

HIGHLAND PARK CENTER

MALADAPTIVE BEHAVIOR PROGRAM PROGRESS REPORT TO THE BOARD OF DIRECTORS

December 10, 1983 - February 11, 1983

As of this report, approximately 10 programs have been in effect for 2.5 years, 20 programs for 2.0 years, 10 programs for 1.5 years, 20 programs for 1.0 years, and 10 programs for less than 0.5 years.

For the 2.5 year group (fourth floor), the number of maladaptive behavior clusters having achieved elimination increased for 0% to 5%. Those behaviors achieving excellent improvement increased from 0% to 20%, those with good improvement increased from 25% to 58%.

For the 2.0 year group (4th floor), elimination of behaviors has gone from 2% of those treated to 15%. Those achieving excellent improvement went from 6% of the total to 18%, while those behaviors achieving good improvement went from 25% to 53%.

For the 1.5 year group (4th floor), elimination of behaviors from treatment went from 6% to 32%. Achievement of excellent improvement went from 17% of behaviors to 32% while good improvement moved from 30% to 45%.

For the 1.0 year group (2nd and 3rd floors), elimination of behavior from treatment increased from 4% to 8%, while the percent of behaviors achieving excellent improvement went from 4% to 10%, and for good improvement from 26% to 35%.

There is no data for programs in effect less than 6 months.

The electric shock-adversive conditioning program for severe pica behavior has virtually eliminated the problem behavior for four months now. The resident has been terminated from this treatment program, though she may require very brief booster sessions from time to time. Another resident has had an electric shock-aversive conditioning begun for severe head-banging. Electric shock has or is being used at Highland Park Center in rare and extraordinary circumstances. For example, it has only been applied to 0.2% of all maladaptive behaviors ever treated, and thus far never to more than 0.1% at any one time. Electric shock-aversive conditioning procedures are only applied in cases where the behavior results in severe or catastrophic physical damage, only when less restrictive procedures have been tried for long periods of time and have failed, and only after intensive scrutiny by the Human Rights Committee and the medical staff.

The severe, self-abuser with the mechanical restraint program objected to by the self-abuser's parents underwent two independent evaluations, one from the resident's Base Service unit and one from the Western Region office of the Department of Public Welfare. Both evaluations strongly supported the Highland Park Center, disputing the parents' claim that the resident was not deriving benefit from the treatment and would be better served at Western Center. One of the evaluators stated that "I know of no other private or public facility any better equipped to deal with [the resident's] needs than Highland Park Center."

The most recent annual medical assistance survey by the I.O.C. team gave maladaptive behavior programming special mention, stating it was "... most impressive, particularly the high percentage of residents on the program." I will be pleased to present to the Board at the meeting for which this report is intended and to answer any questions regarding the above issues or maladaptive behavior programming in general.

Respectfully submitted,

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