

LETTER TO THE EDITOR

GROUP HOME TRAGEDY

To the Editor:

I am in complete agreement with your editorial, "Reopen the institutions?" which appeared in ARRI 11/1, calling for a national moratorium on the closings of institutions for the mentally handicapped.

Unfortunately, I have first-hand knowledge of the disgraceful conditions and of the potential for abuse and neglect that exists within "the community." My firstborn child, Douglas, was diagnosed autistic when he was two. When he was six, his aggressive and destructive behavior forced us to place him in a children's center where he received very good care.

In the 1970s my husband's occupation necessitated a move to California [where our son was placed] in a group home. In the mid-1980s, my husband's work required us to return to New York.

After returning to New York, we were notified that our son was being moved to a new board and care home. We kept in touch by phone and letters. We received videotapes and believed that our son was receiving excellent care in a homelike setting.

Because our family has a history of asthma and drug allergies, I became Doug's legal conservator, to ensure that no new drugs or therapies be given to him without my approval. The administrator of the group home was very aware of my concerns.

On June 8, 1996, I was contacted by the County Medical Examiner's office and told that my 33-year-old son had been found dead in his bed that morning. The administrator of the group home was also on the phone line. I asked her if there had been any changes in his meds and she informed me that he had been given Prozac. [When symptoms developed and the doctor could not be reached], no one had the common sense or concern to take Douglas to the emergency room or call another doctor, or to notify his parents...

A professional person who knew my son has stated that he and other residents of the group home appeared to be starving. Indeed, a photograph that I received shortly before Doug's death shows him to be emaciated. He is unrecognizable from a photograph I have of him when he first was placed in the group home.

The only way to prevent other tragedies like this from happening again and again

is for parents, guardians and concerned citizens to unite in a national effort to ban group homes immediately. Individually we are helpless in a system that requires no accountability for neglect and abuse. Collectively, we can change things for the better. If we can accomplish this then my child's and countless other people's deaths will not have been in vain.

Terri Taylor
Massapequa, New York

Editor's Note: The outrageous events described by Terri Taylor have occurred not only in California, but nationwide—not

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only with the mentally handicapped, but with the elderly. Such abuse must be expected when people unable to protest effectively are placed in "community" settings where for-profit firms may make loads of money by scrimping on food and care for their clients, with little or no oversight. We called not for a "ban" on group homes—some are excellent—but for a moratorium. In a recent editorial (5/13/97), the *Los Angeles Times* agreed with us, and with Senator Dianne Feinstein, that a moratorium is in order until humane treatment of the handicapped can be assured.

NEWS AND NOTES

ASA: Congratulations to Audrey Horne, who was overwhelmingly elected President of the Autism Society of America! It will be a pleasure to work with you on behalf of our children, Audrey.

NEW JOURNAL: *Autism: The International Journal of Research and Practice* will begin publication in July. Coverage will include both research and "personal and family" issues. For information contact Jonathan Carter, SAGE Publications, 6 Bonhill Street, London EC2A 4PU, UK, fax +44 (0)171-374-8741.

DIETARY INTERVENTION STUDY: Master's thesis study of effects on autism of dietary intervention. To assist in this study by filling in a checklist showing effects of this treatment on your child, contact Caroline P. Norwood, 611 Craven St., New Bern, NC 28560, (919) 635-5298.

Risperidone reduces aggression

A study of 33 institutionalized adults—including 13 with pervasive developmental disorder—suggests that risperidone (brand name Risperdal) significantly reduces aggressive behavior.

In a non-blind study, Rex Lott and colleagues administered risperidone to adult subjects (ages 25 to 66), in doses ranging from 1 to 8 mg per day. The researchers report that after six months of drug treatment, "85 percent of patients were rated 'improved' and 15 percent were rated 'unchanged,'" while none were rated as worse. Although 26 of the 33 patients were taking additional psychotropic medications at the start of the study, only nine required psychotropic drugs other than risperidone by the end of the study.

"The number of staff work days lost because of assault by treated patients," the researchers add, "decreased from 444 during the six months before initiation of risperidone to 29 during the six months after initiation." In fact, they note, the dramatic reduction in costs of staff injuries (\$57,552 during the six-month non-drug phase vs. \$3,825 during the six-month drug phase) completely compensated for the cost of risperidone, which is fairly expensive.

Among the changes noted in aggressive behaviors:

—In 14 of 23 patients taking the drug to control aggression, there was a 50 percent or greater reduction in the frequency of aggressive acts.

—In 11 of 25 patients exhibiting self-injurious behaviors (SIBs), the frequency of these behaviors was reduced by 50 percent or more; in 13 of these individuals, SIBs causing tissue damage decreased by 50 percent or more.

—In five of seven patients whose behaviors included property damage, this behavior decreased by at least 50 percent.

Lott and colleagues also report that risperidone improved social interaction and reduced rituals and repetitive behaviors in several subjects. In addition, subjects' job performance improved; their wages, based on performance, increased from an average of \$200 during the six months before treatment to an average of \$274 during the six months of treatment.

Side effects seen in risperidone-treated patients included sedation, parkinsonism-like symptoms (controlled by adding another medication), weight gain, and restlessness. No patients suffered side effects requiring

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