

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

*Program in Human Sexuality  
Department of Family Medicine and  
Community Health  
Medical School*

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Minneapolis, MN 55454  
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## Treatment Summary

Date: 02/28/06

Abbot John Klassen  
St. John's Abbey  
Collegeville, MN 56321

RE: MICHAEL BIK, patient (DOB: 02/11/49)

Dear Abbot John Klassen:

Mr. Bik attended and appropriately participated in two diagnostic intake assessments on 11/23/05 and 11/30/05 with Dr. Stacey Seibel. He also attended a follow-up individual appointment with Dr. Seibel to discuss recommendations. At that time, Mr. Bik was told that in order for decisions to be made regarding most efficacious treatment recommendations, he must complete phallometric testing, psychological testing, and polygraph testing.

During the intake process, Mr. Bik admitted to sexually abusing two teenage boys approximately thirty years ago. Mr. Bik denied other incidents of sexual abuse. Mr. Bik insisted that he maintains no sexual attraction to minors. He discussed enjoyment of teen theatre.

Mr. Bik completed phallometric testing 01/09/06. Phallometric testing results indicated significant arousal to three stimulus categories: male adults, male teens, and male children. Mr. Bik's arousal to male adults and male teens was approximately equal, with arousal to male children being significantly lower. Phallometric testing results are not consistent with client's self-report.

Mr. Bik has not completed the required psychological testing. He completed the Multiphasic Sex Inventory (MSI) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) 01/06/06. He has not completed the self-report measures, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Tennessee Self-Concept Scale (TSCS), Millon Clinical Multiaxial Inventory-III (MCMI-III) and Derogatis Sexual Functioning Inventory (DSFI), which are program requirements. Additionally, Mr. Bik has not returned recent phone calls regarding completion of psychological and polygraph testing. Polygraph testing is not complete. MMPI-2 testing results indicated lack of stereotypic masculine interests, psychological turmoil, anxiety, and sadness. He may be pessimistic about the future, does not cope well with stress, and is likely introspective. Testing further indicated that Mr. Bik may not interact well socially. MSI testing results


indicated some pedophilic sexual fantasies, cruising and grooming, and sexual assault. Mr. Bik was likely dishonest, underreporting symptoms, when completing the MSI. Sexual inadequacies were reported.

Mr. Bik has not following through with necessary requirements of the Sex Offender Treatment Program at the Program in Human Sexuality: Center for Sexual Health. Thus, his chart will be closed. Based upon obtained information, the following recommendations are indicated:


1. Mr. Bik does not appear amenable to outpatient treatment.
2. Mr. Bik should not have contact with children under age 18. This includes: Mr. Bik should not be allowed in the school buildings, should not be allowed to attend teen theatre, and any other contact with minors.
3. It is recommended that Mr. Bik be supervised at all times. All trips away from the St. John's campus should be with an escort.

Please feel free to contact me with any questions and/or concerns at 612-625-1500.

Sincerely,

  
Stacey Lynn Seibel, Ph.D.  
Postdoctoral Fellow

02/28/06  
Date

  
Michael Miner, Ph.D., LP  
Licensed Supervisor

3/1/06  
Date