



ALLIANCE FOR THE Safe, Therapeutic & Appropriate Use of Residential Treatment

The Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment (A START) believes that residential programs serving children with special mental health challenges should be properly licensed and monitored by state government, and accredited by independent accrediting organizations. A START is sponsored by the Department of Child and Family Studies of the University of South Florida.

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On the occasion of the release by the Government Accountability Office (GAO) of its report on abuse and neglect in private residential treatment facilities, and the conducting of hearings on this topic by the U.S. House Education and Labor Committee, we at the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (A START) are happy to provide this commentary offering our perspective. A START was initiated in 2005 in response to a growing number of reports from youth, families, and the public media regarding the exploitation, mistreatment, and abuse of youth in unregulated, private, for-profit residential treatment programs. A START was initiated by the Department of Child and Family Studies of the University of South Florida and includes leaders in psychology, psychiatry, nursing, mental health policy and systems, and family advocacy, as well as individuals with direct program experience as director, evaluator, parent, or participant in such programs.

The sole purpose of A START is to:

Promote adequate protections for youth in these programs so that they are safe from mistreatment, and provide information about the programs so that parents can make the best choices with and for their children, and are not misled or exploited by the programs.

We believe that programs for children and youth should above all provide for the safety and well-being of those they serve. The formation of A START was prompted by our concern about the reports we had received from multiple sources of maltreatment in these programs. Since that time A START has heard from many former program participants, and relatives of program participants, has gathered as much information as we can about these programs, and has conducted an Internet-survey of former participants. We have also talked to a number of providers of residential care. In short, we have tried to be as thorough as possible in gathering information from a variety of sources about these programs.

Based on the information we have received over the past two years, which is supported by the GAO report and the testimony at the Congressional hearings, we are convinced that we have a serious problem – the harm being inflicted on youth and their families is often severe, sometimes leading to death, and is not restricted to just a few isolated programs. The practices in many of these programs are outrageous, and offensive. In fact it is hard to believe that in the United States such practices can be tolerated. While they are often done in the name of treatment, they clearly go beyond accepted practice and are clearly not supported by research. There is not only no credible research to support practices such as the extensive use of seclusion, the withholding of food and water, sleep deprivation, and extended times in painful stress positions but such practices are dangerous and a violation of basic human rights.

We do not know the precise size and scope of the problem. This is in fact part of the problem. There are no data available on the number of children enrolled in these private



residential treatment programs each year, or even on the number of such programs in operation. We do not even know how many youth have died or been seriously injured in such programs. We have presented the best available data in several articles (Behar et al., 2007; Friedman et al., 2006; Pinto et al., 2005) but we recognize that the data are limited.

We recognize that there are residential programs operated by well-trained, and dedicated individuals and that many of these programs are of high quality. We also recognize that there is a need for high-quality residential programs that have adequate safeguards to protect the safety and well-being of the enrollees, and that there are youth who have benefitted from such programs. We do not wish to condemn all residential programs. In fact, we appreciate that a number of residential providers, and national organizations of providers have spoken up and have expressed their own outrage about this mistreatment.

However, the number of concerns that have been expressed to us, and the severity of the mistreatment absolutely calls for a response from us as mental health professionals, from policy makers, from other professionals and from professional organizations, and from the general public. As a country, as a society, we cannot continue to turn our back on our youth in need. First, we fail to provide adequate services to benefit them in their own communities, and second, to compound the problem we fail to ensure their safety in “treatment” programs that abuse and mistreat them instead of providing them with the help that their families sought.

A START believes that residential programs serving children with special mental health challenges should be properly licensed and monitored by state government, and accredited by independent accrediting organizations. We believe that regulatory procedures must be strong and must include close monitoring – otherwise they offer no real protection for youth. In fact, licensing may even be harmful if it provides an appearance of legitimacy but doesn't include proper monitoring procedures. We know that there are now a number of states that either have no current licensing procedures, or have weak monitoring mechanisms, and that securing the needed resources and developing appropriate monitoring is a struggle for many states.

A START also believes that we must provide access to effective care within our communities so that children and families have meaningful and safe options available to them in proximity to their homes. The growth in evidence-based practices, individualized care, and systems of care has great promise for meeting the needs of our youth and their families and we must do a better job of both supporting these programs and making their availability known to families and professionals alike.

At A START, we regret that comprehensive data from independent sources describing the severity of the problem is not available, and we believe that such data must be collected. However, the absence of comprehensive data cannot be an excuse for inaction. We are convinced that the data that are available unquestionably indicate that action must be taken now before any more of our families are exploited and misled, and our youth are mistreated and abused.

References

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