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Each year, untold numbers of children are admitted to private, unlicensed, unregulated, or unaccredited residential treatment centers and other child care institutions. It is not known how many of these centers and institutions exist, what kinds of treatment programs they use, or how many children are harmed by them. In the fall of 2004, the Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment (ASTART) was formed to study these centers and the children who live there. ASTART advocates for the protection and safety of these youngsters and strives to educate families about a wide range of effective, alternate, community-based services and how to access them.

With few exceptions, ASTART has been “unable to find any published articles about these unlicensed and unregulated programs in the professional literature and is particularly concerned about this ‘silence’ from the professional mental health community in the context of numerous media reports of mistreatment in such programs” (p. 297). In 1975, it was estimated that as many as 150,000 youngsters reside in approximately 2,500 child care institutions. Thirty years later, *Forbes* magazine reported that 10,000 children attend unregulated and unlicensed residential programs. However, these are just estimates, as there is “no set of nationally accepted definitions of such programs or comprehensive national database to provide information on just how many children are in them” (p. 296). The National Association of Therapeutic Schools and Programs defines seven different types of residential programs: emotional growth schools, home-based residential programs, therapeutic boarding schools, outdoor therapeutic programs, residential treatment centers, transitional independent living programs, and wilderness programs.

Since the 1990s, residential programs appear to have proliferated. These “specialty” programs gear their services toward families who are in crisis and may or may not have the resources to pay for services, and to families who do not qualify for government-assisted programs. These programs are proprietary, for-profit programs, some of which are parts of large chains, and some of which operate outside of this country. Programs can cost from \$30,000 to \$80,000 per year, and are extremely profitable. Little is known about the quality of services administered in these programs. Therapy is often provided by unlicensed staff members or members who have not received sufficient training, and psychiatrists are not routinely included as treatment team members. Some residential centers provide academics, and some do not. Of those that do, the “quality and level of academic programming is very variable” (p. 298) and grades may not transfer onto high school transcripts. Children and adolescents are often transported to these centers by “escorts” who wake the child in the middle of the night and offer them the choice of going to the residential center willingly, or against their will. Parents authorize these escorts to act on their behalf while transporting the child, sometimes thousands of miles away or to another country.

However, perhaps the most disturbing information discovered by ASTART has to do with the safety and emotional well being of these youngsters. For example, programs are reported to maintain a “severe and rigid

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approach to discipline” (p. 297), in some cases using other detained youngsters to administer punishment. Other reported forms of maltreatment include: prohibiting youth from seeing their families for long periods of time; inappropriate use of physical restraint; improper protection against the elements or excessive physical demands in wilderness programs; physical, emotional and sexual abuse; verbal abuse, humiliation, isolation, and even (in one reported case) being made to lie face down in manure. Some youth have been known to commit suicide under these brutal conditions.

In response to these reports (gleaned from parent and staff reports, media articles and descriptions prepared by the programs themselves), ASTART provides a series of recommendations for residential programs for youth:

- Promote licensing and monitoring of all residential programs, regardless of what they are called, “to ensure that quality services are provided, to decrease the likelihood of abusive or harmful behavior, and to ensure that incidents of abuse are reported” (p. 301).
- Reexamine the Interstate Compact so that, at minimum, parents are informed of prior deaths and other complaints of abuse or neglect at the facilities to which their children are being transported across state or national lines.
- There should be a systematic and comprehensive examination of each program, under the guidance of the federal government. “It is unacceptable to have so little information about such basic issues as the number of children served, the characteristics of the children, the services they receive, the overall outcomes, and particularly the number of deaths and serious injuries” (p. 301).
- The fact that these centers have been growing in number since the 1990s is evidence that there is a great need among children and their families for effective services. Such services should be made available in the child and family’s own community.
- Finally, The mental health field “needs to actively respond to the growing evidence of mistreatment and abuse of youth in unregulated programs” (p. 301). It is encouraging, note the authors, that this problem has been brought to the attention of the American Psychological Association, the American Orthopsychiatric Association, the American Association of Community Psychiatrists, and the Child Welfare League of America. Overall, however, “These organizations and many others have an important watch-dog and oversight responsibility specifically for actions taken in the name of providing treatment for mental health problems and should set up structures to ensure that this watch-dog function is carried out” (p. 301).

In conclusion, ASTART recognizes that licensed, regulated RTCs may be appropriate for some children and adolescents. However, the challenge now is to “gather complete and accurate information about these [unlicensed] facilities, to develop a comprehensive child protection strategy including better use of licensing, monitoring, and accreditation procedures, and ultimately to develop the supports and services that will allow children and families to address their needs within their own home and community” (p. 301).