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An Experimental Case Study Series Showing Induced Altruism's Efficacy in Severely Disturbed Inner-City Children

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ABSTRACT

Using descriptions of inner-city adolescents being seen at a community-based mental health clinic, the authors demonstrate how the use of altruism enabled the adolescents to alter their inner lives and their behavior. The trajectory of development toward relatedness, creativity, and fulfillment was reestablished.

This article uses four cases from a community-based mental health clinic to illustrate how altruism can be used as part of an intervention into self-control or regulation problems in adolescents in an inner city environment.. The intervention consisted of psychodynamic therapy combined with two years of therapeutic mentoring, an intervention in which 1 hour of therapy is combined with up to four hours of therapist-driven community activities facilitated by a therapeutic mentor (TM). This intervention is part of wraparound services for Medicaid children with severe emotional disorders. This intervention uses altruism as a primary drive that is harnessed as an antidote to behavioral disruption and self-control problems. TM has been described in Twemlow and Sacco (2012), F. J. Sacco, Pike, and Bourque (2014), and Desmaris et al. (2014)

The simple message here is that if a youth is doing good for others, it's hard to be bad. This may be a result of tapping into altruism as a drive that can be satisfied by doing good for others. When an intervention is designed, the skillful manipulation of altruism can be used to counteract trauma and unstable living and school situations. The four cases have the following in common:

(1) All have two-year therapy and TM services delivered to youth referred to a community mental health clinic by the child welfare system.
(2) All clients were Puerto Rican males born in the mainland United States.
(3) Clients referred because of community isolation, self-control problems, school disruption, and aggression.
(4) All four cases had three adults (therapist, TM, and caregiver/parent) coordinating the intervention targeting the youth's self-control difficulties.
(5) Self-control problems were, typically, mostly responded to by adults with punishment, expulsion, and criticism.

These interventions were designed using altruism to accomplish the following sequence:

(1) Amplify positive signals to youth,
(2) Increase self-esteem based on adult signals, and
(3) Decrease in self-control problems with an increase in positive, rewardable behavior generated by the patient.

These cases offer experiential data suggesting areas that could be more closely studied as being effective in designing interventions for high-risk, inner-city youth displaying self-control problems.

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In each case, there is an activity that is designed to involve youth in altruistic behavior with support from a therapist, TM, and caregiver. The therapy comes alive when TM is added as an action component that taps altruism and nourishes it through support and adult supervision and reward.

Case one: Raoul and pet adoption

The first case, of Raoul, illustrates how altruism was used to help a youth through a very troubling time filled with loss of his parents, multiple foster homes, and constant school expulsion. Raoul's father was incarcerated and his mother was terminally ill. Raoul was nine years old and therapy began. Raoul was prescribed Concerta for impulsivity, ADHD symptoms, and extreme oppositionalism. Raoul also reported psychotic-like symptoms of hallucinations and delusions of being scarred. He had few friends and there was some suspicion that he may be exhibiting behaviors that placed him on the autism spectrum. He reacted badly to his mother's death. His father was released from jail, took custody, and, within 6 months, lost control, with Raoul being placed in a foster home where he remained for two-and-a-half years. He then was placed in a specialized home and a residential placement assessment center. At discharge, Raoul was moved to a rural long-term foster home, practiced martial arts, did not become expelled or require weekly parent calls from school, and his grades improved. At a three-month follow-up, Raoul was doing well, going to camp, and enjoying life in a rural community, waiting for the beginning of the new school year.

The initial phases of TM involved engaging Raoul in a mentoring relationship. He was not interested in the usual sports of urban youth due to poor coordination. He did not like organized sports and was never able to participate in community activities due to impulsive behavior, such as opening the door in moving cars. Raoul had no friends and had endured years of serious domestic violence, exposure to addiction, and loss. His reaction was to become aggressive, impulsive, and lash out. The TM discovered that Raoul liked technology and photography. The mentoring sessions focused on that interest, incorporating weekly trips around the community taking and developing photography of city scenes, botanical gardens, cars, and architecture. Raoul became very interested in the taking of pictures and enjoyed the feeling of being trusted with the camera. He would instantly check the pictures and deleted the shots he disliked. Then Raoul began accepting his prints and started to learn basic editing principles through software on the computers at the local library. Despite his interest in photography, Raoul was still very impulsive and required frequent calls from school about bizarre and inappropriate comments to teachers, or aggressive behavior in-home.

The TM noticed that Raoul liked pets. The mentor and therapist decided to introduce Raoul to the local animal shelter. Raoul was quick to agree and became very involved with the shelter as a volunteer. He was especially interested holding the cats. He was in the same situation as the animals, waiting for adoption in a state foster home. He began to take pictures of the cats and upload them onto the animal shelter's web site. He would comfort the scared cats and lure them out of the cage to hold them at the right angle to highlight their best side for each photograph. Each animal had a message written on the outside of the cage to potential adopters that spoke about the character of the animal in a biography. He would enjoy reading each animal's story. The updated web site photos of the cats led to more pets being adopted. Every session that Raoul spent at the animal shelter, he was handed a list of new animals that needed better pictures, and each cat was located like in a scavenger hunt. After a year, Raoul's behavior began to shift. He joined a martial arts class with the TM and began to enjoy the practice of Kung Fu. His behavior at school and academics improved. He was discharged when he was placed in a preadoption home in a rural community after three years of psychotherapy and two years of TM. The involvement in the pet adoption activated his altruism and led to a shift in his behavior at school. His life settled down after multiple, tragic losses and separations in a child's life already drenched in trauma from domestic violence.

Case two: Sonny and the community garden

Sonny was twelve at referral. He lived with his overwhelmed mother, grandmother (non-English speaking from Puerto Rico), 25-year-old sister, and 6-year-old nephew. Sonny was referred as part of

a school plan due to poor academics and anxiety. Sonny was socially isolated, irritating, and oppositional. He was frequently ejected from class and his overwhelmed single, working mother was at risk of losing her job at a local nursing home due to frequent school meetings. His grandmother could not interact with the school because of language and culture barriers, and struggled to care for other family members due to physical problems. Sonny had a 6-year-old nephew who was quiet and exhibited no behavior problems. Therapy involved individual sessions for Sonny with frequent consultations with the mother. The TM and therapist consulted weekly and coordinated communications with the mother. The goal was not to become trapped in a triangle with the youth, parent, and or therapist/TM. In this case, all the adults were on the same page and supported each other's approach to Sonny's problems.

Initially, Sonny wanted to be a NBA basketball player, despite having little organized basketball experience. He had trouble playing with others. He was anxious and annoying. Team play was not easy for Sonny; he would make a mistake then react with boisterous and confrontational comments in embarrassment. He had an unrealistic goal in life that was fueled by his self-delusion and self-absorption. Sonny and the TM went to the YMCA and played pick-up basketball for almost a year. The sessions were well attended, but Sonny did not shift his behavior at school; he would still obsess on irrelevant details and provoke peers and authority figures alike to promote his status. The TM and therapist worked to help protect the mother from calls from the school by offering the school an alternative place to call when Sonny disrupted school. The TM and Sonny spent productive time at the YMCA and gradually began to play with larger groups in pickup games. The TM was able to enroll Sonny in a local organized recreational league in preparation for playing freshman basketball. He is now practicing with the freshman team.

Sonny's behavior took a sudden shift after he became involved in a community gardening program. Sonny and the TM drove past a large-scale excavation and clean-up program of a rundown lot. They took the opportunity to stop and participate in the event. Sonny immediately took to the hard, dirty work of digging up roots and preparing the garden. He enjoyed talking to the friendly peers and adults who worked at the garden. School was starting and the harvest was in full swing. Sonny worked three hours a week at the garden and he began school. His achievement improved and the calls from the school stopped completely. Sonny appears to have shifted his behavior when he began helping out at the garden. The focus of the activity changed from self to other, being disruptive to volunteering at a community garden. He liked being able to take home fresh produce, which pleased his grandmother, who was quite an old-school cook. The therapist, TM, and parent all heaped praise on Sonny and his school work improved. The combination of the therapy and the TM shifted his problem behavior from impulsive and selfish to structured and focused on the collective good of the community garden.

Case three: Juan and the soup kitchen

Juan was sixteen at referral. He was referred by child welfare due to serious mental health issues, including fire setting and aggressive outbursts. He had been on a number of psychotropic medication programs from stimulants to atypical antipsychotics, and averaged four hospital inpatient placements per year. He moved frequently and was expelled from the alternative school for aggressive behavior. Psychological testing showed an intellectual disability and evidence of being on the autistic spectrum. He had a number of annoying rituals involving keeping things in order, and would scare others in crisis by sharpening sticks or pacing around the house. Juan struggled to pick up on social cues and confused people in the community. High levels of anxiety led to Juan blurting awkward comments or encroaching too close to people. Juan received in-home therapy and TM services.

The TM wanted to connect Juan to an accepting community that was task oriented and similar to a job. The TM and Juan started volunteering at the local soup kitchen. Juan began to find comfort in the routines at the soup kitchen that was within walking distance from his home. He especially

enjoyed the task of throwing out expired cans of food, and checking all the labels in the soup kitchen basement. The employees and volunteers at the soup kitchen were accommodating to Juan's aloofness and lack of social skills. The director of the soup kitchen would make Juan feel welcomed and needed. People started to rely on Juan to unload trucks from supermarkets, and Juan enjoyed taking home day-old pastries to his family and neighbors. He was known to hand out cakes to his friends and chocolates to his mother. The soup kitchen was also a resource for dinner when the family could not eat, and once a month Juan was eligible to bring home groceries for his family. Juan's self-esteem increased from volunteering at the soup kitchen, and the feeling of being helpful, rather than a drain, was beneficial in reducing hospitalizations.

Case four: Israel and the soccer team

Israel was sixteen at the time of referral and beginning his sophomore year at a new suburban high school after struggling in urban schools. He was a special-needs student with autism spectrum behaviors, including running in circles and blurting. His mother was Puerto Rican and his stepfather Caucasian. Israel experienced early domestic violence from his biological father. Hearing his father's name would send Israel into a tantrum and emotional outburst. Israel struggled with the frequent housing transitions and missed his first group of friends. It was not easy for Israel to make new friends in his suburban school. Israel was involved in the Special Olympics and discussed thoroughly enjoying soccer and track. Israel would get to travel with Special Olympics and get exposed to Broadway plays and trips to amusement parks. These were discussed as fun activities, although genuine connection with neurotypical peers was what Israel wanted. Israel started meeting with an in-home therapist and TM. Apart of the socialization assessment, the TM realized the names of his old friends written on the cover of his agenda. Israel was unable to grieve the loss his old friends to start making new connections.

The TM wanted to connect Israel to his new high school's soccer team. Israel was thrilled about the idea, and the head coach was willing to introduce Israel at the next team practice. After Israel was introduced to the team, every player, one-by-one, shook Israel's hand and personally introduced themselves. This was not demanded by the coach, but emerged out of the players' interest. The team invited Israel to join the team for the remaining games of the season. He traveled with the team on the bus and became involved with team duties such as collecting balls and chanting encouragement from the sidelines. Everyone on the soccer team realized the profound effect Israel was making on them lifting their spirits. Prior the game, Israel would become overwhelmed with excitement and would run around high-fiving every team member gathered in a circle to stretch. After winning one game, the team chanted Israel's name back to the bus and credited him with the win. At the end of the season, the team recognized Israel's presence as crucial to their team cohesion. The team captains gave him respect and thanked him during their speech at the banquet. Israel was in attendance, dressed in a suit, with his team by his side. Israel started to see his teammates and greet them in the school hallways. He had a computer class with the team captain, who chose to sit next to him every class. The participation and volunteering with the varsity soccer team elevated Israel's mood and fulfilled the need to connect with new friends.

Possible mechanics for applied altruism

Tapping into altruism is not a simple process, but requires elements that are common parts of psychodynamic therapy. In fact, the cases reported here received therapy in a clinic that specializes in the use of psychoanalytic techniques in urban areas with Medicaid families often referred from child welfare or serious school problems (F. C. Sacco, Campbell, and Ledoux, 2014.) The shift in behavior reported cannot be directly attributed to altruism, but these cases suggest that there are practical applications for altruism in coping with community and domestic violence. School problems offer the first chance society has to right the wrongs of unstable early family life. Child welfare is the

Table 1. Possible Mechanics for Applied Altruism

- Attracts positive feedback to youth accustomed to criticism, punishment, and rejection
- Creates an alternative to destructive behavior for being noticed
- Opens social networks
- Increases self-control by increasing self-value
- Enhances team cohesion and improves social climates
- Works well with creativity
- Opens opportunity for work and play
- Clears pathways to leadership and confidence building
- Builds a feeling of contributing to family and community

contact with children living in homes monitored or managed by the state. Medicaid is the primary healthcare financing option in most states in the United States and interventions that succeed at this level contribute to a healthier community and place less demand on the government for health, behavioral health, and law enforcement, court, and corrections. Table 1 outlines some possible mechanic for the application of altruism in community interventions.

Altruism offers troubled youth an opportunity to gain adult approval. This was seen in the soup kitchen case, in which the youth benefited from all the adult positive feedback while volunteering with his TM. The group effect of positive feedback can be seen in the soccer case in which the youth as well as the participating team (acting altruistically and not purely competitively) benefited by altruistic activity. The good feelings spread to the school from the soccer field. The community garden offered a youth the chance to work alongside others and be praised for helping. The young photographer waiting for his own adoption helping find homes for pets is another example of how altruism creates meetings between grateful adults and the volunteer.

Many youth with disruptive disorders insure they are connected to adults when they oppose and act out requiring a limit or sanction. Altruism may open the door for a more positive way for the youth to feel connected to adults by doing good for others. This alternative creates a stage where the youth can become the hero and the focus of praise and recognition of doing good for others. In the case of the soup kitchen, several of the youth received a public award at a twenty-fifth anniversary gala and always had positive feedback in several cases leading to probation officers dropping supervision requirements. The soccer team propelled Israel into a socially acceptable peer role at school. This volunteering with the soccer team was good for the team, but also for Israel who had a new role at school. He was accepted because of his volunteering for the soccer team. The role of pet photographer gave Raoul a positive view of himself at a time of great loss and rejection. Sonny became part of the community by helping out at the garden and this created a new role for him instead of trouble maker.

Altruism can also open social networks to youth who feel isolated, misunderstood, and unworthy. The involvement in an activity creates new opportunities to form relationships that are not based on the role of oppositional and aggressive student. New friends and adult relationships reinforce a more positive image that promotes social confidence. In all of the four cases, the youth connected to a prosocial network and earned status by doing good for others. This was the basis of a new style of relationship for the youth, rather than one where disruptive behavior sets the tone of the ongoing relationship at home, school, or community. Old peer structures can be realigned based on a more positive self-image supported by a newly formed social network developed while doing good in the community.

Youth often act out as a defense against hypersensitivity caused by trauma. They act before they think and then fight or run, rather than reflect and cooperate. Altruism may be contributing to the youth's self-value. When a youth is successfully engaged in an altruistic behavior after school, then there may be an improvement in both the home and school behavior. Parents and foster parents all rated the TM experience as very valuable and a key to shifting the troubling behavior in a more positive direction. The therapists in these four cases all report that the parents, therapists, and youth all reported the value of the altruistic activity in increasing the youth's sense of self-worth.

The case of Israel is an excellent example of how altruism can be used to improve school climate, as well as athletic performance. Teams can rally around a vulnerable youth and both gain a sense of collective efficacy by helping each other. Israel became a good luck charm for the team and the team became a badge of honor for Israel. The effect transferred from the athletic field to the school corridors and benefitted everyone involved by contributing to a compassionate school climate. The use of natural leaders and altruism in school violence reduction is an intervention that can be used cross culturally and in larger social groups (Twemlow and Sacco, 2008.)

Altruism can be used with creative activities in community interventions. In a study in a Jamaican school, simple bead making and acting kind to young children resulted in a reduction of overt aggression and improved achievement (Twemlow et al., 2011). In that study, the self-value of the students was improved as they participated in a creative arts program at the school. Raoul began to shift his behavior as he became more interested and more skilled at photography. The combination of the photography and the pet rescue made for a powerful antidote to the isolation and rejection felt by Raoul waiting for an adoptive home.

Many disruptive youth are prevented from participating in community activities such as the Boys and Girls Clubs. Their behavior and lack of social skill creates a barrier to more productive community activities. When altruism is introduced, the youth is encouraged to make new friends and open new doors to positive peer and adult relationships. In all four cases, the altruistic activities played a role in opening new opportunities for recreation and in some cases for employment. The altruistic activity may be activating confidence in new social situations that are positive and supervised, and eventually grow into regular positive routines that impact problem behaviors. Hospital admissions disappeared, achievement improved, and parents were extremely satisfied with the shifts in behaviors during the two years reported in these cases.

Youth with self-control problems may be born leaders who get frustrated, as in all four of these cases. As each youth began to succeed and be rewarded and recognized for their altruistic behavior. They seemed to blossom and take leadership. The pet adoption process offers an example where the youth took his skill at photography and applied it to the pet adoption process with great success. He was the leader of this campaign while he, himself, was waiting for a permanent home.

When youth participated in the food pantry, they also were able to take food home to their families. This became a staple for the TM programs, and many youth help volunteer and are able to return home with an armload of frozen pizza and other food. This doing good for others led to increased self-esteem, which helped shift his behavior at home. He was seen by his family as a contributor, a type of hunter returning to help feed his family.

Harnessing altruism

This article describes a complicated therapeutic intervention that taps into the use of altruism for individual youth. These interventions are carefully sculpted and directed by clinical supervision that blends reflection and action to create a foundation for the application of altruism as an antidote to aggression and disruption. These interventions required both a therapy and a TM supervisor and weekly consultation between the TM and the therapist. Psychiatrists oversaw the treatment plans and provided medication monitoring (F. C. Sacco et al., 2014.) Table 2 highlights some critical elements worthy of further study in exploring how altruism can be used in community interventions.

Table 2. Harnessing Altruism: Necessary Ingredients

- Interventions need supervision and direction
- Method of discovering altruistic people or natural leaders
- Buy-in of the leadership or caretaker: coordinated adult involvement
- Systematic program of activity
- Strength based
- Clear targets of self-control, social isolation, aggression, psychopathic tendencies, social learning deficits

Supervision and direction is needed to accurately and cleanly see problem situations from a neutral point informed by a psychodynamic understanding of power dynamics. Self-control problems are a behavioral indication of disrupted power experiences in the youth's early or current life. Altruism may offer a type of salve that needs to be applied using a sensitivity akin to diagnosing a psychotherapy course by carefully understanding the client's experiences and social contexts. Generally, this type of conduct disorder is not a simple matter. Just simply doing good for others may make someone feel better, but the power of altruism may lie in its being expertly woven into interventions in long-term psychotherapy. The outcomes are cost effective alternatives to using hospitals, out-of-home placement, and incarceration.

The supervision in these cases focused on how to build self-control and how the adults could synchronize their signals to a youth having behavioral control difficulties. Each of the cases cited required that the TM and psychotherapy supervisors discover the opening and appropriateness of an activity. The adult team was directed by a senior clinical supervisor. This creates what Twemlow, Fonagy, and Sacco (2005a, 2005b) called a *mentalizing social system* at the family level in its interface with the community. The altruistic activity was matched to the youth and nourished by a shared adult plan that rewarded the altruistic activities.

Using altruism requires the involvement of what Twemlow and Sacco (Twemlow and Sacco, 2008; Twemlow and Sacco, 2012) referred to as natural leaders or people who act for the collective good of the group, rather than for narcissistic gain or public recognition. All four cases involved a targeted intervention by community clinicians, the activities themselves involved natural leaders from the community working in school athletics, animal rescue, soup kitchens, and community gardens. The leaders of these community activities can be seen as natural helpers. This type of person in the community can become the anchor point for the use of altruism. They can be seen as a human battery for use in driving interventions. As people, natural leaders tap altruism and benefit in a personal and quiet way from collective efficacy and placing the group's needs first. The change agent cannot be this person, but it is the change agent's responsibility to find and develop this person in creating this type of intervention on either an individual basis or in groups such as schools or organizations.

Two of three cases remain active, with the clients increasing their own participation in the altruistic activities begun in the TM intervention. The adding of altruistic activities offered this clinical team a way to combine the therapy and community social skill building to redirect self-control problems at home, school, and in the community. These problems ranged from multiple hospitalizations, school expulsion, fire setting, and other serious behaviors with serious community risk.

Altruism must be nourished by the youth's caretakers. These interventions showed how a therapist and mentor worked with a parent to support and encourage the altruistic behavior. Simply doing good may generally be helpful or, in the cases reported here, can be woven very closely into interventions that respond to school violence. Buy-in from the caretaker and system is essential for these activities to be sustainable and not just have a passing effect. These cases all illustrate how using this approach during adolescents can alter a trajectory destined to become cycling through corrections, courts, state facilities, and other safety and economic drains on a community.

The application of altruism is best accomplished through an ongoing activity. In the cases reported here, the TM accessed a community activity already engaged in altruistic activities such as the soup kitchen and the animal rescue. This may not always be possible and the intervention may have to build an altruistic activity. In the case of the Jamaica school, the activity was created by the school teachers and involved doing something positive for a teacher of the younger children. The reward was participation in an arts program titled Positive Vibrations (Twemlow et al., 2011). The activity blended, like the cat adoption, a creative activity and altruistic behavior.

Using altruism is a strength-based approach that seeks to reward activity that benefits the larger community or those more vulnerable. The activity generates a sense of self-value. This builds social strength and increases a youth's opportunity to be seen in a different and more positive light. Failure

brings dishonor and shame. Many youth rebel and use aggression to defend against the shame of failure. When the youth engages in an altruistic activity, he or she displays a strength and begins to attract positive adult energy and socially positive experiences.

Using altruism is especially useful in responding to self-control problems and misdirected leadership energy. Youth with psychopathic tendencies can be redirected into a more productive way to use their social skills other than destructive bullying, oppositionalism, or aggression. Youth with social thinking deficits (Garcia-Winner, 2001) who function on the upper ends of the autism spectrum disorder can use their eccentricities to attract support. The youth whose passion for expiration dates became a hero at the soup kitchen's warehouse with donated food.

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