

**Before the  
Federal Communications Commission  
Washington, D.C. 20554**

In the Matter of	) MB Docket No. 14-82
	)
<b>PATRICK SULLIVAN</b>	) FRN 0003749041, 0006119796,
(Assignor)	) 0006149843, 0017196064
	)
and	) Facility ID No. 146162
	)
<b>LAKE BROADCASTING, INC.</b>	) File No BALFT-20120523ABY
(Assignee)	)
	)
Application for Consent to Assignment of	)
License of FM Translator Station W238CE,	)
Montgomery, Alabama	)

To: Enforcement Bureau

**LAKE BROADCASTING, INC.'S RESPONSE TO ENFORCEMENT BUREAU'S  
FIRST REQUEST FOR THE PRODUCTION OF  
DOCUMENTS**

Pursuant to Section 1.325 of the Commission's Rules, Lake Broadcasting, Inc. ("Lake"), by its attorney, hereby responds to the Enforcement Bureau's First Request for the Production of Documents. The documents being produced are attached hereto. They have been filed in ECFS, e-mailed and sent by First Class United States Mail to William Knowles-Kellett, Esq., Gary Schonman, Esq., and Gary Oshinsky, Esq. in the Investigation & Hearings Division, Enforcement Bureau, and e-mailed and sent by First Class United States Mail to the Presiding Chief Administrative Law Judge. Although the First Request is directed only to Lake, this Response also includes any documents in the possession, custody, or control of Mr. Michael S. Rice, Lake's President.

Following is an annotation of what is being produced, will be produced in the future, does not exist, or any objections to production.

Request 1. All Documents relating to physical and/or psychological treatment programs in which Michael Rice participated while incarcerated.

Mr. Rice's MOSOP completion certificate, dated February 17, 1999, is enclosed, along with a two-page description of the MO Sexual Offender Program ("MOSOP"). MOSOP is a 14-month in-prison treatment program for sexual offenders, the successful completion of which is a prerequisite for release on parole. No other document pertaining to Request 1 is in the possession of Lake or Mr. Rice. In 2001, the successful completion rate was approximately 41%, according to Dr. James LaBundy, head of the MOSOP program in Mr. Rice's prison.

Request 2. All Documents relating to physical and/or psychological treatment programs in which Michael Rice has participated since his release from prison.

After his release from prison in December 1999, Mr. Rice participated in the Abuse Prevention Program of the Center for Creative Conflict Resolution in St. Louis, Missouri. That program consisted of weekly 1 1/2 hour long group therapy sessions moderated by two therapists, Mark Robinson and Carol Klooster. His participation in that program was a condition of his parole. Enclosed are his "Treatment Contract" and a description of the Abuse Prevention Program.

In addition, since his release from prison, Mr. Rice had regular individual therapy sessions with Dr. Wayne Stillings, his original treating psychiatrist, for many years.

Request 3. All Documents relating to any infractions or violations of any prison rules, regulations, requirements, duties and/or obligations of any kind by Michael Rice while incarcerated.

As stated in Answer to Interrogatory No. 5, Mr. Rice had a small number of minor violations for items left on his room desk or arguing with the prison staff. Having left prison in December 1999, he does not recall the details of these minor violations, and he has no documents pertaining to them.

Request 4. All Documents relating to requirements, obligations, restrictions and/or conditions to which Michael Rice was subject after he was released from prison.

Mr. Rice's parole began when he was released from prison on December 29, 1999, and ended in August 2002. While on parole, he had no voting rights and was required to get a travel permit for trips to Illinois and Indiana.

As stated in Answer to Interrogatory No. 1, the following restrictions apply to Mr. Rice as a Registered Sex Offender:

Report every 90 days to the chief law enforcement official in St. Charles County.  
Register within 3 days each time Mr. Rice changes his name, residence, employer, or student status.

Abide by all registration requirements under Missouri statutes and Federal Adam Walsh Act.

Cannot be present or loiter within 500 feet of or approach with anyone under 18 years of age, in any child care facility building, or real property when persons under 18 are present unless offender is a parent, legal, guardian, or custodian of a student present in the building.

Cannot be present or loiter within 500 feet of any real property comprising a public park with playground equipment or a public swimming pool.

See also the response to Request 2 above for a description of Mr. Rice's participation in the Abuse Prevention Program of the Center for Creative Conflict Resolution in St. Louis, Missouri, and related documents.

Neither Lake nor Mr. Rice has any documents pertaining to the above-described Registered Sexual Offender requirements.

Request 5. All Documents relating to the parole and/or probation of Michael Rice, to the extent not provided in the previous request.

No documents.

Request 6. All Documents relating to medical examinations, treatments and/or diagnoses of Michael Rice by psychiatrists, psychologists, therapists (except physical therapists) and counselors since his arrest.

Three (3) documents are enclosed:

- (a) Psychological Evaluation of Michael Rice by Ann Dell Duncan, Ph.D, J.D., and Wells Hively, Ph.D, dated September 18, 1991;
- (b) Declaration of Wayne A. Stillings, M.D., dated May 17, 2001;
- (c) Letter by Wayne Al. Stillings, M.D., dated October 31, 2011

Request 7. Documents sufficient to show the nature and extent of medicines prescribed to Michael Rice.

As stated in Answer to Interrogatory No. 13, Mr. Rice has taken various medications for his physical and mental conditions during his 24 years of treatment. He does not have a complete list nor does he recall the specific time periods. His current medications, dose, and frequency are as follows:

**Janumet**

50-1000 Tab 2X daily Tablets

1-AM 1-PM

**Quinapril**

20MG Tablets

2X daily

**Lantus**

45 units injection  
1X before breakfast

**Carvedilol**

25 MG Tablets ½ tab once a day

**Clopidogrel (generic for Plavix)**

75MG Tablets

1X daily

**Amlodipine**

5MG 1X daily

**Hydrochlorothiazide**

25MG 1X daily

**Atorvastatin (generic for LIPITOR)**

10MG 1X daily

**Wellbutrin**

300MG

1X daily

**Aspirin**

325MG

1X daily

**Glucosamine**

2X daily with meals

Request 8. All Documents relating to Michael Rice's status as a Registered Sex Offender.

See response to Request 4.

Request 9. Documents sufficient to show the nature and extent of Michael Rice's involvement in civic organizations.

As Mr. Rice stated in Answer to Interrogatory No. 6, he has been actively involved in two civic associations – the Rio Vista Homeowners Corporation in St. Charles, Missouri, and the Pebble Creek Condo Unit Owners Association in O'Fallon, Missouri. He has been an elected Board member of the Rio Vista organization three times since 2003, including at the present time. Mr. Rice was President and a Board member of the Pebble Creek association for four years ending in 2009.

Lake will submit letters from these associations when they become available.

Request 10. Documents sufficient to show the nature and extent of Michael Rice's involvement in self-help organizations (e.g. Alcoholics Anonymous), including but not limited to those relating to addiction of any kind (e.g. drug or sex addiction).

Mr. Rice attends Alcoholics Anonymous meeting from time to time, but no documents exist.

Request 11. Documents sufficient to show the nature and extent of Michael Rice's involvement in religious institutions and/or organizations.

Mr. Rice is not involved in religious institutions or organizations.

Request 12. Documents sufficient to show the nature and extent of Michael Rice's involvement in sports and other activities involving children.

Mr. Rice is not involved in sports or other activities involving anyone under age 17.

Request 13. All Documents constituting contracts, agreements, understandings and/or arrangements between Michael Rice and any FCC licensee or broadcast station, including, but not limited to, all Local Marketing Agreements and contracts for the provision of any services to any FCC licensee or broadcast station.

No documents exist.

Request 14. All Documents constituting contracts, agreements, understandings and/or arrangements between Lake Broadcasting and any FCC licensee or broadcast station, including, but not limited to, all Local Marketing Agreements and contracts for the provision of any services to any FCC licensee or broadcast station.

Lake does not have any LMA or contract with any broadcast station.

Request 15. To the extent not provided in the prior two requests above, all Documents sufficient to show the nature and extent of services provided by Michael Rice and/or Lake Broadcasting to any FCC licensee and/or broadcast station.

Since December 1999, Mr. Rice has provided engineering services to many AM and FM radio stations, including RF measurements, due diligence reports, and general engineering services. But Mr. Rice is self-employed or working under the direction of other contract engineers. All work is done on a project basis. Mr. Rice does not have documents illustrating his work activities.

Request 16. All Documents sufficient to show the nature and extent of Michael Rice's employment since being released from prison.

As Mr. Rice stated in Answers to Interrogatory 14 and 15, he is self-employed as an investor in residential rental properties, bonds, and securities; a property manager for residential properties and for the towers that he owns; and an engineering consultant for AM and FM radio stations. As a consultant, he repairs antenna and transmitters, troubleshoots technical operational issues, performs RF measurements, and assists in constructing new or modified radio facilities. He is recognized as a Certified Professional Broadcast Engineer, which helps him to obtain consulting assignments.

There are no documents that describe these activities, except for Mr. Rice's "lifetime" certification as a Professional Broadcast Engineer, documents for which are enclosed.

Request 7. Documents sufficient to show the nature and extent of Michael Rice's involvement in any organizations in the communities in which he has resided since being released from prison.

See response to Request 9.

Request 18. Documents sufficient to show the nature and extent of Michael Rice's involvement in or correspondence with, any organizations that cater to individuals with interests in sexual activities with children or child pornography, since being released from prison.

No such involvement, and no such documents exist.

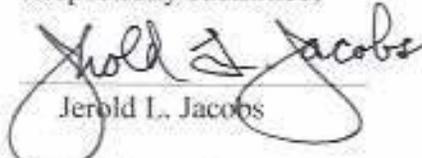
Request 19. Documents relating to Federal income taxes filed by or on behalf of Michael Rice.

OBJECTION. Lake objects to this Request on behalf of Mr. Rice, because the contents of Mr. Rice's Federal income taxes returns are irrelevant to Mr. Rice's rehabilitation and the issues designated in this proceeding. If the Enforcement Bureau wishes a declaration or affidavit from Mr. Rice's accountant attesting to the filing of Federal income tax returns, Mr. Rice can obtain that.

Request 20. Documents relating to Federal income taxes filed by or on behalf of Lake Broadcasting.

OBJECTION. Lake objects to this Request, because the contents of its Federal income taxes returns are irrelevant to the issues designated in this proceeding. If the Enforcement Bureau wishes a declaration or affidavit from Lake's accountant attesting to the filing of Federal income tax returns, Lake can obtain that.

Respectfully submitted,



Jerold L. Jacobs

Law Offices of Jerold L. Jacobs  
1629 K Street, N.W. Suite 300  
Washington, DC 20006  
(202) 508-3383

Counsel for Lake Broadcasting, Inc.

Dated: August 15, 2014

Enc.

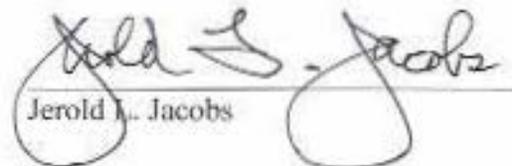
CERTIFICATE OF SERVICE

I, Jerold L. Jacobs, hereby certify that on this 15th day of August, 2014, I filed the foregoing "Lake Broadcasting, Inc.'s Response to Enforcement Bureau's First Request for the Production of Documents" in ECFS and caused a copy to be sent via First Class United States Mail and via e-mail to the following:

Hon. Richard L. Sippel\*  
Chief Administrative Law Judge  
Federal Communications Commission  
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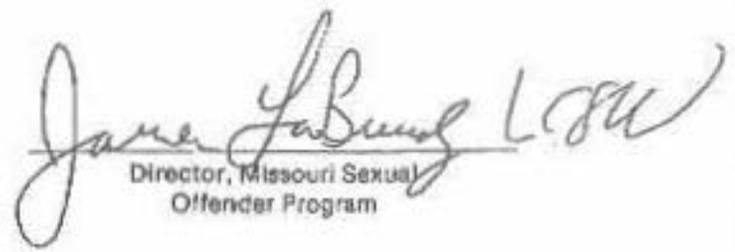


STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

*Missouri Sexual Offender Program*  
CERTIFICATE OF COMPLETION

This certifies that MICHAEL RICE (510054) has successfully  
completed Phases I and II of the Missouri Sexual Offender Program given at  
F. C. C. on this 17th day of February, 19 99.

  
Therapist *12/28/98  
Presented*

  
Director, Missouri Sexual  
Offender Program

1984-1985 Releases

Reasons for Recidivating	Completed MOSOP	Did Not Complete MOSOP
New Sex Offense	2.9%	9.0%
New Non-sex Offense	5.7%	8.3%
Return for Parole Technical Violation	6.7%	12.8%
Other	1.8%	2.0%
<b>TOTAL:</b>	<b>17.1%</b>	<b>32.1%</b>

"The Missouri Sexual Offender Program: Inmate Characteristics and Recidivism Analysis"

By Timothy A. Pierson, Ph.D. (1988)

MoSOP Mission Statement

The Mo-Sexual Offender Program has been established within the Department of Corrections as a professional treatment, education and rehabilitation resource for all incarcerated sexual offenders. One of the oldest corrections-based treatment programs, MoSOP is dedicated to maintaining the highest degree of professional competence and ethical standards.

The ultimate goal of this effort is to create a safer environment for all Missouri citizens by contributing to the prevention of future sexual assaults.

For further information about MOSOP, call or write:

Department of Corrections  
Missouri Sexual Offender Program  
1012 W. Columbia  
Farmington, MO 63640  
(573/756-8001)

**MOSOP**  
MISSOURI SEXUAL OFFENDER PROGRAM



DIVISION OF  
OFFENDER REHABILITATIVE  
SERVICES

## What is MOSOP?

Since 1983, the Missouri Sexual Offender Program (MOSOP) has existed as a treatment program for incarcerated sexual offenders that utilizes an intensive and confrontive group therapy approach. Primary emphasis is placed on the offender's RESPONSIBILITY for all aspects of his behavior with particular attention given to thinking patterns and coping skills. The offender may not take a passive or observer role during the therapy process, rather, he is required to actively participate.

## Who is Required to Participate in MOSOP?

Any defendant found guilty of a sexual assault offense and sentenced to a term of incarceration in the Department of Corrections will automatically be required to participate in MOSOP\*.

Such a judgment by the Court:

1. Virtually assures that the offender will receive regular, on-going professional mental health treatment;
2. Assures that treatment will be provided by a team of knowledgeable psychologists who specialize in the treatment of sexual offenders; and
3. Assures the safety of potential victims while treatment is taking place.

MOSOP is mandatory. It relates to release on parole for all offenders convicted of sexual assault offenses which occurred after August 13, 1980. (Revised Mo. Statute 589.040)

Approximately 15% of the inmates in the Department of Corrections are convicted of sexual assault offenses. At any given time, there are 200-250 inmates undergoing therapy in MOSOP.

## How is MOSOP organized and how long does treatment last?

There are two phases of MOSOP, each having distinct, but interrelated functions.

### PHASE I

PHASE I lasts approximately two weeks. During this period, each participant is involved in extensive psychological testing and structured interviews. The results of this evaluation are used to determine a treatment plan for the next phase. PHASE I also includes a series of classes designed to inform the participant about MOSOP specifically and to provide a general understanding of therapy, human behavior, thoughts and feelings.

### PHASE II

PHASE II lasts about one year. All therapy is conducted in a group setting with one therapist leading a particular group for the duration of treatment. The group meets for 1 to 1½ hours four times each week, and more often when necessary. The therapy is structured, and the participants have an opportunity to learn and utilize:

Problem-Solving Skills  
Assertiveness Skills  
Empathy Skills  
Relapse Prevention Planning

The key to the MOSOP therapy format is for the participants to take RESPONSIBILITY

for their own attitudes, beliefs, behaviors, emotions and actions.

## When do inmates participate in MOSOP?

Due to the large number of sexual offenders, inmates are typically placed in MOSOP when they have 18 to 24 months or less remaining on their sentences.

NOTE: Inmates who have sentences of two years or less are often unable to participate in MOSOP because their short stay in DOC does not allow enough time for entry into and completion of the program. However, these offenders typically will receive Phase I.

## Where is the MOSOP treatment program located?

The program is located at the Farmington Correctional Center in Farmington, Missouri. Female sex offenders receive program services at the Renz Correctional Facility.

## How successful has MOSOP been in fulfilling its statutorily mandated goal of "Prevention of Future Sexual Assaults by the Participants"?

A recent research study conducted by the Department strongly suggests that the program has had a positive impact on post-release behavior of sexual offenders.

The following table demonstrates the known recidivism rates of all 261 sexual offenders released in 1984-1985.

2

## Treatment Contract for Men Ordered to Get Counseling as a Condition of Probation or Parole

It is the philosophy of the Abuse Prevention Program of the Center for Creative Conflict Resolution, that we work for our clients, not for the State Board of Probation and Parole. This means that our primary concern is to meet the needs of the men in the program, not the needs of their probation officers. Never-the-less, one of the things that the men in the program all need is a treatment program that is certified by the various probation officers that refer to it. For this reason the program must maintain certain standards of responsiveness to those officers.

Furthermore, the lack of personal accountability that characterizes many of the men who come to enter the program and the damage done to those men and those close to them by that failure of accountability, demands that the expectations and the consequences for the failure to meet them must be very clear and be consistently applied. For these reasons we are providing it is written contract.

*This contract applies to all men who enter treatment in the Abuse Prevention Program, who are on probation or parole, and who have as a condition of their probation or parole that they be receiving counseling or that they be in a treatment program. This is independent of the mode of treatment, be it group, individual, Partner Assisted Therapy, or family therapy.*

- The client will keep the therapist informed of his current address, phone number, place of employment, and the name and phone number of his officer.
- The client will remain current with all fees for services and be present for all scheduled appointments. Fees are considered due at the time that services are rendered. Individual appointments which are missed and are not canceled prior to the time of the appointment will be billed at full fee. If there is a demonstrated pattern of difficulty being responsible for the fee, the therapist may choose to not schedule a next appointment until the prior fee is paid.
- If a client misses a session or fails to reschedule and does not contact the therapist for two weeks, the therapeutic contract will be considered broken.
- If the therapeutic contract is broken or changed in a significant way (as a change in frequency of sessions or in the modality of treatment), the therapist will notify the officer.

- If the officer requests information about the client by phone, the therapist will supply information about compliance with treatment, attendance, and payment of fees. If the officer requires written information, every effort will be made to supply that information to the client before it is given to the officer so that the client may know the content of the information and can have an opportunity to challenge it if it seems inaccurate. If the client is unavailable, such written report will be made without the client's prior approval.

*In the case of group treatment please note:* Fees are assessed per week that the client is enrolled in the program, not per group attendance. The client is expected to pay whether he attends or not. The current fee is \$35 per week. A lesser fee may be negotiated. Unless prior arrangement is made with the therapist, payment may never fall more than one month (4 times the per week fee) behind.

Negotiated fee is \$ 35 per week.

Name: MICHAEL RICE Phone #: 636-446-2432  
Street  
Address: 216 RID VISTA DR City, State: ST CHARLES, MO  
Zip code: 63303  
Work Place: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Officer's Name: KEITH LEONARD Officer's Phone #: 636-940-3533

I understand and agree to the above contract:

Signed: MLR

Date: 1/22/00

\*note: Should it be necessary to contact you at work, every effort will be made to maintain your confidentiality. Calls will be identified as "a personal matter."

Mark Lee Robinson  
Abuse Prevention Program - Center for Creative Conflict Resolution  
6454 Alamo  
St. Louis, MO 63105  
314-863-2363  
4/99

*Abuse Prevention Program of the  
Center for Creative Conflict Resolution*

6454 Alamo, Suite 2E  
St. Louis, MO 63105-3155  
314-863-2363

## Frequently asked questions about the Abuse Prevention Program

### **What is the goal of the Abuse Prevention Program?**

As the name implies, the goal is to help the program members prevent abuse in their lives, both the abuse they do to others and the abuse that is done to them. Often the choice to abuse another is made at a time when we are feeling abused ourselves. Preventing abuse requires having satisfying options at the very times when we most feel helpless or backed into a corner.

### **Who is appropriate for the Abuse Prevention Program?**

Anyone can benefit from the concepts, attitudes, and skills taught in the program. Most appropriate are those who are making choices that those around them, particularly those close to them, are experiencing as abusive to them. Also appropriate are those who are close to survivors of traumatic abuse and those who themselves are surviving traumatic abuse and who have addressed the abuse in another context but are looking for ways to further heal their relationships. This includes, in addition to the offender, non-offending spouses and significant others.

### **How is the program structured?**

Those interested in the program will begin with an initial interview with a staff member to answer questions about the program and to assess whether the program is appropriate to them. This interview lasts for about an hour.

Those entering the program will first enter a twelve week class. This class meets once a week for an hour and forty-five minutes. Each class begins with a short written test over the material that was covered the previous week and over the material that will be covered in the following class. Class includes lecture, discussion and handouts or worksheets for practicing the concepts through the week. [For those whose participation is a court requirement, successful completion of the class depends upon handing in eight of the twelve tests, not missing any two weeks in a row completing an acceptable Accountability Statement, and completion of the final exam.] The final exam for the class is an oral review of a specific recent conflict for each class member using the skills taught in the class.

Upon successful completion of the class, the program member will be assigned to a treatment group. This group also meets for an hour and forty-five minutes once each week. The content of the group is the immediate issues of each group member. We begin by going around the room "checking in" by up-dating the rest of the group about on-going issues in our lives and by asking for time to work on specific events that have happen in our significant relationships.

Some groups also include a feature in which significant others are invited from time to time to sit in on the group and to offer feedback about the work that the participants are doing in addressing the conflicts that arise in their personal lives. It must be stressed that this is not counseling for the

partners who attend, but an opportunity for the partners to see what is going on in the group and to offer information that may help the group and its members. This is not appropriate in all relationships.

**Are all classes alike?**

No. There are classes for men who are ordered as a condition of probation or parole (the Aggressive Offender Program), as well as separate classes for women and men who are interested in the class on their own initiative (the Building Healthy Relationships program).

**What issues is the class intended to address?**

The Abuse Prevention Class is the backbone of the program. It collects into twelve weeks information about the nature of abuse, the causes of trauma, the various ways that power is expressed in relationships, the role of cognitive distortions and addiction in the development of patterns of abuse, the importance of paying attention to one's own feelings and the costs of not doing so, the nature of anger and guidelines for healthy expression, the connection between our childhood experiences and the ways we deal with conflicts as adults, and a specific framework for addressing conflicts in ways that are safe for others and satisfying for ourselves. This is conveyed through lecture, discussion, worksheets and homework assignments.

**How long does the program last?**

Mastering fully the techniques taught in the program will take a lifetime. It is possible to complete the goals for the program in as few as 26 weeks but most people take at least a year and many stay in the program for two years.

**What is the cost?**

The fee for the class is \$35 a week or \$420 for the twelve weeks. The fee is charged whether one attends every class or not. The fee for the treatment group is \$25 a week. A reduction in fee may be negotiated but the minimum fee is \$15 per week.

**How can we know whether the program is effective?**

We will make no guarantees about the effectiveness of the program with any given client. The goal is to reduce the incidence and the severity of the abuse in the life of the program member. These changes require motivation on the part of the program member and a willingness to look self-critically at their own choices. While we are working to establish an environment in which these will develop, we cannot provide them ourselves. We do have the report of the partners of program members that the program has a positive effect, but in any case, no long term effect can be expected in a program member who has not satisfactorily completed the class and is working in the treatment group.

PSYCHOLOGICAL EVALUATION

MICHAEL RICE

D.O.B. JUNE 30, 1941

18 SEPT 1991

REASON FOR REFERRAL

Mr. Rice is a fifty-year-old, white male who was hospitalized by Dr. Wayne Stillings at Barnes Hospital in April, 1991 as a precaution against suicide. Mr. Rice is under indictment for deviant sexual assault. This evaluation was performed at the request of Dr. Stillings for consultation as to Mr. Rice's current mental and emotional state, his competency to stand trial, and his mental and emotional state at the time of the alleged offenses.

SOURCES OF DATA

Mr. Rice was seen in Barnes Hospital on four occasions between July 5 and August 10, 1991, for a total of eight hours. Both a male and female examiner were used to determine if there were any differences in response based on the gender of the examiner. Half of the interviews were conducted by Ann Dell Duncan, Ph.D., J.D., the other half by Wells Hively, Ph.D.

The following psychological tests were administered:

- 1) Wechsler Adult Intelligence Test - Revised
- 2) Wechsler Memory Scale - Revised
- 3) Thematic Apperception Test
- 4) Minnesota Multiphasic Personality Inventory
- 5) Incomplete Sentences Blank, Adult Form
- 6) Rorschach (Ink Blot) Test
- 7) Personal Problems Checklist
- 8) Draw-a-Person, Draw-a-family Tests
- 9) Structured clinical interviews

Rice Page 2

Prior to our evaluation, Mr. Rice had been given a course of medication by Dr. Stillings. Lithium was selected as the most appropriate, and an effective dosage was determined. Just before our evaluation began, the lithium medication was discontinued.

Just before the evaluation ended it was reinstated. Tests 1, 3, 4, 5, 6 and 7, above, were administered at the beginning of the evaluation on, July 7 and 9, before the effects of the Lithium had time to dissipate.

Tests 3 and 5 (Incomplete Sentences and the Rorschach) were readministered along with Test 8 (Draw-a-Person, Draw-a-family) in the middle of the evaluation, on July 25, after there had been time for all effects of the Lithium medication to pass out of Mr. Rice's system.

Test 5 (The Rorschach) was given a third time, at the end of the evaluation, on August 10, after Lithium treatment had been reinstated. Test 2 (The Wechsler Memory Scale) was also given on August 10.

In addition to interviews and testing, we reviewed Mr. Rice's hospital records and discussed the course of medical treatment with Dr. Stillings.

#### FINDINGS

**Personal History.** Michael Rice is an only child. His father is age 82, his mother 78. He describes his father, a successful building contractor, as distant and unavailable, his mother as domineering. He indicates that his father has a history of suicidal depression. His mother has been hospitalized with a diagnosis of Schizophrenia.

His parents moved to St. Louis when he was six years old and settled in Webster Groves. He recalls having great difficulty adjusting after the move. He reports making very poor grades in school, being teased and tormented, feeling isolated and lonely. He has always been seriously overweight.

Rice Page 3

His interest in radio broadcasting developed early as a hobby pursued in isolation. He suffered from asthma and often was absent from school. In high school he saw himself as fat, stupid and awkward. He had few friends. In his senior year he dated and had intercourse with a sophomore girl in a normal heterosexual relationship. Looking back, he is aware of having periods of "silliness" beginning in high school.

He attended college for a while, making poor grades and continuing to feel isolated, and then quit school to take a job as a disk jockey in Pennsylvania. He moved on to broadcasting jobs in Springfield, Illinois and Topeka, Kansas.

He felt engaged in his work but detached from social relationships except for a nine month relationship with a seventeen year old girl. He was then twenty-two. He continued to gain weight and by the end of 1963 weighed almost 300 pounds.

He returned to St. Louis, rose to a position of broadcast engineer, and eventually was able to purchase and manage a number of radio stations during the subsequent years. He describes himself as obsessed with anxiety about failure, working eighteen hour days, and demanding perfection from his employees.

He felt most competent in the technical aspects of the work, and happiest behind a desk rather than interacting with people. He avoided marketing and sales. He indicates that he had no friends outside the broadcasting business. His relationships with women were, in general, superficial. He was eager to have a significant relationship with a woman, marry and raise a family but his shyness kept him isolated. He was a grown-up in business, but continued to be an adolescent in his social life, fearful of his own depression and preoccupied with his inadequacies.

After the sale of station KIRL in 1979, he became particularly depressed, and his long standing manic depressive behavior pattern became particularly acute. He was suicidal with plan. His pattern was to overwork and then dissociate into hyperactive, adolescent behavior fueled by binge drinking. It was under these circumstances that he allowed his house to become open to a group of unsupervised adolescents.

Rice Page 4

### Psychological History.

The outstanding characteristics of Mr. Rice's childhood were his isolation, his inability to perform in school, and his feelings of low self esteem. His main, essentially only, source of pride was his knowledge and skill in the broadcasting field. As he aged, this part of his personality matured, but his psycho-social development remained arrested in early adolescence.

Beginning in High School, he recalls recurring and more frequent episodes of "silliness,"-- manic, hyperactive, adolescent behavior that often annoyed and dismayed his adult colleagues, -- chasing cows around in a field where they were repairing a broadcasting tower, sneaking up on the roof of Chicago's John Hancock Building and yelling down at the street from the window washer's bucket, running around in a hotel suite and opening the water faucets to see if he could run the system dry.

Clearly, as we will describe later in this report, one source of this manic-depressive, dissociative behavior was biochemical. The behavior was amplified by his alcohol consumption, and the adult business-life / adolescent personal-life form of the dissociation was shaped by his developmental experience.

### Interviews and Psychological Testing.

Based on the results of this assessment we have determined that Mr. Rice has a massive, undiagnosed learning disability that undoubtedly accounts for his difficulties in school and subsequent feelings of failure. The Wechsler Adult Intelligence Scale-Revised consists of eleven sub-tasks which tap various cognitive abilities. His scaled scores on these sub-tests were as follows (a score of 8-11 is average):

Verbal Tests:	
Information	12
Digit Span	6
Vocabulary	16
Arithmetic	11
Comprehension	16
Similarities	10
Total	71
Verbal IQ	114

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Performance Tests	
Picture Completion	10
Picture Arrangement	7
Block Design	8
Object Assembly	7
Digit Symbol	5
Total	37
Performance IQ	92

Full Scale IQ 104

Mr. Rice is highly verbal. He expresses himself easily, and works well with verbal abstractions and concepts. However he has serious deficits in both visual memory and visual-motor sequencing. This was clear in the pattern of scores on the WAIS-R and confirmed by his scores on the Wechsler Memory Scale. On the WMS-R his Verbal Memory Index was 99 while his Visual Memory Index was 73, a significant difference. In addition he has a problem with short term auditory memory which produces great anxiety for him.

Mr. Rice's manic behavior occasionally broke through during his responses to the WAIS-R in the form of inappropriate associations and intrusions (Define "enormous" - "The fat bitch who threw ~~w~~ out of the room last night.") His behavior on the WMS-R, after his medication had been reestablished, was entirely appropriate.

Mr. Rice's self reported feelings, as indexed by the Minnesota Multiphasic Personality inventory, were extremely distressed. This form of personality assessment requires that the individual read 567 true/false items and mark them as applicable to himself. The pattern of scores are compared with thousands of others who have known diagnoses.

His scores on the clinical scales were at a significant level of elevation. These scores do not appear to be a result of intentional exaggeration. In his clinical interviews Mr. Rice presented himself consistently as devoted to overcoming the initial intense distress that caused him to be admitted to the hospital, understanding himself and achieving recovery.

The psychological disarray indicated in his responses to the MMPI-2 appears to be below the level of his consciousness. His pattern clearly reflects a current psychotic breakdown. The pattern is one of severe distrust, emotional distancing and estrangement. He projects and rationalizes his own behavior. He has great difficulty in maintaining close emotional relationships.

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While in a manic-depressive episode he is impulsive and vulnerable to loss of control, especially during heavy drinking. The pattern indicates serious sexual maladjustment. He has a tendency to confuse sexuality and a need for comfort. It indicates a severely depressed mood with significant risk of suicide.

Guilt, self-criticism and feelings of inferiority predominate, but the pattern suggests that the primary emotion is guilt. He is aware of the rules of society (Comprehension Scaled score of 16 on the WAIS-R) but has difficulty understanding social nuances and governing his behavior accordingly. His temper can be seriously undercontrolled when in a manic phase. His temper is expressed verbally and he has "tantrums" that rail against the world. He has no history of physical aggression while angry. He turns the anger against himself rather than act it out against others.

He complains of many bodily ills, but the pattern suggests that these complaints may not have an organic basis. During his childhood his mother was distant and cold except during his childhood illnesses. Then he received some comfort from her. That pattern persists into his adult life. All in all, his self perception is severely disturbed.

The Thematic Apperception Test was administered early in the assessment when Mr. Rice was showing some reaction to the removal of his Lithium on the ward. On the Thematic Apperception Test, Mr. Rice was asked to tell stories about ambiguous pictures which are capable of being interpreted in a variety of ways. The theory is that a person "projects" onto the ambiguous pictures his own current concerns.

Mr. Rice responded well to this test and his stories were organized and coherent. Predominant projective themes were a need to overcome his present predicament and feelings of intense depression. There were several markers for potential suicide.

Several manic intrusions arose in the TAT stories, taking the form of inappropriate jokes or flights of associations (... "looks like a combination of a snake and a duck, see the webbed foot? If it looks like a duck and quacks like a duck it must be a duck...")

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The sentence completion test required Mr. Rice to construct sentences from a few beginning words, e.g. "I regret" -- "being me." His responses showed considerable insight into his feelings (In school -- I hated it. My greatest fear is - being rejected.) The test was given twice, first when his medication was just wearing off, and second after it was gone from his system. Manic intrusions were more frequent on the second occasion (e.g. Back home - back home in Indiana (singing)).

Mr. Rice's responses to the Personal Problems Check List, like those to the Sentence Completion Test, reflected accurate insight into his feelings. He reports most difficulty in the social and emotional areas (i.e. feeling inferior, not fitting in with peers, having trouble concentrating and being afraid of hurting himself).

Mr. Rice took the Rorschach, or "Ink Blot" test three times, first while the medication was tapering off, second while it was absent, and third when it had been reinstated. The Rorschach is a powerful and subtle test of perceptions and projected emotions, in which the individual's pattern of responses is compared to those of thousands of people with known behavior patterns. Like the MMPI, it derives its power from these statistical comparisons. Unlike the MMPI, it is not a self report, and subjects have no idea what aspects of their responses are important in the scoring.

The results of the first test, when medication was tapering off, characterized Mr. Rice as engaged in the task. His responses were valid and capable of interpretation. Because of his learning disability Mr. Rice has learned to cope with a world that he often does not understand. He misperceives events and grasps for a method of processing those events which make sense to him. He maintains distance from an environment that is perceived as threatening. This generates a feeling of isolation and loneliness.

In the first test he used intellectualization as a major defensive tactic, but was vulnerable to ideational discontinuity and faulty conceptualization. He was flooded by emotion that interfered with his attention and concentration. He had difficulty with impulse control and tended to behave immaturely. He is deeply ashamed of himself and is disappointed in his behaviors. He continues to have a very negative self image. He was assessed on this test as vulnerable to manipulation by others. His impulses were poorly under control and he was highly capable of being led into activities that were not in his best interest.

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On the second Rorschach, in the absence of medication, Mr. Rice's responses suggested a distinct possibility of dissociative thought processes. Seriously disturbed thinking, flawed judgement and distortions of reality were frequent. Reality testing was impaired. A narcissistic tendency to overvalue self worth emerged. The emotional flooding seen in the first testing was absent, replaced by distorted thinking processes. Without the medication his personality structure becomes schizoid, fragmented, and bizarre.

The third Rorschach, given after medication had been reinstated, showed no signs of bizarre thought processes. Like the first administration, it characterized Mr. Rice as highly motivated and using intellectualization as a major defensive tactic. His highly creative responses were frequent, but there were no indications of distorted thinking processes. Narcissism was absent. The overall pattern of responses was in the normal range.

In general, the results of all the tests were consistent with our observations in the clinical interviews and the history that Mr. Rice provided. The discovery of the learning disability was a surprise to Mr. Rice, and it helped to provide an explanation for his frustration in school. The powerful effect of lithium in controlling Mr. Rice's manic depressive behavior and accompanying distortions in thinking were seen not only in the Rorschach but in clinical observation. When not under medication, Mr. Rice tends to be irritable, explosive, unpredictable and silly,-- characteristics that have seriously troubled him in his both his personal and work life. With medication, these tendencies seem to be well controlled. He has good insight into his behavior and emotions, although he tends to rationalize and intellectualize them. He appears to have made very good progress in therapy.

#### DIAGNOSTIC IMPRESSIONS

In our opinion, Mr. Rice during the period of alleged sexual misbehavior was suffering from a Dissociative Disorder in which there was a severe disturbance in his personality and identity. During this state he is highly suggestible and impulsive in his actions. He fails to appreciate the extent or the seriousness of his behavior and was not able to form the intent to commit harm.

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1. Dysthymia, 300.40 responding to treatment
2. Dissociative disorder NOS 300.15
3. Bipolar Affective Disorder - Mixed, 296.6 in remission under medication.
4. Alcohol abuse. 305.00 Currently controlled.

#### COMPETENCY FOR TRIAL AN CRIMINAL RESPONSIBILITY

Mr. Rice's Bipolar Affective Disorder is currently in remission while he is taking medication. His Dysthymia has decreased substantially, and he no longer entertains suicidal thoughts. His alcohol abuse is currently controlled, and the circumstances that trigger his dissociative disorder (Anxiety, overwork, alcohol) are partially alleviated.

He suffers from problems with auditory memory and may misperceive instructions from his attorney. His passive reliance on his attorney might be a source of difficulty. However, in our opinion Mr. Rice would be able to understand the proceedings against him.

Without medication, it is our belief that he is not competent to stand trial. Under the pressure of a criminal trial his Dysthymia most likely will reoccur, thus rendering him incapable of assisting in his own defense.

#### MENTAL STATE AT THE TIME OF THE OFFENSE

During the period of time covered by the allegations, Mr. Rice was clearly in the grip of a Dissociative Disorder in which he perceived himself as an adolescent, not distinct from the boys who frequented his house. He perceived the sexual activities as happening by mutual consent and did not see himself as an adult with the responsibility of protecting these older adolescents.

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His Bipolar disorder alternates the mania with periods of intense depression. The depression Mr. Rice treated with alcohol. A characteristic of his mania is distorted thinking accompanied by reckless uninhibited behavior. In that state, Mr. Rice was vulnerable to extreme manipulation by the boys who frequented his house. His actions were not planful, but rather they arose spontaneously from the situation. He was easily led into activities and in fact, there is some evidence that he was the victim of skillful, manipulative teenagers. This raises questions as to the extent of victimization suffered by the boys as a result of their sexual involvement with Mr. Rice.

In the absence of medication, his thinking was impaired. Clearly, a major factor in his behavior at the time of the offense was his untreated Bipolar Affective Disorder. As a result of these serious mental illnesses he was incapable of conforming his conduct to the requirements of the law. He did not perceive that what he was doing was wrong and *mens rea* was not present.

#### NEED FOR HOSPITALIZATION

The discovery that his Bipolar Disorder is controllable by medication is of major importance to Mr. Rice. If his medication is rigorously controlled, and if he remains free of alcohol, the prognosis for his successful treatment as an outpatient is very good. He has shown high motivation to participate in treatment.

If, however, he resumes the abuse of alcohol, or discontinues medication, it is likely that he will fall back into the pattern of the Dissociative Disorder and require hospitalization. If he continues his present course of treatment and is responsive, there is no need to hospitalize him while the court resolves the issues regarding his charged offenses. Should the court find Mr. Rice competent to proceed, hospitalization should not be required pending further legal proceedings.

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#### SUMMARY AND RECOMMENDATIONS

Based on the psychological assessment results, the clinical history and Mr. Rice's responsiveness to medication, we believe that he suffers from a Bipolar Affective Disorder. When in the manic phase of that disorder he splinters into personality fragments which are vulnerable to responding to whatever is around him at that time. If he was with his parents during one of those episodes he would become infantile. If he was with a long-standing friend he would become foolish. If he was with teenagers he would engage in sexual activity at their request.

These manic episodes were often accompanied by alcohol consumption thereby easing his memory and rearranging his guilt system. People would avoid him when he was in a "manic" state and he would experience severe isolation. He would then consume more alcohol to combat these unpleasant emotions. Alcohol served as a form of self medication for the depression and loneliness.

We would recommend the following:

1. Mr. Rice continue intense psycho-therapy with Dr. Stillings for the treatment of his mental illness.
2. Since he is stable on his medication then the treatment can begin the difficult job of rebuilding his personality structure taking him from his adolescence into full adulthood. He already possesses intellectual insight and has the framework for guilt and shame. The reconstruction is a lengthy process however, it would be estimated to take four to six years of weekly therapy.
3. This treatment should occur out of the prison setting. He may require hospitalization during the course of treatment if he becomes suicidal. Incarceration for Mr. Rice will simply provide the prison system with a victim easily violated and denigrated. He lacks the ego structure necessary to survive.
4. He must attend Alcoholics Anonymous on a regular basis, both for his sobriety as well as the socialization that the group format can provide.

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5. A systematic desensitization program should be implemented using imagery and the delivery of mild aversive stimuli in order to enhance the social training of responsible judgment.

After reading this report, if there are any questions don't hesitate to contact us.

Ann Dell Duncan, Ph.D., J.D.  
License No. 1007, Missouri; 132 New Hampshire

Wells Hively, Ph.D.  
License No. R00093798, Missouri; 163 New Hampshire

DECLARATION OF WAYNE A. STILLINGS, M.D.

I, Wayne A. Stillings, M.D., declare, under penalty of perjury, as follows:

1. I am a Board-Certified Psychiatrist. I have maintained a private psychiatric practice in St. Louis, Missouri for the past twenty-three years. During the same period, I have also taught Clinical Psychiatry, first as an Instructor (1978-83) and then as an Assistant Professor of Clinical Psychiatry (1983-present) at the Washington University School of Medicine in St. Louis, Missouri. I am a member of numerous medical and psychiatric professional associations and have published articles in the field of psychiatry. I have been qualified as an expert witness in the field of psychiatry in both state and federal court. A copy of my Curriculum Vitae is contained in Attachment A.

2. Michael S. Rice came under my care in March of 1991, and I have been his primary treating psychiatrist since that time. I have conducted more than two hundred and fifty therapy sessions with Mike Rice. I am entirely familiar with his personal history and medical condition.

3. When I began treating Mike Rice, he was suffering from untreated psychosis. His mental state was severely depressed, and there was a danger of suicide. In April of 1991, on my recommendation, Mike agreed to enter Barnes Hospital in St. Louis for psychiatric evaluation and treatment. Mike spent the next six months as an in-patient, undergoing an extensive battery of psychiatric tests, as well as numerous structured clinical interviews. Among the tests administered to Mike at that time were the Minnesota Multiphasic Personality Inventory ("MMPI"); the Wechsler Adult Intelligence Test (Revised); the Wechsler Memory Scale (Revised); the Thematic Apperception Test; the Rorschach (Ink Blot) Test; the Incomplete Sentences Blank (Adult Form); the Draw-a-Person, Draw-a-Family Tests; the Personal Problems Checklist; and the Fifteen Item Test for malingering. These are reliable, objective psychiatric tests, and the test results confirmed my judgment that Mike was suffering from two serious psychotic disorders, Bipolar Affective Disorder and Dissociative Disorder, as well as from Dysthymia and Alcohol Abuse. Mike's specific medical diagnosis was as follows:

- Bipolar Affective Disorder, Mixed 296.6
- Dissociative Disorder NOS 300.15
- Dysthymia 300.40
- Alcohol Abuse 305.00<sup>1</sup>

This diagnosis was further confirmed by Drs. Ann Duncan and Wells Hively, who also interviewed and examined Mike during his stay in Barnes Hospital. The diagnosis and

<sup>1</sup> The numerical designations refer to the relevant sections of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 4<sup>th</sup> ed. 1994) ("DSM-IV"). The "Mixed" designation indicates that Mike Rice's Bipolar Disorder includes mixed manic and depressive episodes. The "NOS" designation indicates that Mike's Dissociative Disorder is not otherwise specified in the *DSM-IV*.

conclusions of Drs. Duncan and Hively concurred with my own, and a copy of their September 18, 1991 report regarding Mike Rice is being supplied elsewhere in this submission. It is to be noted that, as reflected in the report of Drs. Duncan and Hively, Mike also suffers from a serious learning disability. In addition, he has a family history of depression and probable psychosis. Mike was also the object of sexual abuse when he was approximately ten to eleven years of age, and this contributed to the development of his psychiatric disorders.

4. While in Barnes Hospital, Mike underwent an extensive double cross-over treatment protocol on Lithium and Prozac. The double cross-over treatment was administered to ensure that his disorders would respond favorably to medication – *i.e.*, that they would move from active disease process into remission upon administration of appropriate levels of psychotropic drugs. The double-crossover treatment demonstrated that the symptoms of Mike's Bipolar and Dissociative Disorders disappear upon implementation of treatment with Lithium and Prozac, gradually reappear as medication is removed, and again go into remission when medication has been restored to the appropriate levels. This testing clearly demonstrated the physiological, biochemical basis of Mike's disorders, as well as the fact that his disorders can be treated successfully with medication. Mike was also given the Fifteen Item Test, which is a highly accurate means of detecting those who are attempting to feign psychiatric illness. The test has been in use for many years, and its reliability is well documented. The results of the test clearly demonstrated that Mike was not attempting to feign his illnesses.

5. Mike Rice's illnesses are serious and potentially life-threatening. They are caused by genetic defects in Mike's biological makeup which cause biochemical and physiological abnormalities in the functioning of Mike's brain. Just as strokes and multiple sclerosis impair the brain and a person's functioning, so too do Mike's disorders. Fortunately, Mike's illnesses are treatable with a combination of psychotropic medications and psychotherapy. Each of Mike's disorders has in fact been successfully treated with appropriate medication<sup>2</sup> and on-going therapy, and Mike has been in remission with respect to each of his disorders for approximately the past ten years.

6. The following is a brief explanation of the nature of Mike Rice's mental illnesses:

*Bipolar Affective Disorder, Mixed 296.6* (often referred to in common parlance as "manic-depression") is a disorder chiefly characterized by the occurrence of episodes of mania during which the patient exhibits some or all of the following symptoms: extreme elevations in mood and/or energy level; decreased need for sleep; an unwarranted sense of personal power and importance ("grandiosity"); rapid, disconnected and often bizarre thought patterns ("flight of ideas"); psychomotor agitation (accelerated physical motion and activity); insistent or near-constant talking; unusual attention to irrelevant or unimportant stimuli ("distractibility"); and compulsive pursuit of goals and/or pleasure. Mike

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<sup>2</sup> At present, Mike's prescribed psychotropic medications consist of the following: Lithium 300 mg bid; Prozac 20 mg qd; and Wellbutrin SR 150 mg bid. The designation "bid" means twice each day; and the designation "qd" means once each day.

Rice displayed most of these symptoms during manic episodes. I am including in Attachment B a more detailed description of manic episodes taken from the *DSM-IV*.

Typical behavior patterns of bipolar individuals during a manic episode would include unrestrained shopping sprees and engaging in risky sexual conduct. During a manic episode, persons who suffer from the Bipolar Disorder are unable to recognize the harmful and inappropriate nature of their conduct. They are also unable to resist the compulsive urge to engage in the conduct. Historical figures that many believe may have suffered from the Bipolar Disorder include Vincent van Gogh and Mary Lincoln.

The Bipolar Disorder is caused by a biochemical imbalance in the brain. This biochemical imbalance is believed to have a genetic cause. I am supplying in Attachments C and D copies of articles from, respectively, *Primary Psychiatry* (August 1998) and *Psychiatric Annals* (July 1997) which discuss Brain SPECT (single photon emission computed tomography) and neuroimaging the Bipolar illness with positron emission tomography and magnetic resonance imaging. These articles contain visual depictions of the physiological abnormalities which exist in the brain as a result of the Bipolar Disorder. As further background, I am also supplying in Attachments E and F articles from the *American Journal of Psychiatry* ("Hippocampal Volume Reduction in Major Depression," January 2000) and *Psychiatric Annals* ("The Genetics of Bipolar Disorder," April 1997) which discuss the physiological and genetic nature of the Bipolar Disorder and its major depression component. In the case of Mike Rice, the biochemical nature of the disorder was clearly demonstrated by the double cross-over treatment described earlier. Mike's medications (Lithium, Prozac and Wellbutrin SR) help to restore Mike's brain to a more normal biochemical state and thus cause the symptoms of the Bipolar Disorder to go into remission. A genetic cause of the disorder is particularly indicated in Mike's case. Mike's Mother was at one point hospitalized (with a diagnosis of Schizophrenia) due to probable psychosis, and Mike's Father had a history of severe depression.

*Dissociative Disorder NOS 300.15* (commonly termed "multiple personality" disorder) is an illness primarily characterized by a disruption in the individual's integrated functions of consciousness, memory, identity and perception of the environment. The disturbance may have a sudden or gradual onset, and dissociative episodes are often self-remitting. An individual suffering from this disorder has no control over the onset of a dissociative episode and will generally have no conscious memory or knowledge of the episode once it has passed. The afflicted individual will often dissociate into one or more distinct, different personalities, and at the conclusion of the episode will have no recollection of what transpired during the episode and no knowledge of the existence or nature of the other personality or personalities. The disease produces a variant of a psychotic state in which the individual is out of touch with reality – as in the case of Schizophrenia or severe manic episodes.

In the case of Mike Rice, the Dissociative Disorder involved at least two distinct personalities. One was an adult personality which I will call "Michael Rice." This is the Mike Rice that was generally known in the radio broadcasting business and in the business-related social circles in which Mike traveled. The other personality – which I will call "Mike Jr." – was that of an adolescent roughly thirteen to fifteen years of age. During my course of treatment of Mike Rice, I have personally observed Mike dissociate from the adult Michael Rice personality into the adolescent personality of "Mike Jr." While the adolescent "Mike Jr." personality is present, Mike does not perceive himself as an adult, but rather as an adolescent boy. During such dissociative episodes, "Mike Jr." has made statements to me such as: "I can't wait until I learn to drive" and "I'm going to be in radio when I grow up." Michael Rice was unaware of the existence of the "Mike Jr." personality until I determined that, as a result of therapy, he was ready to be made aware of "Mike Jr." Michael Rice had no control over the onset of the dissociative episodes in which the "Mike Jr." personality would become predominant. Michael Rice also had no control over the actions of the "Mike Jr." personality during such episodes. In addition, at the conclusion of such episodes, Michael Rice had no knowledge or recollection of what had transpired during the episodes. During episodes in which "Mike Jr." was predominant, Mike Rice perceived himself to be an adolescent and acted as the adolescent he perceived himself to be.

The cause of Dissociative Disorder is believed to have a genetic component. It may also have a learned or environmental component. A major element of Mike's treatment has been to eliminate the occurrence of dissociative episodes through medication and intensive psychotherapy. This effort has been successful, and Mike's Dissociative Disorder has been in remission for approximately ten years.

*Dysthymia 300.40* is a chronic, low grade depressive mood disorder that fluctuates over time. In Mike Rice's case, in addition to the depressive element of the Bipolar Disorder, Mike also displayed the syndromic elements of Dysthymia; hence the additional diagnosis. Mike's Dysthymia has been successfully treated with medication and has been in remission for approximately ten years.

*Alcohol Abuse 305.00* is, in Mike Rice's case, as in most cases, primarily a genetically-based disorder. In Mike's case, abuse of alcohol was a compulsive attempt to self-medicate the adverse effects of Mike's other disorders, particularly the depressive element of the Bipolar Disorder and Dysthymia. Because alcohol is a depressant, the effect was to make Mike's illnesses worse, not to improve his condition. When psychotropic medication and therapy caused Mike's other disorders to go into remission, Mike's alcohol abuse also went into remission, and it has remained in remission for approximately ten years. I might also mention that Mike's psychotropic medications (Lithium, Prozac and Wellbutrin SR) are incompatible with alcohol consumption. Mike is therefore essentially incapable of consuming any significant amount of alcohol while on his prescribed

medications. Were he to attempt to do so, the alcohol would make him physically ill.

7. The fact that Mike Rice suffers from both the Bipolar Disorder and the Dissociative Disorder seriously aggravates the severity of his condition. These disorders are serious in isolation, but they become particularly debilitating in combination. They are what might be termed synergistically interactive in an adverse sense, in that manic episodes caused by the Bipolar Disorder have a "kindling" or "recruitment" effect which can trigger the onset of a dissociative episode. Both conditions were further aggravated by Mike's alcohol abuse, which acted as a "trigger" and "magnifier" of Mike's Bipolar Disorder. The combination is deadly, and Mike was fortunate to escape the untreated state of his illnesses alive.

8. I want to emphasize five points about Mike Rice's illnesses:

First, as I have pointed out, *Mike Rice's illnesses are physiological in nature*. They result from defects in Mike's genetic makeup which cause the neurotransmitters in Mike's brain to malfunction. As is typical, the active onset of the diseases did not begin until approximately Mike's late adolescence or early adulthood, and the diseases grew progressively worse over time. The reasons for this pattern are not fully understood, but delayed onset and progressive worsening are also found in other genetically-caused diseases, including illnesses which have no relationship to brain functioning. Mike Rice did nothing to "cause" his illnesses. He was born with them. Mike Rice is no more at "fault" for having these diseases than Lou Gehrig was at fault for having Amyotrophic Lateral Sclerosis, or than former President Ronald Reagan is at fault for having Alzheimer's Disease.

Second, *it was these physiological illnesses which caused the conduct that led to Mike Rice's criminal conviction*. I can state with a high degree of medical certainty that, but for the presence of his illnesses, Mike Rice would not have engaged in the conduct that led to his criminal conviction. That conduct occurred as a result of the Bipolar Disorder and the Dissociative Disorder, during episodes of mania and dissociation, often accompanied by the heavy consumption of alcohol. Mike Rice has no recollection of many of the circumstances and events which relate to the charges that were brought against him. This is because the events occurred while Mike Rice was in a dissociative state in which the "Mike Jr." personality was predominate, or because they occurred during manic episodes accompanied by heavy alcohol consumption.

Third, *Mike Rice had no control over his conduct during episodes of mania and dissociation, and no perception that his conduct during such episodes was in any way wrong or harmful*. During a manic episode, as I have indicated, the afflicted individual (1) is utterly unable to perceive that his impulsive conduct is inappropriate or harmful; and (2) is utterly unable to resist the impulse to engage in the conduct. During a dissociative episode, the individual not only cannot control his actions, but generally does not even recall them once the episode has passed. Mike Rice can no more be "blamed" for actions which

occurred during his manic and dissociative episodes than a victim of Alzheimer's Disease can be blamed for the loss of memory that is caused by the disease.

Fourth, *Mike Rice was entirely unaware that he had these diseases* prior to the commencement of treatment in 1991. This, too, is typical. An individual afflicted with the Bipolar Disorder or the Dissociative Disorder usually has no awareness at all of the presence of the disorder. As Mike Rice's untreated illnesses progressed, Mike's life and functioning gradually deteriorated until a point was reached when he became aware that something was very wrong. He had no idea what it was, however. At that point Mike sought medical help, which led to his hospitalization in 1991, his ultimate diagnosis and the commencement of appropriate psychiatric treatment.

Fifth, *Mike Rice is not a pedophile, nor is he in any sense a typical "sex offender."* I include in Attachment G the description of Pedophilia 302.2 which appears in the *DSM-IV*. As indicated, Pedophilia is chiefly characterized by sexual attraction to, and sexual activity with, prepubescent children (generally age thirteen and younger). Mike Rice has never displayed the syndromic elements of Pedophilia. Each of the individuals with which Mike was alleged to have had sexual contact in the Missouri criminal action was a post-pubescent adolescent. To the extent that such contact occurred, it was clearly due to the Bipolar Disorder and the Dissociative Disorder, not to any conscious volitional choice made by Mike Rice. Mike had *no control* over the conduct in question, because it occurred during episodes of mania and dissociation that were caused by the untreated illnesses from which he then suffered. During my twenty-three years of practice, I have treated a significant number of sex offenders. It would be a serious mistake to consider Mike Rice's case to be in any way similar to that of a typical sex offender.

9. As should be apparent from the foregoing, it was not Mike Rice's "character" which led to the conduct that resulted in his criminal conviction. It was his physical illnesses. It would be medically wrong and intellectually indefensible to conclude from Mike's conviction that he has a "bad character" or that he is "unfit" to be trusted with responsibility, including the responsibility of owning and operating radio broadcast stations. Mike's psychiatric disorders can be disabling *if left untreated*. But Mike's disorders *have* been treated, and successfully treated. As I have indicated, each of Mike's disorders has been in remission for approximately ten years. There is absolutely no reason to anticipate that any of Mike's disorders will again become active, so long as Mike continues to take his prescribed medications and to pursue the appropriate therapy. Mike has been an excellent patient, diligent and dedicated to his recovery and to maintaining his state of wellness, for the past ten years. I have every reason to expect him to continue in this course. I am, however, extremely concerned about the effect that the loss of his radio stations could have on his mental and physical health.

10. To understand Mike Rice, you have to understand that radio is his driving passion. It was for this very reason that I advised Mike, after his release from Barnes Hospital, to resume some form of work at his radio stations. I felt this was essential to his health and recovery. Mike's radio stations are, quite literally, the "love of his life." Mike's career as a

radio broadcaster, his expertise in radio, and the accomplishments he has achieved in the field are absolutely central to his mental health and sense of personal identity. This has been the case during Mike's entire life, ever since he first developed a fascination with radio during his adolescence. Radio has always been the thing to which Mike Rice turned for comfort when the world seemed frightening, hostile or cruel. Mike is not married and has no children. His parents are both deceased. Radio, and his career in radio, are the largest thing of value to Mike Rice in life. They are also the primary means by which Mike is able to contribute to society and to gain and maintain both the respect of others and a sense of his own personal worth. To take this away from Mike Rice because of conduct unrelated to his radio stations which he committed over ten years ago while in the grip of severe, untreated psychotic illnesses that he did not cause and could not control would be both tragically misguided and exceedingly harmful.

11. I feel very strongly about this case. I have treated Mike Rice intensively for many years. He has told me the very worst things there are to know about himself, things he has never told another living soul. I have seen him suffer. I have seen him struggle. I have seen him prevail over his diseases. The relationship between psychiatrist and patient is unique, intense and very human. It carries with it great responsibility, both for the doctor and also for the patient. The psychiatrist's duties are codified in codes of professional ethics. The patient's duties are less well known. It is the patient's duty to honor the psychiatric relationship by telling his psychiatrist the truth at all times, by complying with prescribed treatments and by working to achieve the goal of recovery. Mike Rice has fully honored the duties of a patient in his relationship with me. He has always been truthful. He has always been diligent in complying with the requirements of his treatment. He has worked extremely hard to become and to remain well. And he has been entirely successful in achieving his recovery. He has, in fact, beaten the odds and triumphed over the severe adversity of his illnesses – an adversity which was in no way of his own making.

12. Mike Rice's illnesses and the conduct which led to his conviction have already caused Mike enormous pain and suffering. He has lost years of his life. His radio business has lost much of its monetary value. His personal financial resources have been severely depleted. He has lost both self-respect and the respect of others. Mike has endured all of this and much more due to the complex of illnesses he was born with. There is no law, I believe, which states that an individual should be punished forever for having illnesses that were not within his control.

13. Just as doctors and patients have responsibilities to each other, so society has a certain responsibility to deal fairly and justly with the individual. One of the terrible problems of our time is that we have yet to realize fully as a society how wrong it is to punish and discriminate against individuals due to the fact that they have mental illnesses. Such discrimination is no less harmful and wrong than discrimination based on race, sex or physical handicap, because it has the same invidious characteristics: It is based entirely on irrational fear and prejudice. It inflicts great harm without legitimate purpose. It punishes individuals for physical traits or disabilities which they did not cause and over which they have no control. Society has a pressing moral responsibility to end such discrimination against the mentally ill. The Federal Communications Commission can discharge an important element of that responsibility by supporting Mike Rice's continued mental and physical health and by reconsidering its decision regarding his radio stations. To take on that responsibility would be an

act of honor and courage, one which gives truth and compassion supremacy over ignorance and prejudice. To abrogate that responsibility would be, in my view, a travesty.

14. I would value the opportunity to meet in person with members of the Federal Communications Commission and its staff to discuss the case of Mike Rice further.

 m.d.  
Wayne A Stillings, M.D.

Dated: May 17, 2001