



Good Morning members of the Whiting Task Force. My name is Darion Young and I am a Forensic Treatment Specialist at WFH and have been working there for a little over three years. I come before you today to discuss a culture of fear and retaliation at WFH that is created and propagated by management's punitive disciplinary style.

Before coming to WFH, I worked in the Judicial branch with troubled juveniles. Occasionally, the juveniles I was responsible for would become aggressive, requiring me to deploy restraints or other techniques to physically restrain them. Immediately following such an incident, I would undergo a review of the tape in which my application of restraints would be evaluated, and I would be instructed on what I did well and what I could improve on. This created confidence amongst the staff and fostered a positive, productive relationship with management.

When a similar situation arises at WFH things tend to go very differently. When restraints are deployed or when staff must go hands on, there is no training that follows. Staff are not instructed on what they did well or what they could improve on. Instead management will review footage of the restraint for the sole purpose of determining if the staff member acted improperly and if an investigation is required. If management decides that an investigation must be done, the staff member in question is then sent to room "711" for the remainder of the investigation. This means that every time that staff member comes into work they must sit in a room and do nothing for the duration of that shift. While you are under investigation you cannot work overtime, which can really impact one's income. Investigations can last for months.

Due to this incredibly reactionary and punitive process staff are afraid to deploy restraints or go hands on with patients. There is a constant fear in the back of our minds that we if we go hands on to deescalate a situation we will be investigated, punished, or fired. That fear makes it incredibly hard to do our jobs correctly and to keep the patients safe.

Here is a perfect example. While working at Whiting I encountered a situation in which two patients were fighting in the bathroom. When I say fighting, I mean really going at it. Now according to our training in collaborative safety strategies (CSS) one person is not allowed to intervene in a situation like this. At least two people are required to intervene with patients. I had to stand there and watch these two patients fight for five minutes. Five minutes is a long time, more than enough time for one of these patients to seriously injure or kill the other. As I stood there and watched I was terrified that I was going to watch someone die, but at the same time I knew intervening would surely result in

my own investigation and potentially termination, so I did nothing. Fortunately, a second staff member arrived before anyone could be seriously wounded, and we broke up the fight.

This is not a unique story. There are countless examples of how staff are working under fear of management. This fear prevents us from being able to act decisively and effectively on the job and fosters a distrust and paranoia amongst staff. Additionally, Staff have been very actively pushing Whiting and DMHAS Administration to implement more trainings, and modify CSS techniques to better suit the environment we work in in Whiting. CVH and Whiting must reform their disciplinary process to be more training oriented as opposed to punitive in nature.