

A Press Briefing on Exploitation of Youth & Families



Perspectives on Unregulated Private Residential Treatment Facilities

October 18, 2005
Washington, DC

Sponsored by:

A START:

Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment

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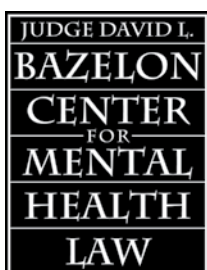
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Growing concerns about unlicensed and unregulated residential programs are shared by mental health professionals, program staff, parents, youth and advocates. These concerns are described in the following statements, which are provided by a panel of individuals representing a range of perspectives. Further details of counter-therapeutic treatment, restricted family rights, substandard education, poor quality medical care, parental distress and negative after-effects are provided by youth and families who have expressed their willingness to share further information about their first-hand experiences. This information is provided to increase awareness regarding this alarming phenomenon and to substantiate the call for increased protections to safeguard youth and families served by unregulated residential treatment facilities.

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Views from a Children's Mental Health Expert

Bob Friedman, Ph.D.

We are here today to discuss a very important and very basic issue—the safety, protection, and well-being of one of our most important and vulnerable groups of citizens—our children and youth, and particularly those with special emotional and behavioral challenges. We are here to reflect on the pain and suffering that so many of them have suffered at the hands of unlicensed and non-accredited residential programs that market themselves as being the solution to a child's problems and end up too often adding to the problems. We are here to consider the anguish and desperation felt by families across the country who struggle first with the belief that their child may require special help, second with the uncertainty about what to do, and third, and perhaps worst, with recognizing that the steps that they have taken to help may in fact have only contributed to the problem.

My name is Bob Friedman, and I am a psychologist, a professor, and Chair of the Department of Child and Family Studies of the University of South Florida. Also, for the past 21 years I have been Director of one of two federally-funded Research and Training Centers for Children's Mental Health, and in these capacities I have worked to promote access to effective systems of care for children with mental health challenges and their families, systems of care that provides services and supports that are individualized, strength-based, family-driven, culturally competent, and community-based. In fact I have studied and written about precisely the types of systems called for in the report of President Bush's New Freedom Commission on Mental Health, issued in 2003.

Over the past several years I have become increasingly alarmed by the reports of youth being transported hundreds, if not thousands of miles away from their home, often after being awakened in the middle of the night by

hired "escorts," to be taken to unlicensed and non-accredited residential programs that have somehow persuaded their desperate parents that they offer the best hope for helping their children. Together with my colleagues, I have heard from young adults who were in some of these programs as adolescents, from parents who sent their children to these programs, from former staff members of these programs, and from numerous journalists who have investigated these programs. We have heard from parents who report that they were misled by slick marketing on the Internet, or the recommendations of educational consultants, who pressured them into making placements before it was "too late." The stories of mistreatment, abuse, and even death within these programs have been so compelling that I could not turn away from trying to learn more.

We organized a small group of concerned professionals called the Alliance for Safe, Therapeutic, and Appropriate Use of Residential Treatment (A START) and together we have searched for independent, credible research on whether these programs are effective. We have found none. We have searched for comprehensive data on the number of children being sent to these programs. We have found none. We have examined the mental health literature to determine how the mental health field has responded to these programs, and the reports of abuse, and we have found very little response. We have talked with policy-makers in states around the country, and examined state policy, and have found tremendous variability—ranging from states that require all programs of this sort to be licensed, and which monitor their activities, to states that have no laws or policies that in any way regulate these programs.

As the work of A START has become more and more known, we have increasingly heard from young people and parents who have been involved with unlicensed and non-

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accredited programs. We have heard of some successes but primarily we have heard sad and tragic stories. We begin to wonder just how widespread the use of these programs is, and whether we are just beginning to view the tip of the iceberg. And we become increasingly frustrated at the lack of any comprehensive data on this issue, or any federal policy to support states in their efforts to control the problem.

On the positive side, we have learned of several grass roots organizations that have developed to address this issue and to offer support for families, we are delighted by this, and we welcome them to this press conference. And we have been very pleased to find that professional organizations, such as those who are co-sponsoring this press conference, have been very responsive when the issue is called to their attention.

Before we go any further it is important that we be clear about what the issue of concern is, and what it is not. The issue here is not whether there are some children who may be in need of residential placements. Treatment in residential settings has long been recognized as one important component of a system of care. Nor is the issue whether or not there are high quality residential programs operated by caring and dedicated staff. Clearly there are such programs, and they deserve to be supported for their important work. Nor is it whether some children benefit from such programs. Clearly there are children who have benefited from such programs.

The issue is that there are many programs that are neither licensed by their state, nor accredited by independent national accrediting organizations, and that some of these programs are exploiting the desperation of parents, and mistreating the youth that they serve. The issue is that we don't even know

how many youngsters are living in these programs, or how many have died in them. In fact we don't have a shred of legitimate data on the overall short-term and long-term effects of these programs on the youth that they serve.

To induce them to send their children to these programs, parents have been told that they must make immediate placements before it is "too late." Tragically, it is now "too late" for many young people who have either died in these programs or suffered great harm. Oversight of services for vulnerable populations is in the best tradition of our country. We do it for children in day care, individuals in nursing homes, and individuals in health care facilities, for example. We must ensure that programs that present themselves as serving children with special challenges are licensed by the state in which they are located, and accredited by independent national accrediting organizations. We recognize that even with oversight there will be tragedies but we view such oversight as one part of a multi-faceted effort to protect the safety and well-being of our young people.

We call for a thorough investigation of these unlicensed, non-accredited programs by the federal government. We call for support for Rep. Miller's bill to "End Institutionalized Child Abuse." The President's New Freedom Commission "calls for swiftly eliminating unnecessary and inappropriate institutionalization," and for "reducing the use of seclusion and restraint" (pp. 45-46). We support these recommendations and call for an expansion in the availability of home and community-based services to serve and support children with mental health challenges and their families. We must act rapidly before it genuinely becomes "too late" for more and more youngsters and families.

Views from a Mental Health Professional

Charles Huffine, M.D.

I am a child and adolescent psychiatrist practicing in Seattle and specializing in the treatment of adolescents. I am the part-time medical director for King County's Child and Adolescent Programs, a policy and program development job in our county run mental health system organized under a CMS Medicaid waiver. I am also a past president of the American Association of Community Psychiatrists. Through these work experiences I have been privileged to be part of a local, state and national dialogue on how best to provide mental health services for youth.

It has been through my large, adolescent focused private practice that I have had the sad opportunity to see the harm perpetrated on youth by certain poor quality residential programs that promote harsh discipline, deprivation, isolation from family and betraying of peers. I have seen the damage to these youth as they return and enter my care with broken spirits, increased cynicism, and a sense of betrayal by all adults. Often I have seen these youth fall back into even worse behavior than they displayed prior to placement, or into depression and low functioning which takes years to repair. Through a year of dialogue with leaders of the National Alliance for the Mentally Ill, as they were forming their progressive policy on issues of restraint and seclusion, I learned even more about the harm perpetrated on these hapless youth, including physical injury and death. The facilities of concern operate free of any oversight or regulation and with methods that have no grounding in research or conventional practice. Youth are admitted often with no, or only a cursory, evaluation and families are given grossly distorted, fear inspiring assessment of the youth. Youth are then isolated from their families, and parents are not given accurate information on what is happening to their youth. This violates

professional standards of care, and has been identified by family support organizations as an unacceptable practice. I have had patients tell me of being forced to lay still at a table with head down for hours at a time, or worse, being made to lay face down on the floor for hours and subject to harsh physical punishment if they seek relief. Others had experienced restraint which was unskilled and involved dangerous restraint techniques, and on occasion, outright brutality. We know that such restrictive treatment has no known therapeutic benefit whatsoever and is experience by youth as traumatizing. It is a context in which deaths and serious injury have occurred. These practices may cause or aggravate suicidal thinking and precipitate a fatal suicide attempt, another unfortunately common reason for death in such facilities. Confrontational therapies, tearing down a youth's self esteem and sense of competence is destructive. Such "scared straight" and confrontational therapies have, when studied, found to be actually harmful and totally devoid of any benefits, even for a subset of youth. These are not "behavioral therapies" despite being touted as such. Appropriate behavioral treatments have been studied and found to be effective in treating youth when delivered skillfully by a trained practitioner. They are always applied according to a youth's individual needs and circumstances, in an alliance with the youth, and they are inherently humane. An absence of qualified and skilled therapists characterizes these facilities. Suppression of social interactions in these facilities, particularly rewards for reporting rule breaking peers, is harmful. Despite rules of silence and non-interaction there appears to always be some form of underground in these facilities, sometimes even involving line staff who place themselves at great risk supporting youth. This sets up a perverted relationship

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with authority, reminiscent of a Soviet penal institution. It distorts the strivings for the development of a positive social identity, a task that often can be strongly supported in an appropriately run facility.

Concern for these youth and their families has moved me to action in helping to form this group of professionals and families, Alliance for Safe Therapeutic and Appropriate Residential Treatment (ASTART), and advocating for reform. I am grateful for the courage of Congressmen Miller and Stark in bringing these issues before the Congress. Along with others here today I strongly support Congressman Miller's End Institutionalized Abuse Against Children Act and asking the General Accounting Office to study the problem and forge a national response. The issues transcend the necessary, but narrow issues of regulation and oversight. They speak to our country's values regarding the civil rights of our younger citizens. They bring into question our commitment to the principles articulated by the United Nations declaration on Human Rights.

It is my life's work to help young people overcome problems in growing up while coping with a mental illness, or challenging personal and family conditions. I have deep compassion for these youth and for their parents who see their adolescent children spin out of their control. I anguish with parents as their children incur grave risks in their communities and no one seems to know how to intervene and help. We know that good methods for addressing the troubles of these youth exist, but are inaccessible for many. We are heart sick as we see families become ever more desperate and vulnerable to for-profit businesses who claim that they can solve a family's problems through one of these terrible facilities. Due to their love for their children desperate parents may be exploited by these programs as they are subjected to deceptive marketing and bad advice.

As we go about addressing the specific needs for regulation and oversight of these programs, we must keep in mind the larger issues that spawn poor quality unregulated residential programs for youth. We know that

to address access problems we must build a system of care that serves these youths and their families in their communities. Residential and hospital level care, skillfully delivered and integrated with outpatient care, has an important place in that system of care. More lasting positive outcomes will occur when episodes of inpatient care are delivered in tight collaboration with a well developed outpatient program. Our federal government has done a wonderful job through its Substance Abuse and Mental Health Services Administration (SAMHSA) in sponsoring initiatives and providing grants to communities to build a system of care that is child and family focused, coordinated and community based and is grounded in a profound respect for the diversity of cultures in our communities. I have been privileged to work in such a grant program in King County and have seen what can be done when families are helped to organize and communities come together to help those families and their youth who are struggling. We are also blessed by having much more information available on what are best practices in addressing the mental health needs of youth, including addressing their offending and high-risk behaviors. A humane approach to treatment; empowering parents with community supports, engaging youth by a focus on their strengths and developing their skills for coping in their own homes and communities, has a growing body of evidence indicating that it leads to good outcomes. We know more about the adolescent brain and the nature of brain development throughout childhood, adolescence and into the young adult years. Despite the recent advancements in the field of children's mental health, it appears to many of us in children's services that our society lacks the social and political commitment to adequately address the many mental health needs of children and youth in our communities. We depend on you and your other progressive colleagues to lead us to better mobilize resources address the needs of our youth.

Let me outline seven key points, lessons learned from our SAMHSA grant programs, that could create a climate where inadequate residential programs would no longer thrive

due to the availability of quality programs:

- We need to commit to adequately fund programs that serve youth. All aspects of the system of care for youth; mental health, social services, substance abuse treatment for adolescents, juvenile justice programs and our high schools, are strapped by inadequate time and resources. They are hard pressed to fulfill their mandates under federal and state law. Federal funding supports for state and local youth programs should be integrated at a federal level and incentivize a balanced and comprehensive state and local planning process.
- A commitment to our youth and their families involves adequately funded federal training and research initiatives, grounded in the needs of “real world” youth and families, which will support those who work in youth oriented programs.
- Youth and family voice needs to be expressed and respected in evolving a more adequate set of programs for youth. These important perspectives also need to be involved in the training and research programs for professionals who will work with youth. Federal funding in support of such initiatives should incentivize the inclusion of family voice in all aspects of federally supported programs, including the shaping of such federal initiatives. Family and youth voice most definitely should be included by our federal legislators as they explore the dimensions of the issues we are highlighting today; the abuse of children in inadequately credentialed and monitored programs.
- We have not explored the current role of old wisdom and old values of the mental health professions. It is apparent to me that we need to rediscover these. A key value that seems to get lost in under funded and overwhelmed programs is the necessity of forging a close working relationships between ourselves and our clientele. So many of the disappointments that lead families to send their youth to a poor residential program stem from the inability of a well intended mental health professional to relate to an adolescent. We need to demand that our workforce have the aptitude, the training, the time and the understanding of the nature of adolescent development in order to be “youth friendly” and forge such a working relationship. Such humane principles must be manifest in federal initiatives through incentives for such care.
- Professionals need to hold themselves to a standard of using methods that are grounded in science, or in the absence of science, a consensus on what is good care, so as to be reasonably assured that they do good and not harm. While we may not always be able to work in special programs using researched treatment protocols, our practice methods can be informed by evidence. We must oblige ourselves to stay informed as more research increases our fund of knowledge. Federal support for science to service initiatives must include both an emphasis on implementation research and incentivizing “service to science” in order to assure that treatment found to be efficacious in research is applicable in “real world” conditions.
- Communities which have had the benefits of SAMHSA grants for developing more effective systems of care have found that that empowering parents and mobilizing communities is a key to assuring better care. Grant programs have trained parents and youth who have overcome daunting problems and employed them as natural supports for families still struggling. Innovative “peer to peer” support programs need to be studied and refined through federal initiatives. Family and youth voice in policy and program operation has been mobilized in current grant programs and sustained after the grant. Expanding the empowerment of youth and families could be a part of what addresses the needs of isolated families who are vulnerable to unscrupulous treatment programs.
- Adolescents in trouble need relevant adult attention. We all know that youth value their peers and are famously subject to peer influences. This trait can be used for the good if vulnerable youth have access to relatable adults as mentors. What we seem to have forgotten is that troubled adolescents crave contact with kind, relatable adults who influ-

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ence youth into taking less risks and having more pro-social values. Such mentoring adults can be found in programs for youth and in all our communities. They offer positive attention that features good humor, a deep caring for youth and an understanding of what adolescents face developmentally. But on a policy level this is a neglected and undervalued ingredient in our communities and programs for youth. A federal initiative would be helpful which would incentivize efforts to identify and provide consultation to natural supports as they mentor challenging youth.

Contrast this set of ideals for a quality system of care for youth with the poor quality programs we are here to discuss today. Think of what youth must experience in programs where they are expected to live by standards of behavior common in the prisons for the worst offenders, or in the former Soviet gulag. Think of the impact when youth are subject to unskilled or abusive interventions for normative behaviors that violate rules that are suppressive of healthy adolescent develop-

ment. Think of the impact on those youth who have been beaten, raped, or physically harmed in programs where staff, who may not have the barest training or moral qualities to make them fit for working with youth, are out of control. Think of the impact on families when a troubled youth sent to such a program is returned in a coffin. Such is the situation in many so-called special schools and residential programs for troubled youth in this country.

It is our hope that we can see such terrible facilities closed down when examined and found lacking reasonable standards of care for troubled youth. It is our hope that the good staff in such programs can find better jobs in quality programs that will nurture their instincts to be kind and caring to the young people in their care. And it is our hope that in correcting the problem of licensing and regulation that we will better define a system of care that includes thoughtful integration of hospital and residential care components into a comprehensive, evidence based, value based system of care for troubled youth.

Views from a Former Program Staff Member

Nicki Bush, M.S.

Thank you representatives Miller and Stark for being with us here today for this event. As a former Senate Aide for Senator Frank Murkowski in 1994, I am well aware of how busy the schedules of our congressmen are, and I applaud you for prioritizing the safety and well-being of America's children through your substantial commitment to this important cause.

My name is Nicki Bush. I am completing my Ph.D. in child clinical psychology at the University of Washington in Seattle, and I have been involved in the psychological treatment of children and adolescents for over 10 years. I specialize in adolescent therapy and research. However, I am here today, not as just another concerned mental health professional, but as one who has worked within unregulated residential treatment facilities and experienced first-hand compelling concern for the inadequate and harmful care of youth in such facilities.

During the summer of 2004, I took a job as an intern and research coordinator for a multi-site residential treatment center located in the rural northern Idaho. The job promised an amazing opportunity to observe long-established emotional growth boarding schools and wilderness programs, and I was eager to learn from the treatment teams and professionals committed to the care of struggling youth. Further, I was excited to use my specialty skills in designing program evaluation research to evaluate the efficacy of these unstudied programs. My car packed full, I moved to my new summer home anticipating tremendous inspiration, learning, and professional development. Yet, driving up to the campuses that summer brought a different kind of learning than I had anticipated.

In my clinical work experience and Ph.D. education, there has been substantial emphasis on delivering standards of care to my clients. I have been trained to use only the most effective and established therapies and to practice within my areas of competence. I have worked with youth suffering from nearly every

dimension of mental illness and abuse, and it is clear to me that there are compassionate, appropriate, and effective interventions for most children's psychological problems.

Within moments of driving onto the campus, my new home for the summer, it became apparent that the world of treatment I have known would not apply to the children suffering in these facilities. In fact, I would come to realize that instead, I was working at a facility that touted "therapeutic intervention" but likely inflicted psychological harm at least as often as it did good. Children with myriad symptoms and diagnoses, ranging from suicidality and auditory hallucinations to antisocial personality disorder were receiving "group therapy" from staff who had worked their way up the ranks from kitchen cook and had no formal schooling beyond their H.S. diploma. Youth with documented severe drug addiction problems, who had been sent there for substance abuse treatment, were told that no such program existed and that their withdrawal symptoms and the troubles that led to their drug use would "go away" with a little outdoor activity and group confrontation therapy. In one workshop, youth were forced to spend up to 12 hours standing in a life raft begging staff for their lives to prove they deserved to live. I was told by staff about one young girl who had been raped being forced to "re-experience" the rape in a mixed gender group "workshop" without any clinically trained staff in the room—her forced reliving of this trauma was so detrimental that she passed out. When she came to, they sent her back to her room and the issue was not addressed again, nor did she receive psychological treatment for the new trauma inflicted by this "intervention" by a 50-year old male staff who had never taken a psychology course. Further, staff and students acknowledged a persistent sexual affair between a female staff and male resident as if it were "old news," and talked openly about an inter-student rape that occurred during poor staffing.

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As someone hired to assess the program from within, I was granted rare privileges to partake in all aspects of the program. I sat in on group therapy, parent workshops, staff meetings, child activities, and schooling. I am relieved to say that many of the employees working at this facility were loving, kind, and well-intentioned, although uneducated about the psychological illnesses borne by these children and the appropriate interventions for their treatment. For the most part, they were “following directions” put forth by the “emotional growth curriculum” taught by tenured staff and in staff manuals. One such therapeutic workshop manual read, “When I say commence you will slap your partners (in the face) as hard as you can. Do not rip them off. No holding back.” Facilitators were instructed to place cotton in the mouth of any children who have braces so this does not leave an internal mark.

One should not need a Ph.D. in psychology to realize that such events are not only unlikely to help children with depression or psychotic symptoms, but that they are very likely to add to a child’s symptoms and disorder. Some staff did bring up concerns, as their intuition told them such methods must not be therapeutic. Those staff were most often ignored, or fired for “not buying into the philosophy of the program.” I inquired about the ethics of such treatments when I saw them written in the manual, and I was told by administrators that “we took that stuff out last year” although staff actually in charge of facilitating these workshops claimed they conducted them as they always had. Even if staff HAD heeded the changes in the program manual, this program supported and mandated that youth physically strike each other in anger as recently as 2003.

If the ethics violations regarding standards of care were not enough to cause me concern, the unethical marketing and dual roles held by counseling staff did. I was sickened as I witnessed counseling staff at the 6 week wilderness intervention program be told that every child about to complete it should and must be referred to the 2-year programs at one of the 3 boarding schools, regardless of the clinical improvements they were supposed to have made

during their \$6-8,000 brief stay. I watched tearful mothers lament that they wanted to bring their child home to try to “repair” their relationship and rebuild—only to have program staff manipulate them by threatening that their child might end up in jail or dead if they didn’t send them to a boarding school.

Each day at this job brought new discomfort. Scared and confused, I called several governing organizations from a campus phone and whispered hushed concerns to agency representatives only to be told that emotional growth boarding schools in Idaho were not regulated at that time by their mental health or education agencies and that they could do nothing about my concerns. After several weeks of insufficient answers, alarming experiences, and consultations suggesting that I leave, I spoke to my supervisor and we reached an agreement that my job there was complete. Although, I have not stopped thinking about my experience.

Ironically, my optimistic expectations for professional development were met, in that my employment there did teach me a great deal of things and inspired me to fight for the rights of youth in such settings. Tragically, this enlightenment led me on a path that opened my eyes to the multitudes of similar and worse programs across this nation. My partnership with the members of ASTART and youth who have lived through even more traumatic experiences in residential care have greatly strengthened my passion for this cause. I have traveled here today as a witness to the harm done by unregulated youth care to tell my story with the hope that my objective perspective as an independent evaluator, with education and experience in quality care settings, might strengthen the resolve of Representatives Stark and Miller and activate the consciences of other legislators.

Yet, more important than MY objective experiences are the experiences of the youth and families subjected to the unethical, harmful, and falsely marketed care of these unregulated programs. I’d like to introduce Kathryn Whitehead, a former resident of an unregulated residential treatment program, so that she might share her personal experience with you today.

Views from a Former Program Participant

Kathryn Whitehead

My name is Kathryn Whitehead. I am here today to share my experience and express my concerns as someone who received inadequate care and suffered greatly at the hands of under-qualified staff in an unregulated residential program for youth in Montana. I have joined with A START because I feel the mistreatment that I received could have been avoided if government oversight had been in place during the time when I was attending the program. My story illustrates what can happen when programs are not licensed and monitored.

I was taken to a residential facility in Montana because of a number of issues I was struggling with. I was doing poorly in school, cutting classes, and had run away, but the real catalyst was a suicide attempt. I was 13 years old and had been placed in a psychiatric hospital. The cost was too great and after my mom consulted an educational consultant it was decided that the best place for me was a residential facility in Montana that claimed to have the ability to treat such issues as depression. It was only later that I would come to find out that the staff at this facility were unqualified to deal with mental illness. Of the 3 men who founded the program, who also involved themselves in day to day oversight and ran the group therapy, only one was a mental health counselor of some sort, another one was a licensed drug and alcohol counselor, but the most involved one, who called himself “the headmaster,” who held a masters in ecology and had no mental health degree whatsoever. None of the other staff were educated or trained in mental health, as far as I know.

The program that I was sent to called itself a therapeutic boarding school, rather than a residential treatment facility, although there wasn't much in the way of education. There was one teacher who taught both History and Science, English was taught by the headmas-

ter's wife, and I had to teach myself Algebra. I was taught very little and struggled afterwards to catch up on what I had not been taught.

The program was structured very much as a hierarchy to establish the authority and control of the program staff. From the moment I set foot at the school, I experienced a general stripping of my identity. All of my clothes were thrown away, my hair was chopped off, my music was taken away, and all contact with my friends and family (including my parents) was prohibited. Calls with parents would later be allowed after 3 months but they were monitored to prevent any type of what was called school bashing and manipulation, which essentially meant any complaints about the school and attempts to be taken home. My mother was also told to watch out for me being manipulative and trying to get her to take me out of the program.

I was immediately thrown into day to day requirements of chores, exercise, and labor. This wasn't like what a lot of healthy teenagers are required to do, this was forced labor and exercise of exhaustion. The essential premise of this facility was that the better disciplined a kid was, and the more endurance they demonstrated in work and exercise, the healthier they were, mentally and emotionally. The assumption was that in our perpetually exhausted state we would be too tired to hide our feelings and have no other choice but to purge emotional burdens. We were also required to write out a very detailed account of our sexual and drug history, which would then be revealed to our parents. The aims were to force us to reveal explicitly and in great detail what got us to the program and to teach us to hold each other accountable to the program and ourselves—which were determined to be one in the same.

The reality was not so simple. Being accountable to the program essentially meant that I was required to be absolutely

I feel the mistreatment that I received could have been avoided if government oversight had been in place.

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unquestioning and was forced to subscribe to whatever the staff determined was true, unless I chose to actually tell my truth and suffer the consequences of punishment in the form of work, exercise or humiliation and a downgrade in status that would prevent me from going home. If the staff believed you were an addict, you were expected to admit to being an addict, and if you didn't you were told you were in denial. I was told I was an addict/alcoholic because I drank for the purpose of getting drunk a few times, although I never drank regularly and I had never done drugs. My close friend was deemed a sex addict because she was very feminine and kind of sensual in her demeanor, although she had never had sex. When this friend did not wholeheartedly accept the label of "sex addict," she was forced to pick up about 6 rocks, each the size of a large mango, and then was forced to carry them with her at all times for several months, naming them issues like sexual abuse, sex addiction, etc. Until she conceded to staff that each issue was true, and detailed why she felt that way, and cried about it, what the staff called "processing," she was forced to carry these rocks as "metaphors of her burden." She often had bruising along her spine from the weight.

We were often told by staff that we had food addictions because, according to staff, we were using food to stuff and hide our emotions. While I was there, all but one girl was on a food plan, which meant that each portion was strictly measured and we were forbidden from eating less or more of any food than what was specified on the food plan. Despite not having an eating disorder or being overweight, I was on a restricted calorie meal plan and I was often hungry. Taking extra pieces of fruit and the like was called stealing and was considered an indication of using food to hide emotions, an indication of what they called resistance to the program, punishable by work crew or exercise or had to be dealt with in group, where you had to give a reason why you needed to stuff your emotions.

Daily exercises, in the morning and evening were required of all kids in the program, with few days of complete rest. In the Spring, Summer and Fall, a large percentage

of kids would become physically ill from the amount of biking we did and the fact that we were not allowed to stop regularly to go to the bathroom, urinary tract infections were not uncommon. I recall on one particular lengthy, mostly uphill, 50-mile bike ride I was exhausted. I was simply worn out, but I also understood the rules—if I was to stop I had to have a very good reason to give that involved either a memory of painful abuse or some type of confession. Simply, I wanted to stop to rest and I broke down crying. A therapy group was called on the side of the highway. I made something up about having emotions about sexual abuse. Keep in mind I had never been sexually abused. We learned over time that the only way to avoid punishment was to confess to some hidden problem or secret, whether or not it was true.

There were a lot of times when the staff would arbitrarily decide that too many kids were withholding the truth, especially if it appeared the older students were not doing their job putting newer students in line by pointing out ways they were not following the program or ways they sensed they were being dishonest in our group meetings. We were then told that we were being resistant and manipulative, and that this behavior warranted being punished. As a consequence, we would be "placed on intervention" and forced to do more exercise or heavy labor. This involved work such as digging tree stumps, ice picking, rock picking, fence building and other groundskeeping for hours on end. Once we were on an intervention for 2 months that involved fence building and picking daisies everyday. This sounds a lot easier than it was. Our hands would be blistered, backs aching from hours of leaning over. During intervention periods we did nothing else beyond work and group therapy. The school would be placed on lock down, what little education we did have was interrupted and our normally scheduled bi-monthly calls with parents (if we had been there more than a few months) and mail flow were stopped.

Individual punishments were administered too. Once I was placed on intervention for speaking of running away. For over a week I was forced to pick up rocks for anywhere be-

tween 8 to 10 hours each day, with no breaks except for during meal times and chores. I was also dropped off 25 miles from the school and was forced to hike back with 2 secondary staff biking along side me. As I understand, this was easy compared to what later kids had to go to. A good friend of mine who attended this program a little later that I did was placed on an intervention out alone in the woods for months in the winter, left alone to dig out tree stumps everyday by herself.

To someone who wasn't there, the level of constant fear and it's effects are difficult to convey. Two of the three male founding staff were domineering, would yell, tease and mock us. Some kids were excluded from this, those who were the staff favorites, and a select few were picked on constantly. I was somewhere in the middle and managed to skate by after I learned how to act and what to say to avoid being humiliated and singled out, but I was constantly terrified of the staff or other students pointing out that I was being in any way resistant, as they had at the beginning and did to others on a daily basis. I felt completely powerless to speak freely, and I was vulnerable to each and every whim of those who were in total control over to determine whether or not I would ever be deemed healthy enough to return home. It became common knowledge, frequently pointed out by the founders, that if we did not follow this program we would end up in jail, insane or dead.

I expect that most or all of us knew we needed help. I knew I needed help and was open to receiving that help. I went to the program voluntarily and did not have to be escorted like some. I wanted to be healthy and wanted desperately to have a relationship with my family. The facility made it clear that if I did not follow their program this would not be possible. Being completely isolated, with virtually no contact with the outside world, I lacked any reference point, any way of deciphering the legitimacy of what the staff told me about myself and what I had to do to get better. I was desperate to be close to my family and because of that desperation and general lack of choice in the matter, part of me came to believe that all of my struggles were generally self-created, either because I

was not dealing with abuses talking or crying about them, or not being honest with myself, and that this was supposed to be simply resolvable by following the program. I was told over and over that the program was the answer to my problems and if it wasn't working it was because I was doing something wrong, like trusting the part of me that was crazy and sick, which of course was also the part of me that doubted the program.

I was sent to this program because I had been feeling suicidal, so there were issues that I really had wanted and needed to deal with—issues that preoccupied me and that I knew I needed to figure out. I had made a point to mention these true issues to staff, but they were dismissed, presumably because they were not allegations of abuse or addiction and did not fit the program model. Never once did I see a psychiatrist or receive formal psychotherapy for my depression. I remained generally depressed and found myself feeling suicidal at various points during my stay. I never told anyone about feeling suicidal because I began to believe that it would be called manipulative or that they would say that I was not being honest with myself and make me stay longer.

I left the facility when I was 15 years old, after 18 months in the program. The staff never really said why I was ready to “graduate” and I remember being terrified that I would be told I was not ready to go. When I was released from the program, the after care plan was simply a laundry list of behaviors to be avoided and ways to prevent them like AA meetings or talking about my struggles with someone. I left believing I ought to be able to follow these guidelines to prevent myself from having any more problems, but found that much of my feeling of depression was still present and I was unable fix this on my own. I felt like a failure, a raw nerve, frequently suffering from anxiety and nightmares of being sent back to the program. These feelings lasted for a long time, up until a few years ago. I found it difficult to function as the same struggles I had prior to being sent away returned. Concentrating in school proved nearly impossible and I dropped out of high school a year after leaving the resi-

I had been feeling suicidal, I made a point to mention these true issues to staff, but they were dismissed, presumably because they were not allegations of abuse or addiction and did not fit the program model.

dential program. After that I continued to experience serious difficulties: developing and recovering from a drug problem, and several suicide attempts and hospitalizations. I would later come to be diagnosed with ADD, but not until 8 years after I had left the residential program I attended in my teens.

Had I been sent to a facility with qualified staff who could have provided me with skilled assessment and treatment for the 18 months that I was living in this residential program, I believe many of my future problems could have been averted, from diagnosing my ADD to treating my depression. I also believe my problems would not have been exacerbated in the way they were by the punishing treatment and pseudo-therapeutic “interventions” I experienced at this facility. I likely would have had a much easier time transitioning into school if I had been educated by qualified teachers. I also believe that any opportunity that I could have had to truly become close to my family was squandered with this experience. They were permitted to visit a few times while I was at the school, but because there was a lack of regular family involvement the same issues that existed between us before were very much present afterwards. My problems continued for many years until eventually I began to recognize ways to empower myself, and found a qualified psychiatrist who was able to diagnose me properly and help me get the treatment I needed and deserved.

I am aware that my story is one of many. I have spoken with many kids who have found themselves in similar positions. From what I’ve learned from other former “students,” the “interventions” vary across programs—some use forced confessions, labor and exercise like the program I attended, some force kids to lie on the ground or lock them in small rooms by themselves for days, weeks and months at

a time, some twist kids’ arms and legs, some tell kids their parents don’t love them, some make them do disgusting things. What we all have in common is that we’ve been intimidated, humiliated, and taught to question our own reality. We haven’t received the kind of professional care that we deserved and that our families worked hard to pay for. We are outraged by this type of treatment under the guise of care.

There are now numerous informal and formal groups formed by former program kids who have come together in solidarity and for support. For many it has taken years to feel at all comfortable in speaking out. I have also spoken with many who still struggle to bring themselves to do so. Many feel shame and guilt or continue to believe that because they were troubled kids they don’t have a right to speak out, that they somehow deserved the treatment they received precisely because there were no alternative to the program which mistreated them. Many simultaneously give the programs who mistreated them credit for saving their lives. Yet so many realize on a deep level that what we’ve experienced was wrong.

I have come here today to speak on behalf of all those kids who have gone through similar experiences, and for all those kids who are presently being held in programs which mistreat them, and for all those kids who are currently struggling and deserve better, yet will be sent to a bad programs anyway because of parental desperation, lack of awareness and the lack of needed regulations. I have brought with me here today an online petition I’ve been circulating in support of the End Institutionalized Abuse Against Children Act. Over 500 individuals have now signed this petition, reflecting our strong belief that protections are needed to prevent the kind of treatment so many kids have received.

Views from a Program Parent

Cristine Gomez

I live in California and my son attended unregulated residential programs from August, 2000 until December, 2001, when he was 15 ½ to almost 17 years old. I am here to share with you our family's experience, to illustrate some of the issues and hardships that families face when they seek support through unregulated programs.

First, here is a brief explanation of why and how we decided to send our son to a residential program: My husband and I had high hopes for our son and were always committed to providing him with the best educational opportunities so that he could succeed. When he was in 2nd through 6th grade, we sent him to a private Christian school. When he was having difficulties paying attention and controlling his behavior, we took him to see a therapist. He was diagnosed with ADHD and prescribed meds. Then, when he was a young teenager, his behavior problems became more serious. The school was calling on a regular basis, and threatened to expel him. I was panicked. I'd been saving for him for college since before he was born—that was my goal for him.

We could have sent our son to the continuation school in our local school district, but we were hesitant to do so. In retrospect, I think I should have let him go to continuation school. He would have been fine; his friends turned out fine. Instead, we looked into a private alternative to continuation high school that we learned about through other parents. I understood it as a boarding school something like Eaton—progressive academics with therapeutic support and licensed / credentialed special education staff. I was led to believe my son would be in a structured environment that worked with ADHD, with special education teachers on staff. This sounded good to us, because when we had sought help in our community, help was limited. We even went outside our provider network to go to a teen expert who cost \$300, but we saw no improvements.

So we sent our son to the residential program in Montana, a program that claimed to have a 97% success rate although we later learned there wasn't hard data from an outside source to back this claim. It cost \$3,000 per month so we both took second jobs to pay and trusted that our son would finally receive the help he needed. For 13 months we were out of communication with him and I really missed him while he was gone. They said, "Let your child work his program and you work on yours. He needs to earn the privilege to talk with you." We were told that our son "wasn't working the program" so he was placed in isolation, sometimes with other kids with serious behavioral problems. I attributed his inability to make progress in the program to his impulsivity, but the program staff didn't tell me that they didn't feed him and he was having stomach aches. When I asked why, the "family advocate" said, "He's just manipulating you." Later I found out he had injured his neck and the local doctor had put him on anti-inflammatory meds, which were upsetting his stomach. The program would drill on completing the program—they would describe kids who had left the program and say "If they'd only graduated the program, they wouldn't have gotten into trouble."

As for the treatment provided by the program, untrained staff without skills to work with mental illness worked there. The program did not seem to provide services to address ADHD. I was paying the program \$400-700 monthly extra for additional anger management, group drug/alcohol support, and one-on-one therapy. Most of the time he was in "the Hobbit," which is what they called the isolation room.

We were told that an adolescent psychiatrist was prescribing Zyprexa for my son which we have since learned is an antipsychotic medication. An attorney for the Montana nursing board investigated this doctor

We sent our son to a residential program that claimed to have a 97% success rate although we later learned there wasn't hard data from an outside source to back this claim. It cost \$3,000 per month.

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Other parents say over and over that what they believed they were investing in—education and credentialed help—turned out not to be true.

due to multiple complaints from program parents. It turned out that he was a nurse practitioner, not a doctor.

At the holidays, I sent my son a big Christmas package—gloves and a jacket—he never received it. My son said later, “the staff said you knew.” My son was thinking his mother had abandoned him. Also, there was inadequate supervision. I was told a 24-hour staff slept in—well, it was kids who were providing the night time supervision! When we found out about an incident of physical violence among the kids in the program, involving our son, I called to ask how this could happen. They never called back.

Four months after our son entered the program in Montana, the staff started encouraging us to give them permission to transfer him to one of the other residential programs run by the same U.S. company, located in Jamaica. I didn’t want him to go there because it was out of the country, but I equated it with my positive teen experience in Hawaii, so eventually we said okay to the transfer. After he was transferred, our son wrote to us about conditions in the program in Jamaica. He wrote that the sewage was overflowing. When I inquired, I was told, “Your child is manipulating you.” Then in November, 2001 our son wrote home and described how he’d witnessed another kid being punished. The staff had the kid under water in the shower and said they were “washing the blood of Christ over him.” We learned that staff treatment was to hold the kids under the cold showers. At that point, my husband said, “Let’s go get him.”

When we got there, you could feel the oppression—kids were sad, their heads bent down, no sound, no smiles, no posters on the walls. A staff member said, “I’m glad you are taking him home—he doesn’t belong here.” The family rep also said she was glad he was going because “he cries all the time.” My son was skinny and pale when we picked him up, and had a dislocated shoulder. He claimed he hit the door jam but I don’t believe it.

When our son came home, he was 16 months behind academically. He tried to go back to regular high school, but couldn’t catch up. He was placed in sophomore classes

when he was a senior age. He then went to the local continuation school and that is how he finished high school. For the first two years, he said, “Mom, I don’t have any friends and I’m always angry.” I tried to explain to him that he was a victim and we would never have sent him there if we had known how he would be treated. The guilt I felt over having been so naïve and trusting in turning over my child to strangers...

Our son is 20, almost 21 now. His stomach hurts all the time. He says this is with him every day. I’ve since been asked, “Did you know the program was unregulated?” It never even entered my mind about whether it was regulated. These programs used inhumane treatment. My heart is broken. The damage these people have done is continual. I have letters where my son wrote, “Mom, please come get me!” I really believed I was sacrificing for his benefit. And it took a long time to release the guilt of not graduating the program when other parents were all graduating and the program made it seem like leaving before they said it was “okay” was a sign of failure.

This is a brief description of my family’s experience. Over the last several years, as I have learned more about these programs, I have been working to help support other families, via the internet, and I have heard many other stories of mistreatment and abuse experienced through unregulated programs. Other parents say over and over that what they believed they were investing in—education and credentialed help—turned out not to be true. Some of the parents liquidated their assets and sold their homes to get help for their children, and then their children were mistreated. NONE of the parents wanted their kids to be abused. These kids are coming home traumatized, and it is a hard thing to admit...what we may have done as parents by sending our kids to these programs. All of the programs in the Teen Help industry need to be regulated. It’s too late for our family, but maybe we can help other parents. Our children are our most precious resource. Our children deserve to be protected.

Views from a Youth Advocate

Tammy Seltzer

I want to thank all of the speakers, but most of all I want to thank Kat and Christine for sharing their very personal and moving stories of what they experienced at the hands of unlicensed and unregulated residential treatment facilities (RTFs). As an attorney for the Bazelon Center for Mental Health Law, I have learned that there are far too many young people and their families who have experienced the abuse and terror that Kat and Christine have faced in their search for treatment, care, and support. Through advocacy, public education, and litigation, the Bazelon Center has spent over 30 years fighting for safe and appropriate mental health treatment for children and youth. I'd like to speak for a moment about the broader picture of children's mental health and specific steps that can be taken immediately to address the scourge of unsupervised RTFs.

It's no secret that our country is failing to meet the needs of families with children who have emotional and behavioral disorders. According to the Surgeon General, About one in five American children has a mental disorder. About 5-9% of children ages 9 to 17 are affected by a serious emotional disturbance (SED) that causes severe functional impairment. Despite the prevalence of mental disorders in the nation's children, 79% of children aged 6 to 17 with mental disorders do not receive mental health care. Uninsured children have a higher rate of unmet need than children with public or private insurance.

The nation has a long way to go in eliminating disparities in access to appropriate services. The rate of unmet needs is higher for minorities—88% of Latino children do not receive needed mental health care. And although Latino youths have the highest rate of suicide, they are also less likely than others to be identified by a primary care physician as having a mental disorder. Similarly, African

American youths are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care.

The failure to meet basic mental health needs is tearing apart families and putting children at risk. Families are desperate for a solution, desperate for hope. They have tried getting help at school, from mental health agencies, some have even tried giving up custody and calling the police because that's what they've been told to do by agencies that are supposed to be helping them. Doors have been slammed in their faces, and they are exhausted from long nights of trying to keep their children and themselves safe. At their wits' end, parents are vulnerable to slick pitches from unscrupulous RTFs. It is our hope that this briefing will encourage our lawmakers to support specific legislation that could start to put an end this unnecessary tragedy.

A variety of barriers prevent parents from accessing appropriate mental health treatment.—the most important of which are lack of access to appropriate and timely mental health services and supports and lack of accountability on the part of institutions that are supposed to protect children who are at the greatest risk of hurting themselves or others.

The Systems of Care grants awarded by the Center for Mental Health Services are an invaluable tool for expanding access to community mental health services, but more needs to be done. The Keeping Families Together Act, bipartisan legislation introduced by Rep. Stark, Sen. Collins and others, would address the lack of access to mental health services through the use of Family Support Grants to states and removing obstacles to Medicaid Home and Community Based Services Waivers that can serve families that are otherwise not eligible for Medicaid. By supporting states' efforts to develop coordinated systems of care, the bill would help reduce the

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number of children with mental or emotional disorders who are placed in unlicensed and unregulated RTFs.

Treatment for mental health disorders can be very expensive. Many parents exhaust their private insurance after just a few months and are ineligible for Medicaid or other assistance due to income and assets. This often leaves the parents of a child with a severe mental illness with the agonizing decision between losing their child to the juvenile justice system or the child welfare system. No parent should be put in the position of making this decision, and no child belongs in the child welfare or juvenile justice system for the sole purpose of obtaining mental health services. The Keeping Families Together Act will provide states with the ability to build new infrastructure to more efficiently serve children needing mental health services while keeping them with their families in their own homes.

There are two actions that should be taken to address the lack of accountability—passage of the End Institutional Abuse of Children Act and a congressional request for a Government Accountability Office (GAO) study of unregulated and unlicensed RTFs. The End Institutional Abuse of Children Act, which was introduced by Rep. Miller, would:

- provide \$50 million in funding to states to support the licensing of child residential treatment programs. States would have to monitor the programs regularly to ensure their compliance with licensing requirements;
- establish federal civil and criminal penalties for the abuse of children in residential treatment programs;
- expand federal authority to regulate programs located overseas but run by U.S. companies and provide civil penalties for program operators that violate federal regulations; and
- require the State Department to report any abuse of American children overseas.

We thank Rep. Miller for his dedication to stopping abuse of children with mental health needs and encourage his colleagues to support this important legislation.

In addition to passing Rep. Miller's legislation, we ask that Congress request the General Accounting Office to study the proliferation of unregulated RTFs. We need to know how many of these facilities are operating, in this country and overseas, without any oversight. We also need to know who is responsible for the children in these RTFs—what are their credentials, what is the staff-child ratio? What kinds of so-called treatment are being practiced? Are practices abusive? Dangerous? Are these facilities following federal requirements for providing educational services while the children and young people are away from their regular schools? What kinds of complaints or lawsuits are being brought against these RTFs, and what entities (if any) are making this information available to parents?

In our view, RTFs should be reserved for children and youth whose dangerous behavior cannot be controlled except in a secure setting. They should not be opportunities for unscrupulous and unaccountable entrepreneurs to get rich quick at the expense of children and families who need responsible and effective mental health treatment. We ask Congress to protect children and families by improving access to appropriate mental health treatment and increasing oversight of those who only pretend to have children's best interests at heart.

August 9, 2005

Dear Member of Congress:

The Child Welfare League of America (CWLA) and our 900 member child-caring, public and private agencies nationwide have serious concerns about the growing number of unlicensed residential programs and camps for troubled children and youth, often referred to as therapeutic boarding schools or boot camps. Recent publicity, i.e. the current “Brat Camp” television show, has highlighted the use of these programs. Unfortunately, this publicity is lulling parents into a comfort level about the use of these facilities that, in many instances, is unwarranted. We believe that Congress needs to take action to ensure the safety of the children participating in these programs by requesting that the U.S. Government Accountability Office conduct an investigation.

These programs are often unregulated by an appropriate state agency or held accountable to any recognized accrediting organization. Allegations of neglect and abuse at many of these programs include the inappropriate use of medications, the employment of vigorous physical means of restraint, or individual seclusion or isolation. Questions are often also raised about the credentials of the employees who staff these programs.

These unlicensed programs use aggressive marketing techniques that target the parents of troubled youth who have problems with substance abuse or behavior disorders, promising cures at a high cost to the families. While research has demonstrated that consistent family involvement is a major element in producing positive outcomes for children and families, many of these programs limit or restrict family involvement for long periods of time, sometimes for the entire length of time a child is in the program.

CWLA strongly supports mandatory state licensing and monitoring of all residential programs that provide services to children, youth, and their families. Most importantly, such licensing and monitoring should be done by the appropriate state agency that governs the specific service to be provided by a program, including education, mental health, social services, and juvenile justice. Licensing and monitoring should be required for all programs, not just those receiving government funds. This requirement is necessary to ensure the safety and health of our children and youth.

CWLA’s Standards of Excellence for Residential Services detail best practice guidelines for the residential program services that are provided to children and youth. These standards address many issues, including state licensing and monitoring; types of services; qualifications of the staff providing the services; orientation, training, and supervision of staff; staff to child ratios; appropriate and prohibited behavior support and interventions; and use of medications. CWLA’s Standards of Excellence are often used by state agencies in developing and revising licensing regulations.

Since there is little public oversight of these residential programs and camps for troubled children and youth, we do not yet know the full scope of the problem. Therefore, CWLA urges you to call on the U.S. General Accountability Office to conduct a study of these facilities so we can understand what needs to be done to better protect the children and youth participating in these programs. CWLA also stands ready to work with you and other members of Congress to better ensure the safety and well-being of our nation’s children.

Sincerely,



Shay Bilchik
President and CEO

**Former program participants and parents
willing to share their stories with the press:**

Sources

Here are some of the comments that A START has received from young adults and parents who are willing to share their personal experiences dealing with unregulated residential programs for youth:

Counter-therapeutic treatment

“Their idea of therapy is sitting in a room with 25 people at a time and yelling back and fourth until they make the kids cry, I kid you not. They would often yell at kids until the children broke down in tears yelling at what a failure they were”

—Drew H

“We had group once a week with a staff member, which was about 7 or 8 kids where you could just talk. There were no qualified staff and the word therapy or rehab or psychiatrist would get you lectured about how pointless those people were and how they just tried to make you love yourself and that was the stupidest thing in the world because we all loved ourselves too much and that was the problem. We had to hate ourselves to get better.”

—Leah B

“There was a 6x6 room that girls and boys spent months in staying in there from a.m. til 10 p.m. everyday changing positions from laying down with your nose on the ground, next hour on your knees, and then standing, all day.”

—Alexandra C

“It didn’t take very long for me to realize how harsh and strict the program was. I couldn’t understand the concept of rules like not being allowed to speak to one another. How am I supposed to deal emotional issues if I’m not allowed to talk? Where’s the sense in that? Even in prisons the residents are allowed to speak with one another. What had I done that deserved to have my privilege to speak taken?”

“I spent a week in Observational Placement. This punishment could be days to weeks to months. I’ve seen kids waste a full month in this place. It is a concrete room where you sit in three different positions for 12 hours a day and once again you eat nothing but beans and rice for every meal. The positions were sitting Indian style, standing, or laying on your stomach. Always having your hands behind your back and facing the wall.”

—Nathan B

“While there I witnessed many of my friends get physically and mentally abused. The program in Jamaica seemed to thrive on abuse. Nearly everyday we heard somebody screaming from getting ‘restrained.’ While in ‘Observation Placement’ myself, I twice witnessed physical abuse.”

—Charles K

“In my whole two and a half years being in the program, I didn’t feel safe at all. I saw kids getting slammed onto the ground by 5 grown men for unnecessary things, and I saw kids getting thrown into walls because a staff member couldn’t hold his temper.”

—John M

“Until the final months of my stay, junior staff were told that, when pursuing a runner, ‘Whatever goes on in the woods stays in the woods.’ This was staff’s way of telling junior staff to beat up on runners a little upon catching them, and indeed, it happened at times. I would know—I was, for at least a short while, junior staff myself.

—Sean H

Restricted contact with family members

“The only outside contact you were permitted was with your parents via monitored phone calls, a counselor would sit in the room with you and take notes. If you started complaining about the program they would quickly end the phone call or bring it up in raps having a counselor yell at you and taunt you with leaving.”

—Drew H

Substandard schooling

“Due to their one-size-fits all independent study program for school (in which you get held back in the program itself for bad progress), I lost roughly 2 years of schooling in my stay, forcing me to resort to the GED upon my arrival home. I was never offered even the least bit of assistance. Meanwhile, staff are telling my parents how well I’m doing in school.”

—Sean H

Poor medical care

“Physically, concerns for my condition were thrown out the window. For four months I was put in a storage space which was called the ‘Bat Cave.’ It was about the size of a large closet. Twelve kids could be put in this small space. Literally kids were on top of each other. Living conditions were grossly over crowded. One time a kid got pink eye. After a week a third of the kids had it ...”

“I once got an ear infection in my right ear. It got so bad that it hurt when I swallowed. I told the staff but they never did anything for me. Some didn’t even understand because they didn’t speak English. The administration acted too important to talk to me. After a month I saw the doctor. He gave me ear drops and it took weeks for the ear to stop hurting. I now can notice that in my right ear I’ve lost some hearing.”

—Nathan B

Parents' concerns

"I gather that you are aware of the abuses and neglect so rampant in these programs, so I won't trouble you with a long personal account. Please just know my son's experience is typical of those you are aware of; and that I was seriously misled and manipulated by the program sales and staff."

—Karen B

"I'm very disturbed that they are allowed to operate and nobody is watching, or checking to make sure our children are ok."

—Shannon M

"I will not hesitate to explain the fraud on families and the beating my 13-year-old child suffered at [the program he attended in Jamaica]. After three very long years, he has still not recovered from the blatant abuse, nor I from the family trauma. These businesses are nothing more than criminal enterprises."

—Paula R

After-effects

"I still have dreams all the time where I'm crying and I'm scared because I'm back at the school and I'm trying so hard to leave as quickly as possible before anything happens to me—before anyone tells me what a horrible person I am. I usually wake up in a cold sweat. I just want kids to get the help they need without losing years of their childhood. Nobody gets it when I tell them I was never 17, but I never was, and I always wonder what it's like to be 17."

—Leah B

"I went there when I was seventeen, turned eighteen there and left. This was by far the worst nine months of my life; nobody could understand what these places are like until they attend one. I am now twenty and to this day I still have nightmares every once and awhile regarding this place, I will have a dream I got put on a restriction or got in trouble there. My parents still refer to it as a school and are convinced I am over exaggerating the situation and were in disbelief when I told them it was shut down."

—Drew H

"To be completely honest, these places took away the most important teen years of my life. I am 18, I still haven't graduated high school, I didn't get to go to my Jr. or Sr. prom, my grandfather died, and I didn't even get to say goodbye, and I spent 3 birthdays away from the ones that I loved."

—John M

"Though this experience occurred a long time ago, I can never forget it, and I would not wish this or anything similar to be visited on other teens today."

—Marc P

A START Articles

Pinto, A., Friedman, R.M. & Epstein, M. (2005, Summer). The exploitation of youth and families in the name of specialty schooling: What counts as sufficient data? What are psychologists to do? *American Psychological Association Public Interest Directorate Committee on Children, Youth and Families News*. Retrieved September 29, 2005 from http://www.apa.org/pi/cyf/specialty_schooling.pdf

Friedman, R.M., Pinto, A., Behar, L., Bush, N., Chirolla, A., Epstein, M., Green, A., Hawkins, P., Huff, B., Huffine, C., McGinnis, L., Mohr, W., Seltzer, T., Vaughn, C., Whitehead, K., & Young, C.K. (n.d.) Unlicensed residential programs: The next challenge in protecting youth. Submitted for publication.

A START:

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750 First Street, NE
Washington, DC 20002-4242
P: 800-374-2721, 202-336-5500, TDD/TTY: 202-336-6123
www.apa.org

American Association of Community Psychiatrists
AACP c/o Frances M. Roton
PO Box 570218
Dallas, TX 75228-0218
P: 972-613-0985, F: 972-613-5532
www.comm.psych.pitt.edu/join.html

American Orthopsychiatric Association
Dept of Psychology, Box 1104
Arizona State University
Tempe, AZ 85287-1104
P: 480-727-7518, F: 480-965-8544
www.amerortho.org

Child Welfare League of America
440 First Street, NW, Third Floor
Washington, DC 20001-2085
P: 202-638-2952 F: 202-638-4004
www.cwla.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
P: 703-684-7710 F: 703-836-1040
www.ffcmh.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
P: 703-524-7600, F: 703-524-9094, TDD: 703-516-7227
www.nami.org

National Mental Health Association
2001 N. Beauregard Street, 12th Floor
Alexandria, Virginia 22311
P: 800-969-6642, F: 703-684-5968, TTY: 800-433-5959
www.nmha.org



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