

A PLACE FOR ALL FACES



happy



scored



mad



goofy



bored



mischievous



silly



hysterical



sad



surprised



exhausted



excited



guilty



confused



frustrated



ecstatic

Alexander Duda



The Wright School: A Place for All Kinds of Faces

by Mebane Rash

Since 1964, the Wright School has been a place in North Carolina for more than 2,000 kids with all kinds of faces. Kids who are mad and scared. Kids who are exhausted and sad. Kids aged 6–12 with severe emotional and behavioral diagnoses. The state-operated residential treatment services provided at the Wright School in Durham enable these same kids to feel silly and happy, surprised and mischievous. They come for treatment, which is called re-education. The goal is not to cure them. Instead, the school provides each child and their caregivers with enough skills so the kids can move back home and go to school in their own communities.

A typical child at the Wright School has three psychiatric diagnoses, takes three psychotropic medications, and has had two hospitalizations in the previous year. The capacity of the school is 24 children. They serve three groups of eight children: the Olympians, the Royals, and the Eagles. In 2010–11, there were 37 admissions, and 62 children were served. The staff ratio is two staff for eight children.

CL is 10 and from Alamance County. He had seven hospitalizations between 2005 and 2009 prior to his admission to the Wright School. He is diagnosed with post-traumatic stress disorder, oppositional defiant disorder, and expressive language disorder. He takes Thorazine, Clonidine, Depakote, and Strattera. Prior to admission, he was being educated in a state psychiatric hospital school setting.

JB is 10 and from Cumberland County. She had three hospitalizations between April 2009 and January 2010. She is diagnosed with bipolar disorder, mania with psychotic features, attention deficit hyperactivity disorder (ADHD), and oppositional defiant disorder. She is treated with Thorazine, Depakote, and Strattera. Prior to admission, she was educated in an alternative public school setting.

“A typical child at the Wright School has three psychiatric diagnoses, takes three psychotropic medications, and has had two hospitalizations in the previous year.”


SC is 10 and from Durham County. He had five hospitalizations between September 2009 and March 2010. He is diagnosed with cyclothymia, ADHD, and oppositional defiant disorder. He takes Lithium, Depakote, Benztropine, Chlorpromazine, and Propranolol. He had three changes in his public school setting in the 2009–10 academic year.

The budget for the Wright School is \$2.6 million annually. It is entirely funded with state dollars because it does not qualify for Medicaid. The cost per bed is \$443.49—cheaper by the day and by the course of treatment than other residential options. The state leases the property for \$1 each year from a private foundation.

The school’s director, Deborah Simmers, has been there since 1984. On her watch, turnover among the psychiatrists has not been a problem, with only four in 28 years. In fact, most of the staff has worked at the Wright School a long, long time. Of the more than 40 employees, 70 percent have worked there five or more years. Two have been there for more than 30 years.

From 2006 to 2010, surveys’ of parents’ satisfaction with services averaged 90 percent or higher annually. There were no investigations into the care the Wright School provided in 2010.

“The treatment at the Wright School is so much more normalizing and less traumatic than other kinds of out-of-home care, like a hospital or a psychiatric residential treatment facility,” says Simmers.

A study of the treatment provided by the school published in *Behavioral Disorders* in 2006 found that “children with very serious problems and from families facing multiple challenges... made substantial improvement and maintained much of this improvement for at least 6 months postdischarge.”¹ 

Glossary

These definitions are from the U.S. National Library of Medicine’s A.D.A.M. Medical Encyclopedia, available online at <http://www.ncbi.nlm.nih.gov/pubmedhealth/>.

- *Oppositional defiant disorder* is a pattern of disobedient, hostile, and defiant behavior toward authority figures.
- *Post-traumatic stress disorder* (PTSD) is a type of anxiety disorder. It can occur after you’ve seen or experienced a traumatic event that involved the threat of injury or death.
- Children with an *expressive language disorder* have problems using language to express what they are thinking or need.
- *Bipolar disorder* is a condition in which people go back and forth between periods of a very good or irritable mood and depression. The “mood swings” between mania and depression can be very quick.
- *Mania with psychotic features* is an abnormally elated mental state combined with a loss of touch with reality.
- *Attention deficit hyperactivity disorder* (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity).
- *Cyclothymic disorder* is a mild form of bipolar disorder in which a person has mood swings over a period of years that go from mild depression to euphoria and excitement.

Endnote

¹ Elaine Fields, *et al.*, “Treatment and Posttreatment Effects of Residential Treatment Using a Re-education Model,” *Behavioral Disorders*, Vol. 31, No. 3, Council for Children with Behavioral Disorders, May 2006, pp.312–22.