

Case study – Nate aged 14 – Part 1

Introduction

Nate, 14, has recently moved into an intensive therapeutic unit. He was placed in kinship care from infancy, had a series of foster care placements, the longest 8 years, and for the last two years has been in residential care. This is his fourth unit.

Nate's parents had a long history of poly-substance use, family violence and mental health issues. His older siblings were already in permanent care when a report was made to Child Protection during the pregnancy. His parents were homeless, continuing to use substances and his mother had not had any antenatal care. There were immediate concerns for Nate's health and safety.

When Nate was born, he was withdrawing from opiates and spent 4 weeks in the special care nursery. His mother visited sporadically but was unable to breastfeed due to her substance use. Nate was discharged from the hospital on an Interim child protection order to live with his mother and maternal grandmother, who was required to supervise his care. Intensive supports were put in place, and Nate was seen several times a week by professionals and appeared to be well fed, clean and demonstrated attachment to his MGM. His mother left most of his care to MGM and continued to use substances. When he was 6 months old, Nate's father assaulted Nate's mother at the home, and was incarcerated. Nate's mother was often absent from the home, sometimes for days at a time. When Nate was 18 months old, his mother took him from the home and was missing for several days. Police located Nate at a rooming house, the order was breached, and Nate was placed in the long-term care of his MGM. Since then, he has had no contact with his father and occasional contact with his mother, who has had several more children.

Nate's early childhood

Nate's MGM took him to the MCHN, who noticed delays in his language development and social skills. At childcare, staff observed that he had difficulty adapting to the routines of the centre, and that he didn't socialise well with other children. There were issues with biting and hitting, and he had trouble communicating his needs. It wasn't clear how much stimulation he was receiving in his grandmother's care. MGM needed an operation, so at age 3 Nate went into respite care for three weeks, but when MGM's health started to fail, she reluctantly relinquished his care. Nate had several short-term placements. Foster carers soon raised concerns about his emotional and behavioural regulation. He struggled to listen and follow instructions, was very impulsive and required a lot of supervision. He had hurt the family dog, was destructive, and had difficulty coping with the other children in the

home. By 4-year-old kinder, he still wasn't toilet trained, his speech was difficult to understand, and his impulsive behaviour was putting himself and other children at risk.

After a few more moves, Nate (now 4 ½) was placed with potential permanent carers, who had no other children in the home. He started at a new childcare centre, and similar issues were noted. A psychologist assessed him at age 5, and found that:

- his overall cognitive ability was in the low-average range,
- he had significant problems with attention and impulsivity and might have ADHD.
- His memory was good, but his processing speed was very slow.
- He had difficulty copying shapes, could count to ten, and knew a few letters of the alphabet.
- His language skills and motor skills were also delayed

Nate was then referred to a paediatrician who diagnosed ADHD, and a speech pathologist, who assessed that his receptive and expressive language were both very delayed. Nate was able to access funded speech therapy; Child Protection arranged a behavioural psychologist and he repeated 4-year-old kindergarten. Nate continued to have regular visits with his MGM, but she was also struggling to manage him when he was aggressive, and the visits were becoming less frequent.

Reflection

What is going on for Nate? How can we understand his behaviour? What does he need?

Nate's primary school years

Nate started school at 6 ½ and struggled immediately with the classroom environment. He had difficulty sitting still and focussing, and using language, so he often had emotional and physical outbursts. At his orientation day he hit another child, in his first year he had several periods of school exclusion. Nate's academic skills lagged behind his peers, and he was often in conflict with other children in the playground. A part time aide was engaged by the school, he commenced Ritalin and he was able to make some gains academically in a 1:1 setting.

At home, his carers reported a high level of stress, and felt that they had to be always vigilant.

- They described Nate as behaving like a much younger child at times.
- He often took items from around the home, and lied about it.

- One time he took the carer's keys and helped hunt for them with the family, only to produce them from a hiding place the next day.
- He gets very fixed on ideas – if he knew he was having a birthday, he became fixated on his gifts and listed the toys he wanted repeatedly but didn't seem to show appreciation if he got them.
- He had a few interests, including Lego, but they couldn't engage him in activities that held his interest for long, other than Minecraft, which was an obsession.
- Carers were finding themselves using the ipad as a way to keep Nate regulated
- Nate enjoyed playing outdoors, but he often had conflict with children at the playground. Nate would go up to other children and wanted to play, but when things didn't go his way, he would retaliate, so he didn't have any real friends.
- They avoided cinemas and shopping centres as he couldn't cope with the noise and activity.
- His carers also said he could be loving and affectionate, enjoying hugs, worried when someone hurt themselves, and liked to help with jobs around the house.

By the end of primary school, Nate's care team had included, at different times, his school counsellor, school psychologist, paediatrician, child psychiatrist, speech therapist, play therapist, a tutor, his child protection worker and foster care support worker. He had attended art therapy, social skills groups, and equine therapy. His aggression worsened and he was referred to child mental health services (where he was diagnosed with attachment disorder, anxiety and Oppositional Defiant Disorder). Contact with his older siblings commenced, supervised by his worker. His carers did Tuning into Kids, Triple P parenting, life story work training, Trauma-informed parenting training and their caseworker advocated for funding for respite and camps.

He went to Scouts (lasted 2 weeks), swimming, basketball (he refused to go after the first month), and camps (his carers were asked to collect him early after he threw a rock at a horse). Concerns were raised at school about harmful sexual behaviour, after Nate texted a photo of his penis to another child, and he had accessed pornography online. He had a few weekends of respite care, but his carers said he was more dysregulated afterwards, so chose not to use it. By the time he was 12, Nate was attending school half-days and his carers were in crisis. They were concerned for their own safety, and felt they couldn't meet his needs into the future. After an incident where Nate smashed the TV and threatened to stab his carer, police attended and his carers advised Child Protection that, after nearly 8 years, they couldn't care for Nate any longer.

Reflection**What is going on for Nate? How can we understand his behaviour? What does he need?**

Residential care

Nate spent the first weekend in a contingency placement, and then was taken to residential care. He has been in 4 different units, being moved each time due to compatibility with other residents. Nate has had been enrolled in 3 high schools and is now attending a specialised learning unit.

Initially Nate seemed to accept the expectations of the unit and responded well to a couple of male staff members. Issues have arisen including

- Nate verbally challenges staff members who try to set boundaries with him, including things like screen time, having food in his room, helping prepare meals or going to school.
- He refuses to go to bed at night and sleeps in late, so is missing school most days.
- He refuses to change his clothes/shower, sometimes for 5 days, saying he doesn't need to.
- Nate is fixated on his x-box and has difficulty accepting any limits to screen time, becoming angry and aggressive if asked to stop gaming or if he doesn't have access to his phone.
- He has caused significant damage to the walls and doors in the house, and when staff speak to him later, he says he knows he has done the wrong thing. However, the behaviour has been happening regularly.
- Nate has difficulty sharing the attention of staff and becomes agitated when he is asked to consider the needs of other residents.
- One of the residents was missing her cat, and Nate told a story about a dead cat he had seen once on the road, which left her very upset. Nate insisted that she needed to know what could happen.
- Nate has also made racist comments to another resident, leading to ongoing conflict.

When Nate talks about his future, he says he would like to be a rapper and that he doesn't need school for that. Nate has engaged well with a new resident, Andy, who is 16 and who raps, which Nate admires. Nate has started leaving the house with Andy and has come back alone and substance affected. Staff have talked to Nate who insists that Andy is his friend and that he is able to make his own choices. He was recently assaulted by a group of young people, and one of the residents told staff that it happened after Nate tried to steal money from one of them. Nate has become preoccupied with getting back at this group of people and has talked about stabbing someone. He has been taking butter knives from the kitchen and hiding them in his room. He has also asked a 13 year old girl at the unit to be his girlfriend.

Reflection

How can we understand Nate's behaviour?

How would you advise the youth workers to support him?



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