

UNSILENCED

THE TTI HANDBOOK

A Comprehensive Guide to the History, Motives, and Abuses of the Troubled Teen Industry (TTI) for Survivors, Activists, Caregivers, and Professionals.



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Trigger Warning: The following handbook contains information and descriptions of institutional child abuse and death within the Troubled Teen Industry. Please take your time digesting this information and be sure to have a self-care plan in the event it becomes overwhelming.

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Troubled Teen Industry Overview

The Troubled Teen Industry (TTI) is a network of under-regulated and powerful congregate care facilities that claim to reform youth struggling with mental health, educational challenges, or perceived behavioral issues, but use “tough love” and other non-evidence based interventions.

A lack of required reporting makes it difficult to quantify, but approximately 120,000 to 200,000 youth are housed in these types of facilities and they receive an estimated revenue of \$23 billion in public funds annually.¹ While many young people are sent to these facilities by their parents/caregivers, others come from other community pipelines like child welfare, judicial systems, school systems, medical professionals, and mental health professionals. Many youth sent to facilities have prior trauma histories including adoption, parental divorce, abuse and neglect, or prior sexual assault, which are only exacerbated by extended separation from support systems and communities when placed in an institutional setting.

Regardless of the type of facility or how youth find themselves placed in them, a clear pattern of alleged abuse and neglect has been evident for the past 50+ years and oftentimes youth exiting these programs call themselves survivors.

Types of Facilities

The TTI includes, but is not limited to, the following 24/7 out-of-home placements:

Behavior Modification Program	<ul style="list-style-type: none">• Umbrella-term for a congregate care program that uses reinforcements and/or consequences to shape or change “undesirable” behaviors
Boot Camp	<ul style="list-style-type: none">• Most common in the 80s and 90s, but still around today• Originally used as a means to “correct” behavior of juvenile delinquents or youth at-risk of becoming delinquent• Resembles basic training programs in the United States military
Conversion Camp	<ul style="list-style-type: none">• A program that uses harmful tactics in an attempt to change sexual orientation or gender identity• Treats being LGBTQIA+ as something to “fix”• Some programs practice conversion “therapy,” even in states where it is illegal

¹ Krebs, Catherine E. "Five Facts about the Troubled Teen Industry." American Bar Association. Last modified October 22, 2021. Accessed April 16, 2024.

<https://www.americanbar.org/groups/litigation/resources/newsletters/childrens-rights/five-facts-about-troubled-teen-industry/>.

Foster Care Facility/Group Home	<ul style="list-style-type: none"> ● A congregate care facility, such as a group home or kinship care, that houses foster youth ● Can be a temporary living situation for foster youth awaiting placement elsewhere ● Cases are typically handled by caseworkers, child protective services, or the state
Juvenile Legal Facility	<ul style="list-style-type: none"> ● Also known as a “juvenile detention center” ● A prison-like facility that detains youth who are in trouble with the law ● Cases are typically handled by the court
Religious Program	<ul style="list-style-type: none"> ● Congregate care facility that is based on any one religion and uses religion as a means to “reform troubled youth” ● Often pushes the values of the religion on youth placed in their care, regardless of the youth’s own religion or lack thereof
Residential Treatment Center (RTC)	<ul style="list-style-type: none"> ● Practice pseudoscientific methods of treating youth, but with more focus on following strict rules as a means of treatment than a therapeutic boarding school (TBS) ● Greater emphasis on therapeutic services than a TBS ● Some RTCs take insurance whereas TBSs do not ● Shorter-term RTCs are often pipelines to a TBSs or long-term RTCs
Therapeutic Boarding School (TBS)	<ul style="list-style-type: none"> ● Combination of therapeutic services and academics ● Greater emphasis on education when compared to an RTC ● Practice non-evidence based treatment for youth placed in their care
Wilderness Therapy Program	<ul style="list-style-type: none"> ● Entirely outdoors and advertise “adventure therapy” as a way to modify “undesirable” behaviors of youth placed in their care ● Promote the “healing properties” of nature to treat a myriad of mental health conditions ● Wilderness Therapy Programs are often pipelines to an RTC or a TBS

Different Types of Institutionalization²

Short-Term Stabilization (in a psychiatric hospital)	Long-Term Institutionalization (in the TTI)
Discharge plan is created within 72 hours of the patient arriving	Patient is often given a TBD discharge date and kept there for longer than is necessary
Patient leaves with a referral to outpatient services	Follow-up with outpatient services is not always utilized
Stabilizes a patient in crisis so they can be treated by an outpatient provider	Claims to be able to “fix” a patient of a myriad of mental health conditions - with an emphasis on behavior, not underlying causes
Billing is submitted through insurance and billed to the patient after the patient’s short-term stabilization is completed	Payment is asked for up-front from the institution with payment increasing the longer the patient is there. There is also a greater prevalence of private pay creating a decreased likelihood of insurance covering the duration of placement in the institution

Program Red Flags

If caregivers are considering out-of-home treatment or intervention for their child, it may be tempting to consider residential placement. Below is a list of red flags for caregivers to use if they are considering residential placement or a wilderness programs. If a program incorporates or encourages any of the following practices, you may want to reconsider.

The program recommends:
<ul style="list-style-type: none"> ● Involuntary admittance ● Forceful “transportation” or “escort” services

² "Short-term Stabilization." Standards of Care. Accessed April 16, 2024. <https://www.standardsofcare.org/understanding-care/types/short-term-stabilization/>.

The program uses:

- A contract with terms that ask caregivers to sign over their custodial rights or agree to not report child abuse
- High-pressure sales tactics urging caregivers to “act now” or else the child will be harmed
- Restraints in a manner to hurt the child in the hopes they will comply
- Dangerous and unethical physical, chemical, or mechanical restraint methods
- Fear, shame, humiliation, and/or intimidation as part of their behavioral modification practices
- Isolation/seclusion/solitary confinement rooms
- An over-structured routine and constant surveillance which allows little-to-no free time or privacy
- Attack therapy or group attack therapy on children
- Aversion therapy on children

The program allows:

- Only monitored and/or limited telephone communication
- Only monitored, limited, and/or censored written communication
- Regular staff to have the discretion to use chemical restraints that are “rubber-stamped” by a doctor and/or nurse at a later point in time

The program punishes the child:

- By restricting social interaction, socially ostracizing them, and/or forcing “silence”
- With forced labor
- By forcing them to sit or lay in stress positions

The program requires:

- Children to initially “earn” the right to have normal social interactions
- Prolonged isolation from society

The program denies:

- Medical care
- The ability to contact law enforcement or advocates upon request or to report abuse

The program has or does ANY of the following:

- Is not state-licensed or accredited for at least three components: education, mental/behavioral health, residential
- Employs mostly uneducated or untrained staff to handle the majority of the day-to-day care of the children
- Restricts family communication and parental rights
- Instructs caregivers to disregard any reports of abuse or mistreatment as expected “manipulation” and evidence that the program is working
- Unethically uses restraints
- Deprives the child of basic necessities such as food, water, sleep, and/or access to a bathroom
- Punishes the children by denying them access to school
- Structure has a peer hierarchy where children are responsible for punishing and restraining other children
- Provides conversion therapy or any “treatment” that claims to change a child’s sexual orientation
- Forces sexualized behavior/sexual abuse as part of “treatment”
- Sexual shames the child as part of “treatment”
- Is nationally accredited, not regionally – regional accreditation is considered the gold standard for schools
- Staff receive bonuses or commissions for having a high headcount of children enrolled
- School curriculum is textbook/self-study dependent

Why Youth Get Sent To The TTI

Youth often find themselves in the TTI due to a variety of factors, including the pathologization of adolescence, mental health struggles, disabilities, and discrimination leading to conversion therapy.³ Normal teenage behaviors, such as talking back, breaking rules, or exploring their sexuality, are frequently pathologized within the industry, leading to the perception that these behaviors warrant intervention.⁴ Moreover, youth grappling with mental health conditions like eating disorders, suicidal ideation, or self-harm are placed in these programs under the pretense of rehabilitation, only to face further harm and neglect.⁵ Disabled youth, especially those who are non-speaking, may be subjected to ableist treatments and denied proper

³ Golightley, Sarah. "Troubling the 'Troubled Teen' Industry: Adult Reflections on Youth Experiences of Therapeutic Boarding Schools." *Global Studies of Childhood* 10, no. 1 (2020): 53-63. <https://doi.org/10.1177/2043610619900514>.

⁴ Szalavitz, Maia. *Help at Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids*. New York: Riverhead Books, 2006.

⁵ Szalavitz, *Help at Any Cost*.

accommodations, exacerbating their vulnerability to abuse.⁶ LGBTQIA+ youth, targeted for conversion therapy, commonly endure lifelong trauma within these facilities.⁷ The TTI not only fails to address the underlying issues faced by these youth but perpetuates a cycle of abuse, exploitation, and neglect, emphasizing the need for systemic reform to protect the well-being of vulnerable individuals.

Pathologizing Adolescence

Pathologizing adolescence, the practice of labeling normal teenage behaviors as psychiatric disorders or problems,⁸ can have detrimental effects on youth. One major consequence is the tendency to categorize common actions, such as talking back, breaking rules at home, excessive internet use, skipping school, and sexual exploration, as abnormal and problematic.⁹ Instead of recognizing these behaviors as typical aspects of adolescent development, they are often stigmatized and medicalized, creating a culture that perceives standard teenage conduct as inherently pathological.¹⁰

This misguided perspective contributes to the alarming trend of placing youth in programs within the TTI. These programs, often driven by profit motives, capitalize on the pathologization of adolescence. By marketing normal behaviors as serious issues that demand intervention, these programs attract concerned parents/caregivers and other decision makers seeking solutions for their teenagers' perceived problems.¹¹ Consequently, many adolescents find themselves enrolled in facilities that claim to address these exaggerated issues but, in reality, may subject them to harsh and ineffective treatments.

The overemphasis on pathologizing normal teenage behavior not only perpetuates harmful stereotypes but also risks the well-being of adolescents. Placing youth in programs within the TTI based on inflated concerns can lead to unintended consequences, including emotional distress, strained family relationships, and potential long-term psychological harm.¹² It is crucial to recognize the importance of understanding and accepting the normal challenges of adolescence without resorting to unnecessary and potentially harmful interventions.

⁶ Young, Robin, and Serena McMahon. "Disability Advocates Fight Ruling Allowing Electric Shock Treatment Back in Mass. Residential School." WBUR. Last modified August 12, 2021. Accessed April 16, 2024.

<https://www.wbur.org/hereandnow/2021/08/12/shock-treatment-school-disability>; "Desperation without Dignity: Conditions of Children Placed in For Profit Residential Facilities." National Disability Rights Network. Last modified October 14, 2021. Accessed April 16, 2024. <https://www.ndrn.org/resource/desperation-without-dignity/>.

⁷ "The 'Troubled Teen' Industry." National Youth Rights Association. Accessed April 16, 2024. <https://www.youthrights.org/issues/medical-autonomy/the-troubled-teen-industry/>.

⁸ Luxmoore, Nick. "Pathologising Adolescence." Psychology Today. Last modified January 3, 2015. Accessed April 16, 2024. <https://www.psychologytoday.com/us/blog/young-people-close/201501/pathologising-adolescence>.

⁹ Szalavitz, *Help at Any Cost*.

¹⁰ Szalavitz, *Help at Any Cost*.

¹¹ Szalavitz, *Help at Any Cost*.

¹² Szalavitz, *Help at Any Cost*.

Mental Health Struggles

The TTI often becomes a destination for youth struggling with mental health conditions, including eating disorders, suicidal ideation, self-harm addiction, and other acute struggles.¹³ Rather than receiving appropriate mental health care, these adolescents are placed in programs within this industry that claim to provide therapeutic solutions.¹⁴ Unfortunately, these programs often exacerbate the challenges faced by the youth rather than fostering healing.¹⁵ The misguided approach of these facilities tends to prioritize discipline over mental health support, creating an environment where punitive measures are employed to address what should be treated as serious mental health concerns.¹⁶

Compounding the issue, a significant number of youth entering the TTI have prior traumatic experiences that the programs inadequately address or, in most cases, even worsen.¹⁷ Trauma-informed care is crucial for individuals with a history of trauma, but these programs often lack the expertise and sensitivity needed to provide effective support. Instead of fostering a healing environment, these facilities may inadvertently re-traumatize vulnerable youth, perpetuating a cycle of distress and hindering genuine recovery and healing.¹⁸

Rather than receiving evidence-based, community-based care that prioritizes autonomy in making medical decisions, youth in the TTI are often subjected to a system that punishes them for struggling with their mental health. The emphasis on control and conformity within these programs further stigmatizes mental health challenges and inhibits the development of a supportive and understanding approach.¹⁹ Advocates argue for a shift towards community-based care that empowers youth to actively participate in decisions about their mental health treatment, fostering a sense of agency and facilitating more effective and compassionate support.

Disabilities

Disabled youth often find themselves in the TTI, a distressing reality exacerbated by the stigma and discrimination disabled individuals face.²⁰ They are prevented from reporting abuse through a lack of contact with the outside world and are offered no accommodations for reporting abuse.

¹³ Krebs, "Five Facts."

¹⁴ National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁵ National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁶ Corsello, Rachel M., and Brittany E. Hayes. "'When Can I Call Home?' Coercive Control, Structural Isolation, and Functional Isolation among Attendees of Residential Behavioral Modification Programs." *Journal of Interpersonal Violence*, January 20, 2024. <https://doi.org/10.1177/08862605231222878>.

¹⁷ National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁸ National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁹ Corsello and Hayes, "'When Can I Call Home?'"

²⁰ National Disability Rights Network, "Desperation without Dignity."

Outside communication with the world is deliberately severed, leaving disabled youth isolated and vulnerable, and unable to seek help or report maltreatment.

Within these programs, disabled youth are often subjected to ableist and dehumanizing "treatments" that go against evidence-based practices. Shock devices, solitary confinement, and other non-evidence-based interventions are distressingly common.²¹ Disabilities are often pathologized, further stripping disabled youth of autonomy over their care. This lack of control not only worsens any prior trauma but also perpetuates a harmful cycle where their individual needs and perspectives are ignored, exacerbating their distressing experiences within the TTI.²²

One alarming aspect is the disbelief and skepticism that disabled youth face when attempting to express that they are being or were abused. The systemic failure to acknowledge disabled voices only deepens the trauma disabled youth endure.²³ It is imperative to address the widespread lack of understanding and accommodations for disabled youth in these facilities, ensuring that their rights are protected, and their individual needs are met with dignity and respect. There is an urgent need for a shift towards compassionate, community-based care that prioritizes the well-being and autonomy of disabled youth within mental healthcare settings. The "one-size-fits-all" approach is outdated and not backed by disabled voices or research. In fact, most disability rights groups view disability as something in need of public education and accommodations, not something to be "treated," whereas the programs within the TTI try to modify behaviors in abusive ways and overmedicate disabled youth placed in their care.²⁴

Conversion Therapy

The TTI poses a severe threat to LGBTQIA+ youth, as it often embraces and enforces harmful conversion therapy practices.²⁵ In these facilities, gender identity and sexuality are erroneously viewed as conditions to be "treated" or changed.²⁶ This misguided perspective not only perpetuates harmful stereotypes but also counters the principles of acceptance and inclusivity. LGBTQIA+ youth entering these programs may face pressure to conform to societal norms regarding gender and sexuality, leading to enduring psychological harm as they are coerced into suppressing their authentic selves.²⁷ It is essential to recognize that one's gender identity and sexual orientation are inherent aspects of who they are, and no individual should be subjected to punitive measures for being true to themselves and how they were born.

²¹ National Disability Rights Network, "Desperation without Dignity."

²² National Disability Rights Network, "Desperation without Dignity."

²³ National Disability Rights Network, "Desperation without Dignity."

²⁴ National Disability Rights Network, "Desperation without Dignity."

²⁵ National Disability Rights Network, "Desperation without Dignity."

²⁶ National Disability Rights Network, "Desperation without Dignity."

²⁷ Shapiro, Lila. "'Nail Salons Are More Regulated': A Gay Survivor Takes on the 'Troubled Teen' Industry." HuffPost. Last modified February 2, 2016. Accessed April 16, 2024.

https://www.huffpost.com/entry/troubled-teen-programs_n_6957646.

Conversion therapy practices within the TTI inflict profound and lasting trauma on LGBTQIA+ youth.²⁸ These interventions, often rooted in discriminatory beliefs, aim to change an individual's sexual orientation or gender identity through various harmful methods. The consequences of such treatments can be devastating, leading to emotional distress, anxiety, depression, and a pervasive sense of shame.²⁹ The enduring impact of conversion therapy extends far beyond the duration of the program, affecting the mental health and well-being of LGBTQIA+ youth long into adulthood.³⁰

It is imperative to advocate for the rights and well-being of LGBTQIA+ youth, emphasizing the importance of affirming and supportive environments. Rather than perpetuating harmful conversion therapy practices, there is a pressing need for education and awareness to promote understanding and acceptance of diverse identities in mental healthcare.³¹ Creating an inclusive and respectful therapeutic environment is essential for the mental health and flourishing of LGBTQIA+ youth, acknowledging their right to live authentically without fear of punishment or attempts to alter their innate characteristics. The TTI does not build a safe and therapeutic environment.³² The act of sending a child away to conversion therapy is, by itself, inherently abusive and traumatic.

Pipelines to the Troubled Teen Industry

Youth find themselves in congregate care placements at the hands of child welfare and juvenile legal systems, school districts, medical and mental health providers, and private placement from legal guardians. The pathways leading troubled youth into the TTI are complex and often involve a range of stakeholders. These young individuals are frequently placed in congregate care settings due to the involvement of various systems, each with their own motivations and perspectives.

The child welfare and juvenile legal systems often intervene when adolescents are involved in delinquent behaviors or unsafe home environments.³³ School districts may refer students struggling with academic and behavioral challenges to TTI programs in hopes of providing them with a fresh start. Medical and mental health providers, recognizing the need for specialized treatment, might suggest these placements to address issues like substance abuse or severe

²⁸ Glassgold, Judith M., Lee Beckstead, Jack Drescher, Beverly Greene, Robin Lin Miller, Roger L. Worthington, and Clinton W. Anderson. "Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation." American Psychological Association. Last modified August 2009. Accessed April 16, 2024. <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

²⁹ Glassgold et al., "Appropriate Therapeutic Responses."

³⁰ Glassgold et al., "Appropriate Therapeutic Responses."

³¹ Golightley, Sarah. "'I'm Gay! I'm Gay! I'm Gay! I'm a Homosexual!': Overt and Covert Conversion Therapy Practices in Therapeutic Boarding Schools." *The British Journal of Social Work* 53, no. 3 (2023): 1426-44. <https://doi.org/10.1093/bjsw/bcad049>.

³² Golightley, "Conversion Therapy Practices."

³³ "Intersection of Juvenile Justice and Child Welfare Systems." Office of Juvenile Justice and Delinquency Prevention. Last modified May 2021. Accessed April 16, 2024.

<https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/Intersection-Juvenile-Justice-Child-Welfare-Systems>.

emotional disturbances.³⁴ Additionally, private placements by legal guardians can occur when parents or guardians believe that TTI programs offer the best chance at turning their child's life around.

Ultimately, the placement of youth within the TTI is a multifaceted process shaped by a myriad of interconnected pipelines.³⁵ Regardless of the pipeline leading a child to the TTI, one thing remains the same: deceptive marketing, fear-mongering, and lack of knowledge on safer alternatives are the real gateways to the TTI.³⁶

Parents/Caregivers

Parents and caregivers make up a large portion of youth placement in the TTI. They often opt for these facilities as a response to perceived behavioral or mental health challenges exhibited by their child, often being told that sending their child to a program within the TTI is the “last resort” to saving their child’s life. This fear-mongering, combined with a sense of helplessness in dealing with their child's behavioral issues, concerns for the safety of the child or other family members, strained family relationships, and/or worries about their child’s academic struggles, or involvement in risky behaviors, may convince parents that the strict structure and therapeutic interventions promised by these programs will provide the transformative experience their child needs.

Choosing a program is often a daunting task for parents and caregivers. They might research online, seeking reviews and testimonials, but the lack of comprehensive information about the effectiveness and conditions within TTI facilities can be a significant challenge. Educational consultants, who act as intermediaries between parents and TTI programs, play a role in this process. They are usually skilled at convincing parents by emphasizing success stories from previous cases, highlighting the program's therapeutic approach, and promising a turnaround for their child. However, concerns have arisen regarding the credibility of some educational consultants, as they might lack proper credentials or expertise in child psychology and mental health.

Worryingly, some educational consultants are suspected of receiving kickbacks or financial incentives from TTI programs for steering families their way. This conflict of interest raises ethical questions about whether the recommended programs are truly the best fit for the child's needs or are driven by financial gains. The lack of regulation in the industry allows for these potential financial arrangements to thrive, potentially putting vulnerable youth and their families at risk. Addressing these issues requires transparency, accountability, and a focus on the well-being of the youth rather than profit motives, ensuring that any decisions made are genuinely in the best interest of the teens involved.

³⁴ Krebs, "Five Facts."

³⁵ Krebs, "Five Facts."

³⁶ Krebs, "Five Facts."

Educational Consultants

Often, parents or caregivers turn to independent educational consultants (IECs) for guidance when selecting a program for their child. In a general context, educational consultants can specialize in a myriad of areas. However, in the context of the TTI, these individuals advertise expertise in therapeutic placements for struggling youth.³⁷ Parents or caregivers pay the consultants to help find the “right” program for their child, guiding them through the admissions process. Notably, there is not a specific degree requirement to be an educational consultant.³⁸ Thus, while many of these individuals hold a bachelor’s or master’s degree in counseling, psychology, education, or a related or unrelated field, some agents do not hold any degree and are even biased as former parents of a child in a program.

Programs may recommend an educational consultant to parents or caregivers, or parents or caregivers may come across an educational consultant on their own to assist in placing their child in a facility. Often, parents and caregivers explain their child’s struggles to the consultant before the individual makes recommendations for various programs that they believe to be a good fit for the youth. Many educational consultants visit or tour programs that they refer to and have an established rapport with the facility.³⁹ The consultants often use their experience at the facility to put parents and caregivers at ease and to help reassure them that the program is the best course of action for their child. They often speak many of the same narratives as the programs, specifically touting that the parents and caregivers should act urgently and that the facility can save the child’s life.

Allegedly, educational consultants receive kickbacks from programs for making referrals or having another child enrolled in the program, believed to be in the form of direct monetary compensation. However, there are less overt forms of compensation that are believed to transpire as well including a program funding an educational consultant’s airfare, lodging, and other costs when they come to tour their facility. Notably, Oregon [S.B. 749](#) requires referral agents, including educational consultants, to provide clients with a disclosure of sources of fees and compensation that they may receive in exchange for referrals. They also may not refer to a program that provides compensation or payment in exchange for referrals.

School Systems

³⁷ "What Is an Independent Educational Consultant?" Independent Educational Consultants Association. Accessed April 16, 2024.

<https://www.iecaonline.com/quick-links/parents-students/what-is-an-independent-educational-consultant/>.

³⁸ Bolling, Rick. "How to Become an Educational Consultant." Graduate Programs for Educators. Last modified November 5, 2021. Accessed April 16, 2024.

<https://www.graduateprogram.org/2021/11/how-to-become-an-educational-consultant/>.

³⁹ "Campus Tours." Independent Educational Consultants Association. Accessed April 16, 2024.

<https://www.iecaonline.com/quick-links/independent-educational-consultants/members/campus-tours/>.

Middle and high schools, hosting potentially thousands of students, are pivotal settings where youth often interact with school guidance counselors and school psychologists. The role of these professionals is to provide support for students in making personal and educational decisions, as well as to address learning challenges and prevent negative outcomes. In doing so, they often target educational or developmental obstacles to learning, interpersonal problems, and adverse social conditions. While their intentions may be good, the reality is that both school guidance counselors and school psychologists often carry heavy caseloads, far exceeding recommended ratios.⁴⁰ This workload challenge may lead to limitations in their familiarity with individual students, resulting in overdiagnosing, misdiagnosing, and unnecessary pathologizing of students' behaviors and challenges.

In the face of these challenges, even the most well-intentioned decision-makers within schools may, unknowingly, recommend TTI facilities as a solution for struggling students and their families. The lack of awareness about the conditions within these programs, coupled with the facilities' often misleading advertising, can result in the redirection of students toward environments that are ill-equipped to meet their needs. This standard approach not only falls short in providing adequate support but inadvertently exposes youth to isolation, abuse, neglect, and other detrimental factors commonly reported in TTI programs. Instead, a more effective strategy would involve community-based alternatives that address the unique challenges faced by these youth within traditional academic settings, promoting inclusive teaching, incorporating disability into social justice curricula, and offering aids for those encountering barriers in education.

While school systems emphasize education and inclusivity, the outsourcing of support to the TTI leads to more harm than help. It is crucial to reevaluate strategies, focusing on empowering students within their existing academic environments and fostering community-based alternatives that genuinely prioritize the well-being and success of struggling youth.

Individualized Education Programs

The Individuals with Disabilities Education Act (IDEA) plays a crucial role in the trajectory of some youth towards the TTI. For children with disabilities, IDEA should ensure their right to a Free Appropriate Public Education (FAPE).⁴¹ However, the implementation of Individualized Education Programs (IEPs), a key component of the IDEA, can sometimes lead to concerning outcomes. In certain instances, decision-makers within schools may use IEPs as a mechanism to refer students to TTI programs. This process involves leveraging in-state taxpayer dollars to send youth out of state, a practice that raises ethical questions about the use of public funds to facilitate long-term institutionalization.

⁴⁰ "School Counselor Roles & Ratios." American School Counselor Association. Accessed April 16, 2024. <https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios>.

⁴¹ "Free Appropriate Public Education for Students with Disabilities: Requirements under Section 504 of The Rehabilitation Act of 1973." U.S. Department of Education. Last modified July 2023. Accessed April 16, 2024. <https://www2.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html#note5>.

The logistics of this journey often begin with the identification of a child's disability and the development of an IEP tailored to meet their unique needs. While IEPs are intended to provide necessary support within the educational system, the misapplication of these plans may result in recommendations for placements in TTI programs.⁴² This redirection of funds away from community-based resources, towards out-of-state institutionalization, raises concerns about the well-being and rights of these youth. Instead of fostering an environment that supports the development and inclusion of children with disabilities in their communities, this approach inadvertently contributes to a system that exposes them to abuse within TTI programs.

A more effective use of resources and funding would involve redirecting these funds towards initiatives that provide comprehensive and truly individualized support for children with disabilities within their communities. By investing in local resources and programs that prioritize inclusion and address the unique needs of these youth, communities can work towards creating environments that foster growth and well-being without resorting to long-term institutionalization, which breeds abuse and mistreatment.

Juvenile Legal System

The judicial system acts as a concerning pipeline to the TTI, funneling vulnerable youth into environments where they are subject to abuse. Specifically, minors involved in legal proceedings may be directed towards such institutions as part of court-ordered “rehabilitation” or “intervention strategies.” This troubling phenomenon extends to migrant children, who, when entangled with the legal system, may find themselves redirected to TTI programs.⁴³ The lack of informed consent is a significant issue in this process, as children facing legal challenges are often presented with a choice between juvenile detention centers and residential programs. Unfortunately, the stark reality is that both options can be equally abusive, albeit in different ways.

Juvenile detention centers themselves are a part of the TTI, functioning not only as punitive facilities but also as gateways to other programs such as residential treatment centers or wilderness programs. The lack of transparency and comprehensive information about the potential harms in both juvenile detention centers and residential programs leaves children and their families or decision makers ill-informed about the nature of the environments to which they are being directed. This lack of awareness can result in youth being thrust into systems that perpetuate cycles of abuse rather than providing the necessary support for rehabilitation and growth.

⁴² Wilder, Jenney. "Can Your School System Help with Treatment Options? 8 Questions to Ask." All Kinds of Therapy. Last modified March 31, 2017. Accessed April 16, 2024.

<https://www.allkindsoftherapy.com/can-your-school-system-help-with-treatment-options-8-questions-to-ask>.

⁴³ Mater, Jamie. "The Troubled Teen Industry and Its Effects: An Oral History." University of New Hampshire. Last modified 2022. Accessed April 16, 2024.

<https://www.unh.edu/inquiryjournal/blog/2022/04/troubled-teen-industry-its-effects-oral-history>.

It is critical to address the systemic issues that contribute to this pipeline, ensuring that children within the judicial system are not unknowingly exposed to environments where they may face abuse. Advocacy for informed decision-making, alternatives to incarceration, and comprehensive support for youth involved in the legal system is essential to break the cycle that leads them from courts or juvenile detention centers into other sectors of the TTI. The focus should shift towards community-based solutions that prioritize the well-being and positive development of youth, rather than perpetuating a system that poses risks of maltreatment and trauma.

Foster Care System

Foster care is a temporary living situation for youth whose parents are unable to take care of them. Typically, this is a situation that has been brought to the attention of the welfare agency. Those in foster care can either reside with relatives, foster families, or in group facilities. Children can enter the foster care system for a variety of reasons, including abuse, neglect, abandonment, or being placed in otherwise unsafe conditions by their parents/guardians. Social workers may have good intentions for sending foster youth to a residential program or therapeutic boarding school, not knowing the harms both types of programs cause.

Foster care facilities in themselves are TTI programs by definition. These congregate care facilities may include group homes and kinship care and can be temporary arrangements for foster youth before their next placement. Foster youth may also be placed in long-term residential programs for no other reason than availability. These individuals are often institutionalized by caseworkers, child protective services, or the state, any of whom may have been deceived by marketing strategies.

Foster children may be funneled into the TTI for various reasons ranging from problems with behavioral/emotional regulation to a need for therapy to simply the availability of an open bed. This institutionalization is commonly under the pretense of “out-of-home foster care services,” which accounts for hundreds of thousands of child placements.⁴⁴ Oftentimes, “problem” behaviors are those that would otherwise be typical for the average adolescent yet are deemed problematic in foster care. Caleb La Chance, for example, was institutionalized in a TTI facility at 16 years old following instances of smoking marijuana and running away.⁴⁵

The foster care system claims to promote stabilization and reunification above all, giving the impression that it is currently “broken.” However, it is actually functioning as intended: to police

⁴⁴ *An Examination of Foster Care in the United States and the Use of Privatization: Hearings Before the Committee on Finance*, 115th Cong., 1st sess. 26-354 (2017). Accessed April 17, 2024. <https://www.finance.senate.gov/imo/media/doc/An%20Examination%20Of%20Foster%20Care%20In%20The%20United%20States%20And%20The%20Use%20Of%20Privatization.pdf>.

⁴⁵ Miller, Jessica. "Inside Utah's Troubled Teen Industry: How It Started, Why Kids Are Sent Here and What Happens to Them." *The Salt Lake Tribune*, September 1, 2021. Accessed April 17, 2024. <https://www.sltrib.com/news/2020/08/30/inside-utahs-troubled/>.

families and profit off of marginalized and vulnerable youth. In some states, family policing is propagated through limitations on aid provided to biological family members who serve as foster parents, as opposed to foster parents in the system. This is especially true of BIPOC families, whose children are also more likely to be removed from their homes and placed into foster care.⁴⁶ This can be attributed to the low socioeconomic strata that African American families often fall into and stereotypes of African American parents being seen as more irresponsible and unable to properly care for their children.⁴⁷

Despite claims of promoting stabilization and reunification, the foster care system, in reality, functions as a tool to police families and profit from marginalized and vulnerable youth. BIPOC families, in particular, face systemic biases, with children more likely to be removed from their homes based on stereotypes and systemic racism.^{48 49} This systemic issue is exacerbated by limitations on aid provided to biological family members serving as foster parents, creating disparities within the system. Moreover, foster parents exploiting the system for financial gain and mistreating children under their care add another layer of abuse within the foster care system.

High rates of child maltreatment have been reported to occur within varying foster placement settings,⁵⁰ further victimizing an already oppressed group. However, the system still suffers from alarming rates of underreporting, along with allegations that that get close as “unfounded.”⁵¹ This conclusion accounts for 90% of all child maltreatment allegations in foster care, which vary as different kinds of abuse and neglect.⁵² The behavioral and mental health issues prevalent in group homes for foster kids further highlight the need for a comprehensive reevaluation of the foster care system, ensuring the safety and well-being of the children it is meant to protect.

Healthcare Providers

Healthcare providers, even those with good intentions, can unwittingly become conduits to the TTI, leading to the potential mistreatment of vulnerable youth. In some cases, well-meaning healthcare professionals may refer adolescents to TTI programs based on the assessment of

⁴⁶ Rios, Edwin. "Family Policing System': How the US Criminalizes Black Parenting." *The Guardian*, April 14, 2023. Accessed April 17, 2024. <https://www.theguardian.com/world/2023/apr/14/family-policing-system-black-childcare>.

⁴⁷ Roberts, Dorothy. "Race and Class in the Child Welfare System." PBS SoCal. Accessed April 17, 2024. <https://www.pbs.org/wgbh/pages/frontline/shows/fostercare/caseworker/roberts.html>.

⁴⁸ Rios, "Family Policing System."

⁴⁹ Roberts, "Race and Class."

⁵⁰ Tittle, Gail, John Poertner, and Philip Garnier. "Child Maltreatment in Foster Care: A Study of Retrospective Reporting." University of Illinois Urbana-Champaign. Last modified 2001. Accessed April 17, 2024.

https://www.cfr.illinois.edu/pubs/rp_20010501_ChildMaltreatmentInFosterCareAStudyOfRetrospectiveReporting.pdf.

⁵¹ Savini, Dave, Chris Hacker, Elliott Ramos, Michele Youngerman, and Paige Tortorelli. "Child Abuse Claims Mostly Go 'Unfounded' in Foster Care -- CBS 2 Investigators Talk to Survivors, Dig into DCFS Abuse Complaints." CBS News. Last modified November 18, 2022. Accessed April 17, 2024.

<https://www.cbsnews.com/chicago/news/dcf-child-abuse-claims-unfounded/>.

⁵² Savini et al., "Child Abuse Claims."

serious mental health or behavioral issues, genuinely believing they are aiding in the betterment of the youth's health. However, the lack of awareness and misinformation about the conditions within these programs result in inadvertently subjecting youth to abuse under the guise of therapeutic intervention.

Additionally, a segment of the youth population is sent to these facilities simply as a consequence of the pathologization of normal teenage behavior, revealing a problematic societal tendency to medicalize and address adolescence within a clinical framework when that is not needed and unethical. This practice underscores the nuanced nature of the TTI's intake processes, encompassing the exploitation of therapeutic needs to the potential overreach of pathologizing normal developmental phases.

Disturbingly, there are instances where healthcare providers, including those in adolescent psychiatric hospitals, are aware of the abusive practices within TTI programs. Despite this knowledge, some providers continue to refer patients to these facilities, driven by financial incentives such as kickbacks from the programs. This ethical breach raises serious concerns about the prioritization of profit over the well-being of vulnerable youth, showcasing a systemic flaw in the mental healthcare system.

Insurance companies also play a role in directing youth towards the TTI. The financial considerations and cost-effectiveness of certain programs may influence insurance-driven decisions, potentially leading to recommendations that prioritize financial interests over the safety and welfare of the individuals involved. This aspect highlights the need for a more ethical approach to mental health care, emphasizing the well-being of patients rather than economic considerations.

Non-profit organizations, such as the National Alliance on Mental Illness (NAMI), that aim to support individuals with mental health challenges, inadvertently contribute to the pipeline to the TTI. Lack of information or understanding about the potential dangers and abusive practices within these programs may lead well-intentioned organizations to recommend residential treatment as a solution. Ensuring that these organizations are well-informed about the abuse that occurs within TTI programs is crucial to preventing the unwitting endorsement of practices that may harm vulnerable youth. Overall, it is essential to address these systemic issues within the mental healthcare landscape to safeguard the well-being of youth seeking mental health support.

Transport Services

The terms "transport services," "legal kidnapping," and "gooning" all refer, essentially, to the same act: the secure and guarded transportation of youths to therapeutic or TTI programs, such as wilderness therapy, residential treatment, conversion camps, and many more.⁵³ Programs

⁵³ Solomon, Serena. "The Legal Industry for Kidnapping Teens." *VICE*, November 29, 2016. Accessed April 17, 2024. <https://www.vice.com/en/article/jm5ng4/the-legal-industry-for-kidnapping-teens>.

often recommend these services to parents who are considering enrolling their children, as the minors are often portrayed as being dangerous to themselves and/or others and as likely to refuse to cooperate in attending a program. This process can also be called involuntary transportation or involuntary enrollment.

Many times, these “escorts” are done by strangers in the middle of the night while the adolescents are sleeping and are often accompanied by excessive force and aggressive tactics. Furthermore, it is standard for adolescents to be told, “We can do this the easy way or the hard way.” The “hard way” commonly entails zip-ties being used as restraints, as well as handcuffs, blindfolds, and more. These services are controversial, as there is little or no government regulation over them and the act itself is often traumatic to minors.⁵⁴

In summary, transport services are, in reality, kidnapers employed by the victim's parents/caregivers. From the victims' stance, this is the haunting “first leg” of an unknown sequence of events in which there is no end in sight. Important to highlight, there are no federal regulations or laws around youth transport services, leaving youth vulnerable, exposed, and defenseless. Finally, advocates believe it will be necessary to gain federal legislation around transport services since so many youths are transported across state lines to their programs.

What Makes a Program a TTI Facility?

A TTI facility is characterized by various concerning practices that can pose serious risks to the well-being of the youth enrolled. When determining whether or not a congregate care facility is part of the TTI or not, we look at the the following criteria:

- 1) Is a residential facility that is NOT short term/crisis stay facility
- 2) Uses behavior modification techniques
- 3) Claims to use therapeutic modalities as part of enrollment

Behavior Modification

The reliance on behavior modification and coercive control is a central component of TTI programs. Behavior modification is defined as a therapeutic approach that aims to change or alter behaviors through systematic techniques using four core components to shape and reinforce behaviors: positive punishment, negative punishment, positive reinforcement and negative reinforcement.

- 1) **Positive Punishment:** This involves adding an unpleasant stimulus to decrease the likelihood of a behavior occurring again. For example, giving a child extra chores (an unpleasant stimulus) for misbehaving (undesired behavior).

⁵⁴ Solomon, “The Legal Industry.”

- 2) **Negative Punishment:** This entails removing a desired stimulus to decrease the likelihood of a behavior happening again. An example would be taking away a child's toy (desired stimulus) for not following rules (undesired behavior).
- 3) **Positive Reinforcement:** This involves adding a desirable stimulus to increase the likelihood of a behavior occurring again. For instance, giving a student praise (desirable stimulus) for completing their homework (desired behavior).
- 4) **Negative Reinforcement:** This entails removing an unpleasant stimulus to increase the likelihood of a behavior happening again. An example would be allowing a person to avoid doing chores (unpleasant stimulus) if they finish their work on time (desired behavior).

The utilization of behavior modification tactics with youth, like those above, can be concerning due to the potential for harmful psychological effects, including emotional distress and trauma, as well as their impact on self-esteem and self-worth. These techniques may contribute to learned helplessness, diminishing a young person's belief in their ability to effect change and eroding trust in relationships with authority figures.

Additionally, reliance on coercive methods can lead to long-term emotional and behavioral issues, such as aggression and difficulties in forming healthy relationships, highlighting the need for careful consideration and ethical application of behavior modification strategies to ensure the well-being and positive development of youth.

Loss of Autonomy

The TTI poses significant risks to the autonomy of youth by employing coercive practices, limiting consent, restricting communication, promoting forced compliance, and operating with limited legal protections. These dangers highlight the importance of advocating for the rights and well-being of young people in such programs and promoting alternatives that prioritize their autonomy, dignity, and safety.

- **Coercive Practices:** Many programs within the TTI rely on coercive techniques, such as strict rules, punishments, and isolation, to control behavior. These tactics can undermine a youth's sense of autonomy by limiting their freedom to make choices and decisions about their own lives.
- **Limited Consent:** Youth often enter these programs without fully understanding or consenting to the treatment they will receive. Parents or guardians may make decisions on behalf of the youth, further eroding their autonomy and agency in the process.
- **Restricted Communication:** Communication with the outside world, including family members and friends, may be restricted or monitored in these programs. This limitation

on communication can isolate youth from their support networks, making it difficult for them to seek help or express their concerns about their treatment.

- **Forced Compliance:** The emphasis on compliance and obedience in many troubled teen programs can pressure youth to conform to external expectations, rather than encouraging them to develop their own values, beliefs, and goals.
- **Limited Legal Protections:** In some cases, the troubled teen industry operates in a legal gray area, with minimal oversight and regulation. This lack of legal protections can leave youth vulnerable to abuse and exploitation, with few avenues for recourse or accountability.

Other troubling aspects of this industry that differ from other “treatment” is the absence of a defined discharge date or plan upon arrival. Youth may find themselves indefinitely enrolled in these programs with no clear path for their release or aftercare plans. This lack of transparency and accountability can result in adolescents being held for years, enduring a prolonged disconnection from their families, communities, and normal aspects of adolescent development. The isolation from the outside world, coupled with the absence of a discharge plan, contributes to an environment where youth are denied their autonomy and subjected to harmful conditions without a clear path to rehabilitation.

The TTI's notable lack of regulation, reporting mechanisms, and oversight further compound the risks associated with these facilities. The absence of standardized guidelines and scrutiny allows for potential abuses to go unchecked, leaving vulnerable youth without adequate protection. Advocates for reform emphasize the urgent need for increased funding for community-based resources for youth mental healthcare.

Short-term stays in psychiatric hospitals, lasting 1-4 weeks maximum, may be necessary for immediate crisis intervention and stabilization in cases of medication management or imminent harm to oneself or others. Such cases include active suicidal ideation, suicide attempts, acute eating disorders, manic or psychotic episodes, or detox. While effective for crisis management, these brief hospitalizations should prioritize discharging patients with outpatient follow-up plans for ongoing healing and support in their real-world community. Long-term institutionalization, often using behavior modification and coercive thought control, is less effective in addressing underlying issues and can create challenges for individuals reintegrating into society after extended institutionalization.

Cost of Programs

The cost of TTI programs varies, yet one thing remains consistent: they are all expensive, ranging from \$5,000 to \$30,000 per month with an indefinite internment timeframe.⁵⁵ These expenses are further exacerbated when considering the costs of transport services, which can range from \$5,000 to 8,000 per trip, depending on distance and flights.⁵⁶ While one would expect these prices from an Ivy League school, the problem is far from one that affects only those who can afford the price tag. The TTI is able to prey on disadvantaged youth by tapping into public funds and housing migrant youth, foster youth, youth in the juvenile legal system, and youth with IEPs.⁵⁷

According to 2020 data released by the Justice Policy Institute, the average state cost for the secure confinement of a young person is now \$588 per day, or \$214,620 per year.⁵⁸ That same money would be best spent in community-based care.

What Issues Exist Within the Industry?

There are hundreds of issues that exist within this industry, but this section will focus on just a handful of the most prominent and reoccurring. Within the TTI, deceptive marketing is frequently used to persuade decision makers into sending youth away.⁵⁹ These programs typically market themselves as a team of experts that *can, and will*, cure your child.⁶⁰ Marketing tactics are also an issue at play, often mirroring pyramid schemes. Lastly, it is important to highlight that these programs seem to prioritize their enrollment numbers and profit margins over the safety and effectiveness of the youths level of care.

Within this, too, lies a lack of evidence-based research, where TTI programs falsely advertise that they have evidence supporting their effectiveness.⁶¹ These days, many TTI programs endorse evidence-based mental health treatment methods but actually deliver a mix of maltreatment and abuse.⁶² This can be further broken down into overt abuse, program abuse,

⁵⁵ Okoren, Nicolle. "The Wilderness 'Therapy' That Teens Say Feels like Abuse: 'You Are on Guard at All Times.'" *The Guardian*, November 14, 2022. Accessed April 15, 2024.

<https://www.theguardian.com/us-news/2022/nov/14/us-wilderness-therapy-camps-troubled-teen-industry-abuse>; Kaplan, Adiel. "Does Science Support the 'Wilderness' in Wilderness Therapy?" *Undark*, July 29, 2020. Accessed April 17, 2024. <https://undark.org/2020/01/29/does-science-support-the-wilderness-in-wilderness-therapy/>; Miller, "Inside Utah's."

⁵⁶ Solomon, "The Legal Industry."

⁵⁷ Krebs, "Five Facts."

⁵⁸ "Sticker Shock 2020: The Cost of Youth Incarceration." Justice Policy Institute. Last modified July 30, 2020. Accessed April 17, 2024.

<https://justicepolicy.org/research/policy-brief-2020-sticker-shock-the-cost-of-youth-incarceration/>.

⁵⁹ "Deceptive Marketing in the 'Troubled Teen' Business." Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment. Last modified October 2011. Accessed April 18, 2024.

<http://astartforteens.org/assets/files/ASTART-Deceptive-Marketing-Oct-2011.pdf>.

⁶⁰ Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment, "Deceptive Marketing."

⁶¹ Kaplan, "Does Science Support?"

⁶² "Our Clinical Approach." New Haven. Accessed April 18, 2024.

<https://www.newhavenrtc.com/treatment-program/clinical-approach/>.

and system abuse. Overt abuse includes physical and sexual abuse, medical neglect, verbal/emotional abuse, ect. As for program and system abuse, it is important to highlight the impact that stronghold equity has on this industry—often using their business models of cost-cutting to maximize returns—which has only worsened these recurrent issues of neglect and mistreatment.⁶³

Finally, a major issue within the TTI is its lack of regulation, reporting, and oversight.⁶⁴ These 'lacks' let youth's wellbeing slip-through the cracks and allows this abuse to continue. There is a major lack of basic, uniform standards; standards in which *all* programs can follow based on morals such as equality, safety, and respect.⁶⁵ There is also a deficit of standardized licensing across state lines, creating much inconsistency.⁶⁶ Loopholes are also utilized whenever they can be, and are often masked by the blurred lines.⁶⁷ In conclusion, these are just a few of the most commonly seen issues in the TTI; there are countless more that deserve attention and resolution.

Deceptive Marketing

TTI programs market themselves to decision-makers as mental health treatment providers. These programs will often claim to treat or be experts in an impossibly diverse and broad myriad of mental health diagnoses and behavioral issues.⁶⁸ In the absence of a mental health diagnosis, the programs will often attempt to pathologize normal teenage behavior such as talking back, breaking rules at home, internet addiction, normal sexuality, and homosexuality and treat adolescence as a problem that needs to be solved.⁶⁹

Many programs utilize marketing tactics that are remarkably similar to multi-level marketing schemes, or pyramid schemes, with an emphasis on keeping children in the programs as long as possible or referring as many new clients as possible.⁷⁰

Some of the tactics we have seen include:

- Referral bonuses for children from educational consultants and other independent professionals

⁶³ "The Kids Are Not Alright: How Private Equity Profits off of Behavioral Health Services for Vulnerable and At-Risk Youth." Private Equity Stakeholder Project. Last modified February 17, 2022. Accessed April 18, 2024. <https://pestakeholder.org/reports/the-kids-are-not-alright-how-private-equity-profits-off-of-behavioral-health-services-for-vulnerable-and-at-risk-youth/>.

⁶⁴ Tsisin, Evelyn. "The Troubled Teen Industry's Troubling Lack of Oversight." *The Regulatory Review*, June 27, 2023. Accessed April 18, 2024.

<https://www.theregreview.org/2023/06/27/tsisin-the-troubled-teen-industrys-troubling-lack-of-oversight/>.

⁶⁵ Tsisin, "Lack of Oversight."

⁶⁶ Tsisin, "Lack of Oversight."

⁶⁷ Tsisin, "Lack of Oversight."

⁶⁸ Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment, "Deceptive Marketing."

⁶⁹ Szalavitz, *Help at Any Cost*.

⁷⁰ Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment, "Deceptive Marketing."

- Referral bonuses for parents to refer other parents, including monetary bonuses and/or a free month of tuition for their child
- Bonuses for staff based on the average headcount of children enrolled in the program
- Corporate bonuses based on average headcount for program directors

Due to these incentives, the focus is not on outcomes, but instead on how many children can be sent to the program and how long they can be kept there. This is a profit-over-people model.

Lack of Evidence-Based Research

While modern-day TTI programs advertise evidence-based mental health treatment modalities, mental health professionals argue that these expensive, unregulated in-patient programs have not been proven to be more efficacious than community-based out-patient treatments.⁷¹ Additionally, many of these programs deliver a mix of maltreatment such as physical, verbal, and sexual abuse, isolation, forced hard labor, chemical sedation, physical restraint, sleep and food deprivation, attack therapy, aversion therapy, and more.⁷² This abuse is further compounded by the program's function as a "total institution," in which students live under the authority of the program, have contact restricted to the outside world, and are forbidden to freely leave the programs for months to years.⁷³

Upon arrival to the programs, the child is further traumatized as part of the intake process by having their belongings immediately taken. This is often followed by a forced strip-search and/or cavity search. After this initial intake process, the child is transferred to the group living quarters where they initially have no privileges.⁷⁴

Most programs utilize antiqued points and levels-based systems that force the child to earn basic privileges. These systems are often punitive "tough love" approaches and attempt to correct behavior instead of treating mental health issues or working through trauma.⁷⁵

Regardless of diagnosis, children are expected to adhere to the same set of stringent rules or be harshly punished. Some of the punishments and abuses that have been reported in TTI programs include but are not limited to the following:⁷⁶

- Food and/or sleep deprivation
- Use of isolation/solitary confinement rooms

⁷¹ Kaplan, "Does Science Support?"

⁷² "Youth in Congregate Care: Far from Home, Far from Safe." American Bar Association. Accessed April 18, 2024. https://www.americanbar.org/groups/diversity/sexual_orientation/events_cle/youth-in-congregate-care/.

⁷³ Gulino, Elizabeth. "I Was Forced to Sculpt My Rape": What Is Happening inside the Troubled Teen Industry?" Refinery29. Last modified June 29, 2021. Accessed April 18, 2024.

<https://www.refinery29.com/en-us/2021/06/10401693/troubled-teens-programs-industry-problem>.

⁷⁴ Gulino, "I Was Forced."

⁷⁵ Szalavitz, *Help at Any Cost*.

⁷⁶ Kutz, Gregory D., and Andy O'Connell. "Residential Treatment Programs: Concerns regarding Abuse and Death in Certain Programs for Troubled Youth." U.S. Government Accountability Office. Last modified October 10, 2007. Accessed April 18, 2024. <https://www.gao.gov/assets/gao-08-146t.pdf>.

- Forced to eat bodily fluids
- Emotional, physical, and sexual abuse
- Dangerous use of physical, chemical, or mechanical restraint methods
- The punitive use of restraints
- Forced and excessive exercise
- Military methods of discipline
- Forced labor
- Deprivation of basic necessities such as food, water, sleep, and/or access to a bathroom
- Restricted social interaction or social ostracization
- Exposure to harsh elements like extreme heat, snow, or rain
- Use of attack therapy, group attack therapy, aversion therapy, conversion therapy⁷⁷
- Sexual shaming and/or forced sexualized behavior/sexual abuse as a part of “treatment”
- Peer hierarchies where children are responsible for punishing and restraining each other.

Allegations of Abuse Within the TTI⁷⁸

TW: Descriptions of child abuse

Simply put, institutional abuse can be defined as maltreatment of a person by a system of power.

Institutional abuse can be narrowed down into 3 main areas:

1. **Overt abuse:** Similar to familial abuse, in that it is overt in nature; such as physical, sexual, or emotional abuse.
2. **Program Abuse:** This abuse is unique to an institutional setting and is defined by a program having to operate below acceptable conditions OR they use their power or influence to modify the behaviors of others
3. **System Abuse:** Involves the entire care system being stretched beyond capacity which in turn causes maltreatment because of inadequate resources.

Overt Abuse⁷⁹

Physical Abuse	Sexual Abuse
<ul style="list-style-type: none"> ● Hit, kicked, slapped ● Misuse of restraint 	<ul style="list-style-type: none"> ● Rape or attempted rape ● Sexual assault

⁷⁷ American Bar Association, “Youth in Congregate Care.”

⁷⁸ U.S. Government Accountability Office, “Residential Treatment Programs.”

⁷⁹ U.S. Government Accountability Office, “Residential Treatment Programs.”

<ul style="list-style-type: none"> ● Manual labor ● Food and water deprivation ● Over- or under feeding ● Denied access to clean water ● Sleep deprivation ● Corporal punishment ● Cruel and unusual punishment ● Denied access to clean clothing ● Denied access to hygiene products ● Denied access to restroom 	<ul style="list-style-type: none"> ● Sexual molestation ● Sexual exploitation ● Strip searches ● Grooming ● Inappropriate touching ● Genital or breast exams without consent or necessity ● Watched while using restroom, undressing, or bathing ● Exposure to genitals or pornography
Emotional/Psychological/Verbal Abuse	Medical Neglect
<ul style="list-style-type: none"> ● Gaslighting ● Brainwashing ● Attack therapy by peers ● Humiliation ● Shaming ● Blaming ● Controlling ● Intimidation ● Coercion ● Isolation, forced silence, seclusion ● Victim blaming ● Forced accountability ● Trauma reenactments ● Witnessing abuse or neglect ● Denied access to education 	<ul style="list-style-type: none"> ● Denied access to medical care ● Accused of lying about symptoms ● Over- or under medication ● Inappropriate use of medication ● Given incorrect medication ● Forced medication ● Misdiagnosis ● Diagnosis-shaming
Financial Abuse	Discriminatory Abuse
<ul style="list-style-type: none"> ● Parents going into debt to keep their child at a program (tapping into college funds and 401K, second mortgages, selling the house, etc.) ● Financial exploitation (Leveraging parents finances and assets against them to take money from them via keeping their child in the program, etc.) 	<ul style="list-style-type: none"> ● Unequal treatment based on protected characteristics (race, ethnicity, gender, sexual orientation, etc.) ● Derogatory remarks about protected characteristics ● Harassment about protected characteristics

Program Abuse and System Abuse

One of the most noteworthy reasons that we see such a high degree of program and system abuse in the TTI is because of the stronghold that private equity has on the industry.⁸⁰

⁸⁰ Tsinis, "Lack of Oversight."

Private equity firms have increasingly invested in behavioral healthcare services for children and teens, including troubled teen programs, foster care programs, autism services, and the juvenile justice system. However, their business model of cost-cutting to maximize returns has worsened issues of abuse and neglect.⁸¹

These firms prioritize cost reduction, resulting in staff cuts, reliance on unlicensed personnel, inadequate training, and difficulties in attracting qualified staff due to low wages.⁸² Insufficient staffing levels jeopardize the safety and well-being of youth, especially in residential facilities where inadequate supervision and maintenance can lead to injuries, self-harm, medication errors, and physical restraints.⁸³ Despite concerning conditions, private-equity-owned programs have generated substantial profits.⁸⁴

Marginalized Youth

From its inception, the TTI has perpetuated discrimination and prejudice in the form of verbal and physical abuse. Reports of such offenses include slurs, a culture of prejudice-based social ostracization, and unchecked racial and homophobic violence. We lack a clear picture of the scale of discrimination in the TTI, a deficiency that misleads decision-makers for marginalized youth, and seriously jeopardizes adolescents sent to the TTI.

According to a 2020 study, white youth are released at a 17% higher rate than black youth in juvenile detention centers, a symptom of the growing racial disparity in youth detention.⁸⁵ While there is not enough data on the discrimination BIPOC or other marginalized youth face in for-profit mental health facilities, some survivors have come forward with their stories to news outlets. For example, Rowan, a gay teenager, faced homophobia during her time at WinGate, where she was called a pedophile, and forced to “confess” all of her sexual experiences in a letter to her parents. She was told by the program’s staff that homosexuality was a sin, despite the program’s webpage claiming to be a safe space for LGBTQ+.⁸⁶ As another example, at Cornerstone Cottage, a Black girl was called racial slurs, faced general racism, and was sexually and physically assaulted.⁸⁷ Finally, Cornelius Frederick, a Black sixteen year old, was violently (and improperly) restrained at a Michigan Youth Facility, which led to him losing

⁸¹ Tsisin, "Lack of Oversight."

⁸² Tsisin, "Lack of Oversight."

⁸³ Tsisin, "Lack of Oversight."

⁸⁴ American Bar Association, "Youth in Congregate Care."

⁸⁵ Hager, Eli. "Racial Inequality in US Youth Detention Wider than Ever, Experts Say." *The Guardian*, March 8, 2021. Accessed April 18, 2024.

<https://www.theguardian.com/us-news/2021/mar/08/us-juvenile-detention-race-marshall-project>.

⁸⁶ Okoren, "Wilderness 'Therapy.'"

⁸⁷ Criscione, Wilson. "Rape, Beatings and Racial Slurs: None of It Was Enough to Shut Down This Idaho Youth Facility." Investigate West. Last modified October 1, 2023. Accessed April 18, 2024.

<https://www.invw.org/2023/10/01/rape-beatings-and-racial-slurs-none-of-it-was-enough-to-shut-down-this-idaho-youth-facility/>.

consciousness and, two days later, dying.⁸⁸ These are just some examples of the mistreatment and prejudice the marginalized youth face within the TTI, a systemic problem that has not been adequately studied or addressed.

Industry researchers themselves admit the deficiencies of research in regard to race, gender, ability, and age. In their so-called ground-breaking study on the efficacy of outdoor behavioral healthcare, they grouped all non-Caucasian youth, concluding that there were no significant effects concerning race, and that wilderness therapy provided the best outcomes.⁸⁹ However, critics of this study, such as celebrated psychologist Alan Kazdin of Yale University, question the application of control groups within the entire study, arguing that they lack any evidence to suggest therapeutic practices are enhanced in wilderness settings.⁹⁰

Lack of Regulation, Reporting, and Oversight

The TTI faces several critical challenges regarding regulation and oversight. One major issue is the lack of uniform standards, as facilities operate under varying regulations or sometimes no regulations at all, leading to significant disparities in practices and levels of care.⁹¹

Additionally, some facilities exploit loopholes in oversight by labeling themselves as educational institutions or religious programs, enabling them to bypass certain regulations that would typically apply to mental health treatment facilities.⁹²

Furthermore, licensing requirements for these facilities are often limited and inconsistent across states, with some jurisdictions having minimal or no specific licensure requirements. This lack of standardized licensing further contributes to the lack of accountability and quality control within the industry.⁹³

Moreover, inadequate reporting mechanisms hinder residents from reporting incidents of abuse or mistreatment, as they fear retaliation and lack proper communication channels.⁹⁴

⁸⁸ Kingkade, Tyler. "Video Shows Fatal Restraint of Cornelius Frederick, 16, in Michigan Foster Facility." NBC News. Last modified July 7, 2020. Accessed April 18, 2024. <https://www.nbcnews.com/news/us-news/video-shows-fatal-restraint-cornelius-fredericks-16-michigan-foster-facility-n1233122>.

⁸⁹ DeMille, Steven, Anita R. Tucker, Michael A. Gass, Steven Javorski, Christie VanKanegan, Brett Talbot, and Maggie Karoff. "The Effectiveness of Outdoor Behavioral Healthcare with Struggling Adolescents: A Comparison Group Study a Contribution for the Special Issue: Social Innovation in Child and Youth Services." *Children and Youth Services Review* 88 (May 2018): 241-48. <https://doi.org/10.1016/j.childyouth.2018.03.015>.

⁹⁰ Kaplan, "Does Science Support?"

⁹¹ Tsisin, "Lack of Oversight."

⁹² Evans, Cameron. "State Laws Aim to Regulate 'Troubled Teen Industry,' but Loopholes Remain." KFF Health News. Last modified January 21, 2022. Accessed April 18, 2024. <https://kffhealthnews.org/news/article/state-laws-aim-to-regulate-troubled-teen-industry-but-loopholes-remain/>.

⁹³ Evans, Cameron. "Montana Adds Protections for Kids in Private Residential Treatment Programs." KFF Health News. Last modified July 12, 2023. Accessed April 18, 2024.

<https://kffhealthnews.org/news/article/montana-adds-protections-for-kids-in-private-residential-treatment-programs/>.

⁹⁴ Szalavitz, *Help at Any Cost*.

Consequently, underreporting is prevalent, resulting in a lack of comprehensive data on the extent of the problem.⁹⁵

These systemic challenges exacerbate the need for comprehensive reform within the TTI.

History of the TTI

The TTI emerged in the latter half of the 20th century in response to societal concerns about delinquent behavior among adolescents. It found its roots in the United States during the 1970s, coinciding with a cultural shift towards stricter disciplinary measures in various institutions, including schools and correctional facilities. Initially, TTI programs were often framed as therapeutic boarding schools or behavior modification camps, promising to reform troubled youth through a blend of counseling, education, and rigorous discipline.

Throughout the 1980s and 1990s, the TTI experienced significant growth, fueled by a combination of factors such as increased media attention on youth crime, rising parental anxiety over adolescent behavior, and the privatization of certain social services. This period saw the proliferation of a wide range of TTI programs, ranging from wilderness therapy camps to residential treatment centers, each offering its own approach to addressing behavioral issues in teenagers. Despite the varied origins of each of these programs, reports of abuse and neglect have persistently plagued the industry, irrespective of the specific type of intervention offered.

During this time, the industry was also facing mounting criticism and controversy. Reports of abuse, neglect, and even deaths within TTI facilities raised concerns about the lack of regulation and oversight governing these programs. Advocacy groups and investigative journalists began shedding light on the darker aspects of the industry, prompting calls for reform and accountability from both within and outside the TTI community.

By the early 2000s, increased scrutiny and regulatory pressure led to a degree of consolidation within the TTI. Some unscrupulous and non-licensed programs were shut down, while others adapted their practices to meet evolving standards of care and transparency. Meanwhile, alternative approaches to addressing adolescent behavioral issues, such as community-based intervention and family therapy, gained traction as viable alternatives to the traditional TTI model.

In recent years, the TTI has continued to evolve in response to changing social attitudes and regulatory frameworks. Highlighted below are the most influential factors that led to the TTI's progression and increase in popularity, as well as its harmful tactics.

⁹⁵ Szalavitz, *Help at Any Cost*.

Native American Boarding Schools

1801-1978

Native American Boarding Schools stem back to 1801.⁹⁶ Over 400 boarding schools targeted the cultural assimilation of Native Americans through the use of coercive thought control and other abuses in residential settings.⁹⁷ At the same time, many children who were considered “uneducable,” “mentally disturbed,” or had any number of physical or mental disorders or were just unwanted were sent to live in large state-run institutions, many for the rest of their lives. Many experienced severe abuse, neglect, and forced surgeries and sterilization, as a result of the “eugenics” movement.⁹⁸

During the mid-1800s, the United States Government’s Bureau of Indian Affairs began to authorize and fund Native American boarding schools held mostly off-reservation to eliminate Native American culture and force the assimilation of Native American populations to colonial Western norms.⁹⁹ These schools were based on hundreds of years of Western colonial models propagating Eurocentric cultural and societal normativity and ideals based on the unfounded and white supremacist belief that Western cultural and social norms were superior.¹⁰⁰ These forced practices were based on a colonizer mentality that ascribed barbarianism to any culture not belonging. In the case of the TTI, the industry perpetuates many of these colonialist manipulative and discriminatory practices first used against Native American populations and applies them to pathologizing adolescents, mental health conditions, and disabilities. This is an ableist practice, and one thing remains the same: the continued subjugation of peoples on the periphery of Western social and hegemonic norms.

Practically from its inception, thousands of Native American children were forcibly removed from their homes and communities and transported by the Government to facilities often hundreds of miles away from their families and homes.¹⁰¹ This practice is still continued today, as many minors trafficked into the TTI are forcibly removed from their homes and transported to facilities away from their families and communities without their consent or prior knowledge.¹⁰² Notably, this practice of trafficking of children within the United States does not even begin in Native American boarding schools but can be attributed to the transatlantic and domestic slave trade within the Americas in which many African children were trafficked for profit.¹⁰³ In much the same way, the TTI continues this slave trade model by trafficking minors for the profit of the TTI.

⁹⁶ "List of Indian Boarding Schools in the United States." The National Native American Boarding School Healing Coalition. Last modified August 2023. Accessed April 18, 2024. <https://boardingschoolhealing.org/list/>.

⁹⁷ The National Native American Boarding School Healing Coalition, “Indian Boarding Schools.”

⁹⁸ Garrity, Samantha. "Erasing Native Peoples and Their Cultures: Forced Boarding Schools and Sterilization Practices." History Camp. Last modified March 16, 2019. Accessed April 18, 2024.

<https://historycamp.org/samantha-garrity-med-erasing-native-peoples-and-their-cultures/>.

⁹⁹ "History and Culture: Boarding Schools." American Indian Relief Council. Accessed April 18, 2024.

http://www.nativepartnership.org/site/PageServer?pagename=airc_hist_boardingschools.

¹⁰⁰ American Indian Relief Council, “History and Culture.”

¹⁰¹ American Indian Relief Council, “History and Culture.”

¹⁰² National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁰³ Vasconcellos, Colleen A. "Children in the Slave Trade." Children & Youth in History. Accessed April 18, 2024.

<https://chnm.gmu.edu/cyh/teaching-modules/141.html>.

The harmful practices in Native American boarding schools are similar to the same harmful practices still in the TTI today. Native American boarding schools were often rampant with the same physical, sexual, and emotional abuse and neglect that is practiced in the TTI. Often, Native American youths were subjected to corporal punishment in retaliation for the continued practice of their native languages and cultural practices.¹⁰⁴ The TTI takes this same approach when dealing with youths by punishing any behaviors not considered aligned with the often unrealistic expectations of teenage behavior.¹⁰⁵ This demonstrates the continued pattern beginning in Native American boarding schools of higher authorities using punishment institutionally and individually to force ideas and behaviors onto individuals who do not need to be reconditioned in the first place.

Devereux Foundation

1912 - Present

In 1912, Helen T. Devereux founded the first Devereux school in Philadelphia, evolving into the Devereux Foundation, a nonprofit organization, in 1938.¹⁰⁶ Over the years, the organization expanded its reach to 13 states and became one of the oldest and largest nonprofit providers of behavioral healthcare in the United States, claiming to offer therapeutic services for disabilities, emotional and behavioral disorders, and mental illnesses.¹⁰⁷ Despite its noble mission, survivors have come forward with allegations of abuse, neglect, and deplorable conditions within Devereux facilities.¹⁰⁸

The accounts of survivors paint a starkly different picture from the organization's marketed image, revealing instances of mistreatment and harsh conditions. Numerous survivors have reported experiences of abuse, emphasizing the need for accountability of Devereux.¹⁰⁹ A review of Department of Human Services (DHS) records in multiple states has substantiated these survivors' stories, revealing multiple violations and, in some cases, the removal of children from Devereux facilities.¹¹⁰ These allegations raise serious concerns about the welfare and

¹⁰⁴ Mejia, Melissa. "The U.S. History of Native American Boarding Schools." The Indigenous Foundation. Accessed April 18, 2024. <https://www.theindigenousfoundation.org/articles/us-residential-schools>.

¹⁰⁵ National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁰⁶ "The History of Devereux Advanced Behavioral Health." Devereux Advanced Behavioral Health. Accessed April 18, 2024.

https://www.devereux.org/site/SPageServer/?NONCE_TOKEN=EBFC5A2FE54AA5C6C4CF725B8C593C60&pageame=penn_history.

¹⁰⁷ Devereux Advanced Behavioral Health, "History."

¹⁰⁸ Gartner, Lisa, and Barbara Laker. "At the Nation's Leading Behavioral Health Nonprofit for Youth, Devereux Staff Abused Children in Their Care for Years — While Red Flags Were Dismissed." *The Philadelphia Inquirer*, August 11, 2020. Accessed April 18, 2024.

<https://www.inquirer.com/news/inq/devereux-advanced-behavioral-health-abuse-children-pennsylvania-20200811.html>.

¹⁰⁹ Gartner and Laker, "Devereux Staff Abused Children."

¹¹⁰ Laker, Barbara, and Wendy Ruderman. "Philly to Remove 53 Kids from Devereux's Live-in Facilities after It Finds Lax Supervision." *The Philadelphia Inquirer*, September 24, 2020. Accessed April 18, 2024.

<https://www.inquirer.com/news/philadelphia/devereux-philadelphia-abuse-council-remove-children-20200924.html>.

safety of individuals under the care of Devereux and underscore the need for thorough investigations and accountability.

The Devereux Foundation's history, marked by its expansion into various behavioral healthcare services, now includes psychiatric hospitals, residential treatment centers, group homes, and more.¹¹¹ However, the abuse allegations shed light on the trauma faced by individuals within these facilities, highlighting the imperative for increased oversight, regulation, and transparency in the TTI. The survivors' voices, supported by DHS records, underscore the importance of addressing systemic issues to ensure the well-being and safety of youth seeking mental healthcare.

Sonia Shankman Orthogenic School (O-School)

1915 - Present

Established in 1915, the Sonia Shankman Orthogenic School (O-School), also referred to as the Orthogenic School, functions as a residential treatment center, day school, and therapeutic institution aimed at aiding children and adolescents often characterized as "emotionally challenged." It purports to specialize in addressing the needs of youth grappling with behavioral and emotional difficulties.

During the mid-20th century (1944 to 1973), the Orthogenic School garnered recognition under the leadership of Bruno Bettelheim, a prominent and controversial psychoanalytic theorist. Bettelheim's tenure saw the school gaining prominence in treating children with autism, an area he extensively researched. He is credited with pioneering milieu therapy during his time at the institution.

Sources offer differing accounts regarding Bettelheim's academic background, with discrepancies concerning his degree in either art history or philosophy (aesthetics), rather than psychology. Despite his claims and implications of multiple Ph.D.s, scrutiny posthumously revealed minimal academic credentials in psychology.

Subsequent directors and some counselors at the Orthogenic School portray Bettelheim as resorting to corporal punishment, contrary to his stated beliefs, while several former residential students allege witnessing episodes of rage and violent behavior on his part. Richard Pollak's 1997 biography of Bettelheim includes accounts from two women alleging inappropriate behavior, such as fondling their breasts and those of other female students, alongside reports of physical abuse.

¹¹¹ "Devereux Advanced Behavioral Health Centers." Devereux Advanced Behavioral Health. Accessed April 18, 2024. <https://www.devereux.org/site/SPageServer/?pagename=centers>.

Testimonies from alumni of the Orthogenic School convey mixed sentiments towards Bettelheim, with some expressing lasting resentment over his actions, while others acknowledge positive impacts from their time at the institution. However, unanimity exists among Bettelheim's successors in not refuting reports of his use of physical discipline. Instances of abusive treatment reported include Bettelheim physically assaulting adolescent girls in front of peers, denying necessary medical care to students, and creating an environment of fear among residents. These revelations shed light on the complex legacy and controversies surrounding Bettelheim's tenure at the Orthogenic School.

The Brown Schools

1940 - 2005

The Brown Schools, operating from 1940 to 2005, hold a notorious place in the history of the TTI. Founded by Joseph E. Brown Jr. and his wife Annette Brown, these schools claimed to provide therapeutic interventions for troubled youth. However, the reality behind the closed doors revealed a dark history of alleged abuse, neglect, and even deaths within their facilities. Owned by the Browns, the schools were known for their troubled teen programs that claimed to address behavioral issues through various methods, but survivors have since come forward with harrowing stories that depict a different narrative.

Numerous survivors of The Brown Schools have reported instances of physical, emotional, and sexual abuse, as well as neglect within the facilities. The troubling accounts suggest a pattern of mistreatment that persisted over several decades. In addition to allegations of abuse, reports of deaths within The Brown Schools further intensified concerns about the safety and well-being of the youth entrusted to their care. The tragic outcomes within the institutions underline the need for comprehensive investigations into the operations and practices of The Brown Schools.

The troubled legacy of The Brown Schools exemplified the dangers of the TTI during its operation. The allegations of abuse and neglect highlight the vulnerabilities of youth placed in such institutions and underscore the critical importance of scrutinizing the industry's practices to prevent further harm. The closing of The Brown Schools in 2005 did not erase the pain and trauma experienced by survivors, emphasizing the long-lasting impact of institutional abuse and the need for continued advocacy to protect the rights and well-being of youth in similar programs.

Roloff Homes

1954 - 2001

Founded by Lester Roloff, the organization initially began as a ministry to alcoholic and homeless men in 1954. As Roloff expanded his mission, he established the first mission house and subsequently added children's homes across Texas, Oklahoma, and Georgia. However, the dark side of Roloff Homes emerged with allegations of mistreatment and harmful practices.

Lester Roloff died in a plane crash in 1982, but the homes continued to operate under the direction of his followers.

Reports from survivors of Roloff Homes include harrowing tales of physical, emotional, and religious abuse, leading to accusations of brainwashing and cult-like behavior. The troubled teen programs within Roloff Homes faced scrutiny for employing coercive methods and imposing a rigid religious ideology on the youth under their care. Survivors have described an environment characterized by fear, control, and manipulation, highlighting the devastating impact of religious abuse on vulnerable adolescents.

The organization's troubled legacy is marred by reports of youth subjected to harsh discipline, isolation, and inadequate care. The consequences of such practices have left a lasting impact on survivors, many of whom continue to advocate for justice and accountability.

The last residential facility for troubled youth owned by Lester Roloff was the Rebekah Home for Girls in Corpus Christi, Texas. It closed in 2001, following legal battles and controversies surrounding the facility's operation. The numerous allegations of abuse and mistreatment here ultimately led to increased scrutiny and legal action. The following is a list of some of the Roloff Homes facilities:

- Anchor Character Training Center, Harvest Baptist Church Ministries – Located in Fort Dodge, IA
- Anchor Academy – Located in Havre, MT/Vanduser, MO
- Bethesda Home for Girls – Located in Forrest County, MS
- Calvary Boy's Ranch, Boarding Academy, City of Refuge, Baptist Institute & Seminary
Calvary Baptist Church Ministries – Located in Eufaula, OK
- Haven of Hope Girls Academy – Located in Westminster, MD
- Happiness Hill Home – Located in Union, MS
- Heritage Boys Academy – Located in Panama City, FL
- Hephzibah House, Believers Baptist Church – Located in Winona Lake, IN
- Hope Children's Home – Located in Tampa, FL
- Hope Children's Home – Located in Duck Hill, MS
- Joshua Scott Boarding School – Located in Belva, WV
- Jubilee Home For Ladies – Located in Corpus Christi, TX
- Lighthouse Children's Home – Located in Kosciusko, MS
- Pearls of Promise Girls Academy – Located in Roanoke, AL
- Rebekah Home for Girls – Located in Corpus Christi, TX
- Reclamation Ranch – Located in Empire, AL
- Shenandoah Boys Ranch, Shenandoah Girls Haven, Shenandoah Baptist Church –
Located in Calhoun, TN
- Shining Light School for Boys, Ministry of Walter's Grove Baptist Church – Located in
Lexington, NC
- Victorious Valley Homes – Located in Sunset, SC

- William Seth Rochester Home for Children – Located in Pacolet, SC
- Willow Valley Boarding Academy and Camp – Located in Vinton, OH
- The Ark Youth Shelter – Located in Spartanburg, SC

Synanon

1958 - 1991

Founded in 1958 by Charles E. “Chuck” Dederich Sr., Synanon was initially conceived as an alternative to Alcoholics Anonymous, aiming to include drug abusers who often faced exclusion from AA groups during that era¹¹². Synanon's influence echoes throughout the complex history of the TTI, with Dederich credited for developing a brutal form of “tough love” therapy known as “The Game.”¹¹³ This method laid the groundwork for the controversial “attack therapy” techniques prevalent in many TTI programs today. The group staunchly rejected medication for mental illness and tapering protocols for withdrawal, principles that still persist in certain programs.

Despite Synanon's eventual downfall and disbandment, its legacy endured through spin-off troubled teen programs inspired by its methods. Institutions like Daytop Village, CEDU, Phoenix House, and the Cenikor Foundation emerged from the remnants of Synanon, carrying forward elements of its coercive control and cultish behavior. Beyond the TTI, Dederich organized weekend retreats named “The Trip,” a fusion of group psychotherapy, mass hypnosis, mysticism, and spiritual revival. This experience, utilizing tactics like sleep deprivation, The Game, and confessions, proved financially successful for Synanon and influenced later self-help groups and TTI programs.

Synanon's impact extended to schools created for its members' children, where a regimented lifestyle and Synanon-centric activities were enforced. Children were subjected to a version of The Game known as “Complaint Meetings.” The cult's extreme measures included members being coerced into shaving their heads, engaging in non-consensual relationships, and undergoing forced sterilizations and abortions. Synanon evolved into one of history's most dangerous cults, with abusive practices that prompted its eventual dissolution after the LAPD exposed the severe abuse and violence. Despite its demise, those inspired by Synanon's abusive tactics went on to establish their own harmful spin-off programs within the TTI.

Wilderness Programs

1966 - Present

¹¹² Aron, Hillel. "The Story of This Drug Rehab-Turned-Violent Cult Is Wild, Wild Country-Caliber Bizarre." *Los Angeles Magazine*, April 23, 2018. Accessed April 18, 2024. <https://lamag.com/lahistory/synanon-cult>.

¹¹³ Szalavitz, Maia. "The Cult That Spawned the Tough-Love Teen Industry." *Mother Jones*, October 2007. Accessed April 18, 2024. <https://www.motherjones.com/politics/2007/08/cult-spawned-tough-love-teen-industry/>.

During his undergraduate studies at BYU, Larry Dean Olsen was promised \$90 to teach survival skills without modern gear to his fellow students.¹¹⁴ After an influx of students showed up for his month-long course, the school increased his pay to continue these courses, noticing that the students had unexplained improvement in their school performance after the course. This caused the university officials and Olsen teamed to start offering these excursions to failing BYU students, who were offered a chance of readmission if they learned survival skills and went on the month-long backpacking trip through the Utah desert with Olsen. These experimental expeditions are what many believe gave birth to the wilderness program industry. Most directly: One BYU student, Steve Cartisano, dropped out of BYU and used many of Larry Dean Olsen's ideas to establish several problematic troubled teen wilderness programs, inspiring more spinoff wilderness programs.¹¹⁵

It wasn't long before another BYU graduate took it a step further and started The Challenger Foundation and raised the price to almost \$10,000.¹¹⁶ Challenger, and all of its spin offs, like the rest of the TTI, were based on a very punitive approach which lead to institutionalized child abuse across the United states.¹¹⁷

This paved the way for Wilderness therapy programs to become for-profit rather than ethical care. Strong rights for parents, and restrictions on child-rights, makes Utah the ideal state to house these facilities.¹¹⁸

CEDU 1967 - 2005

In 1967, Mel Wasserman and his wife Brigitta founded CEDU Educational Services, Inc. in California, drawing inspiration from Mel's previous involvement with aiding recovering addicts at Synanon and his admiration for Charles E. Dederich. Initially, the acronym "CEDU" was believed to represent "Charles E. Dederich University," indicating the program's roots in Synanon philosophy. Several individuals with ties to Synanon, including Bill Lane, were among CEDU's early staff members.

In 1972, Dr. Frank Seixas penned a letter endorsing CEDU, acknowledging Mel Wasserman's Synanon background and the therapeutic approach modeled after it. However, as Synanon

¹¹⁴ Maffly, Brian. "BYU Alumnus Sparks off Lucrative, Controversial Wilderness-therapy Industry." *The Salt Lake Tribune*, September 12, 2008. Accessed April 18, 2024. https://archive.sltrib.com/story.php?ref=/test/ci_10438570.

¹¹⁵ Maffly, "BYU Alumnus Sparks Industry."

¹¹⁶ Maffly, "BYU Alumnus Sparks Industry."

¹¹⁷ Saunt, Raven. "Inside Utah's Harrowing Challenger Foundation 'Wilderness Therapy Camp' That Promised to 'Wear Down' Troubled Teens - before It Was Shut down amid Charges of Child Abuse and Negligent HOMICIDE following Death of 16-year-old Girl." *Daily Mail*, December 3, 2023. Accessed April 18, 2024.

<https://www.dailymail.co.uk/femail/article-12814809/Inside-Utahs-harrowing-Challenger-Foundation-wilderness-therapy-camp-promised-wear-troubled-teens-shut-amid-charges-child-abuse-negligent-HOMICIDE-following-death-16-year-old-girl.html>.

¹¹⁸ Miller, Jessica. "How Utah Became the Leading Place to Send the Nation's Troubled Teens." *The Salt Lake Tribune*, April 5, 2022. Accessed April 18, 2024. <https://www.sltrib.com/news/2022/04/05/how-utah-became-leading/>.

faced public scrutiny over criminal activities, Wasserman distanced CEDU from its association with Synanon, asserting that CEDU stood for "See yourself as you are and do something about it".¹¹⁹

At CEDU, students typically spent 2.5 years in attendance, rejecting conventional therapy methods and medications in favor of punitive measures such as hard labor, isolation, and confrontational group sessions.¹²⁰ Students were required to participate in "rap" sessions led by untrained staff, reminiscent of Synanon's "Game," and engage in multi-day workshops called "Propheets," similar to Synanon's "The Trip".¹²¹

CEDU expanded its presence, establishing multiple schools in California and Idaho until their closure in 2005.¹²² Following CEDU's closure, former staff and students initiated numerous spinoff programs, some of which persist today, retaining similar structures and methodologies.¹²³ CEDU served as a pioneering force in the emergence of therapeutic boarding schools, group homes, and behavior modification programs, marking a significant shift in the industry's focus towards youth intervention.

The Seed

1970 - 2001

In 1970, The Seed emerged as another program targeting youth, employing punitive tactics akin to Synanon, but escalating the level of abuse.¹²⁴ Notably, a 1974 senate report likened The Seed's methods to brainwashing techniques employed on prisoners of war in Korea, contributing to its eventual demise.¹²⁵

Founded by Arthur Robert Barker, a former stand-up comedian and recovering alcoholic, The Seed initially operated as a drug rehabilitation center in Florida, expanding its reach across the state over time.¹²⁶ Barker lacked formal qualifications or credentials, yet he modeled The Seed directly after Synanon, implementing harsh group attack therapy sessions akin to "The

¹¹⁹ Medium Anonymous. "Running My Anger: The Legacy of CEDU." Medium. Last modified June 25, 2018. Accessed April 18, 2024. <https://medium.com/@1527176167818/legacy-of-the-cedu-cult-7e2dcb8f30e4>.

¹²⁰ Szalavitz, *Help at Any Cost*.

¹²¹ Medium Anonymous, "Legacy of CEDU."

¹²² Hawkins, Eric. "California School for 'Troubled Teens' Had Roots in a Notorious, Militant Cult." Oxygen True Crime. Last modified June 8, 2020. Accessed April 18, 2024.

<https://www.oxygen.com/crime-news/lost-kids-cedu-school-daniel-yuen-disappearance-synanon-cult>; Hansen, Dan, and Susan Drumheller. "CEDU Shutting Down." *The Spokesman-Review*, March 26, 2005. Accessed April 18, 2024. <https://www.spokesman.com/stories/2005/mar/26/cedu-shutting-down/>.

¹²³ Rosen, Kenneth R. *Troubled: The Failed Promise of America's Behavioral Treatment Programs*. New York: Little A, 2021.

¹²⁴ Szalavitz, "The Cult."

¹²⁵ *Individual Rights and the Federal Role in Behavior Modification: Hearings Before the Committee on the Judiciary*, 93rd Cong., 2nd sess. 1-655 (1974). Accessed April 18, 2024. <https://archive.org/details/ed-103726>.

¹²⁶ Miller, Judith. "The Seed: Reforming Drug Abusers with Love." *Science* 182, no. 4107 (1973): 40-42. <https://doi.org/10.1126/science.182.4107.40>.

Game".¹²⁷ Participants endured grueling sessions, spending up to 12 hours per day, seven days a week, seated in metal chairs, subjected to relentless berating and bullying, often coerced into providing false confessions regarding their experiences with crime and drug use.

The Seed attracted negative attention following the 1974 US Senate report, which condemned its techniques reminiscent of North Korean brainwashing methods, coupled with critiques of its alarmingly high suicide rate and abuse allegations. In 2001, Barker retired, leading to the dissolution of the corporation.¹²⁸

Among The Seed's notable spinoffs was Straight, Inc., perceived as a "gentler" iteration of its predecessor.

Provo Canyon School

1971 - Present

In 1971, Provo Canyon School was founded by Dr. Robert Crist and Jack Williams. While Provo Canyon school was originally a boys-only school, the program expanded and opened a girls program in the mid-2000s.¹²⁹ Provo Canyon School is marketed as a residential treatment center for children between the ages of 8-18.¹³⁰ Throughout the years, Provo Canyon School has changed hands several times, often saying any alleged abuse was under different ownership.¹³¹

Medicating the youth once they entered the program was very common. One of the founders, Dr. Crist, was a psychiatrist and was responsible for the medicating of children at the school. Many survivors of Provo Canyon School have alleged that they were inappropriately and often over-medicated during their time at the school. The use of injectable medication for the purpose of sedating or calming children has also been confirmed. In 2019, a public records request revealed that a 14-year-old foster care child was injected 17 times—including with Haldol—and restrained over 30 times in just a 3 month period.¹³²

Allegations of abuse have plagued Provo Canyon School since its inception and continue to the current day.¹³³ Dozens of survivors have come forward from throughout Provo Canyon School's

¹²⁷ Szalavitz, "The Cult."

¹²⁸ Szalavitz, "The Cult."

¹²⁹ Miller, "Utah Became Leading Place."

¹³⁰ "Media Statement." Provo Canyon School. Last modified October 2022. Accessed April 18, 2024. <https://provocanyon.com/wp-content/uploads/2022/10/Provo-Canyon-file.pdf>.

¹³¹ Provo Canyon School, "Media Statement."

¹³² Miller, Jessica. "Utah's 'Troubled-Teen' Centers Use So-Called 'Booty Juice' To Sedate Kids, a Treatment Outlawed in Other States." KUER 90.1. Last modified February 4, 2021. Accessed April 18, 2024. <https://www.kuer.org/health-science-environment/2021-02-04/utahs-troubled-teen-centers-use-so-called-booty-juice-to-sedate-kids-a-treatment-outlawed-in-other-states>.

¹³³ Miller, Jessica. "Provo Canyon School's History of Abuse Accusations Spans Decades, Far beyond Paris Hilton." *The Salt Lake Tribune*, September 1, 2021. Accessed April 18, 2024. <https://www.sltrib.com/news/2020/09/20/provo-canyon-schools/>.

operation to make allegations of physical, emotional, and sexual abuse. In fact, police, DHS, and court records detail alarming allegations of rape, physical abuse, and harsh punishment that appear to corroborate the survivor stories.¹³⁴

The founders of Provo Canyon School as well as other employees at the facility later started their own programs, further growing the number of TTI programs.¹³⁵

Judge Rotenberg Center

1971 - Present

Established in 1971 by Dr. Matthew Israel, the Judge Rotenberg Center (JRC) initially aimed to provide education and treatment for individuals confronting severe behavioral challenges. However, the center's controversial methods, particularly the utilization of electric shock devices like the Graduated Electronic Decelerator (GED), have elicited considerable and justified criticism, inciting public outrage. These devices administer painful shocks as a form of aversive therapy, a practice vehemently condemned by human rights advocates and psychiatric professionals alike. Reports have linked the application of electric shocks at JRC to allegations of abuse, with staff members reportedly using these devices for minor infractions, resulting in severe physical and psychological repercussions for the individuals under their care.

Regrettably, the controversy surrounding the JRC has been compounded by documented instances of deaths associated with the use of electric shock devices. These tragic outcomes underscore the substantial risks and potential harm inherent in the center's practices. Despite facing legal challenges and widespread public outcry, JRC continues to operate, prompting persistent calls for its immediate closure.

Advocates contend that the center's methods not only lack humanity but also represent a violation of fundamental human rights.

Straight Inc.

1976 - 1993

Established in 1976 by Mel and Betty Sembler in Florida, Straight, Inc. emerged as a prominent entity within the TTI, drawing inspiration from The Seed, another controversial youth rehabilitation program.¹³⁶ The organization experienced rapid growth, expanding to encompass 43 locations across several states, including California, Florida, New York, Ohio, and Texas. Employing strategies such as "rap sessions," reminiscent of Synanon's "The Game,"¹³⁷ Straight,

¹³⁴ "Provo Canyon School." Unsilenced. Accessed April 18, 2024.

<https://www.unsilenced.org/program-archive/us-programs/utah/provo-canyon-school/>.

¹³⁵ Miller, "Utah Became Leading Place."

¹³⁶ Childs, Joe. "Straight Inc. New Drug Program Set for Sept. 1." *The Evening Independent*, July 27, 1976. Accessed April 18, 2024. <https://news.google.com/newspapers?id=OEdQAAAAIIBAJ&sjid=nlgDAAAAIIBAJ&pg=1924,2181239>.

¹³⁷ Medium Anonymous, "Legacy of CEDU."

Inc. utilized techniques of "positive peer pressure" to compel members, particularly adolescents, to renounce drug use.¹³⁸

Despite its purported mission to rehabilitate teenage drug users through "tough love" approaches, Straight, Inc. confronted numerous lawsuits and abuse allegations throughout its existence. The organization settled a staggering \$15 million in lawsuits until its closure in 1993.¹³⁹ The troubling legacy of Straight, Inc. persisted with the emergence of KIDS Center of America, a subsequent spinoff that adopted similar Synanon-like methodologies. Straight, Inc. purportedly employed coercive thought reform techniques, including public humiliation, sleep and food deprivation, and confrontational methods to "treat" vulnerable youth. Notably, these adolescents received minimal to no counseling or therapy during their tenure in the program, underscoring the profound ethical dilemmas and potential harm associated with such practices within the TTI.

KIDS Centers of America

1984 - 1990

KIDS Centers of America emerged in the realm of adolescent drug treatment centers, initiated by anthropologist Miller Newton. Newton's involvement in the TTI dates back to his tenure as the National Clinical Director for Straight, Inc. in Florida.¹⁴⁰ Following abuse allegations directed at Straight, Inc., Newton disassociated himself from the organization and established KIDS as a separate entity. Functioning in a manner closely resembling its predecessor, KIDS Centers of America extended its operations, establishing facilities in New Jersey, Utah, Texas, and California.

Nevertheless, akin to Straight, Inc., KIDS Centers of America encountered its share of abuse allegations and legal actions, ultimately leading to its closure.¹⁴¹ The contentious legacy of such institutions endures, as several affiliated spin-off programs persist in operation today.

World Wide Association of Specialty Programs and Schools

(WWASP)

1987 - 2009

¹³⁸ Rivera, Carla. "After Reports of Abuses, State Closes Drug Program." *Los Angeles Times*, July 29, 1990. Accessed April 18, 2024. <https://www.latimes.com/archives/la-xpm-1990-07-29-mn-1657-story.html>.

¹³⁹ Fager, Wesley M. "Some Civil Suits and Criminal Cases against Straight, Inc. and Straight-descendent Programs." *The Straights*. Last modified May 27, 2002. Accessed April 18, 2024. <http://www.thestraights.net/legal/matrix-civil-criminal.htm>.

¹⁴⁰ Szalavitz, *Help at Any Cost*.

¹⁴¹ "Straight Inc Spin Off Programs (Straight Renamed)." *Surviving Straight Inc*. Last modified 2009. Accessed April 18, 2024. http://survivingstraightinc.com/newspaper__magazine_articles_covering_straight_inc_1976-1993/straight_spin_off_programs_straight_renamed.

The World Wide Association of Specialty Programs and Schools (WWASPS), commonly abbreviated as WWASP, was an organization founded in 1998 by Robert Lichfield and based in Utah, United States. It purported to oversee a network of independent institutions aimed at providing education and treatment for troubled teenagers. However, critics alleged that many of these affiliated institutions were operated through limited partnerships and were linked closely to WWASP's key officials or their relatives.¹⁴²

WWASP operated several for-profit companies, including Teen Help LLC for marketing and admissions processing, Teen Escort Service for transporting teenagers to its facilities, R&B Billing for tuition billing and payment processing, and Premier Educational Systems, LLC (also known as Premier Educational Seminars) for organizing orientation and seminars for parents.¹⁴³

Seminars were a very large part of WWASP programs and were organized by Resource Realizations, a company stemming from Lifespring Seminars founded by former Lifespring facilitator David Gilcrease. Participation in the seminars was mandatory for both parents and students. WWASP Seminars employed various methods of psychological manipulation and influence that survivors have reported to be a form of thought reform.

Despite claiming to have assisted over 10,000 students with behavioral issues, WWASP faced numerous allegations of physical and psychological abuse within its programs.¹⁴⁴ These allegations led to a lawsuit filed against the organization in 2006.¹⁴⁵

While WWASP officials have stated that the organization is no longer in operation and that its associated facilities have discontinued the use of its name, ongoing legal challenges have prevented its dissolution.¹⁴⁶

While WWASP has been dismantled since 2009, spin-off programs of WWASP still exist today.

Aspen Education Group

1997 - Present

¹⁴² Szalavitz, Maia. "The Trouble with Troubled Teen Programs." *Reason*, January 2007. Accessed April 18, 2024. <https://reason.com/2006/12/28/the-trouble-with-troubled-teen/>.

¹⁴³ Dahlburg, John-Thor. "Key to His Schools' Success? It's God, Founder Says." *Los Angeles Times*, July 13, 2003. Accessed April 18, 2024. <https://www.latimes.com/archives/la-xpm-2003-jul-13-na-toughbar13-story.html>.

¹⁴⁴ Weiner, Tim. "Parents Divided over Jamaica Disciplinary Academy." *The New York Times*, June 17, 2003. Accessed April 18, 2024.

<https://www.nytimes.com/2003/06/17/world/parents-divided-over-jamaica-disciplinary-academy.html>.

¹⁴⁵ Coalition Against Institutionalized Child Abuse. "Troubled Teen Programs - 25 Plaintiffs Join in Lawsuit against WWASPS, Cross Creek Manor, Robert Lichfield, and Associates – More Expected to Join in." WebWire. Last modified October 16, 2006. Accessed April 18, 2024. <https://www.webwire.com/ViewPressRel.asp?ald=22096>.

¹⁴⁶ Brown, Kirk. "Abbeville School Had Role in Rise and Fall of Enterprise for Serving Troubled Teens." *Independent Mail*, December 17, 2010. Accessed April 18, 2024.

<https://archive.independentmail.com/news/local/abbeville-school-had-role-in-rise-and-fall-of-enterprise-for-serving-troubled-teens-ep-413681866-349482281.html/>.

Founded in 1997 as a subsidiary of College Health Enterprises, Aspen Education Group (AEG) emerged as a significant player within the TTI. In a pivotal turn of events in 2006, Bain Capital acquired AEG for \$300 million, integrating it into the Bain Capital-owned CRC Health Group.¹⁴⁷ The subsequent years saw AEG undergoing transformations and grappling with challenges, marked notably by the closure of six programs around 2009, followed by further consolidations and shutdowns in March 2011. The decision to terminate operations at facilities such as Bromley Brook School, New Leaf Academy of Oregon, NorthStar Center, Aspen Ranch, and SunHawk Adolescent Recovery Center was attributed to "reduced demand for therapeutic schools and programs in today's economy."¹⁴⁸

Amidst these shifts, AEG attracted media scrutiny due to its associations with prominent figures like Mitt Romney, who had ties to Bain Capital, the parent company of AEG. Additionally, the organization garnered attention through its connection with Dr. Phil, a renowned television personality.¹⁴⁹ However, throughout its existence, AEG faced persistent allegations of abuse.¹⁵⁰ Despite these controversies, certain Aspen programs continued to operate, with many holding membership in the National Association of Therapeutic Schools and Programs (NATSAP), underscoring the enduring challenges and ethical dilemmas within the Troubled Teen Industry.

Presently, numerous programs trace their origins back to AEG, often under the ownership of a parent company known as Family Help & Wellness. This continuity highlights the enduring legacy and influence of AEG within the troubled teen treatment landscape, despite its history of controversy and allegations.

¹⁴⁷ Levine, Art. "Dark Side of a Bain Success." *Salon*, July 18, 2012. Accessed April 18, 2024. https://www.salon.com/2012/07/18/dark_side_of_a_bain_success/.

¹⁴⁸ Aspen Education Group. "Aspen Education Group to Restructure Programs." *Strugglingteens*. Last modified March 24, 2011. Accessed April 18, 2024. https://strugglingteens.com/artman/publish/AspenEducationGroupBN_110324.shtml.

¹⁴⁹ "Dr. Phil - Aspen Education." Video, 00:23. YouTube. Posted by CRC Health, February 15, 2013. Accessed April 18, 2024. <https://www.youtube.com/watch?v=4GUR0h3tLPY>; Bonner, Jonny. "Parents Say Dr. Phil Exploited Troubled Teen." *Courthouse News Service*. Last modified January 30, 2014. Accessed April 18, 2024. <https://www.courthousenews.com/parents-say-dr-phil-exploited-troubled-teen/>.

¹⁵⁰ Bonner, "Dr. Phil Exploited Troubled Teen;" Fuchs, David. "'It's What I've Been Waiting 30 Years For:' Survivors of Abuse in Troubled Teen Facilities March on Provo Canyon School." *KUER 90.1*. Last modified October 11, 2020. Accessed April 18, 2024. <https://www.kuer.org/health-science-environment/2020-10-11/its-what-ive-been-waiting-30-years-for-survivors-of-abuse-in-troubled-teen-facilities-march-on-provo-canyon-school>; Caplan-Bricker, Nora. "'Treatment Centers' for Troubled Teens Are Gothic Nightmares." *Slate*, August 24, 2016. Accessed April 18, 2024. <https://slate.com/human-interest/2016/08/the-huffington-post-publishes-a-horrifying-piece-about-troubled-teen-residential-treatment-centers.html>; Bonner, Jonny. "Torture Alleged at Utah Treatment Center." *Courthouse News Service*. Last modified June 27, 2012. Accessed April 18, 2024. <https://www.courthousenews.com/torture-alleged-at-utah-treatment-center/>.

Accreditations, Memberships, and Licensing

Accreditations

TTI program accreditations are often criticized for being the lowest possible bar for accreditation and for being used as deceptive marketing. Many programs have been reported to market their membership organizations in a way that alludes to it being accreditations from reputable bodies. This allows potentially dangerous programs to continue operating and is misleading to caregivers. It is crucial that caregivers conduct thorough research and seek independent, reliable information to ensure the safety and effectiveness of the programs they consider.

The accreditation process is intended to provide recognition to organizations or programs that cater to troubled teens or young adults. However, the standards and criteria for accreditation are often minimal, failing to ensure the safety, well-being, or effectiveness of the programs. As a result, the accreditation process is seen as insufficiently rigorous and is viewed as the lowest possible bar for accreditation.

One major problem with TTI program accreditation is that many accreditations are simply memberships in organizations rather than official accreditations from reputable bodies. These memberships may provide programs with a sense of legitimacy and credibility, allowing them to falsely market themselves as accredited. This can mislead caregivers who are seeking help for troubled teens, making them believe that these programs are more reputable or effective than they truly are.

It is important to note that accreditation and membership organizations are different from licensure. Accreditation and membership are often voluntary and an endorsement within an industry, whereas licensure is often mandatory for operation and awarded through a government agency. The licensing body is typically responsible for overseeing a facility's operations to ensure compliance and is the entity responsible for addressing areas of non-compliance. Programs within the TTI are often licensed by individual state agencies, such as their respective department of human services, health and human services, social services, or some variation thereof. See "**Licensing**" for more information.

Some of the accreditations and memberships that are commonly associated with TTI programs include:

- **Commission on Accreditation of Rehabilitation Facilities (CARF) International:**¹⁵¹ CARF is a legitimate accrediting body, but some TTI programs may hold a membership rather than a full accreditation.

¹⁵¹ "Our Services." CARF International. Accessed April 18, 2024. <https://carf.org>.

- **Council on Accreditation (COA):**¹⁵² Similarly, CoA is a reputable accrediting organization, but some TTI programs may claim membership without having undergone a comprehensive accreditation process.
- **Teaching Family Association (TFA):**¹⁵³ This organization is dedicated to promoting the Teaching Family Model, a therapeutic approach used in some TTI programs. However, membership in this association does not necessarily indicate a rigorous accreditation process.
- **The Joint Commission:**¹⁵⁴ The Joint Commission is a respected accrediting body in the healthcare field. However, TTI programs may hold a limited accreditation for specific aspects of their services, while other critical components remain unaccredited.
- **Outdoor Behavioral Healthcare (OBH):**¹⁵⁵ This term is often used by programs that operate wilderness or outdoor-based therapy. However, the accreditation or membership associated with it may vary in terms of credibility and thoroughness.

In the realm of education, TTI programs may also claim accreditations from organizations such as:

- **Association for Experiential Education (AEE):**¹⁵⁶ AEE is an organization that promotes experiential education approaches. However, AEE does not necessarily indicate a rigorous accreditation process.
- **AdvancED/Cognia:** This organization provides accreditation for schools and educational institutions. Some TTI programs may claim membership in AdvancED/Cognia without undergoing a comprehensive accreditation process.
- **Northwest Accreditation Commission:** This accrediting body focuses on the evaluation of schools in the Northwestern United States. TTI programs may claim membership without undergoing a rigorous accreditation process.

¹⁵² "COA Accreditation." Social Current. Accessed April 18, 2024. https://www.social-current.org/engage/how-to-engage/accreditation#block_7dc994a130cf810bb1c070d4c3eb1e98-why-accreditation.

¹⁵³ "The Teaching-Family Model." Teaching-Family Association. Accessed April 18, 2024. <https://www.teaching-family.org>.

¹⁵⁴ "Who We Are." The Joint Commission. Accessed April 18, 2024. <https://www.jointcommission.org>.

¹⁵⁵ "Home." Outdoor Behavioral Healthcare Council. Accessed April 18, 2024. <https://obhcouncil.org>.

¹⁵⁶ "About." Association for Experiential Education. Accessed April 18, 2024. <https://www.aee.org/###>.

Memberships

The National Association of Therapeutic Schools and Programs (NATSAP)

1999 - Present Day

NATSAP is a United States trade organization of therapeutic schools, residential treatment programs, wilderness programs, outdoor therapeutic programs, young adult programs, and home-based residential programs for adolescents and young adults with emotional and behavioral difficulties. It was formed in January 1999 by the founders of six programs within the TTI, and its board of directors consists of program owners and educational consultants. Ironically, all but one of those founding six programs have been shut down in the ensuing years for a variety of reasons, including child abuse, neglect, licensing violations, and successful class-action lawsuits.

NATSAP is not an accrediting or licensing body. In order to be members, schools and programs are required to be in full compliance with NATSAP's published Ethical Principles and Principles of Good Practice. However, in United States House Committee on Education and Labor hearings in October 2007, NATSAP Director Jan Moss stated that the organization had no process for checking up on this compliance, nor correcting any programs that stray from these guidelines.

As of June 30, 2023, NATSAP members must be nationally accredited.

Any one of the following accrediting bodies are approved accreditors:

- Association for Experiential Education (AEE)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (CoA)
- DNV GL
- Joint Commission
- The Teaching Family Association

Independent Educational Consultants Association (IECA)

The Independent Educational Consultants Association (IECA) serves as a professional body representing independent educational consultants (IECs) who aid families in identifying suitable educational placements for their children. IECA offers resources, training, and networking opportunities for its members, who agree to a code of ethics and professional standards. These consultants assist families in navigating the complex landscape of therapeutic options for

struggling adolescents, including therapeutic boarding schools, residential treatment centers, and wilderness therapy programs.

However, IECA has faced criticism and allegations of misconduct regarding the involvement of members with troubled teen programs. Concerns include potential conflicts of interest, lack of transparency, and unethical practices among certain consultants who may receive financial incentives for referring clients to specific programs. Criticisms also extend to the lack of oversight and regulation within the educational consulting industry, with allegations of inadequate vetting of IECA members and insufficient accountability for unethical behavior. Some families have reported feeling misled by IECA members who promoted troubled teen programs without fully disclosing potential risks or drawbacks, highlighting the need for greater transparency and ethical standards in recommending such programs.

While IECA claims to provide valuable support for educational consultants, the allegations of misconduct underscore the importance of thorough research and due diligence for families considering the services of an IECA member, particularly when seeking guidance on troubled teen programs. It is essential for families to ensure that they receive objective and ethical advice tailored to their needs and circumstances.

Association for Experiential Education (AEE)

The Association for Experiential Education (AEE) is a membership organization committed to advancing experiential learning and adventure-based education. Acting as a hub for professionals, educators, and organizations engaged in experiential education, AEE provides a platform for networking, resources, training, and accreditation. Its membership comprises individuals and programs that harness outdoor and adventure activities to foster personal development, enhance teamwork, and facilitate therapeutic interventions.

American Association of Children's Residential Centers (AACRC)

The American Association of Children's Residential Centers (AACRC) is a membership organization focused on promoting best practices and standards in residential care for children and adolescents. It serves as a network for professionals and organizations involved in providing residential services, offering resources, training, and advocacy. While AACRC itself is not directly affiliated with the TTI, some RTCs and other facilities catering to troubled youth may be members of AACRC.

Licensing

The TTI has faced significant challenges in the realm of licensing and regulatory oversight. One notable issue is the lack of uniform standards and consistent enforcement across different jurisdictions, allowing for variations in program quality and participant safety. In some cases, programs operate in states with lenient regulations or oversight, potentially leading to inadequate monitoring and increased risk of harm to participants. Moreover, critics argue that the licensing process itself may be insufficiently rigorous, with concerns about the qualifications of staff, appropriateness of therapeutic interventions, and overall safety measures. The absence of comprehensive and standardized regulations creates an environment where facilities within the TTI might operate with minimal accountability, putting the well-being of participants at risk. Advocacy efforts continue to push for stricter licensing standards, increased transparency, and more robust regulatory frameworks to address these systemic problems within the TTI.

Furthermore, different states have different agencies responsible for licensing or certifying residential facilities. These may include state departments of children and families, mental health agencies, health departments, and other relevant state agencies like Medicaid, child care services offices, and social service departments. This lack of consistent agencies makes it difficult to know where to look for licensing requirements for each state.

For a list of each state's licensing agencies, see [HERE](#).

Long-Term Impacts of the TTI

Survivors report that the TTI has left a trail of negative long-term impacts on countless individuals who have undergone its programs. Survivors often recount enduring lasting psychological trauma, marked by issues such as post-traumatic stress disorder (PTSD), anxiety, depression, and difficulties forming healthy relationships. The coercive and punitive tactics employed in many troubled teen facilities have been criticized for hindering rather than aiding the emotional and psychological development of participants. Furthermore, the lack of standardized therapeutic practices and oversight has led to instances of physical, emotional, and sexual abuse, exacerbating the long-term harm inflicted on vulnerable youth. The industry's legacy is marred by reports of former participants facing challenges in reintegrating into society, grappling with the aftermath of institutionalization, and confronting the enduring scars of their experiences, highlighting the pressing need for evidence-based care within communities.

Health Impacts

Significant negative physical and mental health impacts have been reported throughout the years by survivors of TTI programs, extending far beyond the duration of their confinement.

Survivor testimonies reveal instances of physical abuse, neglect, and coercive interventions within these programs, leading to lasting physical harm and trauma. Many youth subjected to prolonged institutionalization experience chronic health conditions as a result of the mistreatment they endured, including injuries sustained during physical restraints and punitive measures. Additionally, the lack of standardized therapeutic practices and oversight in many troubled teen facilities has contributed to the exacerbation of mental health challenges among youth placed within the industry, including increased rates of anxiety, depression, and PTSD.

The coercive and punitive nature of some programs have also allegedly been detrimental to the overall well-being of youth, perpetuating cycles of trauma and exacerbating existing health conditions. Survivors of the TTI often grapple with long-term physical and mental health consequences, including chronic pain, gastrointestinal issues, sleep disturbances, and substance abuse disorders. Moreover, the neglect and deprivation of basic healthcare needs within these facilities further compound the health risks faced by youth placed in the TTI, exacerbating pre-existing conditions and hindering their access to essential medical care. The profound negative health implications inflicted upon vulnerable youth within the Troubled Teen Industry underscore the urgent need for comprehensive reform and heightened scrutiny to ensure the safety and well-being of youth.

Adverse Childhood Experiences (ACEs)

The impact of the TTI is not halted upon release. Prolonged mental health struggles, developmental damage to the brain, increased chances of physical diseases, and financial burdens from program costs are common setbacks after leaving the TTI.

In 1995, a groundbreaking study by the CDC and Kaiser Permanente identified and coined something called Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur before the age of 18, and have shown to be linked to things like: chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs have also been shown to negatively impact education, job opportunities, and earning potential. ACEs have been shown to cause “toxic stress,” which is extended or prolonged stress. Many children in these facilities are experiencing several more ACEs while they are

there and therefore being set up for long term physical and psychosocial damage.¹⁵⁷ Being exposed to 4 or more ACEs will increase the likelihood of chronic pulmonary lung disease by 390%; hepatitis by 240%; depression by 460%; and attempted suicide, by 1,220%.¹⁵⁸

Additional research shows that youth who are exposed to toxic stress and trauma experience physiological changes in their brain that impact cognition, and hinder educational and health outcomes decades later.¹⁵⁹ As it is, an estimated 49.5% of adolescents have had a mental health disorder at some point in their lives.¹⁶⁰ However, treatment methods differ in efficacy rates when comparing residential and home-based care. In fact, in one study that studied the efficacy of residential treatment vs. home-based treatment, children treated at home had fewer symptoms of ADHD, anxiety, depression (63%) than children treated in facilities (11%).¹⁶¹

Children that go through these programs are more likely to end up in prison or psychiatric facilities than similarly difficult children that are placed in community based programs.¹⁶² This can create developmental setbacks in the education and socialization of a child. Many children don't have access to proper education while in these facilities and oftentimes miss out on years of knowledge, making secondary education impossibly difficult. Additionally, from being out of a traditional school environment, transitioning back into social settings may be difficult for those who have spent years separated from their peers.

Familial Impacts

The TTI inflicts profound and enduring familial impacts, profoundly affecting the attachment dynamics between youth and their parents or caregivers. Survivors of these facilities often leave with deep-seated mistrust and resentment towards their families, viewing them as complicit in their trauma and betrayal. The abusive and coercive nature of these programs erodes the foundation of trust and security within family relationships, leaving survivors struggling to reconcile the abuse they endured with their familial bonds. Many youth, upon release, choose to

¹⁵⁷ "Fast Facts." Centers for Disease Control and Prevention. Last modified June 29, 2023. Accessed April 18, 2024. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

¹⁵⁸ "Adverse Childhood Experiences." American Society for the Positive Care of Children. Accessed April 19, 2024. <https://americanspcc.org/wp-content/uploads/2021/06/aspcc-ACES.pdf>.

¹⁵⁹ Hackman, Daniel A., Martha J. Farah, and Michael J. Meaney. "Socioeconomic Status and the Brain: Mechanistic Insights from Human and Animal Research." *Nature Reviews Neuroscience* 11, no. 9 (2010): 651-59.

<https://doi.org/10.1038/nrn2897>; Gottesman, Irving I., and Daniel R. Hanson. "Human Development: Biological and Genetic Processes." *Annual Review of Psychology* 56, no. 1 (2005): 263-86.

<https://doi.org/10.1146/annurev.psych.56.091103.070208>; National Research Council (US), and Institute of Medicine (US) Committee on Integrating the Science of Early Childhood Development. *From Neurons to Neighborhoods*. Edited by Jack P. Shonkoff and Deborah A. Phillips. N.p.: National Academies Press, 2000.

<https://doi.org/10.17226/9824>.

¹⁶⁰ "Mental Illness." National Institute of Mental Health. Accessed April 19, 2024. <https://www.nimh.nih.gov/health/statistics/mental-illness>.

¹⁶¹ Wilmshurst, Linda A. "Treatment Programs for Youth with Emotional and Behavioral Disorders: An Outcome Study of Two Alternate Approaches." *Mental Health Services Research* 4, no. 2 (2002): 85-96.

<https://doi.org/10.1023/a:1015200200316>.

¹⁶² Cohen, Finn. "Sent Away: Kenneth R. Rosen on the Troubled-Teen Industry." *The Sun*, August 2021. Accessed April 19, 2024. <https://www.thesunmagazine.org/issues/548/sent-away>.

sever ties with their families altogether, seeking to distance themselves from the source of their pain and reclaim their autonomy.

Moreover, the institutionalization experienced in troubled teen facilities contributes to the development of significant attachment issues among survivors, which can have far-reaching consequences into their adult lives. Attachment theory posits that early experiences with caregivers shape an individual's ability to form healthy relationships later in life. For survivors of the TTI, the lack of secure attachment figures and the presence of abusive authority figures during their formative years result in unstable interpersonal relationships, poor decision-making abilities, and challenges in forming meaningful connections with others. These attachment issues often manifest in adulthood, leading to difficulties in maintaining stable romantic partnerships, establishing trust with peers and colleagues, and navigating social situations.

Additionally, the trauma and instability experienced during their time in troubled teen facilities hinder survivors' ability to achieve academic and career success. Many struggle with completing their education due to interrupted schooling or gaps in their learning, leading to limited job prospects and financial insecurity. The emotional scars left by the Troubled Teen Industry often result in difficulty holding down a job, as survivors may grapple with unresolved trauma, low self-esteem, and challenges in managing stress and interpersonal conflict. As a result, the impact of attachment issues stemming from their time being institutionalized extends far beyond familial relationships, shaping the trajectory of survivors' adult lives and hindering their overall well-being and success.

Educational Impacts

The TTI inflicts significant negative educational impacts on youth who survive its programs. Despite the fact that many participants are at an age appropriate for middle or high school, the institutionalization in TTI facilities, which can extend for years, often results in subpar or nonexistent education. Wilderness programs, a common component of the TTI, allocate little to no time for formal education, and even in residential facilities, survivors frequently report inadequate teacher-to-student ratios and under-qualified instructors engaging with students for only a few hours each day, if at all. This limited access to educational resources impedes participants from acquiring essential curricular content crucial for their academic success and future endeavors. Moreover, youth entering TTI facilities with intellectual or disabilities often receive insufficient assistance or consideration for their individual needs, leading to educational regression and a lack of preparation for standardized exams or further academic pursuits upon their return to traditional school settings.

The negative educational outcomes of the TTI are exacerbated by survivors reporting feeling academically behind and ill-prepared for future educational steps after deinstitutionalization. Many express a sense of unawareness regarding their options, leading to a significant portion refraining from pursuing further education. The TTI's failure to address individualized education needs and provide a conducive learning environment not only hampers academic progress

during the pivotal years of adolescence but also perpetuates cycles of insecurity, limited opportunities, and inadequate foundational knowledge for those who have survived its programs.

Interpersonal Impacts

The TTI's long-term institutionalization of youth has profound interpersonal impacts that extend far beyond the duration of their confinement. Youth subjected to extended periods of institutionalization often struggle to reintegrate into society due to the disruption of important stages of social and educational development. Cut off from contact with the outside world and deprived of access to proper education, these youth miss out on crucial opportunities to form meaningful relationships, acquire essential life skills, and cultivate a sense of identity and autonomy.

As a result, survivors of the TTI commonly experience difficulties in their interactions with peers and other individuals well into adulthood. The trauma endured during their time in institutionalized settings can manifest in various ways, including social withdrawal, trust issues, and challenges in forming healthy attachments. Moreover, the abuse and mistreatment prevalent within these facilities exacerbate the psychological and emotional toll on survivors, further hindering their ability to navigate interpersonal relationships and engage with the world around them.

The long-term interpersonal impacts of the TTI underscore the urgent need for comprehensive support and resources to address the complex needs of survivors. Reintegrating into society after experiencing prolonged institutionalization requires holistic interventions that prioritize trauma-informed care, social-emotional support, and opportunities for skill-building and empowerment. By recognizing and addressing the unique challenges faced by survivors, communities can foster environments that promote healing, resilience, and meaningful connections, enabling individuals to rebuild their lives and thrive beyond the confines of the TTI.

Community Impacts

The widespread practice of sending youth out-of-state to TTI programs comes with significant economic and social impacts on communities. With an estimated \$23 billion spent annually on these programs,¹⁶³ resources that could be allocated to community-based initiatives are diverted, depriving localities of essential funding for youth support services. Instead of investing in community resources that promote youth's autonomy and agency over healthcare decisions, these funds are funneled into institutionalized programs that prioritize profit over the well-being of youth.

¹⁶³ Krebs, "Five Facts."

Furthermore, the reliance on out-of-state programs exacerbates the disconnect between youth and their communities, hindering their ability to access individualized and locally-based support services. By funneling resources away from community-based initiatives, the TTI perpetuates a cycle of disempowerment and dependency among youth, undermining their sense of belonging and connection to their communities. Instead of fostering resilience and self-determination, youth are subjected to coercive and harmful interventions that strip them of their agency and autonomy.

Ultimately, the impacts of the TTI extend beyond individual youth to the broader fabric of communities. By diverting resources away from community-based support systems, these programs not only perpetuate systemic inequalities but also undermine the social cohesion and well-being of communities as a whole. To address these challenges effectively, there is a critical need to reallocate resources towards community-driven initiatives that empower youth and promote their holistic well-being within their local contexts.

Indoctrination & Abuse of Program Employees

The TTI not only subjects youth to abuse but also engages in a troubling cycle of brainwashing and coercion, extending its harmful impact to the very staff entrusted with the well-being of these vulnerable individuals. Under the guise of rehabilitation, staff members are often manipulated into perpetuating abusive practices, creating an environment that fosters the mistreatment of youth. Many of these staff are under-qualified, underpaid, and find themselves working in understaffed facilities, further contributing to the compromised quality of care.

In numerous cases, former staff members have come forward to condemn their participation in the TTI, shedding light on the unethical practices they were coerced into and advocating against the very institutions they once served. The exploitation of staff members within this industry underscores the urgent need for increased awareness to dismantle the harmful structures that perpetuate cycles of abuse and manipulation within troubled teen programs.

Program Deaths

Deaths within the TTI are tragically common, shedding light on the systemic issues and lack of oversight plaguing these facilities. While lack of regulation, reporting, and oversight makes it difficult to track exactly how many youth are dying in TTI facilities, Unsilenced has over [360 documented deaths](#) of youth in the TTI.

The case of Aaron Bacon, who died in 1994 at North Star Expeditions, serves as a harrowing example of the industry's fatal outcomes. Aaron's death from a treatable illness due to neglect and abuse underscores the brutality endured by youth in these programs. Despite his desperate pleas for help and worsening condition, Aaron's cries went unanswered, ultimately resulting in

his death.¹⁶⁴ His tragic death highlights the dire need for increased accountability measures within the TTI.

Similarly, the death of Cornelius Fredericks at Lakeside Academy in 2020 sparked public outrage and media coverage, amplifying calls for justice and reform. Cornelius, a 16-year-old, tragically lost his life after being restrained by staff members for an unnecessary amount of time for throwing a sandwich.¹⁶⁵ The incident exposed the dangerous and often deadly consequences of restraint techniques employed by facilities within the TTI, further fueling demands for stricter regulations and oversight. Cornelius' death serves as a stark reminder of the grave risks faced by youth in these programs and underscores the urgent need for systemic changes to protect vulnerable individuals from harm.

Taylor Goodridge's death at Diamond Ranch Academy further underscores the life-threatening risks inherent in the TTI. Taylor's tragic passing, the result of medical neglect and failure to provide timely intervention, highlighted the egregious violations of basic human rights and dignity within these facilities. Despite exhibiting clear signs of distress and illness, Taylor was denied adequate medical attention, ultimately leading to her untimely death.¹⁶⁶ The subsequent closure of Diamond Ranch Academy following findings of severe neglect and systemic failures reinforced the urgent need for safer alternatives for youth to circumvent long-term institutionalization.¹⁶⁷

The deaths of Aaron, Cornelius, and Taylor are just a few examples of the countless lives lost within the TTI. Behind each tragic loss lies a story of profound suffering, neglect, abuse, and injustice. These fatalities demonstrate the urgent need to protect vulnerable youth from harm and ensure their safety and well-being. The tireless advocacy efforts of survivors, families, and allies continue to push for meaningful change and accountability within the TTI, demanding justice for those who have suffered and perished within its confines. Only through collective action and sustained advocacy can further deaths be prevented and the safety of youth prioritized.

¹⁶⁴ Morgenstern, Joe. "A Death in the Desert :..." *Los Angeles Times*, January 15, 1995. Accessed April 19, 2024. <https://www.latimes.com/archives/la-xpm-1995-01-15-tm-20285-story.html>.

¹⁶⁵ Kingkade, "Video Shows Fatal Restraint."

¹⁶⁶ Kingkade, Tyler. "Teen Vomited on Multiple Days before Dying of Infection at Utah Boarding School, State Finds." NBC News. Last modified April 21, 2023. Accessed April 19, 2024.

<https://www.nbcnews.com/news/us-news/taylor-goodridge-autopsy-diamond-ranch-academy-rcna80864>.

¹⁶⁷ Kingkade, Tyler. "Troubled Teen Facility in Utah Ordered to Shut Down after Child's Death." NBC News. Last modified July 14, 2023. Accessed April 19, 2024.

<https://www.nbcnews.com/news/us-news/diamond-ranch-academy-ordered-shut-child-death-rcna94297>.

Litigation Within the Industry

In recent years, litigation has emerged as a potent tool in the fight against the systemic abuses pervasive within the TTI. Survivors of these programs have increasingly turned to the legal system seeking validation for their experiences, demanding transparency, and holding accountable the operators of these abusive facilities. Through lawsuits, survivors have found a platform to voice their grievances, seek justice, and effectuate change in an industry plagued by misconduct and neglect.

One of the foremost functions of litigation in the TTI realm is to provide survivors with a sense of validation. For years, survivors have been gaslit, dismissed, and silenced by the very institutions entrusted with their care. Lawsuits offer a mechanism for survivors to reclaim their narratives, have their experiences acknowledged, and receive validation from society at large. This validation serves as a crucial step in the healing process, empowering survivors to confront their trauma and move forward with their lives.

Moreover, litigation acts as a powerful force for transparency within the TTI. Many facilities operate under a shroud of secrecy, shielding their practices from public scrutiny. Lawsuits compel these institutions to open their doors, allowing the public a glimpse into the often harrowing conditions within these facilities. By shedding light on the inner workings of the TTI, litigation exposes the systemic failures and regulatory loopholes that enable abuse to thrive.

Common types of allegations in TTI lawsuits span a spectrum of abuses, including civil rights violations, physical, emotional, and sexual mistreatment, medical negligence, and fraud. Physical abuse allegations often involve instances of restraint, isolation, and corporal punishment inflicted upon youth, usually under the guise of discipline. Emotional abuse allegations frequently revolve around tactics of humiliation, degradation, and psychological manipulation designed to break down individuals' sense of self-worth and autonomy. Sexual abuse allegations are alarmingly common and equally egregious, involving instances of exploitation, grooming, rape, and assault perpetrated by both other residents and staff members.

Litigation plays a pivotal role in driving efforts to reform an industry marred by allegations of abuse and neglect. As survivors continue to come forward and demand justice, the power of litigation remains a potent force in the fight against the pervasive abuses that have plagued the TTI for far too long.

The ripple effects of these legal battles extend to legislative reform and public awareness campaigns, amplifying the voices of survivors and advocates alike. As the legal landscape

continues to evolve, survivors are empowered to demand accountability and enact meaningful change within the TTI.

Legislative Reform & Action

When looking at the evolution of the TTI externally, there are noticeable legislative changes as well as a shift in the public's response. Amidst the U.S. financial crisis in 2008, many unlicensed programs shuttered and licensed programs shifted to accept more public funds, rather than private payment. The industry continued until about 2020 when various high profile survivors, like Paris Hilton, started speaking out about their experiences by way of documentaries, podcasts, and news stories.¹⁶⁸ This spotlight effectively called out the Industry and put pressure on it.

In 2020, the horrific death of Cornelius Fredericks at Lakeside Academy in Michigan made the news. Cornelius was restrained by numerous grown adults for over 10 minutes for throwing a sandwich.¹⁶⁹ This erupted outrage in the media and shed light on the [360+ youth](#) who died in congregate care programs. This got the media's attention that children are actually dying in these facilities.

In July 2022, U.S. Sens. Patty Murray and Ron Wyden announced an investigation into child abuse at residential facilities. They sent letters to Acadia Healthcare, Devereux Advanced Behavioral Healthcare, Universal Health Services, and Vivant Behavioral Healthcare – four of the largest for-profit companies operating such facilities that have reported claims of abuse – asking for information pertaining to restraint and seclusion policies, employee training, the number of incidents of abuse over the past five years, complaints and inspections, funding sources, and other information.¹⁷⁰ In 2022, at least [44 programs](#) shut down.

As of August 2023, the [Unsilenced Program Archive](#) has over 100,000 items, making it the largest TTI archive to exist. The comprehensive database contains lawsuits, DHS and licensing records, law enforcement call logs and reports, news stories, audio and video recordings, survivor stories, program materials, and other documents. This collection of data provides transparency about an industry where transparency is not only discouraged, but does not exist.

¹⁶⁸ Clements, Erin. "Paris Hilton Says She Was Abused at Boarding School as a Teen in New Documentary." Today. Last modified September 7, 2020. Accessed April 19, 2024.

<https://www.today.com/popculture/paris-hilton-says-she-was-abused-boarding-school-teen-new-t190213>.

¹⁶⁹ Bey, Justin, and Li Cohen. "Three Charged in Death of Black Teen Who Died after Being Restrained at Youth Facility." CBS News. Last modified June 27, 2020. Accessed April 19, 2024.

<https://www.cbsnews.com/news/cornelius-fredericks-death-lakeside-academy-staffers-charged-kalamazoo-michigan/>.

¹⁷⁰ Kingkade, Tyler. "Senators Launch Investigation into Child Abuse Allegations at Treatment Facilities." NBC News. Last modified July 22, 2022. Accessed April 19, 2024.

<https://www.nbcnews.com/news/us-news/senators-investigate-child-abuse-facilities-rcna39291>.

State Legislation

While legislation does not ensure safe practices in TTI programs, it can outline what is legal, ethical, and expected of congregate care providers. Laws for facilities vary by state, meaning universal oversight does not exist to regulate youth safety in out-of-home placements. Some safeguards seen amongst state-by-state legislative patchwork include program requirements for reporting abuse and neglect, seclusion and restraint restrictions, and increased facility inspections in addition to granting youth weekly confidential communication with caregivers and access to report child abuse. These policies are invaluable in that licensure's are more informed about licensees and can hold them accountable for findings of substantiated abuse or neglect and noncompliance. Allowing children to privately voice concerns can increase comfortability with reporting and may also decrease the risk of being retaliated against or consequences by the program.

Notably, legislation is one component for providing regulatory oversight and promoting youth safety in TTI programs. Even with more stringent laws, there are still allegations of abuse and neglect, findings of noncompliance, and reported deaths in facilities that claim to offer mental health treatment for youth. Legislation does not legitimize the TTI or programs.

Montana

TTI program oversight in Montana has improved over time, especially with the 2023 regulatory law. Before program oversight shifted to the Montana Department of Public Health and Human Services (DPHHS) in 2019, Montana programs fell under the Department of Labor and Industry and a board called the Private Alternative Adolescent Residential or Outdoor Program (PAARP), whose majority came from the industry it oversaw.¹⁷¹ While the model of self-regulation allowed abuse and neglect to flourish in programs and go unnoticed, issues remained with the shifted oversight entity due to weak regulation. In 2023, Helena Rep. Laura Smith sponsored H.B. 218 to strengthen Montana TTI program oversight.^{172 173}

Under [H.B. 218](#):

- Licensed private alternative adolescent residential or outdoor programs may not
 - Use or threaten physical discipline
 - Deprive a youth of basic necessity or inherent right
 - Admit youth under the age approved in the licensure
 - Admit youth with a condition not allowed to be treated under the licensure

¹⁷¹ Tompkins, Lucy. "'Fox Guards Henhouse' in Montana Programs for Troubled Teens." *Missoulian*, January 21, 2019. Accessed April 19, 2024. https://missoulian.com/news/state-and-regional/fox-guards-henhouse-in-montana-programs-for-troubled-teens/article_86736f9b-eb6e-59f9-b312-3a9388361075.html.

¹⁷² Larson, Seaborn. "Governor Signs New 'Troubled Teen' Regulations into Law." *Independent Record*, May 17, 2023. Accessed April 19, 2024. https://helenair.com/news/state-regional/government-politics/governor-signs-new-troubled-teen-regulations-into-law/article_5f052380-f4ff-11ed-aa54-1f8fd55035b4.html.

¹⁷³ Evans, "Montana Adds Protections."

- Sexually abuse, exploit, or harass an enrolled youth
- Licensed private alternative adolescent residential or outdoor programs must
 - Allow a parent or guardian to remove a youth from the licensed program
 - Allow youth weekly unmonitored video calls
 - Provide access to the child abuse hotline
- Licensed private alternative adolescent residential or outdoor programs inspections must
 - Be unannounced
 - Occur at least twice a year
 - Involve interviews with at least half of the youth enrolled
- All records of licensed programs must be available to inspection by the department at reasonable times
- The department must develop minimum standards and adopt rules for programs to ensure the safety of youth

Oregon

In 2021, legislation sponsored by state Sen. Sara Gelser provided significant oversight for the TTI in Oregon, making it the first state to regulate transport companies and referral consultants.¹⁷⁴ S.B. 710 outlines provisions and reporting requirements related to prohibited and permissible use of restraint and involuntary seclusion as well as requirements for secure transportation service providers. S.B. 749 requires referral agents to register with the Oregon Department of Human Services (ODHS) and outline mandatory information that must be disclosed to clients. These bills have had a substantial impact on child-caring entities within the state. More specifically, there has been a significant decrease in licensed outdoor youth programs, with one remaining as of September 2023, and a decline in licensed secure transportation services in Oregon as well.¹⁷⁵

Under **S.B. 710**:

- The following types of restraint and involuntary seclusion are prohibited
 - Chemical restraint
 - Mechanical restraint
 - Prone restraint
 - Supine restraint
 - Restraint that uses a solid object to restrict movement
 - Restraint that places pressure
 - Restraint with the purpose of inflicting pain
 - Restraint or involuntary seclusion as a form of discipline, punishment, or convenience

¹⁷⁴ Salter, Jim. "Calls for Regulation Hope to Get a Handle on Troubled Teen Transporters." KUER 90.1. Last modified September 27, 2022. Accessed April 19, 2024. <https://www.kuer.org/race-religion-social-justice/2022-09-27/calls-for-regulation-hope-to-get-a-handle-on-troubled-teen-transporters>.

¹⁷⁵ "Licensed Agencies." Oregon Department of Human Services. Accessed April 19, 2024. <https://www.oregon.gov/odhs/licensing/childrens-care-agencies/Pages/agencies.aspx>.

- Restraint and involuntary seclusion are permissible if
 - There is reasonable risk of imminent, serious bodily injury
 - Less restrictive interventions would not effectively reduce risk
 - The restraint used aligns with the types of restraint outlined in the bill
 - Individuals using the restraint or involuntary seclusion are trained according to the department's standards and certification requirements
- Child-caring programs must
 - Establish and follow procedures, notices, and reports related to the use of restraint and involuntary seclusion
 - Complete and submit quarterly reports regarding the use of restraint and involuntary seclusion to the Children's Care Licensing Program
- Each program's quarterly restraint and involuntary seclusion report must be published on the department's website
- Secure transportation services providers must
 - Be licensed as child-caring agencies if they are based in Oregon, transporting a child who resides in Oregon, or transporting a child through Oregon
 - Comply with all regulations related to child-caring agencies including reporting abuse, background checks, and the use of restraint and involuntary seclusion
 - Complete and submit quarterly reports regarding the use of restraint, injuries caused, and substantiated abuse allegations to the Children's Care Licensing Program

Under [S.B. 749](#):

- Referral agents must
 - Register with the Oregon Department of Human Services (ODHS) every two years
 - Be registered with Oregon DHS to provide information or referrals for any child who is an Oregon resident
 - Provide a disclosure when making a referral that includes information about program policies, leadership and employees, licensing actions taken against the facility or parent company, substantiated allegations of abuse, death, or serious injuries, the relationship between the referral agent and the program, sources of fees and compensation referral agents may receive in exchange for referrals, among other information
- Referral agents may not refer to a program
 - That is not licensed by the agency responsible for licensing child-caring agencies in the state where the program is located
 - They have not toured in-person within the prior 24 months
 - That has had a license restriction, revocation, or suspension in the prior 12 months
 - That provides compensation or payment to the referral agent in exchange for the referral

- Referral agents may not refer to a company that offers secure transportation services that is not approved by the state Department of Human Services

Utah

Utah is the epicenter of TTI programs, bringing in hundreds of millions of dollars into the state's economy annually.¹⁷⁶ Outdoor outings led by a Brigham Young University student established the foundation for wilderness therapy, which later expanded into residential facilities.¹⁷⁷ The age for medical consent, coupled with cheap land and an eager workforce, and further enabled by weak regulation allowed the industry to flourish.¹⁷⁸ In 2020, state Sen. Mike McKell sponsored S.B. 127, which later unanimously passed the Utah Senate Judiciary, Law Enforcement and Criminal Justice Committee and passed the House of Representatives.¹⁷⁹ In 2021, it was signed into law.¹⁸⁰ The legislation increases transparency and prohibits certain abusive practices in Utah's youth congregate care programs. The bill was the first time in 15 years that Utah legislators put more oversight in place for youth residential treatment treatment centers.¹⁸¹ Sen. McKell continued his efforts in 2022 with S.B. 239, which modified and updated the previous bill language.

Under [S.B. 127](#):

- Congregate care programs may not use a cruel, severe, unusual, or unnecessary practice
- Congregate care programs may not allow
 - Peer restraints
 - Chemical restraints, except for in extenuating circumstances
 - Strip searches, except for in extenuating circumstances
- Congregate care programs must report
 - The use of a restraint or seclusion within one business day to the Utah Office of Licensing
 - A critical incident within one business day to the Utah Office of Licensing
- Congregate care programs must publicly post
 - The Office of Licensing's contact information
 - Information that informs an individual how to submit a complaint about a program to the Utah Office of Licensing

¹⁷⁶ Miller, "Utah Became Leading Place."

¹⁷⁷ Maffly, "BYU Alumnus Sparks Industry."

¹⁷⁸ Miller, "Inside Utah's."

¹⁷⁹ Miller, Jessica. "Effort to Stop Abuse at Utah's 'Troubled-Teen' Centers Is Sailing through the Legislature." *The Salt Lake Tribune*, February 23, 2021. Accessed April 19, 2024.

<https://www.sltrib.com/news/politics/2021/02/24/effort-stop-abuse-utahs/>.

¹⁸⁰ Swenson, Madison. "Paris Hilton on Hand as Gov. Signs Bill Regulating Youth Facilities." KSLTV. Last modified April 6, 2021. Accessed April 19, 2024.

<https://ksltv.com/459317/paris-hilton-on-hand-for-signing-of-bill-regarding-youth-care-centers/>.

¹⁸¹ Swenson, "Paris Hilton on Hand."

- The Office of Licensing must complete announced and unannounced quarterly inspections
- Youth must be given weekly unmonitored communication with their families

Under [S.B. 239](#):

- Restraint and seclusion procedures are not required to align with industry standards
- Congregate care programs must allow confidential voice-to-voice communication
- Youth transportation companies must
 - Register with the Utah Office of Licensing
 - Provide the Utah Office of Licensing with a business insurance policy
 - Provide the Utah Office of Licensing with a valid business license from the state where the youth transportation company is headquartered
- Background checks are required for Individuals who transport a child for a youth transportation company
- Referring individuals to youth transportation companies in exchange for remuneration may result in a criminal penalty

Proposed Federal Legislation

Activism leveled against the TTI has unfolded over several decades, characterized by strategic litigation and persistent advocacy for enhanced government oversight and the allocation of federal funding towards regulated in-patient mental-health programs. Prominent federal legislative endeavors, such as the *Stop Institutional Child Abuse Act (SICAA)* and the *Keeping All Students Safe Act (KASSA)*, are designed to safeguard at-risk youth in congregate care and educational settings. These initiatives seek to establish federal and state standards for abuse prevention and eliminate punitive measures such as the isolation and seclusion of adolescents. Despite their potential for meaningful change, these bills lack the immediacy inherent in legal actions against the TTI, emphasizing industry reform over the allocation of resources for safer, local alternatives.

Legal actions against TTI programs transcend the scope of federal legislation, assuming a crucial role in dismantling the industry by directly addressing reported abuses within facilities. This targeted approach holds entities accountable, fosters essential reforms, and provides a nuanced response to the multifaceted challenges associated with the TTI, which is why it is one of the main activist strategies Unsilenced employs against the industry.

The optimal solution, however, entails endorsing non-profit local community programs, providing a supportive environment for troubled teens with customized, evidence-based treatment plans. Prioritizing non-profit initiatives ensures the delivery of regulated mental health care within familiar familial contexts. This approach embodies a proactive and community-oriented strategy, fostering lasting positive change in the treatment and care of at-risk youth.

Stop Institutional Child Abuse Act (SICAA)

In May 2022, Unsilenced, Paris Hilton, and hundreds of advocates went to D.C. to speak to lawmakers about the TTI and the need for federal regulation and oversight to increase youth safety in congregate care facilities.¹⁸² A year later, on April 27, 2023, Sens. Jeff Merkley, John Cornyn, and Tommy Tuberville, and Reps. Ro Khanna and Earl “Buddy” Carter introduced the *Stop Institutional Child Abuse Act (SICAA)*.¹⁸³ The bipartisan, bicameral bill aims to improve national data collection and reporting for youth residential programs. While SICAA does not prevent abuse in youth residential programs, it is an important first step in ensuring the safety of young people in congregate care settings.

SICAA (H.R.2955/S.1351) would:

- Establish the Federal Work Group on Youth Residential Programs, comprised of representatives from the Administration for Children and Families, the Administration for Community Living, the Substance Abuse and Mental Health Services Administration, the Department of Education, the Department of Justice, the Indian Health Service, the Centers for Medicare & Medicaid Services, and other relevant federal agencies
- Require the Work Group to consult with a myriad of individuals who have expertise or experience with youth residential programs and use that knowledge to carry out their outlined duties.
- Direct the National Academies of Sciences, Engineering, and Medicine to conduct a study on the use of restraints, seclusion, and other restrictive interventions in youth residential programs
- Require the National Academies to issue a report informed by the study that identifies information about and recommendations for youth residential programs.

Keeping All Students Safe Act (KASSA)

In 2023, the *Keeping All Students Safe Act (KASSA)* was reintroduced by Sens. Chris Murphy, Bernie Sanders, and Patty Murray, and Reps. Don Beyer and Robert C. “Bobby” Scott. Since youth may be subjected to dangerous restraint and seclusion in school environments, sometimes causing injury, the bill aims to improve child safety in schools by regulating and prohibiting the practices.¹⁸⁴ With no current federal oversight over restraint and seclusion, KASSA would ban schools receiving federal funds from using harmful restraint practices or

¹⁸² Murray, Isabella. "Paris Hilton Urges Federal Action to Reform 'Troubled Teen' Facilities." ABC News. Last modified May 12, 2022. Accessed April 19, 2024.

<https://abcnews.go.com/Politics/paris-hilton-urges-federal-action-reform-troubled-teen/story?id=84620293>.

¹⁸³ "Khanna, Merkley, Cornyn, Tuberville, and Carter Introduce Bipartisan Legislation to End Children's Abuse in Residential Treatment Centers." Congressman Ro Khanna. Last modified April 27, 2023. Accessed April 19, 2024. <https://khanna.house.gov/media/press-releases/khanna-merkley-cornyn-tuberville-and-carter-introduce-bipartisan-legislation>.

¹⁸⁴ Scott, Robert C. "Keeping All Students Safe Act: Protecting All Students from the Dangers of Seclusion and Restraint." Education and the Workforce Democrats. Accessed April 19, 2024.

https://democrats-edworkforce.house.gov/imo/media/doc/keeping_all_students_safe_act_fact_sheet2.pdf.

seclusion and would provide school personnel with training to address school-expected behaviors with evidence-based proactive strategies.¹⁸⁵

KASSA would:

- Establish minimum safety standards in schools by:
 - Prohibiting seclusion and restraint (mechanical, chemical, physical) that restricts breathing or is life threatening, and any form of aversive behavioral intervention
 - Prohibiting physical restraint as a planned intervention
 - Requiring certification of staff conducting physical restraint that meets the minimum standards
 - Requiring parental notification and follow-up meetings if a physical restraint occurs
- Support states by providing better training to ensure student and staff safety and establishing monitoring and enforcement systems by:
 - Requiring each state to have its own policies, procedures, monitoring, and enforcement systems to meet minimum standards within two years of the law's enactment
 - Providing grant funding for states to establish, implement, and enforce the policies and procedures required by the law
 - Improving state and local capacity to analyze the data and improve school climate and culture
- Increase transparency, oversight, and enforcement to prevent future abuse and death by:
 - Requiring states to annually collect and report data on the use of seclusion and restraint
 - Making data about restraint and seclusion publicly available, including data on the number of incidents, injuries, cases of death, and the demographic breakdown, while protecting student privacy

The TTI-to-PIC Pipeline

Just as the TTI is a network using private and public funding to “treat” so-called “troubled teens,” the Prison Industrial Complex (PIC) does the same to “reform” so-called “criminals.” Both industries rely on surveillance, tough love, and above all, confinement to recondition struggling adolescents and adults, despite numerous critiques from mental health care professionals.¹⁸⁶ In reality, neither the TTI nor the PIC have been proven to be effective in what they claim to do:

¹⁸⁵ "Murphy Reintroduces Legislation to Protect Students from Dangerous Seclusion and Restraint Practices." Chris Murphy. Last modified May 18, 2023. Accessed April 19, 2024. <https://www.murphy.senate.gov/newsroom/press-releases/murphy-reintroduces-legislation-to-protect-students-from-dangerous-seclusion-and-restraint-practices#:~:text=The%20Keeping%20All%20Students%20Safe%20Act%20would%20make%20it%20illegal,as%20prone%20or%20supine%20restraint>.

¹⁸⁶ Quandt, Katie R., and Alexi Jones. "Research Roundup: Incarceration Can Cause Lasting Damage to Mental Health." Prison Policy Initiative. Last modified May 13, 2021. Accessed April 19, 2024. <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>.

rehabilitation. The appalling rates of suicide and trauma associated with the TTI (see **Program Deaths** and **Health Impacts**) is a mirror of the PIC, where the suicide rate is twice that of the local general public, and confinement not only perpetuates but *creates* mental-health disorders.¹⁸⁷

The TTI and PIC were empowered by cuts to social welfare beginning in the 1970s. These neoliberal policies enabled private interests to build underregulated, for-profit mental health programs in the absence of public alternatives – what we now call the TTI. The PIC, on the other hand, developed through government funding as a response to the social inequality caused by such neoliberal policy. The alliance of government and corporate power enables the TTI-to-PIC pipeline: *When adolescents seek help, they are forced into underregulated private healthcare facilities (TTI), and following that ineffective treatment, they are funneled into punitive public facilities (PIC). While isolated from their communities, they are abused and refused health care, basic necessities, and common decency.*

Given the lack of research on the long-term impacts of the TTI on adolescents, a deficiency that only serves to validate the industry, there is no data on how many “troubled teens” are incarcerated later on in life. Similarly, there is a notable lack of data on the amount of federal and state funding being funneled into the TTI. However, looking at specific facilities can help paint a picture of the impact public funds have on this institutional abuse. For instance, Catherine E. Krebs, the Committee Director of the American Bar Association Section of Litigation Children’s Rights Litigation Committee (CRLC), observed in 2021 that 90% of the company Sequel’s \$200 million annual revenue came from Medicaid, Medicare, and an estimated 500 additional federal, state, and local programs. That is approximately, a daily \$800 per child, at each facility, of tax-payer dollars.¹⁸⁸ This is one instance of many where a for-profit mental health company uses federal financial power, with limited regulation, in order to confine adolescents with non-evidence based treatments. As Ronnie Shows, a former US Congressman points out, companies like Universal Health Services—which received more than a third of its \$7.5 billion annual revenue in 2017 from Medicare and Medicaid despite the allegations of violence, suicide attempts, and medication errors in 2015—needs serious government investigation.¹⁸⁹

Breanna Gonzales serves as a tragic case study of how the TTI-to-PIC pipeline operates. Faced with child abuse, parental discord, and bullying, Breanna spent much of her pre-teens running away from home. In the midst of these attempts to escape an unstable home life, she was raped on two different occasions, which deteriorated her mental health and compounded her misbehavior. Eventually, Breanna was sent to Mingus Mountain Academy, a residential facility

¹⁸⁷ Hahn, Josephine Wonsun. "How to Lower the High Level of Jail Suicides." Brennan Center for Justice. Last modified August 17, 2022. Accessed April 19, 2024. <https://www.brennancenter.org/our-work/analysis-opinion/how-lower-high-level-jail-suicides>; Quandt and Jones, "Research Roundup."

¹⁸⁸ Krebs, "Five Facts."

¹⁸⁹ Shows, Ronnie. "Dear GOP: Eliminate Waste and Fraud to Help Pay for Healthcare Bill." The Daily Caller. Last modified June 29, 2017. Accessed April 19, 2024. <https://dailycaller.com/2017/06/29/dear-gop-eliminate-waste-and-fraud-to-help-pay-for-healthcare-bill/>.

where she did not receive proper mental health-care nor felt any sense of security, so she ran away. Once more, she became a victim of rape; the authorities responded in a punitive manner and sent her away again, this time to Adobe Mountain School. The abuse in this facility, including solitary confinement, negligence, and physical abuse augmented her self-harm tendencies. In a moment of stress, she attacked one of the officers, the injury resulting in a traumatic brain injury. After years of abuse in the TTI, where she did not receive proper treatment for her complex trauma, Breanna was sent to Lower Buckeye Jail at seventeen years old.¹⁹⁰ How might Breanna’s story be different if she received evidence-based mental health care within her community instead of abuse and punitive treatment in outpatient facilities? What would have happened if Breanna was treated as a victim of sexual assault and trauma instead of a “troubled teen” causing harm?

The appalling similarities between the PIC and TTI such as violations of human rights, inefficacy, and discrimination demonstrate that there is a *systemic* issue endangering an estimated 100,000 “troubled teens” annually and 50,000 incarcerated children daily.¹⁹¹ Just as **Other Alternatives to the TTI** proposes, government investment in community resources, whether that be local, accessible health care or housing and education, is essential for preventing mental health crises, inequalities, and crime. Advocacy work on behalf of youth rights means directly addressing the lack of government oversight in adolescent social welfare and shifting public funding priorities from prisons to communities. See **Proposed Federal Legislation** to learn more about how applying political pressure on elected officials on local and federal scales to create legislative change can protect at-risk youth.

A Comparison of Oppression

Troubled Teen Industry (TTI)	Prison Industrial Complex (PIC)
Private facilities make an average of \$1.2 billion per year, profiting off of kids being institutionalized. ¹⁹²	Uses an estimated \$80.7 billion per year of public funding on public prisons and \$3.9 billion on private prisons to isolate and punish incarcerated people. ¹⁹³

¹⁹⁰ Critchfield, Hannah. "Raped, Then Thrown in Jail: A Teen's 'Abuse-to-Prison Pipeline.'" *Phoenix New Times*, September 26, 2019. Accessed April 19, 2024.

<https://www.phoenixnewtimes.com/news/raped-then-thrown-in-jail-a-teens-abuse-to-prison-pipeline-11357497>.

¹⁹¹ Szalavitz, Maia. "The Troubled-Teen Industry Offers Trauma, Not Therapy." *The New York Times*, October 19, 2023. Accessed April 19, 2024. <https://www.nytimes.com/2023/10/19/opinion/troubled-teens-industry-regulation.html>; "This Holiday, Remember the 50k Kids Still Locked Up." No Kids in Prison. Last modified December 23, 2019. Accessed April 19, 2024. <https://www.nokidsinprison.org/this-holiday-remember-the-50k-kids-still-locked-up>.

¹⁹² National Youth Rights Association, "The 'Troubled Teen' Industry."

¹⁹³ "Economics of Incarceration." Prison Policy Initiative. Last modified April 17, 2024. Accessed April 19, 2024. https://www.prisonpolicy.org/research/economics_of_incarceration/.

<p>Programs are overseen by people and corporations who profit off of the industry, such as The National Association of Therapeutic Schools and Programs (NATSAP), Universal Health Services (UHS), Vivant, Devereaux, Acadia, Embark, and more. Yet the private industry uses an estimated \$23 billion dollars of public funding.¹⁹⁴</p>	<p>Private prisons are overseen by people and corporations who profit off of the industry, such as Global Tel-Link., Corizon, The Bail Industry, Law Enforcement (Asset Forfeiture), Corrections Corporation of America (CCA), The GEO Group (Private Prisons), and more. Public prisons, the majority of prisons, address the failing of neoliberal policy, including poverty and inequality, through individually punitive means.</p>
<p>Discriminates against BIPOC youth.</p>	<p>Discriminates against BIPOC adults. African Americans and Hispanics make up 56% of the US incarcerated population.¹⁹⁵</p>
<p>Expanded in the 1970s and 80s with the rise of neoliberalism, when government funding for social welfare programs were dramatically cut, while funding for policing and prisons increased.¹⁹⁶</p>	<p>Expanded in the 1970s and 80s with the rise of neoliberalism, when government regulation decreased, and the mental health care industry was privatized.¹⁹⁷</p>
<p>Programs utilize cost cutting strategies; under-staffed, limited training, and loose hiring requirements, as well as limited health care.¹⁹⁸</p>	<p>An ongoing staffing crisis with overworked employees creates unsafe conditions for prisoners in federal prisons.¹⁹⁹ Private prisons actively cut costs through understaffing and crowded conditions as well as limited health care.²⁰⁰</p>
<p>Authority maintained through fear and punishment, such as tough love, which</p>	<p>Authority maintained through fear and punishment, such as solitary confinement,</p>

¹⁹⁴ Krebs, "Five Facts."

¹⁹⁵ "Criminal Justice Fact Sheet." NAACP. Accessed April 19, 2024.

<https://naacp.org/resources/criminal-justice-fact-sheet>.

¹⁹⁶ Wacquant, Loïc. "Three Steps to a Historical Anthropology of Actually Existing Neoliberalism." *Social Anthropology* 20, no. 1 (2012): 66-79. <https://doi.org/10.1111/j.1469-8676.2011.00189.x>.

¹⁹⁷ Ratna, Haran N. "Medical Neoliberalism and the Decline in U.S. Healthcare Quality." *Journal of Hospital Management and Health Policy* 4 (March 2020): 7. <https://doi.org/10.21037/jhmhp.2020.01.01>.

¹⁹⁸ Cooper, Kelly-Leigh. "Troubled US Teens Left Traumatized by Tough Love Camps." BBC. Last modified June 18, 2021. Accessed April 16, 2024. <https://www.bbc.com/news/world-us-canada-57442175>.

¹⁹⁹ Thrush, Glenn. "Short on Staff, Prisons Enlist Teachers and Case Managers as Guards." *The New York Times*, May 1, 2023. Accessed April 19, 2024.

<https://www.nytimes.com/2023/05/01/us/politics/prison-guards-teachers-staff.html>.

²⁰⁰ Davies, Dave. "Investigation into Private Prisons Reveals Crowding, Under-Staffing and Inmate Deaths." August 25, 2016. In *Fresh Air*. Podcast, audio transcript, 36:40. Accessed April 19, 2024.

<https://www.npr.org/2016/08/25/491340335/investigation-into-private-prisons-reveals-crowding-under-staffing-and-in-mate-de>.

psychologists criticize as harmful. ²⁰¹	which psychologists criticize as inhumane. ²⁰²
Institutionalizes kids for normal teenage behaviors. ²⁰³	Incarcerates people for non-violent crimes, and “violent” crimes are attributed to many criminal acts that don’t involve harm. ²⁰⁴
Use of solitary confinement, isolation, and restraint; rife with human rights abuses.	Use of solitary confinement, isolation, and restraint; rife with human rights abuses.
Holds children, aged 7-18, with mental illness, disabilities, addiction, or normal teenage behavior.	Holds mostly adult individuals with criminal charges (many are non-violent).
Deceptively markets itself as “youth rehabilitation,” but is proven to be ineffective and corrupt.	Deceptively markets itself as “criminal rehabilitation,” but is proven to be ineffective and corrupt.
In residential facilities, little to no outdoor time or recreation time. In wilderness therapy, extreme natural conditions including freezing temperatures and extensive hikes. ²⁰⁵	Little to no outdoor time or recreation time and/or complete isolation from others. ²⁰⁶
LGBTQIA+ kids are subjected to conversion therapy and violence. ²⁰⁷	LGBTQIA+ individuals are overrepresented and subjected to discrimination and violence. ²⁰⁸
Those institutionalized are pitted against each other through incentives and favoritism.	Those incarcerated are pitted against each other through incentives and favoritism.
Forced, unpaid manual labor, including ranch and farm work with unsafe working	Forced manual labor, often to maintain the prison facilities themselves. Wages are low

²⁰¹ Cooper, "Troubled US Teens Left Traumatized by Tough Love Camps."

²⁰² O'Hara, Delia. "Craig Haney Advocates for Criminal Justice Reform." American Psychological Association. Last modified April 19, 2021. Accessed April 16, 2024.

<https://www.apa.org/members/content/haney-criminal-justice-reform>.

²⁰³ National Youth Rights Association, "The 'Troubled Teen' Industry."

²⁰⁴ Sawyer, Wendy, and Peter Wagner. "Mass Incarceration: The Whole Pie 2023." Prison Policy Initiative. Last modified March 14, 2023. Accessed April 16, 2024. <https://www.prisonpolicy.org/reports/pie2023.html>.

²⁰⁵ Okoren, "The Wilderness 'Therapy.'"

²⁰⁶ Ortiz, Erik. "Bill to Ban Solitary Confinement in Federal Prisons Introduced in House." NBC News. Last modified July 27, 2023. Accessed April 16, 2024.

<https://www.nbcnews.com/politics/politics-news/bill-ban-solitary-confinement-federal-prisons-introduced-house-lawma-ke-rcna96016>.

²⁰⁷ Okoren, "The Wilderness 'Therapy.'"

²⁰⁸ Jones, Alexi. "Visualizing the Unequal Treatment of LGBTQ People in the Criminal Justice System." Prison Policy Initiative. Last modified March 2, 2021. Accessed April 15, 2024. <https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/>.

conditions. ²⁰⁹	and working conditions are unsafe. ²¹⁰
Physical, sexual, emotional, and religious abuse.	Physical, sexual, and emotional abuse.

Alternatives to the TTI

Studies show that youth have better outcomes when treated in their communities vs when treated via long-term institutionalization. One study found that 60% of youth treated within their communities had a reduction in ADHD, anxiety, and depression symptoms, whereas 11% of youth treated in residential treatment settings had the same reduction in symptoms.²¹¹ This clearly illustrates that youth do best when they are not removed from their environment, which is traumatic to youth by itself. The sole act of removing a child from their environment and placing them in a facility far away from home is, by itself, traumatic. When youth have access to education, friends, mentors, and remain in their home-environment, they are able to heal from any underlying trauma or mental health conditions. The money spent placing youth in the TTI would be much better spent on funding community-based resources for youth who need support.

Listed below are some other alternatives/community based-resources:

- **Multidimensional Family Therapy (MDFT):** MDFT is a comprehensive, family-based intervention designed to address substance abuse and related behavioral problems in adolescents. MDFT targets various dimensions of the adolescent's life, including family dynamics, peer relationships, individual behavior, and environmental factors, to promote positive change. This integrative approach involves assessing and intervening at multiple levels to address underlying issues and develop adaptive coping strategies within the family system. Research has shown MDFT to be effective in reducing substance abuse, delinquency, and other behavioral problems among adolescents, making it a widely used intervention in clinical settings.²¹²
- **Wraparound Services:** Wraparound services are a collaborative and individualized approach to providing comprehensive support and care to individuals, typically children

²⁰⁹ Kingkade, Tyler. "Teens Were Sent to Wyoming Ranches for Therapy. They Say They Found a Nightmare of Hard Labor and Humiliation." NBC News. Last modified September 7, 2022. Accessed April 15, 2024. <https://www.nbcnews.com/news/us-news/wyoming-christian-troubled-teen-ranches-abuse-rcna46112>.

²¹⁰ "Captive Labor: Exploitation of Incarcerated Workers." American Civil Liberties Union. Last modified June 15, 2022. Accessed April 15, 2024.

<https://www.aclu.org/news/human-rights/captive-labor-exploitation-of-incarcerated-workers>.

²¹¹ Wilmshurst, Linda A. "Treatment Programs for Youth with Emotional and Behavioral Disorders: An Outcome Study of Two Alternate Approaches." *Mental Health Services Research* 4 (2002): 85-96. <https://doi.org/10.1023/a:1015200200316>.

²¹² "Multidimensional Family Therapy." Title IV-E Prevention Services Clearinghouse. Last modified December 2020. Accessed April 15, 2024. <https://preventionservices.acf.hhs.gov/programs/509/show>.

and youth, with complex needs. These services are based on the principles of family-centered care, cultural competence, and community-based support, aiming to address the multiple and diverse needs of the individual and their family within their natural environment. The wraparound process involves creating a tailored plan that integrates formal services, informal supports, and community resources to promote positive outcomes and improve the individual's overall functioning and well-being.²¹³

- **Multisystemic Therapy (MST):** MST is an intensive, short-term (3-5 month) family- and community-based intervention for at-risk youth that targets various systems in their lives, such as family, school, and peer groups, to address behavioral and emotional problems. MST aims to empower families to develop effective coping strategies and support networks, thereby reducing delinquency and improving overall functioning. In this model, therapists are available 24/7, multiple family contacts occur weekly, and natural supports are established for the family to maintain therapeutic progress. Research has consistently demonstrated the effectiveness of MST in reducing criminal behavior, substance abuse, and out-of-home placements among adolescents.²¹⁴
- **Functional Family Therapy (FFT):** FFT is a therapeutic intervention aimed at treating behavioral and emotional issues in adolescents by improving family dynamics and communication. The therapy is designed to last three to six months in a clinic or at home, with an emphasis on family alliance, communication, parenting skills, problem solving, and reducing or eliminating problem behaviors to facilitate positive change.²¹⁵
- **Assertive Community Treatment (ACT):** ACT is a comprehensive, team-based approach to providing community-based mental health services for individuals with severe and persistent mental illnesses. ACT teams typically include professionals from various disciplines, such as psychiatry, nursing, social work, and vocational rehabilitation, who collaborate to deliver individualized, 24/7 support and case management functions to clients in their natural environments. The goals of the treatment team are to help youth live in the community, avoid hospitalization and residential admissions, and assist them in their recovery. ACT successfully engages patients in treatment and has been shown to reduce psychiatric hospital use, increase housing stability, and moderately improve symptoms and subjective quality of life.²¹⁶
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR is a therapy technique for trauma-related disorders like PTSD. It involves focusing on distressing

²¹³ "California Wraparound." California Department of Social Services. Accessed April 14, 2024.

<https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound>.

²¹⁴ "Multisystemic Therapy (MST)." The California Evidence-based Clearinghouse. Last modified June 2009. Accessed April 14, 2024. <https://www.cebc4cw.org/program/multisystemic-therapy/detailed>.

²¹⁵ Functional Family Therapy (FFT)." DC Department of Human Services. Accessed April 14, 2024. <https://dhs.dc.gov/page/functional-family-therapy-fft>.

²¹⁶ Bond, Gary R., Robert E. Drake, Kim T. Mueser, and Eric Latimer. "Assertive Community Treatment for People with Severe Mental Illness." *Disease Management and Health Outcomes* 9, no. 3 (2001): 141-59. <https://doi.org/10.2165/00115677-200109030-00003>.

memories while experiencing bilateral stimulation, such as eye movements, to facilitate reprocessing and symptom relief.²¹⁷ The treatment has been shown to effectively reduce trauma symptomatology and increase positive cognitions.²¹⁸

- **Brainspotting:** Brainspotting is a therapeutic technique that uses spots in an individual's visual field and interoceptive awareness to help them process trauma. Brainspotting has been shown to reduce memory-related distress and improve heart rate variability.²¹⁹
- **Somatic Experiencing:** Somatic Experiencing is a therapeutic method for addressing trauma by focusing on bodily sensations and innate healing mechanisms, aiming to regulate the nervous system and promote recovery. It is commonly used to treat trauma and related symptomatology and has been demonstrated to have positive effects on affective and somatic symptoms and measures of well-being in traumatized individuals.²²⁰
- **Acceptance and Commitment Therapy (ACT):** ACT is a psychotherapy approach that emphasizes accepting difficult thoughts and feelings, practicing mindfulness, and committing to actions aligned with personal values to improve psychological well-being and promote a meaningful life.²²¹
- **Dialectical Behavior Therapy (DBT):** DBT is a form of therapy focused on teaching mindfulness, emotion regulation, distress tolerance, and interpersonal skills to help individuals manage intense emotions and improve relationships.²²² The therapy has shown to be effective in stabilizing and controlling self-destructive behavior and improving patient compliance.²²³
- **Cognitive Behavioral Therapy (CBT):** CBT is a goal-oriented therapy that helps individuals identify and change negative thought patterns and behaviors to improve their

²¹⁷ "What Is EMDR Therapy?" EMDR Institute, Inc. Accessed April 14, 2024. <https://www.emdr.com/what-is-emdr/>.

²¹⁸ Wilson, Sandra A., Lee A. Becker, and Robert H. Tinker. "Eye Movement Desensitization and Reprocessing (EMDR) Treatment for Psychologically Traumatized Individuals." *Journal of Consulting and Clinical Psychology* 63, no. 6 (1995): 928-37. <https://doi.org/10.1037/0022-006x.63.6.928>.

²¹⁹ D'Antoni, Fabio. *Brainspotting Reduces Disturbance and Increases Heart Rate Variability Linked to Distressing Memories: A Pilot Study*. N.p.: Mediterranean Journal of Clinical Psychology, 2021. <https://doi.org/10.13129/2282-1619/MJCP-3055>.

²²⁰ Kuhfuß, Marie, Tobias Maldei, Andreas Hetmanek, and Nicola Baumann. "Somatic Experiencing – Effectiveness and Key Factors of a Body-oriented Trauma Therapy: A Scoping Literature Review." *European Journal of Psychotraumatology* 12, no. 1 (2021). <https://doi.org/10.1080/20008198.2021.1929023>.

²²¹ "Acceptance and Commitment Therapy." *Psychology Today*. Accessed April 14, 2024. <https://www.psychologytoday.com/us/therapy-types/acceptance-and-commitment-therapy>.

²²² "Dialectical Behavior Therapy (DBT)." Cleveland Clinic. Accessed April 14, 2024. <https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt>.

²²³ Panos, Patrick T., John W. Jackson, Omar Hasan, and Angelea Panos. "Meta-Analysis and Systematic Review Assessing the Efficacy of Dialectical Behavior Therapy (DBT)." *Research on Social Work Practice* 24, no. 2 (2013): 213-23. <https://doi.org/10.1177/1049731513503047>.

mental health.²²⁴ The therapy involves challenging negative patterns of thought about the self and the world to treat mood disorders and/or change unwanted behavior patterns. It has demonstrated effectiveness for anxiety,²²⁵ PTSD,²²⁶ and suicide-prevention.²²⁷

Full List of alternatives to the TTI can be found: [HERE](#)

TTI Media

Film/Television

1. [20/20 ABC: A Boy Named Lucas](#) – A 16-year-old gay teen whose mother sent him to a series of Christian-run youth camps that practice so-called “gay conversion therapy” talks about his experience.
2. [Aaron Bacon](#) – AARON BACON (starring Stephen Michael Kane) is inspired by the book “Help at Any Cost” by Maia Szalavitz, based on the true story of a 16 year-old kid who dies at the hands of malpractice and abuse in the tough-love, wilderness drug-treatment facility.
3. [Boot Camp](#) – A group of at-risk teens are sent to what they think is a rehabilitation program in Fiji, but it’s really a prison-like camp where kids are abused and brainwashed.
4. [Boy Erased](#) – Jared Eamons, the son of a small-town Baptist pastor, must overcome the fallout after being outed as gay to his parents. His father and mother struggle to reconcile their love for their son with their beliefs. Fearing a loss of family, friends, and community, Jared is pressured into attending a conversion therapy program. While there, Jared comes into conflict with its leader and begins his journey to finding his own voice and accepting his true self.
5. [Coldwater](#) – A teenage boy is sent to a juvenile reform facility in the wilderness. As we learn about the tragic events that sent him there, his struggle becomes one for survival with the inmates, counselors, and the retired war colonel in charge.
6. [Congressional Hearing on “Child Abuse and Deceptive Marketing by Residential Programs for Teens”](#) – This is the second House Committee on Education and Labor “Hearing on “Child Abuse and Deceptive Marketing by Residential Programs for Teens”.

²²⁴ American Psychological Association. "What Is Cognitive Behavioral Therapy?" Posttraumatic Stress Disorder. Last modified 2017. Accessed April 14, 2024.
<https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

²²⁵ Covin, Roger, Allison J. Ouimet, Pamela M. Seeds, and David J.A Dozois. "A Meta-analysis of CBT for Pathological Worry among Clients with GAD." *Journal of Anxiety Disorders* 22, no. 1 (2008): 108-16.
<https://doi.org/10.1016/j.janxdis.2007.01.002>.

²²⁶ CCohen, Judith A., Anthony P. Mannarino, Matthew Kliethermes, and Laura A. Murray. "Trauma-focused CBT for Youth with Complex Trauma." *Child Abuse & Neglect* 36, no. 6 (2012): 528-41.
<https://doi.org/10.1016/j.chiabu.2012.03.007>.

²²⁷ Stanley, Barbara, Gregory Brown, David A. Brent, Karen Wells, Kim Poling, John Curry, Betsy D. Kennard, Ann Wagner, Mary F. Cwik, Anat Brunstein Klomek, Tina Goldstein, Benedetto Vitiello, Shannon Barnett, Stephanie Daniel, and Jennifer Hughes. "Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP): Treatment Model, Feasibility, and Acceptability." *Journal of the American Academy of Child & Adolescent Psychiatry* 48, no. 10 (2009): 1005-13. <https://doi.org/10.1097/chi.0b013e3181b5dbfe>.

The hearing was held on April 24th, 2008. The history here is that Rep. George Miller (D-CA) requested an investigation into this industry and sent the request to then-Attorney General John Ashcroft who refused to investigate dating back to 2004 and earlier. Miller then requested a Government Accountability Office (GAO) investigation. These hearings provided an opportunity for the GAO and others to testify regarding their experiences and findings in regards to false advertising, fraud, and institutional child abuse.

7. [Dark Side of Bain Success](#) – Romney Profits From Bain-owned Health Company Facing Wrongful Death, Neglect Allegations
8. [Dateline Broken Circle](#) – An investigation of abuse allegations against one of the owners of the religious reform school, Circle of Hope.
9. [Dateline Paradise Cove](#) – This is an episode of Dateline that aired in the 90s that centered around WWASP and Paradise Cove in Samoa
10. **Emancipated** – The Troubled Teen Industry abuses and tortures children for profit. A group of survivors, ex-abusers, and whistleblowers come together to tell their story and try to get this behemoth shut down for good.
11. [Fix My Kid](#) – This film by no means tells the full story of Straight (you can't possibly do so in 90 minutes) but our mission for this piece was to provide a documentary that could be shared with family members, other survivors, and friends, to shed light on this incredibly abusive institution. The purpose is to provide a stranger with a basic understanding of what happened to the clients of Straight and the lasting effects it has had on their lives. This is only the tip of the iceberg of years of research, interviews with survivors, and experts.
12. [Hell Camp: Teen Nightmare](#) – This documentary on Netflix shines a spotlight on teenagers from various parts of America who were sent to a wilderness therapy program located in the unforgiving Utah desert. The environment proved to be harsh, but the behavior of the staff was even more alarming.
13. [Inside Edition](#) – Straight, Incorporated was a controversial program in the United States that existed from 1976 to 1993, which held clients ranging in age from 12 to 21 incommunicado in warehouses; the youngest documented detainee was aged 11. This video is an Inside Edition exposé on Straight Inc.
14. [Kidnapped for Christ](#) – A young evangelical filmmaker is granted unprecedented access inside a controversial Christian behavior modification program for troubled teens, where she discovers shocking secrets and young students that change her life.
15. [Kids for Cash](#) – KIDS FOR CASH is a riveting look behind the notorious scandal that rocked the nation when it first came to light in 2009. Beginning in the wake of the shootings at Columbine, a small town in Luzerne County, Pennsylvania elected a charismatic judge who was hell-bent on keeping kids in line. Under his reign, over 3,000 children were ripped from their families and imprisoned for years for crimes as petty as creating a fake MySpace page. When one parent dared to question this harsh brand of justice, it was revealed that the judge had received millions of dollars in payments from the privately-owned juvenile detention centers where the kids—most of them only in their early teens—were incarcerated.

16. [Let Us Prey: A Ministry of Scandals](#) - Let Us Prey examines the pain of survivors' IFB members Ruthy Heiler, Kathy Durbin and Amanda Householder. Tell their stories of abuse at the hands of church leaders and the violence, manipulation and alleged cover-ups by other members.
17. [Lifeboat](#) – A gripping & uncomfortable film based on real-life “therapeutic boarding schools”. The line between abuse & tough love is blurred when a counselor (Stephen Dorff) leads six teenagers in an intriguing game of survival.
18. [Locked in Paradise](#) – A BBC feature about child abuse and violence at Tranquility Bay, Jamaica, part of the World Wide Association of Specialty Programs and Schools. Tranquility Bay is the last resort for parents who cannot “control” their kids, where good behavior and obedience are learned through what they call “Tough Love”, and what most people would call abuse. As a BBC reporter put it, “they’re criminalizing adolescence.”
19. [Over the GW](#) – Two drug-addicted siblings (George Gallagher, Kether Donohue) are subjects of abuse and brainwashing at a New Jersey rehabilitation center.
20. [Primetime News Report on Tranquility Bay](#) – WWASP Abusive Prison Style Boarding School for Teens, Tranquility Bay in Jamaica. Parents have their kids kidnapped to be sent here. This news special aired in the late 90’s the program has since shut down.
21. [The Experience](#) – Scarlet forms an instant bond with a girl named Dylan at a wilderness camp for troubled youth. Tormented by memories of her deceased mother, Scarlet believes she has finally found someone with whom she can share her family secrets. However, as she opens up, an unexpected twist of events unfolds and the new friendship is soon devastated by betrayal.
22. [The Group](#) – The Group is a network of adolescent drug abuse programs created by Bob Meehan and operated by his son-in-law and protege Clint Stonebraker. Ostensibly aimed at helping young people overcome drug addiction, all evidence points to an organization that aims for profits and operates on a cult-like mentality. The Group is a feature-length documentary that retraces the director’s five-year journey through the world of adolescent drug abuse programs.
23. **The Last Stop** – The Elan School was the last stop. Set deep in the woods of Maine, Elan delivered controversial therapy to troubled teens. It was a meat grinder of raw emotion and harsh discipline. Some say it sold hope, others say it sold Hell.
24. [The Miseducation of Cameron Post](#) – In 1993 after teenage Cameron is caught in the backseat of a car with the prom queen, she is sent away to a treatment centre in a remote area called God’s Promise. While she is being subjected to questionable gay conversion therapies, she bonds with some fellow residents as they pretend to go along with the process while waiting to be released.
25. [The Program: Cons, Cults, and Kidnapping](#) – Years after attending a disciplinary school, a woman who continues to be deeply affected by her past experiences decides to unveil the corruption and mistreatment prevalent within the troubled teen industry.
26. [The Wilds](#) – Teenage girls from radically different backgrounds find themselves stranded on a remote island, unaware they’ve just become the subjects of an elaborate social experiment.

27. [This Is Paris](#) – Socialite, businesswoman, and actress Paris Hilton reveals intimate stories and never-before-heard details about her life.
28. [Tough Love](#) – 48 Hours’ “Tough Love” special that aired in 1998. This special featured WWASP, Paradise Cove, and Tranquility Bay
29. [Trapped: The Alex Cooper Story](#) – Based on a harrowing true story, when 15-year-old Alex (Addison Holley) revealed she was gay to her devout Mormon parents, they feared so deeply for her soul that they took her from their Southern California home and placed her against her will in a conversion therapy home in Utah. Trapped for eight months with strangers (Sarah Booth and Ian Lake), Alex faced horrible punishments and beatings that were intended to cure her homosexuality.
30. [Who’s Watching The Kids?](#) – There are more than 30 privately run schools for troubled youth operating in the state of Montana. They employ more than 600 people and pump an estimated 4 million into the state income taxes. It’s an exploding industry, but strangely, most Montanans have no idea the schools even exist.

Podcasts

1. [A Sassy Little Podcast for Getting Over It with Sandra Ann Miller](#) – Cult-Based Trauma with Erin Coffin Moore – Phoenix House is a therapeutic community based on a now-defunct cult, Synanon. Erin Coffin Moore was placed in Phoenix House when she was 16. “Tough Love” and institutionalizing “troubled” teens were touted as solutions for parents in the 1980s and 90s. Adults (teachers, police, social workers) fail to listen or believe kids when trouble at home is noticed, or to follow up on their welfare. Where there’s smoke, there’s fire. Phoenix House had contracts with state and local governments to serve as a diversion program for juvenile offenders and yet no authorities were keeping a close eye on the abuses there for children 13-17, co-ed, run by adults who were unqualified, unlicensed and untrained. From 2-minute showers to free labor, to encounter groups called “The Game” where berating a fellow “family member” was encouraged, as was ratting out others, including your family, abuse occurred daily. Ridicule was considered “a tool”, and so was hostility. Civil rights violations were rampant (those in the adult facilities would sue to go back to prison where they would be treated better). The place where Paris Hilton went was also based on Synanon. These places still exist.
2. [Behind the Bastards: Elan School: The Worst “Troubled Teen” Facility Part 1](#) – Robert is joined by Miles Gray to discuss The Elan School
3. [Behind the Bastards: Elan School: The Worst “Troubled Teen” Facility Part 2](#) – Robert is joined by Miles Gray to discuss The Elan School
4. **Bradley Onishi – Straight White American Jesus** – In this episode, host Bradley Onishi interviews Deirdre Sugiuchi about attending Escuela Caribe, a fundamentalist boot camp in the Dominican Republic, the current iteration of which is connected to Mike Pence. Sugiuchi reads an excerpt of her forthcoming TTI memoir, Unreformed.
5. **Broken Promises: Episode 6: Meg’s Story** – Our guest today is Meg. She has been an influential figure in the battle to take down the troubled teen industry, as the

co-founder and CEO of Unsilenced. Today she will be talking about her time at inner mountain children's hospital as well as her stay at chrysalis. Trigger Warning: Sexual Assault.

6. [Channel Aurelius Survivor Series Playlist](#) – Channel Aurelius interviews Troubled Teen Industry survivors in this series
7. [Code Adam Podcast](#) – This podcast is dedicated to the survivors of the troubled teen industry. Join us as we continue #breakingcodesilence one survivor at a time.
8. **Dark Dark World – A True Crime Podcast – Dark Dark Room #10: Jordy and Dylan vs The Cult** – This week, Jordy and Ed C are joined by best friend of the podcast, Dylan Macturk. Dylan and Jordy proceeded to tell the story of how they first met at a cultish drug rehab called Pathway. The good-time buddies go on to examine some of the creepy similarities between Pathway and the Elan School; similarities that would ultimately lead to the rehab's shutdown.
9. **Dark Dark World – A True Crime Podcast – Joe vs The Cult – An Elan School Interview** – In a special edition of Dark Dark World, host Jordan Crittenden interviews Joe, the creator of the web-comic Joe vs Elan School: a True Cult Classic. Joe tells of his experiences at a behavioral school called Elan. His story begins at age 16, when two large men broke down his bedroom door, hogtied him, carried them downstairs, stuffed him into a van and drove away. This was the start of a bizarre and confusing time for Joe. At Elan, he would suffer fear, humiliation, and abuse. All in the name of “therapeutic behavioral modification.”
10. [Deprogrammed Podcast](#) – The Deprogrammed Podcast is mainly concerned with shining a light on institutions known as “programs.” Many of these programs were instituted under the WWASP umbrella to “fix” troubled children and have been largely discontinued due to abuse and neglect. We will speak to survivors of these “programs,” analyze the social impact of their implementation and also delve into other “program-like” organizations that use similar “brainwashing or behavior editing” tactics such as cults and other cult-like institutions.
11. [Distillations – Treating America's Opioid Addiction Part 2: Synanon and the Tunnel Back to the Human Race](#) – Part 2 focuses on a controversial rehabilitation program called Synanon, which became the first significant therapeutic community for opioid addiction. From the time it opened its doors in 1958, it seemed to do what no other hospital, prison or sanitarium had done before: cure the supposedly incurable heroin addict. But over the years its changing methods became increasingly questionable, and the controversy would ultimately lead to its demise. Despite its faults, Synanon had a profound influence on subsequent generations of drug treatment programs-many of which still exist today.
12. [Drug Positive – DPP #21: Straight Inc- A Survivor's Story](#) – In this episode, I interview Frank Haines, who describes his experiences being held captive for more than a year in Florida's notorious anti-drug cult, Straight Inc. Started by a millionaire shopping mall developer and founder of the Partnership for a Drug-Free America, Mel Sembler, in the 1980s, Straight was eventually shut down after numerous successful lawsuits exposed systemic violence, including physical abuse and torture.

13. [Future Friday with Tom May – Episode 16 – Corey Ciresi \(Lee Corey Oswald, The Family Foundation School\)](#) – Our main focus of discussion today is his time spent at a now-defunct small boarding school for special needs adolescents in rural Hancock N.Y. called The Family Foundation School, aka The Family School, aka Allynwood Academy. The school closed in 2014, They said it was due to money problems from declining enrollment. However, they were plagued with accusations of abuse for many years. The Family school was one of several residential programs for special-needs adolescents that were discussed in congressional hearings in 2007 and 2008. In 2018 a front-page article in the New York Times described a pattern of deaths by overdoses, suicide, and other misadventure among school alumni. One alumna tallied 101 such deaths, the vast majority of them before the age of forty.
14. [Gooned](#) – Gooned is a podcast that delves into the the Troubled Teen Industry's history, from its inception with programs like Straight, Incorporated, to the current landscape with hundreds of active facilities. It includes interviews with survivors, parents, staff members, experts, and activists, along with an undercover investigation.
15. [I Did Not Sign Up For This: Unsilenced – Meg's Story](#) – The troubled teen industry is a multi-million-dollar industry causing unimaginable damage to youth and their families. Join us as we talk to Meg about her personal experience, and the work she's doing with Unsilenced.org to stop it.
16. [iilluminaughtii – Dr. Phil's Involvement with Turnabout Ranch is Uncomfortable | Corporate Casket](#)
17. [iilluminaughtii – Synanon: The Cult That Inspired The Troubled Teen Industry | Corporate Casket](#)
18. [iilluminaughtii – The Elan School: Death By Misinformation | Corporate Casket](#)
19. [iilluminaughtii – Tranquility Bay: Corporate Casket](#)
20. [Indoctrination: Unsilenced w/Meg Appelgate](#) – Meg Appelgate is the CEO of Unsilenced, a nonprofit organization whose mission is to stop institutional child abuse by empowering self-advocates to promote lasting social change. The organization envisions a world where youth are free from institutionalization and the voices of young people are respected in the development of their own mental, emotional, and physical well-being.
21. [Inside the Program](#) – A podcast for survivors made by survivors. In each episode, Inside the Program discloses the history, the allegations, and survivor stories from each WWASP facility. With the intention to expose those responsible for the ongoing and past institutional child abuse that occurred at the hands of WWASP and its affiliates, there is no topic left undisclosed.
22. [Joe vs Elan Podcast Playlist](#) – The Channel Aurelius Joe vs Elan episode playlist
23. [Less Troubled – Episode 1 – Alexandra Barry describes her experience in "Growing Together"](#) – I was in a STRAIGHT center in Georgia back in the 80s. I'm working with other survivors to bring mass awareness and change to this abusive and greedy industry.
24. [My Favorite Murder – 132 – Awful Peanut](#) – Karen and Georgia cover the cult of Synanon.

25. [My Favorite Murder – 241 – A Deep Pause](#) – Karen and Georgia cover the Elan School and the Martha Moxley murder.
26. [No Bleeps – What Happened to Paris Hilton?!: Her Traumatic Past](#) – Today we are discussing the Paris Hilton documentary that was released on September 13th, called “The Real Story of Paris Hilton.” This is a troubling story that details her childhood and the terrifying experiences she faced at several schools her parents sent her to attend. Paris is breaking her silence for the first time ever in support of other survivors of this school, all participating in the Breaking Code Silence movement.
27. [NPR – The Trouble with the ‘Troubled Teen’ Industry](#) – Some claim these programs are harmful. Some centers or facilities create environments where abuse is possible. And the industry is lucrative. Utah’s “troubled teen” industry is worth hundreds of millions of dollars, much of it is government money or covered by insurance programs, according to The Salt Lake Tribune. What does enrolling in a behavioral treatment program entail? How effective are these programs? We explore those questions and more.
28. [On Belief: a Podcast About Cults – Episode 227: The Troubled Teen Industry](#) – “On this episode, we discuss: what kinds of kids get sent to these institutions? What kinds of rules are there at these places? What kinds of punishments happen? How is everyone turned into a snitch? What kinds of regulations govern these places? what resources kids have if sent there?”
29. **Parallax Views w/ J.G. Michael – Troubled Teen Industry Exposed** – Jack Hodgson, the filmmaker behind the upcoming Emancipated: A Troubled Teen Documentary, joins us to discuss the harrowing story of this abusive industry.
30. [Pieces of Victory](#) – A podcast by Victory Christian Academy survivor.
31. **Preacher Boys** – The Preacher Boys podcast exists to shed a bright spotlight on the very real subject of mental, physical, and sexual abuse within Independent Fundamental Baptist (IFB) churches.
32. [Psychiatry and the Troubled Teen Industry](#) – Podcast by Dr Emmanuel Monneron where he discusses psychotherapy and the Troubled Teen Industry.
33. **ReKaps – #BreakCodeSilence with Provo Canyon Survivor** – Sydney ReKaps major pop culture news from this past week; including Paris Hilton’s YouTube documentary, ‘The Social Dilemma’ documentary (wow it’s a docu-heavy week) on Netflix that makes Sydney question her life and morals, Jerry Harris actually being a criminal and not America’s Sweetheart, the takedown of Teddi Mellencamp and her ~aCcOunTaBiiiiLity~ program “All in By Teddi”, and Stassi Schroeder’s interview on Tamron Hall, which will haunt Sydney’s dreams and nightmares for the rest of time – it was THAT cringey. Then, Sydney recounts a “Socially Offensive Moment of the Week” from this past week before she shares an interview with Hailie Goodman, a survivor of the abusive Provo Canyon School in Utah which Paris Hilton also attended. The episode concludes with a short Bravo TV ReKaps segment.
34. [Reveal – American Rehab Chapter 2: Miracle on the Beach](#) – Cenikor’s bizarre form of rehab has its roots in Synanon: a revolutionary rehab that started in the 1950s on a California beach. Its charismatic leader, Charles Dederich, mesmerized the nation by claiming to have developed a cure for drug addiction. The program became a

phenomenon and quickly spread across the country. But soon, Dederich wanted to profit off its success and this “miracle” began to change.

35. [Reveal – American Rehab Chapter 3: A Venomous Snake](#) – After amassing a small fortune, Synanon’s megalomaniac leader turns the revolutionary rehab into a violent cult, with mass sterilization, a paramilitary group, and a rattlesnake in a mailbox.
36. [Reveal – The Bad Place](#) – The vacant building that once housed the Riverside Academy in Wichita, Kansas, was covered in haunting graffiti: “Burn this place.” “Youth were abused here ... systematically.” “This is a bad place.” The facility, run by the for-profit company Sequel Youth & Family Services, promised to help kids with behavioral problems. But state officials had cited the facility dozens of times for problems including excessive force by staff, poor supervision and neglect.
37. [Roberta Glass True Crime Report – The Last Stop: What Happened at the Elan School?](#) – Talking with the “Last Stop” documentary filmmaker Todd Nilssen about the Elan School. Elan sold itself as a life-saving therapeutic boarding school but some alumni claim it left them with emotional scars and PTSD that never healed.
38. [Sent Away](#) – It didn’t seem to matter what happened at the teen treatment center. The state of Utah always gave it another chance. Death. Allegations of abuse. Criminal charges. Bizarre punishments. Whistleblowers coming forward. Each time, the place got a pass. A team of reporters from three news organizations has spent the last year digging into the untold stories of Utah’s massive teen treatment industry. Some 20,000 teenagers facing depression, delinquency and other problems have been sent there from every state in the country over the last six years. Sent Away investigates how the government failed to keep all those kids safe — through the voices and stories of the teens who lived it.
39. [Sex, Drugs, & Spirituality – This is Paris/Provo Canyon School](#) – The new YouTube original documentary This is Paris has been receiving great reviews. It profiles Paris Hilton and delves into a part of her past she’s never spoken about publicly before. Paris was sent to many reform schools, the last of which was Provo Canyon School, possibly the most abusive one in the country. Sidney recaps the documentary to save the 2 hours to watch it and delves into exactly what goes on at these “residential therapeutic facilities.”
40. [She Persisted – *Not So* Therapeutic Boarding Schools with Daisye Byrd Graham](#) – This week the podcaster is joined by Daisye Byrd Graham for our 3rd episode together. They dive into all things Chrysalis to give you a full perspective on the therapeutic boarding school experience. TW for sexual assault and eating disorders.
41. [She Persisted – Inside the Secret World of the Troubled Teen Industry: Breaking Code Silence](#) – Sadie is joined by Sydney Montana, a TTI survivor who attended Cross Creek (a Southern Utah Behavioral Modification Program) for over 15 months.
42. [Sip & Shine: Scandals, Royals, and Crimes. Oh My! – Mystery. Where did Forest Ferguson Go?](#) – Forest Ferguson went missing in December of 2010 from South Boston, Virginia. He was a student at Carlbrook School (which later closed) for teenagers with behavioral problems. This school also had connections with a member of the Synanon Cult and the model of CEDU. Where did Forest Ferguson go?

43. [Stateside: Detroit auto show postponed; teachers back in classrooms; Lakeside Academy investigation](#) – Today on Stateside, Cornelius Fredericks died after being pinned down by staff members at the residential youth facility where he lived. A Michigan Radio investigation found that there were plenty of warning signs about the facility and the private company that ran it-in the years leading up to the 16-year-old's death.
44. [Surviving Abuse Podcast](#) – A show designed to bring hope, healing and education to those who have experienced trauma.
45. [Surviving Straight Inc](#) – This podcast is an extension of my website Surviving Straight Inc. Episodes will explore, in depth, the abusive adolescent drug rehabilitation program called Straight Incorporated that was opened from 1976 to 1993. Despite its well-known, publicized abuses in newspapers and lawsuits, Straight was still supported by many influential people including Nancy Reagan and George H. W. Bush. Straight Inc.
46. [Talk Beliefs – Hard Time in a Christian Boot Camp](#) – with Deirdre Sugiuchi – Photo-illustrated interview with DEIRDRE SUGIUCHI – a survivor of the Escuela Caribe ‘behavioral modification camp’ (as seen in the documentary Kidnapped for Christ). MARK from Talk Beliefs has a one-on-one with Deirdre as she calls in from her home in Athens, Georgia in the USA. Deirdre tells of unrelenting rules, invasion of privacy, and controlling staff who made her life hell during her incarceration at the camp in 1990 when she was 15. Now she is putting the finishing touches on Unreformed – a tell-all book about her experiences in Escuela Caribe. Here, you will get a preview of what went on deep within the Dominican Republic, in a reform school run supposedly on Christian values.
47. [The Cult Vault](#) – A podcast offering in-depth insight into some of history's most infamous Cults, modern-day sects, and conspiracies within these groups.
48. [The Hammer Podcast](#) – A podcast interviewing everyday people on a wide variety of subjects. Features many interviews with program survivors.
49. [The Inner Circle with Carrie Doll: Meg Appelgate Staying Unsilenced About Reform Schools](#) – Meg is the CEO of Unsilenced. She is a survivor of Chrysalis and Intermountain Children's Hospital, where she spent a combined total of 3 1/2 years of her life.
50. [The Lost Kids](#) – Hosted by journalist Josh Bloch (“Uncover: Escaping NXIVM”), THE LOST KIDS dives deep into the search for a missing teen, uncovering the dark and twisted business of tough-love programs for “troubled teens” and their ties to one of America's most dangerous cults.
51. [The Opportunist](#) – The Opportunist tells true stories of regular people who turn sinister by embracing opportunity. How does an everyday person turn into a thief, a scammer or a cult leader? Perhaps the most dangerous person is the one who appears the most normal. Perhaps there is a dark potential lurking inside all of us that is just waiting for the right opportunity to emerge. The Opportunist is a Kast Original podcast hosted by Hannah Smith.
52. [The Optimal Life: Meg Appelgate: Stopping Institutional Child Abuse](#) – Meg Appelgate is the founder of Unsilenced Project, a non-profit organization aimed at stopping institutional child abuse at boarding schools. She joined me to discuss the troubled teen industry and the problems with sending kids to these so-called “treatment facilities,”

“conversion therapy facilities” and “behavioral modification schools.” Learn more at <https://unsilenced.org>

53. [The Timeout Room](#) – Conversations and discussions about life’s challenges. Speaking truths and speaking out.
54. [Trapped in Treatment](#) – Trapped In Treatment is a new docu-style podcast series from Paris Hilton, London Audio, iHeartMedia, and Warner Bros. Unscripted Television in association with Telepictures, that will examine and expose the dark secrets of the “Troubled Teen Industry.” Beginning with Provo Canyon School, each season will focus on the story of one youth treatment facility, its survivors, and the traumatizing abuse at the hands of their captors. Hosted by Caroline Cole and Rebecca Mellinger, Trapped in Treatment weaves together personal accounts with historical detail and expert opinions to shine a light on what really happens at behavior modification centers and how this billion-dollar industry has flourished for so long.
55. [Trauma-Informed – Michelle Troubled Teen Industry Survivor](#) – In this episode of the Trauma-Informed podcast, Jeff Friedman PhD LCSW interviews Michelle Muenstermann about her experience of surviving a Troubled Teen Industry Program in Utah.
56. [Trib Talk – Utah’s ‘Troubled Teen’ Industry](#) – Paris Hilton recently went public with allegations that she was abused at a Utah teen treatment facility and it motivated others to speak out. Critics of the industry say weak oversight and regulations lead to children being harmed at for-profit therapeutic treatment centers, like Provo Canyon School. In this episode, reporter Jessica Miller spoke with Jen Robison from Breaking Code Silence, an online movement that aims to bring awareness to the troubled teen industry.
57. [Troubled](#) – Survivors of institutional abuse uncover cult ties, cultural lies, and societal corruption to expose the troubled teen industry. Two survivors of institutional abuse, Meredith Yannuzzi and Miranda Sullivan reunite to discuss the climate of the troubled teen industry.
58. [We Warned Them: Freedom Village](#) – Margaret investigates the origins of the Troubled Teen Industry from its roots in the Independent Baptist movement to Lester Roloff’s legislative battles to build and run homes for troubled teens and foster kids, ultimately showing how closely tied the industry is tied to the architects of the Religious Right. After investigating the various streams of money into Freedom Village, the reality of Freedom Village’s Adopt-A-Teen program and international connections to Ukrainian orphanages lead to haunting revelations.
59. [Web Crawlers – Mini Crawlers: Provo Canyon School & The “Troubled Teen” Industry](#) – In her documentary, Paris Hilton claimed she was abused and tortured while at Provo Canyon School, a treatment center in Utah for misbehaving teenagers. The “troubled teen” industry is a largely unregulated billion-dollar industry that preys on vulnerable kids and parents. There are almost 100 youth reform schools in Utah alone, where the concept of wilderness therapy originated.
60. [Sounds Like A Cult: The Cult of The Troubled Teen Industry](#) - We’re in for a shocking one this week: The Troubled Teen Industry has for decades promised parents to reform their “problem-causing” kids through 8-12 week “wilderness therapy” and other military-style schools. But kidnappings, isolation, punishment, secrecy, and abuse are all

a part of the equation, resulting in the separation of families and years of trauma. Yikes doesn't even begin to describe this unregulated cult-like industry, which was originally inspired by the destructive cult Amanda's dad grew up in, Synanon, and somehow hasn't been shut down yet. Many disturbing stories await you this week!!

Literature

1. **Becoming UNSILENCED: Surviving and Fighting The Troubled Teen Industry – A Memoir** by Meg Appelgate
2. **Take Back Your Life: Recovering from Cults and Abusive Relationships - 3rd Edition Updated and revised, including a new section on the Troubled Teen Industry –** By Janja Lalich
3. **A Clockwork Straight: Rehabilitation, Thought Reform and the Destruction of Minds –** By Wesley Fager
4. **A Life Gone Awry: My Story of the Elan School –** By Wayne Kernochan
5. **Abandoned –** By Susie TenEyck
6. **Alacrity: My Saga of Survival –** By Skye Galvas
7. **An American Gulag: Secret P.O.W. Camps for Teens –** By Alexia Parks
8. **Boot Camp –** By Todd Strasser
9. **Boy Erased: A Memoir –** By Garrard Conley
10. **Breaking Their Willing: Shedding Light on Religious Child Maltreatment –** By Janet Heimlich
11. **Chasing Pleasure With Pain –** By Haywood Robinson
12. **Dead Inside: They tried to break me. This is the true story of how I survived –** By Cyndy Etler
13. **Dead, Insane, or In Jail: A CEDU Memoir –** By Zack Bonnie
14. **Dead, Insane, or In Jail: Overwritten –** By Zack Bonnie
15. **Dear Renisha: Turning Trauma into Triumph –** By Sabrina K Young
16. **Escape: My Lifelong War Against Cults –** By Paul Morantz
17. **From Miracle to Madness 2nd. Edition: The True Story of Charles Dederich and Synanon –** By Paul Morantz
18. **Girl Sent Away –** By Lynn Griffin
19. **Gone to the Crazies: A Memoir –** By Alison Weaver
20. **Help at Any Cost: How the Troubled Teen Industry Cons Parents and Hurts Kids –** By Maia Szalavitz
21. **Hollywood Park: A Memoir –** By Mikel Jollett
22. **Institutionalized Persuasion: The Technology of Reformation in Straight Incorporated and the Residential Teen Treatment Industry –** By Marcus Chatfield
23. **Jesus Land: A Memoir –** By Julia Scheeres
24. **Mental Health Inc: How Corruption, Lax Oversight, and Failed Reforms Endanger Our Most Vulnerable Citizens –** By Art Levine
25. **New Bethany: Picture Perfect on the Outside, Let Us Take You Inside –** By Roger Dean Kiser

26. **Nickel Boys** – By Colson Whitehead
27. **No Direction Home (The Drifter Chronicles)** – By Greg Cayea
28. **Oh the Glory of it All** – By Sean Wilsey
29. **Paris: The Memoir** – By Paris Hilton
30. **Pieces of Victory** – By Jeneen Miller
31. **Reform at Victory: A Survivor's Story** – By Michele Ulriksen
32. **RUN** – By Theresa Pena
33. **Saving Alex: When I Was Fifteen I Told My Mormon Parents I Was Gay, and That's When My Nightmare Began** – By Alex Cooper, Joanna Brooks
34. **Stolen Dignity: An Expose of the Troubled Teen Industry** – By Andy Hirschfeld
35. **Stolen: A Memoir** – By Elizabeth Gilpin
36. **Straightling** – By Cyndy Etler
37. **Teens in Crisis: How the Industry Serving Struggling Teens Helps and Hurts Our Kids** – By Frederic G. Reamer and Deborah H. Siegel
38. **The Dead Inside: A True Story** – By Cyndy Etler
39. **The Discarded Ones: A Novel Based on a True Story** – By James Tipper
40. **The Dozier School for Boys: Forensics, Survivors, and a Painful Past** – By Elizabeth Murray
41. **The Game: A Return to the Elan School** – By Wayne Kernochan
42. **The Home for Wayward Girls: A Novel** – By Marcia Bradley
43. **The Road to Whatever: Middle Class Culture and the Crisis of Adolescence** – By Elliott Currie
44. **The White House Boys: An American Tragedy** – By Roger Dean Kiser
45. **Totalistic Teen Treatment: A Qualitative Analysis of Retrospective Accounts** – By Marcus Chatfield
46. **Trapped in Paradise: A Memoir** – By Cindy Art
47. **Troubled: The Failed Promise of America's Behavioral Treatment Programs** – By Kenneth R. Rosen
48. **Unbroken Brain: a Revolutionary New Way of Understanding Addiction** – By Maia Szalavitz
49. **We Can't Be Friends: a True Story** – By Cyndy Etler
50. **Whiteout** – By Lathrop Lybrook
51. **Hope's Boy: A Memoir** – By Andrew Bridge
52. **I See You Survivor: Life Inside (and Outside) the Totally F*cked Up Troubled Teen industry** – By Liz Ianelli, Bret Witter
53. **Torn Apart: How the Child Welfare System Destroys Black Families – and How Abolition Can Built a Safer World** – By Dorothy Roberts

Music

1. **Home Alone House** – Petey
2. **The Best Ever Death Metal Band in Denton** – The Mountain Goats
3. **Jessie's Song** – Jake Minch

Glossary

Accreditation: the formal process in which an agency or organization evaluates and approves an institution or program of study as meeting predetermined standards. Accreditation applies to institutions as [certification](#) applies to individuals.

Adverse childhood experiences (ACEs): In 1995, a groundbreaking study by the CDC and Kaiser Permanente identified and coined something called Adverse Childhood Experiences (ACEs). ACE's are potentially traumatic events that occur before the age of 18, and have shown to be linked to things like: chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs have also been shown to negatively impact education, job opportunities, and earning potential. ACEs have been shown to cause “toxic stress”, which is extended or prolonged stress.

Attack therapy: A controversial form of therapy where individuals are subjected to aggressive and confrontational techniques that attempt to break down their defenses and aim to foster personal growth. These methods often involve intense verbal confrontation, physical challenges, or emotionally charged scenarios designed to push individuals beyond their comfort zones. However, critics argue that such approaches can be harmful and may lead to emotional trauma or exacerbate existing psychological issues.

Aversion therapy: a form of [behavior therapy](#) in which the client is conditioned to change or eliminate undesirable behavior or symptoms by associating them with noxious or unpleasant experiences, such as a bitter taste (for nail biting) or nausea (for alcoholism).

Behavior modification: the use of [operant conditioning](#), [biofeedback](#), [modeling](#), [aversion conditioning](#), [reciprocal inhibition](#), or other learning techniques as a means of changing human behavior. For example, behavioral modification is used in clinical contexts to improve adaptation and alleviate symptoms and in organizational contexts to encourage employees to adopt safe work practices. The term is often used synonymously with [behavior therapy](#).

Behavior modification program: A program is an intervention strategy aimed at altering or shaping an individual's behavior through systematic techniques, reinforcement, and consequences. These programs typically involve identifying target behaviors, implementing specific strategies to encourage desired behaviors, and providing reinforcement or consequences to facilitate behavioral change. While proponents argue that such programs can effectively promote positive behavior and address problematic tendencies, critics contend that they may overlook underlying emotional or psychological factors and could potentially lead to the suppression of natural expression or the exacerbation of underlying issues.

Boot camp: a disciplinary facility or program in which young offenders are forced to participate in a rigidly structured routine.

Brainwashing: a broad class of intense and often coercive tactics intended to produce profound changes in attitudes, beliefs, and emotions. Targets of such tactics have typically been prisoners of war and members of religious cults.

Coercive thought reform methods: Refers to systematic techniques employed to manipulate an individual's beliefs, attitudes, and behaviors through coercive means. These methods often involve isolating individuals from external influences, controlling information flow, and subjecting them to intense persuasion tactics, such as manipulation, deception, and psychological pressure. The aim is to induce conformity to a specific ideology or belief system by undermining critical thinking, fostering dependency on the group or authority figure, and instilling fear of dissent or punishment for non-compliance. Critics argue that such practices violate personal autonomy and ethical standards, potentially leading to psychological harm and lasting effects on an individual's identity and worldview.

Community care: in psychiatry, psychology, and rehabilitation, comprehensive community-based services and supports for people with developmental, psychiatric, or physical disabilities. These facilities or services include halfway houses, group homes, sheltered workshops and supported work arrangements, supervised and supportive residences, special education or integrated education programs for children and young people, in-home treatment and family support, personal-care or home-care assistance, case management or service coordination, cooperative living, and hospital-based or free-standing clinics.

Congregate care facility: A residential setting where individuals, often children or young adults, live together under supervision and receive various forms of support and services.

Conversion camp: a facility or program that aims to change an individual's sexual orientation or gender identity, often through religious or psychological methods. These camps typically target LGBTQ+ individuals and employ techniques such as prayer, counseling, and behavioral modification in an attempt to suppress or alter their non-heterosexual orientation or gender identity.

Conversion therapy: the use of any of various methods (such as [aversive](#) stimulation or religious counseling) in an attempt to change a person's sexual orientation to heterosexual or to change a person's [gender identity](#) to correspond to the sex the person was identified as having at birth.

Deceptive marketing: Refers to misleading or dishonest advertising tactics used by facilities or programs catering to troubled youth and their families. This can include exaggerated claims of success rates, misrepresentation of treatment methods or qualifications, manipulation of testimonials or endorsements, and failure to disclose potential risks or adverse outcomes.

Deinstitutionalization: the joint process of moving people with developmental or psychiatric disabilities from structured institutional facilities to their home communities and developing comprehensive community-based residential, day, vocational, clinical, and supportive services to address their needs.

Educational consultant: Market themselves as professionals who advises families on selecting educational and therapeutic options for at-risk or struggling adolescents. These consultants typically claim to offer expertise on various programs, including therapeutic boarding schools, wilderness therapy, and residential treatment centers. They may assist families in assessing their child's needs, exploring available options, facilitating admissions processes, and providing ongoing support.

However, educational consultants within the TTI have faced harsh criticism for potential conflicts of interest and unethical practices. Critics argue that some consultants may prioritize financial gain over the well-being of the child by recommending programs that offer them financial incentives or kickbacks. There have been allegations of consultants steering families towards expensive or inappropriate programs, even when less costly or more suitable alternatives exist.

Escort or Transport Company/Service: Refers to a company or organization hired to transport adolescents to residential treatment programs or other facilities. These services may involve escorting individuals from their homes (often in the middle of the night) to the treatment facility. Many youth who have been transported have alleged abuse and neglect during the transport (AKA: gooning or legal kidnapping).

Eugenics: a social and political philosophy, based loosely on Charles Darwin's evolutionary theory and Francis Galton's research on hereditary genius, that seeks to eradicate genetic defects and improve the genetic makeup of populations through selective human breeding. **Positive eugenics** is directed toward promoting reproduction by individuals with ostensibly superior traits, whereas **negative eugenics** is directed toward preventing reproduction by individuals with traits that are considered to be undesirable. The eugenic position is groundless and scientifically naive, in that many conditions associated with disability or disorders, such as syndromes that increase risk of intellectual developmental disorder, are inherited recessively and occur unpredictably.

Evidence-based treatment: Evidence-based treatment refers to therapeutic approaches that have undergone rigorous scientific evaluation and have been shown to be effective through empirical research. These treatments are grounded in clinical evidence and adhere to established standards of practice. They have been demonstrated to improve symptoms, functioning, or overall well-being in individuals with specific conditions or concerns.

Facility/program: Oftentimes a term used by survivors or allies. A program or facility refers to a residential setting or therapeutic intervention designed to address behavioral, emotional, or

psychological challenges in adolescents. These programs vary widely in their approaches and services, which can include wilderness therapy, therapeutic boarding schools, residential treatment centers, boot camps, and other specialized interventions.

For-profit: A business or organization operated with the primary goal of generating financial profit or revenue for its owners or shareholders.

Foster care facility: A residential setting where children who cannot live with their biological families are placed under the care of trained foster parents or caregivers.

Foster care system: A network of government and private agencies responsible for providing temporary care and support to children who are unable to live with their biological parents due to safety or stability concerns.

Group home: a residential facility that offers housing and personal care services, such as meals, supervision, and transportation. Also called group residence.

Home-based/community-based treatment: Therapeutic interventions and services that are provided to individuals within their own homes or local communities. This approach allows individuals to receive support in familiar and comfortable environments, promoting family involvement and continuity of care. It often includes individual and family therapy, case management, skill-building, and other supports tailored to the specific needs of the individual or family.

Individualized education plan (IEP): A personalized document developed for students with special education needs by a school district, caregivers, and child team. It outlines the student's educational goals, accommodations, support services, and any modifications to the curriculum to ensure their academic success.

Inpatient: a person who has been formally admitted to a hospital for a period of at least 24 hours for observation, diagnosis, or treatment, as distinguished from an [outpatient](#) or an emergency-room patient.

Inspection: The process of assessing and evaluating facilities, programs, or practices to ensure compliance with regulatory standards, licensing requirements, and guidelines. These inspections may be conducted by government agencies, accrediting bodies, or independent organizations to monitor the quality of care, safety protocols, and adherence to ethical standards.

Intensive outpatient program (IOP): A structured treatment program for individuals with mental health or substance abuse issues that provides intensive therapy and support while allowing participants to live at home and attend sessions several times per week.

Institutional child abuse: Abuse or maltreatment of children that occurs within institutional settings such as schools, residential treatment centers, foster care facilities, or juvenile detention centers.

Juvenile justice facility: A facility specifically designed to house and rehabilitate young individuals who have committed delinquent acts or offenses. These facilities may include juvenile detention centers, youth correctional facilities, or boot camps.

Kickback: a kickback refers to a form of financial incentive or compensation provided to individuals or entities in exchange for referring clients to specific programs or facilities. These kickbacks can take various forms, such as cash payments, discounts, gifts, or other benefits, and are often given to educational consultants, therapists, or other professionals who refer families to particular programs.

Kinship care: A child welfare arrangement in which a child who cannot remain with their biological parents due to safety or stability concerns is placed in the care of a relative or close family friend. In kinship care, the child resides with someone who has a pre-existing relationship with them, providing a familiar and supportive environment while maintaining connections to their family and community.

Level/phase/point system: A structured framework used in some troubled teen programs to track and incentivize progress and behavior. Participants advance through different levels or phases based on meeting certain criteria or completing specific tasks, with privileges or responsibilities increasing at each stage.

Licensing: The process by which government agencies or regulatory bodies grant permission for facilities, programs, or professionals within the TTI to operate legally. Licensing typically involves meeting specific standards, regulations, and requirements related to safety, staff qualifications, programming, and more.

Long-term institutionalization: Refers to the placement of individuals, such as children or adults, in residential facilities or institutions for an extended period, often with minimal opportunity for integration into community settings. This arrangement typically involves living in an institutional environment for an extended duration, receiving care, supervision, and services within the facility.

Outpatient: a person who obtains a diagnosis, treatment, or other service at a hospital, clinic, physician's office, or other health care facility without overnight admission. See also [ambulatory care](#). Compare [inpatient](#).

Parent/umbrella company: Within the context of the TTI, this is a larger organization that owns or oversees multiple facilities, programs, or entities within the troubled teen industry. These

parent companies may have multiple subsidiaries or branches operating under their umbrella, allowing for centralized management, resources, and oversight.

Partial hospitalization program (PHP): a structured mental health treatment program that provides intensive therapeutic services to individuals who do not require 24-hour care in a hospital setting. Participants attend therapy sessions and receive support during the day, typically returning home in the evenings.

Pathologize: To pathologize means to interpret or characterize a behavior, condition, or trait as indicative of a pathology or disorder, often in a medical or psychological context. In the context of youth mental health, to pathologize means to view typical behaviors or emotions of young individuals as symptoms of mental illness or disorder, sometimes unnecessarily, potentially leading to overdiagnosis or medicalization of normal developmental processes.

Private placement: Refers to parents or guardians directly funding and arranging for their child's enrollment in a specialized residential program or facility, bypassing public or state-funded systems.

Psychiatric hospital/psych ward: A psychiatric hospital or psych ward is a medical facility that specializes in providing intensive mental health care and treatment to individuals experiencing acute psychiatric distress or disorders.

Religious facility: Refers to a residential program or institution that incorporates religious teachings, practices, or ideologies into its therapeutic approach or curriculum. These facilities may use religious principles as part of their treatment philosophy or may have religious affiliations guiding their program structure and activities.

Residential Treatment Center (RTC): Market themselves as a facilities that provide intensive therapeutic care and support for individuals, oftentimes adolescents, struggling with behavioral, emotional, or psychological challenges.

Seminars: These “workshops” were part of WWASP programs and were organized by Resource Realizations, a company stemming from Lifespring Seminars founded by former Lifespring facilitator David Gilcrease. Participation in the seminars was mandatory for both parents and students, and some were designed for joint attendance. The were structured into four primary phases: Discovery (Level 1), Focus (Level 2), Accountability (Level 3), and Keys to Success (Level 4+). WWASP Seminars employed various methods of psychological manipulation and influence.

Short-term stabilization: Short-term stabilization refers to a brief period of intensive intervention and support provided to individuals experiencing acute mental health crises or instability. The goal of short-term stabilization is to address immediate needs, stabilize symptoms, and ensure the individual's safety and well-being. This may involve crisis counseling,

medication management, safety planning, and linking the individual to ongoing care or support services.

Special education: specially designed programs, services, and instruction provided to children with learning, behavioral, or physical disabilities (e.g., visual impairment, hearing loss, neurological disorders) to assist them in becoming independent, productive, and valued members of their communities.

The Game: This was a confrontational group therapy technique developed by Synanon, a controversial therapeutic community. In "The Game," participants engaged in intense verbal exchanges aimed at breaking down defenses and promoting honesty and self-awareness. The process often involved direct and confrontational feedback, with members challenging each other's beliefs, behaviors, and personal issues in a structured and sometimes aggressive manner.

Therapeutic boarding schools: A therapeutic boarding school is a residential facility that claims to combine academic education with therapeutic interventions and support for adolescents struggling with behavioral, emotional, or psychological challenges. These schools market themselves as providers of a structured environment where students receive individual and group therapy, academic instruction, and life skills training while residing on campus under the supervision of trained staff.

Thought reform: see [coercive persuasion](#) (systematic, intensive indoctrination of political or military prisoners, using such methods as threats, punishments, bribes, isolation, continuous interrogation, and repetitious "instruction." As a countermeasure, military personnel may be trained in methods of coercive persuasion resistance, which are designed to enable them to function and survive to the best of their ability under such adverse circumstances. Also called thought reform. See [brainwashing](#).)

Tough love: the fostering of individuals' well-being by requiring them to act responsibly and to seek professional assistance for their behaviors. Often, strict oversight and restrictions of personal freedom and privileges must be willingly accepted by the target individual. Tough love is typically a stance taken by the families of adolescents or young adults with a prolonged history of substance abuse.

Toxic stress: Toxic stress is the prolonged exposure to adverse experiences, like abuse or chronic adversity, that overwhelms an individual's coping mechanisms, leading to negative physical and mental health outcomes.

Trauma-informed care: Trauma-informed care is an approach to providing support and services that acknowledges the prevalence and impact of trauma on individuals' lives. It focuses on understanding trauma's effects, promoting safety, trust, and empowerment, and integrating this knowledge into all aspects of care and interactions.

Troubled Teen Industry (TTI): a network of under-regulated and powerful congregate care facilities that claim to reform youth struggling with mental health or educational challenges but use “tough love” and other non-evidence based interventions instead.

Wilderness camp: a group program in which demanding outdoor expeditions are undertaken for extended periods to foster enhanced self-efficacy, motivation, and social skills in the participants. The approach has been used, for example, in wilderness camps for children and adolescents with various behavioral problems, including alcohol and drug use. It has become controversial, however, amid reports of participant abuse, some of it fatal, that occurred at unregulated camps with largely untrained and unsupervised staff.

WWASP Program: A Troubled Teen Industry program that was part of the World Wide Association of Specialty Programs and Schools (WWASPS or WWASP).