HIGHLAND PARK CENTER REPORT

Team Members:

Date: May 27, 1983 11:00 A.M.

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On May 27th, 1983, a team from A.R.C.-Allegheny made an unannounced visit to Highland Park Center in response to allegations that the facility was using "aversive stimuli," including the use of a cattle prod, on 71 residents.

The team arrived at ll:15. Mr. Paul Minetti, executive director, and Ms. Peggy Veedock, associate executive director, met with the group to discuss the situation. Mr. Minetti explained that such techniques as time-out, physical restraints, and electric shock had been used for some period of time. However, these techniques had been stopped two weeks ago after the Department of Public Welfare sent two behavorial specialists from Laurelton and Woodhaven to review the program.

Mr. Minetti said that the programs had been developed by Dr. Fischetti, a behavioral psycologist, who is employed for 20 hours a week by Highland as a consultant. Mr. Minetti stated that the facility didn't have any guidelines to go by and he had accepted Dr. Fischetti's programs. The Human Rights committee is "heavily weighted" by internal staff. He explained that he now realized he was wrong and is "in shock." He is planning to hire an attorney to advise the facility on proper legal precautions such as "informed consent."

When further questioned, Mr. Minetti informed the team that the cattle prod gave a shock of 8 volts and was still on the premises. At the team's request, he produced the prod for inspection. The prod was still being used without batteries to "frighten one resident." The team suggested that the prod should not even be in the facility and offered to remove it from the premises. Mr. Minetti agreed.

The cattle prod had been used on three residents who had self-abusive behavior. According to Mr. Minetti, use of the prod had been successful with two residents but the third resident "liked" it. One resident had been removed from the facility by her parents as they felt the program was detrimental to their child.

Other forms of "aversive stimuli" had been used on 71 residents. Some had been "posied" in bed, (body restrained by wrapping in material) other physical restraints, use of time-out rooms, etc. We were told no chemical restraints were used. Highland Park Center also admitted that positive reinforcement for appropriate behavior had been minimal. Mr. Minetti asked the team's assistance in finding volunteers for the Human Rights Committee.

The position of program director at Highland Park Center is presently open. The team strongly recommended that a person with a background in programming and behavior management be hired.

The team toured the main building of the facility. As it was lunch time, most residents were eating lunch or had just finished. The following observations were made:

- 1. The physical environment had improved especially the 4th floor day room; i.e. new wall paper, mobiles, colorful posters, living room settings, etc.
- 2. The wheelchairs seemed appropriately adapted to the residents needs.
- 3. A serious need for a feeding program based on neurological development was observed. i.e. One resident was given liquid in a prone head back-position.
- 4. The residents were dressed appropriately however, most did not have hair combed. The staff ratio of 8:1 could explain this as the residents have few daily living skills.
- 5. The team was very concerned about the large number of residents with arm splints. This is a form of restraint and needs immediate review. The Human Rights committee had not reviewed the use of splint restraints.
 - 6. The odor was especially repugnant on the 2nd and 3rd floors.

The team was dismayed and shocked at the wide use of "aversive stimuli" particularly the use of the cattle prod. In fact, the electric prod instructions state, "This instrument is designed for use on animals only."

Because of the seriousness of the situation, ARC recommends the following:

- 1. A thorough study must be conducted immediately of the program at Highland Park.
- 2. The Human Rights Committee should be reorganized so that it has members from community and advocacy organizations and includes experts in retardation programs.
- 3. A Program Director with expertise in non-aversive programming and behavior management should be hired as quickly as possible.
- 4. DPW and the Department of Health should increase monitoring effectiveness so that residents' safety and well being will be protected.