

**The following was received from Fred Cutter, Ph.D., Licensed Psychologist
PSY193:**

Attached is an essay I prepared for your web page.

As readers can see from reading the attached essay, Dr. Cutter has been in this field for a very long time, as he was one of the psychologists who opened Atascadero State Hospital in 1955.

The attached essay is only one page long, yet it nicely sums up some major issues with the treatment program at CSH and proposes a solution.

We thank Dr. Cutter for his submission and hope to obtain and post the 1960 paper referenced in the attached essay.

Sexually violent predator is a legal term. I came to work at Atascadero SH in 1955 when the same people were called Sexual Psychopaths. The same ambiguities and ineffectual treatment continues today. While there is no question in my mind that men who sexually molest little girls or boys are deviant, the cause and effective rehabilitation are not known. The same is true for rapists, and less so for exhibitionists. In this absence, humane management is the very least we can expect, but currently and unfortunately, hospitalization at Coalinga SH is also less than optimal. Especially so when given indeterminate hospitalization after penal terms are completed.

The optimal management of sex offenders is difficult to describe. I would recommend a program of psychotherapy, whether at Coalinga SH or elsewhere. The existing statistics reported by WWW.CCASOMB.ORG is suggestive. The June 2008 issue reports a recidivism rate of 3.21%, new crimes of 4.69% and violation of parole conditions 47%. A ten year study reported about the same percentages. The parole violation rate is regrettable, but reassuring since return to prison is preferable to continued sexual offending. The weekly attention implied in psychotherapy sessions would enhance effective supervision and can be done on an ambulatory basis, for a lot less expense than the daily cost of \$139 per patient for incarceration in 2007 (WWW.Pewcenteronthestates.org). Indeed the current daily cost for prison is close to the hourly charge by licensed psychologists. Since daily sessions are unlikely, the net cost to tax payers would be a lot less than prison.

The people incarcerated at California's newest state mental hospital at Coalinga are rightfully angry, and want their freedom. However, they still need to deal with their continuing risk to children and other vulnerable people. When the cause and nature of their syndromes are more fully understood, rational management will become more likely. In the meantime, psychotherapy can be offered in a context that allows for freedom with effective supervision, which is non denigrating nor abusive. The whole supervision operation can be moved to an ambulatory (outpatient) basis, without increased risk to vulnerable people.

Until such knowledge and changes are developed, I would recommend ongoing self help through a process called "Patient led Group Counseling". This procedure was developed spontaneously by patients hospitalized at Metropolitan State Hospital in the early fifties, while awaiting the opening of Atascadero SH in 1954. I became the staff liaison person and published my impressions in a 1960 paper (which I will be happy to post to this web page). I would recommend starting such a procedure immediately because of the self help value, and the channeling of anger into constructive activity. More importantly, this process would restore hope for a constructive life.

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WWW.SuicidePreventTriangle.Org

WWW.MyChoiceInkblot.COM