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Proof of Claim form: John Doe 92

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Proof of Claim form: John Doe 92

Content Notice

This item is part of the Archdiocese of Santa Fe Institutional Abuse Collection, and it may contain descriptions of physical, emotional, sexual, and religious abuse, including abuse of minors. Other potentially sensitive topics within the collection include mental health conditions, substance abuse, and other forms of violence.

Resources are available if you or someone you know needs support for any reason.

For the National Sexual Assault Hotline, call 800-656-HOPE (4673) or go to <https://hotline.rainn.org/online>

For the 988 Suicide and Crisis Lifeline, call or text 988, or go to <https://chat.988lifeline.org/>

For the Substance Abuse and Mental Health Services Administration Helpline, call 1-800-662-4357

For crisis treatment in New Mexico: <https://www.nmhealth.org/contact/crisis/>

Survivors Network of those Abused by Priests resources: https://www.snapnetwork.org/resources_for_survivors

To report abuse:

- <https://archdiosf.org/report-abuse>
- <https://www.reportbishopabuse.org/>

To report child abuse:

- <https://www.childhelpline.org/>

Keywords

child sexual abuse, church abuse, New Mexico, Archdiocese of Santa Fe

Disciplines

Catholic Studies | Ethics in Religion | Religion Law | United States History

2092

May 20, 1:07
2019

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW MEXICO

In re:

ROMAN CATHOLIC CHURCH OF THE
ARCHDIOCESE OF SANTA FE, a New Mexico
corporation sole,

Debtor.

Chapter 11

Case No. 18-13027-t11

CORRECTED SEXUAL ABUSE PROOF OF CLAIM

This form has been corrected solely with respect to the address for hand delivery.

IMPORTANT:

**THIS FORM MUST BE RECEIVED NO LATER THAN
June 17, 2019 AT 5:00 P.M. (PREVAILING MOUNTAIN TIME)**

Carefully read Notice and Instructions that are included with this **CONFIDENTIAL PROOF OF CLAIM** and complete all applicable questions. Send together with one copy to: Clerk of the United States Bankruptcy Court, District of New Mexico at the following address: Office of the Clerk of Court-ATTN SEALED DOCUMENTS, U.S. Bankruptcy Court, District of New Mexico, Pete V. Domenici U.S. Courthouse, 333 Lomas Blvd. NW, Suite 360 Albuquerque, NM 87102. If you prefer to hand deliver the completed Confidential Proof of Claim form to the Clerk, the physical address for hand delivery is Clerk of the United States Bankruptcy Court, District of New Mexico, 333 Lomas Blvd. NW, Suite 360 Albuquerque, NM.

If you mail or deliver the Confidential Proof of Claim form it must be received by the Clerk no later than 5:00 p.m. (prevailing Mountain Time) on June 17, 2019.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT 888-570-6217.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF SANTA FE, COMMONLY KNOWN AS THE ARCHDIOCESE OF SANTA FE (THE "ARCHDIOCESE").

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS PROOF OF CLAIM AND THE INFORMATION IN THIS PROOF OF CLAIM WILL BE PROVIDED

PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE ARCHDIOCESE, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.

THIS PROOF OF CLAIM IS FOR SEXUAL ABUSE CLAIMANTS ONLY.

For the purposes of this Proof of Claim, a **Sexual Abuse Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archdiocese resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other sexual misconduct, and seeking monetary damages or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Archdiocese or any other person or entity for whose acts or failures to act the Archdiocese is or was allegedly responsible.

For Purposes of this Proof of Claim, a **Sexual Abuse Claimant** is defined as the person asserting a Sexual Abuse Claim against the Archdiocese, or if a minor, then his parent or legal guardian.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S REPRESENTATIVE, EXECUTOR OF THE ESTATE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PART 1: CONFIDENTIALITY

THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL PURSUANT TO COURT-APPROVED GUIDELINES UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW. ONLY THE SEXUAL ABUSE CLAIMANT MAY WAIVE CONFIDENTIALITY IN THIS PART 1.

- I do not want this Proof of Claim (along with any accompanying exhibits and attachments) to be kept confidential. Please verify this election by signing directly below.

Signature: _____

Print Name: _____

PART 2: IDENTIFYING INFORMATION

A. Sexual Abuse Claimant

First Name _____ #1 _____ Middle Initial _____ Last Name _____ Jr/Sr/III _____

#2 _____
Mailing Address (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address).

#2 _____
City _____ State _____ Zip Code _____ Country _____

Telephone No(s):
Home: _____ Work: _____ Cell: #2 _____

Email address: #2 _____

Social Security Number: #4 _____

If you are in jail or prison, your identification number: _____

May we leave voicemails for you regarding your claim? Yes No (please contact my attorneys)

May we send confidential information to your email: Yes No (please contact my attorneys)

Birth Date: #2 _____ Male Female
Month Day Year

Any other name, or names, by which the Sexual Abuse Claimant has been known:

#1 _____

B. Sexual Abuse Claimant's Attorney (if any):

Hall & Monagle, LLC
Law Firm Name

Brad D. Hall
Attorney's First Name Middle Initial Last Name

320 Gold Ave SW #1218
Street Address

Albuquerque, NM 87102
City State Zip Code

(505) 255-6300 (505) 255-6323 brad@hallmonagle.com
Telephone No. Fax No. E-mail address

PART 3: NATURE OF COMPLAINT

(Attach additional separate sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE ARCHDIOCESE IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.

a. Who committed the acts of sexual abuse or other wrongful conduct?

I was a victim of sexual abuse by Monsignor Albert Chavez acting as an agent of the Archdiocese of Santa Fe, empowered and protected as a pastor of Our Lady of Guadalupe Peralta Parish.

b. What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?

I was a child and an altar server at the parish, and Msgr. Chavez was my priest. He was a very important person in the life of my family and in my life. He was in a position of complete power over me.

c. Where did the sexual abuse or other wrongful conduct take place? Please be specific and complete all relevant information that you know, including the City and State, name of the School (if applicable) and/or the name of any other location.

The abuse happened in the rectory of the parish, in Peralta, New Mexico, south of Albuquerque, and also in the sacristy where we prepared for mass, and changed into our gowns.

d. When did the sexual abuse or other wrongful conduct take place?

1. If the sexual abuse or other wrongful conduct took place over a period of time (months or years), please state when it started, when it stopped, and how many times it occurred.

It started soon after I became an altar server in the spring of 4th grade in 1972, and it continued until and into 1974. In that time period I was raped on at least 25 separate occasions.

2. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct took place.

I had just turned 10 years old when sexual abuse began and was 12 when it stopped.

e. What happened (describe what happened):

The house I grew up in was a short baseball throw away from the church and rectory in Peralta. I tried really hard to become an altar boy, I remember sort of competing with another kid that was the son of a deacon or something like that, to become an altar boy. Fr. Chavez played us off against each other. I won the spot, but I am pretty sure that other boy became an altar boy eventually. The abuse started soon after, with fondling and teaching me to fondle him, and escalated straight to Chavez anally penetrating me with his finger. Sometimes he would give me alcohol before some of the sexual assaults. As I remember it, Msgr. Chavez anally raped me every time, at least 25 times over the eighteen month period. From the beginning, it was all about altar boy service, and I thought I was special that it was happening. By the time I was 12, I doubted that, but was worried sick anyone would ever find out, and he told me not to tell anyone. I blocked it away, best I could, terrified for decades that somebody would find out.

- f. Did you tell anyone about the sexual abuse or other wrongful conduct and, if so, who did you tell and when (this would include parents; relatives; friends; the Archdiocese; attorneys; counselors; and law enforcement authorities)?

The abuse has always been something I kept very secret, as instructed. The first time I ever mentioned it to anyone was when I was seeing a therapist for help dealing with the terminal illness of my wife in 2018. My therapist asked if I was contacting an attorney where I live in # 2, and my worker's comp attorney looked on line, and referred me to Mr. Hall. Since then I have only otherwise talked about it with the Hall & Monagle law firm in the fall of 2018. The Archdiocese did not do any discovery in my case, and in any event, I was with my wife in her last months, mostly in a hospital in # 2, and I did not ever tell her I'd been raped by our childhood priest. She passed on January 3rd, 2019.

- g. Identify any church or religious organization you have belonged to or have been affiliated with.

I was raised in a big Catholic family, but the abuse destroyed my religion, and as an adult I have none, but consider myself a non-denominational Christian.

- h. State whether there were any witnesses to the abuse. If there were any witnesses, please list their name(s) and any contact information you have.

There were no witnesses that I know of, although I saw from my house another boy go into the rectory in the winter evenings and then the lights would dim, and then I'd see him leave in about a half hour, and I knew what was happening, so I suppose others could have seen me go into the rectory in a similar way, and know what was happening, but no one ever said anything.

PART 4: IMPACT OF COMPLAINT

(Attach additional separate sheets if necessary)

(If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you will be required to complete this Part 4 within thirty (30) days after a written request is made for the information requested in this Part 4)

1. What injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of sexual abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

When my wife was diagnosed with bone cancer, we went to a grief therapist to deal with her imminent death. During the course of that therapy, and her medical demise, something unleashed the memory of Fr. Chavez sexually abusing - raping - me. The therapy triggered a flood of PTSD-like symptoms as the memories and crushing betrayal and pain I suffered as a child came back to the surface. Beginning in the fall of 2018, I have recurring nightmares and intrusive thoughts and flashbacks, where I am right back in the moment being anally penetrated. There was physical pain when it was occurring. In the fall of 2018, I couldn't sleep, and to hide everything from my dying wife, I drank several gallons of wine every week. As a kid, I had to hide what was going on from my parents who thought I would be and was a happy altar boy, but I wasn't. As an adult now, I still hide it with daily addiction to alcohol use, so I won't ruin my family's experience of my wife's last few months. I lost my childhood and became an unhappy kid. I lost my religion. I ran off to Phoenix to get away as soon as I could, and get a job, and learned diesel mechanics, and then joined #6, where I was for many years, ending up at #2 outside of #2, where I stayed, and we raised our kids. I've had major intimacy problems with people and a lack of trust of anyone, and anger at authority figures. It seriously affected my marriage. After leaving the #6, I ended up chronically underemployed or unemployed, and it led me to become disabled and I am on #6 disability, but I never brought up the priest abuse with anyone until my wife was dying in 2018. I never told her. I had stopped talking about any and everything to avoid bringing it up. I am only now beginning to connect these kinds of issues I've had my entire adult life, to being related to the rapes by Fr. Chavez, and learning new coping skills. I am attaching five pages from the therapist's Progress Notes from the Fall of 2018 to this Claim form, which refer to these issues, pre-petition. I filed suit against the Archdiocese, sort of as part of my therapeutic need, without my wife knowing, and I started learning how the Archdiocese and Parishes caused so much abuse by keeping everything secret, and protecting the sexually abusive priests, which fed into my anger issues, and my tendency to not talk about anything, period. The horrors are unspeakable. I am aware of their secrecy culture causing more abuse, and I believe I went to a lawyer and filed suit because I know I must also end my own secrecy and hiding of it all. The Archdiocese filed their Bankruptcy Petition before they took my deposition and before I answered interrogatories, and so,

before I had to tell my wife and kids when witness lists would be due in my case. Now my wife has died without ever knowing. I find the gallons of wine per week are my current coping mechanism. Not much future in addictions, I know, so I plan to pursue therapy more, and alcohol less.

Basically, the childhood sexual abuse ruined my life and left me a sort of a shell of a man. I've always lived in extreme fear of answering any questions, and never talked, so I became known as a very quiet man. To this day, I don't talk much, and my adult daughters in their 20's and 30's, like their mom before them, sometimes beg me to speak, and say something. I am working on it in therapy, because I don't want nightmares and poor sleep all the time, using wine as a crutch, and don't want to be stuck because of the unspeakable horrors of the scale of Catholic clergy child abuse. I am now in a better relationship with a Christian God. I want the Catholics to release documents and tell the truth, as I must in therapy, so perhaps we can all heal, and develop better coping skills together, me with my kids and grandkids, then the Church with its parishioners and followers.

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

After first seeking help about the imminent loss of my wife, the treatment broadened to include the priest abuse when it came crashing in, all in the fall of 2018. Now that she has passed, I am still in weekly therapy about the priest abuse. I see Dr. #10 here in #2 #2 .

PART 5: ADDITIONAL INFORMATION

1. Prior Claims: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim.

Yes No (If "Yes," you are required to attach a copy of any completed claim form.)

If "Yes," which case(s):

2. Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse or other wrongful conduct, have you settled any claim relating to the sexual abuse or other wrongful conduct described in this claim?

Yes No (If "Yes," please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.)

3. Bankruptcy. Have you ever filed bankruptcy? Yes No (If "Yes," please provide the following information:

Name of Case: #1 Court: #6

Date filed: #6 _____ Case No. #6

Chapter: 7 11 12 13 Name of Trustee: #6

#6

Chapter: 7 11 12 13

Name of Trustee: _____

4. State whether you have previously commenced any lawsuit seeking damages for the identified sexual abuse. If yes, please state: YES

a. Where and when you commenced the lawsuit:

Bernalillo County District Court 10/26/2018

b. The parties to the lawsuit:

John Doe 92 v. Archdiocese of Santa Fe, and Our Lady of Guadalupe Peralta

c. The case number if any:

#6

d. The result of the lawsuit:

Automatically stayed as to the Archdiocese, 3rd party pending

Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Date: 5/18/19

#1

Signature: _____

#1

Print Name: _____

Relationship to _____

Progress Notes

Printed On Oct 31, 2018

#6

*** BH SCHEDULED PATIENT NOTE Has ADDENDA ***

PATIENT WAS SEEN today for 53 - 89 minutes for treatment of the following diagnosis/diagnoses and problems: PTSD

Veteran is aware of this provider's status as an unlicensed psychologist supervised by Licensed Clinical Psychologist, #10, PhD. Veteran has agreed to be seen by this provider. Veteran is aware of right to see a licensed independent practitioner if he chooses to. Veteran has appropriate contact information for supervisor of record, Dr. #10. Case will be continuously reviewed in supervision.

SIGNIFICANT ISSUES, symptoms, complaints:

Veteran reported an increase in sx's such as intrusive thoughts, poor sleep due to nightmares, low mood, with "emotional eating" and stated "I wish I didn't talk about it." He shared that he has recently hired a lawyer to pursue charges against the church. Time was spent exploring the way he made sense of traumas and how it contributes to him feeling stuck.

Veteran identified the following traumas:

- Child sexual abuse by priest
- MVA while in the military in 1983
- Witnessing his father in law falling in bon fire and dying
- Falling off a roof while working
- Wife's cancer dx

CLINICAL INTERVENTIONS:

- CPT interventions
- Provided an overview of PTSD symptoms, a cognitive explanation of the development and maintenance of PTSD, types of emotions
- Discussed the function of avoidance bx
- Discussed the impact of trauma on perceptions of self, others and the world

RELEVANT MENTAL STATUS EXAM OR OTHER OBJECTIVE FINDINGS:
Veteran was on time the scheduled appointment.

General dressed casually, well-groomed

Sensorium/
Behavior alert and grossly oriented;
 attention span satisfactory;
 polite, cooperative; good eye contact;
 psychomotor agitation of fidgeting

Mood/ slightly anxious with blunted affect

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available) | VISTA Electronic Medical Documentation

#1

ITS COPY

Progress Notes

Printed On Oct 31, 2018

Cosigned: 10/25/2018 12:39

10/25/2018 ADDENDUM

STATUS: COMPLETED

Co-signature by this clinical supervisor evidences this case has been discussed with the unlicensed psychologist, and that the supervisor concurs with the assessment, diagnoses, correspondence, treatment/care plan, and the Veteran health record entry herein. This supervisor was available on site for consultation about this case.

/es/ **#10** Ph.D.
Licensed Clinical Psychologist
Signed: 10/25/2018 12:39

LOCAL TITLE: BH SCHEDULED PATIENT NOTE

#6

*** BH SCHEDULED PATIENT NOTE Has ADDENDA ***

PATIENT WAS SEEN today for 53 - 89 minutes for treatment of the following diagnosis/diagnoses and problems: PTSD

Veteran is aware of this provider's status as an unlicensed psychologist supervised by Licensed Clinical Psychologist, **#10** PhD. Veteran has agreed to be seen by this provider. Veteran is aware of right to see a licensed independent practitioner if he chooses to. Veteran has appropriate contact information for supervisor of record, Dr. **#10**. Case will be continuously reviewed in supervision.

SIGNIFICANT ISSUES, symptoms, complaints:

Veteran indicated that as a result of talking about his trauma last week, "I'm feeling more depressed" and reported disrupted sleep, loss of pleasure with increased appetite. Veteran shared that he was ready to talk about his trauma. He noted that as a result, he keeps people at a distant, maintains a guarded stance in his relationships to prevent it from "getting personal" in an effort to protect his secret from getting out (CSA). He shared associated emotions such as anger, shame, guilt, and embarrassment. He worries about what people would think if they found out. He admitted to engaging in emotional numbing throughout the majority of his life. He identified associated core beliefs such as "I'm bad, I'm being punished." Identified coping skills consist of listening to music, as well as spending quality time with his grandchild such as going fishing or going on walks. Veteran also inquired about writer's unlicensed status, as he noted he was previously engaged in tx with a marriage and family therapist, which was not accepted when he filed a social security claim.

CLINICAL INTERVENTIONS:

- CBT & MI
- Discussed the impact of trauma on perceptions of self, others and the world

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available) | VISTA Electronic Medical Documentation

#1

Progress Notes

Printed On Nov 23, 2018

#6

:23

*** BH SCHEDULED PATIENT NOTE Has ADDENDA ***

PATIENT WAS SEEN today for 53 - 89 minutes for treatment of the following diagnosis/diagnoses and problems: PTSD

Veteran is aware of this provider's status as an unlicensed psychologist supervised by Licensed Clinical Psychologist, #10. Veteran has agreed to be seen by this provider. Veteran is aware of right to see a licensed independent practitioner if he chooses to. Veteran has appropriate contact information for supervisor of record, Dr. #10. Case will be continuously reviewed in supervision.

SIGNIFICANT ISSUES, symptoms, complaints:

Veteran shared he had a nightmare last night related to his trauma. He continues to experience increased sx's such as nightmares, intrusive thoughts, anger, and low mood. Veteran reported that there has been recent events in the newspaper about clergy abuse in his hometown, and noted, "I'm one of 96 in New Mexico" in regards to victims. He shared he was not able to complete the ABC sheets, aeb "I couldn't do the hw, it makes me upset" with associated anger and wondering "my wife can walk into the room at any time." Time was spent discussing veterans continued emotional numbing, as well as coordinating care at the local VA during his 90 day stay in #2. He stated that he is also eligible for supportive therapy through his wife's hospital since he is the primary care giver.

CLINICAL INTERVENTIONS:

- CPT interventions
- Discussed the function of avoidance bx
- Discussed core beliefs
- Normalized veteran's experience of increased sx's due to not avoiding
- Provided veteran with peer support contact info
- Emphasized personal responsibility for change
- Identified patterns of bx & and made connections between his trauma & feelings of anger
- Encouraged continued practice of ABC sheets
- Coordinated follow up care

RELEVANT MENTAL STATUS EXAM OR OTHER OBJECTIVE FINDINGS:
Veteran was on time the scheduled appointment.

General casually dressed, good hygiene

Sensorium/ alert and grossly oriented;
Behavior attention span satisfactory;

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available) | VISTA Electronic Medical Documentation

#1

#6

PATIENT WAS SEEN today for 38 - 52 minutes for treatment of the following diagnosis/diagnoses and problems: PTSD

Veteran is aware of this provider's status as an unlicensed psychologist supervised by Licensed Clinical Psychologist, #10. Veteran has agreed to be seen by this provider. Veteran is aware of right to see a licensed independent practitioner if he chooses to. Veteran has appropriate contact information for supervisor of record, Dr. #10. Case will be continuously reviewed in supervision.

SIGNIFICANT ISSUES, symptoms, complaints:

Veteran continues to experience an increase in sx's which he attributes to having started processing through his traumatic experiences. He was recently seen by the prescriber for medication to decrease the intensity and severity of intrusive thoughts, nightmares, anxiety, and to promote sleep. He noted nightmares related to being an altar boy and the priest with multiple awakenings. He identified associated feelings of "anger, feel, disturbed of the assault." He did not complete the ABC sheets as it was "too painful" and as such, one was completed in session. He shared that his wife will be admitted for cancer tx on 11/29 and he will be out of the state for approximately 90 days. He also discussed examples of engaging in reckless bx such as riding on a motorcycle fast.

CLINICAL INTERVENTIONS:

- CPT interventions
- Discussed the function of avoidance bx
- Discussed the impact of trauma on perceptions of self, others and the world.
- Reviewed stuckpoints
- Completed an ABC sheet in session
- Reviewed impulsive/reckless bx
- Normalized veteran's experience of increased sx's due to not avoiding
- Administered the PCL-5

#1

PTSD CHECKLIST (PCL-5)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

VISTA Electronic Medical Documentation

#1

Progress Notes

Printed On Nov 23, 2018

The patient reported symptoms consistent with Post-Traumatic Stress Disorder. Reported symptoms are noted below.

PCL-5

Patient reported being bothered by the following over the past month:

1. Disturbing memories: Extremely
2. Disturbing dreams: Extremely
3. Re-experiencing events: Moderately
4. Cued distress: Quite a bit
5. Cued physical symptoms: Quite a bit
6. Avoiding internal reminders: Extremely
7. Avoiding external reminders: Quite a bit
8. Trouble with recall: Moderately
9. Negative beliefs: Extremely
10. Blaming self/others: Extremely
11. Negative feelings: Extremely
12. Loss of interest: Extremely
13. Feeling distant from others: Extremely
14. Feeling numb: Extremely
15. Feeling irritable: Extremely
16. Reckless behavior: Extremely
17. Being "super-alert": Extremely
18. Feeling easily startled: Extremely
19. Difficulty concentrating: Extremely
20. Trouble sleeping: Extremely

PCL-5 total score = 73

PCL-5 scores range from 0 to 80.

PCL-5 Monthly scores (past 180 days):

11/5/2018	73
6/26/2018	74

RELEVANT MENTAL STATUS EXAM OR OTHER OBJECTIVE FINDINGS:
Veteran was on time the scheduled appointment.

General	dressed casually, well-groomed
Sensorium/ Behavior	alert and grossly oriented; attention span satisfactory; polite, cooperative; good eye contact; psychomotor agitation of fidgeting
Mood/ Affect	dysthymic with blunted affect
Speech	nl rate, rhythm, tone and volume; no barriers to communication

PAYMENT NAME AND ADDRESS (Mechanical Imprinting, if available) | VISTA Electronic Medical Documentation

#1