

Our Experience with Residential Treatment for Teens

By Ann J. Loftin

About five months into my son's stay in a residential treatment program in Utah, I started actively questioning the value of keeping him there. I did some research into the "troubled teen" industry, and my research led me to A START. A START gave me the courage to take my son out of Utah, and so, when a couple of board members asked me to write something about my experience, I thought it would be a cakewalk. After all, I'm a journalist by profession—surely I could write something of value to other parents. But of course, every child is different; every program is different; and every outcome is different, so it's difficult—and often inadvisable—to generalize.

The best advice I can offer is this: Do your homework. A web site tells you only how much money and effort went into creating the web site. Many of the so-called "therapeutic schools" have great web sites, especially the ones owned

by a for-profit corporation that owns drug and alcohol rehabilitation programs. When considering a program, check to see if the people running the program have the right kind of professional training. If you want your child to earn high school credits, make sure the educational program is accredited by the state, not by membership organizations such as the Northwest Association of Accredited Schools. If your

The best advice I can offer is: Do your homework. Request a detailed treatment plan and agree in advance on a time frame. And above all, make sure the program's treatment methodology is appropriate for your child.

child is on medication, make sure there's a psychiatrist *on staff*. A degree from an online university is not a good sign. Ask a lot of questions. Request a detailed treatment plan, and agree in advance on a time frame—even if you have to change it later. Above all, make sure the program's methodology is appropriate for your child.

In other words, do all the things we didn't do.

My son—I'll call him James—was different from a very early age. He met all of the developmental milestones for crawling, walking, talking and reading, but by third grade he was showing signs of learning disabilities, his social interactions were fraught with peril, and we were collecting diagnoses: nonverbal learning disability, ADHD, oppositional/defiant disorder, mood disorder NOS (not otherwise specified), bipolar disorder, Asperger's. We did what all loving parents do: bought the parenting books, hired the psychologists and psychiatrists, tried (reluctantly) all the medications, replaced the broken furniture, and argued for more services from the special education administrators at my son's small public school in Connecticut. Although we got divorced, we remained equally involved and devoted to our only child, who was conceived in vitro when I was 42 and my ex-husband was 46.

About midway through seventh grade, I began to panic. James's small elementary/middle school would, in a year's time, feed into a giant high school, where special education services barely existed. Both James's father and I felt we had to find a small high school where our son would get the academic attention he needed, and where our son's antisocial personality traits would be addressed—and, we hoped, channeled into more constructive expression than out-swearing Tony Soprano. To that end, we hired yet another psychologist to produce an up-to-date assessment. The psychologist passed us along to an educational consultant who promised, in exchange for \$6,000, to take on the whole problem of our son's education for all the years to come.

Based on his reading of our son's psychological testing, the consultant told us what we already feared—that our son was at high risk for addiction and for a life of crime and incarceration. He made a compelling argument for early intervention and tried to sell us on programs that emphasized treatment over academics. We didn't like the sound of this approach. So the consultant suggested a "therapeutic boarding school" in the Midwest that emphasized both. To be fair, he did caution us that it might not work, and it didn't. Ten days after we'd said our tearful goodbyes to James, we got a call from the head of the school saying, "Come get your kid." James was refusing to go to classes. He had hit his roommate. He was profoundly homesick and scared. He had never spent a single night away from a parent until then, and he just couldn't handle it.

The consultant recommended a different therapeutic boarding school, closer to home this time, and we agreed, but on the day we were supposed to leave our son there, we just couldn't do it. The dorms were dirty, the food inedible, the other kids looked dangerous. So we put our son back in his old public school in Connecticut—by now, 8th grade was well underway, and now he was behind on two counts—and kept working with the consultant.

The consultant began arguing for a more thorough evaluation. He said we really needed to settle on a primary diagnosis, so he could advise us better on

placement. He said the best place in the country was a psychiatric assessment facility in, of all places, Utah.

Bewildered but cowed, we said OK. I suppose there are worse places to spend six weeks, but our son was understandably terrified when we reluctantly left him in a locked facility in Utah on his 13th birthday. Six weeks and forty-thousand dollars later, we got a big fat report telling us what we

The [educational] consultant began arguing for a more thorough evaluation. He said the best place in the country was a psychiatric assessment facility in Utah. Six weeks and forty-thousand dollars later, we got a big fat report telling us what we already knew: Our son was complicated.

already knew: Our son was complicated. Asperger's, mood and personality disorders, oppositional/defiant, yadda yadda yadda.

I remember the day we flew out to Utah for the final treatment team meeting. Everyone was sitting around a giant conference table talking about various programs in Utah and Montana, and I finally lost my cool and said, "Listen, we live on the East Coast. Why are all these damn programs out here?" The psychiatrist calmly explained that most of the programs are out west because in most western states, minors don't have the right to refuse treatment. Parents can send an angry teenager off to Utah, kicking and screaming, and there isn't a thing the kid can do about it. (However, some survivors of these programs have posted remarks on a web site amusingly named mormongulag.com. Another site, called fornits.com, reports on programs around the country. It's worth looking at these sites to check out any program you might be considering.)

In the end, we caved. We drove our son an hour north to a small Residential Treatment Program (RTP) in Utah, and left him there. My ex-

husband felt we had no choice but to trust the experts in the white coats. I was deeply ambivalent, and only the thought of establishing a new home for my son, with my new husband in Chapel Hill, North Carolina, sustained me through the next few weeks of tearful phone calls from James. "What did I do to deserve this?" he kept asking. "Why are you doing this to me?" "Why are you punishing me?" My answer, "Honey, you didn't do anything wrong," only made it worse.

Calling home was considered a privilege. Boys on lower levels could only talk to family once a week, for 15 minutes, and the calls were monitored by staff. I often heard staff in the background correcting James. "Now, we talked about what you would say to your mother..."

Like many of these places, my son's program used a behavior-modification "level" system and a group therapy technique called MRT, for Moral Reconation Therapy. Both the level system and MRT were originally developed for prison populations, and in fact the people who started my son's program came out of Utah's juvenile justice system. The assumption behind both systems is two-fold: One, the child needs to be rehabilitated, and second, the child will change his behavior in order to get rewards or avoid punishments. In program-speak, you're always either "on priv" or "on loss," and as you rise through the levels, you get more goodies. Calling home was considered a privilege. Boys on lower levels could only talk to family once a week, for 15 minutes, and the calls were monitored by staff. I often heard staff in the background correcting James. "Now, we talked about what you would say to your mother...."

James was supposed to comply with a series of rules, and demonstrate a set of behaviors, that he never encountered or displayed at home. For example, he

could not go into other boys' rooms. He could not swear under any circumstances. He could not take unescorted walks or bike rides. He could not have a computer. From a message-sending point of view, daily life in Utah could not have been more confusing.

As for the tearful phone calls, the staff said James was "just trying to manipulate" me. In my personal opinion, when you hear that phrase, you should buy your plane ticket.

Things were going along as well as they could have, under the circumstances, when I learned that James would not be allowed to come home until he reached "Level 5." This had evidently been in the fine print, but it was news to me. The staff tried to mollify me, predicting that James would get to Level 5 within a matter of months, provided I convince James that I supported the program absolutely. I was strongly encouraged to wait it out, and as for the tearful phone calls, the staff said James was "just trying to manipulate" me. In my personal opinion, when you hear that phrase, you should buy your plane ticket.

Instead, my ex-husband and I soldiered on, making trips to Utah every couple of months. We attended parent weekends. We sat through sophomoric PowerPoint presentations by program staff. We got to know the other boys, most of who were adopted. One boy, the heir to a paint fortune, had been sent to Utah by his grandparents, because his mother was a heroin addict. We visited the program's "school," a former beauty parlor on a bleak commercial strip about five miles from the boys' residence. There didn't appear to be any semblance of academics at this so-called "academy." The boys wandered in and out of makeshift classrooms. The "teachers" had dubious credentials. There were no

books to speak of. Similarly, the house where the boys lived, while admirably

neat and clean, was entirely devoid of lamps or reading material, not counting program-speak slogans stenciled on the walls. I wasn't paying for this prohibitively expensive blackout—my ex-husband had legal responsibility for James's education—but the waste of a good mind seemed unconscionable. And despite the program director's optimistic view that insurance would cover some of the costs, my ex-husband said nothing was covered.

There didn't appear to be any semblance of academics at this so-called "academy." The "teachers" had dubious credentials. There were no books to speak of. And despite the program director's optimistic view that insurance would cover some of the costs, my ex-husband said nothing was covered.

Our son eventually stopped crying and no longer called me "Mom." I became "Mother"—said in a sardonic tone of voice—and I am Mother to this day. James adjusted to his strange life in Utah. However, he remained steadfastly at Level 3, which meant no home visits. I was beginning to resign myself to making frequent trips to this strange place on the other side of the country. Then I got a call from the program administrator: My son's 17-year-old roommate had committed suicide by hanging. He and my son had snuck out of the house the night before (so much for the "awake" night staff), coming and going at least twice without being intercepted. I got James on the phone, and he confessed to me that he and the other boys often snuck out at night, walking in a neighborhood that was not Main Street U.S.A., but a place with seedy commercial strip development—liquor stores, bodegas, pawn shops and burger joints. James said he and his roommate had walked around town all night before the suicide. He said his roommate had been carrying a rope. At some point James made it back to the group home. The other boy hung himself on the grounds of a nearby school the next morning.

I caught the next flight out to Utah. The people running the program were

not happy to see me. They were badly shaken, but they didn't appear to feel responsible for the death, and they offered no explanation other than to say, "This is not a locked facility." They said the boy had tried to commit suicide before coming to Utah, and that they'd just celebrated his one-year

Then I got a call from the program administrator: My son's 17-year-old roommate had committed suicide by hanging.

anniversary with no suicide attempts. I wanted to take my son out of there immediately, but my ex-husband, who was paying the bills and with whom I shared custody, prevailed upon me to hang in. So I started leaving phone

messages and writing emails to the educational consultant, asking him to find us another place. In response to one of my emails, the consultant wrote:

"I have followed [James] closely during his stay at _____ and certainly know that he is struggling. In my view, he will continue to struggle--there or anywhere--until you make a commitment to supporting his treatment. This means setting clear boundaries and expectations for the work that he must do and holding him accountable. How can the skilled people at _____ be expected to support him if you are giving him the clear message that you will assist him in leaving?"

After that exchange the consultant never again took my calls or responded to my emails.

I told the program director that in light of the suicide I wanted James to come home for a visit, so I could evaluate his state of mind on terra firma. She replied, and her lack of English language skills did little to reassure me:

"As I had always told all parents, the student will not succeed in a program if it's not supported. I know how much you were reluctant to our program in the beginning and how it has continued to this day. There were obviously concerns that brought [James] out to Utah and reasons for the continued referral to a residential treatment program .[James] and I have engaged in many conversations and his main concern is gaining the ability and compassion to be honest with you. To be honest, he will never make progress in this program or any other program with you undermining the goal. Each step in the program creates an amount self-esteem, accomplishment, motivation to be more and want more. James doesn't want more and feels like he needs to be more because he has a clear understanding that he can call you and be gone.... I care about your son deeply and want what is in his best interest. We are his best interest and he has work to do to achieve personal goals.... Don't get me wrong, I care very much about your family and your son. If you want to see him, I urge you to come here or encourage him to pass his steps and have a shorter visit as he has earned it, not given it."

Again, I caved. I flew out to Utah every month. And James stayed at Level 3.

By now we were approaching James's first anniversary in Utah, and Christmas vacation loomed large. Most of the other boys, having advanced to the right level, were going home. By contrast, my son was essentially under house arrest. He no longer went to the former beauty parlor that doubled as a school. The boy who twice made honor roll in 7th grade now had straight Fs. He was down to the clothes on his back—all the others having been confiscated for "noncompliance."

Nobody disputed the fact that James was not making progress. But to the program director, this simply proved that James needed more treatment, or a more supportive mother. But what were we treating James for? He wasn't an

addict. He'd never been in trouble with the law. Was there a treatment for being James? I didn't think so. I didn't believe he was "just trying to manipulate us." My impression, based on lifelong observation of my son, was that his psychiatric profile made him a poor candidate for the program's behavior modification techniques.

Nobody disputed the fact that James was not making progress. To the program director, this simply proved that James needed more treatment. But what were we treating James for? He wasn't an addict. He'd never been in trouble with the law. Was there a treatment for being James?

The program staff decided that what James needed was a "wilderness" experience, essentially to break his will and force him to start complying with the program expectations. They recommended another outfit in—guess where?— Utah. Rather than come home for Christmas (which was my stated position), they said James should spend Christmas, along with an unspecified number of weeks or months, in this wilderness program, and then return to the RTP.

I flew out to Utah to try and make some sense of the situation. By now James had gotten wind of the proposed plan. He'd heard horror stories about

"wilderness" from the other boys, many of whom had already done tours of duty in the great outdoors, and he begged me not to send him. I spent two very depressing, confusing days out there, talking to everyone on the staff, talking to James, talking to the head of the wilderness program, and talking to James's father.

The program staff decided that what James needed was a "wilderness" experience, to break his will and force him to comply with program expectations. James had heard horror stories about "wilderness" from the other boys, and he begged me not to send him.

In the end, like my son, I became "noncompliant." I packed up James's clothes and medications, and we caught the next flight back East. All I knew was that my son was coming home for Christmas.

The next day I got this email from James's therapist at the RTP:

"To find out that you took James home today is very discouraging to me, not because we had come to an agreement, but because I feel that this is in direct conflict of James's best interest. I need to tell you that anytime a parent throws their child's best interest under the bus for their own emotional needs to be satisfied, it does years of emotional trauma to the child....Ann, you really need to stop. I am worried for James. I

know you love him but it is time to put his needs before your own.... We need to have a conference call with all involved and decide if your behavior coupled with James's behavior and current situation is something that [the RPT] can continue to work with. I want what is best for James and your family but cannot be involved in something that will only be hurting it for years to come. Please be in contact."

It's been almost a year since that last exchange with the folks in Utah. With his father's blessing, I brought James to live with me in North Carolina, and enrolled him in the local public school. I found him a live-in aide, a first-rate psychiatrist, and a great therapist. And it would be nice to be able to tell you that my plan worked. But it didn't. James couldn't handle the public school in North Carolina. The special education folks did nothing for him. Despite my pleading and arguing, they refused to supervise him or put him in a special classroom, with the result that he was suspended three times in three months. The afterschool hours were no easier. He loved his aide, he loved his therapist, and he loved living at home, but he was hell-bent, and we couldn't control him. He would get on his bike and go to the mall and smoke, or steal, or do something scary. One night he threw a glass bottle against the wall of our house, for no reason we could determine, and it shattered all over the walkway. Frightened neighbors repeatedly called the police. Getting James up in the mornings was a nightmare. Often he hit me. Another time he put his hands around my neck. By now he was a big young man, and I couldn't pretend I wasn't in danger.

After six months at home, we gave up. James's father came down from Connecticut and we put our son in the hospital at the U.N.C./Chapel Hill. We wanted a safe place to take James off all his medications, to see if we could figure out what was going on. The hospital psychiatrists gave us yet another diagnosis

to add to the others: early-onset schizophrenia. And with our blessing they put James on the last-chance antipsychotic medication, Clozaril, a drug that requires weekly blood draws because of its rare, but potentially fatal, side effect of killing white blood cells.

After 12 months of "treatment" I hardly knew my son anymore. I needed to find a place where our son would be accepted for who he was. I wanted a place where concerned parents were not viewed as the problem. I wanted James to live as close to home as possible.

Bringing James home was a real told-you-so experience, and you might

think I'd be repentant, but I am emphatically not sorry. After 12 months of "treatment" I hardly knew my son anymore. I needed to see for myself whether he could safely live at home. Having failed at that experiment, I needed to find a place where our son would be accepted for who he was. I wanted a place where

concerned parents were not viewed as the problem. I wanted James to live as close to home as possible. It took some time to do the research, and to painfully conclude that North Carolina didn't have the right kind of school for my son.

Then, through the former director of UNC's autism research center, we heard about a treatment program in New Hampshire. The director of the New Hampshire program had a Ph.D. from UNC. That was a good sign—someone with a real degree, and in child development, rather than a background in juvenile justice. And there were other good signs: This RTP was nonprofit. It had been around for 70 years. It placed no restrictions on family involvement. It did not use levels, or punitive consequences, to motivate kids. This program used a

technique known as "milieu therapy," which was popular during the 1970s, but fell out of favor after "tough love" and other behavior-modification programs came along. The idea behind milieu therapy is that kids who are mentally ill need encouragement, not rewards, and disincentives rather than punishments. In milieu therapy, ideally you learn from the place, from the relationships you form, and the choices you make. If you decide not to

We heard about a treatment program in New Hampshire. The director had a Ph.D. from UNC in child development, rather than a background in juvenile justice. This RTP was nonprofit. It had been around for 70 years. It placed no restrictions on family involvement. It did not use levels, or punitive consequences, to motivate kids.

go to class, there is a natural consequence, which is that you become bored and you fall behind. Motivation comes not from compliance, but from seeing the natural consequences of decisions you make of your own free will.

The New Hampshire program runs a summer camp along with a year-round school, so we first sent James to the camp to test the waters. Wonder of wonders, a boy who'd never been able to function in a summer camp, enjoyed the whole experience. Now he's in the year-round, all-boys school. I visit him monthly, and he goes home to his father's house in Connecticut every other weekend. Hurray!

That's the good news. The bad news is that no treatment program is perfect, and this one's no exception. The food is terrible. The dorms are grubby and depressing. The doors aren't locked, but only because you'd have to walk for a week to get from campus to civilization. The people who run the place are hard to get on the phone, and I still haven't met the prescribing psychiatrist, because she's only there for a few hours, two days per month. Despite its hefty tuition, the place clearly runs on a shoestring, and there's no back bench. Asked to come to James's first official treatment plan meeting, we parents showed up to find

only that only *one* of the five people on my son's treatment team were available to meet with us. I had flown up all the way from North Carolina for this?

As for "milieu therapy," we are still waiting to see if it will work. The idea, as I said, is that if you create a safe and stimulating environment, and encourage kids to take part, eventually they will sign on. Alas, we are still waiting. It's true that James's medication is very

In the new treatment program, James has never once said, "I don't like it here, please come and get me." Not once. Don't we owe our children some degree of choice about where and how they live their lives?

sedating, but it's also true that he is *choosing* to sleep through the school hours. The motivation still isn't there, and I question whether the program provides enough structure, with everyone free to opt out all the time.

Meanwhile, here's the most important thing, in my view: James has never once said, "I don't like it here, please come and get me." Not once. And really, isn't that what it's all about? Don't we owe our children, even when they're crazy—and I'm tempted to add, *especially when they're crazy*—some degree of choice about where and how they live their lives?

For now, if my son's happy, I'm happy. And we talk on the phone nearly every night.

Reprinted by ASTART with permission from Ann Loftin, November 2010 www.ASTART forteeens.org