April 2011

The Insider

THE INSIDER ONLINE

VOICES OF CALIFORNIA'S CIVIL DETAINEES AT COALINGA STATE HOSPITAL

Inside this issue:

VIEW FROM THE EDITOR'S SEAT	3
THE BOOK OF WOE: THE NEW DSM 5	4
ADMINISTRATIVE DIRECTIVE REVIEW	5
CDAC / CDCR TRANSPORTATION MEETING	6
PACKAGE VS PURCHASE	6
OPENING OF SENIOR UNIT	7
DR. JERRY KASDORF SPEAKS	8
SEX OFFENDER REGISTRATION ACT NOT FULLY RETROACTIVE	9
THE ANTI LABELIST	10
NEVERENDING SAFETY & SECURITY ISSUES	10
SAY WHAT?	11

LIKE IT OR NOT, PIA COFFEE IS THE HOSPITAL'S CHOICE

The State's worsening budget problems have once again been used to downgrade our conditions. The State has decided that all coffee products sold in the canteen and the point store must be purchased from the Prison Industry Author-

The rational for this is that the canteen and point store are State entities and therefore fall under the mandate to purchase from PIA.

No one cares that we are civil detainees and not a state entity. As long as the stores are run by the State, we will be subjected to PIA mandated products.

It is up to you how you want to respond. Either buy it, don't buy it, file paperwork on it, or just ignore it. GOOD LUCK!

POSITIVE APPROACH KEY TO SEX OFFENDER CHANGE

Reprinted from: Monday, February 28, 2011

http://forensidpsychologist.blogspot.com/2011/02/positive-approach-key-to-sex-offender.html

Trailblazing authors have walked the walk for 40 years.

John distorts his offense history and refuses to accept his sexual deviance. Although the other members of his treatment group vigorously challenge him, they are not fully transparent in their own disclosures. The therapist feels stymied. What should she do?

First, she should abandon confrontation and negative labeling. Next, she should race lickety-split for her computer and order a radical new book that will help her succeed as a therapist and also feel better about herself.

The visionary book is ***Rehabilitating Sexual Offenders: A Strength-Based Approach,*** written by the team at Rockwood Psychological Services in Canada. Under the leadership of Bill Marshall, a pioneer in the field, the program has successfully treated sex offenders for 40 years. Unlike most sex offender treatment programs, Rockwood has a negligible refusal rate and a negligible dropout rate. Offenders enter therapy, they complete therapy, and when they get out they are very unlikely to reoffend.

Therapist is the key.

CONTINUES ON PAGE 2

POSITIVE APPROACH KEY TO SEX OFFENDER CHANGE—CONTINUED

As psychologists know from the general treatment research, the therapeutic alliance is a primary factor in successful therapy, with more impact than any specific theory or technique. With sex offenders, who are often mistrustful and reluctant to enter therapy or disclose information that may be used against them, the therapist is even more critical, accounting for between 30% to 60% of change.

Like anyone else (only more so), John isn't going to benefit from confrontation or shaming. Instead of being critical or judgmental, an effective sex offender therapist is empathetic, warm, respectful, and even humorous at times.

Toss out those iatrogenic labels

Language is powerful. When we call people names – pedophile, rapist, offender, sex offender, deviant – we encourage their negative and harmful beliefs about themselves. That certainly doesn't reduce shame or foster change.

Instead, the Rockwood authors (Bill Marshall, his son Liam Marshall, Geris Serran, and Matt O'Brien) focus on strengths, invoking a vocabulary heavily influenced by the positive psychology movement and motivational interviewing. Their guiding principle:

Inside every offender is a good person waiting to throw off the burden of his dysfunctional past. It is the therapist's job to facilitate the emergence of that good person.

(Ironically, they do use the term "psychopath," if only to say that scores on the Psychopathy Checklist are NOT predictive of treatment failure or recidivism. Of the 70 offenders in their outcome research who scored high on psychopathy, only one reoffended during the 8-year follow-up period.)

The authors do not mince words in critiquing the dominant treatment approach that emphasizes deficits and avoidance. When treatment fails, they say, it is most likely because it was too confrontational. When confronted, patients learn to say what the therapist wants to hear, rather than to genuinely engage.

Denial: Not necessarily a bad thing.

One of the most unusual features of the Rockwood program is its emphasis on helping men who continue to deny their offenses despite having been convicted. The therapists do not challenge these offenders to admit their crimes. In fact, they don't think admissions are that big a deal. They offer several reasons for this:

Given what we know from the false-confession literature, some deniers truly are innocent. And it is impossible to know which ones.

Forcing an offender to match his account to his victim's is silly, because we know from research that victim accounts are highly unreliable.

Men who deny offending or offer excuses actually have lower rates of recidivism. As Shadd Maruna found in his research with criminal offenders in the UK, excuse-making is related to good mental health as well as to guilt, which (unlike shame) suggest prosocial values.

For those engaged in treatment, the manual gives loads of practical advice on how to structure and run a program. For forensic evaluators on the outside looking in, who have watched in mounting horror as iatrogenic practices are systematically mislabeled as "treatment," this book lays out the research that can help you explain real treatment to judges, jurors, and attorneys.

Rehabilitating Sexual Offenders is an auspicious debut for the American Psychological Association series, Psychology, Crime, and Justice, edited by **Shadd Maruna**. I can't wait to see what's next.

R.M.S. TITANIC

On the night of April 14, 1912, an iceberg was spotted and though attempts were made to avoid it, Titanic bumped against the berg causing the hull plating to buckle between the 5th and 6th water-tight compartment.

From 11:45 p.m. until 2:18 a.m. April 15, the crew of Titanic filled and lowered the life boats most leaving Titanic carrying less than their maximum capacities. Of the 2223 souls aboard Titanic only 706 passen-

"Denial: Not necessarily a bad thing."

THE VIEW FROM THE EDITOR'S SEAT:

Let me get this month's edition going by climbing up on my soapbox.

I will have been at this facility for four years on the 17th of April. In that time I have seen this place go from being a work in progress on its way up to a disaster sinking faster than the Titanic. When I got here (granted there were only five hundred of us), we were able to work together and resolve issues with the administration. We didn't win every issue put before them and we had to resort to strikes to get our point across, but at least we were working together.

Here we are four years later and I am sad to say we have thrown away almost all the gains we made in getting improvements. I am not saying that we could have stopped Sacramento from interfering with the rules and regulations here, nor am I saying that we have the political muscle to force the lawmakers to do the right thing.

What I am saying, is that after all this time we are still our own **worst** enemies. We are unable to work together to get what is in our best interests. Members of our population feel it is better to prey on each other than to work towards making this a better place for us all.

NEWS FLASH: Unless the law changes or we become to problematic to keep, this is going to be home for many of us until we die. I support all those individuals who are working to get us out from under this law, but I will also remind everybody that until that happens, we are stuck here with each other.

The question then is this: Do we prove DMH right by acting like a group of savages that prey on each other like animals in a cage? Or instead, do we work together side by side to improve our conditions here?

If you like being a savage and proving that the state is right, keep on the current path.

If instead, you want to prove that we are not the animals that DMH portrays us as, then we need to get our acts together and start work on fixing things around here.

1. We need to look out for the others here instead of preying on them.

2. We need to submit our ideas in writing so that our elected representatives can fight to get what we ask for or at least open the door for lawsuits.

3. We need to make the administration understand that it is not acceptable to deny us our rights just because they want to create a uniform, blanket system of rules.

If we can not work together to make this place better, then everybody needs to sit back, shut up, and accept the screwing that you are going to take for standing on your own.

There are plenty of people here that I would just as soon never have to see or deal with, but I'll tell you this: If the only way to make the administration and Sacramento understand that we're not going to take it anymore is to stand side by side with someone I can't stand, then damn it all, I will stand with that person and fight side by side with them until we have won our war.

You don't have to like each other. You don't have agree with each other's lifestyles. You don't even have to speak to each other.

All you really need to do is stand together and support our common interests. Freedom. Fairness in detention. Privacy. Good medical care. Proper diagnosis. More space. Better food. Less restrictions. Individualized treatment.

If we can't come together to do this, you can pretty much forget ever getting the courts, lawmakers, or society to believe you've changed.

William Hester, Editor

The Book of Woe: The New DSM-5

Submitted by: Cory Hoch

Absurdity: A statement or belief manifestly inconsistent with one's own opinion. –Ambrose Bierce, as quoted in A Dictionary of Wit, Wisdom, and Satire, *Castle Books*, 2005

The upcoming DSM-5 (American Psychiatric Association (APA) decided to get rid of the Roman numerals) has many serious and potentially disastrous flaws incorporated within this "Bible" for the psychiatric community.

Al Frances, lead editor of the fourth edition of the APA's *Diagnostic and Statistical Manual of Mental Disorders* (universally known as the *DSM-IV*) confesses, "there is no definition of mental disorder. It's bullshit. I mean, you just can't define it." He was quoted later saying, "these concepts are virtually impossible to define precisely with bright lines at the boundaries." Mr. Frances decided to come out of retirement to launch a battle with the people, some his own friends, who are creating the next edition of the *DSM*. He has begun a campaign to attack this new edition by fighting not just against his own professional family, but also in newspapers, magazines and blogs. He accuses his colleagues of not just bad science, but bad faith, hubris, and blindness, of making diseases out of everyday suffering and, as a result, padding the bottom lines of drug companies.

In its first response to Mr. Frances, the APA diagnosed him with "pride of authorship" and pointed out that his royalty payments would end once the new edition was published. He challenges that the book is the basis of psychiatrists' authority to pronounce upon our mental health, to command health care dollars from insurance companies for treatment and from government agencies for research. It is as important to psychiatrists as the Constitution is to the United States Government or the Bible to Christians. Even outside the profession, the *DSM* rules, serving as the authoritative text for psychologists, social workers, and other mental health workers; it is invoked by lawyers arguing over the culpability of criminal offenders and by parents seeking school services for their children. It is being said that this new edition could very well cause a seismic shift in the way mental health care is practiced in this country. It could cause the APA to lose its franchise on our psychic suffering, the naming rights to our pain.

Historically, this is not the first time that dissension is in the ranks among psychology professionals. In 1993, feminists denounced Frances for considering the inclusion of "late luteal phase dysphoric disorder" (formerly known as premenstrual syndrome) as a possible diagnosis for the *DSM-IV*. In 1980, psychoanalysists objected to the removal of the word *neurosis*—their bread and butter—from the *DSM-III*. It occurred in 1973, when gay psychiatrists, after years of loud protests, finally forced a reluctant APA to acknowledge that homosexuality was not and never had been an illness. Indeed, it has happened from as far back as at least 1922, when two prominent psychiatrists warned that a planned change to the nomenclature would be tantamount to declaring, "the world is, or has been, insane." Instead of curing the profession's own malady, psychiatry has had an inept ability in covering it up, until now.

Some mental health researchers are convinced that the *DSM* might soon be completely revolutionized or even rendered obsolete. In recent years, the National Institute of Mental Health has launched an effort to transform psychiatry into what its director, Thomas Insel, calls clinical neuroscience. This project will focus on observable ways that brain circuitry affects the functional aspects of mental illness—symptoms, such as anger or anxiety or disordered thinking, that figure in our current diagnoses.

Frances' revolt against the *DSM-5* was spurred by another unlikely revolutionary: Robert Spitzer, lead editor of the *DSM-III* and a man believed by many to have saved the profession by spearheading the shift to descriptive psychiatry. During investigations while taskforces were conducted in creating the *DSM-5*, Darrell Regier, APA's director of research and vice chair of the task force, refused to release minutes of the meetings to Spitzer, upon request. Soon, he discovered that the APA had required psychiatrists involved with the revision to sign a paper promising they would never talk about what they were doing, except when necessary for their jobs. In July 2008, Spitzer wrote a letter to *Psychiatric News*, an APA newsletter, complaining that this secrecy was at odds with the scientific process, which "benefits from the very exchange of information that is prohibited by the confidentiality agreement."

It has been found that the pharmaceutical companies have a major role in the development of psychiatry and the "tools" of this profession, such as the *DSM-5*. Since the 1980s, the pharmaceutical industry has insinuated itself into the APA's training programs. (Annual drug company contributions to those programs reached as much as $3 million before the organization decided, in 2008, to phase-out industry-

CONTINUES ON PAGE 11

Elizabeth Taylor in

"Who's Afraid of Virginia Woolf?"

Academy Award for Best Actress (1966)

Annual festival commemorating the resurrection of Jesus Christ, and the most important feast of the Christian year. Easter is a joyous occasion because on this day Christians celebrate Christ's victory over death. To those who believe in Christ, Easter also symbolizes their own participation in his death and rebirth to a new life.

ELIZABETH TAYLOR

Born in 1932 and died at the age of 79 in March of 2011. American actor, an internationally celebrated and award-winning performer.

Elizabeth Rosemond Taylor was born in London, England, of American parents. She returned to the United States in 1939. Taylor was noticed by talent scouts at the age of ten and made her motion-picture debut the same year in *There's One Born Every Minute*. In 1943 she signed a long-term contract with Metro-Goldwyn-Mayer (MGM) studio.

As a child performer Taylor made a number of successful pictures, among them Lassie, Come Home (1943), *Jane Eyre* (1944), National Velvet (1944), Life with Father (1947), *A Date with Judy* (1948), and *Little Women* (1949). As Taylor began to mature, she made Father of the Bride (1950) and *Father's Little Dividend* (1957), both for director Vincente Minnelli. She then achieved stardom with her performance in *A Place in the Sun* (1951). Her other films of the 1950s, by which time she had gained an international reputation, include *Ivanhoe* (1952), *The Last Time I Saw Paris* (1954), Giant (1956), Raintree County (1957), and her two roles in film adaptations of plays by American playwright Tennessee Williams, Cat on a Hot Tin Roof (1958) and Suddenly, Last Summer (1959), which rank among Taylor's best performances. For her role in Butterfield 8 (1960) she won her first Academy Award for best actress.

Taylor won her second Academy Award for her performance as Martha in Who's Afraid of Virginia Woolf? (1966). She also gave strong performances in *The Taming of the Shrew* (1967), *Reflections in a Golden Eye* (1967), and *Secret Ceremony* (1968). During the 1970s Taylor was plagued by problems with alcohol and marital complications, and her acting career suffered.

Although she made a number of appearances in television movies during the 1970s and 1980s, gave a delightful screen performance in *The Mirror Crack'd* (1980), and ventured into theater with a role in the revival of American playwright Lillian Hellman's *The Little Foxes* in 1981, she increasingly pursued other interests, including a new career as a cosmetics entrepreneur and a crusade as an AIDS activist. In 1993 Taylor received the Jean Hersholt Humanitarian Award from the Academy of Motion Picture Arts and Sciences for her activism, and in the same year she was honored by the American Film Institute with its Life Achievement Award.

"Elizabeth Taylor." *Microsoft® Encarta®* 2006 [CD]. Redmond, WA: Microsoft Corporation, 2005.

SCHEDULED ADMINISTRATIVE DIRECTIVE REVIEWS

CDAC WOULD LIKE TO REMIND EVERYBODY THAT ALL ADMINISTRATIVE DIRECTIVES COME UP FOR REVIEW ANNUALLY.

If you would like to have input on these important issues, please review the Administrative Directives for the upcoming month and submit your ideas at the CDAC office (VE-181) during regular hours (M-F 12 pm to 4 pm).

The next set of Administrative Directives to be reviewed are for the month of June. The List is posted in VE-181 and will be repeated here each month.

AD 122 Hospital Administrator; AD 278 Protected Health Information Committee; AD 345 Mock Medical Emergency Drills (NEW 6/09); AD 405 Screening and Assessment for Substance Use Disorders; AD 504 Admission Suite; AD 604 Patients' Rights Advocacy Program; AD 608 Individuals' Access to the Courts; AD 610 Procedure for Documentation of Denial of Rights; AD 616 Dental Services; AD 646 Central Medical Services; AD 714 Maintenance Policy; and AD 836 Registration Requirements for Sex, Arson, and Narcotic Offenders.

THE TRIAD MET WITH CDCR TRANSPORTATION

By Douglas G. Gaines

On February 2, 2011, the C.D.A.C. Triad, Ken Herman, Bill Hester and Jorge Rubio, met with CDCR Transportation Sergeant E. Navarro and Lieutenant J.J. Brown and DPS Chief David Montoya, to discuss several issues related to resident transportation off of the hospital grounds.

Several issues were brought up by the Triad, the first being the issue of the Custody/Jurisdiction of Department of Mental Health patients while out to medical visits or hospital stays. According to Sergeant E. Navarro, CDCR has been mandated through the legislature to deal with the transportation of CSH residents. Sergeant Navarro stated, “We are simply under that guideline. If that gets overturned or overruled at some point in the future, then at that point we pack our bags and leave”.

The issues were raised with hospital visiting and/or contact (about getting information on their loved one in the hospital), as well as the complaints regarding the television in residents room being watched loudly and controlled by officers or loud communication by officers on the graveyard shift while residents are trying to sleep. Sergeant Navarro explained that due to both operational procedures (CDCR) and Administrative Directives (DMH), there are various protocols that must be followed in order to get your loved ones notified, and it is a work in progress. On the issues of officers visiting and the in-room loudness/talking over the television, Sergeant Navarro said that that is a training issue, and the Lieutenant said that it will be easy to deal with.

Spokesman Bill Hester asked about the shackling of one arm and the opposite leg while at the hospital. Lieutenant Brown responded that their operational procedure “specifically says one arm and the opposite leg.” Mr. Hester asked what the reason for that was and the Lieutenant replied that the joint procedures established by Pam Ahlin (CSH Administrative Director) and James Yates (Pleasant Valley State Prison Warden) and signed off by both of them established that residents fall under the guidelines of CDCR while off of hospital grounds. Sergeant Navarro added that this goes back to when the legislation decided to build this facility, the same protocols that were established for a CDCR prisoner would be established for the person who CDCR is assuming the responsibility to DMH for. “These things are way beyond our level”.

The Triad address the use of the hospital’s Advanced Health Directives and discovered that this paperwork is not being sent with the packets that CDCR transportation officers receive for each resident going out to medical and this was something the triad would look into.

Over all, in the view of the CDAC spokesmen, the meeting was productive and has created a means for CDAC to communicate with the transportation supervisors regarding serious issues and concerns.

PACKAGE / PURCHASE ISSUES

William Hester, CDAC Spokesman

There has been a great deal of confusion and aggravation over the announcement that the Package Room would be enforcing the size regulations on all incoming packages.

After a great deal of work by Star White Eagle, Contraband Advisor, with assistance from other members of CDAC, we have been able to clarify and adapt the situation on packages.

First, all personal packages are subject to the size regulation (except as noted below) by regulation.

After discussion with Pam Ahlin, Executive Director, and the rest of the executive team at our monthly meeting, the following exceptions were agreed to:

ü Vendor purchases (formerly packages) are not covered.

ü An exemption list for approved, odd sized items that are sent from home.

Everyone needs to note that wording is important here… A package is covered under the regulation, however a purchase is not.

Work with it.

OPENING OF SENIOR UNIT

By William Hester, CDAC Spokesman

There have been a lot of rumors of late regarding the conversion of Unit 6 into a Senior Unit. At the request of CDAC, Audrey King (Clinical Administrator (A)) provided the following information regarding this issue.

The criteria are as follows: 1) 70 and over; 2) 65 and over with a medical diagnosis; and 3) 62 and over with medical diagnosis and ADA needs.

The following information was provided to clarify matters for all involved:

- Individuals residing on Unit 6 will give unit preferences to Unit Supervisor or WRT.
- Individuals residing on other units will be notified by their WRT of the availability of the Senior Unit.
- WRT will assess the preferences and document recommendations in the WRP.
- Medical/Nursing assessments shall be completed if necessary.
- Priority moves will be given to the Individuals who are willing to transfer immediately based on availability of their unit preference.
- Priority will be given to the Individuals having to move off Unit 6 when filling the vacancies on other units.
- Individuals meeting the criteria **will not be forced to move** to the Senior Unit. The WRT will work with the Individual in identifying their needs, encouraging them to choose the best environment for them.
- The Program Assistants will maintain a list of Individuals identified to transfer to and from their program as a result of the transition of Unit 6.
- This unit will only serve the SVP population.

A NOTE FROM A SPOKESMEN:

As a member of the CDAC Triad of Spokesmen, I want to add the additional note that members of the Unit 6 population had requested to be moved as a group to another unit. The Triad has listened to this request and in light of the expressed desire of this segment of our population, we have submitted a request to George Maynard to reassign the officers from Unit 6 to a new RRU with priority given to Unit 6 residents for moving there.

WHAT DO YOU THINK?

"There is no definition of a Mental Disorder. It's bullshit. I mean, you just can't define it."

Allen Frances

Lead editor of the DSM IV

Quoted from the January 2011 issue of Wired magazine in an article titled, "The Book of Woe."

DOCTOR JERRY KASDORF

Mr. Billy Redding: Dr. Jerry Kasdorf, currently heading a committee assigned the task of revamping and upgrading our future Treatment programs, met with PCLS on Thursday, March 10, 2011. The following issues were discussed –

(1) Along with Dr. Grace, Dr. Gordon, Dr. Withrowe, Mr. Ken Layman, etc. They are re-writing the Phase manuals to include treatments ideologies from Canada and such programs as the "*Good Life*". GL focuses on what positive thinking and behaviors skills are adopted which replaces old, negative thinking errors.

(2) Assessments will be used extensively on all new intakes and clearer base-line assessments will be utilized by doing this.

(3) Annual evaluations will increase for those with an indeterminate status. Focus will concentrate more on observable risk factors instead of where one might be in their Phase progress.

(4) Currently they are concentrating on the Phase I restructuring. Phase I will be lengthened and have assessment testing more thorough as well as additional instructional formatting.

(5) The new treatment program will focus much more on the individual's dynamic risk factors. The new model will have elements from a New Zealand program: "VRSSO" – "*Violent Risk Scale for Sex Offenders". Mr. Bill Marshall (Canada) introduced a new rating scale for therapists to cover more the individual's riskier behaviors as demonstrated at present and current observations with less focus on past criminal behaviors.*

(6) 6) The new structure will focus a great deal more on self-esteem. Most recent studies show self-esteem plays a higher role in cognitive distortions than previously given credit.

(7) The new programs will also focus a great deal more on an offender's strengths rather than linger on past guilt-based behaviors. This strength-based rating will be used in a 'Protective Factor Scale'. Men with more obvious risky thinking patterns and behaviors will receive a more intensified status and individual's demonstrating higher-functioning problem-solving capabilities will be given due notes in their TEAM and WRP records. Positive and pro-active behaviors will receive more notice where this has been overlooked in the past. This can effect how you are evaluated in considering risk levels.

(8) Current Phase assignments and manuals are rigid with too many inflexible standards. The new manuals and assignments will come with explanations and rationale so participants see and understand just why they are doing tasks.

(9) One option being considered is the blending of both Phase II and Phase III to decrease the "alienation" and separation from old, familiar group influences with the expectation to eliminate some of the change and difference anxiety and create continuity in workflow.

(10) The Committee is also looking into the advantages of creating very specific groups for each specific risk factor in a person's barriers to discharge. With this will come better measuring systems to track a person's progress and understanding, as well as implementation of new tools and coping strategies.

(11) New TEAM and WRP reports will hold to a "face validity testing" methodology. This means that measuring an individual's status in their treatment will rely heavily on common-sense observations.

Sex Offender Registration Act Not Fully Retroactive

Source: Tim Hull, eAdvocate

Editorial Comment: William Hester

This article is copied from a posting on the board of the housing unit. I would advise anyone reading this who would be interested in clarification or more details to go to the website listed at the end of the article. If you should do this and find something you feel that *The Insider* might be able to pass on, please send me a copy. I hope that there might be something here that is of help to someone. And now, here is Tim Hull's story:

In essence, in the 9th Cir, AWA would be an ex post facto violation to SOME registrants, if applied to them. This case will very likely wind up in the U.S. Supreme court, 12-28-2010 California:

CN) –The Sex Offender Registration and Notification Act cannot apply retroactively to offenders indicted before August 1, 2008, ***the 9th Circuit ruled,*** finding that former U.S. Attorney General Alberto Gonzales disregarded procedure when he applied the law in 2007 to all sex offenders.

The federal appeals panel in San Francisco affirmed the dismissal of new charges against Mark Anthony Valverde, a sex offender who pleaded guilty in California Superior Court in 2002 to 11 counts of sexual abuse of a minor under 16 and one count of having child pornography.

Valverde left California after his 2008 release to stay at his grandmother's house in Missouri. Valverde did not register as a sex offender in California or Missouri, and he was indicted in California under the Sex Offender Registration and Notification Act (SORNA) for traveling across state lines and failing to register as a sex offender.

Attorney General Alberto Gonzales had issued an interim rule in 2007 applying the law to all sex offenders, including those convicted before its passage.

Senior U.S. District Judge Lawrence Karlton dismissed the indictment, finding that the registration provisions of the act did not fall under Congress' power to regulate interstate commerce.

While the three-judge appeals panel disagreed with Karlton's reasoning, it nonetheless affirmed the dismissal of Valverde's indictment.

Gonzales failed to comply with the Administrative Procedures Act (APA) by applying SORNA registration requirements retroactively, the appellate judges found.

Gonzales had cited the "good cause" exception to the APA, ignoring its requirements that his decision be published in advance and subjected to public comment. When Gonzales issued the rule, he noted in an accompanying statement that the notice and comment period was "contrary to the public interest," according to the ruling.

But the panel was unconvinced. "We strongly disagree with the conclusion reached by the courts that hold that compliance with the APA's notice and comment procedures would have controverted the public interest in this case," Judge Stephen Reinhardt wrote. "We find no plausible support for that conclusion in the attorney general's statement accompanying the issuance of the interim rule that sought to apply SORNA retroactively to pre-enactment offenders."

Three months after issuing the interim rule, Gonzales issued new guidelines called Sentencing Monitoring, Apprehending, Registering, and Tracking (SMART), solicited comments and published the final guidelines in July 2008.

"The retroactivity provision did not become effective until August 1, 2008 – 30 days after its publication in the final SMART guidelines along with the attorney general's response to related public comments, Reinhardt wrote.

This is my quick summary; a longer one will be posted after I have had time to read everything.

Further information will be available at:

1)http://www.federalregister.gov/articles/2010/12/29/2010-32719/office-of-the-attorney-general-applicability-of-the-sex-offenderregistration-and-notification-act.

2) http://www.gpo.gov/fdsys/pkg/FR-2010-12-29/pdf/2010-32719.pdf

They have manipulated wording to say, the USAG Rule he said was FINAL in 2007 (making SORNA retroactive), is now NOT considered FINAL instead, it was TEMPORARY (from 2007 to 1-28-2011) . i.e.; until this announcement.

This announcement makes it FINAL as of 01-28-2011

This mess will cause thousands of folks convicted of FEDERAL FTR (before 01-28-2011) to go back to court and MAYBE get their convictions overturned. Facts of each will determine yea/nay as to their case.

THE ANTI-LABELISTS

By Kirk Eggleston

I have no idea how it feels to be labeled a gay person. I have never considered how it must feel to be labeled solely according to my sexuality, probably because I am part of the majority – the heterosexuals.

I am beginning to understand this and empathize with gay people as I am now labeled according to some of my sexual behavior. I am now a minority. A pedophile, they say. Another label.

It sounds to me that same-sex attracted young people don't want to be defined according to their sexuality. Just like I don't want to be defined by my poor choices. I am not what I did. They are not who they are attracted to.

There is a lot more to us than our sexuality. I agree that the focus on a person should be more macro and labels should be tossed. Lets look at the individual and all their wonderful characteristics. They have a lot more to offer than that label suggests.

NEVERENDING SAFETY & SECURITY ISSUES

By Derek Luers

Daniel Meek strikes again by saying that he cares about **Safety & Security** concerns on Units 27 & 28 (which this writer does not believe it is true). I say this because of one of the incidents that involves this writer which took place on 2/9/11 when I was taking Unit 27 back to the Unit after breakfast. Everything that I know comes from witness that were there, and what they told me about what took place during the time (which I can not remember and maybe at this time that is a good thing).

I was suckered punch by an Individual from the Unit. I went down and hit my chin on the floor, biting through my lower lip, and losing consciousness for a whole 30 seconds. During this time, I was bleeding from my chin and lower lip while four **Level of Care Staff** just stood around trying to figure out what do next. All this time, I am still laying on the floor bleeding and needing help. It is very sad when **Level Of Care Staff** are suppose to be trained to deal with any situation that may arise that **they just stand around like they are deer caught in the headlights.** This writer can believe that there is a small level of shock that comes with any serious situation, but that is when their training should have taken over.

I want to **Thank Mr. Peter Tolles** for coming to my aid when I was laying on the floor. He did what he could do to stop the bleeding and to realign my jaw, even though I was so out of it I do not even remember him telling me that he was going to do all that he did to help me.

THE INSIDER **EDITOR'S NOTE:** **The editorial staff would like to congratulate Derek on his decertification as a 2972 and hope that he will continue defending his former peers in the 2972 population. - William Hester (Editor)**

Passover, important Jewish festival commemorating the exodus of the Hebrews from Egypt and their safe flight across the Red Sea (see Judaism: Festivals). This flight, described in the Book of Exodus, was led by Moses.

The name of the festival (*pesach,* Hebrew for "passing over" or "protection") is derived from the instructions given to Moses by God (*see* Exodus 12:3-17). In order to encourage the Egyptians to allow the Hebrews to leave

Microsoft ® Encarta ® 2006. © 1993-2005 Microsoft Corporation. All rights reserved.

CONTINUES FROM PAGE 4

does not mean, however, that these companies still do not have any hand in the psychiatric profession and are a major interest group

.According to E. Jane Costello, codirector of the Center for Developmental Epidemiology at Duke medical School, the proposed revisions to the *DSM-5* "seem to have little basis in new scientific findings or organized clinical or epidemiological studies." (In a response, the APA cited "several billions of dollars" already spent over the past forty years on research the revision is drawing upon.)

To critics, the greatest liability of the *DSM-5* process is precisely this disconnect between its ambition on one hand and the current state of the science on the other. The fact that diseases can be invented (or, as with homosexuality, uninvented) and their criteria tweaked in response to social conditions is exactly what worries critics like Frances about some of the disorders proposed—not only attenuated psychotic symptoms syndrome but also binge eating disorder, temper dysregulation disorder, and other "subthreshold" diagnoses. To harness the power of medicine in service of kids with hallucinations, or compulsive overeaters, or 8-year olds who throw frequent temper tantrums, is to command attention and resources for suffering that is undeniable. But it is also to increase psychiatry's intrusion into everyday life, even as it gives us tidy names for our eternally messy problems.

Gary Greenberg (garygreenbergonline.com), author of *The Book of Woe: Inside the Struggle to Define Mental Illness*, recently sat with a former president of the APA and asked him how he used the *DSM* in his daily work. He told me his secretary had just asked him for a diagnosis on a patient he'd been seeing for several months so that she could bill the insurance company. He states, "I hadn't really formulated it." He consulted the *DSM-IV* and concluded that the patient had obsessive-compulsive disorder. "Did it change the way you treated her?" Greenberg asked, noting that he'd worked with her for quite a while without naming what she had. "No." "So what would you say was the value of the diagnosis?" "I got paid." This is an astounding revelation, but yet those who have been held under the guise of an alleged mental disorder know better. This type of illusion has gone on for nearly a century now.

What the battle over *DSM-5* should make clear to us all—professional and layman alike—is that psychiatric diagnosis will probably always be laden with uncertainty, that the labels doctors give us for our suffering will forever be at least as much a product of negotiations around a conference table as investigations at a lab bench. Regier and Scully are more than willing to acknowledge this. As Scully puts it, "The *DSM* will always be provisional; that's the best we can do." Regier, for his part, says, "The *DSM* is not biblical. It's not on stone tablets." The real problem is that insurers, juries, and even patients themselves are not yet ready to accept this fact. Nor are psychiatrists ready to lose the authority they derive from seeming to possess scientific certainty about the diseases they treat. After all, the *DSM* didn't save the profession, and become a best seller in the bargain, by claiming to be only provisional.

***THE INSIDER* EDITOR'S NOTE: I would like to take this opportunity to remind everyone in both commitments that we are all here against our wills. Every time we as a group allow staff to continue to ignore our needs we allow them to keep us divided.**

As the old saying goes, "a house divided can not stand."

When you look down the hall at the next person standing there, remember this: *If that person is wearing khakis, they are just as much a prisoner as you are. If you take advantage of him you are just proving that DMH is right about where you belong. Oppose them – not us!!!*

SAY WHAT?

Executive Director Pam Ahlin and the executive committee have asked CDAC to assist in finding out what the population thinks will reduce aggression here at the hospital.

CDAC: The addition of more yard space (open the sports yards full time).

E.D.: We don't have the staff to supervise all the yards.

CDAC: Improve the quality of the food (on the decline for several years).

E.D.: Our staff test the food and assure us that it is of good quality and quantity.

CDAC: Improve the privacy of the residents in their living space.

E.D.: The psych tech union has stated that they would be unable to make sure residents were safe if the curtains reached the walls.

CDAC: Have the Hospital Police Officers stop carrying weapons (the baton).

E.D.: The union won the right to carry batons and there is nothing we can do.

I don't know about the rest of you, but I think that one thing that would reduce aggression around here is for DMH to empower someone to actually

GUIDELINES FOR PUBLICATION IN *THE INSIDER ONLINE*

All submissions to The Insider Online are subject to editing for proper grammar, punctuation, length, language, and clarity. They may not include hate-speech, inciting or inflammatory language, or unnecessary profanity. Submissions may be returned to the individual author for revision or rejected outright.

The Insider Online is produced at Coalinga State Hospital, in Coalinga, California. Material published in this electronic paper is written, edited, and published entirely by hospital residents without input or editing by staff.

The ideas and opinions expressed herein do not reflect the opinions of the hospital's staff or its administration, unless otherwise noted.

The Insider, in all its forms, is dedicated to fair, unbiased and impartial reporting of information, current events and news that is of interest to civil detainees and others who are interested in finding out about the real people here. Any questions and correspondence can be submitted by mail to:

THE INSIDER

VOICES OF CALIFORNIA'S CIVIL DETAINEES, COALINGA STATE HOSPITAL.

THE INSIDER ONLINE

The Insider Outreach

Voices of California's Civil Detainees, Coalinga State Hospital

THE INSIDER

P.O. Box 5003
Coalinga, CA 93210
c/o William Hester / Unit 4

Phone: (559) 934-0137
(559) 934-1837

The Insider Online

Let' us remember all those who have fallen since the beginning of this law and pray that they now know the freedom that was denied them in life...

Robert Cloverdance; Carl Coleman; Jim Davis; Don Lockett; David Stansberry; Charles Rogers; Larry Goddard; Ed Samradi; Dean Danforth; Craig Rauwens; Wayne Graybeal; Donald Hughes; Lloyd Johnson; Robert Alperin; Tim McClanahan; Patrick Brim; Wayne Porter; Cash O'Doyd; Elmer Bock; Dave Gonick; Jose Vlahoitis; Corwin Weltey; Ross Washington; Richard Bishop; Alton Robinson; Robert Canfield; Jerry Sanchez; Gerald Brooks; James Aceves; Frank Valadao; Donovan Myrick; Paul Real; Paul Pedersen; Kenneth Edmonton; Jimmy Guthrie; James Rosenberg; Charles Grecien; David Harney; James Wallace; Jare Stevens; John Martinez; Delbert Smith; Dennis Boyer; Ruben Garcia; Wilbur Perryman; David Montgomery; William Laughlin; Richard Garcia; Francs Hansen; Steve Mendoza; Robert Berry; Ramon Malbrough; Vernon Madden; and Victor "Weasel" Segovia (Passed March 5, 2011).