

MAR 13 2001

Kenneth R. Fineman, Ph.D.

A Psychological Corporation

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March 2, 2001

Edna L. Moses, LCSW
5041 Rocosco Way
Santa Barbara, CA 93111

Re: [REDACTED]

Dear Ms. Moses:

Thank you so much for copying me in on the letter of February 18, 2001 that you sent to Monsignor Urell. Monsignor has advised me with regard to the circumstances that brought [REDACTED] to seek your counsel.

I am now aware, from your letter, that [REDACTED] is diagnosed with Posttraumatic Stress Disorder, and that you initially worked with him using the behavioral therapy model. It would appear that you also attempted to obtain some pharmacological input from [REDACTED] urologist.

I do appreciate the comprehensiveness of your letter. I am assuming that those specific PTSD areas outlined in your letter define your primary goals and objectives with regard to [REDACTED] therapy. I would greatly appreciate it if you could be more specific (operational) with regard to the treatment plan that you have enunciated in your letter. I would appreciate the opportunity to understand more clearly how [REDACTED] will show that he has obtained a positive resolution to the trauma. How can he demonstrate that he is processing the trauma in a realistic way? How will he show that he processed the loss elicited by the memories of sexual abuse? And, how will he be able to demonstrate a more clear understanding that the molestation was not his fault? I believe that you are stating that he will conquer his shame when he is able to disclose to his family that he was a molest victim. You also state that he will no longer unconsciously punish himself by being sexually dysfunctional. Does that mean that his lack of future self-punishment will be demonstrated by a lack of sexual dysfunction? If so, may I understand more clearly what his dysfunction was, or is? I would greatly appreciate it if you would make me aware of any additional goals that you may envision for [REDACTED]

I am also curious as to the specific methodology that you are presently employing to accomplish the apparent treatment goals. Since you have decided that behavioral therapy would not be an effective methodology for [REDACTED] I am curious as to what mode of treatment you are presently using. Moreover, I would greatly appreciate it if you could make me aware of how the psychotherapeutic interventions that you are presently using will ultimately reduce, to an appropriate level, the stated problems.

I was also interested in another issue with regard to [REDACTED] From your letter, it would appear that [REDACTED] is no longer seeing [REDACTED] If he is not, is he now

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engaged in a romantic relationship with another female? If so, is she participating in his treatment? If not, is the development of a new relationship one of your goals at the present time.

Thank you ahead of time for taking the time to provide me with the above information.

Sincerely,



Kenneth R. Fineman, Ph.D.

KRF:jmh

✓ cc: Reverend Monsignor John Urell, VG
Vicar General/Moderator of the Curia
Dioceses of Orange
Marywood Center
2811 East Villa Real Drive
Orange, CA 92667-1999

PHONE CALL

FOR *Mrs. Edna Moses* DATE *3-15-01* TIME *11:13* P.M.

M. *Edna Moses*

OF _____

PHONE *805-683-6702* FAX _____

MESSAGE *Call her before 10:00 Am Friday - she said very important*

SIGNED *[Signature]* Adams 1154

TELEPHONED
 RETURNED YOUR CALL
 PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU

3-16-01
Edna wants you to know that she will continue to see [redacted] for her know a problem with this -

PHONE CALL

FOR *Mrs. [redacted]* DATE *3-16-01* TIME *8:05* P.M.

M. *[redacted]*

OF *[redacted]*

PHONE *[redacted]*

MESSAGE *Pls page him this Am - needs to talk about a letter that went out*

SIGNED *[Signature]* Adams 1154

TELEPHONED
 RETURNED YOUR CALL
 PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU

(Not sure what he is referring to. -

3-16-01
Have paged [redacted] 11:00 no call as yet

WHILE YOU WERE OUT	TO	Mozz	DATE	3-23-01	TIME	10:00							
	FROM	Edna Moses	AREA CODE		NUMBER								
	OF		EXTENSION										
	MESSAGE	[REDACTED] [REDACTED] [REDACTED]											
	[REDACTED]					SIGNED							
URGENT	<input type="checkbox"/>	RETURNED CALL	<input type="checkbox"/>	CALL BACK	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>	PHONED	<input type="checkbox"/>	WANTS TO SEE YOU	<input type="checkbox"/>	WAS IN	<input type="checkbox"/>

AMPAD NO. 23-776 400 SETS

RECYCLED PAPER

I called; it was a woman's voice in hope so I didn't leave a message.
 JH 3/24
 10:45

left # 714-974-4232 @ 10⁰⁰am Sat 3/24; She called back @ 10³⁰am.

- we need a tx plan
- She will speak w/ Dr Fineman about her tx plan and
- I stressed the "reasonable course of tx" - w/ an end point in mind.
- She didn't like the letter - it questions her professional integrity.
- She will talk w/ Dr Fineman about this and about the practicalities.
- I told her the goal is health - and that this needs to be programmed, planned and worked on in a framework.
- We ended amicably - she will call Dr Fineman; she said I don't need to speak w/ [REDACTED]

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Msgr. John Urell

To: Ken Fineman (E-mail)
Subject: Edna Moses, LCSW

I spoke with Edna Moses today (the counselor for [REDACTED]). She had called a week ago...but I was in New Orleans and now just got back to her. She will be calling you this coming week, Ken. Her issues:

- She didn't like the the tone nor the implications she read into your letter to her.
- She felt you were attacking her professionalism.

But, she wants to talk to you about a new technique she is working on and will help [REDACTED] move forward. I told her that the main thing that we need is a **verifiable treatment plan**...with goals and objectives...and a time line. I told her that our concerns have to do with a two session/week process that has gone on for 6 months now (which is a bit irregular)...and that we do not have a bottomless pit of \$ to cover expenses ad infinitum. The goal, I reiterated, it to have [REDACTED] deal with the issues and move forward in health. She agrees with this and claims that she is working toward this. I thanked her...and told her that her conversation with you will be most welcome and is important so that you can advise me as to how we proceed.

I look forward to hearing from you after your phone conversation with Edna.

Thanks. JU

Msgr. John Urell

To: KFineman@aol.com

Subject: RE: Edna Moses,

Thanks, Ken. I appreciate your follow through on this. If she doesn't call you...and if you have a hard time getting to her, then I will get a call to her so that we are on the same page. All the best in this coming week. JU

-----Original Message-----

From: KFineman@aol.com [mailto:KFineman@aol.com]

Sent: Sunday, April 01, 2001 12:54 PM

To: msgrjurell@rcbo.org

Subject: Re: Edna Moses, LCSW

No, she hasn't called yet. I'll watch it and if she doesn't call by the end of the week, I'll call her.

Ken

Mr. Msgr. J. Mrell

Re:



REC'D MAY 09 2000

EDNA L. MOSES, L.C.S.W.

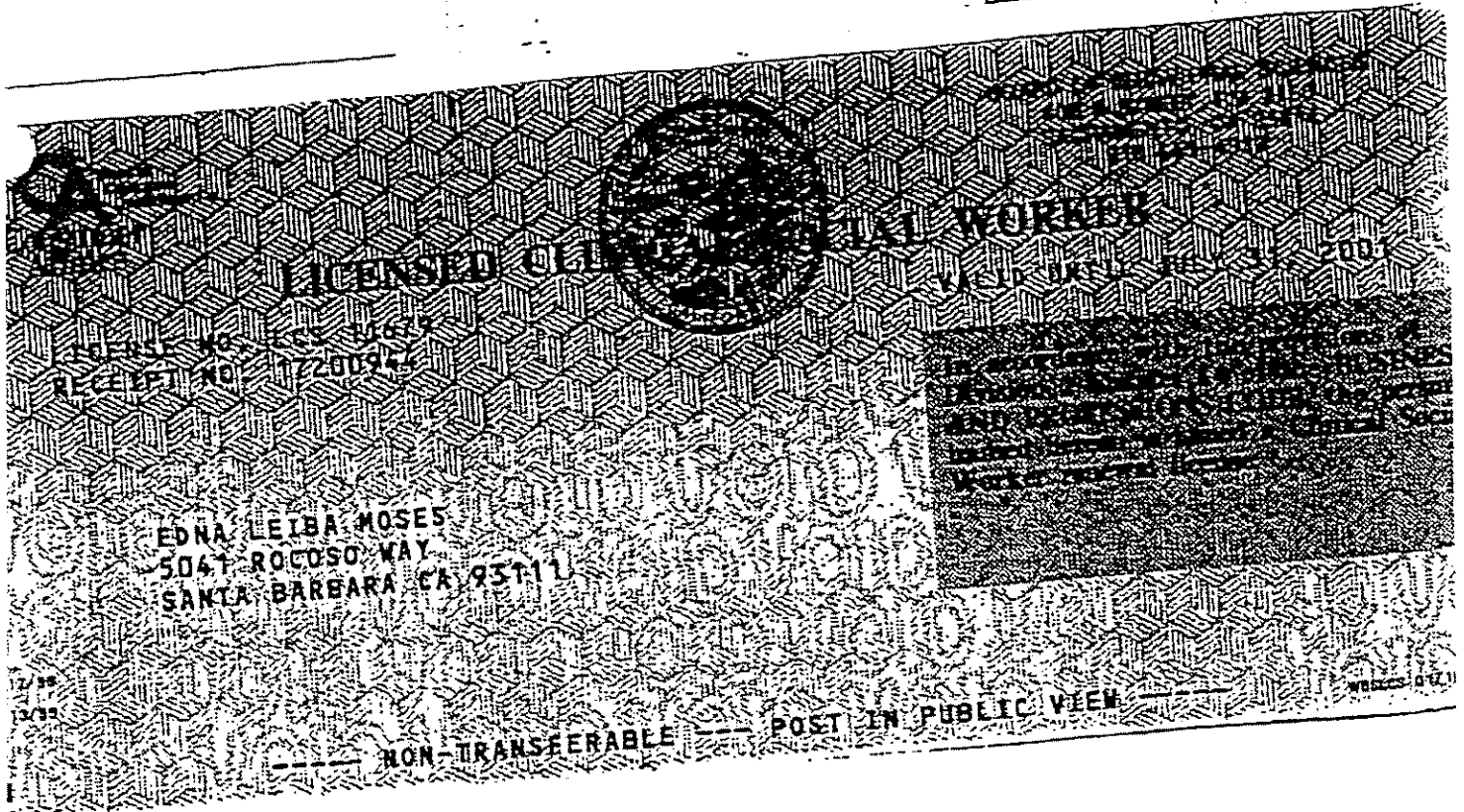
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324 E. CARRILLO #C
SANTA BARBARA, CA 93101



APR 25 2001

EDNA L. MOSES LCSW
5041 ROCOSO WAY
SANTA BARBARA, CA. 93111
(805) 683-6702

April 14, 2001

Reverend Monsignor John Urell, V.G.
Vicar General / Moderator of the Curia
Diocese Of Orange
Marywood Center
2811 East Villa Real Drive
Orange, CA 92667-1999

*5/1/01 I called.
Left message that
check is on the way -
and that I will
discuss all of this
w/ Dr Fineman.
ju*

Dear Monsignor Urell,

As I told you in our last telephone conversation, I have decided to use a different method EMDR in treating [REDACTED]. Many clinicians consider EMDR a very powerful method in treating PTSD. I requested assistances from Dr. Sheila K McHenry Worman, In implementing EMDR with [REDACTED] (I will be attending an official training by the EDMR institute next month). In addition to being a powerful method, EMDR measure certain factors that provide information in regard to the on-going progress in therapy. The EMDR measures the client's perception of the severity of his trauma before the session and immediately after the session. The second element this method measures before and after the EMDR session is the client's positive cognition of himself or herself in regard to the specific target the patient is seeking help for. [REDACTED] perception of himself at this point is very negative: "I will never get rid of his memory (Father Ramos), "I will never be a man", "I will never be normal". [REDACTED] negative perception and feelings reflect hopelessness and considerable degree of depression and anxiety. Sometime EMDR works as a miracle and the patient heals after one or two sessions, and sometime it takes much longer. At this point I cannot determine how long it will take [REDACTED] to heal. I realized I stated in a previous letter that I hoped [REDACTED] would be able to terminate therapy in six months and I still hope that [REDACTED] disturbing symptoms will decrease in the near future as it is heart breaking to see him suffering, but I cannot "push" him to heal on schedule. By the way, I am puzzled about Dr. Veronica Thomas' reason to ignore [REDACTED] sexual dysfunction. [REDACTED] already complained to her about this symptom in September of 1995. I am enclosing a letter addressed to you by Dr. McHenry Worman hoping that it will clarify the complexity of this case. I intend to test [REDACTED] in the near future with the material that she has given me and this in addition to the EMDR scores will provide on-going feedback of [REDACTED] progress in therapy. I attempted to follow your advice and contact Dr. Fineman by telephone on one occasion but I have not received any response so far. A copy of this letter including a copy of Dr. McHenry Worman's letter will be mailed to him as well.

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It has been a pleasure to work with you on the case of [REDACTED] and let us hope that the EMDR will be effective as it has been with many other patients who suffer from PTSD and other related symptoms.

Sincerely,

Edna L. Moses LCSW
Edna L. Moses L.C.S.W.

C.C. Kenneth R. Finman, Ph.D.

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Pacific Coast Center for Family Counseling & Personal Development, Inc.
2443 Portola Road, Suite A
Ventura, CA 93003
Phone: (805) 654-1840
Fax: (805) 650-8211

April 10, 2001

Reverend Monsignor John Urell, V.G.
Vicar General/Moderator of the Curia
Office of the Vicar General/Moderator The Curia
Marywood Center
P.O. Box 14195
2811 E. Villa Real Drive
Orange, CA 92863-1595
VIA FACSIMILE

For Monsignor John Urell ONLY:

Re: [REDACTED]
CONFIDENTIAL

Dear Reverend Monsignor Vicar General,

I am assisting Edna Moses, LCSW in a response to your inquiries regarding [REDACTED]. I have met with Edna and [REDACTED] on two separate occasions over the last month to assist them in the difficulty [REDACTED] was experiencing in his therapy. [REDACTED] and Ms. Moses felt that they had hit an impasse in [REDACTED] treatment, and Ms. Moses requested that I sit with her and [REDACTED] and assist them in regaining momentum in his therapy. Ms. Moses had given me a brief accounting of [REDACTED] history and the reason for [REDACTED] being in treatment prior to us meeting, and then [REDACTED] filled me in more when he and I met with Ms. Moses.

First let me state that I was deeply impressed by the Church's willingness to make reparation to [REDACTED] for the emotional, psychological, sexual and spiritual trauma he experienced through the molest by Father Ramos. I believe that

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this position (paying for his therapy) is protecting [REDACTED] relationship with God and the Church. [REDACTED] is very clear that because of his status as a believer that suing the Church is not an option. This was also very meaningful for me; I believe that [REDACTED] relationship with God and the Church must be protected as I believe that it is foundational for his healing.

Edna has shared the letters you have written requesting clarification on [REDACTED] therapy. I understand the dilemma and the uncertainty you feel in paying for therapy related to [REDACTED] and your request for clarification on the diagnosis of PTSD. I have, on this date, provided Ms. Moses with a battery of tests that will assist you and Dr. Fineman in clarifying the diagnosis of PTSD (which in meeting with [REDACTED] does appear to be the correct diagnosis).

Although I am licensed as a Marriage Family Therapist, and work in this capacity in my Ventura office, I am also employed as a Psychological Assistant in a separate location.

I obtained my doctorate (Ryokan College, December, 1997) in clinical psychology because so many people in my practice were survivors of sexual trauma. My clinical dissertation was on dissociative disorders and the effects of sexual trauma. Most of my practice is dedicated to the healing of victims of trauma, and my belief in God is of paramount importance to the way and the manner in which I do my therapy. There is no doubt that I have been called in my life to be a counselor and healer and I depend on the *Counselor* to be most effective in my work.

In meeting with Edna and [REDACTED] expressed great shame over an ongoing problem he has with [REDACTED]. I did not explore in what capacity [REDACTED] was experiencing this difficulty, but used it as a touchstone to what issues were underlying this problem. I used EMDR (Eye Movement Desensitization and Reprocessing) with [REDACTED] as a means of getting under the issue. To address the context of [REDACTED] problem with premature ejaculation did not strike me as appropriate at this stage in his therapy.

[REDACTED] began to process all of the issues underlying his problem with PE and moved right into issues around his molest by Father Ramos. [REDACTED] feelings of betrayal, of being out of control, of being betrayed by his body, of being abused throughout his childhood and lifetime all were part of his process. It became obvious that although he is calling his current problem that of one

with [REDACTED] that in fact, he is dealing with his sexual molestation history.

The second time I met with [REDACTED] and Ms. Moses was last week. No therapy was done on the issue of [REDACTED] because therapy had moved beyond that. He spent two hours (my typical sessions for EMDR are 1.5 to 2 hours) processing the specific feelings around his molest by Father Ramos: sadness, rage, isolation, shame, fear, and betrayal were a few specific feelings we began to address and process. [REDACTED] has been severely wounded by this molest, and now has a lifetime of low self esteem and dysfunction because of the deleterious impact of this abuse. It saddened me greatly that Father Ramos betrayed the trust of this child, and the impact that betrayal continues to have in the life of [REDACTED]

In light of your letters to Ms. Moses, I have provided her with a DES (Dissociative Experience Scale), BAI (Beck Anxiety Inventory), BDI (Beck Depression Inventory), TSI (Trauma Symptom Inventory), and PTSD Trauma Symptom Checklist to give [REDACTED] tonight. I told her that I would be happy to assist her to providing you with specific testing and feedback to assist you in settling your concerns about [REDACTED] treatment. I am willing to provide assistance to Ms. Moses on [REDACTED] behalf because I believe that his therapy is absolutely necessary and because I am willing to support you in what you are doing on [REDACTED] behalf. When I have been in sessions with Ms. Moses, she has taken it upon herself to make payment to me for my time and assistance. She furthermore has requested assistance from me because of my expertise in the area of treating sexual trauma. I have been working with Ms. Moses to train her in the use of EMDR with [REDACTED] so I can return to a position of less direct involvement with his ongoing care. Let me state that I have known and worked with Edna Moses for fifteen years. She is an excellent clinician and I trust her work. I was honored to have been asked by Ms. Moses to consult on this case.

[REDACTED] trusts Ms. Moses and the two have obviously established the trust and rapport necessary for his ongoing therapy. He briefly mentioned his work with his previous therapist, but was not ready to address and explore the true impact of this trauma.

In closing, I do not believe that there is any question that I have become involved in this situation by accident. I am available and willing to continue in a supportive role to Ms. Moses and to [REDACTED] and am willing to mediate the

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concerns you have over the course of treatment. Furthermore, I am willing to assist you in your efforts to insure that the work is progressing in a manner that insures [REDACTED] best interests are kept first and foremost.

When victims of sexual trauma are healing, it is common to find them struggling with sexual behavior and sexual boundaries. It is part of the impact of the trauma and becomes part of the treatment. It is also important because of [REDACTED] beliefs to explore with him the context of his behavior as correlated with his stated beliefs. That is something that Ms. Moses and [REDACTED] will need to address time and again while he continues to heal from his abuse.

I thank you for your consideration of my input into this situation and reiterate that I am willing to assist [REDACTED] and Ms. Moses in any way that I can in the future.

God's richest blessings be upon you,
In the name of our Lord and Savior,

A handwritten signature in cursive script, appearing to read "Sheila K. McHenry Worman Psy D MFT".

Sheila K. McHenry Worman, Psy. D., MFT

EDNA L. MOSES, L.C.S.W
2443-A PORTOLA RD.
VENTURA, CA. 93003
Phone: (805) 683-6702

April 20, 2001

Kenneth R. Fineman, Ph.D.
17822 Beach Boulevard, Suite 437
Huntington Beach, CA 92647

Dear Dr. Fineman,

I am sorry it has taken me such a long time to respond to your letter. However I left a message on your answering machine about three weeks ago and have not received a response from you as yet.

I have recently begun using EDMR in treating [REDACTED] as I felt that [REDACTED] negative self-beliefs such as "I am damaged for life"... "I am a freak"... "I'll never be normal" are based on perceptions that are deeply stuck in his nervous system in the same form as [REDACTED] experienced them twenty years ago when he was molested by Father Ramos, and although he may understand intellectually that having been molested by a priest was not his fault and did not make him a homosexual or a "freak", some of the distressing symptoms of PTSD and the premature ejaculation persist.

I am enclosing a copy of my letter to Monsignor Urell as well as a copy of a letter from Sheila K. McHenry Worman, Psy. D., MFT to Monsignor Urell.

I hope that these letters are sufficient and I will let you know when further developments occur.

Sincerely,

Edna Moses
Edna L. Moses, L.C.S.W.

C.C. Monsignor Urell

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