

INTERVIEW OF DR. HENRY GUERTIN OUELLETTETAPE ONE, SIDE A

BB: Testing one. I am Sergeant Brenda Blonigen of the Rockingham County Sheriff's Department and today we are here for a taped statement of Dr. Henry Guertin Ouellette and his spelling is G-U-E-R-T-I-N – O-U-E-L-L-E-T-T-E. And also in the room is Attorney David Barry, B-A-R-R-Y. And William Delker of the New Hampshire Attorney General's Office, and we are at 2 New Hampshire Place, Suite 350, at the Pease International Trade Port in Portsmouth, New Hampshire. Today's date is, ah, the 20<sup>th</sup> of November 2002, and the time is approximately 9:25 a.m. and, ah, Dr. Ouellette you are aware that this is being tape recorded.

HG: Yes I am.

BB: Do you have any objections to that?

HB: None whatsoever.

BB: And Attorney Barry there was a statement that you wanted to make on.

DB: Yes, thank you Sergeant, I, ah, simply wanted to confirm, ah, at the outset of Dr. Guertin Ouellette's interview my prior communications with, ah, Will Delker of the Attorney General's Office concerning Dr. Guertin Ouellette's status in this investigation. I wanna confirm, ah, my understanding based upon those communications that Dr. Guertin Ouellette is viewed as a witness in this investigation not a subject or a target and to confirm, ah, the prior representation made to me that as of the present time, ah, the Attorney General's Office is not aware of information that causes him to conclude that Dr. Guertin Ouellette has any criminal exposure in connection with this investigation and I would simply ask you to confirm that that remains true as of the present time.

ND: That's correct, that's true.

DB: Thank you very much.

ND: Thank you. What I'd like to do, um, this morning is to, um, just begin with your background, your educational background, your work experience, um, and if you could run through that with us and, and, um, give us an idea.

DB: Let me, would it help you to have a copy of this resume, his CV?

ND: Oh sure.

DB: To help you, would that help you?

ND: That would be.

DB: Okay.

ND: Sure.

DB: And the one thing I forgot to do this morning was to make a couple copies, do you wanna take a moment and I'll, I'll have a couple of copies made of that.

ND: Ya.

DB: (Unintelligible).

ND: Okay, that'd be great.

HG: It's rather complete and I think you'll just (unintelligible).

DB: We'll give you (unintelligible).

HG: And I.

BB: And we're back on tape and it is 9:30 a.m.

ND: A copy of a resume, ah, I believe it's your resume, is this accurate?

HG: Yes.

ND: Okay.

HG: Yes it is.

ND: Can you, ah, beginning, where that's your academic background, um, could you explain, ah, what the degree you got in your bachelor's degree in business, um, EDM, master's of education bachelor's degree in?

HG: That was in the, ah, philosophy.

ND: Okay and ah (unintelligible), ah, any (unintelligible)?

HG: No this, this came in, ah, if you notice in, it's, it's after my doctorate degree.

ND: Okay.

HG: The, I went to Europe and got my doctorate degree in Europe and Europe has a very theoretical presentation. And when I came back, especially in psychology majors and, and in the (unintelligible) not necessary the application, so I went to BU down there, and, and they insist they said well why don't you just take a master's while you're at it in (unintelligible) school of education.

- ND: Okay. Doctorate, ah, from the Catholic University in Paris does, it was in psychology, um, not being familiar with the French, ah, university (unintelligible), um, psychology or what is the (unintelligible).
- HG: No you go through.
- DB: You know it, let's just, let's just going forward just so there's a clear transcript here, try to let, ah, Mr. Delker finish his question.
- HG: Oh I'm sorry.
- DB: Even though we all kind of.
- HG: Yes.
- DB: Do that in conversation.
- HG: Okay.
- DB: Try to let him finish before you begin your answer.
- HG: Thank you.
- DB: Okay thank you.
- ND: That environment is there any spec, sub-special in, um, different areas of psychology or is it a general psychology degree?
- HG: Ah, you can choose your, your own specialty and I chose psycho-analysis.
- ND: The degree from Boston University is that, ah, you, you said it was in the education department, could you, um, just elaborate a little bit on, ah, what the connection between that degree and, and your profession as a psychologist?
- HG: Again, again, ah, that's within the profession actually. Um, it's somewhat like Europe you have the education degree but you have psych given in, in the education degree. You have psychologists now who have DD's, in fact in New Hampshire even the president of psych association there is an overlapping that takes place, so the context of psychology but the departments themselves are.
- ND: Was your work, ah, your studies there also, ah, psychotherapy focused?
- HG: Ah.
- ND: At, at Boston University?
- HG: Counseling.

ND: Counseling.

HG: Yes.

ND: What, what's your, been your work experience can you give us, in, I, there's quite a bit listed here under the work experience.

HG: Yes.

ND: Can you give us a, ah, ah, run down of what you've done primarily as your work over the years?

HG: Okay. Ah, I was a Catholic priest at one time, as you know and my studies were done in Europe as such. When I came back I was subject to assignment, and so I was assigned a (unintelligible), um, ah, still within the Catholic system was, ah, Emmanuel College we were thinking of starting a psych department. In the meantime while working out of Emman, ah, (unintelligible), see I've been always very professionally active. And, ah, I became active with the (unintelligible) and so he asked me if I might be interested in coming, so I started part-time in New Hampshire and remained full-time in, ah.

ND: Starting in 1978?

HG: Yes.

ND: That you started part-time?

HG: Yes, yes, 1978.

ND: Okay, um, let me, I, I'm sorry to interrupt you cuz, ah.

HG: No, no.

ND: I just wanna to maybe keep this, ah, chronologically you mentioned at the very beginning that you were a Catholic priest.

HG: (Clears throat) yes.

ND: For a period of time. Can you, were you affiliated with, what Diocese were you in?

HG: Boston.

ND: And, um, when were you ordained and when did you leave the priesthood?

HG: I was ordained in 1949. And, ah.

ND: That you left, ah, the priesthood?

HG: Ah. Actually you have to write a letter to Rome. And on there I stated that there were teachings in the Catholic church that I could not officially (unintelligible) because I was outta Emmanuel within the psych department, (unintelligible) I wasn't asked to represent (unintelligible). There was speculation that I might be going out to a parish and I just didn't feel that I could (unintelligible).

ND: (Unintelligible).

HG: (Unintelligible).

ND: This happened in 1977?

HG: And the papers came through beginning of 78.

ND: Your affiliation with the Diocese in, of Manchester in New Hampshire, ah, you said that you, correct me if I'm wrong you said you met somebody, ah, through Emmanuel College who was affiliated.

HG: No not Emmanuel.

ND: Oh, oh I'm sorry.

HG: The, ah, New Hampshire Psych Association.

ND: Okay. And what was your connection with the New Hampshire, ah, Psych Association?

HG: At the time I lived, I lived in Maine, I had a place in Maine (unintelligible) and so he asked me if that might be interested.

ND: Can you describe for us what, ah, when you started with Consultation Services for Clergy and Religious, ah, in Manchester what, ah, the nature of that work was, how many people worked there, where it was located?

HG: When I first came of course he had, he was there, but he left.

ND: And this is Father, ah?

HG: Tousignant. Norman Tousignant.

ND: (Unintelligible).

HG: T-O-U-S-I-G-N-A-N-T. Exactly (unintelligible). I think when I first came in I was alone. And then I believe I'm not sure there was a close kinda sequence there and two nuns came in, as director on (unintelligible) with the two sisters (unintelligible).

ND: You said their role was co-director, did they also do counseling?

HG: Counseling yes.

ND: Priests or?

HG: Priests or nuns or whoever came through.

ND: Who, who were the clientele for, ah, the Consultation Services?

HG: Especially our priests and nuns. (Unintelligible).

ND: Any?

HG: At the beginning.

ND: Ah, lay people at the beginning?

HG: Not that I can remember in the beginning.

ND: But the, that at the beginning you had three or four patients an hour for each patient.

HG: Yes the usual fifty minute hour.

ND: Was, was there an office that?

HG: Yes. Um. And that was the delight really that I had was a beautiful Civil War building, theoretically, ah, we were basing it, kind of comparing it with the, ah, telephone company, when they had the telephone (unintelligible).

DB: Was there an office?

HG: Yes, when I worked, I'm leading up to that.

DB: Well, well but just ans, answer the question that you're asked.

HG: Oh yes there was an office.

ND: You, you can actually I'd be interested to hear, um, how.

HG: Well the telephone company.

ND: Where you were going so.

HG: Well the telephone company made it a point to have it separate from company headquarters and so forth. Because they did not want the workers to be discouraged, by management and so forth (unintelligible) the same thing and this building was very separate, it was a way it was a few streets up from the chancery office so that they'd, they'd be a good separation and concept with the clientele between the two of us, we're always (unintelligible).

ND: Um, were there, there'd be two nuns you said who were co-directors, did they also have, ah, psychology counseling backgrounds? Were they trained, specially trained in that area?

HG: Yes, yes. And, ah.

ND: Um, can you describe what you were doing, ah, you said, part-time you were doing this work, what you were doing with the rest of your time during that period?

HG: I was doing full-time teaching at Emmanuel.

ND: Okay.

HG: I was head of the department and I also had an office in, in Maine.

ND: Private con, private consultant?

HG: Private, private.

ND: Um. Describe, did your work with Consultation Services change over time, the amount of work, um, the nature of the work, any of those?

HG: Surely did for me.

ND: Okay.

HG: I, I came on full-time.

ND: Alright, when did that take place?

HG: (Unintelligible) private thing, um. (Unintelligible), ah, Emmanuel, 92, had a stroke then, so I stopped at Emmanuel, came in to (unintelligible).

ND: Actually, I think your resume says that you.

HG: Seventy-seven ya. I'm sorry.

ND: Um. Ya so you were a department chair until 77. It says that you taught at Emmanuel until 84.

HG 84. So it's 84. Ah, the ah, right around that time when I took over full time.

ND All right. Were you the only therapist for Consultation Services at that time?

HG No. Ah.

ND Dr. Desjardins

HG Yeah, he came in. And then I took over as director. We were both together kinda of co-people.

ND How, how long roughly?

HG He didn't stay. He didn't stay long. Probably six months or so.

ND And then were you alone after that?

HG I was alone until other people came in and then we started to hire people.

ND And um –

HG (Unintelligible)

BB Were there other people who work for the consultation services that were not sisters or, that worked as therapists?

HG Ah, one person did testing. John Chapelle, who's a psychologist here.

BB Other than that, the people that worked for Consultation services, most of them were.

HG (Unintelligible) well, I was not considered clergy. I'm out at that time.

ND The clientele for Consultation Service um, remain religious primarily, ah, (unintelligible)

HG Oh yeah, oh yeah.

ND Can you describe, were there also outside consultants that were used or, I should say, outside therapists that were used to counsel, ah, the priests in addition to the services that, that Consultation Services provided?

HG Not unless they went on their own.

ND Okay. And under what circumstances –

HG If a priest wanted to go.

DB But, maybe, I think Henry, he might be making a distinction between counseling and, I mean we've seen the documents you've given us where priests were sent to facilities

HG Oh, I see.

DB -- Is that what you're getting at?

ND I actually was, was um, my question, and I wasn't clear about it, did relate to ah, his answer, which was therapists.



DB Okay. All right. I apologize.

ND So um, I was, I was wondering whether, ah, for, whether there was some reason that um, either because you, you know, you didn't have enough staff to counsel to priests, you needed to rely on outside services.

HG Eventually, ah, staff was added because of added demand and then (unintelligible).

ND What um, why did you end your affiliation with Consultation Services?

HG When did it?

ND Why.

HG Why? I retired.

ND And what have you been doing since your retirement?

HG (Unintelligible) local library had a campaign (unintelligible) was that I met a fellow who was running for the legislature in Maine and he asked me if I'd be event coordinator (unintelligible) because there was no one else so I spent time doing that. In the meantime, I had offered the police chief um, he had a new personnel who.

ND I'm sorry to interrupt you. York, Maine?

HG York, yeah. And ah, that was a very active a couple times somebody came.

ND The time that you were, I'm sorry to jump backwards but, during the time that you were working full-time for Consultation Service in Manchester, did you maintain a separate, private practice?

HG Yes. Yes, I did.

ND And, and how much of the time –

HG I was three days here and I was two days in Maine. And the reason I –

DB Well you just (unintelligible)

ND It's difficult with the tape so.

HG All right.

ND My question was ah, how you divided your time. You were answering my question.

HG Yes. I, I answered the question. Ah, did you ask why also?

ND Ah, so you divided your time three days in Manchester?

HG Three days in Manchester and two days in Maine.

ND Okay.

HG And the reason was that ah, I realized working for the Catholic Church, you could have a different bishop tomorrow and he could say I'm not interested any more and I'd be out of a job. So I wanted to maintain a base.

BB While you worked for Consultation Services um, did you ever become involved with Catholic Charities? Because they had counselors –

HG I was (unintelligible) again.

BB (Laughter) They had counselors that ah, would go out in the field and did you have involvement with them?

HG I was paid by Catholic Charities. I was a section of Catholic (unintelligible)

BB Did that consult-, consist of going over cases?

HG Yes.

BB To tell them where to go and how to –

HG No, no. Not where to go. Well, if it came to that. But most of them have the resources on that. There was goals to the case and discussed the case and what might be proceeded afterwards, so forth.

BB (Laughter).

ND Ah, and, Catholic Charities Counseling Services focused primarily on the parishioners and the lay ah, people, is that accurate? Did they also counsel priests?

HG They could. Yeah. There was no exclusion. Um, I don't believe they're only Catholics. That's a non-denominational thing, if someone else comes up.

ND And you're either educational, experience um, continuing education or work experience, have specialized training or experience in working with ah, clients who have ah, committed sexual offenses involving minors. Is that ah, something you've had particular training for?

HG If I had special training. What is a broader subject. Sexual addiction.

ND Okay.

HG As you know, from my resume, I was on the Governor's Commission.

ND Yes and no (unintelligible)

- HG Well ah, it, it, yes there's a specialization on sex, on sexual addiction but necessarily the narrow, narrow thing of child molestation.
- ND Can you elaborate just ah, a bit more in terms of what sort of, either courses or um, particular experience you had in dealing with this area of special, of sexual addiction.
- HG Workshops and conferences, etc., that type of thing.
- ND How much of practice focused on that particular ah, aspect of mental health versus other?
- HG Focus. I accept it. Um, (unintelligible) it was one of many. After a while because of (unintelligible) publicity here (unintelligible) and so forth. As far as the work is concerned, there was no real focus.
- ND It sounds like your counseling, therapy services ah, in connection with the, the ah, general practice.
- HG That's right. That's right.
- ND Are you familiar with ATSA? Ah, A-T-S-A. Association for the Treatment of Sexual Abusers?
- HG No.
- ND Are you affiliated, you mentioned, and I didn't quite, I didn't see it when you mentioned it on the resume, you mentioned, um, that you had served on some council or had some professional um, relationship with a sexual addiction ah, what, what was that? I'm sorry, I missed it.
- HG Well, again, it was a workshop and so forth. The ah, the leader of it (unintelligible) but that was in 72. But that was not molestation. That was a sexual assault type of thing (unintelligible)
- BB 'Cause they were having a particular problem with adults.
- HG Massachusetts.
- BB Sexual offenders in Massachusetts.
- HG Yes.
- BB They set up a commission to study why it was happening and what they could do to.
- HG That type.
- BB Okay.

ND Right. And, and, okay, so this is um, has to do with sort of um, stranger assault, sexual assault. Um, in, in your work with Consultation Service, did ah, the type of treatment, mental treatment you provided to um, the clients differ depending on whether their problem was ah, sexual related or other mental health issues? That was the primary –

HG That's general.

ND The, the focus of your, your, I'm sorry, I don't know how to ask the question. The focus of your ah, the work you did with Consultation Services was, was psychotherapy.

HG Psychotherapy.

ND Are you ah, familiar with other types of therapy that are used for um, sexual offenders?

HG (Unintelligible) from the point of view that I became (unintelligible)

ND (Unintelligible) what other types of treatments are available?

HG Well, the ah, the group type ah, like ah, (unintelligible) you have St. Luke's in Maryland, combination psychotherapy testing they have group work (unintelligible)

ND Are you familiar with ah, cognitive behavioral, behavioral therapy?

HG Yes.

ND Did you (unintelligible)

HG (Unintelligible) it's know as eclectic and there was a bit of everything going on (unintelligible) a little bit toward ah psychoanalytical interpretation so (unintelligible)

ND (Unintelligible) cognitive behavioral therapy in your practice with Consultation Service (unintelligible)

HG Yeah, you just tell 'em what is going to happen. What is going on and, I mean, very directive and instructional and so forth. The other one would be trying to get back to their background, their home life, that kinda thing (unintelligible) hey, smarten up.

ND (Unintelligible) why is one type of therapy with, with certain mental health issues and another type with mental health issues?

HG (Unintelligible) That's why I claim it was eclectic.

ND Um, I'm trying, I guess I'm just trying to comprehend what you're saying. You did a combination of psychotherapy, psychoanalysis coupled with some cognitive behavioral therapy?

HG Yes.

ND Ah, (unintelligible) any understanding or, or, or experience in terms of the effectiveness of the individual therapy versus group therapy in treating sex, sex offenders (unintelligible) one way or another, which was more effective. In terms of acceptance in the professional community, is one more accepted?

HG At this stage, I would think that the group would be accepted.

ND Let me actually. . .

HG And that's where the residential comes in.

ND Let me actually focus on, I wanna focus these questions, just so I'm clear, in terms of your time working with Consultation Services as opposed to what's happened in the ten years since you retired.

HG Yes.

ND (Unintelligible) worked with Consultation Services ah, did you have an understanding about whether um, group therapy versus individual therapy was um, ah, more accepted as a, more or less accepted as a practice for dealing with sex offenders.

HG No.

ND About the role of drug treatment for sex offenders (unintelligible)

HG Yes.

ND Ah, I don't think my question was particularly well worded. What I had in mind was the ah, concept of ah, ah, administering drugs for the treatment.

HG Oh yes. Depovera and so forth, yes.

ND And did you utilize that in your practice?

HG I didn't but some of the people that we referred had that treatment.

DB You, you say you did not.

ND What circumstances, you said some of the people you worked with through Consultation Services had that as (unintelligible)

HG Were referred out.

ND Okay, and, ah, why were they referred out? What happened to their treatment? Were you, were you cap, did you, did you have the ability to do that type of treatment?

HG (Unintelligible) cannot do it ourselves.

ND Is that why they were referred out to a different –

HG Well, they weren't referred out for that treatment. They were referred out because ah, we saw the degree to which they were at that they needed more.

ND The work you did with Consultation Services consisted of ah, dealing with sex, sexual ah, offenses versus, or sexual misconduct versus um, other mental health (unintelligible)

HG (Unintelligible) sex thing did you say?

ND Well, I guess my question was sexual issues versus other mental health um,

HG Yeah, but I, I'd like to more about what type of sex issues are you talking about?

ND Um, I mean, the focus of our investigation has to do with sexual misconduct with children so, or, or minors, anyone under the age of (unintelligible)

HG But you see, when you say sex, I did have some on sex identity which is completely different from molestation.

ND Okay.

HG (Unintelligible) an estimate given under the word sex, that might apply to your focus, you know, accidentally.

ND That's fair. Um, so with respect to clients who were referred to Consultation Services because of, engag-, because they engaged in sexual contact with minors under the age of 18.

BB Now, taking out the word sexual and, and putting in the inappropriate behavior with minors because –

HG No, I would consider that sexual.

BB Okay.

HG Okay.

BB Okay.

HG I, I don't make a distinction there.

BB Okay.

HG Okay. Why I said point one um, in the case of some that turned out to be might not have been referred for that reason. When you said how many were referred (unintelligible).

BB (Unintelligible) could have been referred for alcoholism and while they were being treated for alcoholism, this other sexual issue would come out.

HG Would come out, not necessarily from them but would erupt out in the community.

BB Or from the diocese.

HG Or from the diocese. Yeah. That's why I said point one because I can think of some (unintelligible) took place and they were referred.

BB (Unintelligible) there were instances where they were in treatment with you already and then something came forward.

HG (Unintelligible)

ND How much, how much, how, the practice that you worked with, how much would consist of clients who either, through the initial referral or during the course of your treatment would um, you would deal with issues relating to sexual misconduct.

HG Very small. They, and ah, ah, again, the emphasis now is minors. There might have been some where it was –

ND So, yeah.

HG With minors. I was gonna have a redundancy (unintelligible) (laughter) a very small amount. Extremely small amount.

ND And um, just, as we're going forward, just so we're clear, we're not interested, unless we ask specifically about um, priests who may have engaged in, you know, sex (unintelligible).

BB (Unintelligible) voice activated. (Unintelligible).

HG Do you think we could just, the sun's right in my eyes.

ND Sure.

HG Thank you.

DB That's an old investigative technique (unintelligible) (laughter)

DB The water dripping will start soon.

BB Yeah, it'll start soon.

ND Um, are you familiar with the use of the polygraph in um, the treatment of sex offenders?

HG I'm not familiar with the use of polygraph for anything.

ND So, I take it, that's something you didn't use in your practice. How 'bout the um, penile pletysmograph.

HG I used no mechanical aspects. No.

ND What specialized tests? Did you utilize any specialized tests in um, either evaluating or treating um, patients who um, you were treating for engaging in sexual misconduct with minors.

HG Ah. How should I answer that? Ah, some of them had been tested elsewhere at residential centers. Um, some of them who were tested and then who turned out to be in that kind of a situation um, and on the (unintelligible) The only testing, ah, that we have is the 16 PF and I'm sorry ah, I'm sorry because I don't even know some of the names of the tests. Um, the MMPI, the 16 PF, and, ah, that's about the two major ones that stand out.

ND Um, the M.

HG We didn't use (unintelligible) at all.

ND The MMPI, ah, is a general psych test?

HG Very general test. (Unintelligible). Well, I thought you were finished.

ND It's a general test.

HG General, general thing, and I said, yes it is.

ND Um, are you familiar with, ah, the multiphase sex inventory.

HG I'm not.

ND How 'bout um, Able Becker sex interests card sort? Able Becker questionnaire of men? Able Becker cognition scale?

HG Not able Becker at all.

ND Okay. How 'bout Reaction Time Assessment?

HG Some, but that was never used for us but I am familiar with that.



ND Um, and that measures the attraction to certain types of pictures, is that accurate?

HG That type of thing.

ND And you didn't use those?

HG No.

ND Ah, when you, in the course of treatment of a client, a priest who either, because they were referred to you or because in the course of your treatment, became apparent that there was an issue with respect to ah, sexual misconduct with a minor, um, in the course of that treatment, what types of, what type of information would you rely on in treating the patient. Where would you get, what was the source of your information about the nature of the ah, conduct? Where, where would you get the source of your information?

HG Presuming they were presuming they were referred because of conduct ah, some of it came from the chancery office um, if, if it went to them first. If they came on their own ah, there was no source but themselves. If they came from the . . . well, the bishop or the chancery office (unintelligible) ah, at first they would come and, you know, these things have to be developed, the confidentiality thing and so forth and they were quite recognized and so what I had to do was to tell them, when you refer someone, please send a letter separately stating why because they come to you and they have their own story and so eventually, that's what became a practice they would send it. And then I could address it from, and then the ah, the trust that there is, that I'm not the one saying well now, look, you did this. The letter says this. So I remain still in a intermediary position. So that, that was my source. (Unintelligible)

ND Do you um, did the, did the chancery office provide you, other than a letter outlining the nature of the conduct that ah, the priest had been referred for, did they ah, do you recall any instances where they provided other documentations, police reports, witness statements?

HG No. Never.

ND Um.

BB When someone came to you or when they referred someone to you, would you ah, routinely find out, inquire, whether they had already been through a series of psychological testing so that you could review that?

HG Ah, we had a data sheet that they were given, ah, where they had to fill that out. Whether they had had any experiences before with other psychotherapists, whether they had been tested.

BB And if there had been testing, would you receive a copy of that?

HG I could request it, yes. And I did at times, yes.

BB Okay.

ND Why wouldn't you always want to know what their prior evaluation was?

HG We always want to know. But, she asked whether I requested it. Sometimes they had it on their own. But we had the data sheet.

ND And the data sheet is, is a self-report of the client.

HG A self-report.

ND And ah –

HG And attached to that was the confidentiality statement.

ND And, and that was, um, what, what, what the nature of the confidentiality?

HG Telling them that ah, and it had to be a, a rather clear statement because there was always suspicion, are you with the administration. So we had to assure them that this, ah, would be confidential but we did have a reporting aspect, ah, not only sexual abuse, physical abuse, emotional abuse. Not only with children but with elderly. (Unintelligible)

ND I wanna, I wanna, I'm gonna ask a question about that.

HG Okay.

ND Um, did um, you mentioned that, I wanna follow up on something you mentioned ah, a couple of minutes ago, you said you would get a letter from ah, the chancery office outlining what the problem might be, that the client patient was being referred for and then you would get the patient's version of what that ah, what, what was going on. Did you believe one source over another? Um, what was your approach in terms of the credibility of the chancery report versus the self-report of the patient.

HG I'm trying to put myself in the place of a therapist. And I accept both and work with both. And try to, not definitely set myself that their facts are correct and not their facts are correct but you to try to work it out in some fashion with them to see what comes through.

ND In, in treating the patients who had sexual problems with minors um, did you have a default that if they denied it, ah, you didn't believe them, you, you discredited their denial?

HG The patient?

ND The patient's denial. Yeah..

HG I've never had a default. That's a judgment. I don't make judgments.

ND Right. So you didn't, if, if in the context of, of clients/patients who had ah, sexual problems with minors, if they denied it, you didn't assume that they were lying about that.

HG Nor did I assume that they were correct. I assumed nothing.

ND How do you resolve, how did you end up resolving the conflict?

HG Well, you ha, you have to let them work it out. Of course the thing is, if there's any indication of a crime, then that's a different story. It's not your, your role to investigate or judge. You just hand it over.

ND Um, right. And I'm, I'm focusing I guess on the treatment aspect of, of this and um, so, um, and, um, it sounds like you would not um, and I, I think you've said this already, I just wanna make sure I'm clear, it sounds like you would not automatically assume that in the cases where the offender ah, had misconduct, or the client had misconduct with a minor, that ah, you would assume that if they denied it, they weren't telling you the truth.

HG Would you repeat that.

ND Sure.

HG There are negatives here.

ND Um.

HG A lot of negatives here.

ND Yeah, I know. Ah, in, with those patients who an issue arose in the course of your treatment that there was a problem with a patient engaged in misconduct with minors, sexual misconduct with minors, you didn't not, if the patient denied engaging in that sexual misconduct, you did not assume that the patient's denial was a lie.

HG I assume nothing.

ND Um, is, in, in your training or experience, is there ah, a difference in the level of trust ah, you would give to a patient, a patient's self-report if the patient is dealing with sexual misconduct issues versus, ah, with minors, versus other types of mental health issues.

HG You see, the word trust I have difficulty with. That's a moral term. Ah, what I believe and it's not a matter of believing with the patient. It's a matter of dealing

with, and you have to deal with the patient's world. And if he's in such denial then you try to deal with the denial. You try to have him work through the denial but you don't make a judgment on it because the minute you make a judgment, the defenses rise and you're not there any more with them.

ND Okay. Ah, I think I understand what you're saying. I wanna see if I um, let me, let me ask the question again. Maybe you'll say the same thing and I just ah am not sure if I.

HG You don't mind if I have a cough drop do you?

ND Oh no, no, not at all.

HG Rather than drink because I have to go to the bathroom if I drink something. If you folks want one.

ND No thank you. Would you believe the self-report of a patient who was dealing with non-sexual issues over self-report of a patient, would you be more, let me rephrase the question. Strike all that. Would you be more likely to believe a patient whose dealing with non-sexual ah, misconduct issues versus a patient whose dealing with sexual misconduct issues in terms of what they're reporting to you.

HG I don't think so. Denial is denial and I mean, a patient could be talking about his mother and the denial there would be just as strong as a child molester. So you just, you look at denial and you deal with what you got. I don't believe one more than another. Or disbelieve one more than another.

ND What ah, during the time you worked for Consultation Services ah, what, what was your understanding about ah, whether patients who had sexual problems or sexual misconduct with minors, whether there was a cure for that problem.

HG I never believed that there was a cure. Just like alcoholism. I don't believe there's a cure. I did believe that in certain degrees that it can be arrest of the behavior.

ND How 'bout ah, rates of repeat ah, did you have an understanding with what the, ah, rates that a person who, a client who engages in sexual misconduct with minors, that they would go out and re-offend. The likelihood that they would do that.

HG I, I don't fully grasp what you just asked. Especially t he rate.

ND No, no, I'm sorry. Let, let me rephrase the question, I think it was unclear. Um, in, in your, during the time you worked for Consultation Services, did you have any understanding about how often sexual offenders with minors would re-offend, would, would commit new offenses with new victims.

HG Again, I didn't single out child molesters addiction and with an addictive personality, the chances of repetition are very high.

ND Are you or were you, I, I should say, were you at the time familiar, or are you now familiar, let me ask you either way, with the um, factors that prompt a person to engage in sexual misconduct with a minor. What, what triggers that type of behavior.

HG First of all, I wouldn't use the singular. There were triggers, ah, not a trigger.

ND Okay.

HG Ah, and then you have the distinction between the external and the internal. I think, I, I, you're making me think out loud here.

ND Sure.

HG I'm speculating and theorizing, okay? It's interesting though.

ND Did, let me ask this question –

HG Yeah.

ND Did you, if –

HG If it wasn't for this interview, I, I'd really have fun here.

ND Yeah. Okay. Did, did you focus on that issue um, you know, what triggers that type of behavior in, in the course of your practice.

HG Speculation sometimes. Not a trigger so much as what needs are present that this person is responding to rather than . . . The trigger, to me sounds like something outside, you know. Okay? To me it's immaterial what's outside so, so many times. And in fact, so much is, is that it doesn't matter what's outside is that the addict doesn't see the outside for what it is, you know. Ah, the addict will see a child but he'll see the child beckoning him and he could swear the child asked him. That's the addict. So the trick is inside to have him see what he wants to see, you know. That's about as much as I can –

ND Okay. How in therapy, do you deal with, did you deal with that issue? Um –

HG Well –

ND -- that response from the, from the addict.

HG How do you deal with it. Psychotherapy ah, tries to go to the internal mechanisms that are involved and you go to history of the individual and try to see some of the needs, ah, I believe a lot in the need theory and some deficits with, within childhood can bring about certain needs that are so strong they bring about distortion. See you go in there and talk about it. It's called a talking cure.