



An alarming residential care phenomenon that has been occurring since the early 1990s has been linked to reports of mistreatment, abuse, and death.



A START

A concern about a growing number of reports from youth, families and the public media regarding the exploitation, mistreatment, and abuse of youth in unregulated, private residential treatment programs has given rise to an alliance of individuals and organizations that are working together to address this problem.

Over the past decade in the United States, hundreds of private residential treatment facilities for youth have been established, described as a \$1 billion to \$1.2 billion industry that serves 10,000 to 14,000 children and adolescents. This increase in residential programs is alarming because research has established that community-based treatment and support is effective and indicated for most youth and families, even those with serious problems who need intensive support.



Some residential programs self-identify as “therapeutic boarding schools,” “emotional growth academies” or “behavior modification facilities,” and market to families of youth with psychiatric diagnoses, claiming expertise in treating a variety of serious conditions.

Many of these new programs are not currently subject to any state licensing or monitoring as mental health facilities.

Currently, the only information available about most of these programs comes from their own marketing efforts and there is no systematic, independently collected descriptive or outcome data on these programs.

Highly disturbing reports have been published in the public media and provided by youth and families describing financial opportunism by program operators, poor quality education, harsh discipline, inappropriate seclusion and restraint, substandard psychotherapeutic interventions conducted by unqualified staff, medical and nutritional neglect, and rights violations in a number of unregulated facilities.

Multiple state investigations have been conducted and lawsuits have been filed in response to reports of abuse, neglect and mistreatment of youth in unregulated residential programs. In numerous cases the lawsuits have led to convictions or high cost settlements.

In many states there are limited to nonexistent regulations and there is a lack of federal legislation supporting oversight of private residential treatment programs.



About A START...

The Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment (A START) is co-sponsored by the Department of Child and Family Studies of the University of South Florida and the Bazelon Center for Mental Health Law. The Alliance now includes leaders in psychology, psychiatry, nursing, mental health law, policy and family advocacy, as well as individuals with direct program experience as director, evaluator, parent or participant in such programs.

A START seeks to promote access to community-based care so that children and families have meaningful, safe, and effective options available to them.

A START believes that residential programs serving children with special mental health challenges should be properly licensed and monitored by state government, and accredited by independent accrediting organizations.

A START seeks to promote protections for children and families, and the availability of information about these programs so that parents can make the best choices with and for their children.

For more information about A START and references to articles describing the problem, please contact Allison Pinto, Ph.D. at apinto@fmhi.usf.edu or 813-974-9179.



A Parent's Checklist

At the Capitol Steps

In October, 2005, A START coordinated a press briefing on Capitol Hill to increase awareness of concerns relating to unregulated residential facilities for youth, and to support the federal legislation proposed in the End Institutionalized Abuse Against Children Act and the Keeping Families Together Act. This press conference was co-sponsored by the following organizations:

- American Psychological Association
- American Association of Community Psychiatrists
- American Orthopsychiatric Association
- Child Welfare League of America
- Federation of Families for Children's Mental Health
- National Alliance for the Mentally Ill
- National Mental Health Association

Warnings for Parents Considering a Residential Placement for their Child or Adolescent

If you have already explored all local, recommended forms of intervention for your child and family, and these efforts have proven unsuccessful, then you might find yourself considering a residential placement for your child or teen. While some residential programs are high quality, others are high risk.

You may feel pressured to make an immediate decision about sending your child to a residential placement. Above all other recommendations, we suggest that you resist the pressure. The decision to place your child in a residential program far away from home, or in a program that you have not seen, is too important and too risky to do without taking the time for careful consideration.

If there is an immediate danger in the present moment, use resources such as local mental health centers, mobile crisis units, or hospitals in your own community to re-establish a safe environment for your child and family. This will provide you with the time needed to make a careful decision.

We recommend that you **beware** of residential programs that:

1. **Are not state-licensed and accredited with regard to *all* 3 aspects of the program: the (1) educational, (2) mental/behavioral health *and* (3) residential components**
2. **Claim to be able to assess your child and make program recommendations by internet or by phone and then urge you to "act now" to prevent serious harm to your child and family**
3. **Recommend or support the use of private "escort" or "transport" services to take your child to the program**
4. **Do not respect the wisdom and expertise of parents and youth**
 - Do not allow your family and child to visit the program, see all the facilities and meet all the staff before deciding to admit your child
 - Tell you to expect that your child will lie to you while in the program, and encourage you not to believe reports of abuse because these will be "attempts at manipulation"
 - Do not encourage you as parents to be active participants throughout all stages of the program
 - Do not welcome feedback (praise or criticism) from your child regarding the program
5. **Restrict youth & family rights in terms of:**
 - Contact with family by phone, mail and in person (for example, no phone contact or visits for first month; censored mail; monitored visits with no opportunities for parent/child discussion in private)
 - Dress code (for example: require youth to wear jumpsuits or flip-flops)
 - Typical age-appropriate behavior (for example: forbid eye contact with youth of the opposite sex; forbid speaking, smiling, or moving without permission)
 - Parental rights (for example: do not contact parents immediately in the case of illness, injury, emergency or treatment/medication changes)
 - Do not provide hotlines for youth and families to call at any time if they feel that their rights are being violated or they are being mistreated
6. **Use harsh and excessive discipline practices that include: seclusion, restraint, corporal punishment, punitive "behavioral modification," fear tactics, humiliation, peer-on-peer discipline / peer pressure, forced labor, heightened physiological stress* or sedation by medication**

* for example, excessive exercise, sleep deprivation, exposure to the elements, forced retention of bodily waste or nutritional deprivation

7. Provide sub-standard therapeutic intervention

- Do not provide an individualized program with a detailed explanation of the therapies, interventions & supports that will address your child's specific needs
- Do not provide the kinds of therapies and supports that are recognized as most effective for the problem(s) or symptom(s) your child is experiencing
- The majority of participating youth are experiencing problems very different from the types of difficulties your child is experiencing—this suggests that the program emphasis will not be optimally focused on the needs of your child
- Claim to serve youth with specific psychiatric diagnoses* but do not have full-time licensed mental health professionals** on staff
- Provide individual, family or group psychotherapy that is delivered by staff who are not trained and licensed mental health professionals
- Force youth to self-disclose personal information and/or admit to having problems as proof of “therapeutic progress” or “recovery” or as a prerequisite for “graduating” from the program

* for example, ADHD, Bipolar Disorder, PTSD, Eating Disorders, Depressive Disorders, Anxiety Disorders, Substance Abuse

** for example, licensed psychologists, psychiatrists, clinical social workers, marriage/family therapists and psychiatric nurses



8. Provide sub-standard education that is:

- Limited to some variety of monitored study halls, videotaped lessons or independent study
- Delivered by staff who are not licensed/certified teachers with degrees from accredited colleges
- Provided in an environment with a high student: teacher ratio (i.e. very few teachers for the number of students)
- Not providing credits that will be recognized by your child's home school district, the State Department of Education where the program is located or by future college admissions departments
- Unwilling or incapable of recognizing your child's IEP (Individualized Education Plan)

9. Admit youth with psychiatric diagnoses but then do not provide appropriate medical treatment:

- Do not complete an initial physical exam and psychiatric evaluation or review a physical exam/psychiatric evaluation conducted immediately prior to admission
- Do not request (prior to or upon admission to the program) your consent to contact psychiatrists, therapists and teachers who are currently working with your child or have worked with your child in the past
- Do not ensure that child/adolescent psychiatrists are regularly available to prescribe, monitor and adjust medications as needed
- Do not ensure that youth who are prescribed medications are administered medications by trained/qualified staff
- Over-medicate youth in order to sedate them
- Explicitly state that the program follows an anti-medication philosophy, particularly if your child is currently taking medication(s) for a diagnosed disorder



10. Require parents to sign contracts with unreasonable terms:

- Parents must agree to relinquish their custody rights
- Parents must agree to pay for services not rendered if youth leaves program
- Parents must agree not to hold program responsible for providing services as described in promotional materials or specified in original contract
- Parents must agree to pay rates and fees that are not clarified up front
- Parents must agree not to file suspected child abuse reports against program staff or participants
- Parents must agree not to sue program if their child or family is mistreated

11. Have been reported, investigated or cited by at least one source* for:

- Unsanitary or unsafe living conditions
- Nutritionally compromised diets
- Exposing youth to extreme environmental conditions or physical over-exertion
- Lack of supervision by staff (low staff: youth ratio)
- Medical neglect
- Physical or sexual abuse of youth by program staff or by other program youth
- Violation of youth/family rights

* for example: Dept. of Health, Dept. of Child Welfare, Dept. of Child Protection, Dept. of Education, Police Department, Family Advocacy Group, newspapers

Before considering residential programs, we strongly recommend that your child receive a thorough assessment to clarify his or her needs and strengths. When you do begin to research particular programs, we suggest that you gather information from a variety of sources and about all aspects of the program. Watch for the website <http://cfs.fmhi.usf.edu/projects/ASTART.htm> for further information about steps to take and questions to ask to evaluate the programs you are considering.

The complex process involved in considering a residential placement for your child or adolescent can be challenging for any parent. We wish you strength, wisdom and ongoing support throughout the process as you advocate for your child and family.

If you need assistance in dealing with issues related to residential placement, please contact:

National Disability Rights Network

900 Second Street, NE, Suite 211

Washington, DC 20002

P: 202-408-9514

F: 202-408-9520

TTY: 202-408-9521

General inquiries: info@ndrn.org

or

Federation of Families for Children's Mental Health

P: 703-684-7710

ffcmh@ffcmh.org

For further information regarding A START, please contact:

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