

Good morning

My name is Dr. Daniel Papapietro. I am here as a private citizen, but I will speak from my experience as a clinical/forensic psychologist at Whiting Forensic Hospital. I am the head of the psychotherapy service for all of Whiting FH, and in that capacity I assign, monitor, and address all psychotherapy cases and training, and provide consultation and supervision for psychology staff and psychology and psychiatry trainees.

I would like a few minutes to offer my perspective regarding the widespread and erroneous belief that patients in WFH receive limited treatment, are simply being warehoused, and continue to be abused or at risk of abuse.

I've worked in Whiting forensic hospital for 18 years (and 20 years in all for DMHAS) The events of abuse captured on video were egregious and unforgiveable. But they DO NOT reflect the general attitudes or behaviors of the vast majority of hospital staff whom I know, and from my observations over the years. In spite of egregious failures in the past to identify and acknowledge and address issues of abuse, there was –and continues to be- a great majority of staff across all disciplines who, on a daily basis take great pride in their work and who regularly display professionalism, kindness, and humanity towards those individuals entrusted to our care.

I strongly reject the headline grabbing media-mentality of what has been called a “culture of abuse.” That concept is, in my opinion, utterly and totally wrong and damaging to the hospital, but also unfairly frightening and disturbing to the families of those individuals hospitalized here. I beg you all to consider that damage done by a relative handful of abusers does not reflect the best efforts of the

rest of us. Those captured on film abusing a patient do not represent the rest of us, and we are glad to be rid of them.

I also want to acknowledge that, as a result of sweeping changes, WFH now has a leadership/management team that has done more in 2 years than has been done by all the administrations in the past 18 years to change the direction of the hospital. And though they have made strong efforts to improve conditions for patients and staff, provide on-going training of staff, improve general respect towards staff, and to appreciate those of us who want desperately to once again be able to take pride in our hospital and in the work we do here, there is still more to be done to improve things. As someone who has worked here for many years I can attest to the great effort and professionalism most staff strive to bring to their jobs and to provide care and caring to our patients. What is often missing for us, and which if present would make our jobs better, is understanding and compassion from the highest levels of DMHAS.

Next, and I want to be especially clear about this--- Treatment has always been a high priority, and has always been available for our patients. This includes specifically tailored treatments to address the individual's primary mental illness that contributed to their arrest, acquittal, and commitment under the PSRB, experiences of trauma and abuse and difficulties related to PTSD, Sexual offending, arson, substance abuse, and any other various issues that may require specific treatment. Nearly all patients here under the PSRB in either the Whiting or Dutcher buildings, receive various therapies provided by the staff psychologists and other professional disciplines. Currently, better than 90% of all PSRB patients are receiving individual psychotherapy, most all from psychologists or individuals supervised by psychologists. Also, each unit psychologist provides at least several therapy groups unique to their

unit and patient population that address issues related to being under the PSRB, coping with hospitalization, living with and understanding mental illness, stress management, and emotion regulation, and a wide range of competency & restoration issues, among other groups.

Our colleagues in other disciplines - Social Workers, Recreation Therapist, Vocational Therapist (and in the past when there was funding, there were Art and Music therapists as well), as well as the nursing staff, and especially the Forensic Treatment Specialists and Mental Health associates—also provide individualized or group treatments specific to patient needs, or unique to the treatment unit. I want to especially acknowledge my brothers and sisters who work on the front line -the FTS and MHAs- and thank them for their work and their effort for our patients. They are on the front line all day, every day. And what the public doesn't know is how difficult, stressful and dangerous their jobs can be. And while they do the hardest jobs of all, often for the lowest salary, they also exhibit the greatest patience and compassion towards our patients.

Providing treatment takes manpower, and that takes money. Whether it's the annual budget review or election time, the politicians and the media and the public take all state employees to task as overpaid and overcompensated, and regularly want to trim cost and cut back services. As a result, staff positions remain unfilled, overtime mounts, and needed treatments are unavailable because suitable staff are not being hired. And when positions are left unfilled, sometimes treatment is a casualty.

Lastly, in spite of all the psychological treatments that are available, several very important things are missing. Our forensic patients, who are likely to spend at least 10 years here, have no real, productive jobs during hospitalization that could provide some small measure of income, along with a large

measure of self-esteem. In the past patients had access to these jobs, and income that would help them transition out of the hospital into community living. For many of our patients these jobs can be as beneficial as any therapy group. Also missing is real-world vocational training that gives our patients a sense of purpose and hope for their future, and job skills that can truly help them reintegrate into their community, but also enhance self-esteem and reduce stigma associated with mental illness and unemployment. Education is also missing. Our patients have no meaningful educational opportunities on-site or through reasonable internet access that would allow individuals to start and possibly complete college courses. Prison has most of these, it's not clear why we are don't.

But in spite of all these problems most all of us are still here because this is the work we choose to do, and wish to do.

Thank You.