

Seneca Center for Children and Families Residential Program Client Case Example

Marcel Harris was referred to Seneca Center's residential treatment program due to the frequent display of destructive behaviors in his prior group home placement, despite the prescription of increasing doses of psychotropic medications. Marcel had experienced a number of placement disruptions before his referral to Seneca. After being abandoned by his mother at the age of three, he moved from an adoptive home, to respite care, to foster family care, to a succession of group homes before coming to Seneca at the age of eleven. Although little is known about the first three years of Marcel's life, he was born with a positive toxicology screen for methamphetamine and alcohol.

The behaviors that led to Marcel's removal from his adoptive home included frequent outbursts of anger, property destruction, and a demand, at one point, to remove all furniture from his room, including his bed. He ripped up the carpet and slept on the bedroom cement floor with a blanket.

Upon his referral to Seneca's residential treatment program, Marcel was taking a combination of psychotropic medications—Risperdal, Depakote and Concerta—and had a diagnostic history of Bipolar Disorder, Oppositional Defiant Disorder, ADHD and Reactive Attachment Disorder. In his intake documentation, Marcel was described as “defiant, easily frustrated, and aggressive; he gets into periods of frenetic activity where he is silly and disruptive to peers. He also engages in serious property destruction.”

When Marcel arrived at Seneca, he was described by staff and his therapist as extremely disorganized. His appearance was disheveled and dirty: he had poor hygiene, messy hair, and wore stained clothing that was too tight. When he ate, he would gorge himself, appearing not to notice that food was all over his face and dripping onto his clothing. His body movements were erratic, he mumbled when he talked, and he had trouble focusing his attention, requiring multiple prompts to follow directions. At times, he would say something and then just walk away. At other times, he would interject a random question into a conversation, such as asking “Do you like daffodils” in the middle of a conversation about basketball.

Other behaviors further isolated Marcel from his peers. He would fart, belch, and pick his teeth with his fingers without caring about his manners nor what other people thought of him. When peers were present, he chose not to play with them; instead, he usually engaged in parallel play. For example, when the other kids played an organized game together, Marcel would separate himself from the group and run in periodic spurts. He was described as being somewhat uncoordinated and so disorganized in his thoughts that it was hard for him to play with others. When he did play with his peers, the other children would get frustrated with him, yelling, “Marcel stop messing up! Follow the rules! It's not your turn!”

When Marcel became angry or agitated, he could become physically aggressive. He initially required a high level of physical containment by residential program staff. His physical aggressiveness, however, did not appear to be intended to physically harm those around him, but rather to create disruption and destroy property. When given a direction that he did not agree with or did not like, Marcel became verbally aggressive, yelling and using a slew of racial slurs and inappropriate comments. Once his behavior reached a point requiring physical restraint, he would further escalate by punching, kicking and biting.

Marcel's anxiousness and high level of physical aggression initially made it more difficult to relate to him. He appeared to be lost in his own world. He would “constantly open and close the door, pace in the room...his thoughts were very scattered, and he couldn't stay on one topic for more than two to three sentences. He would constantly need prompts, and it was very difficult to follow his train of thought” (Julie Kim, Seneca Residential Program Therapist). He became frustrated very quickly and often broke items in his possession. After playing roughly with a toy, he would say, “I broke it. I didn't mean to break it, but I broke it.”

Soon after Marcel's arrival at Seneca, the residential program psychiatrist began to taper him off of all three prescribed psychotropic medications. At the same time, residential and day treatment staff focused on helping Marcel to overcome his negative self-image, in particular by encouraging him to discover/rediscover his strengths and interests. In Seneca's nonpublic school/day treatment program, for example, Marcel's teacher and classroom assistant supported him in making sustained academic progress for the first time in his life, while the school's music

teacher provided him with individual instruction in piano and guitar. Residential counselors and afterschool program staff, meanwhile, worked with Marcel to improve his physical coordination and ability to participate positively in outdoor sports and games with other children.

During the next several months, Seneca residential and day treatment staff witnessed a gradual transformation in Marcel's behavior towards greater lucidity, with an enhanced ability to effectively communicate his thoughts:

[Marcel] feared that [going off of the medications] would exasperate his anxiety, frenetic energy, and inability to focus. But he did say that the medications made him feel bad at times. He was proud that he was off of his meds, he even made survivor jokes about being on so many meds. He still worries about it and would say, "I have ADHD, obviously I need medication." Staff responded by telling him, "We thought about it, we saw how you did on meds, saw how you did off meds, so we don't think you need any of the meds – we noticed that the people around you and the environment mattered more, that when you feel safe those symptoms decrease, and when you don't feel safe they increase." That's how we framed it, but I think it's still on his mind, that he has something wrong with him and that medication was supposed to help. At the same time, Marcel recognized that the medications hadn't helped him in the past. *Julie Kim, Seneca Residential Program Therapist*

Before being tapered off of his psychotropic medications, Marcel usually exhibited a very high level of energy, with brief moments of rest. Once he was taken off of them, he was better able to regulate his energy and emotions. Now, when given a time out or directed to refocus himself, Marcel is able to do so much more quickly once given space to vent and calm himself down.

As he was tapered off his meds, I was surprised by how much more lucid he became, I really thought he could concentrate more on things...all his personality and intellect emerged...this kid has a personality that we didn't see before. He is very funny, sweet, and empathetic. While he was on meds, we didn't get to see those different traits in him. *Julie Kim, Seneca Residential Program Therapist*

During his 14 months at Seneca, Marcel has made tremendous progress in improving his social skills. His relationships with staff and peers have improved immensely. He is described as a likeable kid who is smart, funny, considerate and willing to help others. His house manager says, "Out of all the kids I have worked with, Marcel's change was the most dramatic. I believe that the meds prevented him from expressing who he really is. Since taking Marcel off the meds and interacting with him now, it's like he is a totally different person." Another staff member who works closely with Marcel confirms this dramatic change: "Today, he is a completely different kid—one of the coolest we have. I can't even remember the last time we had to place hands on him."

Staff overwhelmingly agree that since Marcel has been off of psychotropic medications, his hygiene has improved dramatically. He is much more conscious about the way he presents himself. When Marcel first came to Seneca, his room was cluttered and messy. Now, he makes a sincere effort to clean his room. As one staff described, "Once he tried really, really hard to clean his room. He put everything in place and made sure that all the details were taken care of. He showed me the bed, closet, all the drawers. When he was done, I said, 'Man, this looks pretty good, Marcel, pretty good.' After that he beamed all day."

Without medication, Marcel is able to engage more with his peers in the residential and day treatment programs. He is able to understand and follow the rules of organized games and participate constructively in group activities. Marcel has also been successful in engaging non-Seneca children in appropriate ways while on public outings. One of the staff noted, "He can form relationships really quickly. For example, we would go to the park and soon he's out there talking to other kids and playing with them. His interactions are more appropriate. He'll come up and say hello now before he starts hanging out with them, whereas before he would just walk up and start talking." Marcel is increasingly curious about the people around him and asks a lot of questions. He is friendly and makes an effort to get to know everyone's names. He has improved in his ability to communicate his needs and express his appreciation of those around him. Seneca residential program staff are experiencing an increasing sense of accomplishment to have helped Marcel discover his strengths without medication, supporting his development into a thoughtful and capable young man.