



Jemez Springs, New Mexico 87025 (505) 829-1586

May 16, 1986

Rev. Michael A. Jamall
Diocesan Pastoral Office
Diocese of Beaumont
P.O. 3948
Beaumont, Texas 77704

Dear Rev. Jamall:

I was very happy to speak with you last week and share some of our experiences in treating the most serious problem about which we spoke. We have treated several hundred men with this type of problem over the last ten years. Our experience in treating them and our findings from a non-systematic follow-up show that this population of priests and religious men are quite different from secular populations in terms of prognosis for recidivism.

Most of the statistical data in the scientific literature deals with incarcerated populations of convicted felons. The 80% recidivism figure which is so frequently cited is accurate for men who are incarcerated, receive little or no treatment, and then are returned to the streets. The experience of secular rehabilitation programs, such as the one operated by the University of New Mexico, have recidivism rates of approximately 10%. Our recidivism rates for behavior which would be considered criminal is 25% to the best of our knowledge. However, this figure is based upon a non-systematic evaluation and sampling of men who have been discharged from our program. We plan to do a systematic follow up over the next year and should have accurate data to be able to share with you at that time. I don't believe that any of the other programs which specialize in the treatment of priests and religious have done follow up studies and as a result I think we must be very cautious in applying the outcome of one population to this very specialized population with which we deal.

Also, the Groth classification of fixated and regressed is not easily applied to our population. The professional staff of our program met with Gene Abel, M.D. approximately two years ago to discuss the special problems encountered in treating our population. Gene Abel runs a program for Columbia University in New York City and probably has more experience than anyone in this country. He was very impressed that our population and his population were different and that generalities between them must be met.

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I am firmly convinced that the only effective treatment for these sorts of problems is residential treatment of a fairly intensive nature for a minimum of five months. Outpatient therapy once a week is simply insufficient. In addition, because of the highly specialized skills required in this type of treatment most mental health professionals are ill equipped to deal with it.

I hope this preliminary information is helpful to you. We will work very hard to collect our data in a systematic way and will be happy to share it with you as soon as it is tabulated. If there is anything further we could do to assist you in this most delicate matter, please contact us.

Sincerely,



Jay R. Feierman, M.D.
Consulting Psychiatrist
Servants of the Paraclete

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