

Abuse of Youth in Residential Placements: An Overview of the Problem

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Good morning and welcome. We are very pleased that you chose to join us this morning. Let me begin by taking you back about 18 months. On October 10, 2007, after listening to a morning of testimony, Rep. George Miller, Chair of the House Education and Labor Committee, concluded the hearing by saying, “I can’t think of testimony that we have received in this Committee that has caused a greater sense of anger and sorrow than we have heard this morning.” Just a short while before, Mr. Greg Kutz, Director of Forensic Audits and Special Investigations for the Government Accountability Office (GAO) indicated that, “If you walked in part way through my presentation, you might have assumed that I was talking about human rights violations in a third world country. Unfortunately, these human rights violations occurred right here in the United States of America.”

What was it that Rep. Miller and Mr. Kutz were referring to? It was precisely the topic that we are gathered here today to discuss – they were responding to information gathered by the GAO and reported by parents on “Cases of Child Neglect and Abuse at Private Residential Facilities.” They were responding to incidents in which adolescents had died in programs that sold themselves to caring, well-intentioned parents as the answer to their child’s needs, and instead went beyond what could reasonably be called neglect and abuse, and instead is better described as ‘torture.’”

The purpose of this meeting today is to inform you, leaders of important professional and advocacy organizations, of the seriousness of the problem we are dealing with. Our goal is to not only inform you but to inspire you to take action within your own profession or organization or community to ensure the safety and well-being of young people with special behavioral or mental health or addictive challenges. We have an outstanding group of presenters, including three young adults who are survivors of residential programs, and three parents whose children were not fortunate enough to survive. The stories that they bring us, with great courage and insight, are not easy to listen to, but they are important if we are to truly take on the challenge of replacing abusive treatment remote from a youth’s home with safe and effective treatment, as close to home as possible.

My name is Bob Friedman. I am a psychologist, and I am the initiator and coordinator of the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment or

A START as we prefer to be called. A START had its origins about five years ago at the Louis de la Parte Florida Mental Health Institute of the University of South Florida. The initiation of A START was in response to reports in the media and from personal contacts about abusive practices in residential treatment. As a good psychologist, the first thing I did when I heard these reports was seek data on the problem, and the first place I looked was in the professional literature. What I found was almost a complete absence of information about the problem. I then surveyed state directors of children's mental health, and found that while a few of them reported issues within their own state, most people were unaware of the problem. I did discover, however, that there was great awareness of the problem within organizations and websites consisting of former program residents and family members who were sharing their experiences, much as one does after experiencing a trauma.

I began to discuss this issue with several colleagues, and we agreed that it was important to learn more about it, and that it was very disappointing at best, that our colleagues in the mental health field seemed to be ignoring it as if it didn't exist. And so A START began to grow through word of mouth, person by person – still a small group – small but outraged and determined group -- composed of mental health professionals, former staff members of programs, survivors of programs, parents who had made a placement in a program, advocates, and lawyers. In fact, I have to say personally that in those early days of A START, as I heard about the type of abusive, if not torturous behavior that was described over and over, I was absolutely shocked and found it hard to believe. I could not fathom that in the name of treatment, programs were depriving youngsters of their rights, and depriving them further of food and shelter, subjecting them to excessive physical work often under very hot or cold conditions, ignoring their health needs, depriving them of contact with their family, and regularly humiliating them in a cruel manner. Kathryn Whitehead, a program survivor who you will hear from later, has said that the “levels of constant fear and its effects are difficult to convey.”

Kathryn and Brian Lombrowski, who you will also hear from, formed a grass roots group of young adult program survivors, called CAFETY, or Community Alliance for the Ethical Treatment of Youth. We are very pleased that CAFETY is a co-sponsor of this meeting – more than that, we are inspired and encouraged by the incredible work that survivors, typically in their 20s, have done to provide support to each other and get the word out about this problem.

My role this morning is to present a general overview of the problem. First, to set some context we should talk about what programs are the focus of our attention. There are no commonly accepted definitions for specific types of programs. Consistent with the GAO, we have focused our attention primarily on those programs that are known as therapeutic boarding schools, boot camps, and wilderness therapy.. These are all programs that provide 24-hour care for youngsters in need of help with emotional or behavioral challenges. The costs to parents for programs varies but is typically between \$30,000 and \$80,000 on an annualized basis.

Second, let me talk briefly about what this meeting today is about, and what it is not about. It is not about bashing all residential treatment, or about denying that there are young people who have benefitted from it. We recognize that there are many dedicated residential providers throughout the country, particularly in the non-profit and community-based residential field, and that some of these providers are as appalled at the abuse that has now been well-documented as we are. This meeting is, however, about steps that need to be taken to protect the safety and well-being of our young people, and to protect desperate parents from being exploited by programs that prey on their fear. This meeting is about the need for us as a country to recognize that a substantial number of youth in our country have special social and emotional needs – a committee that I chaired for the U.S. Center for Mental Health Services about 15 years ago estimated that about 10% of 9 to 17 year olds in this country have serious emotional disturbances that interfere with their functioning at home, at school, or in the community, and that estimate has pretty much stood up since that time.

This meeting is primarily about the need to protect our young people from physically and psychologically abusive practices. However, it is clear that part of the problem that well-intentioned families face is the shortage of effective services in their own community that would reduce the need for any type of residential care. It is ironic and especially unfortunate, in fact, that just as there are developing intensive new strategies for supporting and assisting youth and families in their home and community, we find ourselves having to focus on protection of children within programs remote from their home and family when we should be building effective systems of care to support them within their community. As the Child and Adolescent Action Center of the National Alliance for Mental Illness says, “Residential treatment is an extreme measure that should only be taken if local resources have proven inadequate...the time spent in a residential program should be as short as possible, with the goal of returning the child to his or her family and community with the least amount of stress and disruption possible.”

Given this background, let’s take a look at what we do know and don’t know about this problem, starting with the question of its scope or frequency. Unfortunately, on this very basic issue we do not know as much as we would like to know. We were very pleased when the GAO agreed to study the problem at the request of Rep. Miller but were dismayed when they were no more successful than others in coming up with estimates of the number of youth in private residential placements. One of the lead investigators, Kay Brown, for example, reported that “An unknown number of youth are placed in facilities by parents or others.” Part of the problem is that many of these programs are in states that don’t require them to be licensed or to provide information to the state. And in some instances, where information is provided there is no independent check on its truthfulness. Estimates of the number of youth placed in private residential programs by their families start at about 10,000 per year, and go up as high as 100,000 per year. Above and beyond those who are placed with private family resources, we know from the GAO study released in 2008 that in 2004 there were over 200,000 youngsters placed in residential care by states, using some federal funding.

Nor do we know as much as we should about who the young people are who enter these programs and what the nature of their needs are. There is an assumption that youth who enter these programs have serious special needs but this assumption has been called into question over and over again. There has been considerable documentation, on a case by case basis, of youth without serious problems being placed in programs because anxious parents, trying to do what they think is best, were persuaded by program staff that the best thing that they could do for their child was to place them. This is not to say that these programs don't also serve youngsters with severe challenges – it is, however, to say that in the absence of any data on the issue, we cannot assume that there isn't also a high percentage of youth without serious problems.

Nor do we know much about outcomes of these programs – short-term or long-term. There has been almost no independent research that has been conducted about this. We know, and the survivors who are with us today are examples of that, that many youngsters, while scarred by the abuses of the program, have proven to be resilient and are leading meaningful and productive lives. We also know, however, of many youth who have left programs only to get immediately involved in substance abuse, who have been estranged from their families, or who have been unable to deal with the pain and have taken their own lives. For example, in testimony given at the April, 2008 hearing of the House Education and Labor Committee, Jon Martin-Crawford, a survivor of one of the programs, indicated that of 25 youth in his graduating class and the one prior, “maybe 4 remained sober.”

The question obviously isn't whether we need to know more – surely we do. The question, however, is whether we know enough already to determine that there is a serious problem requiring action. So let's take a look at what we do know, beginning with the number of programs and then proceeding from the referral, admission, and marketing stage to the transportation process to the actions within the programs themselves.

We know that beginning in the 1990s there quietly grew a network of hundreds of for-profit residential programs, located around the country but primarily located in states that had no licensing requirements, or very loose requirements. Utah, which had very lax licensing requirements until a few years ago, has more programs than any single state and Montana, which only requires that programs be “registered” as a business, and not belicensed or monitored as a treatment program, is another mecca for such programs. For example, the program directory of the National Association of Therapeutic Schools and Programs (NATSAP) listed 35 programs in Utah, the most in the nation, and 11 in Montana. A study done by the State of Montana in 2003 estimated that from 90% to 95% of the youth served in programs in Montana came from other states. As Rep. Miller has pointed out, we know that there is a “loose patchwork of state laws that govern them.” We know, in this regard, that programs often move from state to state, especially when problems occur in the original state, sometimes picking up and moving overnight.

From a marketing perspective, we know that these programs advertise widely on the internet, appealing to anxious middle and upper-class parents who either have the money

available to spend on a placement, or have the collateral to allow them to borrow the necessary money. We know from the reports of parents that when they inquire about a program, they typically get a quick response, and the representative from the referral agency or actual program tends to heighten the seriousness of the problem, encouraging parents to make a placement before it is “too late” and their child ends up in jail or dead on the streets. We know that this process typically bypasses local mental health professionals, and also is inconsistent with the dictum reviewed earlier from the National Alliance for Mental Illness that has wide agreement in the field that residential treatment should only be used if local resources have proven inadequate.

We know that it is not just difficult but almost impossible for parents to tell a good program from a program that is abusive and is misrepresenting what they can offer. We are delighted in this regard, that the Federal Trade Commission has issued a set of questions for parents to ask before making a decision about a program, building on work done by our A START group. We know from research done by the GAO and reports from parents that referral agents often have conflicts of interest that they don’t disclose, such as being connected to particular treatment programs, and that they are very adept at assuring parents that the program that they recommend is perfectly suited for their child. We know that parents often interpret the fact that a program is a member of a particular organization or guild as being a sign that it is of high quality, even when the organization does no program monitoring or accrediting.

We know that parents often don’t even think about issues related to licensing – Christine Gomez, a mother who placed her son in a program and later regretted it – told us that “it never even entered my mind about whether it was regulated.” She goes on to say that as she has worked with other parents, she has heard the same story over and over. “Parents liquidated their assets and sold their homes to get help for the children, and then their children were mistreated. NONE of the parents wanted their kids to be abused.”

We know that there has been a growth in “educational consultants,” a group that serves both to help teenagers make appropriate selection of colleges and get accepted into the college of their choice, and also to help parents select and make a placement for a child with special needs. We know that there are educational consultants with great integrity and competence; we also know of those who have very little in the way of qualifications, and are quick to make referrals to residential programs. One psychologist reported that she had been working with a teenager for quite a time, and within 20 minutes of the family meeting an educational consultant, the consultant recommended residential placement.

We know that referral agents often connect parents with private escort services to transport their child to the program. The escorts – usually two very large adults – show up after the child has gone to sleep. After the parents have signed the necessary paperwork giving the escorts permission to transport their teenager, the escorts typically wake the youth up in the middle of the night with a straightforward message like this: *Your parents have decided to send you to a program in Utah for help. We are here to take you there. You have two choices. You can go peacefully. Or not.* We know that if

the startled youth protests, he/she is typically physically subdued and transported with handcuffs and shackles if needed. One 20 year old, who had been transported in this way when he was 17, reported that, "I did not know where I was going when two strangers came to my room at home at 3 in the morning, handcuffed me and dragged me down the stairs into a car." Can you even imagine what this must be like? We have heard from program survivors that they have recurring nightmares that keep them from sleeping for years after experiences like this.

And things do not get any better after the youth arrives at the program. We know that it is standard practice to deny youth contact with their parents for weeks if not months, and that when contact is allowed, it is closely monitored by program staff to ensure that the young person does not complain. We know that parents are told, as part of the tough love approach, that their child is a liar and a manipulator, and that program criticisms by them are merely attempts to get out of the program and should be ignored. We know that youth are not only cut off from contact with their families, but with the rest of the outside world as well. They have no access to a telephone to report abusive behavior, for example. In contrast, Chris Bellonci, M.D., a child psychiatrist and medical director at the Walker Schools in Massachusetts, emphasizes that their programs has an open campus in which parents are always welcome to visit. And a document jointly developed by providers from residential and non-residential community services, and families and youth, under the auspices of the U.S. Center for Mental Health Services' Child and Adolescent Branch, emphasizes that providers should "embrace the concept of family driven and youth guided care so that youth and families are integral partners and have a primary decision making role in service delivery..."

We know that programs are very confrontational in a misguided effort to break through the defenses of young people and make them more vulnerable to the messages of the program. We know that youth are often pressured into making confessions about very private acts, or even making up stories just to avoid the pressure. In fact, one of the lessons that youth seem to learn is that the way to avoid being hassled constantly is to admit to some heinous act or serious problem, even if the admission is a lie.

We know that discipline is extremely strict, and youth are punished for such things as talking to somebody who staff believe they should not be talking to, or making eye contact with the wrong person. In discussing the discipline and abuse within the programs, Rep. Miller indicated that, "We have heard stories where program staff members forced children to remain in seclusion for days at a time; to remain in so-called 'stress' positions for hours at a time; or to undergo extreme physical exertion without sufficient food and water." In a preview of the hearing, he goes on to say that, "Today we will hear even more horrifying stories of children denied access to bathrooms and forced to defecate on themselves. Of children forced to eat dirt or their own vomit. Of children paired with older children – so called 'buddies' whose job it is, essentially, to abuse them."

Based on their study, the GAO concluded that allegations of abuse, some of which involved death, were widespread. During 2005 alone, according to federal data, 33 states

reputed 1,619 staff who were involved in incidents of abuse in residential programs. The GAO, however, was unable to determine how many of these allegations took place in private versus public programs because data on this is not currently gathered. At the University of South Florida, Dr. Allison Pinto did an online survey of youth and parents in an attempt to determine if in fact the complaints about residential treatment were restricted to a few isolated incidents, or were more widespread. She received over 700 responses during a six month period, representing 85 different programs in 23 states. While some respondents reported having positive experiences, complaints of mistreatment were widespread. The complaints included deficiencies in health care and sanitation, unreported incidents of physical and sexual abuse, and using seclusion and restraint procedures excessively. So while there are no precise figures on the scope of the problem, there are data from the GAO, from the USF survey, and from reports from parents, staff, and youth that the problems are certainly common enough to merit action.

And while there is an absence of comprehensive outcome data, there can be no more striking outcome than for a young person to die in a program. The GAO initially did a study of the circumstances surrounding the deaths of 10 youngsters, and then later supplemented it by looking at other cases in which a young person had died. A strong theme in these deaths was the failure of staff to identify when a young person was in genuine physical distress, instead typically considering that their behavior was a manipulation and an attempt to get out of work. The GAO report cites the death of a 15-year old boy who became very ill and weak, complaining of muscle soreness, frequently stumbling, vomiting, and losing control of his bodily functions. According to the GAO report, “the staff interpreted this as being rebellious. The victim was ‘taken down’—forced to the floor and held there—on more than one occasion for misbehaving...Staff also tied a 20-pound sandbag around the victims’ neck when he was too sick to exercise, forcing him to carry it around with him and not permitting him to sit down.” In its 2008 report, the GAO found that at least one youth died in residential care in 2006 in 28 different states.

In their review of the circumstances surrounding the 10 deaths that they studied in depth, the GAO found four striking patterns:

- Untrained program staff;
- Misleading marketing of programs to parents;
- The occurrence of abuse before the fatalities occurred;
- Negligent operating practices.

All of this is embedded within programs that are not accessible to visitors, operate with a philosophy that says do not listen to the youngsters because they are liars and manipulators, and are driven by the opportunity to make large dollars.

There is no simple solution to this problem. We meet here today about a week after “The Stop Child Abuse in Residential Programs for Teens Act of 2009” (HR 911) was passed by the U.S. House Education and Labor Committee. We are fully supportive of this and delighted that it was introduced and passed so quickly out of committee. We recognize, as the GAO reported, that “the current federal-state oversight situation is inadequate to protect youth from maltreatment.” We recognize that strong licensing laws can be a help,

but only if they are accompanied by the necessary resources for rigorous monitoring and enforcement. Otherwise, licensing laws may mislead consumers into believing that licensed programs meet certain standards when this can't be determined given the inadequate monitoring.

We believe that part of the solution will be to develop more and better alternatives to remote residential placements, and to educate parents and professionals about these options. We clearly owe this to the young people of our country and to their families. We believe that another part of the solution, addressed in part in HR 911, is better data collection about the problem and better investigation of reports of abuse. The Department of Justice's Civil Rights Division, for example, "reports that it receives more credible allegations of violation of youth rights than it can investigate."

We believe that another important part of the solution rests with each of us – with taking action within our own profession or organization or community or state—to ensure that proper laws and monitoring procedures are in place, to promote the need for effective home and community-based services, to ensure that all treatment programs respect the rights and dignity of all participants, and to educate parents and professionals about these programs and the importance of exercising great caution before making a placement.

In 2001, the Workgroup on Child and Adolescent Mental Health of the National Institute of Mental Health declared that "no other illnesses damage so many children so seriously" as mental illness. And what could possibly be worse than to respond to the needs of our youth by sending them to programs that cut them off from their friends and families, beat and humiliate them, and leave them scarred forever and feeling worthless! We have much to do – let's move this discussion along.

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The A START website, which includes much of the material cited in this presentation, is:
<http://astart.fmhi.usf.edu/>