



Sympathy for

MENDOTA, A YOUTH-TREATMENT CENTER OF



There wasn't much to like about Tyler when he was 14. A lean, white kid who looked several years older than his age, he was covered in tattoos, including the letters "T-H-U-G" written across the fingers of his right fist. Having fled the home of an uncle who'd been trying to straighten him out, he was living on his own in a rented apartment in downtown Milwaukee, subsisting on a predawn routine of burglarizing parked cars. He landed in jail after he yanked a purse from a 78-year-old woman, who fell to the sidewalk in the scuffle, breaking her arm and hip. She developed pneumonia in the hospital and died there within the month. ■ Tyler dodged a murder charge by confessing to strong-arm robbery. He spent a few weeks at the Lincoln Hills School, a fenced-in reformatory for 230 boys, in Irma, Wisconsin, but was transferred out after he fought with other inmates, made threats to kill his uncle, and was caught hiding a list of

by

KATHERINE ELLISON

the

LAST RESORT

DEVIL

explosive materials in his cell.

Tyler's chances that he'd have a normal, peaceful life, lived freely among others, declined further after the results came back from a clinical test meant to determine whether he might be a budding psychopath. Throughout the U.S. prison system, this fearsome label—the word *psychopath* literally means “diseased mind”—distinguishes the most hard-bitten predators, those least likely to benefit from therapy and most likely to commit new crimes. Canadian psychologist Robert Hare, a prominent authority in criminal psychology, says psychopaths make up barely one percent of the U.S. population, yet account for as much as 50 percent of violent crime.

The test given to Tyler was a juvenile version of the widely used Psychopathy Checklist, which Hare designed more than 30 years ago. It rated Tyler on a range of noxious traits common to adult psychopaths, including egocentricity, grandiosity, pathological lying, lack of remorse, lack of empathy, and “a parasitical lifestyle.” He scored high across the board.

In the past few decades, an increasing amount of research and popular books on psychopaths, including Hare's bestselling trade books, have supported the notion that some people are simply hardwired to do evil. Brain-scan analyses have detected both anatomical and physiological differences believed to contribute to cruel behavior. Clinical trials have found evidence of “callous and unemotional” tendencies, considered potential precursors to psychopathy, in children as young as 5. Through it all, Hollywood has churned out new contributions to a mini-genre of films about “bad-seed,” havoc-wreaking children born to well-meaning parents.

Does such villainy really occur? The idea, at least, is that it does exist in a wide variety of cultures. In one oft-cited report, the Harvard researcher Jane Murphy noted that Inuits living near the Bering Strait have a special word (*kunlangeta*) for “a man who . . . repeatedly lies and cheats and steals things and . . . does not pay attention to reprimands.” When she asked what might become of such a person, she

was told that “somebody would have pushed him off the ice when nobody else was looking.”

Tyler's diagnosis might easily have led him to be pushed off the metaphorical ice—segregating him from other inmates, preventing his parole, and predicting an inevitable spiral of defiance and punishment—except he got lucky. His warden transferred him to the Mendota Juvenile Treatment Center in Madison, Wisconsin, a last resort for the state's most violent and emotionally disturbed youth. The year was 1996, and the program was just a year old.

Sixteen years later, the 29-bed center remains rare, if not unique, among juvenile prisons in two outstanding ways. Located next to a state mental hospital, it's run by shrinks, not wardens, and its continuing existence is assured by uncommon peer-reviewed research, including the striking finding that it's reduced new violent offenses by 50 percent. “They've attracted a lot of interest and excitement after decades of people saying that nothing can be done for this population,” says University of Wisconsin–Madison psychologist Joseph Newman, a leading expert in the field.

To be sure, this isn't a population that readily attracts sympathy, much less taxpayer dollars. Over the years, roughly half of the center's inmates, all boys between the ages of 12 and 17, landed there after killing or seriously injuring people: stabbing, shooting, or breaking bones. Most began their criminal careers long before they'd reached their teens. All have scored high for psychopathic traits. Two raped their own grandmothers. Several set cats on fire. Asked to describe the most exciting thing he'd ever done, one boy could barely stop laughing long enough to tell his therapist how, at the age of 13, he'd poured lighter fluid on a stranger's leg and then tossed a lit match, burning the man badly enough to require a month in a hospital.

On Tyler's arrival at Mendota, he was assigned one of its standard, single-occupancy cells, with a steel door, a narrow window, and a mattress on the floor. Those quarters contrasted

Roughly *half of the*
center's inmates,
all boys between
the ages of 12
and 17, landed
there after **killing**
or seriously
injuring people:
stabbing, shooting,
or breaking
bones.

with a comparatively luxurious standard of daily care—costing roughly double the average rate among mainstream youth-detention centers—an expense owing mainly to the center’s high staff-to-inmate ratio. That unusual proportion allows for several exceptional benefits, including large doses of one-on-one and group therapy, and two hours of daily supervised recreation for every inmate on reasonably good behavior. Yet another rare advantage is a full-time, on-site psychiatrist, who meets individually with inmates and prescribes and monitors medications. Most of Mendota’s wards take one or more psychiatric drug, from mood stabilizers to stimulants for attention deficit/hyperactivity disorder (AD/HD), to medications for anxiety and insomnia. Perhaps most important, though, Mendota’s high staff-to-inmate ratio means that its employees have the time, energy, and mandate to create personal bonds with the boys behind bars.

Through the years, the Mendota center has preserved its high standards, despite severe fiscal pressures on Wisconsin’s state budget. That commitment has made it one of America’s boldest investments in defiance of biological determinism.

An Inside View

I spent two days at the Mendota Juvenile Treatment Center during a week when the maple trees surrounding its grounds were exploding in bright orange, red, and yellow. Pictures of pumpkins and ghosts hung in one of the classrooms, together with a sign reading “Welcome, Spooky Friends!”

The center sits on a grassy slope overlooking Lake Mendota, where it vies for postcard views with the homes of some of Madison’s wealthiest families. Royal-blue banners waving outside the walls trumpet the optimistic philosophy inside: “Respect. Hope. Help. Heal.”

The banners, as well as badges asking “How Can I Help?” worn by all the center’s staff members, were designed by the center’s CEO, Gregory van Rybroek, a former seminary student, who, at 57, has receding gray hair and bemused-looking blue eyes behind rim-

less spectacles. As he drove me to the center in his middle-aged Honda, he recounted how, in his sophomore year in college, he’d given up his plan to be a priest and changed his major to psychology. What didn’t change was the inspiration he’d discovered in Matthew 25:36 (“I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me”), which led him, while still in graduate school, to a job ministering to our society’s most frightening, least sympathetic members: criminally insane patients at the state mental hospital.

Van Rybroek rose through the hospital’s ranks to become its clinical director in the early 1990s. One of his first tasks was to solve an urgent problem: aggressive, mentally ill youth from institutions like Lincoln Hills, who’d been sent to the state hospital for treatment, were attacking other patients. State budget analysts readily agreed on the need for a new, maximum-security youth center. To van Rybroek’s surprise, Wisconsin legislators not only approved the new project, but followed his suggestion that the facility be governed by the state health department, rather than prison authorities.

His surprise was understandable. America traditionally has had little sympathy for juvenile delinquents. Back in 1646, the General Court of the Massachusetts Bay Colony passed the Stubborn Child Law, decreeing that children who disobeyed their parents could be put to death. Over the next two centuries, even preteens were sent to adult prisons and chain gangs. It was only in the late 19th century that progressive reformists steered courts toward more humane treatment of young lawbreakers. The first juvenile court was established in Chicago in 1899, the idea being that malleable youth would benefit more from rehabilitation than punishment.

This approach lost momentum during the crack-cocaine-fueled crime wave of the early 1980s. Panic over the rise of violent youth gangs led to a wave of harsh new laws, with 29 states mandating that minors be tried as adults for some crimes. In Wisconsin, as in several other states, children as young as 12 have since been tried in adult courts

for murder and gang-related crimes. In recent years, the pendulum seems to be swinging back, for instance, with the recent U.S. Supreme Court ruling that life without parole for minors constitutes cruel and unusual punishment. Yet most of the draconian state laws remain on the books.

In 1995, the same year that the Mendota center opened, Princeton’s John DiIulio made his famous prediction that a “tidal wave” of 270,000 bad seeds—“radically impulsive, brutally remorseless” juvenile criminals, whom he dubbed “superpredators”—would hit the streets by 2010, raping, robbing, murdering, and dealing deadly drugs. While DiIulio later apologized for that forecast (which turned out to be as erroneous as it was inflammatory), it reflected a widespread terror of dangerous young men that left little room for sympathy. Making matters worse, psychologists themselves offered small hope that violent and aggressive kids like Tyler could ever be rehabilitated. A major review in *American Psychologist* published in 1995 concluded that no single approach had yet proven effective.

Thus, from its origins, van Rybroek’s project was boldly countercultural, reflecting his passionate conviction in nurture’s power over nature. Over the years, he and his Mendota collaborators designed and implemented a web of costly, energy-intensive strategies, united by the goal of prying the young inmates out of their reflexive anger and withdrawal through sturdy, warm relationships with the therapists and frontline staff workers, known as “psychiatric techs.”

Van Rybroek and his close colleague, psychologist Michael Caldwell, dub their basic approach “decompression,” a reference to the way that deep-sea divers are slowly returned to the water’s surface. It operates on the assumption that young criminals like Tyler aren’t bad seeds, destined to be psychopaths from birth, but kids who probably started out life mentally ill in some way and have been “compressed” into reactive defiance by years of harsh treatment.

Van Rybroek told me about one of the first times he’d practiced decompression,

on one of his criminally insane adult patients in the early 1990s. The man, who'd recently had one of his legs amputated, had been scaring other hospital employees by screaming and throwing things at them when they entered his room, meanwhile digging his fingers into his wound, risking infection, in what seemed like a suicide attempt. Van Rybroek began by standing silently in the man's doorway, slowly graduated to reading to him from the newspaper sports pages, and, over the course of several weeks, made his way into the room, to sit by the man's bed, as his ally. He judged his tactic a success after the patient had begun using his crutches to leave his room and converse with other hospital staff members and inmates.

When van Rybroek first told me about decompression, I remembered a sign I'd seen a few years earlier at a conference for parents and teachers of children with AD/HD. "It's the relationship, stupid!" it read, conveying the idea that your kid won't hear anything you say if he or she doesn't already trust you. Van Rybroek and Caldwell swear by the research of the psychologists Albert Bandura and Lawrence Sherman, who've argued that "prosocial" bonds help deter crime by giving people a stake in society, and thus a reason to work to control themselves.

Once I'd had the chance to see decompression in action at Mendota, it brought up another memory, this time from my childhood, of my older sister reading the scene from Antoine Saint-Exupéry's classic, *The Little Prince*, in which the prince meets a lonely fox. The fox complains of his "monotonous" life of hunting chickens and being hunted by men, and begs the prince to "tame" him. He then instructs the prince on how to do this, telling him he must be very patient.

"First, you will sit down at a little distance from me—like that—in the grass. I shall look at you out of the corner of my eye, and you will say nothing. . . . But you will sit a little closer to me, every day."

"I don't know that anyone is born evil," van Rybroek told me on my tour. "I think it's fairer to consider that

they're born into life circumstances in which they don't have a choice." His many years at Mendota have strengthened him in this belief. Over that time, he's noticed that more than 90 percent of the center's veterans have grown up in poverty. More of their parents have been in prison than working fulltime jobs. And a large majority of these perpetrators of shocking crimes have been victims of crime themselves—whipped, beaten, deprived of food, and locked in closets and basements. One revealed that his parents had hung him from a rafter, cut him with a butcher-knife, and then, as if the hanging and cutting weren't enough, rubbed black pepper in his wounds. "At one point, several of the boys found out that their parents had all used the same technique of tying them to rafters and beating them," Caldwell told me. "They called themselves The Piñata Club."

"These kids have come from hell," van Rybroek said to me. "If you lived in hell your first 15 years, you'd be that kid. The only way you survive is being aggressive, because that's how the world has been with you."

Mendota's staff therapists and techs work daily to coax such youth back to trusting relationships by means of consistently positive interactions with adults, including immediate rewards for good behavior.

After van Rybroek proudly showed me the center's gleaming new indoor basketball court, we walked down a narrow hallway between the steel cells, where several doors were taped with "Happy Birthday!" notices and certificates recognizing progress or decorated with photos of basketball and baseball stars. Mendota's clinical director, David McCormick, a stocky, mustached Packers fan, told me how he bakes brownies each month for the young rapists, batterers, and murderers he refers to as "knuckleheads."

McCormick designed Mendota's daily operating system, known as the Today-Tomorrow Program. It resembles a souped-up, rigorously monitored version of the "reward charts" recommended by parenting gurus. As the title implies, it's aimed at delivering short-term consequences for good or bad behavior. Inmates suffer tightened

security and loss of privileges for serious rule violations, such as threats or violence. When they behave well today, they're rewarded tomorrow with incentives ranging from a half-hour of video games in the evening to being able to keep a satellite radio in their cells.

The 19th-century psychologist William James wrote that humans crave appreciation more than anything, and apparently fledgling psychopaths are no exception. McCormick proudly showed me the colorful stickers he puts on the boys' charts to acknowledge their progress. He orders the stickers in English and Spanish. "Que bien!" read the Spanish ones. "Even big, lunky guys love stickers," he says.

The stickers and birthday cards and brownies aside, I never lost sight that the Mendota center is a maximum-security prison. On my way down the hallway between the cells, I caught a glimpse of a pair of young black arms reaching out through a small window in a locked bathroom door. The boy inside, who was on lockdown status after breaking a rule, was preparing to be handcuffed before emerging from his shower.

Decompression in Action

"A child needs your love most when he deserves it the least," wrote the columnist Erma Bombeck, yet I was curious how she might have reacted to a Mendota inmate I'll call Brandon: a plump, freckled, red-haired boy of 14, with pale lashes over narrow blue eyes. He wound up at Mendota with a long rap sheet, including charges that he'd assaulted an employee at his school and sexually molested a 5-year-old girl. Still, if you managed to ignore his shackled wrists and prison garb of white sweatshirt and sweatpants, he looked more like a Norman Rockwell portrait of a boy told to sit in a corner than the monster described in his file.

I watched as Brandon met in a locked room with Michael Morrison, a lanky psychiatric tech supervisor who'd come to discuss Brandon's third serious conduct offense in two months: he'd shouted, "I'm going to beat your ass! I'm going to fucking kill your ass!" at another inmate from behind his cell



*"I don't know
that anyone is born
evil," van Rybroek
told me on my tour.
"I think it's fairer
to consider that
they're born
into life
circumstances
in which
they don't have a
choice."*

door. As I'd learn, the conversation that ensued is the bread and butter of Mendota's decompression diet.

Morrison, who wore a gold crucifix earring, settled himself next to Brandon in the room's lone piece of furniture, a wide-seated blue plastic chair. Sitting close enough that their knees nearly touched, he handed the teenager a typewritten account of the beat-your-ass incident. Brandon glanced at the page.

"That ain't true!" he blurted, pausing only an instant before smiling and muttering, "Yah, it's true."

"Thank you, I appreciate your honesty," Morrison quickly replied, in what I by then recognized as his adherence to a Mendota mantra to "seek one thousand opportunities for praise."

Like Tyler, Brandon had been kicked out of Lincoln Hills. He'd attacked staff members, exposed himself to other inmates, threatened to kill his mother, and smeared feces on his wall. He continued to engage in "fecal misconduct," as it's known in correctional circles, throughout his first four months at Mendota. On the day that he met with Morrison, however, his walls had been clean for several weeks, and his behavior had been generally improving.

Brandon had been diagnosed with both AD/HD and conduct disorder, the latter psychiatric lingo for juvenile delinquency. His records show he'd been severely abused for several years. By his first birthday, neighbors and others had made 16 complaints to child welfare officials concerning his parents' alleged mistreatment. By age 8, he'd been sexually abused by a neighbor and thrown down a flight of stairs. By age 9, he himself had been charged with multiple sex offenses. He spent four years in a series of residential programs, and then another year at Lincoln Hills, as his behavior worsened.

What does it take to break a cycle of abuse that, in many cases, has lasted for generations? Research suggests it can often boil down to something as simple as a caring bond with just one person. Morrison aimed to fill that role for Brandon. This Mendota employee's own father had left home when he was a child, and at 12, Morrison had

been arrested for stealing a neighbor's car. It wasn't until one of his middle-school teachers had taken him under her wing—escorting him to basketball games, teaching him to fold laundry, but, mostly, just listening—that he'd felt capable of graduating from high school.

Morrison's continuing gratitude for that intervention has made him work all the harder at Mendota. He's made a special effort with Brandon, sometimes checking in on him as many as eight times a day, he said, because "he's so young, and this place can be overwhelming. Part of him wants to do good and be productive, but then when he has a setback, he becomes hopeless."

During the meeting in the day room, Morrison's eyes held no judgment, only friendly curiosity. "Is this beef still boiling?" he asked Brandon. "Do you still want to fucking kill him?"

The boy shook his head.

"So what are you going to do if you see him again?" Morrison asked.

"I'm gonna leave him alone."

"Are you a man of your word?" Morrison asked. He held out his pinky. Brandon pinky-squared.

If Morrison had gone by the book—the state juvenile corrections code—he'd have placed Brandon on six days of "security" status for that third offense. That would mean that Brandon would have had to stay in his cell for all but two hours of each day, allowed to come out only with shackles on his wrists and ankles. But Morrison decided to show leniency. After considering Brandon's generally improving behavior and good attitude during their meeting, he told him he could return to school in just three days. He also promised Brandon that he'd look into his request to get a bigger cell.

"That ain't that bad!" Brandon replied.

Morrison got up to leave. "What's the goal?" he reminded the boy.

"Get off security," Brandon said.

"And—" Morrison prompted, his hand on the door.

"Stay off security!" Brandon chanted, grinning broadly.

"Right! And remember to keep that cell clean," Morrison told him, on his way out.

What Is Psychopathy?

On my second day in Madison, I had breakfast at a strip mall café with Joseph Newman, the psychopathy expert at the University of Wisconsin. Between bites of an omelet, he explained the theory that he's been developing for nearly 30 years. In contrast to many of his colleagues, he describes what's going wrong as more of a cognitive than an emotional problem: a learning disorder related to AD/HD, yet distinct.

"It's like an attention bottleneck—a major informational processing deficit," he told me. His studies of prisoners labeled as psychopaths have persuaded him that they tend to overfocus on tasks that seem to promise immediate rewards, blinding them to other stimuli, such as signs of another person's suffering. "Once they see something they're interested in, they don't perceive another choice," he said.

Newman's theory inspired me to think back on all I'd heard from parents coping with children with AD/HD, who, because of their generally short attention spans, can be extraordinarily impulsive, disruptive, provocative, and just plain exasperating.

What can vastly aggravate this sort of situation is that both AD/HD and traits particularly associated with psychopathy have been found to be highly heritable, making it likely that many parents struggling with difficult children—kids who don't seem to care or even be aware of how annoying they can be—are hotheads themselves. "The kids push, push, push, and the parents react in ways that make them feel so bad that they start to avoid them—which, of course, causes other problems," says Newman.

In other words, it's misleading to define the influences on a growing child as nature or nurture, or even nature and nurture. It's always an interplay, with nature determining nurture, which in turn determines nature, and so on. And while van Rybroek's compression model certainly may not apply to every young convict diagnosed with psychopathic traits—Newman and other psychopathy experts suspect that even the most saintly and well-prepared parents can't deter some chil-

dren from a predatory life—it did seem to fit Brandon, the angry Mendota center inmate, and Tyler, the 14-year-old robber.

After a few weeks at the Mendota center, Tyler told his therapists about the drunken stepfather who'd beaten him so often that he'd learned to hide in a kitchen cabinet whenever he came home. Tyler had never met his biological father, and said he knew his stepfather only by his nickname, Animal. Tyler's mother was a stripper who spent little time at home until she was diagnosed with terminal brain cancer. Shortly after that, Animal disappeared.

When Tyler first arrived at the Mendota center, he showed so little emotion while describing seeing his mother with sutures in her scalp that the intake worker interpreted it as evidence of a lack of empathy—a classic sign of a psychopath. Once the therapists understood his history, however, they reasonably questioned how Tyler could have learned to show or even feel any empathy when he apparently had never experienced it from others.

If such failures to nurture can create a fledgling psychopath, does that necessarily mean that van Rybroek's brand of re-parenting can instill the missing empathy? Counterintuitive as it may seem to respond to youthful cruelty with kindness, what we do know is that a great deal of research suggests that warmth and strong relationships can help deter crime.

"Harsh and punitive parenting simply doesn't work, despite how many parents and legislators still believe it does," says Temple University psychologist Laurence Steinberg, a leading expert on adolescent behavior. "The evidence would point away from boot camps, tough love, and incarceration," he adds, "and more toward what the Mendota program is doing, even though they're in the tiny minority."

Van Rybroek and Caldwell say their periodic assessments of the Mendota youth show that most of them do benefit from their more nurturing approach, becoming less hostile and angry over time. One 17-year-old boy, whom I'll call Jim, who'd been abandoned by his alcoholic mother

*One indirect but
possibly enormously
significant benefit
of the Mendota
center is that it gives
angry, mentally
disturbed youth
a safe place to
live while many of
them simply
grow out of
their criminal
tendencies.*

and arrested for beating up his foster brother, told me how it worked for him. “Counseling is garbage, but it does help if you get someone you like to talk to and who listens,” he said. “When you realize the things other people do for you out of kindness, it can make a difference.”

One indirect but possibly enormously significant benefit of the Mendota center is that it gives angry, mentally disturbed youth a safe place to live while many of them simply grow out of their criminal tendencies. As millions of parents of teenagers—and readers of *Lord of the Flies*—understand, adolescents can be surprisingly savage. Leo Tolstoy, recalling his own youth, wrote that he could easily imagine “the most frightful crime being committed without object or intent to injure, but . . . out of curiosity, or to satisfy an unconscious craving for action.”

A pioneering 1993 study led by psychologist Terrie Moffitt found that while roughly five percent of the population can be predicted to commit crimes throughout their lives, most of the rest will engage in a surge of antisocial behavior roughly from age 7 to 17, and then desist. In recent years, brain scans have zeroed in on what accounts for this: the parts of the brain that govern impulse control, thinking ahead, and comparing risks and rewards—all of which are thought to be seriously compromised in psychopaths—are still maturing and often starkly deficient during adolescence. This may be the best argument of all for a separate, rehabilitative juvenile justice system.

At the Mendota Center, no one ever calls a kid a psychopath. At most, the center’s therapists will speak of someone as having “psychopathic traits.” Inmates are rigorously referred to as “youth.” Faith in the possibility of redemption is embedded in the language.

The Evolution of a Program

In 1996, the year that Tyler arrived at the Mendota Juvenile Treatment Center, van Rybroek was still struggling to climb out of what he recalls as his “pit of despair.” What had begun as a noble experiment in trying to help

one of the least sympathetic groups of criminals appeared to be running off the rails. During the center’s first year, 36 of its employees had ended up in emergency rooms after being attacked and beaten by youth.

The boys would arrive from other juvenile prisons in high-security transportation gear: handcuffs and ankle-chains, and sometimes also with nylon masks to prevent them from spitting at staff workers. In many cases, they came to Mendota directly from having been locked in solitary confinement for as much as three months at a time, with just an hour or two out of their rooms a day. Mentally disturbed to begin with, many became wild after such treatment. Psychiatrist Deborah Umstead, who began working at Mendota in 1998, remembers seeing some of the newcomers running full-tilt into the walls. Shortly after she arrived, an inmate punched her in the head.

To his frustration, van Rybroek’s first order of business became security; the shrinks were going to have to learn to behave more like wardens. He hired more psychiatric techs to provide backup during therapy and invested in padded uniforms for them, but the center continued to struggle to achieve a balance between providing a caring environment and safety for the staff and wards. In 2007, after repeated requests from the staff and following two riots in 48 hours, he agreed to let supervisors use pepper spray in emergencies. The spray causes temporary blindness and skin irritation, but provides a powerful deterrent. “I’d held out because I’d worried that it might be abused,” van Rybroek said. “But therapy just isn’t possible unless and until everyone feels safe.” Over the past four years, staff members have resorted to the spray 119 times, although van Rybroek said the frequency of incidents has steadily declined, as has the number of injuries to employees and inmates. There have been no more riots.

As parenting guides tell us, raising children well takes both love and limits. The cell bars and pepper spray set the limits at Mendota, while the love—or a

close equivalent—comes from a particularly devoted group of therapists and techs. As he strengthened security over the years, Van Rybroek took great care with his hiring, weeding out employees who seemed, as he described it, “more interested in the control aspects than helping youth save their own lives.” He obliged all employees dealing directly with the kids to be rigorously supervised, with frequent opportunities to talk with each other about the powerful feelings—“countertransference,” in psychiatric parlance—so often provoked by the Mendota youth. This has made his team both cohesive and unusually accountable.

For instance, after Umstead, the psychiatrist, got punched in the head, she sought her colleagues’ help to understand what she might have done to contribute to her assailant’s anger. The kid had attacked her after she’d denied his request to call his mother, a decision she’d made after he’d spoken out of turn several times in her therapy group. In retrospect, she said, she realized she’d acted too hastily. She’d overscheduled her sessions in her first months on the job, becoming so busy that she’d missed an opportunity to talk over the problem with the boy involved, instead of merely reacting. She vowed that in the future she’d try harder to avoid getting overextended.

Seeing Results

Mendota’s strategy made a crucial difference for Tyler, the robber. He spent close to two years at the center, on the high side of the average stay. In his first few months, he got into fights with other kids and lost privileges for “gang talk” and sexual slurs to female employees. Yet over time, he attended his therapy sessions, got his tattoos removed, and turned a corner. Therapists located an aunt who was willing to have him come live with her, and he was released on probation in late 1997.

Within three months of leaving the Mendota center, Tyler was rearrested and convicted of one count of possession of stolen property. He pled guilty and was sentenced to five years’ probation. But since then, he hasn’t

had a single additional arrest—nor even a traffic ticket—and no hint of renewed violent behavior, according to Caldwell, who regularly tracks Mendota veterans through state databases. The last time Caldwell checked, he told me, Tyler had married and started a small business.

Tyler's progress might seem like small potatoes, particularly considering the youth's rearrest so soon after his release. Yet considering his earlier history, it was cause to celebrate. His case offered early evidence that van Rybroek and Caldwell were doing something right, and as more years passed, the two psychologists could see that Tyler's case wasn't an anomaly.

In 2001, Caldwell began collecting data on Mendota veterans. Three years later, he published his first findings in a report for the *International Journal of Law and Psychiatry*. In that study, he followed 248 youth who'd been admitted to the program over a two-and-a-half-year period. He compared 101 of the boys who'd undergone a full course of treatment at Mendota to the 147 who'd been seen only briefly by the program's therapists before being sent elsewhere, having been deemed less violent and unmanageable than the group that got treatment. Among other differences, Caldwell found that in the four years following their release, the boys who hadn't received treatment at Mendota—the supposedly less problematic kids—had killed 16 people. The Mendota veterans hadn't killed anyone.

In a separate study, published two years later in the *Journal of Research in Crime and Delinquency*, Caldwell calculated that despite the Mendota center's substantially higher daily costs, it saves the state money—roughly \$7.18 for every dollar spent—by avoiding the expense of imprisoning recidivists. Caldwell told me that he'd actually low-balled this calculation, since he'd left out any estimated costs of the lives or property lost due to new crimes.

As thorough and comparatively effective as the program is, it's no panacea, Caldwell cautions. In fact, about 25 percent of the Mendota veterans have been charged with a new violent crime within three years of their

release. Several have been convicted of "substantial battery," meaning an assault that leaves someone seriously injured. Some youth have seriously injured Mendota employees—a crime requiring them to be transferred to an adult prison. All the same, the general reduction in recidivism for these kinds of kids, who are so particularly prone to make crime their life story, is a major achievement. For context, consider that nearly three out of four youths released from state-run facilities are convicted of some new offense within three years, according to a 2011 report by the Annie E. Casey Foundation.

Caldwell's painstaking data analysis over the years amounts to yet another of Mendota's expensive advantages over other juvenile justice programs. Facilities elsewhere in the nation might well be achieving similar results, yet haven't won the same respect because they haven't devoted resources to data collection and publication in peer-reviewed journals. One such project is the Capital and Serious Violent Offender Treatment Program, established in 1988 outside Giddings, Texas, and featured in *Last Chance in Texas*, a laudatory 2005 book by John Hubner. The Giddings directors claim that their intensively therapeutic strategies, incorporating role-playing and cathartic, group reenactments of crimes, have reduced the likelihood of its participants' being reincarcerated for a felony offense by 43 percent—which would make it nearly as successful as the Mendota center. Yet at this writing, they haven't submitted their findings to professional review.

Caldwell and van Rybroek say their next research project is to try to pin down more precisely how the Mendota program has been achieving its success. Answering this question might help others replicate Mendota's results, which is why some analysts suggest this work is overdue. The U.S. Substance Abuse and Mental Health Services Administration, for instance, lists the Mendota center on its Internet registry of "evidence-based" treatments—a rare honor—yet includes the criticism that the "content, duration, and intensity of training and support are not clearly

defined," and "no tools are available to help monitor fidelity."

"The world wants a cookie-cutter guide, and we don't have one," retorts van Rybroek, who says he thinks Mendota's success results from an interconnected "constellation" of factors, including its quirky history and leadership. Even so, he told me, he and Caldwell have been working to produce a "nonformulaic" manual that may help colleagues dealing with fledgling psychopaths, as well as parents of kids who are extremely provocative, rebellious, oppositional, and exasperating.

I can understand van Rybroek's impatience with the search for easy answers: some pill or eight-step process guaranteed to civilize the most savage youth on the planet. It's reasonable to assume that if anything like that existed, we'd know about it by now. What I saw, instead, at Mendota was a striking combination of nature and nurture—extraordinary people in an exceptional environment—keenly focused on keeping kids like Tyler and Brandon from being pushed off the proverbial ice. No parent and very few therapists could aspire to the varied and felicitous advantages Mendota has managed to maintain through economic booms and busts: the idealistic leadership, financial resources, supportive collegial atmosphere, and, not least, steel bars and pepper spray. In other words, don't try this at home. Yet at least in this one place on earth, that Erma Bombeck adage to love your child the most when he deserves it the least, sounds less like a bleeding-heart-liberal refrain than a call to the noblest part of us—the part truly capable of giving a "diseased soul" the human connection he at once most needs and seems most keen to destroy. ■

.....
Katherine Ellison is a Pulitzer Prize-winning journalist and author of five books, most recently Buzz: A Year of Paying Attention. Tell us what you think about this article by e-mail at letters@psychnetworker.org, or at www.psychotherapynetworker.org. Log in and you'll find the comment section on every page of the online Magazine.

Copyright of Psychotherapy Networker Magazine is the property of Psychotherapy Networker Magazine and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.