

# New program opens doors for some at Willowbrook

By TIMOTHY JARRELL

Ten mentally retarded patients, once having no more to look forward to than a life in confinement, have received a new lease on life.

Classified as difficult behavioral problems, the Willowbrook State School patients at one time spent their lives in a small room with nothing to do but look out the window or lie on a mattress.

The hospital virtually ignored the patients, only occasionally letting them go out to the bathroom and handing food to them. Often, the patients defecated in their rooms.

Conditions like these were more often the rule than the exception for "unmanageable patients" when the public demanded that the retardate be kept hidden from society in hospitals, financed with little money.

Last spring, however, the State Department of Mental

Hygiene, in a letter to Willowbrook, said the practice of holding patients in seclusion was illegal and inhumane. The hospital was forced to develop a new program for the residents, and the results thus far have been encouraging.

Michael DeRespinis, a psychologist and director of the new program, Behavioral Modification Unit, believes that some of the patients will return to the community, although only on a limited basis. DeRespinis in late September succeeded Harold Brandwein, a psychologist who was the original supervisor of the program.

"The patients have shown general improvement in their social and self-help skills," said DeRespinis. "They are now frequently more responsive and less violent."

The ultimate goal of the program is to train the residents in basic skills necessary for survival in the

outside world. DeRespinis, however, understands that only a few patients will ever have the chance to return to the community, and then will be limited to a family or halfway house situation.

The staff tries to develop "acceptable" behavior within the residents through "positive reinforcement." Instead of punishing a patient when he exhibits "bad" behavior, the emphasis is on rewarding a patient — with edibles, praise or toys — when he accomplishes something positive.

DeRespinis is instituting a token system whereby a patient is rewarded with a token that he may redeem later in a store in the ward. The store is only open certain times.

"We use this system to delay gratification," DeRespinis said, "so that a patient realizes his demands can't always be met immediately."

The conditions under which the patients live have improved

considerably. Instead of living in open wards or in confinement, each patient has his own private unlocked room. (However, in order for a patient to leave the ward, he must pass the nurses' station on the way to the elevator.) The staff wears street clothes and the walls are decorated to rid the unit of a drab institutionalized look.

DeRespinis attributes the improvement of the patients, in part, to the patient-staff ratio which is one-to-one at all times.

The patients are kept active, with a change of activity every half hour. The patients have painted pictures, potholders and ash trays in recreational and occupational therapy.

"We are trying to get them involved in activities," DeRespinis said. "Sometimes they play together, but usually we separate them from each other as sometimes they are a little violent."

When the weather is good, the staff takes the patients outside.

DeRespinis claims the program never has had problems with escapees, although security is somewhat lenient.

Dr. Lanny Fields, assistant professor of psychology at Richmond College, is a consultant, visiting the program once a week. Several students have volunteered to work with the patients through Fields' contact. DeRespinis hopes that other people will either volunteer to work directly with patients or help with non-patient duties.

Despite the apparent success

of the program, the patients are still capable of violent and destructive behavior. Four nurses are currently resting at home from injuries sustained from patients, the worst injury is a fractured bone.

"The most common injuries are bites and scratches," said DeRespinis, "but a few of our staff have received fractures. Generally, though, the patients are self-abusive."

"We have one patient who bangs her head against the wall, another who wakes up at

night and performs karate type attacks on other patients."

One woman who has ripped out her hair, takes delight in taking off her wig and showing visitors her nearly bald head.

According to DeRespinis, no nurse in Behavioral Modification Unit has requested a transfer despite the dangers involved in the job.

"The people here think that the program is new," he said. "They feel more useful now than before when they felt like custodians," he said.