

HIGHLAND PARK CENTER

MALADAPTIVE BEHAVIOR PROGRAM PROGRESS REPORT TO THE BOARD OF DIRECTORS

February 11, 1983 - April 6, 1983

Because of the great deal of detail included in the February 11, 1983 Progress Report in addition to all the information provided to the Board by my 1 1/2 hour presentation on the 11th, this report will necessarily be relatively short and brief.

In response to some of the concerns expressed by the Board with regard to our occasional and highly circumscribed use of battery shock therapy, we are in the process of surveying other intermediate care facilities for the mentally retarded in the state of Pennsylvania to ascertain the nature of their maladaptive behavior treatment with a special focus on the most restrictive procedures employed by them. Thus, over the next several months we should be able to eventually provide the Board with comparative data regarding our approach to maladaptive behavior and the approaches of similar facilities in the state. These data are intended to supplement what we already know about the prevalence of the use of battery shock from the professional literature.

To further insulate us from the possibility of having our treatment procedures misunderstood, I have been in direct contact with the office of Mental Retardation in Harrisburg, Miss Pat Gishbaugh in particular. Based on the feedback from the office of Mental Retardation, it is clear that the Federal Regulations allow the use of electric-battery shock and that we in general are well within the spirit of the Federal Guidelines with regard to its judicious use. To further document the reality of our highly conservative use of aversion therapies, I am in the process of elaborating rather significantly those sections of the Highland Park Center General Guidelines and procedures for maladaptive behavior programming that deal with residents failure to respond to lower levels of restriction where maladaptive programming is concerned. The elaboration and further specification of our general guidelines and procedures for maladaptive programming will reflect our increased sophistication and complexity of policy where the treatment of significant self injurious behavior is concerned. These revisions will be formally presented to the Human Rights Committee for approval and incorporated into Highland Park Centers General Guidelines and Policies for all outside reviewers to digest if they wish. These changes will also be presented to Miss Gishbaugh of the office of Mental Retardation so that our philosophy and approach will be explicitly understood at the highest levels of state government. These revisions will be made available to the Board of Directors if the Board deems such appropriate.

Respectfully submitted,

Mario Fischetti, PHD.

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