



# ALLIANCE FOR THE Safe, Therapeutic & Appropriate Use of Residential Treatment

The Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment (A START) offers this summary of a Congressional Hearing on child abuse and neglect in private residential facilities. This hearing was conducted by the Committee on Education and Labor of the U.S. House of Representatives on October 9, 2007.

**October, 2007**

## **Child Neglect and Abuse in Private Residential Facilities: A Summary of a Congressional Hearing.**

In response to a number of complaints of serious abuse in private residential treatment programs, the Committee on Education and Labor of the U.S. House of Representatives conducted an investigative hearing on October 9, 2007, on “Cases of Child Neglect and Abuse at Private Residential Facilities.” The hearing was accompanied by the release of a report by the Government Accountability Office (GAO), entitled “Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth.” (The hearing can be viewed at: <http://edworkforce.house.gov/hearings/fc101007.shtml> and the GAO report is available through GAO’s Web site, <http://www.gao.gov/new.items/do8146t.pdf>).

The Committee Chairman, Rep. George Miller, opened the hearing by indicating his deep “concern about allegations of child abuse in private residential treatment programs, which are often referred to as ‘boot camps,’ ‘wilderness programs,’ or ‘behavior modification facilities.’” Rep. Miller went on to say that while hundreds of these programs operate across the country, they “are governed by a weak patchwork of state regulations.”

In discussing the abuse within these programs, Rep. Miller indicated that, “We have heard stories where program staff members forced children to remain in seclusion for days at a time; to remain in so-called ‘stress’ positions for hours at a time; or to undergo extreme physical exertion without sufficient food and water. Today we will hear even more horrifying stories, of children denied access to bathrooms and forced to defecate on themselves. Of children forced to eat dirt or their own vomit. Of children paired with older children—so-called ‘buddies’—whose job it is, essentially, to abuse them.”

Rep. Miller went on to characterize this type of abuse as “inhumane.” He also noted that it is “an outrage” that no federal agency keeps official data about the number of children enrolled in these programs, despite the fact that children are typically transported across state lines, sometimes by force.

The ranking minority member of the Committee, Rep. Howard P. McKeon, offered opening comments as well during which he indicated that “the allegations of mistreatment raise a number of serious questions.” He noted that before federal intervention is considered there is a need to determine how widespread the incidents are, and “to better understand the breadth of the problem.”

The hearing included testimony from six individuals:

- Greg Kutz, Managing Director, Forensic Audits and Special Investigations, GAO;
- Paul Lewis, father of a son who died in a program in 2001;
- Cynthia Clark-Harvey, mother of a daughter who died in a program in 2002;
- Bob Bacon, father of a son who died in a program in 1994;
- Jan Moss, Executive Director of the National Association of Therapeutic Schools and Programs (NATSAP);
- Allison Pinto, Ph.D., Research Assistant Professor, Louis de la Parte Florida Mental Health



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Institute, University of South Florida, and Coordinator, Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (A START), and a clinical psychologist, licensed in California and Florida.

Mr. Kutz began by summarizing the results of a study done by the GAO on private residential treatment programs in general, and particularly on the circumstances surrounding the death of 10 separate youth in 10 different residential treatment programs between 1990 and 2004. As part of their study, the GAO conducted interviews, reviewed records including police reports, autopsy reports, and state agency oversight reviews, conducted Internet searches for Web sites making allegations of abuse and neglect, and reviewed data from the National Child Abuse and Neglect Data Systems (NCANDS).

Based on their study, the GAO concluded that allegations of abuse, some of which involved death, were widespread. During 2005 alone, according to NCANDS data, 33 states reported 1,619 staff who were involved in incidents of abuse in residential programs. However, the GAO was unable to determine how many of these allegations took place in private versus public programs because data on this is not currently gathered. In fact, one theme of the hearings, emphasized in particular by Mr. Kutz and Rep. Carolyn McCarthy, was that there is an absence of adequate data on a national level that can be used to describe and track the scope of the problem.

In their review of the circumstances surrounding the 10 deaths, the GAO found four striking patterns:

- Untrained program staff;
- Misleading marketing of programs to parents;
- The occurrence of abuse before the fatalities occurred;
- Negligent operating practices.

In his testimony, Mr. Kutz reported that they only found one instance where a single individual was serving a criminal sentence because of a death out of the ten fatalities that they studied. In hearing about the absence of more criminal convictions, Rep. McKeon said that “this boggles my mind!”

In their report, the GAO indicates that there is a lack of a standard definition for different types of residential treatment programs. They particularly focused on wilderness therapy programs, boot camps, and therapeutic boarding schools. They also indicated that there is great variety with regard to the steps that states have taken to provide oversight of residential treatment programs ranging from statutory regulations that require licensing to no oversight.

The inadequacy of licensing requirements and monitoring procedures was a pervasive issue throughout the hearings. In fact it was pointed out that in some states there is no licensing at all.

Rep. McKeon and Rep. McCarthy particularly expressed concern that programs and program owners often move from one state to another, especially when problems occur in the original state. Rep. McKeon indicated that, “I don’t like to see federal legislation but there are some times when it has to happen, and if you have a situation like this where people can go from one state to another to avoid prosecution, it might be that federal legislation is needed.”

Mr. Kutz reported that the programs that the GAO had studied cost from \$131 to \$450 per day, with an average cost of \$300/day, or slightly over \$2,000 per week. Mr. Kutz also indicated that the GAO is currently completing a more comprehensive study of the residential treatment field, and that the report of that study would be available in early 2008.

After presenting testimony that vividly described the circumstances surrounding the death of several of the youth, and the neglect and abuse that had occurred prior to the deaths, Mr. Kutz indicated that, “if you walked in part way through my presentation, you might have assumed that I was talking about human rights violations in a third world country. Unfortunately, these human rights violations occurred right here in the United States of America.” This same sentiment was later repeated by Rep. Miller.

Mr. Lewis, Ms. Clark-Harvey, and Mr. Bacon all described in very powerful and emotional terms the experiences they had with the residential treatment industry, leading to the death of one of their children. Each talked about the great lengths they had gone to in their effort to find help for their child, and how carefully they had checked out the program before sending their child there. Ms. Clark-Harvey talked about how she and her husband had been misled by the program to which their daughter Erica went on such issues as the training and preparation of the staff, and the emergency procedures that were in place should they be needed. Mr. Bacon reported that he and his wife were “conned by their fraudulent claims,” and regretted their gullibility in believing what they were told. He outlined “21 days of ruthless and relentless psychological and physical abuse and neglect” that his son Aaron endured before his death in 1994. Mr. Kutz indicated that programs pretty much told parents what they wanted to hear in order to get their child placed in the program, and that it was clearly a situation of “buyer beware” in which it was not possible for parents to genuinely know what they and their children were getting when they made a placement.

Another theme that was highlighted in the presentations by each of the parents, and by the GAO, was that complaints by the youth were not believed and were instead viewed as manipulations. Mr. Lewis, whose 14 year old son Ryan took his own life, reported that his son begged for help and told program staff, the day before his suicide, that “I want to call my mom and I want to go home.” Mr. Lewis reported that this was perceived as a manipulation rather than a cry for help, and that Ryan was not only denied help but was not appropriately supervised. This took place despite the fact that Ryan had engaged in self-destructive behaviors the evening before his death, and program staff had been told upon Ryan’s admission that he was depressed. Ms. Clark-Harvey indicated that after her daughter collapsed, she was left to lie where she fell for 45 minutes because staff were “unable or unwilling to recognize what was happening.” The GAO report cites the death of a 15-year old boy who became very ill and weak, complaining of muscle soreness, stumbling frequently, vomiting, and losing control of his bodily functions. According to the GAO report, “the staff interpreted this as being rebellious. The victim was ‘taken down’—forced to the floor and held there—on more than one occasion for misbehaving...Staff also tied a 20-pound sandbag around the victim’s neck when he was too sick to exercise, forcing him to carry it around with him and not permitting him to sit down” (p. 33).

When asked by Rep. Miller what they would recommend to other parents, Mr. Bacon indicated that he would tell them that “the risks of sending your child...are far greater than you can imagine.” Ms. Clark-Harvey said she would caution families that they cannot be certain of the claims of programs. Mr. Lewis said that he believes children belong with their parents, and that we need to “provide much stronger home-based programs.”

Following the testimony by the parents, Ms. Moss of NATSAP, a trade organization of 180 residential treatment programs that served 16,000 youth in 2006, described her organization and its efforts to work to ensure that only programs of the highest quality are on the market. She indicated that early in 2007, the NATSAP Board of Directors had passed a new requirement for membership. The Board now requires that all prospective members must either be licensed by a state mental health agency, or accredited by an appropriate mental health accrediting organization. Ms. Moss indicated that her organization was not an accrediting organization itself, and did not look upon itself as providing a “Good Housekeeping Seal of Approval” to programs.

Rep. Todd Russell Platts pointed that of the 10 programs studied by GAO, five were NATSAP members at the time of the fatality, and that while two of these programs had since closed, three continued to operate. Rep. Dale E. Kildee asked Ms. Moss about the number of complaints that NATSAP had looked into of their member programs, and asked for records on this. While Ms. Moss indicated that the primary benefits that NATSAP members receive are educational benefits, such as access to conferences and regional meetings, Rep. Kildee noted that member programs “may gain a certain credibility” by belonging to NATSAP that can be used for marketing. He indicated that NATSAP has “something to prove to this Committee and the American public that you are supplying more than just credibility.”

Mr. Kutz noted that the NATSAP logo was displayed prominently in the marketing of the programs that they had studied, and Dr. Pinto reported that parents with whom she had talked often referred to a program's membership in NATSAP, and were not sure how to interpret what it meant. Dr. Pinto also reported that parents have no place to get accurate and complete information about programs, and that in earlier correspondence, NATSAP had referred to concerns about the problem of abuse and neglect in residential treatment as "the noisy complaint of a few individuals." Ms. Moss indicated that NATSAP wanted to improve the quality of residential treatment, that they had already taken some steps in this direction by strengthening the membership requirements, and that their Board would take the input from the Committee under close consideration.

Dr. Pinto reported that she had conducted an on-line survey of youth and parents in an attempt to determine if in fact the complaints about residential treatment were restricted to a few isolated incidents, or were more widespread. Over a six-month period she received more than 700 responses to a lengthy survey. Respondents had participated in 85 different programs in 23 states, and while some respondents reported having positive experiences, complaints of mistreatment were widespread and significant. The complaints included deficiencies in health care and sanitation, unreported incidents of physical and sexual abuse, violation of basic human rights such as privacy and dignity, requiring individuals to endure painful stress positions for extended periods of time, providing very little food and inadequate nutrition, engaging in cruel and dangerous thought reform procedures, and using seclusion and restraint procedures excessively. Overall, Dr. Pinto indicated that the survey respondents had expressed "profound distress about their residential care experiences."

Obviously very moved by the testimony, Rep. Miller at one point commented that, "I can't think of testimony that we have received in this Committee that has caused a greater sense of anger and sorrow than we have heard this morning." In closing the hearing, Rep. Miller called for federal action to address this serious problem. He did not specify what the action might be but noted, in very determined tones, that, "We will have to figure out what the right vehicle is but we will figure it out."

*This summary was prepared by Robert M. Friedman, Ph.D., Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida on behalf of the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment. Dr. Friedman can be reached at: [friedman@fnhi.usf.edu](mailto:friedman@fnhi.usf.edu)*