Please Don't Feed the Animals

A Psychologist's Memoir

Elizabeth S. Thompson, Ph.D.

The following is my recollection of events that occurred while I was employed as a Clinical Psychologist with the State of California's Department of Mental Health (DMH) at Atascadero State Hospital (ASH) in San Luis Obispo County, from November 17, 1998 to March 30, 2004. Chief among my duties was to provide group therapy to Sexually Violent Predators (SVPs)—sex offenders who were civilly committed to the hospital under California's 1996 SVP law.

To protect identities and confidentiality, I have modified the names and characteristics of individuals in this memoir. I did not change the names of certain individuals, however, whose stories, or events related to them, can be accessed from various public records or have already appeared in local, state, or national media. In such instances, citations have been provided.

Additionally, I have modified certain aspects and features of the hospital, such as administrative programs and unit configuration.

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Lockdown

Atascadero State Hospital, July 2001

It was only 9:00 a.m. and already I could tell it was going to be one of those long, miserable days. The hospital's air conditioning was on the fritz for the second day in a row and I felt sticky and gross. And since I was working at a maximum-security facility, I couldn't just crack open a window to get a breath of fresh air. What made it even more unpleasant was knowing that I would have to sit on a straight-back metal chair in a small room for two hours while attempting some sort of relapse-prevention therapy with nine male sex offenders in denial.

My co-worker Ridley and I had barely gotten underway in our Phase II group. The patients had settled into their regular places and were chatting about mundane things while dutifully taking out their most recent homework assignments. It was Mr. Orville's turn to present his high-risk S.U.B.T.L.E.s—Seemingly Unrelated Behaviors that Lead to Errors. He was nervously folding and unfolding his paperwork.

Suddenly, an announcement came booming over the loud speaker, reverberating off the concrete walls and disrupting everyone's frame of mind: "Attention, attention. This is an all-call. All patients are to return to their units immediately. An actual count will be taken. Attention, attention. This is an all-call. All patients are to return to their units immediately. There will be an actual count."

"Ah shit!" replied Mr. Orville. His disappointment was half-hearted.

In a rare demonstration of unanimity, the patients let out a collective moan. Reluctantly everyone gathered their belongings and continued groaning as they exited the room. Ridley and I

lagged behind them down the narrow hallway to join the rest of our patients and staff who were assembling in the day room. Once all 35 patients were gathered together, the unit would be locked and the cacophony of complaining would reach a crescendo.

I took a seat and listened to the men as they chattered among themselves and speculated about the cause for the lockdown; some were placing bets as to whether it would be hospital-wide or confined to only a few units.

A hospital-wide lockdown could be an extremely tedious event, particularly if a patient had gone missing. Thankfully, that didn’t happen very often. The usual reason for a lockdown was because drugs had been discovered, anything from marijuana to meth. On those occasions, we’d get to see Rusty, the hospital’s newly acquired drug-sniffing Labrador, in action. But more often it was pruno, the prison-brewed alcohol which was made out of fermented bits of fruit, sugar, and whatever else was available to cause some sort of fermentation and induce eventual inebriation.

When a hospital-wide lockdown was called, every staff person, including psychiatrists, psychologists, nurses, pharmacists, teachers and janitors, was asked to perform whatever duties the unit supervisors and program administration requested. During my first-ever lockdown, I was so motivated to be a team player that I volunteered to assist in shaking down our patients’ rooms, which meant donning latex gloves and dutifully plunging one’s hands into potted plants and mysterious paper bags in an effort to find contraband, any item that was considered to pose a threat to hospital security. Although it felt awkward as the unit psychologist to be rifling through my patients’ personal belongings, I was rewarded by my first discovery of contraband: a strand of dental floss. Everyone rallied around and congratulated me on my find. Indeed, dental floss was definitely not allowed in a patient’s possession. If a patient had the need to floss, he was

required to request the strand from the staff in the medication room and perform the deed right there under the watchful and trained eye of a nurse or psychiatric technician. During future lockdowns, I volunteered for crowd-control duty.

Through the windows of the nurse's station, I could see Keith, our unit supervisor, talking on the phone and gesturing wildly. Surrounding him were several frowning psychiatric technicians who were busy retrieving latex gloves from tissue-like boxes anchored to the wall and labeled small, medium, large, and extra large. Such a move indicated there was definitely going to be a shakedown. Then, three psych techs left the nurse's station and went down the stairway, no doubt on their way to the auditorium to be part of a pool of staff assigned to shake down common areas of the hospital, such as the library or the auditorium. That indicated it was likely to be a hospital-wide lockdown, which meant we could be stuck on our unit for several hours, if not several days; once a lockdown was called, you couldn't decide that you suddenly had to go home—there was no egress for staff to leave the hospital before their shift was over.

It was pure torture waiting in our tiny day room along with 35 seething SVPs (Sexually Violent Predators) who were hurling all varieties of four-letter words and whining about how their civil rights were being violated. By now I had learned the futility of engaging with them in their arguments about various injustices, and quietly observed those around me. I listened to Sam, our rehabilitation therapist, as he casually talked up a storm about baseball and NASCAR with some of the patients. I looked over at our die-hard pedophiles who were hunkered down in their usual spots in front of the television, blissfully ignoring the complaining going on around them as they sat with glassy-eyed stares, mesmerized by an episode of *Facts of Life*.

After what seemed like an eternity, Keith finally entered the day room and announced the obvious: there was a hospital-wide lockdown and unit staff would escort patients outside to the

courtyard, but only after every patient submitted to a strip search. That was odd; I had never heard of patients being strip-searched during a lockdown before. Keith leaned over to me and whispered that a staff person had lost a set of keys. Furthermore, the person wasn't sure if the keys were lost inside the hospital, or outside, like in the parking lot or at a local restaurant. Now *that* was serious. Technically, we weren't allowed to take our hospital keys with us when we exited the facility. Not that a set of keys would afford a patient the luxury of walking out of the hospital, but in the hands of an SVP, it could certainly be dangerous, providing him with access to offices, medication rooms, and basically anywhere that required a key.

There was a stunned moment of silence, which was immediately followed by a loud uproar.

"FUCK THAT you motherfuckers!! There's no fucking way I'm gonna submit to a strip search! No *fucking* way!" shouted Mr. Rodriguez, our angry Native American patient who had a tendency to foment ire among his peers.

"And you guys call this place *treatment*? This is pure bullshit! This is punishment!" shouted Mr. Hauser, another aggravated patient.

"You guys are motherfuckers!" screamed another.

It became a yelling, screaming frenzy as they fed off one another. My attempt to quell their anger by stating that it would be best for everyone to comply didn't go over too well.

"Easy for you to say, you fucking bitch! You don't have to live here! Fuckin' cunt!" shouted Mr. Dunbar, whom staff had nick-named *The Evil One*.

"Well, Mr. Dunbar," I said as I drew in a deep breath and did my best to maintain my composure, "while it's true that I don't have to live here, unlike you, I didn't commit a sex offense." Oh geeze, why did I say that? I sounded just like Graham, my former co-worker, who

had finally been moved to another unit after I had complained bitterly to administration about his unprofessional conduct toward patients and staff.

"*Fuck* you, you fuckin' cunt!" Mr. Dunbar shouted again, this time spittle flew out of his mouth. I glared back at him and smiled inwardly to myself as I thought of how I would eventually get my revenge: I'll be sure to document in your chart exactly what you just said to me, Mr. Dunbar, word for word, and then you can take that with you the next time you go to court and try to get released from here. Idiot. The patients referred to this form of staff retaliation as "smoking the chart." And although we always denied engaging in such tactics, it was definitely something we did. Luckily, Keith, Sam and Ridley were able to calm down *The Evil One*.

Just then, the door to our unit unlocked, and in walked about 15 hospital police officers of various shapes and sizes: tall and burly, short and fat, young and old, male and female. Following them was a shaft of bright light that slowly illuminated the stairway behind them; in walked an officer with a video camera perched on his bulky shoulder to document the SVPs' anticipated noncompliant behavior.

An older, gray-haired officer then came into the day room, and suddenly all was quiet. "Hello gentlemen. We are asking that you comply with the strip search to be conducted by your nursing staff. If you do not, you will be forcibly searched," he stated matter-of-factly.

Rumor had it that several SVPs were rioting on another unit, and DPS, the hospital's Department of Police Services, had been dispatched to gain some control. At that point, every SVP unit, of which there were ten, would be visited by a roving crew of DPS officers with video cameras.

"Fuck you! I ain't complying with none of your bullshit!" shouted Mr. Rodriguez as the

light of the video camera quickly swung over towards his voice, causing him to squint his eyes. Of all the patients I had encountered thus far, Mr. Rodriguez was one of the most frightening individuals when he was angry. I hadn't seen him that angry since, well, since he spit at me about a year earlier.

The camera slowly panned the crowd of faces that were shouting and cheering for Mr. Rodriguez, "Right on, Bear!" and "Yeah, you tell 'em, Bear!" and "Fuck you all!"

Suddenly, a meek voice arose from somewhere in front of me.

"Search *me*. I'll do it." Ah, it was our diminutive and frail octogenarian, Mr. Steed, who amazingly managed to unglue himself from the young girls in *Facts of Life* for a moment.

'No!" screamed Mr. Hauser, a usually jovial patient who always responded with 'Happy as a clam in warm wet sand' whenever I asked him how he was doing. "Don't do it, Steed! Don't do anything these motherfuckers want!" he screamed.

Another loud roar burst up from the crowd of patients, which was teetering on the verge of a riot.

"Mr. Hauser," I stated calmly. "Please, don't interfere with Mr. Steed's decision to cooperate. He's a grown man, it's his decision."

Hauser's lips curled and he hissed at me, "Fuck you, bitch!"

"Thank you, Mr. Hauser," I replied, my nerves raw and ready to explode.

While the roomful of angry patients continued shouting and cursing, Mr. Steed quietly got up from his seat and followed two nursing staff into the patients' shower room and proceeded with the strip search. A minute later, Mr. Steed emerged fully clothed and stated to the group, "See, it's all over. Now, I get to go outside." He turned toward a staff member who unlocked the unit door and he was escorted downstairs. From a nearby window I could see a sprinkling of

patients and staff from neighboring units milling about in the sun-filled courtyard.

"Who's next?" shouted Jeremy, our program director, who was accompanying the DPS crew to all of the SVP units under his watch.

"I'll go," replied Mr. Waterman, the disheveled schizophrenic patient who was fondly referred to as "Cat" by his peers.

Another uproar of disgruntled comments emerged from the angry throng in the day room, "Don't do it, Cat!" "Fuck them!" "No Cat, don't go!"

"I want to go outside," he purred back to the crowd; his assertiveness surprised me. Leave it to a schizophrenic. By now there was a gaggle of off-unit staff and more hospital police officers crowding our unit's hallway; some were trying to enter the day room whereas others were amassing in the hallway to complement a show-of-force. Mr. Waterman went to the shower room, emerged unscathed, and then proceeded down the stairs to the courtyard. Slowly, one by one, more patients followed suit and surrendered to the strip search, emerging from the shower room and making their way outdoors.

After about an hour, most of our patients had complied and were outside, but there remained a handful of patients who steadfastly refused the strip search. Finally, one of the officers spoke up.

"If you continue to refuse to cooperate, you leave us no choice but to handcuff you and place you in four-point restraints. Then we will we physically search you."

Suddenly, Mr. Rodriguez flung his stocky frame to the floor in what appeared to be an effort to make it look like a DPS officer had tripped him. It didn't go over too well, as he was picked up by several officers and carried off into the shower room, where he was searched under duress. The other guys who were resisting the search saw their fate and succumbed to the

authorities. Mr. Rodriguez emerged from the showers cussing up a blue streak, and was escorted outside. There were two more patients who were eventually restrained, shouting into the still-recording video camera that they were being "tortured" and "punished." The day was far from over, and the team of video-recording DPS officers made their way to the next SVP unit.

Outside in the courtyard, staff and patients mingled and passed the time together playing cards or ping pong, and smoking cigarettes. I strolled around in the afternoon sunshine observing the different groups of angry patients. I walked past a circle of men sitting cross-legged on the grass and listened to what sounded like hushed whispers of future plans: "I say next time we….." Their conversation came to an abrupt halt as they noticed me nearby. I moved along, past a few shirtless patients lying on the grass trying to soak up the rays of the afternoon sun, a group of patients pulling weeds and tending to flowers in the garden, and others who paced briskly around the small courtyard as they listened to their Walkmans, no doubt in an attempt to block out the misery of the day.

At about 2:00 p.m., an announcement was made that sack lunches would be delivered to by the kitchen staff. There were a few shouts of glee while other patients made offensive comments and vowed to protest by not eating. However, when the kitchen staff delivered the sack lunches, most of the hunger-strikers managed to get in line for a morsel or two. There were those, however, who were steadfast and decided to starve. Did they really believe that refusing to eat a bologna sandwich was going to halt the administrative wheels of Atascadero State Hospital and the Department of Mental Health?

While I did my best to enjoy the bologna sandwich that had been issued to me, I began contemplating the things that were going wrong in my life, which was something I was good at avoiding. The word disillusionment kept flittering around in my head with regard to my present

occupation, the state of my marriage with my born-again Mormon husband, and the purpose of my life. As I swatted away at the reality of despair that dared intrude into my conscious awareness, a female psychiatric technician from a neighboring unit approached me. I didn't know her very well; she had only worked on my unit as a float a few times.

"Dr. Thompson, do you have a minute?" she inquired tentatively. "I think someone needs to go over and talk to Mr. Rodriguez," she said as she nodded her head over toward the garden, which was flanked by overgrown bushes of daisies. As I peered into the distance, I could see our riot-inducing patient, Mr. Rodriguez, sitting on the grass by himself. He was hunched over with his head in his hands.

"What's he doing?" I asked. It looked like he may have been vomiting or something.

"I think he's upset. I told him he should to talk to you, but he didn't want to. Could you talk to him?" she asked with some urgency to her voice.

"Well, I'm not sure that *I'm* the best person to talk to him. I'm not one of his favorite staff." I was slightly perturbed that she was interfering with a patient who was not from her own unit. In addition, it was such a waste of time to engage with "non-Phasers," those were the SVPs who refused to participate in therapy. They were usually rude, and didn't like to be seen talking to psychologists, mostly because it would give the appearance to their peers that they were getting soft. And besides, Mr. Rodriguez had spit at me not too long ago. Approaching him would not be easy.

"Yeah, I'll check it out," I replied unenthusiastically. I told myself I would be derelict in my duties as a clinical psychologist if I didn't check on the mental status of one of my patients. Besides, it would momentarily prevent me from dealing with issues in my personal life.

I half-heartedly thanked Shawnda for sharing her concern, and walked over toward the

garden where Mr. Rodriguez was sitting cross-legged. He didn't notice me as I approached him.

"Hey, Mr. Rodriguez," I said quietly. I squatted down about a foot away from him and put my sunglasses on as I looked west toward the sun. I noticed he briskly wiped his eyes. "What's going on?"

"Nothin' man," he said, attempting to re-engage his stoic persona.

"It doesn't look like nothin'," I replied. "Mind if I sit?"

"Free country," he replied defensively. He began to pick at the grass within his reach. I sat down in the cool grass across from him and gathered up my knees.

"It's been quite a day," I offered. "It's got me all shook up."

"You? Shook up?" Mr. Rodriguez replied as he raised his head and peered at me sideways. "Come on, doc. You're a woman of steel."

"What?" I was hoping I could at least engage him in some banter.

He paused before replying. "You. You're a woman of steel. You know, how you didn't flinch when..." he said, looking at me directly.

"No, I don't know. To what might you be referring?" That was a lie. I did know.

"Uh…when I made that *cultural comment* to you awhile back," he replied sheepishly.

"Ah. *That*. It's all coming back to me now," I feigned. "You're referring to that time about a year ago when you spit at me, and called me a, what was it again?"

"Come on, doc," he pleaded. "When you say it like that, it sounds so…bad."

"It *was* bad, Mr. Rodriguez," I said with a scowl. "Besides, aren't you one of those who likes to 'keep it real?'"

He made a half-hearted smile, a signal that he appreciated my candor.

"That was pretty good, doc," he replied.

"So, what's going on with you right now? You're obviously upset about something."

"This *bullshit* today…" he muttered.

"Well…you got out of hand earlier." A minute or two passed while he continued to pick at the grass, making a two-inch divot in the carefully manicured lawn underneath him.

"I think I'm losing my mind," he said, his voice started to crack as tears began to fall down his cheeks.

"What do you mean? You can tell me about it; it's okay."

The sobs came out slow, and his backed hunched over as his shoulders convulsed.

"The, the strip search….it brought it all back," he tried to explain in between sobs.

"Brought all what back?" I asked, thinking he was finally experiencing some remorse and empathy for the horrid acts he committed upon his victims.

He bit at his lip. "When they first took me away from my mom…. my brother and I…lived with a foster family," he paused. Then he convulsed some more, attempting to stifle his sobs. He inhaled a deep breath, which didn't seem to suffice.

"How old were you then?"

"I was four," he said, gasping as he wiped away tears that were pouring out from his eyes. Mr. Rodriguez shut down. My heart strings were getting tugged in every direction. I could only imagine the fear and confusion that a four-year-old might feel when suddenly, mommy isn't there. I had heard these stories before; it wasn't anything new to me. I couldn't help but wonder what I might have comprehended when I was born and taken away from the familiar scent of my birth mother's arms, and placed into those of a stranger. Could that experience have been encoded in me somewhere?

"They put us with this foster family, and the foster father, he was a fucking bastard!" Mr.

Rodriguez said as he continued to shake. "He used to beat me and my brother John with all kinds of things. I had to protect John, 'cause he was retarded…And lying there today, on the floor, with those fucking DPS officers all over me, it just…it just…I'm sorry…" he said through a waterfall of tears. It was a sight I never imagined I would see: Mr. Rodriguez, the stoic, angry Native American turned into a weeping and vulnerable heap of flesh in front of me.

"Hey, it's okay," I replied, attempting to reassure him. I paused for a moment as I felt anger rise up inside me. Part of me wanted to scream at him: maybe now you have a teeny tiny clue as to what your victims went through and are probably still going through to this very day, you pervert! But the therapist in me knew I had a rare teaching opportunity and could possibly delve into some victim empathy with him. I hesitated though, partly because he wasn't in treatment and partly because I knew it would be a waste of my time; Mr. Rodriguez claimed he was innocent and never committed any sex offenses. "I was railroaded," he would always say. Right, you and everyone else in this place. Even if I attempted to explore the issue with Mr. Rodriguez, it wasn't like he or any other non-Phaser was going to stop in my office to discuss his sex offending history with me.

Mixed feelings continued to wash over me as I recalled that one of Mr. Rodriguez's victims was mentally retarded. Interesting, his brother was too. I briefly chastised myself for not remembering more details of his offending history, but then convinced myself that it was impossible to memorize all the details of every patient's sex offending history, particularly if a patient wasn't going participate in treatment. Besides, I already had way too many details of my Phase II patients' sex offending histories floating around in my brain. After awhile they were all the same—violent and disgusting.

"It sounds like you've experienced a flashback Mr. Rodriguez; that can happen

sometimes when a person has been through something traumatic," I said somewhat dispassionately. I was thinking how stupid that sounded as I could only imagine what his victims had been through.

I couldn't allow the opportunity for insight to slip past.

"Mr. Rodriguez… what you're going through right now might help you gain some understanding about what your victims have had to deal with all their lives."

He looked at me, saying nothing, but his face wore an expression of disappointment and sadness, and anger.

"I don't even know why I'm sitting here talking to you," he replied disappointedly.

"Wait, Mr. Rodriguez. Please, sit down. I don't want to minimize what you're going through at all. Seriously. Please, stay."

He hesitated for a minute. It appeared as though he really didn't want to stay and talk with me but as he looked around the crowded courtyard, it was the lesser of two evils. Reluctantly he settled back into his spot.

"Do you feel like harming yourself?" I asked, not sure how to re-engage him.

"I'd like to leave this life, if that's what you mean. If there was an easy way, I'd go in a heartbeat," he said looking skyward. "I've got no one left. My brother, my sister, my mother, they're all gone."

"I'm sorry," I replied awkwardly. I knew what it was like to passively wish for life to come to an end, to wish that a car would crash into you or that you would just die in your sleep. I also knew that if Mr. Rodriguez could get beyond this moment, get past today and hang in there, eventually, he would feel better. It would just take time. If only I could get him to purge some of his demons.

"But if you felt like hurting yourself, would you tell me?"

"No," he replied. He knew how it went. If he said yes, he'd be put on a one-to-one and have a staff side-kick assigned to him for 24 hours.

"Truthfully, right now I just feel like getting loaded," he added.

The one positive thing Mr. Rodriguez had done since coming to the hospital was to voluntarily enroll in the 12-step substance abuse program and attend AA and NA meetings.

"Listen," I said as I got closer and tried to look in his eyes, but his head was pointed downward. "It's gonna be okay. This has been a tough day, and you know what I don't think you realize Mr. Rodriguez?" He looked up at me for the answer, his eyes wet and red, mucus running out of his nose, which he wiped with his t-shirt sleeve.

"When's the last time you were clean and sober?"

He looked at me with confusion and stopped wiping at his face. "Not since I was about 12," he replied.

"Mr. Rodriguez, this is actually an amazing moment for you. You've been clean and sober now for six months? And I would guess this is one of the tougher days you've probably had in a while. Don't you see? You're actually experiencing your feelings for the first time in 30 years," I affirmed. He looked at me and I could see the point had registered with him.

"I don't know if I'd say it's an *amazing* moment, doc," he answered. "It's pretty fucked up is what it is."

"It's a very *important* moment. Think about it. You've experienced something that brought back painful memories. And you're doing it sober. That's a great accomplishment. Give yourself some credit."

He continued to look at me as if I was speaking in a foreign tongue.

"You know, Mr. Rodriguez, one of the reasons I work here is to help my patients cope with their feelings. And you probably have a whole lot of stuff inside you that hasn't made its way to the surface in a long time. If you recall, I do have an office up on Unit B-12, you know?"

He smiled at me.

"Try to remember that you're in a new life of sobriety, and your feelings will be scary, but you can do it. And if you ever want to talk, please, rap on my door, okay?"

"Maybe," he replied half-heartedly. He squinted up at me. "Hey doc?"

"Yes?"

"Thanks."

"You're welcome. And don't throw in the towel just yet, 'cause you never know, something wonderful may happen tomorrow."

He stared at me angrily for a moment, and replied, "Like that's gonna happen around here." And then I saw the emergence of a smile.

I walked away and took a deep breath. Oh my God, I thought. How many more of my patients had this kind of history? Abused, used, dumped, kicked around from foster home to foster home, it's no wonder they ended up drug addicts and criminals and sex offenders. I thought about what it would be like growing up and moving around from one foster family to another. I felt overwhelming empathy for Mr. Rodriguez. I was proud of him too, for trying to turn his life around and attempt sobriety. It was pretty monumental to do it at a place like ASH. And he sat and talked with me. That was monumental as well. If only he would participate in sex offender treatment.

The lockdown lasted three more weeks, which was unprecedented. The lost keys were never found, so a locksmith spent the next few weeks changing over 3,000 locks throughout the

entire hospital.

2

The Mud Hole

Fall 1998

Atascadero. It means *mud hole*. At least that's what the locals say. Historians have provided various translations of the Spanish name, such as *mire* or *dead end* or *where one gets stuck.* For some folks, the latter definition is very apropos.

Actually, Atascadero is not such a bad place to get stuck. The small rural community is a mere 20 miles inland from one of California's most scenic coastlines, the central coast, which is home to the historic Hearst Castle, and a few miles north of the city of San Luis Obispo. Some refer to the area as "God's Country," which in one sense is true; several of California's historic missions, built in the 1800s by Father Junipero Serra and his Spanish Padres in their effort to save the native people from an eternal life in purgatory, are clustered along the central coast's "El Camino Real," the permanent marker of Father Serra's path from San Diego to San Francisco. The combination of gently rolling hills and craggy mountain peaks that are blanketed with centuries-old oak trees, Spanish moss dangling from their limbs like tinsel on a Christmas tree, makes for quite the picturesque, heavenly setting.

Other than nearby missions and lots of oak trees, the town of Atascadero doesn't boast of much: there's a small zoo, a park with a sunken garden, and a nice lake that's home to all sorts of migrant water fowl. There is, however, something that Atascadero *can* boast of, but I don't think the townsfolk want it to be their claim to fame. And even though there's a sign on the state's historic Highway 101 announcing Atascadero's best-kept secret to passersby, I would bet most people whizzing past on their way from Los Angeles to San Francisco don't even notice it. It's

only the largest psychiatric forensic state hospital in the continental U.S. of A, one that "could easily be the most dangerous place in the country," a place that houses the "most violent and dangerous criminals, considered the worst of the worst, too dangerous to be allowed back into society." That's how John Seigenthaler described the hospital in an *MSNBC Investigates* episode aptly titled, *Lock-Up: The Criminal Mind*[1].

Atascadero State Hospital or "ASH" as it is fondly referred to by the locals, has been a way of life for hundreds of Atascaderoans and their entire families since it opened its doors in 1954. Some of the oldsters who actually put nail to wood and helped erect the facility fifty years ago are still punching the ASH time clock today. ASH provides a unique service to the state of California: it houses over 1000 male patients who are somehow connected with the state's criminal justice system; in other words, ASH houses mentally ill men from prison. Thus, the adjective "forensic" refers to the marriage of the criminal justice system and mental illness.

The chance to call ASH "home" can be a lucky break for many inmates, serving as a reprieve from the oppression of prison life. Not only does ASH provide a more relaxed atmosphere, where patients can mill about without a staff escort, order up a greasy hamburger, and mingle with female staff, it also provides much-needed medication and therapy. In the old days, patients who were deemed mentally stable could work outside the hospital walls and wander in the hillsides nearby. Their families could come into the facility with picnic lunches and enjoy barbeques with staff members. Patients could work in the kitchen cooking up meals or be part of an arts group and express their creative talents on various hospital walls in the form of murals. Vocational training was also available, providing inmates with skills in constructing and upholstering hospital furniture. At one time the hospital claimed its own dairy where patients could work producing goods to be sold in the community. Life was good at Atascadero State

Hospital if you were a patient there in the early days. Life was also pretty good if you were an employee: the benefits were great, and you were part of an elite group in the community who worked with the "crazies" at the state's prestigious hospital for the criminally insane.

On a bright September morning, my newlywed husband Phil slept peacefully in our hotel bed while I nervously sipped a lousy cup of hotel-brewed coffee and checked myself in the mirror. As usual, my mop of hair was being uncooperative, but I shrugged my shoulders and with briefcase in hand, stepped outside into the crisp country air and climbed into the Toyota Camry that my parents had bequeathed me as a graduation gift. As I drove south on El Camino Real, I couldn't help noticing that the town's main thoroughfare boasted sky-high plastic icons representing every major fast-food chain in existence. Note to self: Tell Phil there's an In-N-Out here, another perk of relocating to Atascadero, that is, if I get the job. I spotted a large tan-colored monolith set back from the road emblazoned with "Atascadero State Hospital, An Accredited Facility" in large black letters. Jumping apes from 2001: A Space Odyssey 2000 immediately came to my mind. My heart began to beat rapidly in anticipation of my big interview and the potential for a life-changing career opportunity.

I turned left and slowly cruised down a winding road, stopping to read a sign emblazoned with "WARNING" in huge red letters: "All visitors upon entering state property are subject to search and seizure. Possession of drugs, alcohol or illegal weapons will be cause for immediate arrest." The sign stood in stark contrast to the herd of deer and gaggle of wild turkeys that frolicked past me as I continued driving alongside a seasonal creek, which meandered among live oak and cottonwood trees.

And there it was: the 1950s-style facility in all its beige stucco glory. I had never been

inside anything like this before, and had never seen up close the sharp, tiny razor blades that wound through the top of maximum-security fencing, keeping the people locked up inside away from those of us on the outside.

I parked my car and for a moment wrestled with the familiar tape recording of self-doubt that ran through my brain. How did *I* end up *here*, applying for a job as a clinical psychologist at a prestigious forensic state hospital? Actually, I wasn't an *official* clinical psychologist, not yet. I had to wait a few more months for that moniker, until October, when I would take the state's written exam in psychology. If I passed it, then I would sit for the oral exam. Rumor had it that more people failed the oral exam than the written one. Only after passing both exams would I be licensed and then allowed to call myself a *clinical* psychologist.

The thought of referring to myself as "Doctor Thompson" seemed like an oxymoron. My dad was the *real* doctor in the family. It was hard for me to believe that of all people in the world, I, Beth Thompson, at the age of 37, had received a Ph.D. in clinical psychology.

It was a strange and circuitous route that led me to a graduate degree in psychology, and one with its origins in growing up adopted. My parents told me I was adopted at a very young age, so young that I don't remember ever *not* knowing I was adopted. Of course, as a child I didn't really understand what it meant, but I do remember my parents would oblige me whenever I asked them to tell me the story of how they "got me." Apparently, my sister Susan and my brother Bill were the first ones to lay eyes on me at the Los Angeles Adoption Institute when I was two months old; they were led into a room where I was propped up in a yellow bassinet. Once they gave their nods of approval to the social worker, mom and dad were allowed to come in and take a look-see. My dad said I had a resounding laugh that reminded him of Helen Trauble, the famous Wagnerian opera singer of the 1940s. They took me home, adding the third

child to their adopted family.

It wasn't long before my curiosity about being adopted started to percolate inside me. As soon as I could read I would climb up on a bookcase in our breakfast room and fervently reach for the coveted book, "The Family That Grew" with its orange and black cartoon drawings that helped to explain how a baby couldn't grow inside my adoptive mom, but that she and my adoptive dad wanted me so badly that they went to pick me up from a special place that had special children. I ascertained that I was "special."

However, the term "special" turned out to be a confounding ingredient in the formula of my emerging identity. It was during pre-adolescence when I realized that I really wasn't "special," instead, I was different, particularly from the rest of my friends who, unlike me, shared obvious physical similarities, among other things, with their parents and siblings. Thus, a life-long internal struggle began to fester.

Eventually, the curiosity about *why* I was adopted became insatiable. Sometimes I could subdue its now-and-again nudge by telling myself, "It's not important, it doesn't matter." At other times, however, I would be overwhelmed with anger at not knowing why, and more importantly, at not being "allowed" to know why. It wasn't that my adoptive parents didn't tell me everything they knew, it's that they weren't *allowed* to know anything about the circumstances of my birth. Before the 1970s, adoptions were "closed," which meant that identifying particulars such as the birth parents' names, their medical history, and reasons for relinquishing a child were sealed from all parties involved. The only information my parents had about my birth parents was summed up on a piece of pink paper, which accompanied me from the Adoption Institute. There it was, in bright purple type, which made it seem all the more important, everything we knew about my birth parents; *Age*: 29 and 31; *Nationality*: Italian and

Italian; *Health:* Good and Unknown. Some adoption experts have said that the secrets of closed adoption made adoptees, adoptive parents, and birth parents all "emotional amputees." I couldn't agree more.

It didn't take long for me to learn that repeatedly asking the question "Why was I adopted?" became prohibited; it was met with resistance not only by my parents but also by others. Mentioning that one was adopted could be followed by a response of either shock and awe or pity. Sometimes it was hard to know what to do, like when someone commented that my sister Susan and I looked like identical twins. I would wait for Susan's cue as to whether we should reveal the truth, that we were adopted, or keep it to ourselves and pretend we were biologically related. One thing was for certain: if you shared with anyone that you actually entertained fantasies of finding your birth parents, or even worse, hoped you might be found by them, you would definitely be heading for a confrontation: "Why would you want to know who gave birth to you? How could you *do that* to your adoptive parents? You should be grateful, you should be thankful, don't rock the boat." I learned it was risky to share the reality of my status with others, and integrating all that into my developing identity became difficult, to say the least.

For me, emerging adolescence was further complicated and made more painful for reasons other than trying to understand what it meant to be adopted. First, I was one of those girls who had an early onset of puberty. I couldn't comprehend why I looked different from my female friends or why boys were constantly grabbing at my budding breasts and snapping my training bra. As a sixth grader I looked much older than my sister, who was a sophomore in high school. When some of her boyfriends started paying attention to me, I began to feel extremely self-conscious about my figure. Second, I had a very difficult mother whose criticism was inescapable and unrelenting; she would say I walked like an elephant, my hair was a mop, my

eyebrows were too bushy, and my build was too plump. She was neurotically preoccupied with image and lived by the credo, "what will the neighbors think?" Soon I began to feel like a flawed, unacceptable reject, and grew to loathe myself. Eventually, a grand rebellious streak emerged as I began behaviorally acting out.

At the age of 13, my parents sent me to a psychiatrist. The main thing I remember about my sessions with Dr. Bologna, besides driving with my mom past the beautiful old Craftsman homes in Pasadena, was sitting on the couch for an hour, bored out of my gourd, while Dr. Bologna and I engaged in a staring contest. She was a nice enough lady I suppose, but from my 13-year-old perspective she looked like a shriveled up old hawk, who sat perched on her chair and stared at me, never saying a word.

Despite my persistent self-loathing, I managed somehow to make my way through junior high and high school and even though I was active in school government, cheerleading, and various clubs, I always felt like an outsider, like I didn't fit in. I graduated high school a semester early and in the fall of 1978, went to San Diego State University for my first two years in college. My Depression-era parents groomed me to emulate my mom; get a college degree, marry a doctor, raise children in the suburbs, and join a country club. But that wasn't a path that held much interest for me. I applied to study abroad during my junior year and went to Florence, Italy, where I hoped to connect in some way with my Italian heritage. Subsequently, I returned to California and earned a bachelor's degree in Humanities from Cal Poly Pomona—it was the only major that would accommodate the eclectic assortment of classes I had taken abroad (Italian film, Italian cooking, and Italian literature) and also provide me with a degree in record time—I was eager to return to Europe. Upon graduating in 1983, I went back to Italy where I hoped to remain for the rest of my life.

But it wasn't meant to be. After spending a second year in Florence, I eventually became fed up with the constant near-death experiences of navigating between fast-moving city busses and people carrying eye-poking umbrellas while walking on narrow 14th century cobble-stone sidewalks, which couldn't accommodate the legions of pigeons let alone pedestrians. I longed for a double cheeseburger with onions from In-N-Out and yearned to go to a grocery store and touch my own fruit or vegetables without having someone yell at me, *"non toccare, non toccare!—don't touch, don't touch!"*

I surprised my family and friends when I returned home with a fiancée who, instead of being from Italy, hailed from Turkey. Ayberk and I were married in San Diego when I was 25, and we did our best to make a go of it in "Caleeforneea," as Ayberk would say. But when he wanted to return to Florence and resume his leather store business, I remained behind.

It was as a divorced 26 year-old that I decided to finally put an end to the nagging question that had plagued me for a lifetime: why did my birth parents give me away? The unsolved mystery of being adopted had been fermenting in my psyche for years. In 1986 I could stand it no more and spent three obsessive months searching for my birth mother, and miraculously succeeded in locating her. It was not a joyous reunion over the telephone, me in San Diego, and she in Arkansas. The first question out of her mouth was, "Do you have any children?" No, I replied. Then, she added, "I never really thought about you, I figured you were in good hands." That was *not* what I had been hoping to hear from her after all those years of dreaming and fantasizing about our reunion. We reunited a few years later in the tiny town of Pea Ridge, Arkansas. She wasn't very thrilled to meet me, although her husband, Don, who was not my birth father, described it as "touching the stars." Don thought I was a clone of my birth mother, Katherine. When she and I would display similar mannerisms or likenesses, he would

exclaim, "Look at that! The nut doesn't fall far from the tree!" Don actually had to direct Katherine and me to hug one another hello and goodbye. Had it not been for him, she and I never would have continued to stay in touch over the next twenty years.

It was after co-producing a labor-of-love documentary video about reunions between adoptees and birthparents that I decided to return to college and study psychology. I was accepted to a graduate program where I pursued my research interests in adoption. My dissertation committee approved my research on *The Female Adoptee's Identity and the Post-Reunion Relationship with Her Birthmother*, despite the warning that researching a topic "close to the heart" would be difficult. Part of the reasoning, obviously, was it would be a challenge to maintain scientific objectivity if one chose to do research on a personal topic, not to mention it would also be emotionally draining. The committee members were right about both. But one of my character defects is being drawn to doing exactly what I've been instructed *not* to do.

After I obtained my Ph.D in psychology, I immediately began looking for a full-time job. While perusing the *APA Monitor*, the American Psychologist Association's newspaper, I saw an advertisement for a license-eligible clinical psychologist to work with sex offenders at a state hospital in California's central coast; I was immediately intrigued:

> *Clinical Psychologists: with training and inpatient experience needed to work with forensic patients in a JCAHO Accredited Hospital. Experience in behavioral treatment and/or clinical expertise in risk assessment and relapse prevention treatment for sex offenders is desirable. Opportunity to learn forensics, including court testimony and supervision of predoctoral clinical psychology interns in an APA accredited setting. A Ph.D./Psy.D. in clinical psychology, 1800 hours of predoctoral clinical internship, and California licensure eligibility required.*

Well heck, I can do that, I thought.

I figured I was minimally qualified: I had spent the last four years working at a locked facility with adult schizophrenics, and had completed my last year of internship training doing relapse prevention therapy with male drug addicts.

I had no qualms working with a population deemed offensive by others. I had seen enough sex offenders when I lived in Italy during my junior year abroad, and they didn't bother me then. Over the years I regaled my friends with stories of "Encounters with Sex Offenders in Italy." First there was Mr. Motocicletta. While walking down the street he would pull up alongside on his motorcycle and ask for directions while shaking his flaccid penis in his hand. Then there was the Raincoat Masturbator whom my roommates and I encountered as we crossed over the Arno River's Amerigo Vespucci Bridge on our way to campus. There he stood, in 80-degree weather, wearing his rain coat and flashing his penis for the whole world to see. My friends and I would laugh and giggle, and the Italians didn't even seem to notice, or care for that matter. Then there was the old man whom my friend Claudia and I encountered several times on the "Numero Tredici" Autobus (*tredishi,* as the Florentines would say). Like clockwork, he'd board the bus, rumpled newspaper folded under his arm, and make his way to the middle of the bus to find his victim: a woman, holding on for dear life to the leather strap that dangled from above to help keep standing passengers steady during the bumpy ride over the cobblestone roads. She was oblivious to the old man who would nonchalantly come up behind her and rub up on her ass as she was jostled about. The bus would come to its next stop and the Signore "Rub-A-Duba-Duba" would exit and wait for the next "Numero Tredici" bus to come around. And then there were the men in Greece, they put the Italians to shame!

Part of my willingness to work with an undesirable group of patients like sex offenders was due to my "theoretical orientation," a phrase we psychologists use to describe our psychological philosophy. I embraced humanistic psychology, which posits that every human being has the potential for growth and deserves a chance to change, if they so desire. Besides, working with sex offenders had nothing to do with adoption, an issue on which I was emotionally burned out,

The fact that I would even entertain the thought of working with sex offenders at a state hospital came as no surprise to my friends and family; I always liked the unusual, the bizarre, the shocking. Simply put, it was an unconscious way of getting their attention.

The job at Atascadero would entail providing group therapy to a new patient commitment called Sexually Violent Predators (SVPs), of whom I knew absolutely nothing. It turned out that one of my professors, Dr. Russell, who had supervised some of my clinical work, had provided outpatient therapy to the hospital's commitment of Mentally Disorder Sex Offenders (MDSOs) in the 1980s. He thought I could handle the job and provided me with a recommendation. When I received a phone call from Dr. Stan Hayes, the Chief of the Psychology Department at Atascadero State Hospital, inviting me to come for an interview, I screamed with glee.

And now, here I was, about to be interviewed by members of the psychology department for a job as a clinical psychologist at Atascadero State Hospital.

The interview was conducted in a standardized format, and consisted of four psychologists who each sat at a long folding table with a sign in front of them displaying their names. There were brief introductions, and then the first psychologist, a young-looking female named Dr. Merrill, turned the page in her binder and asked the first question. Then each panel member took turns asking the remaining questions. One of the psychologists looked like he was

bored to tears, and appeared as if sitting on an interview panel and taking turns reciting prepared interview questions to prospective employees was worse than water-boarding. I smiled at him and tried to make eye contact, and directed some of my responses toward him to see if I could get a rise, but nada, zippo. He was probably on his way out, going for the Golden Handshake, which is when the state gives you a watch after 25 years of service.

Then Dr. Hayes stumped me when he asked me to define the term “psychopath.” Having no prior experience working with such folks, I didn’t know exactly what a psychopath was. I don’t think I articulated a very good answer, but I tried to sell the panel with my enthusiasm, my eagerness to learn, and my familiarity with cognitive-behavioral treatment interventions and the relapse prevention model. I returned to the hotel and told my husband Phil that I had probably failed the interview.

To my astonishment, three weeks later Dr. Hayes called and offered me the job. I was so excited! My husband Phil had been accepted into the hospital’s School of Psychiatric Technology, which was a year-long program to become a licensed psychiatric technician and provided a guaranteed job at the hospital. We were both ecstatic about the prospect of having new jobs and moving to a new place to start our lives together.

I phoned my former professor, Dr. Russell, and shared the good news with him. He said he wasn’t surprised that I had been hired, and was very happy for me. Months later, I learned he lost his license to practice clinical psychology for an ethics violation. Apparently he had been taking trips across the border to Tijuana to purchase antidepressant medication for several of his patients. A foreshadowing of things to come.

3

Going Inside

November 17, 1998

As I approached the hospital for my first official day on the job, I noticed a throng of people converging at the hospital's entrance, which was surrounded by a circle of manicured grass with a flagpole in the middle. The symbol of the Great State of California, a large Grizzly bear, flapped in the morning's gentle breeze below the stars and stripes. I took a deep breath and walked toward the glass double doors and into the hospital lobby.

Casually dressed people in jeans, t-shirts, and comfy-looking shoes milled about, coffee cups in hand, laughing and chatting with one another. Some walked briskly to the end of a queue which was forming in front of an imposing automatic door with glass and reinforced steel. Slowly the large door swung open, at which time a small herd of people emerged, and then a handful of those waiting in the line replaced them and disappeared as the door shut closed with a loud bang. I took a seat on a light blue couch, its vinyl cushion hard as a rock underneath me, and studied people's faces and gestures, trying to guess who did what for a living.

I heard someone call out a name: "Dr. Thompson? Is Dr. Thompson here?"

Dr. Thompson. That's *me*! I wasn't accustomed to being called by my married name, and *certainly* not the title of *Doctor*. It would take some getting used to my new identity.

"Here I am!" I announced as I stood up.

A slightly rotund man, who appeared to be in his forties, took several large strides in my direction. He had the longest hair I had ever seen worn by a man—it was silky and blondish brown, and flowed freely down his back, almost to his rear end. He extended a chubby hand to

me, which was adorned with a large ruby ring on his pinky finger.

"Welcome to ASH," he said heartily as he pumped my hand up and down several times. "I'm Jeremy Boyd, director for Program 11. Have you seen the other new psychologist around anywhere?"

I looked around, a little dumbfounded. There were people everywhere.

"I've just been sitting here for a few minutes by myself, taking in all the excitement. There are so many people!" I replied.

"Yes," he said with a loud sigh. "We have over 1,800 employees here. Of course they're not all here at the same time, but right now, at 8:00 a.m., is when regular staff begin arriving. You should see it an hour earlier at shift-change, it's like rush hour in Los Angeles," he exclaimed.

Jeremy informed me that Program 11, the program responsible for housing and treating the SVP population, had hired five new psychologists, of which I was one. He said I would be assigned to Unit B-12 as the new staff psychologist. He went on to explain the stellar forensic backgrounds of my four fellow new-hires, who were all males. I couldn't imagine why they hired *me*, a novice, an unlicensed fledgling, to be among a group of veteran forensic psychologists.

A man with a dark handle-bar mustache sidled up to us and playfully moved Jeremy's mane out of the way as he placed his hand on Jeremy's shoulder,.

"I'm hoping that *this* is Dr. Thompson?" he said as he gestured with his other hand to me. I was instantly overcome by the strangest feeling of déjà vu; this man seemed so familiar to me, as if I knew him from somewhere, as if I had known him all my life.

"Thank heavens you're not wearing khaki," he announced as he extended his hand to

me; his brown eyes sparkled behind long black lashes. I reached out and shook his hand. He turned to Jeremy and said, with a slight frown, "I'm afraid our other new hire, Dr. Latham, didn't get the message. DPS wouldn't let him in so he had to go home and change."

"Why are you looking at me when you say that?" Jeremy inquired defensively.

"Unfortunately," the mustachioed man said as he looked back at me, "that's what happens around here when your clothes are the wrong color. The patients wear khaki, so if you wear any color even remotely close to khaki, like tan or beige, DPS, the hospital's Department of Police Services, won't let you in…you don't want to be confused for a patient and get slammed to the floor in a take-down," he explained.

"What a bummer, those are all the colors that go with my hair and skin tone," I said with a mock frown, testing out my humor on my new bosses.

"Blue…get used to blue," he added with a laugh. "Anyways, welcome Dr. Thompson. I'm Kurt Anderson, assistant program director. We're so glad that you're on board with us," he said with a broad smile as he pumped my hand up and down.

"Kurt will be your immediate supervisor," Jeremy interjected. "He's also in charge of coordinating all of the clinicians and the therapy groups, so that means, any problems you have with your groups, go see Kurt."

"And any *other* problems, you see him," Kurt added with a laugh as he pointed back at Jeremy.

As I looked at Kurt, the déjà vu feeling continued to linger. It was the strangest feeling, almost as if I was *supposed* to be here; it felt as if I was in the right place and that something important was going to happen to me. But as I usually did when I had a gut feeling, I dismissed it as nonsense.

Jeremy explained that Kurt would be escorting me inside the hospital, and hooking me up for the day with Dr. Paxton, the psychologist who I would be replacing on Unit B-12. Then Jeremy excused himself, saying he had a meeting to attend to on "Mahogany Row," referring to the administrative offices located near the lobby area.

Kurt led me to the large automatic door, which he referred to as "the sally port." When it slowly swung open, we walked into a small corridor surrounded by mirrored windows on all sides, and then the door slammed shut. It was eerily quiet; it felt like we were being hermetically sealed inside a glass canister. Through a window, which reminded me of a drive-up bank teller, a DPS officer nodded at us as Kurt slid his identification badge through an ATM-like device. I was given a visitor's pass, which I slid through the device as well. After a second or two, another door slowly opened, and we walked forward into the belly of the hospital.

I was awe-struck by the interior of the 35,000 square-foot facility as I quickly took in the sights, sounds, and smells around me. Staff and patients chatted to one another as they mingled about going to and fro. Across the way I saw patients entering a room where I could hear basketballs dribbling and sneakers squeaking on a gym floor. To the left of me was a long corridor that seemed to stretch for miles, as well as another long corridor to the right of me. The ceiling was very high, and there were windows across the top of the high walls that let in some early morning sunlight where a sparrow was chirping and fluttering about. The walls were painted in what looked like an attempt at decorative flair; a pin-strip of yellow divided the lower half of the wall, which was painted pea-soup green, from the upper half of the wall, which was painted the color of oatmeal. No doubt some psychologist selected the color combo in an attempt to soothe the permanent residents who dwelled within.

Down the hallway, I could see what looked like several brown mini-shingled roofs that

extended out over various doorways. Kurt focused my attention to another bank teller-type window with a small opening and a shelf, which we approached. He bent forward and placed an item that looked like a coin on the shelf and murmured something into the hole. Out came a hand with a set of keys and what looked like a pen. Kurt demonstrated that the pen was actually an alarm device, which employees were required to carry at all times. He turned and aimed the pen up toward the corner of the ceiling and pulled a small lever on it, triggering an orange light that flashed off and on.

"This is where we test our alarm pens. You do this every morning when you pick up your keys. You'll probably want to get one of these things," Kurt said as he lifted up his shirt a bit, showing me where he snapped his keys and alarm pen snugly into place on a metal clasp that fit over his belt.

He explained that the hospital was shaped like an "L," and was comprised of 28 units, housing approximately 1,100 male patients. Different departments or "programs" were responsible for the administration, staffing, and delivery of clinical treatment to the various patient commitments. For example, one program was in charge of several units that housed and treated patients committed to the hospital as Mentally Disordered Offenders (MDOs), and another program was responsible for managing the NGI (Not Guilty by Reason of Insanity) patient commitment. Program 11, the one I was hired to work for, was in charge of the newest commitment, the Sexually Violent Predator (SVP) population.

The state bureaucrats expected the number of SVP patients to rapidly swell above the 200 who were currently housed at ASH, and eventually reach a population of over 1,500 in a few years. However, no one was certain if the estimated 1,500 SVPs would be permanently housed at ASH. If so, it would require relocating the other patient commitments to different hospitals in the

state, several of which had recently closed. Neither the hospital staff nor the townsfolk of Atascadero were too happy about the prospect of becoming *the* future home to over 1,500 SVPs. Despite the feeling of uncertainly about the state's plans, I was intrigued by the new patient population and eager to launch my clinical career.

I stayed close to my escort as we negotiated our way down the hallway among what seemed to be hundreds of patients, some of whom looked characteristically mentally ill with unkempt hair and dazed stares as they did their schizophrenic best to march along in rows under the watchful eye of several staff members. In contrast, several patients were well groomed and alert, and looked like they could be normal men from the neighborhood out for a walk. Some noticeably ogled me, making it obvious that they were aware of a new female employee in their midst; it reminded me of what it was like to walk around in Florence, Italy.

Suddenly one of the rows in front of us halted, and a patient turned around and shouted unenthusiastically, "Patient of the week!" The group broke out in half-hearted clapping as the designated patient-of-the-week broke ranks and headed into a dining area.

As Kurt and I continued on our way, I glanced at various murals that decorated the wall and were labeled "Painted by the Patient Mural Crew." One depicted different scenes of patient life at the hospital—playing baseball in the courtyard, buying a bag of freshly popped popcorn, and tending a garden. In the corner of the mural was a small rendition of Munch's "The Scream" along with the definition of therapy: the ability to change behavior.

Further along the hallway, Kurt opened a door and led me into a barren stairwell to a door labeled "Unit B-12." When we entered the unit, Kurt pointed to a small windowed room where several people were gathered. He removed his keys from his belt clasp and opened the door to the nurse's station, where I was introduced to several of the regular staff of nurses and

psychiatric technicians. I knew I wouldn't remember anyone's name.

Kurt then escorted me down the unit hallway with its shiny waxed linoleum floors, and knocked on a door that had a small, wire-meshed window. A man who appeared about 30-something opened the door. He was wearing blue jeans, a striped collared shirt, and topsiders.

"Hey Kurt, what's up?" he said casually with a big smile.

"Hi Allen. Can we come in?" Kurt asked as he walked into the small room. I followed right behind him and squeezed myself into the cramped area. The heavy metal door slammed shut behind us.

"Allen, this is Dr. Beth Thompson, Beth this is Dr. Allen Paxton," Kurt said as Dr. Paxton and I awkwardly shook hands in a room barely large enough to accommodate an envelope.

Dr. Paxton gestured for me to sit in a 1950s-era office chair in the corner while he leaned against a gray metal desk and crossed his arms, a window with bars at his back. Kurt was smashed up against a small book case.

"Welcome to B-12," Dr. Paxton said with a broad, friendly smile, showing off his perfectly white straight teeth. "It's great to have you here!"

"Thank you. I'm so excited to be here. And I've never felt more welcomed anywhere in my life," I effused. "But I'm starting to get a little suspicious of everyone's eager welcomes." They both laughed.

"We're just glad to have you on board," Kurt said. "Allen will be training you to take over his job."

"You're leaving the hospital?" I asked gingerly, thinking that would explain the barren office.

"Well…not exactly," Allen hesitated.

"Allen is our best clinician," Kurt offered, "but he's decided to do SVP evaluations instead of doing therapy. He'll still be here on staff, thank heavens, but he won't be facilitating groups anymore. We're glad and we're sad at the same time." It was obvious Kurt greatly esteemed Dr. Paxton.

"The plan for today is to Velcro you to Allen's hip, meaning you go wherever he goes—Phase II group this morning and whatever else you've got going on today," Kurt said looking over at Allen. Then he looked back at me. "Tomorrow, you'll begin new employee orientation up on the hill for the next couple weeks."

"Lucky you," Allen replied sarcastically as he rolled his eyes upward. "Orientation can sometimes be *a little* bit boring, but all employees have to go through it," he added.

"Oh, come on now, she gets to do PMAB with Pat," Kurt said with a wide-eyed grin. Clearly this was an inside joke.

Allen must have seen my bewildered expression. "Don't worry; eventually you'll comprehend all the acronyms that we throw around. PMAB is the self-defense training, Prevention and Maintenance of Assaultive Behavior. Once you take that class, you won't have to be Velcroed to me."

"Yes, until you complete the self-defense training, you can't walk around inside the hospital without a staff escort," Kurt said.

"Well then, I'll leave you two to get acquainted," Kurt said as he gave Allen a pat on the back. "I'm sorry we're sort of throwing you to the wolves on your first day, but we didn't know what else to do since orientation doesn't start till tomorrow."

"No apology necessary," I replied. "There's no better way to learn than to jump right in

and get your feet wet!" I exclaimed half-heartedly. Allen smiled in agreement as Kurt exited the office.

"Will this be my office?" I inquired as I looked around and noticed that the walls were bare, except for a piece of paper tacked up on the bulletin board showing the emergency fire exits.

"You'll be in the office next door when you come back on the unit. You can choose to have a bigger office in the back, but personally, I think it's better to be here on the unit with the patients. That way you're available for them and can directly observe their behaviors. The only drawback is the patients will be knocking on your door a lot. But you can decide later what you think is best, being on the unit or in the back."

"I'd prefer to be on the unit, I think," I said, feeling for the first time what it must like to spend one's life in a 6 X 9 space.

"You'll soon learn that this is going to be the easiest job you've ever had," Allen said with confidence as he sat down in his swivel chair and leaned back. "You'll just be running groups, doing an occasional intake, and unfortunately going to extremely boring psychology department meetings every other week. I have about four weeks left here on the unit to give you a hand, and then I start my job doing in-house annual evaluations of the SVPs."

"The evaluations are done in house? I thought there was an independent panel of psychologists and psychiatrists who evaluated the SVPs?" I asked, still not having a complete grasp on the whole SVP commitment process.

"Yes, that's correct. Those are the evaluators who determine if a person meets the SVP criteria for the courts every two years. But also each year the courts order an *annual* evaluation, which is to be done by a psychologist or psychiatrist 'in-house.' The hospital is so behind in

these annual evaluations that they've moved three of us treating psychologists off the units to do annual evaluations full time. That's what I'll be doing now. So, have you worked with sex offenders before?" he asked.

"Nope, not a lick," I replied, suddenly feeling self-conscious about my lack of experience. I felt compelled to explain that I had worked in locked facilities with the chronically mentally ill and court-ordered drug addicts.

"Have you read much about this population?" he asked.

"I've been doing some research. I did happen upon an article by a well-known researcher in the field that struck the humanistic psychologist in me: *The Sexual Offender: Monster, Victim or Everyman."*

Allen made a face of disapproval.

"They're an insidious bunch," he said as he reached over to his dusty book case and grabbed two well-worn paperbacks off the shelf. "Here are a couple of books you need to read," he said as he handed them to me. I looked at the titles carefully: *Games Criminals Play* and *The Difficult Connection*. "And here's a binder about the SOCP, the Sex Offender Commitment Program, which is the treatment program for the SVPs, and the Phase manuals. We call the therapy groups 'The Phases'."

Allen slouched down a bit in his chair. "So…what's the real reason why you wanted to work here at Atascadero State Hospital?"

I hesitated for a moment.

"Wait, don't tell me," he said and then paused, "you wanted to move to the central coast."

"Well..."

"That seems to be the motivation for most people who work here, except those who were

born and raised in Atascadero. It's not like people are knocking down the doors to get in here and work with sex offenders. Did you buy a house here in town?" he asked.

"No, my husband and I found a rental out in Creston and we love it; brand new two-bedroom house on 350 acres with a private lake, and it's way less than what we were paying for a two-bedroom duplex in Los Angeles," I exclaimed.

"A private lake? Sounds great," he added.

"We just happened upon it a few weeks ago when we were driving around the county looking at rentals. We wanted to have some space because we have several critters, two dogs and three cats. We're hoping some day to buy a ranch and…" I stopped as I noticed Allen looking at something behind my head. I turned around and saw a squinting pair of eyeballs encircled by thick black-rimmed glasses peering through the small 6 X 3-inch window in the door. I turned my head back and Allen looked at me. He started to speak in a whisper.

"Here's a guy who will be at your door every day," Allen said out of the side of his mouth like a ventriloquist. "See if you can figure out what he's all about." Allen got up from his chair and opened the door. A diminutive man with a wide grin, exposing teeth that rivaled those of a donkey, lowered himself from his tip-toes.

"Hullo," the patient said sheepishly, glancing furtively around the room, and then finally resting his eyes on me.

"What's up Mr. Cutter?" Allen asked impatiently.

"Mmmm…..nothin," the patient replied, seemingly clueless to the message implied in Allen's tone of voice and body language. "I just wondered if I could talk to you," he asked as shuffled his feet a little bit.

"Not right now, Mr. Cutter. As you can see, we're kinda busy. And we have group in a

few minutes, remember?"

"Yeah…. I know," he replied in a childlike manner; his voice was somewhat deep and sounded like it was coming out of a tuba.

"I'll see you in about ten minutes," Allen replied as he started to shut the door.

"Is she coming to our group?" the patient asked as he jerkily raised his arm and pointed an accusing finger at me.

"Yes, you'll meet her in group," Allen said as he continued closing the door, nudging the patient away. "Goodbye Mr. Cutter."

Once the door was closed, I had to test my intuition. "Okay, let me guess. First, I'll say he's a pedophile, and second, dependent personality, or borderline…or both."

"Ding, ding, ding….you win the prize!" Allen replied with a chuckle. "Yes, yes, and….yes! Now, how old do you think he is?" he asked playfully.

"Hmm…because you're asking me, I'm going to say he's probably older than he looks, or acts for that matter. So, I'll say …30?"

Allen mimicked the sound of the buzzer from Family Feud. "Wrong! He's fifty-nine, if you can believe it." My mouth dropped wide open. "Mr. Cutter will be at your door everyday like clockwork. He's been here at ASH two times before; in the 1970s and 1980s, as an MDSO, that's Mentally Disordered Sex Offender. He'll never get out, which is a good thing."

"Wow. I guess previous incarcerations made no impact?" I inquired.

"Nope. We have several like him here," Allen replied.

"You say he'll never get out? I thought the commitment was only for two years?" I asked, still confused by the details of the SVP law.

"Well, technically it is, but the patients won't be able to complete the entire treatment

program in two years. It may take them five years, eight years, ten years….no one really knows at this point. That's why the guys are so angry. And you'll see that pretty quickly. I don't want to scare you off on your first day but that's just the way it is. The law says it's a two-year commitment, but the evaluators will just keep saying the patients need to stay here and finish the treatment program. Plus, Mr. Cutter is what you call a dyed-in-the-wool pedophile. There's no changing him. He's in so much denial; I've been beating my head against the wall with him for a couple years now. You'll get to see what I'm talking about in a few minutes."

"I noticed you called him *Mr*. Cutter. You don't call the inmates by their first names?" I had always referred to my patients by their first names.

"Not with this population," Allen replied. "And we refer to them as patients, not inmates. The reason we address them as Mr. so-and-so helps remind them, and us, of the boundaries. You'll hear some staff, like nursing staff, rehabilitation therapists, and sometimes social workers, call patients by their first names, but I don't recommend it. I have done so many in-service trainings for staff about boundaries and such. At least a few times a month, someone gets walked out of here for crossing the line."

"Crossing the line?" I stammered. The concept of "boundaries" was still vague to me.

"Getting *involved* with a patient," he said as he arched his eyebrows. "These guys are good at what they do, which is victimizing people. They aren't your run-of-the-mill mentally ill patients. They have nothing better to do with their 24/7 than to try and figure out who you are and how they can manipulate you to get their needs met. And no matter how much you school staff about boundaries, some still get sucked in. You need to watch out for the patient who is nice to you, and tells you you're the only one who understands him. Then he'll tell you he has hasn't had McDonald's in ten years, and will plead with you to bring him a Big Mac, which of course,

is against hospital rules. But you'll feel sorry for him, you bring him food, then it's other stuff, and now he's got you. And it goes on from there. Believe me; I've seen it happen time and time again."

"Aren't the people that work here all professionals who would know better? I mean, aren't they educated about this type of patient?" I naively inquired, forgetting that I had no prior experience with the patient population.

"Unfortunately, not with psychopaths. That's why you need to read those books," he said pointing to the texts resting in my lap. "One of your jobs here as the unit psychologist is to help educate the nursing staff; they can be clueless about this stuff. In fact, we just had a female staff walked out the other day for involvement with a patient on this unit."

"Really? What happened?"

"Everyone noticed this female nurse was spending way too much time with one particular patient. We tried to intervene, but it was too late. She was telephoning this guy after hours from her house. DPS, the police services, started an investigation and her job was over. She resigned before she could be fired and now they are going to get married. He's a three-time rapist."

"What?! That's insane!" I exclaimed."

"Speaking of which, are you ready for the wolves?"

"Most definitely," I replied, my head spinning from information overload.

"And oh, one more thing," he lowered his voice to a whisper. "I need to warn you about Graham McBride, our unit social worker, whom you'll meet in a few minutes. Unfortunately he's going to be your co-leader in the Phase groups. Sometimes, I don't know who's worse, him or the patients. You'll have to be on guard with him."

I couldn't imagine what Allen meant.

4

Thrown to the Wolves

With keys jingling in his hand, Allen escorted me to the back area of Unit B-12 where the group therapy rooms were located. Along the way we passed several individual rooms, each of which measured 6 X 9 feet, and contained only a metal bed frame with a 2-inch thick plastic mattress and a dresser with a locking drawer. None of the rooms had locks on the doors. There were no sinks or toilets in the rooms; all 35 patients on the unit shared one shower room and two bathrooms.

Affixed to the front of each patient's room door was a blue piece of paper indicating the name of the individual who resided within. A few had decorated their doors with interesting art work and various comic strips; a rather amusing one depicted a man being handcuffed by a cop and saying "You've got me wrong, officer! I'm not into 13-year-old girls! I'm into middle-aged cops posing online as 13-year-old girls!" Other patients had taken to papering their doors with Scientology material, warning of the evil doings of psychiatry.

We stopped in front of a locked gate that divided the unit's main corridor from a smaller hallway. Allen put his key in the gate's lock and slid it open—it made a horrifically loud screeching noise as he pushed the gate along its track. Then with one hand, Allen deftly unlocked a padlock and secured the gate open by anchoring it to the wall with the padlock. He informed me that staff were not allowed to be alone with a patient in the back hallway; if you brought a patient back beyond the gated area, you *had* to be accompanied by another staff person.

We walked past the "Team room," a staff lounge, and two group therapy rooms. Outside one of the group rooms, a man with a straggly gray beard was leaning against the wall reading

The Nation magazine. He had thinning gray hair, strands of which were combed across his skull in a poor-attempt at a comb-over, the rest was pulled back in a thin pony tail. His wrinkled shirt was tucked in his Levi's *sans* belt, and his dingy white socks matched the brown color of his worn-out huarache sandals. Keeping his head immobile, he slowly raised his eyes and peered over tortoise-shell reading glasses perched on his nose and secured around his neck with chartreuse-colored Mardi Gras beads.

"Graham, this is Dr. Thompson, our new psychologist."

Graham extended his hand and I did likewise. He gave me a firm hand shake. "Welcome, I'm Graham McBride, social worker. What's your first name?" he asked in a deep, throaty voice.

"It's Beth. Nice to meet you," I offered. He smiled and looked at me a little too long. I self-consciously ran my tongue over my teeth and rubbed at my nose, just in case something was mistakenly left behind.

Allen unlocked the door to the group room, which had stark white walls and was sparsely furnished. There was a small chalkboard in the room, an array of mismatched and uncomfortable-looking metal chairs, and a low round coffee table. The room had one large window, covered with wire mesh—ever the reminder that one was locked up—that offered a view of the hospital's 30-foot high chain-link fence and loops of razor wire. There was a small courtyard below, dotted with leafless trees and a neglected garden.

I sat down in a chair closest to the door, a habit developed in case of the need for a quick escape from a volatile patient, and anxiously waited for the patients to arrive. I was eager to observe Allen and Graham run the group using cognitive-behavioral interventions. During my last internship, I had co-facilitated group therapy using psychodynamic interventions and had enjoyed working with my colleague, Robert because our group had become so cohesive. It was

truly a beautiful thing to sit back and listen to the clients "process" their thoughts and feelings. I had a hunch group therapy at ASH would be quite different.

"So, Beth," Graham stated as he placed his magazine on the floor next to him. "Do you know anything about the treatment program here?"

"A little bit." I sensed I was about to be quizzed.

"Well, let me give you a quick run-down, before the patients get here," Graham offered. Allen rolled his eyes heavenward.

"The hospital's Sex Offender Commitment Program was developed by 'The Design Team,' of which Allen and I are both members. The team consists of various professionals who have extensive research and clinical experience in sex offender treatment, some of whom, including myself, worked with the hospital's former sex offender program known as SOTEP: Sex Offender Treatment Experimental Program."

"Sounds sort of like 'The Dream Team,' only for sex offenders," I replied. Allen smiled.

"Hmmm, yes," Graham pondered, obviously not appreciative of my comparison. He continued with his monologue.

"The team designed the therapy program to progress along five phases. These are cognitive-behavioral groups based on the relapse prevention model, are you familiar with either of those?" Graham inquired condescendingly.

"Yes, actually, I am," I replied. "I did quite a bit of research on Alan Marlatt's Relapse Prevention model. And my graduate studies focused on cognitive-behavioral treatment, as well as psychodynamic. I prefer the latter for conceptualizing patients and running groups, but cog-be can be very useful with certain clinical populations," I added. Graham slowly nodded his head up and down. I figured that would let him know I hadn't just fallen off the turnip truck.

"Good, good, good," he said looking at me, perhaps amazed that I had a brain. "Anyways, Phases I through IV are groups that take place while the SVP is here in the hospital, with Phase V being when the patient is released to the community and continues his outpatient treatment."

Graham explained that Phase I was an educational group designed to introduce patients to 'The Phases.' Upon completion of Phase I, a patient could then move on to Phase II, called Skills Acquisition. To participate in Phase II, the patient was required to sign a consent form and agree to participate *meaningfully* in the therapy process, acknowledge his sex offending problem, and complete all the assigned homework from the Phase II manual. Graham held up a notebook with 'Phase II' in bold black letters.

Allen interjected that of the 35 SVPs who were housed on Unit B-12, only eight were currently participating in Phase II. This was fairly representative of the 200 SVPs that were detained at the hospital—approximately 20% were participating in treatment, the rest refused.

"The goal of the next group, Phase III, called Skills *Applications*, will require the patient to focus on his present-day behaviors using the skills he *acquired* in Phase II. Then, Phase IV will be when the patient begins working with representatives from CONREP, the Conditional Release Program, to plan for his outpatient treatment, which will be Phase V." Graham looked at me with his now-familiar glare of condescension.

"It doesn't sound like Phases III, IV and V exist yet," I inquired.

"They don't; they still have to be developed," Allen replied with a sigh. "None of the patients in the hospital have advanced past Phase II yet, and actually, I've been assigned the task of putting together the Phase III manual. I may ask you to help me write some of that, if you don't mind," Allen replied.

Graham didn't look too pleased about Allen's suggestion.

"Here they come," Allen announced.

I could hear murmurs and the shuffling of feet coming from down the hallway. Eventually, eight patients varying in size, color, and shape, made their way into the room. Each carried a folder that contained a Phase II handbook and some note paper, along with a unit-issued "shorty" pen; a longer pen was prohibited for reasons of patient and staff safety. I guess the hospital administration figured one couldn't be stabbed to death with a shorty pen. I recognized Mr. Cutter and smiled at him. He grinned at me like a jack-o-lantern and waved his hand frantically up and down. It appeared he was happy to let the other patients know that he had already met me.

Allen welcomed everybody to the group and introduced me as the new unit psychologist, which was accompanied by a grumbling of sorts. Everyone briefly told me their names and their county of origin. Allen then announced that today's group would start off with each patient presenting his "layout." It was explained to me that the layout was the first homework assignment given to patients who joined Phase II, and it was a requirement to present it whenever someone new, patient or staff, joined the group. The layout was to be a brief summary of each sex offense for which the patient had been convicted, along with a description of his victim type, the force he used to commit the offense, and what the patient hoped to attain from being in treatment.

While the patients quickly opened their folders and rustled through papers to locate their layouts, I noticed one patient place his folder on the ground beside him and then fold his arms across his chest as he leaned back against the wall in his chair. He raised his hand. "I'll go first, Dr. Paxton," he offered confidently.

It was always interesting to see who would speak up first. That's what I loved about coming into a group and meeting patients for the first time; it's so predictable. I figured this one for a narcisstic pedophile.

"Hello. My name is William Barnhardt. I prefer to be called Will," he said looking directly at me as he peered over his wire-rimmed glasses. He continued without missing a beat. "I'm 58 years old and from Los Angeles County. My victims are all boys. I was convicted of molesting two boys, ages 12 and 13, in 1978 and served three years in prison. In 1984, I was convicted of molesting a 7-year-old boy, for which I served five years in prison. In 1993, I was convicted of molesting a 9-year-old boy and received a ten-year prison sentence. I would fondle and orally copulate my victims, of which I probably have over 100 victims in my lifetime. I would find my victims by meeting single mothers on welfare, and offering to help them with money and food. I would offer to babysit, and then have sex with the kids. No child is safe in my presence. My goals in treatment are to learn my high risks, and never create another victim."

The room was quiet. I hadn't expected such candidness.

"Pretty good, Mr. Barnhardt," Allen quickly replied. The others nodded in agreement. Mr. Barnhardt seemed disappointed with Allen's assessment.

"Yeah, pretty good. Anyone have any critical feedback for Mr. Barnhardt?" Graham asked as he leaned back in his chair, causing his shirt tail to rise up out of his pants and expose his belly. I glanced around the room and looked at the patients, waiting for their feedback. I was speechless.

"You didn't say what force you used," announced Mr. Cutter. He had a big grin on his face, as if he had just opened up a Christmas present.

"Good, Mr. Cutter," Allen added. Mr. Cutter sat upright in his chair, appearing pleased

with the positive strokes from Dr. Paxton.

"That's because I didn't *use* any force," replied Mr. Barnhardt as he glared back at Mr. Cutter, who didn't seem affected by Mr. Barnhardt's stinging reply.

"This is a good issue to discuss in group," Allen said, looking directly at Mr. Barnhardt. "Mr. Barnhardt, would you please explain to us how you molested a child *without* using force?"

"Easily," he added calmly and confidently. "They gave their consent." His lower lip suddenly protruded.

"Whoa dude," piped in a large overweight man sitting in the corner of the room who, up until now, looked half-asleep. "How can a kid consent to sex?" he asked slowly, sounding incensed, sort of like he was telling Mr. Barnhardt it was high noon and time to draw weapons. There were hushed murmurs of agreement from some of the other patients.

"They either say 'yes' or they don't say 'no', that's how," Mr. Barnhardt replied matter-of-factly.

"Just because they don't say no doesn't mean they're consenting, Will," replied the sleeping giant. "Believe me, I know," he added, looking as if he desperately wanted someone to ask him how he knew.

After what seemed like an eternity, Allen posed another question.

"Mr. Barnhardt, do you think that fear could be a factor? For example, a child might not say no, or may even say yes, because he's afraid of you?"

Mr. Barnhardt gave Allen a determined look.

"No, I don't think fear could be a factor, especially with me," he replied.

"Explain that," the sleeping giant demanded.

"Don't kids learn to say no to a lot of things? No, I don't want to clean my room; no, I

don't want to eat the broccoli; no, I don't want to play today? I think if a child wanted to say no, he would." This guy seemed to have an answer for everything.

"You're talking about a different behavior and a different relationship, Mr. Barnhardt. Those are all 'no' responses to a parent, someone with whom a child has a meaningful and trusting relationship. A child may feel safer asserting himself with his mother or father, than with a stranger," Allen replied, his irritation clearly present.

"Well, I *wasn't* a stranger," Mr. Barnhardt replied.

I began visualizing Allen with a jackhammer trying to break open Mr. Barnhardt's skull.

"This is an issue of coercion that I think you all need to understand more clearly," Allen offered to the group. "Intimidation and fear are forms of coercion, and that can be communicated by someone verbally as well as nonverbally."

"I hurd him also say he was havin' 'sex' with dat keed. In *my* opinion, he wudden havin' no sex," interjected an African-American man who was sitting next to the sleeping giant.

"Very good, Mr. Orville, that's correct," Allen replied.

"Well, if I wasn't having sex, then what *was* I doing?" Mr. Barnhardt said with a smart-ass tone.

"You were *molesting* them," the sleeping giant replied matter-of-factly, looking squarely at Mr. Barnhardt. Oh, nicely done! I noticed the other patients who at this point had been mute, stiffen in their seats and their eyes widen a bit. And then, like a soft warm blanket dropping from heaven above, a silence descended upon the room, ever so gently, asking the group to nestle in and sit with it for a minute. It was for moments like this that I loved doing group therapy; one could quietly observe people's unique reactions as they processed their thoughts and feelings. It's what a former supervisor of mine used to describe as letting the patients "chew on it." Oh, it