Eliminating the Use of Psychotropic Medication in the Treatment of Children with Profound Emotional and Behavioral Issues

Introduction

Two decades ago, Seneca Center created its intensive residential treatment program to serve children who exhibit the most serious emotional and behavioral issues. From its inception, the program adopted a "no reject, no eject" intake/discharge policy based upon a philosophy of unconditional care. As a result, the children referred to the program during the last 20 years have represented some of the most challenging young people residing in Northern California. Most have been failed by numerous foster homes and other group care and residential treatment programs. In many cases, the children have been in and out of psychiatric inpatient care prior to their placement with Seneca.

Throughout the operating history of Seneca's intensive residential treatment program, the prevailing assumption in the larger mental health provider community has remained the same: the children targeted by our program cannot be treated successfully without using psychotropic medication. Twenty years later we now know, beyond any doubt, that it is possible to take these children from the most chaotic backgrounds and help them to succeed without pharmacological interventions. Indeed, the experience of Seneca's residential program raises serious questions about the popular practice of utilizing psychotropic medication to treat traumatized children with serious behavior disorders.

Ironically, the actual act of removing the medications has turned out to be crucial to the successful treatment of the children in our care. First of all, we have found that children who are not medicated are much more readily available for engagement with adult caregivers. Second, removing these medications gives children a very powerful message that we have faith in their capacity to learn how to regulate themselves. As a result, it does not take long for these children to realize that Seneca staff will live up to their commitment to provide unconditional care for them, addressing behaviors that previously would have led to placement disruption.

The elimination of pharmacological interventions in our treatment model sends a powerful message not only to the children, but to program staff as well: they are capable of having a profound impact on these children's lives by (1) supporting them to feel safe and (2) helping them to tap into their (often unrecognized) strengths, interests and creativity. Staff morale is increased, moreover, when they know that their interpersonal interactions with the children, ***not the use of psychotropic medications***, are the most important element in enabling these young people to reclaim their lives.

Overview of Seneca's Residential Treatment Program

Seneca's residential treatment program currently consists of four houses, each providing care and treatment for six children. The base staffing pattern for each group home includes three bachelor's level counselors during non-school hours. When the children are asleep, there is one awake overnight counselor at each house, with a floating counselor available to respond to a crisis. Assigned to each house are a clinician and house manager who, with the direct care counselors, comprise the treatment team. The clinician provides individual therapy to each of the six children in the group home. The house manager provides regular individual supervision to the direct-care counselors. Together, the therapist and house manager oversee the therapeutic milieu, as well as implementation of each child's individualized treatment plan. House staff meet weekly to discuss the progress of each child. During this meeting, the team members discuss the emotional, social, and developmental needs of each child, as well as individual strategies and interventions to address those needs.

Most, if not all, of the children placed in the residential program attend school at Seneca's nonpublic school/day treatment program located in San Leandro. In this enriched school setting, the children benefit from intensive special education and mental health services. All the children attend Seneca's after-school program as well, where they participate in a variety of structured group activities such as science and nature projects, arts and crafts, music appreciation, and sports games.

Direct-care counselors understand that it is their responsibility to provide the children with a safe and nurturing experience of outstanding care and positive regard. Each child, from the beginning of his/her placement in the residential program, receives the strong message that he/she will not be discharged from the program due to challenging behaviors. Rather, residential staff will do whatever it takes to support the child to feel safe and begin the process of making sustained therapeutic progress.

Treatment Philosophy

Very early in the agency's history, Seneca staff learned that the needs of children with chaotic family and/or placement histories are most effectively addressed through supportive interactions with caregivers. In particular, we soon refined and distilled our experience into a treatment model that incorporates three essential elements: safety, predictability, and engagement.

The core service principles of safety, predictability and engagement permeate every aspect of Seneca's residential treatment program. What children first discover when they come into our care is that program staff intervene immediately with any unsafe behaviors. Much of this engagement takes place through carefully planned behavioral interventions that are predictable and lead to clear choices for the children. Another level of safety involves the close supervision of children's contact with previous caretakers who, in the past, may have led the children to fear they would be returned to an unsafe environment.

In addition to promoting safety and predictability for the children, Seneca staff strive to engage the children in healthy, constructive relationships. It is this engagement that "cements" together all the components of the treatment model and leads a child to start believing that he/she can influence his/her own behavior and environment. Residential program staff provide what has often been missing from a child's interaction with previous caretakers, including the ability to accurately reflect the child's states of mind, to connect with the child's "better instincts," to set clear limits, and to acknowledge and encourage the child's interests and strengths.

Description of Children Served by the Residential Program

Typically, Seneca's residential treatment program has been utilized by county placing agencies as a "last resort" for children whose behavior has not responded to the highest levels of previous care (including psychiatric hospitalization). Some children have experienced as many as 30 changes in placement prior to entering Seneca's program. In addition to numerous failed stays in foster homes and other residential treatment facilities, many of the children have experienced multiple psychiatric hospitalizations and have extensive medication histories. It is the agency's policy to reevaluate the use of psychotropic medications at intake into a Seneca residence and to develop a plan for the discontinuation of those medications at the earliest point possible.

During its first 11 years of operation, the residential program provided only long-term care. In 1997, Seneca entered into a contract with Alameda County Social Services to utilize one of the residential program's six-bed group homes to provide short-term stabilization and evaluation services. This program (located at the agency's Los Reyes House) was specifically developed to evaluate foster children identified by the county as needing higher levels of care. The overarching goal of both the short-term and long-term residential treatment programs is to discharge children to less restrictive environments (and when possible, the most family-like setting possible). At Los Reyes House, however, program staff are more immediately involved in researching and identifying the next placement for each child, including working closely with Alameda County Social Services to achieve a successful long-term placement for the child.

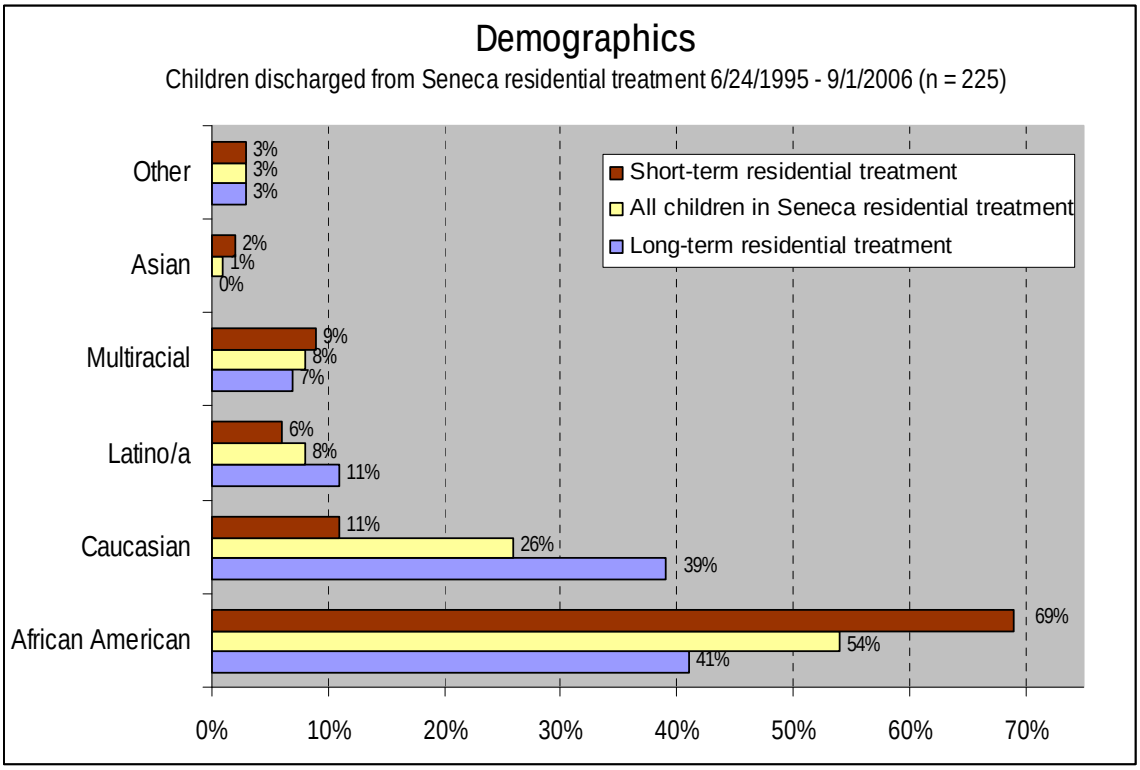
To help us to describe the experiences of children served by the residential program, Seneca staff and two UC Berkeley School of Social Welfare MSW students recently conducted a chart review of every child discharged from the program during the last 11 years, with specific attention paid to collecting medication use, psychiatric evaluation, and post-discharge placement data.[1] Since June 1995, a total of 225 children have been discharged from the program after a stay of at least 30 days. Information about children's placement histories, experiences of abuse, psychiatric diagnoses, and medications was obtained by reviewing information available in individual Table

[1] This evaluation includes children who were discharged between 6/24/1995 and 9/1/2006 who were admitted to a Seneca Residential Treatment Program for at least 30 days.

of Life Events and Psychiatric Intake documents. Post-discharge placement information was available for 180 children (80%), obtained through both electronic records and therapist reports. Following is a summary of the results of the chart review study, which provides an illuminating overview of client child characteristics and placement histories.

Client Demographic Information

- 118 children were discharged from the long-term residential treatment program, and 107 were discharged from the short-term residential program during the period covered by the chart review study.
- 71% of the residents were male; 29% were female.
- 10% of children discharged from long-term residential treatment and 3% of children discharged from short-term residential treatment were readmitted after a previous discharge.



Placement History

- Children admitted to long-term Seneca residential treatment programs had previously experienced an average of 9.7 placements, with the number of past placements ranging from 0 to 30.
- In comparison, children admitted to Los Reyes house had experienced an average of 7.2 previous placements, with number of past placements ranging from one to 16.

Length of Stay

- Children placed in Seneca's long-term residential treatment program were served for an average of 26 months, with some children staying for as little as one month and one staying for 60 months.
- Children admitted to Los Reyes House were served for an average of 5 months, with lengths of stay ranging from one to 11 months.

Post-Discharge Placement[2]

- Of the 118 children discharged from the long-term residential treatment program:
    - 58% were placed in another residential/group home setting
    - 18% were reunified with a biological family member
    - 17% were placed in a foster home
    - 6% were placed in Intensive Treatment Foster Care
    - 1% transitioned to a Seneca Community Treatment Facility

- Since the inception of the short-term stabilization and evaluation program, 107 children have been assessed by Seneca staff to assist Alameda County Social Services in determining the best subsequent placement. While several of these children required placement in Seneca's long-term residential treatment program, 78% of the children evaluated at Los Reyes were able to be transitioned to a lower level group home program. The other children were transitioned to a foster home or reunified with family, as follows:
    - 10% were placed in a foster home
    - 8% returned home to an adoptive or biological family member

[2] Based upon available discharge data.

- 4% were placed in Intensive Treatment Foster Care

Client Diagnostic Issues

The children admitted to Seneca's short or long-term residential programs arrive with a wide variety of previous diagnoses. Bipolar Disorder, in particular, has become an increasingly common diagnosis in recent years. A few children are reported to be hearing voices and given a diagnosis of psychosis (a diagnosis that, in our experience, has always proved to be wrong, with the voices being symptoms of dissociation). The other common diagnoses include hyperactivity (ADHD) and depression.

Previous Axis 1 Diagnoses for Children Admitted to Long-Term Residential Treatment

- Post-Traumatic Stress Disorder – 42%
- ADD/ADHD – 32%
- Depression/Depressive Disorders – 26%
- Oppositional Defiant Disorder – 17%
- Dysthymic Disorder – 9%
- Conduct Disorder – 7%
- Bipolar Disorder – 5%
- Adjustment Disorder – 3%

Previous Axis 1 Diagnoses for Children Admitted to Short-Term Residential Treatment

- Post-Traumatic Stress Disorder – 45%
- ADD/ADHD – 35%
- Depressive Disorder – 21%
- Dysthymic Disorder – 17%
- Oppositional Defiant Disorder – 15%
- Bipolar Disorder – 14%
- Conduct Disorder – 10%
- Adjustment Disorder – 7%

In order to receive Medi-Cal funding for treating these children, Seneca residential program clinicians must provide them with diagnoses according to the prevailing nomenclature: DSM-IV. As a result, most of the children receive a diagnosis of Post-Traumatic Stress Disorder (PTSD). Those who have had serious abuse and neglect in their earliest years often receive a diagnosis of

Complex PTSD, a diagnosis that is not yet part of the current DSM but one well established by clinicians working with this population.

Over time, however, Seneca residential clinicians have found that the process of attaching a diagnosis to a child is of dubious value in designing an effective treatment plan, particularly since many of these diagnoses infer genetic biological disorders that are most commonly treated with psychotropic medications. In our experience, children cannot be understood without a clear history of their relationships and the conditions that influenced their upbringing. Our approach is not to ask "what is wrong with this child?", but rather, "what happened to this child?" Most importantly, we seek to determine the sustained patterns of relationship to which the child has been exposed prior to coming to Seneca?

In order to minimize the labeling of children, Seneca has developed a computerized Table of Life Events that creates a detailed chronology of each child's life. It includes all the information we can assemble - sometimes as much as a hundred pages of prior evaluations, court reports and hospitalizations will be distilled into one document of four to five pages. The Table of Life Events document is usually quite effective at dispelling any simplistic notions regarding "what is wrong" with the child and returns us to the larger historical and cultural context of the child's life and development. This, in turn, encourages us to address the real issues in the child's life as opposed to "treating" a DSM IV description of his/her symptoms and behavior. Such a chronology also makes clear what has "worked" and "not worked" in past attempts at treatment.

Typical factors that have affected the lives of children placed in Seneca's residential program include the following:

- Physical, sexual and emotional abuse, as well as severe neglect.
- Witnessing of violence between caretakers.
- Growing up with parents who could not set limits and/or who were terrified to intervene in a child's behavior. (Children who become "out of control" with such caretakers are often labeled as bipolar).
- Growing up in homes where one or both of the parents were heavily involved in alcoholism and drug abuse.

- Living in homes where the mother engages in relationships with a series of men who abuse her and the children. Most often the woman in these situations is not able to protect either herself or her children.

The earlier these factors occur in a child's life, the more seriously they undermine the security of his/her attachments, and the more ingrained are the child's patterns of negative interaction with peers and adult caregivers.

Histories of Abuse and Neglect

- Children admitted to Los Reyes House have an average of 5.6 referrals to Child Protective Services (CPS) documented in the Table of Life Events, compared to 5.5 documented referrals for children admitted to long-term residential treatment.
  - Among children in long-term residential treatment, documented child abuse referrals ranged from 0 to 26.
  - Among children at Los Reyes House, previous documented child abuse referrals ranged from 1 to 18.

- 80% of all children admitted to Seneca residential treatment were given a primary Axis 1 diagnosis of Post-Traumatic Stress Disorder at the Seneca psychiatric intake. Histories of abuse and neglect are further reflected in Axis 1 diagnoses.[1]

	Long-term residential	Short-term residential
Neglect	15%	14%
Physical Abuse	20%	30%
Sexual Abuse	22%	25%

Observations Regarding the Use of Psychotropic Medication

The vast majority of children placed in Seneca's residential program have a history of treatment with psychotropic medication. In virtually every case, the children were medicated to control their behavior, but these medications ultimately ended up being ineffective. A typical pattern involves the prescription of psychotropic medication followed by some reduction in acting-out behaviors. However, subsequent negative behaviors lead to the addition of yet another medication, with the pattern repeating itself one or more times. As a result, some children enter

Seneca's residential program with as many as seven different psychotropic medications, progressively added over time while the child continued to display symptoms.

Medication History of Children Placed in Seneca's Residential Treatment Program

- 76% of the children admitted to long-term residential treatment were on at least one psychotropic medication, compared to 53% of children admitted to the short-term Los Reyes Program. Nearly 92% of the children entering Seneca's long-term residential program had some history of psychotropic medication treatment, regardless of whether they were being actively treated with medication(s) at the time of admission.
    - Of the 28 children admitted with no medications, 19 had a previous history of treatment with psychotropic medications.
- 52% of children admitted to long-term Seneca residential treatment had been prescribed two or more psychotropic medications, compared to 35% of children admitted to the Los Reyes Program.
- 15% of children admitted to long-term Seneca residential treatment had been prescribed four or more psychotropic medications, compared to 7% of children admitted to the Los Reyes Program.

The policy of Seneca's residential treatment program is (and has been) to evaluate all past medication use prior to a child's admission. Once the child enters our care, the medications are carefully reduced and eventually stopped. Seneca has had the opportunity to test the viability of its no-medication treatment approach for almost 19 years, working with the some of the most challenging children in California—including several sent to us directly from Metropolitan State Hospital.

Impact on Residential Program Staff, Client Children and Family Members

Removing the option of using psychotropic medication in treatment planning and delivery has had the following impacts on residential program staff, children and family members:

We find that staff have a greater sense of personal connection to the children when they are not relying on medication. Instead of calling for another medication to control a symptom, they are more likely to observe variations in behavior and attend to the situations and antecedents that are affecting that behavior. Needless to say, all these factors contribute to better treatment outcomes.

Seneca's stance towards medication gives us specific advantages in working with the children themselves. It tells them that we do not need, and they do not need, an agent of external control in order to establish the conditions for their success. Most children respond very positively to this message, seeing it as further evidence that we are determined to engage them no matter how difficult their behavior has been in the past. Occasionally, we meet children who are convinced that they will be incapable of functioning if they do not have continuing access to their medications. In these cases, we include them as collaborators in tracking their own progress. Over time, they learn that they have the power to manage their own behavior and to participate positively in the larger world.

At times we see parents who are heavily invested in the use of psychotropic medication for their child. Often, past evaluations have determined that the child suffers from a biochemical disease that cannot possibly be treated without the use pharmacological intervention. We find that such parental views can be modified over time through their ongoing engagement with the program, observation of their child's progress over time, and discovering that they themselves can play a much more active role in helping their children.

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