also objected to this – feeling that this would profoundly violate the client-therapist bond – he agreed but repeatedly emphasized that this would be nothing more than a waste of our collective time. At the close of our discussions, I stipulated that I would provide him with a hard copy of this document, and that he could do with it whatever he felt appropriate.

This said, the following reflects a true and accurate record of our discussions of each of the points contained within Therapeutic G.

A. Authorized release of confidential information. Fr. Cimmarusti has done this but bitterly complains that it continues to bother him given that he views this to be a violation of Canon Law.

B. Red flags/warning Signs. In discussing this dimension, Fr. Cimmarusti stated that

The thing...that seems to make it difficult for me is the fact that in considering these

Psychotherapist/Patient Privilege

things is making a distinction between minors and non-minors. I assume I'm in this situation because my misconduct concerning minors. As far as external things, there's no problem because I have no contact with anyone else, or contacts that are not conducive to sexual conduct. As far as my sexual life is concerned, that has never involved minor. As far as my fantasies, or sexual urges, at least in recent history, they've never involved minors. (And your distant history?) Not that I can remember. (So as far as your concerned, there are no warning signs...?) From a mental point of view, as far as minors are concerned. (And no high risk situations?) I have no contact with minors. (And if you were to have contact?) I wouldn't know, I can't tell you. I know I need to avoid relationships with minors. That's one of things that I need to do. Anything to do with minors like teaching or coaching is out of the question. (And in terms of contact with minors at the seminary?) Yes, but that's one of the positions that I could never take care of again, as far as their physical well being is concerned is completely out of the question. (Are there any red flags for inappropriate sexual behavior with anyone?) I suppose the baths...the word I'm looking for...like when you go around the park, what's the word...?(Cruising?) Cruising, yes. (You've done this before?) Before therapy, yes. (And these were for anonymous homosexual encounters?) Yes, that's right. (Can you recognize the thoughts, sensations, and so on, that would lead you to cruise?) I haven't had any since I began therapy, my life took a different direction, not by my own will but by the circumstances involved. I haven't had any near-misses where I was on the verge of doing this type of thing. (What about fantasies that might lead you to cruise?) They would be mostly curiosity? (What do you mean?) Curiosity to being able to come into contact with a male and see his genitals and things of that nature. The thrill of it. (What makes the thrill of it?) Doing something dangerous. (Dangerous in what way?) Well, it's against the law, cruising in public parks. (So there's no thrill in going into a gay bar?) I went into one once, a gentleman invited me to the symphony once, and afterwards we went into a gay bar and I was very uncomfortable with that....It was a foreign experience to me. (Why?) They handed out condoms. My friend accepted them but I didn't. I wasn't planning on becoming involved in any relationships.

C. Offense cycle. Fr. Cimmarusti initially declined to discuss this, saying – once again – "Canon Law says they shouldn't do it, this is not something for my superior." This said, however, he offered that

At the Seminary, it wasn't a conscious grooming, I really was concerned about their health, I was a good Informanion, I took good care of their health, I wonder if I wasn't like a doctor, like a gynecologist, he must be affected by examining women, but he doesn't have sexual contact with them, and I didn't have any sexual contact with them....Yet I enjoyed seeing their penises and I had no idea that the seminarians would have corresponding sexual reactions....Now going to the baths is completely different, going to a public restroom is a completely different sort of thing.

Psychotherapist/Patient Privilege

At this point, Fr. Cimmarusti became somewhat agitated and declared

This is for my therapist, the system is that I should be given a good therapist to work through this and my superiors should not be provided with this kind of information.... This is a bunch of shit and bombarding you with a bunch of shit and making your life hell. Why don't they do what you do with other people, it's not forever for God's sakes. The main part of this thing happened 35 years ago, what the hell. I'm imprisoned. They say they want me to be happy for some reason. Give me a break. This is my 9th year. I suppose I'm as safe as any other friar who's been in therapy, but I don't even have a chance to put it into practice.... I'm uncomfortable with minors and uncomfortable with children. I have no sexual attraction to them but I'm very uncomfortable with them. I have no opportunity to socialize. I want to go on and live my life with certain restrictions and they are too overwhelming.... I have no hopes for happiness in this life, I reserve that for the after life.

D. Thinking errors. When this topic was introduced, Fr. Cimmarusti threw back his head and laughed.

So I have to go back 35 years. There was a thinking error to think that I had the powers of a doctor that I was taking care of them, actually I was, as the Infomation. But I still satisfied my curiosity. I took upon myself that functions that were inappropriate for persons that are not a doctor... and that was certainly a thinking error, but that has nothing to do with my life today.

E. Description of offenses in detail. When this topic was introduced, Fr. Cimmarusti laughed once again and declared

That's impossible. (Why?) Well, I don't know how many times I acted inappropriately. I suppose every time I examined someone for a hernia, and those people who I inspected for poison oak, maybe I should have taken their word and just given them medicine. I never masturbated anyone or had oral sex with anyone. I doubt in my heart that I did. (And picking up men?) This has to do with minors, and this is the main criticism, it has everything that has to do with sex.

F. Situations to avoid at all costs. In this instance, Fr. Cimmarusti simply said "Avoid adolescents." He went on to explain that

I have no relationships with adolescents. I rarely talk to them. I'm in no position to do that.... (And your fantasies...?) Have nothing to do with adolescents. I don't remember ever having a fantasy about an adolescent, all my fantasies are about adults.

H. Empathy/apology letters. Fr. Cimmarusti shook his said and said

Psychotherapist/Patient Privilege

That's not possible to do that....But the idea of empathy is a very important thing. I never realized that the young men had any problems. It should have dawned on me, but it didn't. The idea of empathy is a very important thing in my case. You can hurt people by acting inappropriately toward them.

I. Statement as to why sexually inappropriate acts are wrong. Fr. Cimmarusti tersely offered "Because they harm people, such acts can cause people to suffer."

J. Statements.

1. Deviant arousal patterns.

I have, my sexual fantasies have to do with manliness, with men who look like men, who are hairy, men who are effeminate turn me off. I don't ever remember having any type of fantasy of a pre-pubescent male. That's about it.

2. Deviant sexual fantasies.

I'm turned on by seeing oral sex, just like any other homosexual would be....a man in his natural state is more pleasing me...As if there just an urge to be comfortable where men are normal and to do all the things that men should have been able to do in high school and I wasn't able to do. That's what I have strong feelings for. (So you wouldn't say that you have any deviant fantasies?) I don't think so. What do homosexuals do? If psychology says that homosexuality is abnormal, what do you do? Anal sex turns me off, slobbering turns me off (What do you mean, slobbering?) Kissing and that turns me off. Kinky sex doesn't appeal to me. All kinds of rings and God knows what, shaving turns me off.

K. Proficiency and training.

1. Anger management. Although this clearly has been a focus of our work, Fr. Cimmarusti flatly offered

I express very strong anger when I'm alone. I do not express it when I am with others

2. Stress reduction. Again, while this has been an explicit focus of our work, Fr. Cimmarusti used this to complain that

The stress is caused by my environment...by taking away some basic human rights. For example, lack of freedom.

Psychotherapist/Patient Privilege

3. Assertion training and social skills. Fr. Cimmarusti has been an active and valued member in group therapy for several years prior. One of the many issues encountered on a regular basis within this setting has been the repeated complaint that nothing he says will make any difference. This has been challenged, and in the developing relationships within the group, he has been provided with support and practice in giving appropriate voice to his views. There are indications, through his reports from several retreats that he has become a much more active and productive participant in such activities.

4. Human sexuality. Fr. Cimmarusti indicated that

I taught it for six years. I was very pleased with the results. I was very pleased that students were open with their questions.

5. Awareness of and ability to cope with depression. "That," he declared, "that is the one." This has, without question, been a concerted and continuing focus of our work. Although repeated efforts have been made to provide a number of cognitive-behavioral tools for addressing this chronically entrenched problem, Fr. Cimmarusti repeatedly sees such attempts as being futile since he feels he is simply waiting to die. As such, a good deal of our work has necessarily encompassed a more existential orientation. At this point in time, he continues to receive Effexor, which he also feels is quite useful in helping him to deal with his chronic pain issues. Although he often denies any explicit suicidal intent, there have been several instances in which he has admitted to entertaining fleeting thoughts of suicide.

The effort to address each of the aforementioned dimensions has, as can be clearly seen, proven to be a very difficult and contentious undertaking. There were repeated instances in which I worried out loud as to whether this would effectively kill our therapeutic relationship. Fr. Cimmarusti assured me that he was more angry with "That anonymous committee who doesn't even know me" (i.e., the IRT), and that he could see I was trying – futilely, in many ways – to deal with competing agendas. At one point, I asked him by what criteria he would prefer to bring to bear in gauging his progress, as well as areas that remain to be considered. He explained

I have had no sexual contact with anyone, not even close... and that's the feather in my cap, I haven't even been tempted, I've never been in a situation where I asked shall I or shall I not? (And the last time you were tempted?) That was before therapy, that was right before I entered therapy. I knew he would be the last one and that was it. It was in a bath, some nine years ago. That's why I think they should be trying to normalize my life, not having to go back and review these things four times a year, this could backfire, this could be as much a red-flag as my depression is. (How so?) Because it's so discouraging, it's humiliating, it lessens my self-image and that makes me feels like shit. That's spelt s-h-i-t.


Psychotherapist/Patient Privilege

Asked if there might be any approach that might prove to be more suitable in gauging his needs, Fr. Cimmarusti replied

I think is the right approach, he called and said 'I'm trying to affirm you.' That's what I need – this mysterious committee that's running my life and studying documents and what people say, they have no idea who I am.

While Fr. Cimmarusti has made progress in a number of critical areas, this document attests to the great work that remains. He was promised a copy of this, and in keeping with the existential approach mentioned above – particularly given a more hermeneutic approach to therapy – it will prove to be worthwhile to see his response.

Respectfully,


Larry Womian, Ph.D.

REDACTED

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

REDACTED

September 13, 2000

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Our work in this area continues. Fr. Cimmarusti lays claim to having developed an astute awareness of such signs, and there is at least some good evidence to this effect. He does point out that he has not had enough of an opportunity to fully test such awareness given the character of restrictions placed upon his activities. There is good reason to believe, however, that he has made significant progress in this area.

C. Offense cycle. Fr. Cimmarusti declares that after roughly nine years of therapy, he feels he has a full and complete understanding of his actions. However, given his repeated claim that many of his inappropriate actions occurred so long ago, there are details as to a number of such contacts that necessarily remain opaque. Under the circumstances, however, I believe that reasonably good (albeit occasionally uneven) progress has been made in coming to detail this facet of his relapse prevention program.

D. Thinking errors. While Fr. Cimmarusti claims to have a full and detailed understanding of his thinking errors, this has proven to be a difficult area to address and remediate. In part, such difficulties stem from straightforward characterological issues, while other tributary sources are found in his fairly well entrenched depression.

E. Description of offenses in detail. To the best of his ability, Fr. Cimmarusti has

Psychotherapist/Patient Privilege

offered explicit and elaborate details of his contacts with adult males. The issue of sexual contacts with others remains vague and uncertain given his repeated declaration of having no significant recall of such encounters.

F. Situations to avoid at all costs. Fr. Cimmarusti has conveyed an adequate understanding of those situations of which he is to steer well clear.

H. Empathy/apology letters. While Fr. Cimmarusti has not prepared any letters of apology. Additional work remains to be done on those issues pertaining to the consequences of his illicit sexual activities on those with whom he became involved.

I. Statement as to why sexually inappropriate acts are wrong. Although Fr. Cimmarusti lays claim to now fully appreciate the gravity of this specific dimension—along with great regret—there is reason to believe that some additional work remains to be done in considering the consequences of his behavior.

J. Statements.

1. Deviant arousal patterns. At this time, there has been little encountered which speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. At this time, there has been precious little encountered which speaks to ongoing deviant sexual fantasies.

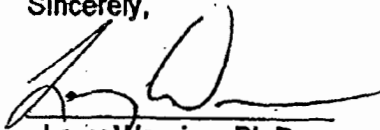
K. Proficiency and training.

1. Anger management: Our work continues to progress satisfactorily in this area.
2. Stress reduction. Again, this is an area in which our work continues apace.
3. Assertion training and social skills. While we continue to focus on this area, there have been some signs that Fr. Cimmarusti has made significant strides in this area.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. This dimension continues to be a significant focus of our work together. There have been periods in which signs of seemingly marked improvement have been punctuated by episodes of deep despair and hopelessness.

Psychotherapist/Patient Privilege

I trust that this overview of Fr. Cimmarusti's work since the last report will be adequate. If any additional information is needed, please let me know.

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE #PSY11591

OFFICE

LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE
3496 BUSKIRK AVENUE
SUITE 102
PLEASANT HILL, CA 94523
(925) 942-0733

Director of the After Care Program
P.O. Box 249
Three Rivers, CA 93271

REDACTED

September 13, 2000

Dear

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Our work in this area continues. Fr. Cimmarusti lays claim to having developed an astute awareness of such signs, and there is at least some good evidence to this effect. He does point out that he has not had enough of an opportunity to fully test such awareness given the character of restrictions placed upon his activities. There is good reason to believe, however, that he has made significant progress in this area.

C. Offense cycle. Fr. Cimmarusti declares that after roughly nine years of therapy, he feels he has a full and complete understanding of his actions. However, given his repeated claim that many of his inappropriate actions occurred so long ago, there are details as to a number of such contacts that necessarily remain opaque. Under the circumstances, however, I believe that reasonably good (albeit occasionally uneven) progress has been made in coming to detail this facet of his relapse prevention program.

D. Thinking errors. While Fr. Cimmarusti claims to have a full and detailed understanding of his thinking errors, this has proven to be a difficult area to address and remediate. In part, such difficulties stem from straightforward characterological issues, while other tributary sources are found in his fairly well entrenched depression.

Psychotherapist/Patient Privilege

E. Description of offenses in detail. To the best of his ability, Fr. Cimmarusti has offered explicit and elaborate details of his contacts with adult males. The issue of sexual contacts with others remains vague and uncertain given his repeated declaration of having no significant recall of such encounters.

F. Situations to avoid at all costs. Fr. Cimmarusti has conveyed an adequate understanding of those situations of which he is to steer well clear.

H. Empathy/apology letters. While Fr. Cimmarusti has not prepared any letters of apology. Additional work remains to be done on those issues pertaining to the consequences of his illicit sexual activities on those with whom he became involved.

I. Statement as to why sexually inappropriate acts are wrong. Although Fr. Cimmarusti lays claim to now fully fully appreciating the gravity of this specific dimension - along with great regret - there is reason to believe that some additional work remains to be done in considering the consequences of his behavior.

J. Statements.

1. Deviant arousal patterns. At this time, there has been little encountered which speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. At this time, there has been precious little encountered which speaks to ongoing deviant sexual fantasies.

K. Proficiency and training.

1. Anger management. Our work continues to progress satisfactorily in this area.
2. Stress reduction. Again, this is an area in which our work continues apace.
3. Assertion training and social skills. While we continue to focus on this area, there have been some signs that Fr. Cimmarusti has made significant strides in this area.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. This dimension

Psychotherapist/Patient Privilege

continues to be a significant focus of our work together. There have been periods in which signs of seemingly marked improvement have been punctuated by episodes of deep despair and hopelessness.

I trust that this overview of Fr. Cimmarusti's work since the last report will be adequate. If any additional information is needed, please let me know.

Sincerely,

Larry Wornian, Ph.D.

cc: Dr. Rosales

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE#PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Director of the After Care Program

P.O. Box 249

Three Rivers, CA 93271

REDACTED

December 11, 2000

Enclosed is an account of the overview of the ongoing therapeutic work with Fr. Cimmarusti. The dimensions that are considered are taken from those treatment goals that were listed in the document "Therapeutic G."

A. Authorized release of confidential information. Fr. Cimmarusti has complied with this requirement.

B. Red flags/warning signs. Fr. Cimmarusti reports that he is aware of those warning signs which speak to his being overly curious about another person's sexuality, and he believes that he has in place a way of coping with such impulses. As previously, there is reason to believe that he has made good progress in this area.

C. Offense cycle. As in the last report, Fr. Cimmarusti states that after roughly nine years of therapy, he feels he has a full and complete understanding of his actions. He has, however, been puzzled about the information that he has lately received through other channels that he is in denial. As before, there is evidence which speaks to his having made some progress in coming to adequately detail this facet of his relapse prevention program.

D. Thinking errors. Previously, I wrote

While Fr. Cimmarusti claims to have a full and detailed understanding of his thinking errors, this has proven to be a difficult area to address and remediate. In part, such difficulties stem from straightforward characterological issues, while other tributary sources are found in his fairly well entrenched depression.

This assessment remains unchanged.

E. Description of offenses in detail. As before, Fr. Cimmarusti has offered explicit

Psychotherapist/Patient Privilege

and elaborate details of his contacts with adult males. Although he chaffs at the claim of being in denial, the issue of sexual contacts with others remains uncertain given repeated statements to the effect of having no significant recall of such encounters.

F. Situations to avoid at all costs. Fr. Cimmarusti continues to convey an adequate understanding of those situations of which he is to avoid.

H. Empathy/apology letters. Fr. Cimmarusti has not prepared any letters of apology.

I. Statement as to why sexually inappropriate acts are wrong. While Fr. Cimmarusti speaks of understanding the adverse consequences of this specific dimension, we continue to address such matters.

J. Statements.

1. Deviant arousal patterns. There has been little encountered which speaks to well entrenched arousal patterns directed to under age males.
2. Deviant sexual fantasies. There is nothing which has been revealed at this point which speaks to ongoing deviant sexual fantasies.

K. Proficiency and training.

1. Anger management. Our work continues to progress satisfactorily in this area.
2. Stress reduction. This is an area in which our work continues.
3. Assertion training and social skills. Given the reports of his comportment outside of therapy, there are indications that Fr. Cimmarusti continues to consolidate the significant strides he has made in this realm.
4. Human Sexuality. This has been addressed and Fr. Cimmarusti conveys a reasonably detailed understanding and appreciation of the specifics of human sexual response.
5. Awareness of and ability to cope with depression. This dimension continues to be a significant focus of our work together. As in the past, there have been periods in which signs of seemingly marked improvement have been punctuated by episodes of deep despair and hopelessness. Fr. Cimmarusti has recently undertaken more systematic work in an effort to address this significant component of his difficulties.


If any additional information is needed, please let me know.

Psychotherapist/Patient Privilege

Fr. Mario Cimmarusti

Page 3

Sincerely,


Larry Wornian, Ph.D.

cc: Dr. Rosales