ABUSE OF YOUTH IN RESIDENTIAL PROGRAMS FOR TEENS: A CALL TO ACTION

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As youth transition into adolescence, mental and behavioral health problems can appear or become worse.

- Youth may struggle with ADHD, depression, bi-polar disorder, substance addiction, suicidal thoughts, or a variety of learning disabilities or mental illnesses.
- Youth may become rebellious or take risks as they separate themselves from their parents as a normal part of becoming adults.
Youth and families often seek help with a “struggling teenager.”

- Families face worries and conflicts beyond their capacity to cope.
- Parents can feel helpless, overwhelmed, scared, and desperate.
- Youth may engage in frightening, risky behavior, including trouble with the law, suicide attempts, or dangerous substance use.
Some Teens Need Behavioral Care

Youth and families need access to safe, therapeutic, and appropriate residential care.

- Competent, community-based care can be hard to find.
- Unfortunately, parents are turning to the Internet for help with their “troubled teens.”
- Desperate families are vulnerable targets for high-pressure sales from unethical residential programs.
  - Many programs lack qualified staff
  - Many do not use evidence-based treatment
  - The GAO documented widespread abuse, maltreatment, neglect, and death in residential programs
Youth deserve an adolescence free from:

- Abuse, maltreatment, neglect and death
- Group “treatment” that is not proven effective, and for many, is harmful and traumatic
- Ruptured family relationships, and separation from loved ones, community and advocates
Ensure youth receive the education, special education, and therapy they need.

- Youth with emotional and behavioral problems do need help—but many of these programs are not helpful. Characteristics of unhelpful programs include:
  - Do not follow any method of treatment practiced or taught by mainstream children’s mental health experts.
  - Use confrontational therapy which is shown to be harmful.
  - Special education needs often neglected.
  - Teachers may not be qualified; often ill-equipped to handle problems.
In poor quality programs, the power differential between staff and youth is a recipe for abuse.

- Staff control every aspect of the teens’ lives:
  - Food, clothing, shelter
  - Youth not permitted to leave campus
  - Physical and mental health
  - Education; intellectual freedom
  - Religious/spiritual practice
  - Books, newspapers, television, radio, Internet
In such programs, staff control every aspect of the teens’ lives:

- Relationships and sexuality
- Work tasks—“chores,” physical labor as punishment, or part-time employment—and earnings, if any
- Access to communication with family or advocates
- Civic involvement and political action
- And approval to graduate and leave
Stigma of Being a “Troubled Teen”

Once a youth becomes labeled as a “troubled teen” and is placed in a poor quality residential program...

- Permission is somehow granted to treat her or him by a different, harsher standard than other teens.
  - Afforded no credibility
  - Given little or no freedom
  - Given no voice, choice or role in deciding the course of their own therapy; therapy is forced upon them
This population includes many youth with disabilities and mental illnesses.

- Common for these teens to face learning disabilities, such as ADHD, and/or mental illness such as depression, bipolar disorder, substance abuse problems, and behavioral and emotional challenges.
  - Many survivors say they felt they needed help—some *asked* for help—but that’s not what they got.
Protect Youth with Disabilities, Illnesses

- Most are sent by their parents, not by juvenile justice, or by a psychiatrist (as with mental hospitals).
  - No judge or legal advocate has evaluated the need for placement; the child has no opportunity to appeal.
- There is no legal requirement that the child receive a formal diagnosis or treatment plan.
  - No objective criteria for “graduation”
  - Nor for judging the efficacy of the services provided
Adolescence is a Turbulent Time

But many are simply rebellious teens, taking risks and exploring adulthood.

- ASTART experts in adolescent mental health confirm that many are not ill but exhibiting age-appropriate developmental behaviors, i.e., “the teen years.”
- It is normal for teens to outgrow this stage by the time they graduate high school.
Investigations by the GAO found widespread abuse in some residential programs for teens.

- GAO documented thousands of cases of abuse, maltreatment, neglect and death of teens.
  - Legal system rarely holds staff or programs accountable.
  - Corporate attorneys most often settle civil suits out of court with nondisclosure provisions.
- At the instruction of programs, children are often transported there by threat or use of force, against their will, by an “escort service.”
Investigations also showed some programs used deceptive marketing practices, including:

- Erroneous information about treatment of mental and behavioral problems (such as that bipolarity and depression can “just go away after a while” through diet)
- Lack of disclosure of financial relationships with referring educational consultants or other programs
- Bogus advice about insurance reimbursement
- Instructions for tax evasion
The Troubled Teen Industry

Many residential programs are owned and operated by two for-profit corporations.

- Universal Health Services (PA) is a Fortune 500 company.
  - Operates 113 behavioral health facilities in 32 states.
  - In 2007, UHS behavioral health facilities produced net revenues of $1.15 billion and net profits of $220 million.
CRC Health Group (CA) operates Aspen Education Group. CRC is owned by Bain Capital, a global investment group.

- Earnings in 2007 of $460 million, up 69.6% over 2006.
- Increased revenue came mostly from the youth division, with an average net income per youth per day of $233.80.
- More profitable by far than its adult addiction recovery division which earns an average net income per patient per day of $11.18.
However, this is not about a few “bad apples.”

- Patterns of abuse are persistent and occur in many large and small programs across the country (see GAO report).
- Programs support related industries such as escort services, and educational consultants.
  - Finder’s fees may be paid when referrals are made.
  - Parents of students often get a tuition discount for talking to parents who later enroll their child.
- This is why federal oversight of all programs in all states is needed.
An estimated 14,000 to 20,000 youth per year are enrolled (actual number not known).

- Programs include:
  - “Wilderness programs,” “boot camps,” “emotional growth boarding schools,” and “therapeutic boarding schools.”
  - Tuition is about $60,000 - $90,000 per year (twice the tuition at Harvard).
- Most are located in isolated, rural areas.
- Some wilderness programs operate on federal land.
  - BLM has recently become more involved.
Appealing to Needs of Parents, Not Youth

“I just wanted someone to end the cycle of fear.”
Cynthia Clark-Harvey, mother of Erica Harvey. Erica died due to staff malfeasance in the Catherine Freer Wilderness program.

• Parents and their concerns and fears are the target of these unsavory parts of the industry—not helping adolescents.
  o Parents fear they are losing their children, and may doubt their parenting skills.
  o They yearn for someone to offer relief.
  o Programs offer a cure-all, and parents want to believe their children are in a safe place.
    ▪ “Because it’s expensive and hard, it must be good.”
Parents and caregivers seeking help for a difficult teen are vulnerable, exhausted, and often at their wits’ end. What can they do?

- **Pause.** Do not be rushed into decisions.
  - People make poor decisions when they are afraid, angry or under stress.
  - For-profit programs take advantage of fear, vulnerability.
- **Consider the whole picture.**
  - Teen problems are usually family problems, and are best addressed together as a family, in the home community.
What’s a Parent Supposed to Do?

Know the warning signs of unsafe residential programs (see www.isaccorp.org/warningsigns.asp):

- Child is diagnosed over the Internet or by phone.
- Written and/or verbal communication between the child and family members is restricted at any level.
- Parents are asked to sign a waiver releasing the company from liability should their child be injured.
- The program asks for, demands or recommends legal custody of the child.
Seek help closer to home.

- Ask family, friends of the family, or others for help, or to give the child a place to stay for a period of time.
- Seek community-based alternatives.
  - Community-based care and counseling;
  - Parent groups—but beware of parent groups run by, or frequented by, program marketers.
Better Alternatives

Apply *evidence-based* community care models.

- Focus is on coordinated attention from multiple caregivers:
  - Parents, school, medical/mental health, faith community, juvenile justice (if applicable).
    - Systems of Care
    - Wraparound Care
  - Short-term stays (2-8 weeks) in licensed residential care, such as for detox or suicide watch, may be appropriate.
- Youth is kept in his or her own community and at home (unless home carries a risk of harm).
Support Legislation to Protect Teens

Help protect teens by supporting federal legislation to bring residential programs for teens under federal monitoring.

- Legislation must be have teeth and provide resources for enforcement, or programs may claim a level of rigorous oversight that does not exist.
- Visit [www.astartforteens.org](http://www.astartforteens.org) for updates and resources on passage of legislation.
- Contact your members of Congress to ask for their support of laws to protect teens from abuse.
THANK YOU AND DISCUSSION

WWW.ASTARTFORTEENS.ORG