




THE
INSTITUTE
OF
LIVING

DATE: February , 1993
RE: Berard Connolly
TO: [REDACTED]

IN RESPONSE TO YOUR REQUEST FOR MEDICAL INFORMATION CONCERNING THE ABOVE NAMED PATIENT:

- ☒ Please see the enclosed information as per your request.
- ☐ We require the patient's authorization on the enclosed form. Please return this form, the completed authorization and the original request letter when resubmitting the request.
- ☐ An original authorization is required. A copy is not acceptable.
- ☐ The authorization must specify the Institute of Living as the facility releasing the information and note that medical, psychiatric, HIV/AIDS, drug or alcohol abuse information may be released.
- ☐ Parent/Guardian signature required as patient is under 16 years of age.
- ☐ Patient's signature required as patient is 16 years of age or older.
- ☐ Signature of the patient's next of kin and a copy of the patient's death certificate is required.
- ☐ In order to process your request we will need further identifying information on this patient:
- ☐ Date of Birth
 - ☐ Dates and type of treatment
 - ☐ Maiden name or alias
- ☐ We have no record of treatment for this patient.
- ☐ The record is presently incomplete. All requested information will be forwarded to you upon completion.
- ☐ Your records have been requested by _____. If you have no objection to our releasing this information to the above named party, please complete the enclosed form and return it to us as soon as possible.
- ☐ Prepayment is required. Please submit a check in the amount of _____ made payable to the INSTITUTE OF LIVING and mail it to the Medical Record Department.
- ☐ Other:


Joanne Saari
Correspondence Section
Medical Record Department (203) 241-6940

400 Washington Street Hartford, Connecticut 06106 (203) 241-8000

OFM CONN 1 0708



THE
INSTITUTE
OF
LIVING

January 6, 1993

[REDACTED]

Dear Father [REDACTED]

This letter is to confirm what was said in our meeting of 12/15/92.

As we had discussed, Brother Berard was involved in a wide range of groups, both at The Barnard House and in the Professional Day Treatment Center.

Although he was initially upset at the prospect of being here, and the length of stay needed to do a complete evaluation, he was always cooperative and appropriate.

He was seen two times per week by Dr. Les Lothstein, Ph.D., for both a sexological evaluation and individual therapy. Father Jack Kiely saw him for spiritual counseling.

He had a complete physical examination with blood work, chest X-ray, and electrocardiogram, with no new significant medical problems found. He had a consultation with Dr. Mullany, M.D., and was placed on 2.5 milligrams of Micronase daily to control his diabetes.

Brother Berard also had an electroencephalogram which was essentially normal and neuropsychological testing which revealed some mild to moderate frontal dysfunction. I believe Dr. Lothstein reviewed the implications of this finding with you during our meeting.

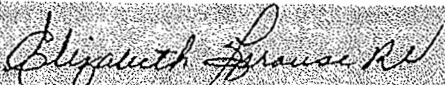
Through the process of the whole evaluation, we were given the information necessary to make the following recommendations.

 Re: Br. B. Connolly 01/06/93 -2

We recommend further weekly outpatient therapy with a therapist to be recommended and contacted by Dr. Les Lothstein. A support group also is suggested, but one that fits within the parameters already agreed upon by yourself and Dr. Lothstein. This group would best be recommended by the therapist in your area. Supervision and spiritual counseling are also suggested.

Thank you for the opportunity to work with Brother Berard. If we can be of any further service, please feel free to call us. Also, I want to thank you personally for your patience with us as we attempted to set up our conference call.

Sincerely,


Elizabeth Sprouse, R.N.
Case Manager

cc: Father J. Kiely
Theodore F. Mucha, M.D.

ES 072905: mhc 8090



THE
INSTITUTE
OF
LIVING

DATE: October , , 1992
RE: Berard Connolly
TO: [REDACTED]

IN RESPONSE TO YOUR REQUEST FOR MEDICAL INFORMATION CONCERNING THE ABOVE NAMED PATIENT:

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- ☐ Other:


Joanne Saari
Correspondence Section
Medical Record Department (203) 241-6940

400 Washington Street Hartford, Connecticut 06106 (203) 241-8000

OFM CONN 1 0711

THE INSTITUTE OF LIVING
400 WASHINGTON STREET
HARTFORD, CONNECTICUT 06106

AUTHORIZATION TO RELEASE INFORMATION

Name of Patient Bernard Connolly Date of Birth 2/26/28

I hereby authorize THE INSTITUTE OF LIVING to release medical, psychiatric, HIV/AIDS, drug or alcohol abuse records and communications to:

[REDACTED]

for the purpose of (please check one)

☐ Insurance Claims

☐ Legal Representation

☐ Continuing Care

☐ Other (explain)

☐ Determining Eligibility for disability benefits

This authorizes disclosure of the following information:

☐ Admission Notification Letter

☐ Laboratory Reports

☐ Admission Assessment

☒ Discharge Summary

☐ Physical

☒ Discharge Letter

☐ Progress Notes/TPR's

☐ Other (specify)

☒ Verbal Communication

Date: 7/28/92

Signed: Bernard Connolly
(patient, next of kin, guardian or executor, as appropriate)

Witness: [Signature]

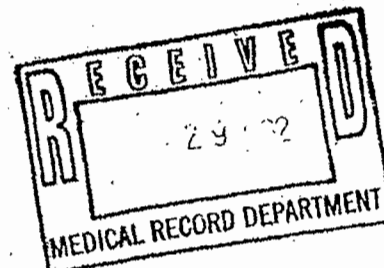
I understand that refusal to grant consent will in no way jeopardize the right to obtain present or future treatment except where disclosure of such communications and records is necessary for treatment. Consent may be withdrawn at any future time in writing addressed to the Psychiatrist-in-Chief. Withdrawal of consent shall in no way affect communications or records disclosed prior to notice of such withdrawal. I understand the reasonable benefits and disadvantages of my decision concerning release of the information specified above.

Unless withdrawn, this authorization will expire one year from the date of signature.

☐ File

☐ Send

AUTH:
Revised 4/2/91



THE INSTITUTE OF LIVING
400 WASHINGTON STREET
HARTFORD, CONNECTICUT 06106

AUTHORIZATION TO RELEASE INFORMATION

Name of Patient Bernard Connelly Date of Birth 2/26/28

I hereby authorize THE INSTITUTE OF LIVING to release medical, psychiatric, HIV/AIDS, drug or alcohol abuse records and communications to:

for the purpose of (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Insurance Claims | <input type="checkbox"/> Legal Representation |
| <input type="checkbox"/> Continuing Care | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Determining Eligibility for disability benefits | |

This authorizes disclosure of the following information:

- | | |
|--|---|
| <input type="checkbox"/> Admission Notification Letter | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Admission Assessment | <input checked="" type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Physical | <input checked="" type="checkbox"/> Discharge Letter |
| <input type="checkbox"/> Progress Notes/TPR's | <input type="checkbox"/> Other (specify) |
| <input checked="" type="checkbox"/> Verbal Communication | |

Date: 7/28/92 Signed: Bernard Connelly
(patient, next of kin, guardian or executor, as appropriate)
Witness: [Signature]

I understand that refusal to grant consent will in no way jeopardize the right to obtain present or future treatment except where disclosure of such communications and records is necessary for treatment. Consent may be withdrawn at any future time in writing addressed to the Psychiatrist-in-Chief. Withdrawal of consent shall in no way affect communications or records disclosed prior to notice of such withdrawal. I understand the reasonable benefits and disadvantages of my decision concerning release of the information specified above.

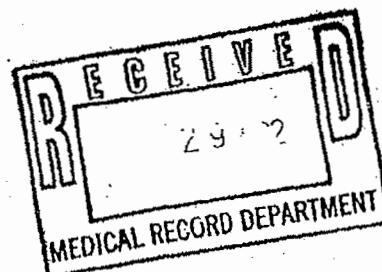
Unless withdrawn, this authorization will expire one year from the date of signature.

☐ File

☐ Send

DS & SDS mailed
10-7-92

AUTH:
Revised 4/2/91



INSTITUTE HEALTH CARE, INC.

EXHIBIT A

FINANCIAL CONTRACT

Name of Resident Gerard Connolly

Name and address of Financially Responsible Party

[REDACTED]

In consideration of the admission of the above-named Resident into the program, the undersigned Resident and Financially Responsible Party hereby agree to pay in full the program fee of \$ 110.00 per day, which fee is subject to change at any time with notice to the Resident and Financially Responsible Party. Such fee shall be due and payable monthly, and payment shall be due on the first day of the month unless other arrangements have been made with the Program Staff.

The said fee includes:

- (1) Room
- (2) Board, consisting of all utilities, local telephone service, and the costs of food
- (3) Supervision, guidance, and counseling provided to the Resident as described in the Program Description attached to the Resident's Contract.

A bill will be sent to the Financially Responsible Party at the above address.

It is understood and agreed that the Resident and the Financially Responsible Party are each individually responsible and liable, jointly and severally, for payment of the program fees and for each and every additional financial obligation set forth in this Agreement and in the Resident's Contract.

FINANCIAL CONTRACT

Page 2

If there is a default in the obligations of this Financial Contract, the Financially Responsible Party and Resident also will be liable for all costs of collection including reasonable attorneys fees.

The Program reserves the right to charge a late fee for overdue accounts, and, subject to applicable law, the Financially Responsible Party and Resident agree to pay the Program interest at the prevailing rate on the full amount that becomes ninety (90) or more days overdue.

Fines may be imposed for the following:

- (a) Loss of key
- (b) False alarm setting
- (c) Abuse or destruction of property
- (d) Other _____

Payment of a program deposit is required in advance in the amount of \$ 3300. This fee shall be held to assure the performance of the Resident's obligations under the Resident's Contract and this agreement and shall be applied to any outstanding fees or debts due and owing to IHC and/or IOL D.A. Account upon the termination of the Resident's participation in the Program, with any amount remaining thereafter to be refunded to the Resident or the Financially Responsible Party as appropriate:

- a. If hospitalization is required after a Resident has moved into the Program residence, then the Resident and Financially Responsible Party may be offered the opportunity to reserve the Resident's bed by continuing to pay the applicable program fees. This option to reserve the bed will be available only if, in the sole judgment of the Program Staff, it would be in the Resident's best interests to return to the Program residence. Further, Program Staff reserve the right to refuse to hold a bed for a hospitalized Resident. The Financially Responsible Party has the option of surrendering the bed by so notifying the Program Staff that the Financially Responsible Party does not wish to accept responsibility for program fees while the Resident is hospitalized. At the time such notice is given, and the premises are vacated as required in item (b) below, charges will cease and the bed will be made available to other residents.
- b. Upon discharge from the Program, it is the Resident's responsibility to return his/her keys and to vacate the premises by removing all personal property. Charges will be continued until the premises are so vacated. In the event that the discharged Resident does not remove his/her personal property within a reasonable time period and there is need for the bed, Program Staff reserve the right to remove or have removed by a professional moving and storage company such personal property from the premises, with the Resident and Financially Responsible Party responsible for any and all moving and storage charges.

FINANCIAL CONTRACT

Page 4

Once the premises are thus free and clear of the Resident's personal property, program fees will cease. The Program reserves the right to sell or destroy personal property not claimed within ninety (90) days.

c. If, in the event of a casualty, taking by eminent domain, or for other reasons, the Resident's bed is no longer available, program fees will be suspended until a substitute bed is made available.

We have read, understand, and agree to the terms of this Financial Contract.

Date: _____

Resident

Date: between 7 1992

Financially Responsible Party

Date: _____

Program Staff

Revised 3/90



February 6, 1990

Dear [REDACTED]

This is a bill for the two hour session that I had with [REDACTED] and [REDACTED] on February 1, 1990. [REDACTED] indicated that I send the bill to you. We had a very fine session. Thank you for asking him to talk with us.

Sincerely,

Sr Catherine Beckley, msw
Sr. Catherine Beckley, M.S.W.
Therapist

1016 North Superior • Spokane, Washington 99202 • (509) 483-6495



FILE COPY

Province of St. Barbara

FRANCISCAN FRIARS

1500 34th Avenue Oakland California 94601 (415)536-3722 Fax (415)536-3970

Sr. Catherine Beckley, MSW
St. Joseph Family Center
1016 N. Superior
Spokane, WA 99202

February 20, 1990

Dear Sr. Catherine:

Peace and all good!

Thank you very much for sending me notice of the meeting which you had with [REDACTED] of Feb. 1, 1990. I would be glad to reimburse you for the cost of it except there was no bill enclosed. If you could inform me as to the cost, I would be more than willing to send you a check.

I would ask you, when you do send the bill to me, to mark the outside of the envelope "personal and confidential." This type of information comes only to myself. Thanks very much for your attention to this. I'm glad the meeting with [REDACTED] went well. I appreciate all the effort that you're putting into this.

Sincerely,

[REDACTED]

[REDACTED]

CLINICAL NOTES

Patient: Brother Berard W. Connolly

Unit No. 072905

Date of Admission: September 29, 1992

Date of Discharge: December 30, 1992

DISCHARGE SUMMARY

CHIEF COMPLAINT AND REASONS FOR ADMISSION:

Berard W. Connolly, a 64-year-old, single, Franciscan Brother, was admitted to The Institute of Living Professional Day Treatment Program on September 29, 1992, after a brief inpatient stay on The Institute's Donnelly II South, where he had been admitted on September 21, 1992, due to severe symptoms of depression. The patient's depressive symptoms had begun two and a half years earlier with the disclosure that he had molested a 14-year-old girl while serving in her parish thirty years ago. His depressive symptoms had recently increased and been accompanied by suicidal ideation, leading to his hospitalization at The Institute.

COURSE IN PARTIAL HOSPITALIZATION:

Brother Berard was admitted to The Professional Day Treatment Center on September 29, 1992, for further evaluation and exploration of depressive symptoms and sexual issues. He attended the Professional Program five times per week while residing at The Institute of Living's Barnard House. During his stay in the Professional Program, Brother Berard actively participated in a wide variety of multifaceted therapeutic groups. The foci of much of his group work were self-esteem, self-exploration, and impulse control.

Throughout his partial hospitalization, Brother Berard was seen twice weekly by Leslie Lothstein, Ph.D., for individual psychotherapy as well as psychosexual consultation. This consultation indicated that Brother Berard had no sexual desire for small children, and that he had "periodically acted out impulsively and without good judgment". It also indicated that he had a "real need for intimacy" but did "not know how to get close to another person".

An electroencephalogram was done, and was within normal limits. A neuropsychological consultation was also completed. This consultation showed a profile "indicative of mild to moderate frontal dysfunction in the context of very good verbal abilities". In the view of the examining neuropsychologist, it is "probable that these [areas of mild dysfunction] represent long-standing cognitive inefficiencies which may have also contributed to maladaptive aspects of the patient's personality".

Brother Berard had received a complete physical evaluation during his stay on The Institute's Inpatient Service, which had revealed a history of hypertension, arthritis of the right knee (with surgery), and adult-onset diabetes mellitus. The patient also has a history of skin cancers, which have been removed periodically.

CLINICAL NOTES

Patient: Brother Berard W. Connolly

Unit No. 072905

DISCHARGE SUMMARY

- 2

December 30, 1992

Course in Partial Hospitalization (continued):

Throughout his stay in the Professional Day Treatment Program, Brother Berard's diabetes was monitored by our Medical Services Unit's Lawrence Millany, M.D., and controlled with Micronase, 2.5 mg. daily. Other medications included Prozac, 20 mg. daily; Dyazide, 1 capsule daily; valproic acid, 250 mg. twice a day; and ibuprofen, 400 mg. four times daily p.r.n. for arthritis pain.

On December 10, 1992, a telephone conference call was made to Brother Berard's Superior, [REDACTED] with the patient; the primary psychotherapist, Dr. Leslie Lothstein; the Director of The Institute of Living's Pastoral Services, Father John Kiely; as well as the patient's case managers from both Barnard House and The Professional Day Treatment Center. Brother Berard's progress in treatment was discussed, and a future meeting was set up to discuss discharge plans.

POST-HOSPITAL TREATMENT PLAN:

Father [REDACTED], Dr. Lothstein, Father Kiely, the case managers from both Barnard House and The Professional Day Treatment Center, and Brother Berard met on December 15, 1992. At this time, results of testing, the findings of consultations, and discharge plans were discussed. It was recommended, and agreed upon, that the patient continue weekly individual psychotherapy after returning to his Mission in California. Supervision, as well as spiritual counseling, were also recommended. The patient will be assigned to a Retreat House in San Juan Baptista, California, and Dr. Lothstein will make arrangements for a psychotherapist in that area, with the possibility of an appropriate group if identified.

Instructions to the patient. Brother Berard may continue his normative exercise schedule after discharge. It will be essential for him to continue to follow a diabetic diet, and to continue on his medication regimen, which includes:

Prozac, 20 mg. daily;
valproic acid, 250 mg. twice daily;
Micronase, 2.5 mg. daily; and
ibuprofen, 400 mg. p.r.n. for arthritic knee pain.

CONDITION ON DISCHARGE:

Much Improved: At the time of discharge, the patient denied suicidal ideation, showed a marked increase in concentration, and reported at least seven hours of sleep per night. He also recognized the need to be more vigilant in those areas of his life which could lead to poor impulse control and inappropriate behavior. His affect was within normal range, and his socialization had improved to a comfortable, spontaneous level.

CLINICAL NOTES

Patient: Brother Berard W. Connolly

Unit No. 072905

DISCHARGE SUMMARY

- 3

December 30, 1992

DISCHARGE DIAGNOSES:

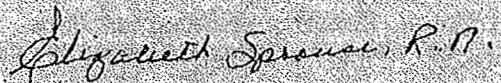
Axis I: 296.22 Major Depression, Single Episode, Moderate.
302.90 Sexual Disorder, Not Otherwise Specified.


Axis II: 301.90 Personality Disorder, Not Otherwise Specified.

Axis III: 250.00 Diabetes Mellitus, Adult Onset.
716.9 Arthritis of the Right Knee.

Axis IV: Severity of Psychosocial Stressors - 2, mild.

Axis V: Current Global Assessment of Functioning - 80.
GAF at the time of admission - 50.
Highest sustained level of GAF during the past year -65.


Elizabeth E. Sprouse, R.N.
Case Manager


Theodore F. Mucha, M.D.
Program Psychiatrist

Dictated January 5, 1993/////Transcribed January 11, 1993/////EES/ym [8127]

CLINICAL NOTES

Patient: Father Berard W. Connolly

Unit No. 072905

ADMISSION DATE: September 17, 1992

DISCHARGE DATE: September 28, 1992

DISCHARGE SUMMARY

CHIEF COMPLAINT AND REASONS FOR ADMISSION

Father Connolly was admitted to The Institute of Living as a voluntary patient on September 17, 1992. The patient was referred to The Institute of Living by the Franciscan order counseling staff due to symptoms of presenting depression and associated self-destructive ideation. The patient also presented with significant neurovegetative symptoms.

HOSPITAL COURSE

Father Connolly was behaviorally stable, treatment responsive, and motivated to work through the presenting depressive features. The patient was assessed by The Institute of Living impaired professional and clergy staff during the early stages of clinical intervention on Donnelly 2 South. The patient's treatment process was integrated between Donnelly 2 South and the impaired professional - clergy program in a constructive mode. Father Connolly was scheduled for individual therapy sessions, agenda group, relapse prevention group, medication group, work issues group, leisure resource planning group, expressive media group, and relaxation group. The patient specified long-term core sexual anxiety stress themes as primary correlates for the recent clinical regression. The patient addressed alleged sexual acting out and possible abuse themes vis-à-vis males and females with reasonable effect during the hospitalization. It should be noted that this patient presents with significant splitting in terms of cognitive - affective processes; the patient will, therefore, require extensive and in-depth psychotherapy interventions with medication support in order to reduce the risk for sexual acting out in the future. The patient does, however, present a capacity for reasonable clinical growth within a multimodal treatment process over time; it is possible that the patient's risks for sexual acting out can be substantially reduced in the future as a function of long-term clinical interventions. The patient was motivated to pursue ongoing hospital-based therapies for a four to six week time frame at The Institute of Living post discharge. The patient reflected effective concentration and decision-making processes regarding interpersonal, professional, and post discharge treatment themes. The patient's

CLINICAL NOTES

Patient: Father Berard W. Connolly

Unit No. 072905

DISCHARGE SUMMARY - 2

September 28, 1992

HOSPITAL COURSE (Continued)

interpersonal and leisure skills were within functional limits during the hospitalization.

POST HOSPITAL TREATMENT PLANS

The patient will pursue intensive hospital-based therapies within The Institute of Living impaired professional - clergy program post discharge. The patient will be formally admitted to The Institute of Living impaired professional - clergy program on September 29, 1992. The patient will benefit from ongoing consultations with Ann MacGillis, M.S.N. regarding infectious disease themes. The patient will resume individual therapy with Gary Decker, Ph.D. in Phoenix, Arizona subsequent to the completion of The Institute of Living impaired clergy treatment format.

Instructions to the patient: The patient may resume a normative exercise schedule post discharge. The patient was discharged on the following medications: Prozac, 20 mgs. qd, valproic acid, 250 mgs. b.i.d. and Micronase, 2.5 mgs. qd. It will be essential for this patient to follow a diabetic diet post discharge.

CONDITION ON DISCHARGE

The patient was discharged in a much improved clinical condition as evidenced by the notable reduction of presenting depressive features and associated self-destructive risks. The patient's neurovegetative symptoms remitted with good effect. The patient demonstrated effective concentration, motivation, and decision-making processes regarding post discharge treatment needs.

DISCHARGE DIAGNOSIS

AXIS I: 296.21 Major depression, single episode, mild without
psychotic features
302.90 Sexual disorder, NOS
AXIS II: 301.90 Personality disorder, NOS
AXIS III: 260.0 Diabetes
719.46 Episodic right knee pain due to arthritis
AXIS IV: #2 - Mild

CLINICAL NOTES

Patient: Father Berard W. Connolly

Unit No. 072905

DISCHARGE SUMMARY - 3

September 28, 1992

DISCHARGE DIAGNOSIS (Continued)

AXIS V: Current GAF: 55
Highest GAF in Past Year: 65

D. Charles Carr
L. Charles Carr, Ph.D.

Theodore F. Mucha
Theodore F. Mucha, M.D.

Dictated: 9/28/92
Transcribed: 9/29/92

js:5545

CLINICAL NOTES

Patient: Father Berard Connolly

Unit No. 072905

ADMISSION DATE: September 17, 1992

DISCHARGE DATE: September 28, 1992

SUPERVISORY DISCHARGE SUMMARY

Father Connolly was referred to The Institute of Living due to symptoms of depression and associated suicidal ideation. On admission the patient was placed on Donnelly 2 South on intensive care with 15-minute checks and begun on the following medication: Prozac, 20 mgs. one per day 9 a.m., Dyazide capsule, 1 per day by mouth and ibuprofen, 400 mgs. four times daily p.o. for knee pain, and during his hospitalization the patient was started on Micronase, 2.5 mgs. per day by Dr. Mullany for diabetic control and also because the patient has a variable mood, was started on valproic acid, 250 mgs. twice daily as a mood stabilizer.

Physical examination revealed history of hypertension, arthritic right knee with surgery and adult onset diabetes mellitus previously treated with Glucotrol which he stopped on his own. The patient also has a history of skin cancers removed periodically and stated that he had herpes zoster the previous year.

Physical examination was relatively normal. The patient wears glasses. In the right knee there is limitation of movement and prostate was soft on inspection. Nervous system appeared to be relatively intact. In regards to laboratory studies the patient's SMAC 24 was within normal limits except for elevated blood glucose to 89. Triglycerides were increased 6.83 normal high being 1.90. Total bilirubin was increased to 1.3 normal high being 1.2. Iron was also elevated 212 normal high being 160 and GGT was elevated at 95 normal high being 60. Urinalysis was entirely within normal except for a small amount of acetone and 5% glucose. The patient had an electroencephalogram which was read: This electroencephalogram is within normal limits for an awake and predominantly drowsy patient. Electrocardiogram was described as normal electrocardiogram and chest x-ray was entirely normal. The patient had a consultation with Dr. Mullany who prescribed Micronase, 2.5 mgs. per day to control his diabetes and also had a consultation with Dr. Lothstein in regards to sexual issues. The patient made good progress while in the hospital with a definite decrease in his depression and stabilization of his mood. He was, therefore, discharged on September 28, 1992 on the following medication: Prozac, 20 mgs. 9 a.m., valproic acid, 250 mgs. twice daily, Micronase, 2.5 mgs. at 9 a.m. Recommend he be on a diabetic diet and that he be on a regular exercise program. The

THE INSTITUTE OF LIVING
FOUNDED 1822
HARTFORD, CONNECTICUT 06101

CLINICAL NOTES

Patient: Father Berard Connolly

Unit No. 072905

SUPERVISORY DISCHARGE SUMMARY - 2

September 28, 1992

patient will continue in The Institute of Living Professional Day Treatment Program and reside at the Barnard House.


Theodore F. Mucha, M.D.

Dictated: 9/28/92
Transcribed: 9/29/92

js:5568

Gary L. Decker, Ph.D.
Psychologist

10640 N. 28th Drive
Suite C205

Phoenix, Arizona
85029

602.375.9367

PSYCHOLOGICAL EVALUATION

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

NAME: Berard Connolly
DATE OF BIRTH: 2/26/28
AGE: 62 years
SEX: Male
ETHNICITY: Anglo/Caucasian
PRIMARY LANGUAGE: English
REFERRAL AGENT: [REDACTED]
DATE OF EVALUATION: 3/19/90
EXAMINER: Gary L. Decker, Ph.D.
Psychologist

REASON FOR EVALUATION

A comprehensive psychological evaluation was requested in order to assess Mr. Connolly's current intellectual, emotional and personality functioning. Specific questions in regards to needs for psychological intervention were also posed.

ASSESSMENT PROCEDURES

Wechsler Adult Intelligence Scale-Revised (WAIS-R)
Minnesota Multiphasic Personality Inventory (MMPI)
Incomplete Sentences Blank (ISB) - Adult Form
Clinical Interview
Consultation with [REDACTED]

BACKGROUND INFORMATION

Reportedly Mr. Connolly had sexual contact in the form of fondling with an adolescent female. This occurred between the years of 1968 and 1973. The victim reportedly was between the ages of 12 1/2 and 17 at that time.

PSYCHOLOGICAL FINDINGS

Observational Assessment. Mr. Connolly was cooperative during the testing and interview. Mr. Connolly was very open in discussing what had occurred with the adolescent female. Mr. Connolly also provided a great deal of information in regards to his own psychosocial development. Mr. Connolly's affect at times was extremely depressed and he gave the impression of being genuinely remorseful

about what had occurred.

Intellectual Assessment. The Wechsler Adult Intelligence Scale-Revised (WAIS-R) was administered as a measure of general intellectual functioning and problem solving ability. Mr. Connolly's Verbal I.Q. is 114 which falls in the high average or bright normal range. The Verbal I.Q. places Mr. Connolly at the 83rd percentile for his same age peers. Mr. Connolly's Performance or nonverbal I.Q. is 109 which is at the upper end of the average range and places Mr. Connolly at the 73rd percentile in this area. Overall, Mr. Connolly functions intellectually with an I.Q. of 113 which is at the 81st percentile and also places Mr. Connolly in the high average or bright normal range. The discrepancy between the Verbal and Performance I.Q.'s is not significant. The scatter among the subtests indicates very superior ability in expressive vocabulary and fund of social knowledge. Mr. Connolly is therefore seen to be an individual who possesses an ability to intellectually remove himself at times from emotional feelings or difficult situations. Mr. Connolly's major defense mechanism is most likely seen to be rationalization. The high score on the Vocabulary subtest also indicates very superior intellectual potential. Individuals with a similar profile of subtests are often rigid in their thinking and somewhat overly linear in regards to their understanding of causality. Average performance was found in the areas of: fund of general information, immediate auditory recall, verbal concept formation, alertness to essential detail, perceptual motor planning and perceptual motor manipulation. Low average to average ability was found in nonverbal or interpersonal planning. Low average ability was found in intermediate memory for computing arithmetic problems and psychomotor speed in learning a clerical task. The relative deficit scores most likely are indicative of anxiety that Mr. Connolly was experiencing at the time of the testing that would interfere with psychomotor speed and also auditory processing. Mr. Connolly's interpersonal judgment also is seen to be less developed than his overall verbal intellectual skills. In other words, Mr. Connolly at times may be able to theoretically discuss interpersonal problems or situations although his judgment at times is not at the same level of functioning. Mr. Connolly's interpersonal functioning is not seen to be significantly below average, but falls at the low end of the average range. In other words, Mr. Connolly at times may behave somewhat awkwardly interpersonally and later be able to verbally understand an error in his behavior. Mr. Connolly's high level of verbal functioning most likely also does result in obsessive-compulsive thinking at times and also excessive rumination.

Social/Emotional Assessment. Berard Connolly is a 62 year old Anglo/Caucasian male appearing to be approximately 10 years younger than his stated age. Mr. Connolly was oriented in all three spheres and there was no evidence of psychosis, delusional thinking or a major thought disorder. Mr. Connolly's affect was flat and at times he was somewhat tearful in discussing the sexual contact he had with the adolescent female. Mr. Connolly denied a history of ever being arrested or having any major traffic violations such as a D.W.I. or

driving while intoxicated charge. According to Mr. Connolly he drinks very seldom and perhaps only once or twice per year. Mr. Connolly denied any use of drugs. Mr. Connolly stated that due to his current guilt about what has been revealed, he has thought of suicide although he has no plans or intentions in this area.

Mr. Connolly was born in San Francisco, California and graduated from high school in 1945. Mr. Connolly also completed one year of college at Spokane Falls Community College where he was studying English. According to Mr. Connolly he began with the Franciscans as a Brother when he was 17 years of age. Mr. Connolly stated that he had completed high school at that point in time. Initially Mr. Connolly was doing farm and domestic work. According to Mr. Connolly he came into the Order with the career plan of becoming a plumber. Mr. Connolly has never left the Order. Currently he is working on the San Xavier Mission writing for the Province. Mr. Connolly edits the newsletter and also does a lot of visitation with the old Native Americans who live around the mission. Mr. Connolly stated that he is helping to build the community there.

According to Mr. Connolly he was raised primarily by his mother and a stepfather. Mr. Connolly stated that his natural parents divorced when he was five or six years of age. According to Mr. Connolly he never referred to his stepfather as dad. In Mr. Connolly's family of origin, his mother drank alcohol a great deal and his natural father was an alcoholic. According to Mr. Connolly his stepfather had been arrested for molestation of a neighbor girl. Mr. Connolly has a sister 12 years younger than himself. According to Mr. Connolly his sister was hospitalized for emotional problems after her husband had committed suicide. According to Mr. Connolly he, himself, was somewhat physically abused as a child. Mr. Connolly denied that there was ever any sexual abuse or incest in his family of origin that he was aware of. According to Mr. Connolly he has "blocked out" a lot of what occurred in his childhood. He felt that he was motivated to complete tasks by being yelled at. Punishment usually involved his being hit with a newspaper or being locked in his room. According to Mr. Connolly, when his parents were angry they would throw things at him and there was some violence in his family. According to Mr. Connolly he had a great deal of anger towards his stepfather. Mr. Connolly stated that he, himself, had never been sexually abused as a child.

According to Mr. Connolly he has never been married and he has taken a vow of celibacy. Mr. Connolly stated that he has had some sexual contact which he has discussed with members of the Province. Mr. Connolly stated that for approximately a 10 year period of his life when he was in his 20's and 30's, he had had a number of homosexual experiences. Mr. Connolly stated that his first sexual experience with a woman was with the victim. Mr. Connolly was in his 40's at that time. This contact reportedly included fondling and Mr. Connolly masturbating the victim on less than 5 occasions. The fondling reportedly occurred on approximately 10 occasions. Mr. Connolly

reported that his involvement with this female was in the role of his being a counselor to her and her family. Mr. Connolly stated that this girl was victimized in her family physically and possibly sexually. Initially Mr. Connolly observed the victim without her clothes because he was inspecting bruises that she allegedly sustained as a result of physical abuse. Mr. Connolly was also aware of the fact that this female was very sexually promiscuous, and on one occasion he was aware of the fact that she had been injured following her being voluntarily involved in sexual contact with several males on one occasion. Mr. Connolly stated that after that encounter with the adolescent, he had a sexual relationship with an adult woman. According to Mr. Connolly he has never had sex with an individual under the age of 18 except for the victim.

According to Mr. Connolly his first sexual contact was when he was nine years of age when his 13 year old male cousin had fondled Mr. Connolly's penis. Mr. Connolly also remembered an experience when he was eight or nine years of age when his intoxicated aunt placed her bare breasts on the kitchen table in front of him.

According to Mr. Connolly he feels angry when he observes property being destroyed or vandalism. What he does at those times is to "blow up" or start yelling. Mr. Connolly states that he feels sad when people are good to him and what he does at those times is to cry. Mr. Connolly feels happy when he is around people who are happy.

Mr. Connolly stated that he very much enjoys and feels a sense of peace and harmony being a Brother in the Franciscan Province. Mr. Connolly states that he feels a great deal of guilt in regards to what occurred because he feels that in many ways he had "let other people down." Mr. Connolly also stated that frequently he has been moved to tears by the kindness of individuals who were aware of what had occurred and responded to Mr. Connolly in a very compassionate manner.

The Minnesota Multiphasic Personality Inventory (MMPI) was administered as an actuarial or predictive measure of emotional and personality functioning. The configuration of the validity scales indicates a valid clinical scale profile. It is also predicted that current stresses that Mr. Connolly is experiencing are greater than his coping skills. In regards to the clinical scales, there are several elevations primarily in the area of depression and anxiety. These elevations are seen to be reactive to the current situation. Other characteristics include somatization and social introversion. Severe psychopathology is not predicted at this time. These elevations are seen to be an anxious and depressive response to a current situation. Most likely an administration of this test in approximately two months would result in a markedly different profile. In regards to the special scales, anxiety is elevated into the critical range. It is also predicted that Mr. Connolly frequently uses repression of his feelings to cope with situations. Mr. Connolly's ego strength or self-confidence is seen to be extremely low.

Themes from the projective testing include Mr. Connolly having feelings of helplessness due to the current situation. Mr. Connolly has in some ways experienced a loss of power or prestige due to what has been reported. Mr. Connolly also feels a great deal of guilt and shame in regards to what happened. Mr. Connolly feels as though he has failed the individuals in his community. According to Mr. Connolly, as a child he was extremely shy, bashful and suffered from very low self-esteem.

DIAGNOSTIC IMPRESSIONS (DSM III-R)

- Axis I 309.28 Adjustment Disorder with Mixed Emotional Features (principal diagnosis). Mr. Connolly is currently experiencing a great deal of anxiety and depression due to the revelation of his having fondled an adolescent female approximately 15 to 20 years ago.
- 302.90 Paraphilia Not Otherwise Specified (NOS), by history. Mr. Connolly reportedly had fondled an adolescent female approximately 15 to 20 years ago. This was seen to be reflective of Mr. Connolly's low self-esteem and lack of psychosocial development as opposed to a chronic pattern of an inappropriate expression of sexual feelings or impulses.
- Axis II V71.09 No Diagnosis or Condition on Axis II.
- Axis III Physical disorders and conditions:
 None reported
- Axis IV Severity of psychosocial stressors: revelation and report of Mr. Connolly having fondled an adolescent female; severity: 5-extreme
- Axis V Global assessment of functioning (GAF scale): 70; moderate to severe symptoms at this time in reaction to major psychosocial stressors. Except for this situation, Mr. Connolly is seen to function with minimal symptoms and in general responds appropriately to psychological stressors.

SUMMARY, IMPRESSIONS AND RECOMMENDATIONS

Berard Connolly is a 62 year old Anglo/Caucasian male evaluated psychologically in order to assess his current level of intellectual, emotional and personality functioning. Mr. Connolly reportedly fondled an adolescent female over approximately a five year period. Mr. Connolly at that time was in the role of counselor to the client and her family.

According to Mr. Connolly he was raised in a somewhat dysfunctional family with his parents being divorced when he was five or six years of age. Mr. Connolly had minimal contact with his natural father after that point in time and his natural father reportedly was alcoholic. Mr. Connolly did not have a positive ongoing relationship with his stepfather who is seen to be somewhat physically abusive. In addition, his stepfather was arrested for sexual contact with a nine year old girl during the period of time when Mr. Connolly was living with his mother and stepfather. Mr. Connolly has been a Brother in the Franciscan Order or Province since he was 17 years of age.

The current testing results indicates that Mr. Connolly functions in the high average range. Mr. Connolly's expressive verbal skills are extremely developed. Most likely due to the relatively high development of his verbal skills, he often rationalizes his behavior and also does not truly appreciate his emotions or feelings. In addition, Mr. Connolly's verbal skill development most likely results in somewhat obsessive-compulsive personality characteristics with Mr. Connolly being at times extremely critical of himself and his behavior. Mr. Connolly's interpersonal judgment most likely is not the same level of his ability to analyze or criticize situations. Therefore, Mr. Connolly most likely at times responds somewhat naively interpersonally and later often berates himself excessively. Emotionally Mr. Connolly is experiencing a great deal of anxiety and depression secondary to the revelation of the fondling. These symptoms are seen to be transient. Mr. Connolly does have ongoing low self-esteem which most likely is a result of emotional deprivation that he experienced as a child.

The sexual incident is seen to be secondary to a lack of psychosocial development that Mr. Connolly experienced. Mr. Connolly's sexual experimentation with the adolescent female most likely in some ways represented Mr. Connolly experimenting as if he, himself, were also an adolescent. The sexual contact did not include intercourse or an orgasm on Mr. Connolly's part. The contact appeared to be exploratory. Mr. Connolly denied any other contact with a minor. According to Mr. Connolly he has had sexual contact with at least one other adult woman and also with several adult males. According to Mr. Connolly he has discussed his sexual behavior with other members of the Franciscan community.


Overall, Mr. Connolly's prognosis for change is seen to be good. Primarily the focus needs to be Mr. Connolly's improving his self-esteem. Mr. Connolly also is planning to discuss with the victim what had occurred. Mr. Connolly also has stated that he genuinely wants to apologize to her and he has displayed appropriate compassion and empathy for the victim. Mr. Connolly does not appear to be an individual with an ongoing paraphilia or pedophilia.

The recommendations are as follows:

1. Individual counseling is recommended in order to focus on Mr. Connolly discussing his self-esteem. Mr. Connolly most likely has many repressed feelings dating back to his childhood due to a lack of emotional and dependency needs being satisfied. It is also important that Mr. Connolly focus on his current functioning and future. Due to Mr. Connolly's low self-esteem and tendency to excessively ruminate, Mr. Connolly could potentially place himself in an ongoing, very depressed state of mind.

2. It is recommended that Mr. Connolly apologize to the victim. It is important that Mr. Connolly feel secure and emotionally centered in himself. Mr. Connolly is gaining understanding of his motivation for the behavior. It is important that Mr. Connolly express to the victim empathy he has for her and what occurred. At the same time, it is important that Mr. Connolly also maintain a healthy mental status. Potentially Mr. Connolly could, himself, become an "emotional victim" as a result of this situation. Mr. Connolly victimizing himself emotionally would not be beneficial to himself, the victim or the community.

GLD:ld


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PSYCHOMETRIC SUMMARY

Wechsler Adult Intelligence Scale-Revised

<u>Verbal Subtests</u>	<u>Scaled Scores</u>	<u>Performance Subtests</u>	<u>Scaled Scores</u>
Information	10	Picture Completion	11
Digit Span	10	Picture Arrangement	8
Vocabulary	18	Block Design	11
Arithmetic	6	Object Assembly	9
Comprehension	16	Digit Symbol	6
Similarities	9		
Verbal I.Q.	83	Performance I.Q.	73

Full Scale I.Q. 81

Minnesota Multiphasic Personality Inventory

	L	F	K	1	2	3	4	5	6	7	8	9	0
T-Scores	43	60	43	80	93	66	57	72	67	82	81	53	74

A R Es MAC

Special Scales 70 59 36 33