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Discovery Ranch (2005-present) Mapleton, UT

Therapeutic Boarding School

History and Background Information

Discovery Ranch is an [Ascent Company](#) behavior-modification program founded on August 21st, 2005. It is marketed as a Residential Treatment Center for teenage boys aged 13-18 with "emotional and behavioral issues." DR does not accept transgender males. The program has a maximum enrollment of 60 boys, and the average length of stay is reported to be around 10 months, but this can be substantially longer if the boy is deemed resistant. The tuition is reported to be anywhere between \$6,500 to \$12,000 per month. Their motto is apparently "Strength in the Struggle". Discovery Ranch has been a [NATSAP](#) member since 2005.

The program is located at [1308 South 1600 West, Mapleton, Utah 84664](#). When the program opened, it housed both boys and girls on the same campus, but kept them completely separate in different parts of the campus. However, in 2013 DR moved their girls' program to Cedar City, UT and began marketing their program as [Discovery Ranch For Girls](#).

Discovery Ranch is "accredited" by the [Northwest Association of Accredited Schools \(NAAS\)](#), but it is important to note that neither the United States Department of Education nor the Council for Higher Education Accreditation recognizes NAAS as an accrediting agency for institutions of higher education. NAAS is an

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The program is affiliated with several other [Ascent Company](#) programs, such as [RedCliff Ascent](#), [Discovery Academy](#), [Discovery Connections](#), and [Oxbow Academy](#).

Founders and Notable Staff

Clinton Dorny is the Executive Director of Discovery Ranch. He reportedly began working in the TTI because his brothers have worked at various other treatment centers. He began his career working in Admissions at [Provo Canyon School](#), which is widely regarded as the birthplace of the [WWASP](#) organization.

Craig Smith worked as the Clinical Director of Discovery Ranch.

Dave Blackwell worked as a Therapist at Discovery Ranch. He previously worked at [Provo Canyon School](#), which is widely regarded as the birthplace of the [WWASP](#) organization.

Leslie Glies worked as the Residential Director of Discovery Ranch. She currently works as the Residential Director at [Redcliff Ascent](#), another [Ascent Company](#) program.

Brent Hall is reported by survivors to have run the facility. He also is the Executive Director of [Discovery Academy](#). He previously worked at the confirmedly abusive [Provo Canyon School](#), which is widely regarded as the birthplace of the [WWASP](#) organization. He also worked for a time as the Director of [NATSAP](#).

Program Structure

Like other behavior-modification programs, Discovery Ranch utilizes a level system based around a merit/demerit structure. The level-system consists of five levels, which the boys progress through by earning points for good behavior while avoiding demerits for negative behaviors and rule infractions.

DR also advertises their "calf program" heavily, where each new resident is given a baby calf to care for and raise. It is reported by survivors that these calves are later slaughtered, apparently in an attempt to teach the residents "how to deal with loss." This practice is extremely cruel, and is reported to be very traumatic to many survivors.

The teenagers at Discovery Ranch are forced to adhere to a strict set of rules at all time. Any minor infraction is punished severely. Teenagers can be punished for infractions as small as "making an inappropriate facial expression", meaning they can be punished for crying or raising their eyebrows without permission.

Teenagers at Discovery Ranch have extremely limited contact with the outside world. It is reported that they are only allowed to communicate with their parents through heavily censored and monitored letters, as well as a once-monthly phone call, which is also monitored by staff. This type of environment makes reporting abuse and neglect impossible for teenagers. In addition, survivors have reported that on the off-chance that they *are* able to inform their parents of abuse, their parents are manipulated by DR into believing that their child is lying and "being manipulative" in an attempt to be pulled from the program.

Abuse and Lawsuits

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- forcing a resident to lick cow feces off another resident's boots
- forcing teenagers to unclog a toilet with their bare hands
- countless instances of sexual abuse
- adult male staff masturbating while watching underaged residents showering, changing, and using the toilet
- teens being fed undercooked food and deprived of food
- verbal abuse, include staff shouting and swearing at teenagers
- widespread allegations of brainwashing techniques in order to force conformity
- use of solitary confinement as punishment

According to a [Thesis](#) published in 2015 by Catherine Kushan, "Discovery Ranch, a treatment center located in Mapleton, Utah, provides an empirical example of how this industry rhetorically manipulates legitimate psychiatric conditions to solicit clients. Their website lists the following conditions the program claims to treat: various mental illnesses including "anxiety, depression, mood disorders, ADHD, and oppositional defiance" — the last of which is no longer listed in the DSM — "substance abuse and other addictions, eating disorders [...] learning disorders and nonverbal learning disability [...] social struggles, low self-esteem, adoption/attachment issues, and grief and loss" The unadvertised conditions that I witnessed among detainees included being LGBT, "Internet addiction", and one girl in particular was sent there for having a black boyfriend. Aside from the obvious prejudice and discrimination, many of these "conditions" are not legitimate clinical impairments, and those that are require individualized care, which this facility does not provide."

In February of 2015, a former resident at DR and his family filed a lawsuit against the school reporting that the boy was violently and repeatedly sexually assaulted by another resident at the program. They report that in January 2104, the boy was placed in a dorm at Discovery Ranch with three other boys, one who began grooming him and another resident for "sexual victimization" until he was "violently sodomized." The attacker "used threats of violence, coercion, guilt, and the merit system of Discovery Ranch to manipulate (the boy) to avoid reporting increasingly deviant sexual behaviors, including discussions about sex, pornography, masturbation, and sexual violence." According to the complaint, "Discovery Ranch's merit system also prevented (him) from reporting the assaults because he believed that his inferior status and past interactions with Discovery Ranch staff and administrators would result in him being punished if he attempted to disclose the assaults." The family claims the sexual assaults "went undiscovered and unchecked throughout the months of January and February and were only revealed when he [the assailant] was transferred from Discovery Ranch after being discovered engaging in bestiality with a horse." The family says that Discovery Ranch failed to adequately investigate the assailant "for psychosexually deviant and violent tendencies before admitting him to Discovery Ranch and placing him in the dorm." Additional Information: [Family Alleges Bestiality at Alternative School](#)

Survivor/Parent Testimonies

9/20/2020: (SURVIVOR) "Discovery ranch seems to actively try to remove as many negative reviews as they can, many were mine being removed over and over. This is my real name, as I'm no longer afraid to write my review under an alias. (and have it be removed weeks later). Anyone is free to fact check this, and contact me with further questions [redacted]. Discovery ranch was hell on earth for me. My first treatment center was

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"Privileges" to some might sound like being able to talk to friends, or having free time. Discovery ranch's idea of "privileges" is being able to sit on something other than hard wood chairs. "Privilege" to them is being able to sit on a couch, to be able to speak out loud, to be able to eat a single apple. They strip you of everything, even contact with your own parents, and dangle it in front of you as motivation to do/act how they want. Discovery ranch uses a merit system to punish kids. One small slip up, and you have all privileges taken away from a day to sometimes even a week. This merit system was easy for some kids to abuse, in one circumstance during my stay, a child was repeatedly raped, and was threatened with the merit system to get him to keep quiet. It wasn't until he left the program that people even found out about this happening!! Staff members are chosen at random, as the turnover rate is insanely high. (Check glassdoor reviews) In return, we have lots of untrained, unequipped young adults who aren't prepared to deal with seriously mentally ill children. I still hear screams from my friends being restrained in the back of my mind. The trauma I've witnessed, and seen other kids witness was unbearable. At one point during my stay, I saw my friend stab his arm repeatedly with a pencil, spraying blood all over me and the windowsill we were sitting on. As I walked away in shock he was tackled by staff. This was after I had already seen two separate suicide attempts. They do a terrific job at keeping kids quiet. If they mention these sorts of things to parents (over heavily monitored phone calls and letters in the mail), contact between student and parent would be cut off. Any complaints about the program and the abuse kids witnessed would be brushed off by program coordinators and therapists. The amounts of times I screamed out loud in physical/mental exhaustion from being undermined and unheard is uncountable. I felt meaningless, worthless, like a pawn used to control my dad's emotions, fishing out hundreds of thousands of dollars from him. They left me more broken than they found me." - [Jackson \(Yelp\)](#).

September 2020: (SURVIVOR) "Please do not send your child to this horrific and abusive program. They tear children apart, and they come out broken. I will never forgive Discovery Ranch for the damage they did to me, and the damage they continue to do to future generations. Parents have no clue what they are getting themselves into by sending their children there. First, let me begin by stating that sending your kid anywhere is a traumatic experience they will have for the rest of their life. The pain doesn't just stop, they don't forget what you did to them, regardless of your intentions. They will dream about it years after, waking up in the middle of the night from nightmares about being back there. I was there almost ten years ago, and it feels like yesterday because of my PTSD. And before you tell me that was a long time ago, I am a part of multiple survivor groups online for former students from DR and other abusive programs in Utah. There are over 600 people in 2 different groups put together, and we are all in contact with many kids that just left. Paris Hilton just came out with a documentary on her experience at another abusive program just down the street from DR. This is not just a couple of resentful people. We were victims of abuse. I am a victim of emotional and physical abuse by Discovery Ranch. I am not the only victim. I suggest seeking different options for your child. If you absolutely need mental support for your child, I suggest something that is close to home, and something that does not limit their ability to see and interact with the outside world. These programs are money makers. They often cause way more harm than good. The decision you make for your child will stay with them forever. Listen to your child, and don't fall into the traps that programs make which lead parents to think their child is untrustworthy, a liar, manipulator, etc. Listen to your child, what do they think they need? Are they just being a teenager? Please reach out to me for questions, I will do my best to educate you on what is happening and get you current information." - [Sanoy \(Google Reviews\)](#).

9/17/2020: (SURVIVOR) "Please do not send your child to this horrific and abusive program. They tear children apart, and they come out broken. I will never forgive Discovery Ranch for the damage they did to me, and the

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...they will have not the resources to deal with the pain of being just left, they will be getting many years of trauma, regardless of your intentions. They will dream about it years after, waking up in the middle of the night from nightmares about being back there. I was there almost ten years ago, and it feels like yesterday because of my PTSD. And before you tell me that was a long time ago, I am a part of multiple survivor groups online for former students from DR and other abusive programs in Utah. There are over 600 people in 2 different groups put together, and we are all in contact with many kids that just left. Paris Hilton just came out with a documentary on her experience at another abusive program just down the street from DR. This is not just a couple of resentful people. We were victims of abuse. I am a victim of emotional and physical abuse by Discovery Ranch. I am not the only victim.

- There is rape.
- There is overmedicating (including putting kids to sleep for doing nothing wrong.)
- There is child labor
- There is very little therapy
- There is a significant lack of professional supervision/lack of training
- There is a high turnover rate for employees
- There is parent manipulation/lies on the programs part for \$\$
- There is isolation as punishments
- There is lack of necessary medical care to avoid the girls telling a doctor they - are being abused, and they are never alone when with a doctor
- Run like a bootcamp, zero free time for the kids, every day feels like a punishment
- Mormons are running it and very religiously biased

Please.... dont do this to your child... We are all begging you. I suggest seeking different options for your child. If you absolutely need mental support for your child, I suggest something that is close to home, and something that does not limit their ability to see and interact with the outside world. These programs are money makers. They often cause way more harm than good. The decision you make for your child will stay with them forever. Listen to your child, and don't fall into the traps that programs make which lead parents to think their child is untrustworthy, a liar, manipulator, etc. Listen to your child, what do they think they need? Are they just being a teenager? Please reach out to me for questions, I will do my best to educate you on what is happening and get you current information." - [Sanoy \(Yelp\)](#).

August 2020: (SURVIVOR) "Kinda like a prison that just focuses on external behavior. Have been in contact with many former students that have not done well once leaving the ranch. I would estimate their rate of rehabilitation around 20%. You can find much better treatment for a better price. In fact, the administration at discovery ranch intentionally delayed my high school graduation by refuting me the right to do my classes in order to keep me there longer. Kids are constantly getting restrained and put on drugs to keep them under control. I ended up running away from this program and deciding on a much better program that actually wanted to help people. My parents spent over \$200,000 here before they realized I was not getting the help I needed. I understand that people need to help themselves and I cannot blame Discovery Ranch for my decisions but this environment definitely did not promote positive change in my life. Also if you notice, a large majority of the 5 star ratings are from former staff as opposed to parents/students." - [William \(Google Reviews\)](#).

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noise. A kid was put in isolation for about 4 weeks before being moved to a different treatment center. We were indirectly expected to manipulate visiting parents of troubled kids who have not yet been sent to treatment. We would act like we loved the treatment center, and that there wasn't any abuse going on. (only the higher rank kids would be allowed to do this). Staff refusing to let kid use the bathroom, and making him pee/poop himself. Happened several times to my friends. The ranch horse manager Jerry put a phone in my face showing horses having sex. I didn't ask to see that.. The boat bought with funds by Discovery Ranch was not once used for the kids, the owners just use it for personal use. Isn't that tax evasion? (During my stay, a kid in a different house was repeatedly raped by another kid for days until he was caught.) Your PRECIOUS child is NOT safe here!!" - [Jack \(Yelp\)](#).

5/28/2020: (SIBLING) "A family member of mine attended this school so everything I have heard is 2nd hand. He said that he was abused by a staff member while there. He since has shut down and will not discuss it so no idea if it was accurate or something he said when first home to avoid being sent back. His step-father (my Dad) told me not to discuss it around him. Our parents (his Mom and step-father) regret sending him there even all these years later. My brother noted some of the staff was wonderful and he used their tips to get through challenges after his father died (my Mom's 1st husband). However, the abuse overshadowed it. My parents (his Mom and step-father) note sending him away added to his sense of rejection started by peer abuse even though they were desperate due to his issues at home and school. However, our neighbor whose son went there the following year had all good experiences. Both boys have turned out well however, my brother has trauma from the experience. Reading these reviews it is obviously a place that needs to make some changes if the accusations are correct. My cousin went to a place 2 years ago called Shortridge Academy and had a much better experience there. My Mom says she wishes she had heard of that school at the time. My brother was at the Ranch over a decade ago." - [John \(Yelp\)](#).

10/28/2019: (SURVIVOR) "There are plenty of articles that prove why Discovery Ranch is dangerous for the mental development of children. My personal experience here was horrible. I'm scared to mention my real name because Discovery Ranch's aftercare program still controls my life. Even though I have left the program, if I don't follow their horribly rigorous and reclusive aftercare rules I go back. The last few years of my life have felt unreal, I've had migraines with frustration wondering how places like this exist, and how they've gotten away with so much deceit. Its heart wrenching to see how many families were deeply financially destroyed as well as personal connections being permanently damaged. I'd go on to say I have PTSD. I still have insomnia and night terrors of being at that place. I have constant dreams where bugs are crawling all over my skin and I wake up screaming from anxiety. My mind sometimes uncontrollably cradles and turns to static when I hear the same radio noise as the staff used at DR. I can still hear the screams of kids being restrained and having their arms pinned behind them and blood flow cut off because they didn't follow simple orders. This isn't how we should treat precious children... The staff have no idea how much damage they're doing as they're just following orders... This is a mess..... it needs to be shut down.. The reviews on their website are COMPLETELY weeded before they're posted. They only allow astonishing ones to pass. Proof is attached as an image. I posted this exact review several times spacing itself out several months. BE CAREFUL OF THEM." - [James \(Yelp\)](#).

2019: (SURVIVOR) "This place is sickening. Abuse at its finest.. we were totally and utterly underfed, one morning we were fed one mini bagel and one cream cheese. The staff often used abusive behaviors and were very rude to us. They lied and were manipulative, and power tripped all the time. They picked favorites and we were treated like garbage. They would restrain kids to the point the kids arm was almost broken. They would

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MEMEBERS TO WRITE REVIEWS. THATS WHEN YOU KNOW THE PLACE IS TERRIBLE." - [Davinci \(Google Reviews\)](#)

2018: (SURVIVOR) "Beware the evil behind their smiling eyes! In other words, do not trust them. They are very abusive and they will lie to you. They will do everything to keep themselves looking like the best option at all costs just for money. The average stay is OVER a year not under like they love to say. They love tossing kids emotional and mental state around for worse, or they will lie about "problems" that a kid doesn't have just to keep kids there longer. They will try to keep kids from telling you from what is really going on, the use their security measures as a punishment Instead of safety and they can, have, and will threaten kids. They emotionally and mentally compromise kids for fun. And the horrible part? The parents believe discovery ranch and most kids have no hope of anyone listening to them because they think no one believes them and they won't talk and they lie about it. please if you are thinking of sending anyone or know anyone who is considering to send someone here, keep the kid far away from them. No one deserves what they really do to people. It's not just the kids too, sometimes there are good staff, but whenever there is that person never lasts long at all, they all literally quit because this place is so horrible. It sickens me that even after the kid is out of this place they threaten to send them back to this horrible place. Please save your child from this place." - [Jason \(Google Reviews\)](#)

6/10/2016: (SURVIVOR) "Terrible place don't send your child here. Also a staff there named Matt polson threatened to restrain me several times. if I saw him today i would punch him in the face. Also there were lawsuits against this place. I highly suggest people look it up, one of the most disgusting things I've ever read in my life: [Link](#). Also they lie to the kids about the effects of marijuana, such as the claim that you can withdrawal from it, but I know that isn't true. the licensed substance abuse counselor has obviously never touched a substance in her life. After discovery ranch I couldn't even talk to my parents for months because of the trauma it caused me. If you want to send your kid to either wilderness or discovery ranch why dont you do us all a favor parents and send your child to Disney Land so they'll be happy rather then send them to whats pretty much a mental institution for parents that have no idea what the fuck there doing. Your job as parents is to help your child, you guys are the problem not your kids. When you fail that's on you, don't punish your kids for your actions. If you have any logic in your brain in the slightest then you should realize how goddamn stupid it would be to send your kid to this shit hole." - [Derek \(Yelp\)](#)

8/21/2015: (SURVIVOR) "It's been about 8-9 years since I left DR; I'm now 25 and although I don't dwell on what happened so much anymore, this place has had such a negative impact on my life. I cannot even put into words the pain I feel even today when my experience gets brought up or when I read about other kids that are STILL suffering from having to go through this program. I have maintained very close friendships with a handful of other patients that were there during my time (for a wide range of different reasons) and we even make it appoint to see each other each year. We have created this bond because unless you went through a detention center such as DR, you will not understand. We support & vent to each other about how difficult and lonely it was for us to get back to normal life after we left, how it shaped us into the adults we are today, and what steps we took to try and heal from this horrible experience. Although you move on and mature, it's a wound that never fully heals and cuts deep. Not a single one of us agree that this program helped us or our relationships with our families. Sure, we said all the things our parents wanted to hear once we got out, it was certainly drilled into us every single day, but that faded into a deep anger/depression that raised months, sometimes even years later, & you find yourself in worse condition than you were before entering DR; battling a demon 98% of people will never know. When we have the opportunity to get together, it's a very special and meaningful time for all of

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friend to drug addiction that spiraled after leaving DR, and we had another friend who lost her life to cancer, which could have been detected in the earlier stages if DR didn't fail to seek proper medical attention (she was actually punished quite often for complaining about the pain and was either made to do hard manual labor or the staff would put her in isolation for days on end. When she was given her home visit, her mom took her to the doctor and was diagnosed, although we have tried to find the outcome of the lawsuit, none of us have been able to track her family down to share our sympathy). May their souls rest in peace. If you're a "troubled" teen that's reading this that just recently got out, or it's been years and it's still effecting you, please believe me when I say that YOU ARE NOT ALONE. It's another long, tough, painful battle after you leave DR and I haven't known one other person who didn't suffer after getting out. Although there are no support groups for people like us and since the program is so small & we're from all over the country, it feels and looks very real that you may be alone, YOU ARE NOT. There is not enough research of the negative effects places like DR have on a young person, people don't like to talk or hear about places like DR, the system is extremely flawed, it's a corporation that works very hard to keep you there as long as possible for obvious financial reasons while hiring unqualified staff. You are a survivor of an abusive environment that is very similar to a prison. It is NOT your fault and you're NOT a lesser being despite what DR drilled into you. Parents won't know or understand the gravity of impact this experience has had until after you get out and have openly talked about it, and although it's very hard not to blame or take your anger out on them, you have to realize they made their decision out of love and ignorance. Stay in touch with the other people you shared your time with during DR, reach out to them when things are tough, talk about your struggles. Although the system failed us, my peers and I have created somewhat of a little support group to cope and it's helped us tremendously. If you are at all struggling and/or would like to talk to someone who can relate, please do not hesitate to contact me through this post and I'd be happy to exchange information so we can talk. I still maintain close relationships with both girls and boys who are around my age (23-27) that have gone through exactly what you are going through now; so whether it's easier to talk to a guy or girl or someone with a similar case to yours, I can put you in contact with them if you'd like (Free of charge too! You're parents will love that, Ha!). We all cope in our own ways, but if we can help by sharing our experiences and what we learned, there's not a single one of us that would turn down a younger DR peer that is currently battling our same battles. We have all suffered enough, it's time to heal and create a system that works." - [Carebear \(Yelp\)](#).

2015: (SURVIVOR) "This place is horrible. I had an IEP at my old school because I can't learn that easily but the program directors convinced my parents I was too lazy to do work that I had trouble doing. On top of that I was forced to study 7 hours straight on the weekends if I didn't meet academic requirements. If you have a child with attention deficit disorder do not send your son here BECAUSE it is like water boarding to have a kid sit in a room for 7 hours straight and have them study all day even though they are trying. It is degrading and disrespectful and I will forever hate this program as they manipulate people into spending hundreds of thousands of dollars to not help there kids. Its sick and I hope in the future these places will be illegal and I will NEVER send my kids to one of these places. You have been warned and I still have ptsd and I've been going to therapy for 2 and a half years and more to come. STOP DISCOVER RANCH they will play you out of so much money its unbelievable. There thieves taking advantage of parents dispositions and they should be shut down" - [Derek \(Google Reviews\)](#).

1/12/2014: (SURVIVOR) [Link to Anonymous Survivor Testimony](#).

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parents even praised him for not being angry and angry, feeling they were punishing their own feelings parents." I couldn't believe he was blaming me for this...after we could no longer afford to send her there she was abruptly released and told good luck. We found a traditional therapist that proved to be far more effective. I'm happy to say that she is leading a normal life and leaving DR was the best thing that happened." - [Josephine \(Yelp\)](#)

11/26/2013: (SURVIVOR) "I try to think positively about it but honestly this shithole gave me PTSD. If I'm in the car with someone and they make a wrong turn or something I will flip out and start having a panic attack because all I can think about it "oh my god where are they taking me they're locking me up again". The protocols here suck, and do absolutely nothing in the way of help. They are there only to try and give the staff (who by the way have no training in psychology at all) an easier time. Also, I would sit there and talk to my therapist while he takes notes and this is a direct quote "is that it?" Then the session was over. The main issue I have with this place is that it literally fucked up my education so bad that I'm 17 and still in freshman English. To them, there is one way that every kid learns, and if you have learning disabilities that's too fucking bad and ask the doctor to raise your meds the next time he comes. Also the staff there (although there were some that I liked) were extremely rude. For a year I was put down and felt stupid and inadequate and my opinion didn't matter and if I decided to express it I would be put on some protocol that restricted me from doing anything but sitting at a fucking desk and staring at the god damn wall. They made me feel disgusting and quite hideous. There was never any "you can do it" it was "you better do it or you're going to be put on mc and never get out of here". This place did not "save my life" it scared me to have problems." - [H.A. \(Yelp\)](#)

11/10/2013: (SURVIVOR) [Link to Anonymous Survivor Testimony](#)

10/13/2013: (SURVIVOR) "I attended Discovery Ranch 5 years ago when I was 15 years old. My parents sent me there because I was depressed, doing poorly in school instead of getting straight A's, got caught shoplifting a pack of gum from 7-11, spent too much time on the computer, and was "too angry and defiant". I had never done drugs, drank, or even smoked a cigarette at this point in my life. I had been raped when i was 12 and was unable to tell my male therapist or parents about this happening because my family is very Catholic. In comparison, most of the other residents had serious drug problems, were in gangs, were extremely violent, etc. Regardless of what they were there for, NO ONE SHOULD EVER BE TREATED AS INHUMANELY AS CHILDREN SUCH AS MYSELF WERE. I had repressed memories of the physical, sexual, and psychological torture i endured for five years until I watched a documentary on the stanford prison experiment in my psychology class. It brought everything back because I lived that experience, except for ten months and it was real. I don't believe that the people who tortured me were innately evil; i think it was a situation similar to Abu Ghraib. I was forced to do the most humiliating and degrading things possibly conceivable; I was forced to eat a girls used tampon, lick cow shit off a girls boots, unclog a toilet with my bare hands... adult male staff would masturbate to me showering, changing, and using the toilet while masturbating (keep in mind I was 15.), I witnessed a 15 year old boy be sodomized by a broom handle and have the living shit beat out of him because he tried to run away and watched a girl punch a window and slit her wrists in front of me because she couldn't take it anymore. They would arbitrarily lock me in a tiny pitch black closet devoid of food, water, a bathroom, or human contact for days, usually because I made an "inappropriate facial expression" like crying or raising my eyebrows when they screamed at me that I was worthless and no one could ever love me. The night staff was apparently fucked up on heroin, meth, pcpc, etc the whole time and had virtually no training or qualifications, which I learned when a male staff member sexually propositioned me over Facebook when I was 18, so three years later, and told me what happened behind closed doors. I had no contact with the outside world except letters to my parents which

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riding and talk to a truly kind therapist every day who genuinely though I was insane or a pathological liar and convinced me I was hallucinating or having nightmares.... But I fucking wasn't. I literally couldn't make this shit up. I thought I was actually crazy, but it was all real. I don't know why but when i was there I never wanted to leave. I felt like i somehow deserved to be treated like this and I think a part of me knew I could never stand living in the real world after all this happened. I stopped feeling emotions and didn't for two years. When I came back to real life I had forgotten how to smile and had to train myself to make facial expressions that corresponded to the emotions I should have felt in various circumstances. Even when I started feeling feelings again I realized on Wednesday that I had been experiencing emotions with maybe 50-75% of the intensity that I normally should, which was put into perspective when I finally accepted that these things truly happened to me and felt for the first time in my life the appropriate pain and humiliation that corresponds to being treated in such a way for such an extended period of time. Until now I had remembered my experience there as a happy one- I literally only remembered what went on during the day. The reason I am writing this now is because I ended up becoming an alcoholic and drug addict once I went to college and had finally had complete freedom. With the help of a REAL rehab and AA, I had achieved 14 months sober. After essentially being re-traumatized after remembering all this, I recently went on a five day bender started Wednesday where I got high and or drunk every waking moment, which culminated with me waking up on my bathroom floor on Monday morning covered in blood and vomit next to two empty bottles of wine and Xanax spilled across the floor with a five page suicide note on my computer that I'd written in a blackout. I am at a loss for what to do at this point. I'm in therapy, on medication, have been to three AA meetings in the past three days, and just feel like I am out of options and suicide or getting constantly fucked up is my only option at this point. I literally can't live with these memories. It makes me fucking sick that this place, along with HUNDREDS of others, still exists, quietly protected under the umbrella of the state government of Utah, and that parents are paying hundreds of thousands of dollars for their children to be tortured and driven insane or into obedient, soulless sociopaths." - [Anonymous \(Tales from the Black School\)](#).

7/8/2013: (SURVIVOR) "DO NOT SEND YOUR CHILD TO DISCOVERY RANCH IF YOU CARE ABOUT THEM! I wish I could give negative stars! Discovery Ranch only wants to know and talk about their truth which is nothing close to reality. When you try to induct real truths into the once a week, 1/2 hour, monitored phone call, the therapist redirects you to la la land. They dont want to discuss what's actually wrong. They don't give the children any hope of getting out whatsoever. The children can't even have open discussions with other inmates there for fear of being punished and losing privileges. The schooling they provide is a joke. They are left up to their own with limited to no help from the teachers. The website is misleading. The facility in Utah is run like a prison. Seek other avenues for your child." - [Keith \(Yelp\)](#).

6/28/2013: (PARENT) "This is the worst place to send your child. Your child will be put in with kids that are older than their age group, that were in gangs, that are addicted to drugs, etc. It is run like a prison. They don't let parents talk freely to their own child. They want the parents to say only what they tell them to say. Overpriced, over rated...do not send your child there if you care about them. The kids come out shell shocked, traumatized and fearful." - [Michele \(Yelp\)](#).

2012: (PARENT) "As a father I was treated poorly. Staff unresponsive, administration unresponsive and kept to company line to detriment of my son. Education was packets and computer testing only - poor. Basically non-existent education. Therapy was more like brainwashing than therapy. My son, although he enjoyed his stay, refused to be brainwashed, and therefore got nothing therapeutical out of his stay; only resentment and anger,

[+ Create](#)

Related Media

[Discovery Ranch Website Homepage](#)

[HEAL Program Information - Discovery Ranch](#)

[Discovery Ranch - 1000 Places You Don't Want to be as a Teenager](#)

[Family Alleges Bestiality at Alternative School](#)

[FREDERIC YEOMANS IV v. DISCOVERY RANCH, INC.,](#)

[The Troubled Teen Industry: Commodifying Disability and Capitalizing on Fear by Catherine Kushan](#) (mentions Discovery Ranch)

["Strength in the Struggle" - A Marketing Video uploaded by the school to YouTube](#)

[Discovery Ranch - Secret Prisons for Teens](#)

Last revised by [shroomskillet](#) 3 years ago

Discovery Ranch

(Residential Treatment Center)



Member Since: 2005

Phone: (801) 489-3311

Executive Contact: Clinton Dorny

Admission Contact: Marlene Kendall, (801) 367-0395

Gender: Coeducational
 Ages: 13 to 17
 Grades: 8 to 12
 Enrollment: 44
 Duration: 8 to 10 months
 Founded: 2005
 Email: info@discoveryranch.com
 Fax: (801) 489-3355



Address: 1308 South 1600 West
 Mapleton, UT 84664
 Airport: Salt Lake City

Website: www.discoveryranch.com

Discovery Ranch is a residential treatment center located on a 20 acre ranch near Provo, Utah. Discovery's open campus is designed for experiential therapy in residential living, academics, and ranch responsibilities. Our treatment protocol is founded on helping students develop self esteem through skill mastery. Discovery Ranch serves students ages 13-18 who struggle with a variety of emotional and behavioral issues such as ADHD, oppositional defiance, depression, adoption, eating disorders, substance abuse, etc.

Relationships underscore our competency based model. Students, mentors and therapists participate together in equine activities, caring for newborn calves, high and low ropes courses, community service projects, and academics.

The Ranch offers one of the most veteran therapeutic teams in the industry. All therapists are licensed Master's and Ph.D. level practitioners with an average of 19 years experience each working with adolescents. Clinically intensive, each student receives individual, group and family therapy sessions each week. Real time therapeutic intervention through relationship based interaction is the heart of our program.

Discovery specializes in student centered academics. Students and parents work with teachers and therapists to develop a customized education plan with specific learning goals. Then, therapeutics and academics work in tandem to achieve a competency based progression. Coursework is fully accredited by the State of Utah and taught by licensed educators. Academics are complimented by remedial assistance, experiential learning activities and small learning communities. Special education and IEP/504 assistance is also available.

Individual Psychotherapy Available: Yes

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Northwest Association of Accredited Schools (NAAS) through Discovery Academy

Professional Affiliations: NATSAP-Full Member

Discovery Ranch

(Residential Treatment Center)

CONTACT

Phone: (801) 489-3311
 Executive Contact: Clinton Dorny
 Admission Contact: Jennifer Charrier, 801-361-7062
 Email: info@discoveryranch.net
 Fax: (801) 489-3355
 Address: 1308 South 1600 West
 Mapleton, UT 84664
 Website: www.discoveryranch.net

PROGRAM OUTLINE

Gender: Coeducational
 Ages: 13 to 18
 Grades: 8 to 12
 Enrollment: 44
 Duration: 8 to 10 months
 Founded: 2005



NATSAP

Member Since: 2005



Airport: Salt Lake City

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Individual Psychotherapy Available: Yes

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Northwest Accreditation Commission (NWAC) through Discovery Academy

Professional Affiliations: NATSAP-Full Member

Discovery Ranch

(Residential Treatment Center)

CONTACT	PROGRAM OUTLINE
Executive Contact: Clinton Dorny Admissions Contact: Jennifer Charrier Academic Contact: Victoria Fielding Email: info@discoveryranch.net Phone: (801) 489-3311 Fax: (801) 489-3355 Address: 1308 S 1600 W Mapleton, UT 84664 Website: www.discoveryranch.net	Gender: Boys Only Ages: 13 - 18 Grades: 7 - 12 Enrollment: 60 Duration: 10 months Founded: 2005
NATSAP Member Since: 2005	 Airport: Salt Lake City, UT (SLC)

Discovery Ranch combines the power of traditional therapy and experiential therapy to create a clinically sophisticated, relationship based residential treatment program for boys ages 13-18.

Troubled teens with emotional and behavioral issues receive the help they need through relationships and experiences in a strength based environment.

Our brand of emotionally rich experiential therapy is effective because it lowers students' defenses and creates a safe environment for change. It doesn't look or feel like traditional therapy. Our experiential program is more than just filling time. It's a mind set. Students progress faster because they have more opportunities to practice what they are learning.

Therapeutically intense and carefully supervised, students learn who they really are as they work side by side with therapists and staff who model, motivate and mentor. Many students have come to the ranch behind in school or struggling to find success in learning. At Discovery Ranch we take your child's education as serious as our own learning and growth and have worked hard to create an academic atmosphere that allows students the one on one attention and focus that is needed to kick start their love of learning and future high school and college success! Many of our students who have progressed through our accredited academic program have begun to find success and enjoyment in their studies and have left better prepared for higher education opportunities.

At Discovery Ranch, we don't rescue students from difficult life experiences. We teach them how to deal with them. We model, mentor and motivate, giving our students the tools they need to recognize and regulate their emotions and behaviors.

Our treatment model is built on a foundation of experiential therapy to create strong relationships. Therapists, mentors, teachers and staff work side by side with our students every day. This experiential approach makes students more open to the therapeutic process. Because therapy takes place in so many different ways, most students hardly realize they're engaged in therapeutic learning virtually all day long.

We understand the difficulty for some programs to combine the intensive therapy with powerfully effective experiential activities. Our location and facilities put us in a unique position to provide the perfect combination of experience and therapy. With over 20+ acres, indoor and outdoor facilities for equine and ranch therapy, sports facilities, our location in the heart of the Rocky Mountains, proximity to Moab and Zions National Parks and so much more, our highly trained staff has had much success helping boys develop and grow in the perfect environment.

Individual Psychotherapy Available: Yes

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Northwest Accreditation Commission (NWAC) through Discovery Academy

Professional Affiliations: NATSAP-Full Member

Discovery Ranch

(Residential Treatment Center)

CONTACT	PROGRAM OUTLINE
Executive Contact: Clinton Dorny Admissions Contact: Nate Cook Academic Contact: Victoria Fielding Email: info@discoveryranch.net Phone: (801) 489-3311 Fax: (801) 489-3355 Address: 1308 S 1600 W Mapleton, UT 84664 Website: www.discoveryranch.net	Gender: Boys Only Ages: 13 - 18 Grades: 7 - 12 Enrollment: 60 Duration: 10 months Founded: 2005
NATSAP Member Since: 2005	
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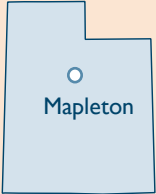
Individual Psychotherapy Available: Yes

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; California Dept of Special Education Non-public School

Professional Affiliations: NATSAP-Full Member; NATSAP Research Designated Program (RDP)

Discovery Ranch for Girls

(Residential Treatment Center)

CONTACT	PROGRAM OUTLINE
Executive Contact: Clinton Dorny Admissions Contact: Jennifer Charrier Email: info@discoveryranchforgirls.com Phone: (435) 865-9574 Fax: (435) 865-9584 Address: 4928 North 4500 West Cedar City, UT 84721 Website: www.discoveryranchforgirls.com	Gender: Coeducational Ages: 14 - 17 Grades: 8 to 12 Enrollment: 44 Duration: 8 to 10 months Founded: 2005
 Member Since: 2005	 Airport: Salt Lake City, UT (SLC)

Discovery Ranch is a residential treatment center located on a 20 acre ranch near Provo, Utah. Discovery's open campus is designed for experiential therapy in residential living, academics, and ranch responsibilities. Our treatment protocol is founded on helping students develop self esteem through skill mastery. Discovery Ranch serves students ages 14-18 who struggle with a variety of emotional and behavioral issues such as ADHD, oppositional defiance, depression, adoption, eating disorders, substance abuse, etc.

Relationships underscore our competency based model. Students, mentors and therapists participate together in equine activities, caring for newborn calves, high and low ropes courses, community service projects and academics.

The Ranch offers one of the most veteran therapeutic teams in the industry. All therapists are licensed Master's and Ph.D. level practitioners with an average of 19 years experience each working with adolescents. Clinically intensive, each student receives individual, group and family therapy sessions each week. Real time therapeutic intervention through relationship based interaction is the heart of our program.

Discovery specializes in student centered academics. Students and parents work with teachers and therapists to develop a customized education plan with specific learning goals. Then, therapeutics and academics work in tandem to achieve a competency based progression. Coursework is fully accredited by the State of Utah and taught by licensed educators. Academics are complimented by remedial assistance, experiential learning activities and small learning communities. Special education and IEP/504 assistance is also available.

Individual Psychotherapy Available: Yes
Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Northwest Accreditation Commission (NWAC) through Discovery Academy
Professional Affiliations: NATSAP-Full Member

Discovery Ranch

(Residential Treatment Center)

CONTACT		PROGRAM OUTLINE	
Phone:	(801) 489-3311	Gender:	Coeducational
Executive Contact:	Clinton Dorny	Ages:	13 to 18
Admission Contact:	Jennifer Charrier, 801-361-7062	Grades:	8 to 12
Email:	info@discoveryranch.net	Enrollment:	44
Fax:	(801) 489-3355	Duration:	8 to 10 months
Address:	1308 South 1600 West Mapleton, UT 84664	Founded:	2005
Website:	www.discoveryranch.net		



NATSAP
Member Since: 2005



Airport: Salt Lake City

Discovery Ranch is a residential treatment center located on a 20 acre ranch near Provo, Utah. Discovery's open campus is designed for experiential therapy in residential living, academics, and ranch responsibilities. Our treatment protocol is founded on helping students develop self esteem through skill mastery. Discovery Ranch serves students ages 13-18 who struggle with a variety of emotional and behavioral issues such as ADHD, oppositional defiance, depression, adoption, eating disorders, substance abuse, etc.

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Individual Psychotherapy Available: Yes

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Northwest Accreditation Commission (NWAC) through Discovery Academy

Professional Affiliations: NATSAP-Full Member

**Item:**

2

Date:

1/14/2021

Applicant:

Discovery Ranch

Location:

1308 S 1600 W

Prepared By:

Sean Conroy, Community
Development Director

Public Hearing:

No

Zone:

A-2

Attachments:

1. Application
information.

REQUEST

Consideration of a request to amend an existing Conditional Use Permit to expand the occupancy of Discovery Ranch by 16 beds.

BACKGROUND & DESCRIPTION

The subject property is 22 acres in size and is zoned A-2. In 2005 the Planning Commission approved a conditional use permit for Discovery Ranch, which operates a residential treatment center (RTC) for youth on the site. RTCs typically seek to provide various types of therapy for people with disabilities in a residential setting. Discovery Ranch provides a variety of educational and therapy opportunities for its residents including school classes, equine therapy, athletics, etc.

The original use permit did not establish a cap on occupancy but indicated that changes would require review by the Planning Commission. The applicant is proposing to construct a new building on site and to expand the occupancy of the facility for 60 to 76.

EVALUATION

The Federal Fair Housing Amendments Act of 1988 (FHA) prohibits housing discrimination based on race, color, religion, sex, national origin, disability or family status. Under the FHA, a person with a disability is *“any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”*

In 2005 the City’s zoning ordinance required a conditional use permit to establish an RTC, which is why Discovery Ranch was issued a conditional use permit. In 2012 the City’s ordinance regarding RTCs changed. If this was a new application, the applicant would need to follow the new ordinance, however, since the applicant has an existing conditional use permit, the application is subject to the requirements of the existing permit.

As mentioned previously, the original conditional use permit did not establish a cap on occupancy, but required that the facility be in compliance with the licensing requirements of the Utah Department of Human Services. While it could be argued that the applicants do not need to amend the conditional use permit to add the additional beds, staff is recommending that the Planning Commission review the request and amend the conditional use permit to make it clear that 76 beds would be the maximum.

Staff can support the proposed increase for the following reasons:

- Provided the Department of Humans Services approves the increase in occupancy, the request is consistent with the original conditional use permit.
- The large site can easily accommodate additional beds without impacting the surrounding neighborhoods. At 76 occupants on 22 acres, the average occupancy per acre is 3.5. This is lower than the only other RTC in the City, which has an average occupancy of 8 per acre.
- The A-2 zone encourages agricultural pursuits. Discovery Ranch is an agricultural ranch that contributes to the rural atmosphere of the City.
- The General Plan Land Use Designation for the site is High Density Residential. If the site were to be developed as a traditional residential subdivision under this designation, it could include as many as 70 to 140 units, which would have significantly more occupants than the proposed 76.
- The site has adequate parking to facility any increase in traffic and parking due to the increase in occupants.

RECOMMENDATION

Amend the existing conditional use permit for Discovery Ranch to include a maximum occupany of 76 beds conditioned upon approval by the Department of Human Services.



1308 S 1600 W
Mapleton, UT 84664

P: 801 489 3311
F: 801 489 3355

info@discoveryranch.net

12/10/2020

Mapleton City Planning Commission,

Discovery Ranch has been in existence since 2005 and is considered one of the best Residential Treatment Centers (RTC) in the nation. We have worked hard to be great neighbors and citizens in the community and enjoy many relationships with various groups including Mapleton City Recreation where we donate time and money to various events. We also provide mentor/coaches for the VIP league working with Disabled Youth in Utah County that is hosted here in Mapleton.

We currently serve up to 60 youth at Discovery Ranch and run mostly at full capacity for most of the year. We continually turn away youth who would fit our program because of a lack of bed space and we have a huge area between the two homes out front and our office space in the barn that has been unused, and frankly an eye sore, for some time. We have developed plans to build another home/cottage that would house 16 more students. We would tear down the existing brick fencing that is falling apart.

We are asking that you approve of us increasing our bed capacity to 76 students.

We currently sit on 22 acres of land and this would complete our campus from a space perspective but also a daily schedule and capacity.

We have included various letters of recommendation from neighbors and our recently retired police chief. You will also see the rendering of the building that we have designed that will house the 16 beds.

We appreciate your consideration and look forward to answering any questions you may have.

Sincerely,

Clinton Dorny
Executive Director



Levi S. Adams
Scott P. Card
Aaron P. Dodd
William L. Fillmore ♦
Matthew R. Howell

Barnard N. Madsen
Richard W. Sheffield ⊙
Randall K. Spencer ♦
Mark D. Stubbs ⊙ *
Geidy A. Achecar

Tiffany R. de Gala
Mark D. Dodd
Kara H. North □

Of Counsel:
John-David Anderson
Ernest R. Macias ♦

December 18, 2020

Sean Conroy, AICP
Mapleton City Corporation
125 West Community Center Way
Mapleton, UT 84664
Email: sconroy@mapleton.org

Re: Discovery Ranch Application for a Building Permit

Dear Mr. Conroy:

As I believe you are aware, I represent Discovery Ranch ("DR") which operates a residential treatment center ("RTC") for boys in Mapleton. All of us at DR appreciate the positive relationship we have always had with Mapleton City.

DR first obtained a conditional use permit ("CP") to operate its facility in August of 2005. The language of the conditional use permit did not limit the number of children that could be housed at any given time though DR approximated the number of kids initially to be housed at its facility to be "around 50." It has been understood through the years that the exact number of students allowed at DR was governed by the Utah State RTC licensing agency which meticulously governs and monitors best practices of RTC's in Utah.

Now, after more than 15 years of operating DR and having the opportunity to change for the better the lives of thousands of children, DR is endeavoring to further update its facilities and has applied for a building permit to build a new building. The conditional use on the property has not and will not change. We do not believe that the request for a building permit changes the previously granted conditional use and that a new conditional use permit is not necessary. Nevertheless, we will defer to Mapleton City to help us facilitate the process of serving and saving the lives of more children within the laws of Mapleton City and the State of Utah.

In reviewing the original CP, Mapleton City should be aware that DR has complied with the terms of the permit and has upgraded its sewer and facilities as suggested in the CP. DR has fostered positive relationships with its neighbors and other citizens within Mapleton City and desires to continue to be a source of positive energy, societal benefit, and economic contributor to Mapleton City.

We have submitted all information which we understand that Mapleton City has requested. If there is any additional information necessary so we can comply with whatever

requirements Mapleton City thinks necessary to enable us to continue our mission to serve troubled youth as effectively as possible, please advise.

Sincerely,

A handwritten signature in black ink, appearing to read "Randall K. Spencer". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Randall K. Spencer
Attorney for Discovery Academy

11/23/2020

Dean Pettersson
1220 North Main Street
Mapleton, UT 84664
801-367-3576

To whom it may concern:

As the previous police Chief of Mapleton city for 12 years, I endorse the application for more housing at Discovery Ranch.

I have known and worked with the people at Discovery ranch for 12 years and have found the organization to be well run. This program provides services to troubled youth and has proven to be very successful. They are well trained and prepared for emergency situations and their clients pose no danger to the citizens of Mapleton.

Please contact me if I can provide any additional information in support of this application.

Sincerely,

A handwritten signature in black ink, appearing to be 'A. Pettersson', with a long horizontal stroke extending to the right.

Dean L. Pettersson

K. Paul MacArthur
Bill O. Heder
Jeff Metler♦
George L. Chingas, Jr. +
Kristy L. Hanson
Marla R. Snow
Stephanie L. O'Brien
Ryan D. Petersen
Trevor F. Berrett♦



MACARTHUR . HEDER . METLER

ATTORNEYS AT LAW

Dan Worthington*
Brian R. Langford
Janet G. Peterson
Elicia M. Hansen
Jared B. Stubbs ▪
Lesley A. Johnson
Brent H. Johnson
Neal Metler•
Melissa Hartman

November 23, 2020

Mapleton City Planning Commission
125 West 400 North
Mapleton, UT 84664

RE: Recommendation for Discovery Ranch

To whom it may concern,

A few days ago, Clint Dorny, a man a greatly admire asked me to write a letter of recommendation. Clint Dorny is the Executive Director at Discovery Ranch. Clint indicated that Discovery Ranch was seeking to expand their reach in Mapleton and asked for my support. Of course, I could not refuse.

I was born and raised in Mapleton, and I love this place. Following law school and several years in service to the federal court, I was fortunate to be able to move my practice back here to my hometown. We purchased a home in Harvest Park, just a stone's throw away from the Discovery Ranch facility. We love being able to walk to the end of the street and show our children the animals. There has always been such a special feeling around that property.

Shortly after our return to Mapleton Clint introduced himself to me. Following a recreational league basketball game at the elementary school in which our sons were playing, Clint met my wife and I at mid-court. He told us that he was organizing a club team and wondered if our son might be interested in playing. Being a sports junkie, I jumped at the chance to expose our son to as many opportunities as possible. I am so grateful that we did.

For the next several years, our sons played basketball together and I eagerly watched from the sideline as coach Dorny instructed and mentored our son. Our teams were never competitive in the league, and if my memory serves me correctly, we lost most of the games we played in. But those years together were special. Clint did not vent his frustration or yell at the boys when they missed a shot or turned the ball over. Rather, he cheered them on and calmly taught them how to deal with adversity. While he taught them sound basketball fundamentals, more important to me were the life lessons he exemplified. He taught those boys the values of trust, teamwork, integrity, patience, hard-work and understanding. He taught them to be confident and resilient. No doubt, these are just some of principles and values he and his staff help instill in the boys at Discovery Ranch.

♦Admitted in Utah & Wyoming
+Admitted in Utah & California
• Only Admitted in Oregon and California

▪ Admitted in Utah & Idaho
* Of Counsel



On a professional level, I have not had an opportunity to engage directly with Discovery Ranch. However, I do have several clients who have been impacted by the program. Some have children or grandchildren that were former residents in the program. Others have neighbors or colleagues who were positively influenced by the program and its staff members. In fact, my own brother worked for a time as a member of the staff. As a friend to Clint and as a neighbor to the facility, I am always interested to hear how others view the program. Over the years as I have engaged my clients in conversations about Discovery Ranch, I am delighted to report that every single one of their experiences have been positive.

I am forever grateful for the influence Clint was on my son and my family. While I am not privy to all the details of Discovery Ranch's proposed expansion, I do know that they hope to build another house on their property to accommodate an additional 16 boys. Should their plans be approved, I trust that those families who will be served will have the same experience I have had with Clint over the years. They certainly have my full support.

Sincerely,



Brian R. Langford,
Attorney

November 19, 2020

Mapleton City Planning Commission
125 West Community Center Way
Mapleton UT, 84664

Dear Planning Commission:

I have been informed that Discover Ranch is seeking approval to erect a new building and/or make other improvements to their property. I have resided at 1927 Yarrow Drive in Mapleton since July 2012. My backyard is directly adjacent to the Discovery Ranch property. As neighbors of the property, we have had numerous interactions with the workers and resident at the property. Further, I have personally had multiple interactions with Clinton Dorny who serves as the Executive Director of Discover Ranch. This letter is furnished to express my support for Discovery Ranch in its application for approval to make the proposed changes to its property.

The faculty, staff, and residents at Discovery Ranch have been model neighbors. Two brief anecdotes. Our dog has (on multiple occasions) escaped our property and made its way to Discovery Ranch. The folks there were wonderful about keeping him safe and contacting us to return him to our care. We also enjoy the tradition of the Discover Ranch family of Christmas caroling every holiday season. They stop by, drop off a treat, and sing a song. It's a simple, but very much appreciated, expression of neighborly outreach that we look forward to each year. I should also add that we have had nothing but positive casual interactions with the kids as they have tended to the horses whose stables are directly behind our house.

Mr. Dorny has also been an outstanding neighbor and community member. In the numerous interactions I've had with him, he has been friendly and service oriented. I remember rubbing shoulders with him on numerous occasions while our sons played football together. Without fail, Clint would be helping to set up or cook food for the team or coaches. He was one of the hardest-working and most supportive parent of the entire group.

There's no need to belabor the point. Stated simply, I very much support the proposal. The Discover Ranch family has proven to be responsible and caring neighbors, and Clint has been a great contributor to our community on a number of dimensions.

Respectfully,



Colby Wright, Ph.D.
(989) 954 7677

Dec 3, 2020

Dear Mapleton City Council,

As a next-door neighbor contiguous to Discovery Ranch, I have been asked to write a letter of support for proposed expanded housing. During the past 2 ½ years my family has lived at 1123 S Wildflower Lane. During this period, we have had only positive experiences with our Discovery Ranch neighbors and impressed with how well they maintain their property and supervise the young men under their care. Operationally, it is apparent that things always run smoothly from the staff/student ratios maintained.

I would not have any reservations knowing additional students were being added to the Discovery Ranch campus. On the contrary, since this is such a unique program, I believe that more students would benefit if additional housing were offered. Knowing what I now know, I would strongly refer someone to the program because of my observations and staff interactions.

Having farms animals in our back yard creates a rural feeling and was a "selling point" for us in moving to this location. I am not alone in these sentiments as my next-door neighbor James Green (1967 Yarrow Dr) recently shared similar thoughts with me about his reason for moving to this section of Harvest Park. It would be reasonable to expect that housing additional boys, would allow for helping expand the care of farm animals and the rescue calves in this unique ranching operation we have come to admire.

Please do not hesitate to contact me if you would like additional personal insights on my interactions with the Discovery Ranch campus. I can be reached at 801-400-2804 or email: chaplainbrewer@gmail.com.

Respectfully,

A handwritten signature in cursive script, appearing to read "Bruce R. Brewer".

Bruce R. Brewer, PhD, Lt Col (ret)



Dec. 7, 2020

Mapleton City Planning Commission
125 West 400 North
Mapleton, UT 84664

Dear Committee,

It is with great pleasure and support for Discovery Ranch that I write this letter regarding their application for a building permit. It is my understanding that they will be expanding by 16 beds which means adding another house (with sports court & pavilion) on the East side where they currently have an outdoor riding arena that is not being used and is currently looking a bit old and worn. There will also be a few more horses and cows.

I have been a close neighbor to Discovery Ranch living in Harvest Park (993 Iris Lane, Mapleton) for about ten years now. As a matter of fact, I can throw a frisbee from my yard over the fence to their yard, like neighbors do. Over the last 10 years it has been an absolute privilege to be their neighbor. I can not remember a single instance in which I have had a problem or concern in any way. I also have over 30 years professional experience working with residential treatment centers here in Utah and have never worked with one or at one with less concern regarding their residents and the surrounding neighborhood (ie. run risk, vandalism, etc.) than Discovery Ranch.

I can, on the other hand, remember multiple times that I have been extremely grateful for my neighbors at Discovery Ranch. The entire ranch is always clean and taken care of and in my mind brings significant aesthetic value to our neighborhood. The kids in the neighborhood are often enamored with the animals and the ranch, which is welcome. Folks at Discovery Ranch have consistently gone out of their way (and usually quite above and beyond) to respond quickly to any minor concern from new neighbors related to noise, animals, or anything else one can come up with, to be great neighbors even though they were here long before our neighborhood was.

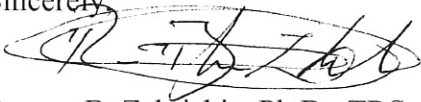
I must admit that while I have had a professional relationship with Discovery Ranch for many years prior to moving here (many of my students and graduates have worked or currently work there) my relationship and respect for them has significantly increased since moving here to Mapleton as their neighbor. They are a very open both professionally and neighborly to innovative and collaborative win win opportunities. For example, recently a member of my neighborhood who had just transitioned from significant military service retired and returned home to his family in Harvest Park. The transition was difficult and with challenges related to PTSD and his long service he sought in-patient care at a local hospital. As I visited with his family and found out more about his passion for animals and helping others, as well as his

significant professional training I quickly thought of my neighbors at Discovery Ranch. With a couple of quick phone calls, appropriate meetings with their clinical team, and a little effort on both sides an extraordinary partnership and win win relationship was formed. Hope, purpose, and all-around wellness was restored for this wonderful man and his family and a new therapeutic program was added to what Discovery Ranch offers their students.

I am very grateful to live in such a community and to be neighbors with an organization like Discovery Ranch. In my professional opinion and in my opinion as a neighbor this addition will only make things better and I support and look forward to their proposed expansion. I urge the committee to grant them the appropriate building permit and am sure it will only add to our community.

If I may be of any further assistance, please feel free to contact me at (801) 360-4372.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon B. Zabriskie', enclosed within an oval-shaped scribble.

Ramon B. Zabriskie, Ph.D., TRS, CTRS, FDRT, FALS
Professor, Brigham Young University
Neighbor

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Sheet:
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A-2.01

NOT FOR CONSTRUCTION - 60% REVIEW SET

PROJECT NO.	00-0000
DATE	08/08/20
DRAWN BY	ADP
CHECKED BY	CHD
DATE REVIEWED	
EXTENSION ELEVATIONS	

Revised Date	Revision Number
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Discovery Ranch House
TBD
1308 S 1600 W, Mapleton, UT 84664

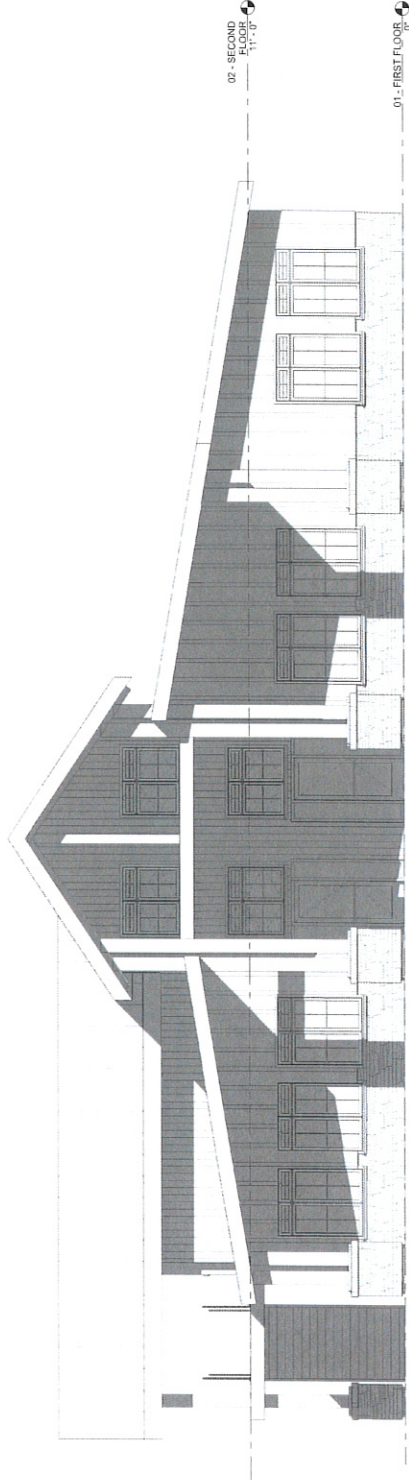
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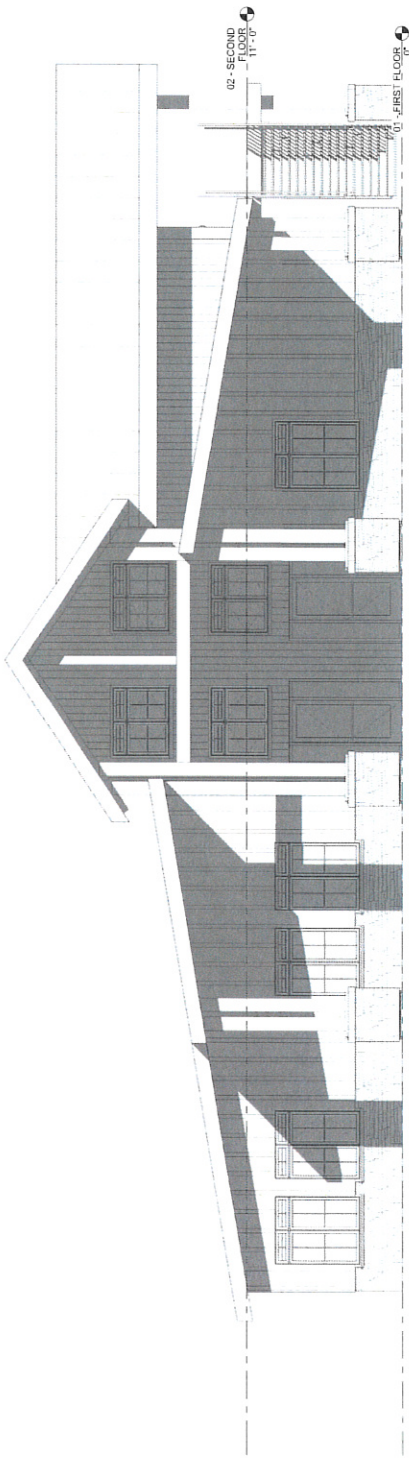


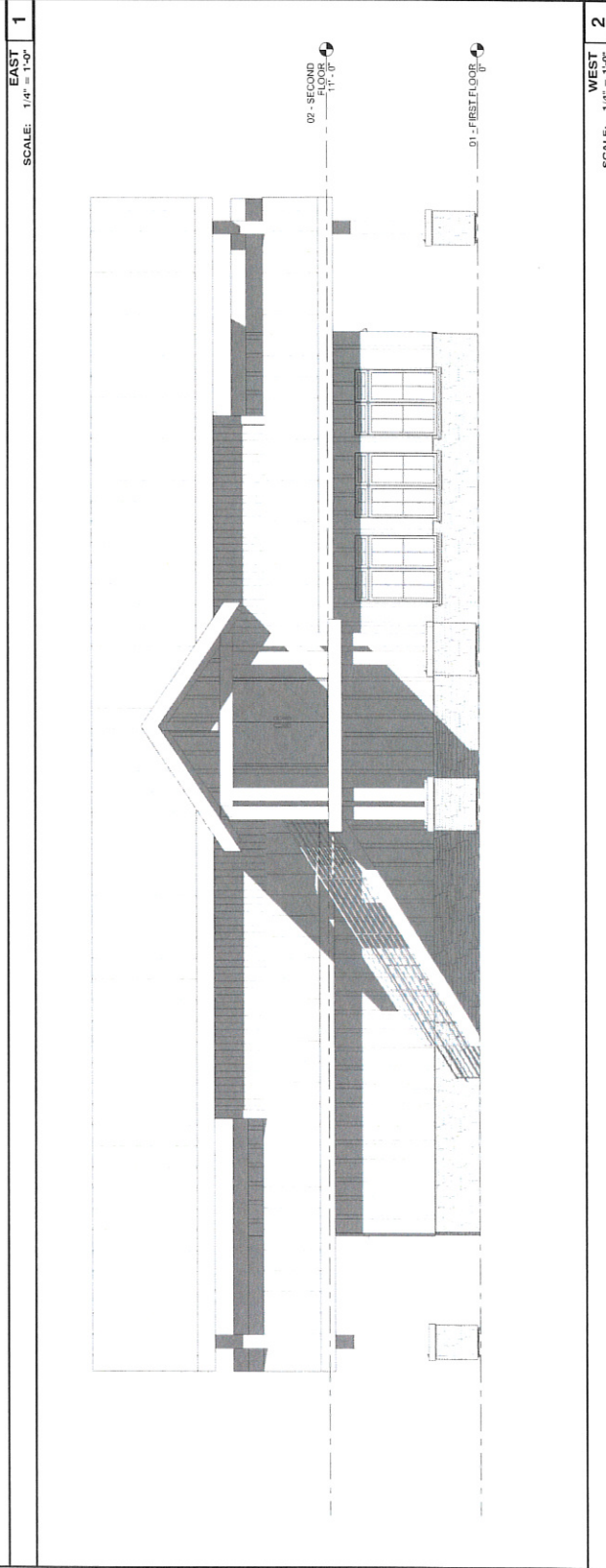
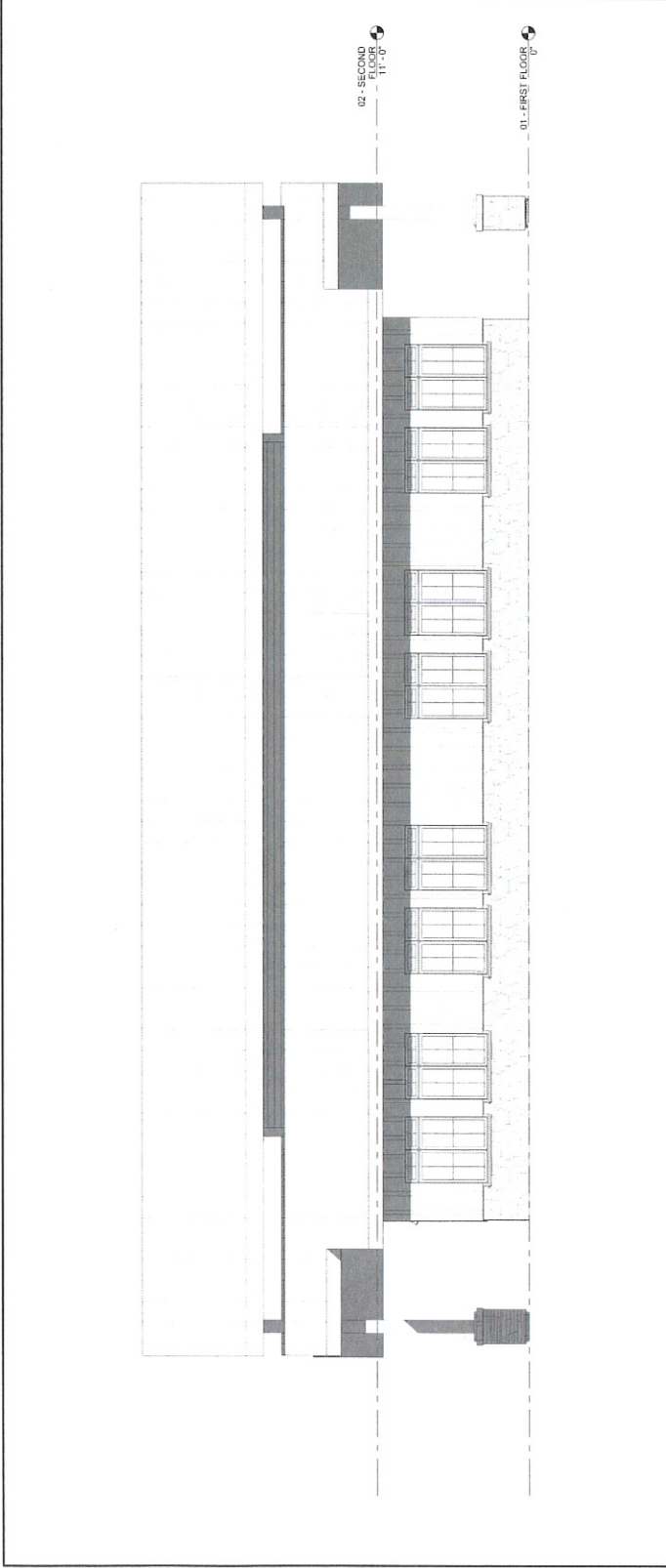
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2 NORTH
SCALE: 1/4" = 1'-0"



1 SOUTH
SCALE: 1/4" = 1'-0"







Teen dies at Utah County treatment center, officials say

The 17-year-old boy died by suicide at Discovery Ranch, a residential treatment center in Mapleton, officials said.



(Google Street View) A sign identifying the entrance to Discovery Ranch, a residential treatment facility for teen boys 13-18 in Mapleton.

By Shaylee Navarro | Nov. 9, 2024, 8:00 a.m.

Comment

A teen at a Mapleton residential treatment center has died by suicide, officials said Friday.

The 17-year-old died Tuesday at Discovery Ranch in Mapleton, a residential program for boys between 13 and 18, Mapleton police and the center's director confirmed Friday. Police responded to the facility's call about the boy's death just after 2 p.m. Tuesday. The boy's name is not being released.

A medical examiner told Mapleton police that the boy died by suicide, Mapleton Police Chief John Jackson said Friday. The examiner had not sent a written report — which would include a toxicology screening — to police by Friday afternoon, Jackson said.

There is no indication of foul play, Jackson said.

The Department of Health and Human Services has not issued a compliance notice to the treatment facility but is investigating the boy's death, an agency spokesperson said in an email. If noncompliance is found, the spokesperson said, the agency will make that information publicly available on its [website](#).

Clinton Dorny, executive director of Discovery Ranch, said the Utah County treatment center has been “fully cooperative and transparent with the authorities and their investigations.”

“We are deeply saddened by the loss, and we grieve with the family,” Dorny said in an email statement.

The treatment center is conducting an internal investigation, Dorny said, and is making available additional on-site therapists and staff to the teens there.



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🎉 **NATSAP Celebrates 25th Anniversary in 2024!** 🎉 (/natsap-celebrates-25th-anniversary-in-2024/)

onoftherapeuticschoolsandprograms.growthzoneapp.com/ap/CloudFile/Download/p0Z0Xe1L) (http://www.twitter.com/natsapdc) ✕

✉ Contact Us(<https://members.natsap.org/contact>) (http://www.facebook.com/natsapdc) **f**
c)

🔒 Sign In(<https://members.natsap.org/MIC/Login>) **+** Register



(/)



Discovery Ranch

[Back to Search \(https://members.natsap.org/program-school-directory/\)](https://members.natsap.org/program-school-directory/)

Residential Treatment Center 

📞 (801) 489-3311 (tel:8014893311)

@

[Send Email \(https://members.natsap.org/program-school-directory/Contact/pVgdRWoP\)](https://members.natsap.org/program-school-directory/Contact/pVgdRWoP)

 <http://www.discoveryranch.net> (<http://www.discoveryranch.net/>)

About

Discovery Ranch combines the power of traditional therapy and experiential therapy to create a clinically sophisticated, relationship based residential treatment program for boys ages 13-18. Troubled teens with emotional and behavioral issues receive the help they need through relationships and experiences in a strength based environment. Our brand of emotionally rich experiential therapy is effective because it lowers students' defenses and creates a safe environment for change. It doesn't look or feel like traditional therapy. Our experiential program is more than just filling time. It's a mind set. Students progress faster because they have more opportunities to practice what they are learning. Therapeutically intense and carefully supervised, students learn who they are as they work side by side staff who model, motivate, and mentor. Many students have come to the ranch behind in school or struggling to find success in learning. At Discovery Ranch, we take your child's education as serious as our own learning and growth and have worked hard to create an academic atmosphere that allows students the one on one attention and focus that is needed to kick start their love of learning and future high school and college success! Many of our students who have progressed through our accredited academic program have begun to find success and enjoyment in their studies and have left better prepared for higher education opportunities. We don't rescue students from difficult life experiences. We teach them how to deal with them. We model, mentor, and motivate, giving our students the tools they need to recognize and regulate their emotions and behaviors. Our treatment model is built on a foundation of experiential therapy to create strong relationships. Therapists, mentors, teachers, and staff work side by side with our students every day. This experiential approach makes students open to the therapeutic process.

Additional Info

Financial Aid Available : No

Insurance Accepted : Yes

SEVIS approved and accepts foreign students : Yes

Average Length of Stay : 11 months

College Prep Available : Yes

For Profit or Nonprofit : For Profit

Gender Type : Male only (as assigned at birth)

Age Range Served : 13 to 18

Chief Executive Officer : Clinton Dorny

Student Profile : ADD/ADHD, Adoption/Attachment Issues, Anxiety, ASD, Depression, Divorce Issues, Grief, Learning Disability, Low Self-Esteem, OCD, Substance Abuse, Trauma

Accredited Academic Grade Levels : 7th - 12th

National Accreditation Body : Joint Commission

State Licensing Agency : Utah Office of Licensing (renewal is happening this week.)

Membership Type

Full Program

Powered By [GrowthZone \(https://www.growthzone.com\)](https://www.growthzone.com)



Resources

(<http://www.twitter.com/natsapdc>) 

(<https://www.facebook.com/NATSAPDC/>) 

 Member Directory

(<https://members.natsap.org/MIC/Login>) 
in)

Get in touch

National Association of Therapeutic Schools and Programs

(<https://maps.app.goo.gl/m4SyLvprzvR3F7TU8>) 

16701 Melford E

(<https://maps.ap>

 p: **301.986.8770 (tel:301.986.8770)** | f: 301.986.8772

Member Login

(<https://members.natsap.org/MIC/login>) 

info@natsap.org
(mailto:info@natsap.org)

Discovery Ranch

(Residential Treatment Center)

CONTACT	PROGRAM OUTLINE
Executive Contact: Clinton Dorny Admissions Contact: Shelly Thomas Academic Contact: Allison Anderson Email: clintd@discoveryranch.net Phone: (801) 489-3311 Fax: (801) 489-3355 Address: 1308 S 1600 W Mapleton, UT 84664 Website: www.discoveryranch.net NATSAP Member Since: 2005 	Gender: Male only, as assigned at birth Ages: 13 - 18 Grades: 7 - 12 Enrollment: 60 Duration: 10 months Founded: 2005  Airport: Salt Lake City, UT (SLC)

Discovery Ranch combines the power of traditional therapy and experiential therapy to create a clinically sophisticated, relationship based residential treatment program for boys ages 13-18.

Troubled teens with emotional and behavioral issues receive the help they need through relationships and experiences in a strength based environment.

Our brand of emotionally rich experiential therapy is effective because it lowers students' defenses and creates a safe environment for change. It doesn't look or feel like traditional therapy. Our experiential program is more than just filling time. It's a mind set. Students progress faster because they have more opportunities to practice what they are learning.

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Our treatment model is built on a foundation of experiential therapy to create strong relationships. Therapists, mentors, teachers, and staff work side by side with our students every day. This experiential approach makes students more open to the therapeutic process.

Accreditation, Licensure: State of Utah, Office of Licensing, Department of Human Services; Joint Commission; Cognia
Professional Affiliations: NATSAP - Full Member; NATSAP Research Designated Program (RDP) - GOLD

The Troubled Teen Industry:
Commodifying Disability and Capitalizing on Fear

by Catherine Kushan

B.A. in English, May 2015, The George Washington University

A Thesis submitted to

The Faculty of
The Columbian College of Arts and Sciences
of The George Washington University
in partial fulfillment of the requirements
for the degree of Master of Arts

May 21, 2017

Thesis directed by

Robert McRuer
Professor of English

Marshall Alcorn
Professor of English

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Acknowledgements

The author wishes to acknowledge all of the faculty members in the English Department at the George Washington University who have supported her in the process of this endeavor, including Professor Marshall Alcorn, Professor Robert McRuer, Professor Evelyn Schreiber, and Professor David Mitchell, as well as operations director Constance Kibler. Furthermore, she thanks all of the brave former residents of this industry who have collaborated with her in this research, especially Rachael McAllister and Mollie Halper. This work could not have been done without the documentation and reportage of the independently motivated journalists and public figures who have worked tirelessly to bring this issue to light, most notably journalist Maia Szalavitz and Congressman Adam Schiff.

Abstract of Thesis

Troubled Teen Industry: Commodifying Disability and Capitalizing on Fear

The “Troubled Teen” behavior reform industry is comprised of financially interconnected wilderness programs, residential treatment centers, and reform schools that incarcerate thousands of minors each year by marketing a supposed cure to non-normativity, and monetizing the discrimination and abuse of children with a myriad of disabilities, including mental illness, substance abuse and dependence, eating disorders, cognitive difference, or who simply exhibit subjectively “negative”- in the parents’ eyes- traits or habits, such as LGBT status or genuinely problematic behaviors that make them difficult to parent. These programs claim to treat or change teenager behavior that parents find troubling via “tough love” behavior modification, which has generated a wide spectrum of existing criticism documenting the abuse and neglect of teenagers that is endemic to its nature and mode of treatment, one predicated on discriminatory principles that stigmatize and condemn facets of non-normativity. Justifying this maltreatment with quasi-psychological terminology and bastardized clinical practices makes a mockery of mental healthcare, and promotes the idea of othering persons who do not conform to normative ideas of “acceptable” behavior and cognition. Congressional hearings, Governmental Accountability Office reports, and prolifically documented individual testimonies and lawsuits related to abuse and wrongful death have culminated in currently proposed federal legislation in Senate Bill 3031. Nonetheless, this industry continues to flourish with massive profit margins. In the meantime, it is crucial to define a system of ethics for staff that work within any institution for legal minors, legitimate or

not, that is predicated on cultivating dependency and removing basic autonomy as part of their program or treatment, whether or not the child's "condition" is one that involves inherent dependency. These institutions render patients disabled due to the very environment in which they are placed, a theory championed by Tom Shakespeare. This thesis aims to use trauma and disability theory, analysis of aesthetic representations of incarcerated "troubled teens," and objective research to delimit and critique this corporate industry by exposing its market pitch and corporate culture, the deforming principles on which it functions, and the deliberate treatment model in place that characteristically abuses the people, both parents and children, to whom it caters, tracing the roots of this industry back to American Eugenics, and exposing the obfuscated system of privatized incarceration that has stolen the wellbeing and even the lives of the most vulnerable minors.

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Defining the Troubled Teen Industry and its Corporate Practices

Introduction

The “Troubled Teen” behavior reform industry, which includes wilderness programs, residential treatment centers, and reform schools, preys on vulnerable youth and desperate parents by simultaneously creating a demand for its services through sensationalized fear mongering about the future of at-risk youth who it solicits for placement within facilities. This industry has come under heavy criticism from many fronts. Congressional hearings, Governmental Accountability Office reports, and prolifically documented individual testimonies and lawsuits have culminated in currently proposed federal legislation. Existing criticism of this industry documents the abuse and neglect of teenagers that is endemic to its nature and mode of treatment. Nonetheless, this industry continues to flourish with massive profit margins, despite the widespread abuse and neglect specific to this brand of establishments. This paper explores the nature of the industry, its market pitch and corporate culture, and the nature of treatment delivery that characteristically abuses the people, both parents and children, to whom it caters.

Defining the “Troubled Teen Industry”,

This industry works in relation to a variety of programs that claim to treat or change teenager behavior that parents find troubling. There is little professional supervision of either the criteria for defining a “troubled teen” or the selection of staff that allegedly treat the adolescents in their care. Many programs mimic legitimate facilities or experiences: wilderness programs market themselves like outward bound- type outdoor healing adventures. Residential treatment centers are marketed as anything from “therapeutic” boarding schools to inpatient-psych wards, despite failing to offer the

properties of either function. For the purpose of this paper, I will define the “Troubled Teen Industry” in accordance with the targeted “covered programs” in Senate Bill S.3031: Stop Child Abuse in Residential Programs for Teens Act of 2016.

“each facility of a program operated by a private entity that, with respect to one or more children who are unrelated to the owner or operator of the program, purports to provide treatment or modify behaviors in a residential environment, such as—(i) a program with a wilderness or outdoor experience, expedition, or intervention; (ii) a boot camp experience or other experience designed to simulate characteristics of basic military training or correctional regimes; (iii) a therapeutic boarding school; or (iv) a behavioral modification program.”

This is exactly the type of legislation that would comply with the United Nations Convention on the Rights of Children, which suggests that “(1) juveniles are treated as individuals and guaranteed rights to due process (like that for adults) with impartial authorities and legal representation in matters of psychiatric institutionalization; (2) psychiatric facilities, both state-run and private-run, are subject to periodic reviews of both the treatment provided to juveniles and of all other circumstances of juvenile placement; and (3) appropriate action is taken to correct any violations found during the reviews.” (Molnar 99). The United States is one of the few Western countries who have yet to enact similar protections for children.

The Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment has compiled useful material that explicates the links between seemingly disparate pieces of this lucrative puzzle. “The wilderness programs and therapeutic boarding schools that market to parents of “troubled teens” may seem like small, locally-owned, well-regulated nonprofits. But the truth is, with few exceptions, these are lightly-regulated for-profit businesses owned and operated by large corporations.” It is clear that the purpose of this industry is not to offer useful services to the community and to

struggling adolescents, but rather to make money from uncritical parents and suffering teens with a stratified, financially linked progression from initial consultation, to short-term “intervention” wilderness programs, to long-term residential centers. The advertising of such programs usually begins with marketing a short-stay intensive wilderness program that lasts up to 6 weeks; however, due to the financial affiliation of these wilderness programs and long-term residential treatment centers, about 40-45% of children enrolled in short-stay wilderness programs end up in long-term residential treatment centers or therapeutic boarding schools (CAICA.org). By marketing the programs as short-term, parents are more easily manipulated into sending their children into the grasp of the industry. Once there, it is far easier to pressure parents into committing to a lengthy stay in an affiliated facility using the threat of relapse or exacerbation of causal problems if the child returns home. Once their child is detained in such an institution, the parents are continuously warned that their child will die or relapse into old behaviors if they do not complete the program.

The National Association of Therapeutic Schools and Programs, NATSAP, “serves as an advocate and resource for innovative organizations which devote themselves to society’s need for the effective care and education of struggling young people and their families” and has 181 affiliate members. Although membership is usually suggested to insinuate accreditation, this organization instead functions as an advocacy group for program and officials. Their publication, The Journal of Therapeutic Schools and Programs (JTSP), “has the goal of prodding the NATSAP membership to think more deeply about our profession. We support all employees of NATSAP programs in their continuing development toward becoming more thoughtful, reflective

practitioners who contribute to improving our work with children and families. We encourage and welcome empirical research in the JTSP, and we also encourage thoughtful reviews, clinical case studies, and considerations of education, recreation, program, risk management, and program management as well.” As a resource not for parents or teenagers, but instead for the benefit of program officials, the research articles included within this publication reveal many deforming principles of how these institutions operate by highlighting the true goals of their practices. The 2008 edition includes an article entitled “Current Descriptions of National Association of Therapeutic Schools and Programs (NATSAP) Members” which provides crucial insight to both the scope and demographics of residents “served,” and how they are placed in these facilities.

“NATSAP programs participating in the study reported they served 8,86 individual clients or students a year. Furthermore, when comparing the total reported average daily census for the past year (3,857) with the sum of the

Table 5. Treated and Non-Treated Diagnoses for Surveyed NATSAP Programs.

Diagnosis/problem	% of programs in sample identifying this diagnosis/ problem as something their program can directly address	% of programs in sample that exclude from admission clients/students with the diagnosis/problem
Abuse (physical or sexual)	91%	3%
Adjustment Disorders	83%	2%
Antisocial Behavior/Conduct Disorder	48%	39%
Anxiety Disorders	93%	2%
Attachment Disorder	85%	29%
Aspergers Disorder	53%	5%
Attention Deficit/Hyperactivity Disorders	95%	3%
Autistic Disorders	9%	66%
Bi-polar Disorder	87%	8%
Conduct Disorder	38%	40%
Depression	97%	3%
Dissociative Disorders	31%	37%
Eating Disorders	41%	37%
Impulse Control Disorders (Explosive, Kleptomania, Pyromania, Hair pulling)	46%	37%
Learning Disorders (including mental retardation)	53%	24%
Oppositional Defiant Disorder	91%	5%
Parent-Child Relational Problem (including Adoption)	93%	3%
Personality Disorders	53%	17%
Schizophrenia and other Psychotic Disorders	10%	74%
Sexual Offense	9%	78%
Sleep Disorders	25%	30%
Somatiform or Factitious Disorders	23%	32%
Substance Addictions or Related Disorder	82%	14%
Tic Disorder	26%	23%
Tourette's Disorder	32%	31%
Trauma including PTSD	77%	5%

reported maximum enrollment figures (5, 2), it can be estimated that the average program in the sample was operating at approximately 75% capacity. Assuming that the sample is representative of the total NATSAP membership, it can be estimated that the entire NATSAP membership served over 7,726 students/clients a year and has the capacity to serve 23,630 clients a year” (Young and Gass, 168).

1. Severe emotional disturbance – clinical depression, post-traumatic stress disorder, mood disorders, attachment disorder, and self-destructive behaviors.

2. Aggressive/violent behavior – oppositional & de ant behaviors, conduct

disorder, assault, and other forms of physical aggression including self-injurious behavior.

3. Family/school/community problems – inability to function at home, in school, or in the community; family dysfunction, placement failures, needing an alternative to juvenile justice and drug use/abuse

4. Abuse – physical, sexual, or emotional abuse.

Admissions Criteria as Marketing- Manufacturing Demand

This is a market in which unregulated facilities are given control of impressionable adolescents who are either marked categorically as “bad” due to behavioral or lifestyle complaints by their parents, or demonstrate more serious impairments like substance abuse, eating disorders, and mental illness. As a result, institutions pry on these parents’ desire for treatment. Sometimes, the Internet is the only resource used to determine a parent’s need or desire to place their child in such a facility. A simple online Google search for “troubled teen” brings up myriad websites that, while appearing to be resources, are actually advertisements for expensive programs. These centers pathologize common teenage behavior and frequently assess a child’s needs using nothing more than a questionnaire on the program’s web page, then emphatically recommend immediate enrollment in their program. Unlike the U.S. prison system and legal psychiatric wards, no medical diagnosis or due process of law is required before enrollment. Troubled Teen treatment centers cater to parents’ desire for radically life-altering treatment that will change their teenage child’s behavior. Lumping hugely different issues together in their questionnaires for admittance, such as “Does your child slam doors, throw objects, destroy property out of anger, or use intimidation to get his/her way?”, children are sent to such institutions for reasons ranging from “poor choice of friends” to “drug and alcohol addiction or trouble with the law” (Teen Revitalization). Yet, despite the glowing reviews proudly posted by treatment centers on their websites, the efficacy of tough love behavior modification is unsubstantiated due to a lack of

follow-up after patients are released. The only easily accessible results are filtered through and propagated by the institutions themselves, and thus are neither reliable nor objective assessments of the long-lasting effects of these programs.

Solicitation Techniques

When parents use in-person resources, educational consultants are often the first step in the solicitation into long term stay: “Approximately 25-40 percent of placement referrals appear to come through educational consultants, people who are paid to assist students and families with educational decision- making [...] who may be receiving a financial or non-cash incentive to place your child in the program.” Educational consultants generally recommend a short-stay wilderness program, lasting 1-2 months, and then emphatically recommend placement in a long-term facility. Three investigative reports by the Government Accountability Office (GAO) by Greg Kurtz and Kay Brown from 2007-2009 found these financial links, and the Federal Trade commission issued a warning statement in 2009 for parents to beware of these marketing practices:

“Posing as fictitious parents with fictitious troubled teenagers, GAO found examples of deceptive marketing and questionable practices in certain industry programs and services. For example, one Montana boarding school told GAO’s fictitious parents that their child must apply using an application form before they are admitted. But after a separate call, a program representative e-mailed an acceptance letter for GAO’s fictitious child even though an application was never submitted. In another example, the Web site for one referral service states: “We will look at your special situation and help you select the best school for your teen with individual attention.” However, GAO called this service three times using three different scenarios related to different fictitious children, and each time the referral agent recommended a Missouri boot camp. Investigative work revealed that the owner of the referral service is married to the owner of the boot camp.”

This is not an isolated incident: A demographic study published in JTSP notes “that educational consultants were a major source of referrals for NATSAP programs, which “received more than 90% of their referrals from educational consultants. This was

particularly noteworthy considering none of the other seven referral sources (i.e., clinical professionals, 3rd party payers, internet, NATSAP directory/ website, previous clients/families, “other” advertising, other programs) made up more than 85% of any program’s total [...]” (Young and Gass, 171)

For “admission criteria,” which essentially creates the supposed need and demand for services, programs frequently assess a child's needs using nothing more than a questionnaire on the program’s web page, and then emphatically recommend immediate enrollment in their program. The Teen Help LLC admissions survey, which appears on most programs’ websites I reviewed, reads as an amalgamation of a medical questionnaire, mental health screening, and a forum for parental grievances. Questions range from the degree to which one’s child “Sulks, pouts, or cries (33)” or “has friends of whom I don’t approve (37),” to how often said child “Thinks about suicide, says s/he would be better if s/he were dead (41),” and “Sees, hears, or believes things that are not real (20).” For example, the first google result a parent might find upon searching for an answer to their wayward progeny, “troubledteen.com,” opens with the very bold statement, “troubled teens destroy families’ lives” followed by a series of links to “click here today” or “request more information online” about boarding schools, boot camps, wilderness programs, and residential treatment centers. These bolded links redirect to “Parent Help LLC,” which has three tabs: “take control” “find a program” and “get financing,” which not only insinuates that the only way to take control is to find a program, but also reveals the main priority- financing hugely expensive stays. The lumping together of clinically or legally significant issues and conditions with difficult or irritating behaviors born of hormonal changes inherent to puberty is detrimental to

children. This negative assessment encourages maltreatment and enables staff to use the premise of “tough love” to “break down” children and instill rule compliance with impunity. This systemic abuse is both shrouded and shielded because these so-called medical “professionals” who work in centers designed to supposedly fix or save “bad kids” are trusted over any adolescents who have the courage to bring forth claims of abuse and neglect.

Discovery Ranch, a treatment center located in Mapleton, Utah, provides an empirical example of how this industry rhetorically manipulates legitimate psychiatric conditions to solicit clients. Their website lists the following conditions the program claims to treat: various mental illnesses including “anxiety, depression, mood disorders, ADHD, and oppositional defiance”¹— the last of which is no longer listed in the DSM— “substance abuse and other addictions, eating disorders [...] learning disorders and nonverbal learning disability [...] social struggles, low self-esteem, adoption/attachment issues, and grief and loss”². The unadvertised conditions that I witnessed among detainees included being LGBT, “Internet addiction”, and one girl in particular was sent there for having a black boyfriend. Aside from the obvious prejudice and discrimination, many of these “conditions” are not legitimate clinical impairments, and those that are require individualized care, which this facility does not provide.

Pseudoscience and Misinformation

Sometimes, the red flags about the true nature of troubled teen treatment centers are hidden in plain sight, yet are overlooked due to the intense pressure that is conveyed

¹ FAQ." *Discovery Ranch Teen Residential Treatment Center for Boys*. Redcliff Ascent.

² *ibid*

to immediately enroll one's child, and the false sense of security and relief that placement cultivates. Websites for treatment centers are aesthetically pleasing and often seem legitimate, yet fall apart upon closer inspection. For example, Second Nature Wilderness Program describes their therapeutic model as "clinic ally sophisticated," yet in the treatment section, describes only the experience of camping and accountability, making source less claims like "The use of metaphor is recognized as the most effective means of bypassing an adolescent's natural resistance and defenses in therapy." The selling point of this therapy is not focused on the child's perspective, but rather catered to parents' difficulties with said children.

The Discovery Ranch website also includes a page of links to educational articles, which universally include faulty information about teenage "problems." The rhetoric is misleading and used deceptively to deceptively manipulate parents into placing their children in the care of Discovery Ranch. Such rhetoric is derived mostly from illogical research and scare mongering claims. The primary example of this fraudulent parental education takes place in the article entitled How to Drug Test Your Teen. Written in a casual, colloquial tone, with gender-specific pronouns that presume drug users to be solely males, the article is completely devoid of references, let alone substantiated facts. The following excerpt elucidates how quasi-educational, flatly fake "research" is used to make parents feel hopeless and afraid for their child's wellbeing, and vulnerable to the idea of sending their child to Discovery Ranch:

Let's look at how this might work. Say that a parent drug-tests a teen every Monday, via a urine sample. Prior to the test, Informed Teen Drug User judiciously abstains. However, right after the test, he starts up again. He knows he can smoke pot that night, and then snort methamphetamine, pop OxyContin and Vicodin, smoke crack cocaine, inject heroin, and stay drunk every day for the next four days. At that point, he temporarily stops using the drugs, but

continues to stay drunk until 12 hours before the following Monday's test. Result: He tests clean, and starts the drinking and drugging cycle all over again.³ A rudimentary understanding of how drugs and alcohol function in the human body points to the absurdity and falsity of this assertion. Needless to say, any person who simultaneously ingested marijuana, methamphetamines, multiple opiates, crack cocaine, heroin, and alcohol would overdose and most likely die, and most certainly would test positive for drug use if drug tested the very next day. A parent of an "at-risk" teenager, however— especially one who is already considering out-of-home placement— is significantly more likely to be swayed by this false assertion than any objective reader would be. Yet without qualms, Discovery Ranch uses seemingly objective educational articles, none of which are remotely legitimate, to increase fear and vulnerability in their prospective clients, and to demonize the children it solicits for treatment. This attitude of such dehumanizing condemnation is extremely foreboding considering the treatment these children are subjected to once under their care.

Discovery Ranch's literature includes an educational article entitled Disclosure of Extramarital Sexual Activities by Persons With Addictive or Compulsive Sexual Disorders: Results of a Study and Implications for Therapists. The opening line of this article begins "Despite religious and cultural precepts that forbid sexual activities outside marital relationships, such behaviors have continued in most societies and are common in the United States." As a treatment center for minors, adultery would presumably not be an issue for which children would need to seek treatment. The moral attitude of this article, that extramarital sex constitutes sex addiction, indicates the blurred line between

³ Fritzlan, Larry. "How to Drug Test Your Teen." *Discovery Ranch Teen Residential Treatment Center for Boys*. Adolescent Recovery Services, 2007.

religious beliefs and psychological care that occurs frequently within the industry as a whole.

One of the primary qualifications necessitating treatment that Discovery Ranch uses to solicit clients is substance abuse. The first article posted on the list of educational resources for parents is a description of “Alcohol Use Disorder” by John L Miller, MD, in the section entitled “Alcoholism.” In comparison to the diagnostic criteria found in the DSM-IV, the classification of alcohol use disorder is misinterpreted and manipulated to classify any use of alcohol as pathological and clinically significant. Miller commences his anti-drinking tirade with the following statement: “Alcohol Use Disorders include alcohol dependence, alcohol abuse, alcohol intoxication, and alcohol withdrawal.”⁴ This statement adds “alcohol intoxication” and “alcohol withdrawal” to the two subcategories found in the DSM-IV under “alcohol use disorder.” Rather than a categorical umbrella term that is subdivided to specify problematic drinking behavior, the term “Alcohol Use Disorder” is manipulated into a freestanding term to condemn drinking any alcohol at all. The negative effects that theoretically serve as diagnostic criteria for alcohol dependence and abuse listed by Miller include the following:

Alcohol intoxication often causes a person to experience emotional changes such as moodiness or irritability. The person may also experience such physical changes as slurred speech and poor coordination. Excessive alcohol use may lead to memory loss called “blackouts.”

By contrast, the DSM-IV, the edition to which Miller presumably refers, without directly

⁴ Miller, John L., MD. "Alcohol Use Disorder." *Discovery Ranch Teen Residential Treatment Center for Boys*. July 2000.

citing any sources, defines solely alcohol abuse and dependency, listing specific criteria that do not include those specified by Miller:

Alcohol Abuse:

(A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by at least one of the following occurring within a 12-month period:

- Recurrent use of alcohol resulting in a failure to fulfill major role obligations at work, school, or home
- Recurrent alcohol use in situations in which it is physically hazardous
- Recurrent alcohol-related legal problems

Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol

Alcohol Dependence:

- Need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount of alcohol
- The characteristic withdrawal syndrome for alcohol; or drinking (or using a closely related substance) to relieve or avoid withdrawal symptoms
- Drinking in larger amounts or over a longer period than intended.
- Persistent desire or one or more unsuccessful efforts to cut down or control drinking
- Important social, occupational, or recreational activities given up or reduced because of drinking
- A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of drinking.

Corporate Culture and Profit Margins

ASTART crunches the numbers of “the two corporations that dominate the “troubled teen” industry:

CRC Health Group, Inc., a global multinational corporation, owns and operates Aspen Education Group, and 27 of the largest residential programs for teens. In the first six months of 2011, CRC Health reported revenue from youth residential programs of \$27.6 million, and from youth outdoor behavioral programs of \$13.5 million—total revenue of \$41.1 million. The average length of stay was up 18.1-19.5%. Outdoor programs, however, are far more profitable. In the first six months of 2011, CRC Health Group reported net revenue at residential programs of \$369.04 profit per youth per day, while outdoor programs brought in net revenue of \$541.42 profit per youth per day.

Universal Health Services, Inc. is a Fortune 500 company that operates more than 200 behavioral health facilities in 37 states, Puerto Rico and Virgin Islands, including

residential programs for youth and juvenile detention centers. In 2010, the behavioral health facilities produced revenues of \$1.3 billion, and net profits of \$252 million.”

Members of NATSAP were assessed to find the median cost per day, shown in the table below:

	Emotional Growth Boarding School	Outdoor/ Wilderness	Residential Treatment	Therapeutic boarding School	Transitional Living	Young Adult
Average Cost per day	\$165	\$332	\$318	\$216	\$181	\$223
Minimum fee charged	\$134	\$115	\$125	\$158	\$110	\$115
Maximum Fee charged	\$197	\$495	\$700	\$370	\$263	\$495

(Young and Gass 178)

Discovery Ranch is a prime example of how corporate holdings financially exploit parents out of hundreds of thousands of dollars. Discovery Ranch Holdings LLC shares not only an address, but also a specific suite with its parent company, RedCliff Ascent, which according to Dun & Bradstreet makes an annual profit of \$910,000. Additionally, an apparently distinct entity, Ascent Inc. also shares not only this same location, but also Jim Salisbury as CEO and board member. Ascent, Inc. grosses 6.94 million, and is categorized by industry as “NAICS 1: All other outpatient centers” and “SIC 1: rehabilitation and outpatient centers.” Redcliff Ascent, however, bears the industry category of “SIC 2: Respiratory Therapy Clinic” and “SIC 1: Meditation Therapy.” On RedCliff Ascent’s official website, however, there is absolutely no indication that any services their wilderness programs or residential treatment centers provide involve “meditation or respiratory therapy” at all. This categorization, which does not match the services indicated through marketing materials, also conveniently entails less scrutiny and oversight than a rehabilitation clinic might.

Discovery Ranch's program costs \$11,500 a month. According to the website, "[the] [l]ength of stay varies for each student, depending on their therapeutic progress. Some students have reached our highest level in 7 months and some have taken nearly 2 years. When we crunched the numbers, the average stay is 8-10 months."⁵ This "average" 8-10 month stay thus costs between \$92,000 and \$115,000. "Teen Help LLC," is the marketing arm of the newest incarnation of the World Wide Association of Specialty Programs, WWASP. This was the largest and best known umbrella organization that "is linked with a series of interconnected limited liability corporations over which true ownership is unclear but which include the same cast of leading characters" (Szalavitz, 220). Dane Kay, listed on the Discovery Ranch Board of Directors, is the brother of Ken Kay, president of what was formerly known as WWASP. Despite WWASP's official disbanding, the Troubled Teen Industry continues to profit and thrive under ever-shifting renaming and rebranding strategies. Discovery Ranch, like most peer institutions, avoids regulation by paying dues to an affiliate Program Trade Organization, the National Association of Therapeutic Schools and Programs that "[does] not properly monitor or set specific standards of care to ensure the safety and wellbeing of all students... Membership status does not depend on proof of standards being met, the only requirement is payment of dues."⁶

⁵ "FAQ." *Discovery Ranch Teen Residential Treatment Center for Boys*. Redcliff Ascent.

⁶ Alliance for the Safe, Therapeutic & Appropriate Use of Residential Treatment." *Stop Abuse in Residential Treatment for Troubled Teens*. Troubled Teen Industry: Help or Harm? 16 Mar. 2015.

Even though NATSAP is decidedly not a regulatory body, Discovery Ranch’s membership is staged as an indication of meeting state and federal regulations:



Program Type	Percentage of programs accredited by AEE	Percentage of programs accredited by CARF	Percentage of programs accredited by COA	Percentage of programs accredited by JCAHO
Emotional growth Boarding School	0%	0%	0%	0%
Home-based/Small Residential	0%	0%	0%	0%
Outdoor/ Wilderness	19%	13%	13%	13%
Residential Treatment Center	3%	0%	0%	38%
Therapeutic Boarding School	9%	0%	5%	9%
Transitional/ Independent Living	20%	0%	0%	0%
Young Adult	0%	0%	0%	0%
All Program Types Combined	8%	2%	4%	18%

Table 7 summarizes the different types of state licensure (or lack of licensure) possessed by programs in the NATSAP sample, which reveals the following pattern: “It appears that The Joint Commission (JCAHO) may offer the accreditation that was sought by the most number of NATSAP Member programs, but it is clear that accreditation of any sort was by no means the norm. Of the 85 programs in the 2007 AACRC Membership Directory that reported accreditation information, 49% possessed Council on Accreditation (COA) accreditation, % held JCAHO accreditation, and 27% possessed accreditation from some other organization (8 % of this last group, however, were accredited by COA or JCAHO as well).” (Young and Gass 179)

Education

While the websites often claim that children receive educational services with private tutors catering to their every need, most these institutions simply tear out chapters of textbooks and assign them to their detainees, while a “teacher” who often has only a high school education supervises the classroom of up to 50 students in completely different grades and courses. The children are given torn-out chapters from textbooks with a study guide, instructed to silently learn this segmented material with minimal instruction, and then take tests on these chapters until they score an 80% or higher, essentially encouraging them to memorize the questions and answers until they achieve a passing grade (CAFETY.org). This “teaching style” encourages rote memorization rather than the acquisition of knowledge. Thus, with students receiving these artificially inflated grades, the programs can market unrealistically high educational success rates to potential clients, while obscuring how these grades are attained.

Staff Qualifications

Few, if any, program officials have the credentials to run facilities for these children, as seen in the extensive investigative reports into various program staff by Angela Smith, Patrick Leiberg, and Tim Brown of HEAL-online.org. Heal-online.org is a comprehensive website promoting the Teen Liberty Campaign. In the pursuit of its primary mission, to combat the troubled teen industry, one of the efforts made by this organization includes a comprehensive look at the background qualifications of staff in various treatment centers. Clinton Dorney’s bio on the Discovery Ranch website reads as follows:

At a very young age Clinton realized that he could have an impact on others’ lives through service and being involved. He is happiest when he is making a

difference in others' lives. Clinton is married and has four children. He loves spending time with them doing just about anything. They are his life. Clinton uses the same principles that they teach at the Ranch at home with his kids. It works. Clinton fell into this industry because his brothers have worked in other Residential Treatment Centers. He started out his career in admissions. He loves his work and feels blessed to have found something that he loves to do and get paid to do it. Discovery Ranch has been a passion for him in that he gets to help create experiences for others the way his parents did for him when he was young.

7

None of this anecdotal, feel-good sentiment translates to an ability to effectively run a treatment center, nor does this brief bio include any professional qualifications. The entirety of HEAL's investigative findings about lack of Discovery Ranch staff credentials is included below:

Name	Unit/Position	Additional Information
Clinton Dorny	Executive Director	Siblings work at other residential programs. Dorny is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Leslie Giles	Residential Director	Giles has worked in the industry for over 20 years. Giles is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Victoria Fielding	Academic Director	BYU graduate. HEAL is in the process of determining whether or not Fielding is a licensed educator in Utah. We will post the information as soon as it is available.
Marlene Kendall	Admissions	Kendall is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Matt Child	Therapist	Child is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Terri Miller	Boys Program Supervisor	Works on the "Forget About Me" program within Discovery. Miller is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Brock Burrows	Girls Program Supervisor	Student at BYU. Burrows appears to no longer work at this program. Burrows is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Jerry Christensen	Exper. Director	Christensen is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Jake Thorson	Coordinator	Thorson formerly worked at other unnamed wilderness and residential programs.* Thorson is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Jennifer Charrier	Admissions	Charrier is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
Dan Miner	Calf Program Manager/Mentor	Miner is not a licensed mental health nor medical professional in Utah. Source: https://secure.utah.gov/lv/search/index.html
William Perry Garso	Therapist	Garso earned his MS at the University of Phoenix. Source: https://secure.utah.gov/lv/search/index.html The University of Phoenix does not have the specialized accreditation necessary for degrees in psychology. (Source: http://ope.ed.gov/accreditation/Search.aspx)
Shelly Thomas	N. Program Coord.	Thomas holds no professional licenses in Utah. Thomas is not a licensed mental health professional, counselor, social worker, therapist, nor social worker. Source: https://secure.utah.gov/lv/search/index.html
Dane Kay	Board of Directors	Kay holds no professional licenses in Utah. Kay is not a licensed mental health professional, counselor, social worker, therapist, nor social worker. Source: https://secure.utah.gov/lv/search/index.html In addition, Kay comes from the Kay Family involved with WWASPS family of fraudulent and abusive programs.

It is crucial to note that these above findings reflect only upon the corporate, high-level staff; none of the "mentors" with whom students interact for up to 10 hours a day

⁷ "Clinton Dorny." *Discovery Ranch Teen Residential Treatment Center for Boys*.

are listed anywhere. The “clinically sophisticated environment” that Discovery Ranch and other similar programs purport to maintain implies that staff are clinically trained and certified. A study included in JTSP that examines an attempted mitigation of negative impacts for direct care staff elucidates this ratio of contact between professionals and children, and “para-professionals”:

“The irony for those of us providing residential treatment for children is that the very staff who have the most contact and often deepest relationships with youth are those with the least amount of training and time for improving their therapeutic alliances – direct care staff. [...] In order to provide an opportunity to enhance self-reflection in the very important work of providing care for the “other 23 hours” (Fahlberg, 1990) outside of the one hour of weekly therapy, a children’s residential program in the western United States has created [...] “Family-Team Dynamics” or FTD” (Kohlstaedt 22).

The residential staff in question, whom I observed and who job review sites like indeed.com indicate were and are usually hired 20 at a time with an extremely high turnover rate, are paid an overnight shift hourly wage of \$9 according to Glassdoor, and a recent Indeed job posting lists the following solely subjective qualifications: “Exceptional relationship skills, Dependable, Demonstrate the ability to hold appropriate boundaries and distributing consequences as appropriate, previous work with mentoring or youth preferred, [and] Must be 21 years or older to apply.” The operating costs are extremely low, as children are underfed, often with food withheld as punishment, and do all the manual labor to work the profitable functioning ranch and maintain the facility. At Discovery Ranch, there were a total of six therapists for all the students in question, while the typical number of minimum-wage daily staff numbered in the 40 to 50’s, including the night watch staff.

The same study by Young and Gass includes a “Table [that] summarizes the average salaries paid at programs in the sample for each type of position and academic level listed.

Numbers Employed

Approximately 77 of the NATSAP programs in the sample responded to questions asking for the numbers of staff employed. For full time staff, programs employed between 2 and 50 staff members, with a mean of 47 full time employees per program. The range for part time and seasonal employees was 0 to 00, with a mean of part time employees and 5 seasonal staff. Total staff employed by the reporting programs was 4882 employees (654 full time, 990 part-time, and 238 seasonal). (Young and Gass 174)

The noted admissions staff, whose positions consist of marketing, PR, and parent contact, are paid more than twice the salaries of the child care workers and night shift staff, despite interacting with students only upon admittance versus around the clock.

Therapists typically meet with students just once a week and make the highest salaries listed. Thus, the astronomical profits are skewed largely in favor of a minority of staff members, all of whom have the least direct impact on a student's therapeutic process and general daily wellbeing.

Treatment Model and Documentation of Its Abusive Nature

Why is this a problem, and why is this federal legislation being proposed? Congressional hearings have called for an examination of these programs because of the widespread allegations and documentation that shows the fraudulent nature of this industry, and the rampant abuse within it. In the most recent iteration of the 3 previously proposed Stop Child Abuse in Residential Programs for Teen Act, the proposed regulations and prohibitions in the “minimum standards” reveal the current state of operating practices that are widespread enough to necessitate federal regulation. Consider the following three clauses:

(B) PROHIBITION ON CERTAIN DISCIPLINARY TECHNIQUES. —
Disciplinary techniques or other practices that involve the withholding of essential food, water, clothing, shelter, or medical care necessary to maintain physical health, mental health, and general safety, shall be prohibited.

(C) PROHIBITION ON PHYSICAL OR MENTAL ABUSE. —Acts of physical or mental abuse designed to humiliate, degrade, or undermine a child's self-respect shall be prohibited.

(D) LIMITATION ON RESTRAINTS AND SECLUSION. —

(i) The use of seclusion, mechanical restraints, and physical restraints that impair breathing or communication is prohibited.

The disciplinary techniques referenced above are often used to force confessions of misdeeds, real or imagined, from teenagers in these facilities. The information obtained is then used as a basis for further punishment or extended stays. This dynamic explicitly violates not only U.S. constitutional prohibitions on cruel and unusual punishment, but also the Geneva convention on torture, as defined in Article 1:

For the purposes of this Convention, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

Although this international prohibition on the violation of human rights was initially staged in terms of armed conflict, the Red Cross notes the extension of its applicability to persons who are not acting as state officials:

In its subsequent case-law in the Kunarac case in 2001¹ⁿ [...] the Tribunal held that “the presence of a state official or of any other authority-wielding person in the torture process is not necessary for the offence to be regarded as torture under international humanitarian law”. It defined torture as the intentional infliction, by act or omission, of severe pain or suffering, whether physical or mental, in order to obtain information or a confession, or to punish, intimidate or coerce the victim or a third person, or to discriminate on any ground, against the victim or a third person.[20]

The abuse widely documented within troubled teen treatment centers also fits the bill for inhuman treatment:

The term “inhuman treatment” is defined in the Elements of Crimes for the International Criminal Court as the infliction of “severe physical or mental pain or suffering”.^[22] The element that distinguishes inhuman treatment from torture is the absence of the requirement that the treatment be inflicted for a specific purpose [...] stressing the severity of the physical or mental pain or suffering. They have found violations of the prohibition of inhuman treatment

in cases of active maltreatment but also in cases of very poor conditions of detention,[25] as well as in cases of solitary confinement.[26] Lack of adequate food, water or medical treatment for detained persons has also been found to amount to inhuman treatment.[27]

In a testimony before the Committee on Education and Labor, House of Representatives, the United States Government Accountability Office “found thousands of allegations of abuse, some of which involved death, at residential treatment programs across the country and in American-owned and American-operated facilities abroad... recorded by state agencies and the Department of Health and Human Services, allegations detailed in pending civil and criminal trials with hundreds of plaintiffs, and claims of abuse and death that were posted on the Internet. For example, during 2005 alone, 33 states reported 1,619 staff members involved in incidents of abuse in residential programs.”⁸ Chairman Miller’s opening statement noted some particularly extreme details:

“ In far too many cases, however, the very people entrusted with the safety, the health and the welfare of these children are the ones who violate the trust in some of the more horrific ways imaginable. We are aware of stories where program staff members have forced children to remain in seclusion for days at a time, to remain in so-called stress positions for hours at a time, to undergo extreme physical exertion without sufficient food or water. And, today, we will hear evidence of even more horrifying stories of the children denied access to bathrooms, forced to defecate on themselves, or children forced to eat dirt or their own vomit, of children paired with older children, their so-called buddies, whose job it essentially was to abuse them. There is only one word for this behavior, and that is inhumane.”

This report indicates that there is no specific federally regulated reporting requirement or definition for private programs. The main three causes of death were due to untrained staff, lack of adequate nourishment, and reckless or negligent operating practices

⁸ *RESIDENTIAL TREATMENT PROGRAMS Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth*, Committee on Education and Labor, House of Representatives Cong. (2007) (testimony of United States Government Accountability Office).

ASTART describes how “The treatment model provided in these centers involves a rigidly-controlled environment, strict discipline, confrontational therapy and a hierarchical level system of behavior change, in which upper level children take on staff roles and punish and control lower level patients. The level system is particularly problematic because when detainees are placed in positions of power, they continue the cycle of abuse. At Discovery Ranch, “snitching” and harsh punishments for peers are encouraged, to prevent any kind of solidarity from forming and potential rebellion from occurring. Feeling forced into abusing peers in the name of self-preservation can be an especially hard event from which patients must recover. These methods are used to address any and all problems a child might have, rather than case-by-case methods tailored to address specific needs.⁹ In the face of this constructed incapacity and withholding of basic rights and autonomy, patients face a greater risk of abuse and neglect at the hands of their institutional caretakers, which is more likely to occur not only because of the physical isolation that is intrinsic to the very nature of these pastoral care-like institutions, but also because of the societal views often held by staff that dehumanize residents who exhibit behavioral problems, mental illness, or addiction. Rather than patients, these incarcerated teenagers are treated as inmates, punished on a daily basis as their “cure.”

In 2013, the State Department compiled a fact sheet on “Behavior Modification Facilities,” which they define by the following set of characteristics:

⁹ Alliance for the Safe, Therapeutic & Appropriate Use of Residential Treatment." *Stop Abuse in Residential Treatment for Troubled Teens*. Troubled Teen Industry: Help or Harm?, 16 Mar. 2015.

- (1) The vast majority of students at these facilities are U.S. citizens or nationals;
- (2) Students are often adolescents who have had serious behavior problems with their parents or guardians;
- (3) In some instances, a U.S. state court has ordered students to attend the Behavior Modification Facility;
- (4) U.S. citizen/national parents who place a child in these facilities typically sign a contract for their child's treatment that authorizes the facility's staff to act as agents for the parents;
- (5) Contracts often give the staff blanket authorization to take all actions deemed necessary, in their judgment, for the health, welfare, and progress in the child's program;
- (6) The facilities tend to isolate the children in relatively remote sites;
- (7) Many employ a system of graduated levels of earned privileges and punishments to stimulate behavior change; and
- (8) The Behavior Modification Facilities often restrict contact with the outside world, and the child's communication privileges may be limited.

The factsheet notes the difficulty officials have in intervening in potentially abuse treatment that occurs to children thus detained: "because these children are often kept in these facilities at their parents' wishes, but against their own desires, you may find them a difficult group to deal with and to monitor. It is the Department's policy not to interfere with the legitimate rights of parents to educate or raise their children as they see fit, so long as the living conditions and discipline meet generally acceptable norms." Despite this concession, the document urges officials to place a primacy on the wellbeing of U.S. citizens who are detained in facilities both domestic and abroad, and gives the following instructions:

- "a. In some cases, abuse or mistreatment may be obvious, but often it is subtle. You should try to verify abuse, and to develop an informed opinion on the validity of any allegations. During your visits, always ask individual students if they are aware of any other students who might be having particular difficulties and then seek to interview anyone they might name. If you request Behavior Modification Facility management to make a specific student quickly available for an interview and they refuse, report this to the Department immediately. If a student alleges abuse or mistreatment, obtain as much independent verification as possible, by actions such as:
- (1) Examining, and if possible photographing, any marks or bruises;
 - (2) Asking the student for the names of any witnesses, and interviewing them separately;
 - (3) Describing the abuse in general to other students, without identifying the alleged victim, to see if they verify the allegations;

- (4) Get specifics. Having the victim describe in detail where, when and by whom the abuse occurred. This is important not only in verifying the abuse, but in taking appropriate follow-up actions; and
- (5) If appropriate and possible, carefully examining the facility for any physical evidence that might support the allegations, such as a punishment box, whipping post, manacles or chains, etc.”

Even state department officials have an uphill battle in legitimizing the cases of abuse they observe, and their findings and avenues of interference are at the whim of parental consent, which is usually uninformed and skewed by program officials’ accounts of what is theoretically going on, even when observations include such horrifying evidence as “a punishment box, whipping post, manacles or chains, etc.” State department officials who encounter such treatment programs are inherently objective observers, yet their accounts are at the mercy of subversion and discounting by people with a proven financial stake in the matter: parents, the consumers of these programs.

After over a decade of flying under the radar, Discovery Ranch made headlines in Phoenix, AZ on February 15th, 2015. The Courthouse Times reported that “[a] boy was sexually assaulted repeatedly at a residential treatment program for troubled teens, until his attacker was found committing bestiality with a horse... [even though] Discovery Ranch expressly promised to provide adequate supervision and care to ensure [his] safety.” (Ross) The article documenting the family’s ongoing lawsuit, staged on February 9th of this year, elucidates the conditions that allowed this atrocity to occur: “Discovery Ranch's merit system also prevented (him) from reporting the assaults because he believed that his inferior status and past interactions with Discovery Ranch staff and administrators would result in him being punished if he attempted to disclose the assaults," according to the complaint” (Ross). The merit system to which this is referring involves a hierarchical level system in which detainees are afforded more rights and

privileges, and detrimentally, more control over their peers, as they make their way up through the ranks. At levels four and five, detainees are essentially deemed “junior staff” and are allowed to police and punish their peers for infractions.

In contrast, this is how Discovery Ranch’s new gender-specific boys’ campus describes their mode of treatment:

The Discovery Ranch treatment model is relationship based experiential therapy with a strength-based approach. Dialectical Behavior Therapy, or DBT, is a cornerstone of that foundation. We use a combination of traditional therapy methods with experiential therapeutic activities for real time, or in the moment, learning. The experiential approach is especially effective with treatment resistive students.

Our strength-based approach helps students recognize the good in themselves as they work to overcome obstacles posed by various emotional and behavioral diagnoses. They develop self-confidence as they experience success in experiential assignments.

Our working ranch campus provides the setting for those experiences. Each carefully structured activity gives students an opportunity to practice relationship skills in a variety of work and play settings.

Through these therapeutic activities, we teach students life principles that are true for everyone, everywhere. We apply those principles to every situation our students may encounter during the course of their day. Therapists and mentors work with students until each principle is mastered. Those principles are:

3. Honesty
4. Respect
5. Responsibility
6. Hard Work
7. Service and Sacrifice
8. Accountability
9. Courage
10. Selflessness
11. Empathy

Discovery Ranch students learn and practice these principles in an environment that replicates the responsibilities of adult living. During the process students, therapists, and mentors have a real time opportunity to see the impact of behavior as it happens. They can address a student’s behavior or concerns at the moment the student is most receptive to learning. Therapists and mentors will often stop an activity or conversation and ask a student, “What skills have you learned that you could use right now?”

For Discovery students, motivation for therapeutic change comes from within the student, not from external pressures trying to exert internal change.”

Systemic Abuse vs. “A Few Bad Apples”

Rather than these measures of abuse being isolated incidents that can be blamed on individual staff members, the proposed federal regulations, in conjunction with the large body of testimonies that are easily accessible yet often unread, indicate that this behavior manifests in response to the particular environment that is the basic premise of this brand of program.

“Behavior modification via “tough love” has no empirical, scientific evidence to support its efficacy; rather, it is promoted purely through anecdotal evidence, conveniently picking and choosing which feedback from parents and children who have experienced the programs to use” (Szalavitz, 378). Even if teenagers do not have diagnosable disorders or behavioral problems before they are enrolled in a “tough love” program, there is a far greater chance that they will develop such problems later down the road because of exposure to this type of environment. Thus emerges a catch 22: programs will happily take credit for a former client’s success, yet are exonerated from culpability by labeling them inherently “troubled” or “difficult” teenagers from the start.

Wrongful incarceration is enabled and due process completely circumvented as minors have virtually no rights against their parents’ decisions: “Under case law that allows parents near-absolute discretion over medical and educational decisions for their children, teens can be locked down without appeal until they reach age eighteen—and sometimes even longer” (Szalavitz, 118). This begs the question of how teenagers, who do not want to be incarcerated and have not been legally sentenced to prison time— nor medically evaluated and deemed a threat to themselves or others, thus necessitating psychiatric care— end up in these remote pastoral care centers to begin with? The answer is bizarre and shocking.

Institutions themselves often feature deplorable conditions and practices. One of the most traumatic components of incarceration in residential treatment is the use of escort services, namely burly individuals who parents hire to forcibly handcuff and drag their children out of bed in the middle of the night. “Pepper spray and mace are other tools often used to control and restrain detainees” (Teen Help, LLC). Many survivors who have been “escorted” to a residential program say they experience years of nightmares, flashbacks, emotional “numbing,” inability to concentrate, angry outbursts, difficulty sleeping or other symptoms” (ASTART). Flashbacks can be even worse than traumatic events themselves because unlike their cause, they lack a concrete beginning, middle, and end, and rather occur as an indefinite reliving, with no indication of when or where this will occur. Survivors often project their trauma onto all the unrelated stimuli they encounter, betraying a lack of “mental flexibility” in imagination. Rather than fantasizing about desirable and interesting things, imagination becomes limited to reliving and replaying versions of trauma, focusing on the past rather than the future, and invoking helplessness rather than hope. Unfortunately, this singular traumatic event is compounded by months or years of further abuse.

Concrete evidence indicates that this behavior manifests in response to a stable environment. Phillip Zimbardo conducted a study of 24 college-aged males without any previous history of psychological problems, medical disabilities, crime, or drug abuse. Half of the volunteers were cast as guards and became extremely sadistic within days of the mock-prison scenario, while those in the inmate roles became powerless and obedient, enduring the torture and humiliation inflicted by the guards. They were

completely immersed in this simulated environment, despite all being volunteers, only being paid \$15 a day, and being able to leave whenever they wanted.¹⁰ This simulated environment shows how much more severe this power dynamic can become when prisoners or patients truly cannot leave, or are marked by a hierarchical difference.

What does this imply for children, there against their will, many of who do have psychological or medical disabilities? Children, especially those with significant difficulties, have much weaker defense mechanisms, and are far more likely to incur more extreme psychological distress and long-lasting impact. Zimbardo also conducted an adaptation of his original study at Elgin State Hospital, located in Illinois. In this case, rather than a complete role-playing scenario enacted by volunteers, the actual hospital staff were put in the shoes of those under their care. Zimbardo's study recounts that "[t]he vast majority of staff-patients (over 75 percent) reported feeling... "incarcerated," without an identity, as if [their] feelings were not important, nobody listening to [them], not treated as a person, nobody cared about [them]" (Zimbardo). This study successfully improved the staff-patient relations and quality of care. While the staff in this simulation merely felt this way, detainees in residential treatment centers are actively told things like that their feelings are not important, and that no one, especially their parents, cares about them. Due to this pejorative, condemning attitude, patients' complaints are consistently ignored, even in dire medical circumstances.

Regardless of the rationale behind a minor's incarceration, the label of "troublemaker" enables staff to disregard causal factors, and mete out abject punishment

¹⁰ Zimbardo, Philip G. "The Mock Psychiatric Ward Experience." *The Lucifer Effect* by Philip Zimbardo. 2006.

to instill rule compliance with impunity. Furthermore, at the organizational level, such inevitable measures of abuse by staff are justified and explained away in terms of the supposed overriding benefits of turning a blind eye to such behavior. JTSP Volume 2 includes John Mercer of Mission Mountain School's "Integrated Risk Management Model for the Therapeutic Schools and Programs: Why the Risk is Worth Taking." This risk assessment posits the following oblique disregard and justification of the abuse it documents as regularly occurring:

Why Not Try to Eliminate All Risk?

"Risk is a fact of life and students need to learn how to manage and mitigate risk in order to have a full life. Adolescents naturally seek out risk as part of their learning experience. Learning how to successfully identify and manage risk is an important component in the process of adolescent development that helps facilitate self-esteem, concept, confidence, and competency (Dougherty, 2002)." (Mercer 74)

Despite terming certain risks "unacceptable" in the following sections, this sentiment is negated by this ambiguous and noncommittal caveat that precedes the more detailed incidents of abuse and neglect, thus implicitly condoning such behavior under the guise of the previous section's assertions about the supposed inevitability and even positive factors of "risk" in residential treatment centers:

What Risks Are Not Acceptable to the School Program?

Implementing risk in therapeutic school programming needs to be determined within the context of the mission, philosophy, goals, and policies of the program. This will vary from program to program. It is also constrained by law, regulation, and the concept of industry standard. [...] Acceptable levels of risk occur when the likelihood of an adverse outcome is either so small that it is deemed to no longer be of concern or the mitigation of the risk is in place to offset adverse outcomes. Acceptable risk must be evaluated within the context of the school mission, philosophy, goals, and policies. What makes risk acceptable is strongly influenced by and may have to stand the legal test of the concept of a comparable current industry standard or principles of best practices" (Mercer 78)

This risk assessment plan's inclusion in NATSAP's literature indicates an endorsement of this abuse-apologist ideology across the board, despite the harrowing details that follow in the section entitled "Risks Associated with Staff Conduct":

Most boarding schools invest a lot of energy into staff development and training to reduce the possibility of potential problems. However, prudence still requires schools examine and identify the potential risks that might arise through inappropriate staff conduct. The following is an inventory of potential risks associated with staff that might be found in a typical therapeutic boarding school. Each of these potential risks need a corresponding risk management plan to prevent their occurrence or reduce and mitigate the risk. Boundary issues.

Assault/abuse/harassment – physical, sexual, or emotional. Inappropriate, exclusive, enmeshed, or enabling relationships. Substance abuse: - Under the influence at work. - Condoning substances. - Providing substances.

Incompetence – below standard skills, capability, and or performance.

Negligence – neglect: - Not following company policies. - Not fulfilling responsibilities.

This risk assessment posits no guidelines for reducing such behavior in program staff, nor does it suggest firing staff who behave this way or taking legal action against them. This attitude of leniency is echoed in the NATSAP public relations toolkit, which details how to publically manage incidents of abuse with the media. This toolkit includes a section on dealing with a crisis that makes no mention of repercussions for the abuser in question, nor does it suggest how to protect the wellbeing of the child who experiences abuse.

Instead, the message to programs states that "on occasion, there is an incident that if handled incorrectly could reflect negatively on your facility and the therapeutic school and program community. Here are a few items to keep in mind to prepare you to manage a crisis effectively minimizing the damage to your brand and reputation. This media toolkit's attitude towards crises that impact students in programs' care reveals the underlying attitude that rather than addressing students' wellbeing, focus should be on "the most critical part of the crisis--reputation management. It also involves putting

together the lessons learned from dealing with the crisis and moving forward in a positive way with the least amount of damage done to your school or program.” This attitude belies the entire premise that these programs intend to help the children in their care.

While NATSAP’s literature scarcely discusses staff abuse outside the scope of reputation management, one article includes a model of therapy that is theoretically designed to monitor staff behavior called “Family Team Dynamics”: “FTD is a weekly group process in which a therapeutic residential unit, comprised of direct care staff, the direct care supervisor and the therapist, engage in introspection and exploration, not about the children’s lives, but about their own lives and their own relationships, with the children, the children’s families, with one another. [...]” In this article, a particularly disturbing case study outlines the primacy that is placed on staff’s wellbeing at the expense of the children in their care, and uses charged language to frame the experience that indicates the skewed victim-blaming mentality about this resident’s supposedly inherent culpability in her own past abuse, while exonerating inappropriate staff behavior:

Case 1: In the FTD process, a male staff who was relatively new (about 1-year tenure) brought up that he had had troubling dreams about a young girl on the unit. He was mortified as he revealed the sexual overtone of the dream. As he talked, another male staff and a female staff revealed that they had also had sexualized dreams about this young girl, but had been too afraid to talk about it. None of these staff had experienced any sexual abuse as children and were in healthy age-appropriate relationships; this had been established in prior FTD sessions. All of the impacted staff, as well as other direct staff and the therapist in the group indicated that they had “felt sexual vibes” coming from the young girl, although they couldn’t pinpoint the behaviors. At the next therapy with the child, the therapist noted that the girl talked about “tingly feelings” and asked her if she had those feelings about any staff. The little girl timidly acknowledged that she had and specifically mentioned each of the staff members who reported having the dreams. She then revealed for the first time the high sexual charge of her home environment and that one “uncle” had indeed had sex with her. The courageous revelation of the staff in FTD brought the team closer together and

with a better understanding of the child. It ultimately helped the child access unacknowledged parts of herself and allowed the staff to intervene more directly with the girl to untangle specialness from sexuality. Because the staff no longer feared the feelings that this girl brought up in them, they no longer avoided her, and were able to sit with her as she experienced the guilt and shame over her traumatic past. (Kohlstaedt 21)

This case study details these staff's revelation that a female minor in their care was the victim of incestuous rape at the hands of her uncle. As if having sexually arousing dreams about this minor, who is completely subject to their control, is not bad enough, they go on to stage this abhorrent abuse as something warranting feelings of guilt and shame. Rather than encouraging staff to contact police about this incident of incestuous child sexual assault, the staff are encouraged to focus on the victim's negative feelings about herself in response to this act. Regardless of a child's "vibes" or sexual presence, it is completely unacceptable for adult staff to sexualize someone who is so dependent upon their authority. Rather than these adult staff members' responses being criticized by program officials, they are framed as somehow useful in a therapeutic process, theoretically because their sexual attraction to this child led to her disclosure of abuse. This supposed model of therapy, Family Team Dynamics, even explicitly involves a sort of amnesty for disturbing staff behavior and responses: "Information obtained in FTD cannot be used to terminate, although information which comprises a risk to self or others may be reported and dealt with through mandatory reporting laws deal with it within FTD or within their own therapy" (Kohlstaedt 21). Furthermore, this has not even been assessed in terms of proven efficacy: "The assumptions of correlations between FTD and increased tenure, team support and job satisfaction have yet to be demonstrated in a careful study" (ibid). Considering the primacy placed on the financial bottom line, the lack of regulation and accountability, and the paucity of funding that goes toward staff training and

development, it is no surprise that surveillance-based damage control is suggested in favor of proper vetting, training, or legal ramifications.

Commodifying Stigmatized Facets of Minority Identity

Theorizing Institutionalization

Institutionalization, at its core, is based on a hierarchical structure that defines a “patient” and a “doctor,” as well as the “able” and the “disabled.” This inherently translates to a binary of perceived badness and goodness, with the treatment providers or behavioral reformers cast in an altruistic light, and their practices given a wide ethical berth due to the supposedly beneficial result. This distinction creates both a desirable and undesirable set of characteristics into which every normative person is categorized. The similarities between the treatment involved in prisons, hospitals, and rehabilitative centers blurs the line between what constitutes a patient versus a culpable offender. French philosopher and theorist Michel Foucault proposes that institutions that claim to

cure, educate, and punish all use the same functional mechanism.¹¹ Many institutions that claim to treat, or even cure, their patients, yet respond to them in a way that is nearly indistinguishable from the legal treatment of criminals. Much of this conflation is enabled by the public perception of institutions, as staged by representative media.

Literary and Cultural Depictions of Institutionalization

The institution has long been made a caricature, a cultural trope seen everywhere from haunted houses to television and movies. The greatest detriment of this stigmatization is the public fear of the perceived danger associated with the institutionalized individual. Not only are institutionalized people staged as a threat to the general public, but the way institutions are depicted are also sensationalized to the point that they seem alien and distinct from everyday life. In terms of literature and memoir, very few accounts and depictions of for-profit behavior modification centers exist. Similar accounts mirror the experience of being isolated from society or contained based on mental illness, however.

Due to the obstacles institutionalized people face in telling their stories, many choose fiction to document their lived experiences. In her depiction of the effects of isolation on existing mental illness, *The Yellow Wallpaper*, Charlotte Perkins Gilman describes the “resting cure” treatment imposed on the semi-autobiographical female narrator, a treatment that Perkins herself was forcibly prescribed. This prescribed measure involved her total isolation and drove her mild depression up in scale to full-blown mania. While not a proper institution, her forcible treatment by a medical

¹¹ Foucault, Michel. *Discipline & Punish: The Birth of the Prison* (NY: Vintage Books 1995) pp. 195-228

authority, isolation in her room without human interaction, has a similar effect to the institutional use of solitary confinement. Sylvia Plath's pivotal work, *The Bell Jar*, similarly notes the use of isolation and societal exclusion to contain mentally ill figures. People literally did not want to see or acknowledge the existence of their neurodivergent peers, and justified this social exclusion by implementing a classification system related to intelligence and mental aptitude that totally devalued the intellectually disabled and mentally ill. Her semi-autobiographical character thinks "finally, when the money was used up, they would move me to a big state hospital with hundreds of people like me in a big cage in the basement. The more hopeless you were, the further away they hid you" (Plath 160). Those in power desire not only to isolate and deny the humanity of their supposedly "lesser" fellow humans, but they also refuse to acknowledge the cruelty of this ostracizing expulsion from society. The fundamental idea that institutionalization and abusive measures are justified by the stigma and fear with which mentally ill people are condemned is elucidated when Plath's Esther "wonders what terrible thing it was [she] had done" to deserve the horrific pain and subjugation of electroshock therapy, and later her incarceration in an institution. Ultimately, her treatment was predicated on her failure to adhere to the role she was ascribed by her family and society as a whole, and her incarceration was based on her mother's decision. Despite this internal query, she does not express this confusion to her doctors who have thus treated her, even though she theoretically has the linguistic and communicative ability to do so. She knows that the position into which she has been put in her contemporary society has muted her voice, and that neither reason nor emotional appeal will save her from her medicalized prison.

A current example of the mockery that is made of psychiatric treatment is evident

in the popular TV show, *American Horror Story: Asylum*. The second season of this show takes place “in the unrelentingly bleak Briarcliff Manor, a Massachusetts mental hospital that’s run by the vicious sister Jude... and, of course, filled with secrets” (Chancey). The nun who oversees the asylum, Sister Jude, believes that “mental illness is the fashionable explanation for sin” (FX, 2012). This line is particularly compelling in light of the frequent, yet often unacknowledged, religious affiliations that exist in troubled teen treatment centers. The underlying attitude held by those in charge of these institutions, in regards to the treatment of mentally ill “patients” in their care, largely stems from religious beliefs about sexual purity and strict abstinence from substance use of any kind. *AHS: Asylum* features a “nymphomaniac” female character, which is representative of the societally normative pathologization of females as overly sexual. This commercially successful TV show stages institutionalization in an asylum as something so far-fetched and sensationalized that it is divorced from reality completely, which derails critical discourse about the reality of institutionalization.

Susan Nussbaum’s *Good Kings, Bad Kings* exemplifies the notion that institutions that position themselves as the antidote to violence, illness, homelessness and death within the disabled community actually ensure that these outcomes befall its supposed “patients,” rather than prevent them. *ILLC*, an institution for the physically and cognitively disabled, is an excellent model for problematizing the modern institution. Patients are subjected to constant surveillance, a hierarchy of needs, abusive staff members, and other mechanisms of control that not only insure the functionality of the institution as a company and biosphere, but which also instate learned helplessness in its patients. As is typical of all institutions, it shadows domestic life outside of the

institution, while still propagating familial abandonment. The mechanisms of control that the institution uses include the punishment room— where kids are held alone for misbehavior— as well as taking away freedom and mobility— such as limiting who can use an electrical chair, use the elevator, go on the grass, or take the bus alone. Through these methods, child patients are trained to stay helpless so that they never leave institutions, and Nussbaum reveals the financial motive for shaping them to be this way. For example, Whitney Palms, who functions as a sort of educational consultant, receives \$300 for every bed she fills, regardless of whether or not they would benefit from being there. Real-life educational consultants are unlicensed, rarely meeting or talking to the children for whom they assign placement at facilities, and such consultants receive financial kickbacks from the programs they help fill.

The Origins of American Institutions

Disability rights activists have made comparisons between institutions founded on the premise of eugenics and ones that claim to treat mentally disabled or ill Americans: “Pointing to the origins of institutionalization in the United States in the eugenics period of the early twentieth century—and to similar treatment of individuals with disabilities in Nazi Germany—they also argued that institutionalization rested on and instantiated prejudices against people with disabilities. Some went so far as to adopt Thomas Szasz’s view that mental disability is a “myth” or a label attached to certain societally deviant people” (Bagenstos 20). This conflation of madness with personal deviance or social ill is historically preceded by one of the most contentious movements in modern medicine.

Foucault’s *Language, Madness and Desire* contains an interview with Jean Doat, entitled *The Silence of the Mad*, in which Foucault discusses how mentally ill people were

deprived of a voice and of autonomy by both the public at large and by the government. Not only were the voices of the “mad” discredited and made into a mockery of logic and reason, but these people themselves were also cordoned off from society, and indiscriminantly institutionalized along with criminals:

One day in April 1657, nearly six thousand people were arrested in Paris. Six thousand in seventeenth-century Paris, that’s nearly a hundredth of the population. It’s as if, for example, we were to arrest, in today’s Paris, something like forty thousand people. That’s a large number and we would hear about it. They took those people to the Hôpital Général de Paris.⁴ Why? Oh, because they were unemployed, they were beggars, they were useless, they were libertines, eccentrics, and they were also homosexuals, madmen, the insane. They were sent to the Hôpital Général although no one, at any time, had taken any specific legal steps against them. A precautionary measure by the police, an order from the king, or even—something more serious from my point of view—a simple request by the family, was sufficient to send all of those good people to the hospital, and for life. Obviously, there was nothing hospital-like about this hospital; it was more like a large prison, where people were held in custody, often for life.

This practice lasted for nearly a century and a half and, from this enormous ritual of exclusion, which was, by the way, rarely questioned, we retain no more than a few dusty record books, currently stored in the Bibliothèque de l’Arsenal. And in those records, what do we see? Well, we find the lengthy rhapsody of the reasons for internment.

I feel they’re worth listening to, those decrees that logic, the logic of the state, which is to say, ultimately, the logic of the police, and the logic of everyday people, directed at the madness of others. 14

The institution, whether it be prison, rehabilitation center, or psychiatric ward, seeks to cure, educate, and punish all at once. These three components of behavior modification are all designed to maintain “normalcy” and return the “disturbed” back to a normative state through whatever means necessary. This indiscriminate mistreatment is enabled because “our cultural ambivalence about the status of disabled people bolsters a desire to ignore the disastrous legacies evident in a history of collecting, defining, naming, measuring, and managing them as “feeble-minded”, “subnormal”, or simply

“defective” humanity. (Snyder and Mitchell 102). While students are constantly assessed in terms of how they are, to use these institutions’ jargon, “working the program,” and surveilled 24 hours a day to measure their arbitrarily defined progress, this approach does not account for the fallibility of this type of “training.” Rather than positing a flawed subject, the real problem is the technique that authorities employ. This mindset is reinforced when program administrators label complainants “losers” or “failures” to compensate for the failure of the institution’s ability to make patients conform.

The figure of the institution is nearly inseparable from the field of Eugenics, which heavily relied on “pastoral care” as a mode of segregation to remove disabled bodies from the general popular and control their interactions with “healthy” members of the gene pool. These institutions sought not only to segregate disabled people, but also to return them to a state of normalcy via behavior modification. Eugenics “invented the category of disability that grouped people with widely divergent physical and cognitive characteristics under a single heading of ‘defect’” by restricting their rights and social liberties (Synder and Mitchell, 113). The idea of a binary is created between normal and feeble-minded persons, a distinction that creates a desirable and undesirable set of characteristics, into which every person is categorized, using a “[c]atalogue of defective conditions- epilepsy, feeble-mindedness, deafness, blindness, congenital impairment, chronic depression, schizophrenia, alcoholism- adopted by European and North American eugenics engaged in a shared campaign of biological targeting that addressed deviance as a scourge to be banished from the transatlantic hereditary pool ” (Mitchell and Snyder 103). Many of the mechanisms of control that Mitchell and Snyder note are seen in the behavioral modification methods of troubled teen programs. Seguin’s

approach stressed rote repetition (as the program has a fixed schedule and is completely inflexible), incremental discipline involved in gymnastics training (forced physical labor), and stages that “insufficient mastery of will, defect of self control... could not be remedied without continuous surveillance and the oversight of institutions that would fill one’s days.” Institutional training sought a way to rescue those classified as “idiots” from “mental darkness.” Samuel Howe notes that these training institutions would “not only salvage degraded lives but also relieve families of rearing defectives in the community.” Michael Newton notes the contemporary derivations of these centers: “more strangely, these same phrases are used for those few children [today] who have lived through another perhaps crueler kind of loneliness, locked for years in solitary confinement in single rooms... what contemporary scientists today would classify as those with “severe behavioral disorders.” This description seems to match the exact designations of programs within the troubled teen industry.

Examining Troubled Teen Programs Through the Lens of Disability Theory

The American Disability Rights Movement has achieved critical achievements in its fight for civil rights of disabled American citizens. Much of the success this movement has seen is the direct result of altering the public conception of what disability actually is, which is encapsulated by the cripistemological mode of thought that includes disabled bodies in rationalizing and justifying social structures. Disability advocacy is preceded by a long history of discrimination. Disabled people were banned from employment in original 13 colonies, and the “Ugly laws” in several American cities from the 1860’s until up to 1970s banned people of unsightly appearance from public ways, and decreed that no person who is diseased, maimed, mutilated, disgusting object should

be allowed in public view. This exclusion prohibited the disabled from working and living within their community, and such ostracizing took firm shape in the confinement of disabled people within institutions.

So much of the plight of youth who are confined within these residential treatment centers hinges on the public conception of who they are, what value judgments are ascribed to their facets of self, and the acceptable way to treat them that is proposed and endorsed based on these characteristics. Epistemology considers the nature of knowledge, justification, and the rationalization of belief. Knowledge is ultimately shaped by public norms and discourse, and therefore how behavior is justified hinges on the way we come to believe things are true. Belief systems, however, are based on normative ideologies that cater to the hegemony, often at the exclusion of non-normative people. Merri Lisa Johnson and Robert McRuer propose that disability studies must take on a new method of knowing that includes disabled bodies, which they term “cripistemologies.” This proposed theory challenges the current crisis of exclusion: “thought and knowledge in twenty first-century Western culture as a whole is structured—indeed, fractured—by an endemic crisis of ability and disability. [...] an understanding of virtually any aspect of contemporary Western culture must be not merely incomplete, but damaged in its central substance to the degree that it does not incorporate a critical analysis of able-bodied/disabled definition and the appropriate place to begin is the relatively decentered position of crip, anti-ableist theory” (Johnson and McRuer 131). Cultural modes of epistemology shape not only public policy, but also the fundamental social dynamics that inform the quality of life for each individual subject to this framework. For significant progress to be made that will protect the rights and

wellbeing of the unprivileged, those who do not have power and autonomy, necessitates a shift in discourse that affirms the humanity and worth of those who are subject to the power of others.

The shift from the medical model to the social model of disability, as well as the movements for independent living and deinstitutionalization, all directly apply to the problem of incarceration within the troubled teen industry: “To most disability rights advocates, “disability” is not an inherent trait of the “disabled” person. Rather, it is a condition that results from the interaction between some physical or mental characteristic labeled an “impairment” and the contingent decisions that have made physical and social structures inaccessible to people with that condition. The proper remedy for disability-based disadvantage, in this view, is civil rights legislation to eliminate the attitudes and practices that exclude people with actual, past, or perceived impairments from opportunities to participate in public and private life.” (Bagenstos 15). The medical model, which “focused on medical treatment, physical rehabilitation, charity, and public assistance [...] treated disability as an inherent personal characteristic that should ideally be fixed, rather than as a characteristic that draws its meaning from social context. [...] encourages dependence on doctors, rehabilitation professionals, and charity. [...] Martha Minow’s “social-relations approach” to difference “treats human differences as constructed by, and residing in, social relationships. [...] disability should not be considered to be the unmediated product of limitations imposed by a physical or mental impairment. [...] The social model instead treats disability as the interaction between societal barriers (both physical and otherwise) and the impairment.” (Bagenstos 19) Disability has continuously been used as a marker of hierarchical relations. When it is

construed as a sign of inferiority, it is a signifier for things we want to disavow or devalue. Abnormality is used to justify hierarchy by isolating specifically those who are deemed “less than” normal. Reducing disability to a personal tragedy or individual plight put the rights of disabled individuals at the whim of privileged peoples’ charity and altruism, rather than recognizing the fundamental need to systemically overhaul barriers to access and inclusion at the social level.

One of the primary successes of the disability rights movement has been deinstitutionalization for adults confined to psychiatric hospitals and institutions on the basis of their impairments: “At the beginning, the deinstitutionalization movement was largely led by nondisabled lawyers, journalists, and psychologists with a civil libertarian or civil rights bent. But as it moved forward, and more and more people were deinstitutionalized, individuals with mental retardation and mental illness began to organize their own advocacy groups.[..] People with mental illness formed a “psychiatric survivors” movement that similarly sought community treatment, as well as freedom from involuntary medication” (Bagenstos 21). Minors, however, have less access to legal retribution for their incarceration and forced medication, the latter of which is often used as a mechanism of control. Their path to freedom is blocked, in turn, by the parental authority that supersedes their rights as private citizens, and the staging of their disabilities as morally charged conditions of being bad or troubled precludes them from this advocacy. Disposable Youth reveals the current cultural modes of thought that devalue teenagers who are marked by difference, and how these differences are used to demean their worth and exclude them from the social narrative: “More and more young people are caught in the punishing circuits of surveillance, containment, repression, and

disposability [...] In the current historical moment, young people are increasingly defined through a youth crime-control complex that is predatory in nature and punishing in its consequences, leaving a generation of young people with damaged lives, impoverished spirits, and bankrupted hopes” (Giroux 4). This phenomenon of exclusion and torment is not simply confined to juvenile detention centers. Rather, such an attitude is evident in all institutions that claim to practice behavior modification through punishment.

The greater the impairments that adolescents face, the more vulnerable they are to abuse and neglect. Inherent lack of power within these individuals enables the totalitarian power structures within residential treatment centers to fully incapacitate them. One of the most physically dangerous practices used by staff, often on children who are considered a runaway risk, is the use of isolation (solitary confinement) and stress positions. The GAO report on Seclusion and Restraints notes that staff often inflict these measures on the most vulnerable of residents:

Children with Disabilities: Although we did not specifically limit the scope of our investigation to incidents involving disabled children, most of the hundreds of allegations we identified related to children with disabilities. In addition, 9 of our 10 closed cases involve children with disabilities or a history of troubled behavior. The children in these cases were diagnosed with autism or other conditions, including post-traumatic stress disorder and attention deficit hyperactivity disorder. Although we did not evaluate whether the seclusion and restraint used by the staff in our cases was proper under applicable state laws, we did observe that the children in the cases were restrained or secluded as disciplinary measures, even when their behavior did not appear to be physically aggressive. Children, especially those with disabilities, are reportedly being restrained and secluded in public and private schools and other facilities, sometimes resulting in injury and death. The 10 closed cases we examined illustrate the following themes: (1) children with disabilities were sometimes restrained and secluded even when they did not appear to be physically aggressive

and their parents did not give consent; (2) facedown or other restraints that block air to the lungs can be deadly; (3) teachers and staff in these cases were often not trained in the use of restraints and techniques; and (4) teachers and staff from these cases continue to be employed as educators. In addition to the 10 cases we identified for this testimony, 3 cases from our previous testimonies on residential treatment programs for troubled youth also show that face down restraints, or those that impede respiration, can be deadly. (7, **GAO-09-719T**)

Appropriating Educational Accommodations

Not only do these programs fail to provide a legitimate high school education to students, but they also take advantage of state measures used to support children with learning disabilities by appropriating Individual Education Plans. Branding themselves as academic institutions that facilitate IEPs not only deprives students of the specialized education they need, but it also allows them to solicit reimbursement funding from states on this basis. This goes against the progress that disability rights activists have achieved: “Another strand of the movement that developed in the early 1970s sought access to elementary and secondary education. At the time, public schools were free to deem individual children with disabilities “uneducable” and refuse to provide them any education. In 1975, Congress found that more than a million children with disabilities nationwide were entirely excluded from public education, and millions of others were excluded in significant respects. Civil rights attorneys like Marian Wright Edelman joined with parents and special-education teachers to challenge that massive exclusion. A series of largely successful law- suits throughout the country was followed by Congress’s enactment in 1975 of the Education for All Handicapped Children Act (later renamed the Individuals with Disabilities Education Act), which guaranteed all children with disabilities a “free appropriate public education” in the “least restrictive environment.” (Bagenstos 16-17). One website that advertises troubled teen programs, All Kinds of

Therapy, provides guidelines for parents to use state educational resources to pay for their child's incarceration in a program by hiring educational consultants to frame such out-of-state placement as pursuant to the Individuals with Disabilities Education Act¹². In OAH Case No. 2014120525, parents of a student they placed at Discovery Ranch successfully petitioned the San Diego Unified School District for "compensatory remedies in the form of reimbursement of monies paid to Discovery Ranch [...] Parents were able to obtain a \$900 per month discount." These parents were able to bring this case under "the Individuals with Disabilities Education Act, its regulations, and California statutes and regulations intended to implement it. (20 U.S.C. § 1400 et. seq.; 34 C.F.R. § 300.1 (2006) et seq.; Ed. Code, § 56000, et seq.; Cal. Code. Regs., tit. 5, § 3000 et seq.) The main purposes of the IDEA are: (1) to ensure that all children with disabilities have available to them a FAPE that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living, and (2) to ensure that the rights of children with disabilities and their parents are protected. (20 U.S.C. § 1400(d)(1); See Ed. Code, § 56000, subd. (a).) FAPE means special education and related services that are available to an eligible child at no charge to the parent or guardian, meet state educational standards, and conform to the child's IEP. (20 U.S.C. § 1401(9); 34 C.F.R. § 300.17; Cal. Code Regs., tit. 5, § 3001, subd. (p).) "Special education" is instruction specially designed to meet the unique needs of a child with a disability. (20 U.S.C. § 1401(29); 34 C.F.R. § 300.39; Ed. Code, § 56031.)" The results of this case indicate that "Parents were entitled to unilaterally place Student because

¹² <https://www.allkindsoftherapy.com/blog/can-your-school-system-help-with-treatment-options--8-questions-to-ask->

District denied him a FAPE after the April 2014 IEP. Student is entitled to reimbursement for appropriate costs associated with the placement. However, several factors warrant a reduction of full reimbursement, including Parents' failure to timely notify District of the unilateral placement, as well as choosing a private, residential placement in Utah without demonstrating consideration of a private, day treatment placement closer to home." While the findings of this case clearly indicate that the student did not want to be there and did not find the placement suitable, even going so far as to cite his suicidal ideation based on the treatment he received, his own opinion was superseded by that of his parents based on seemingly arbitrary markers of his progress. Soliciting teenagers for placement by posing as specially accommodating academic institutions, and encouraging parents to seek state IEP funding for this placement, is diametrically opposed to the intent of these measures, namely, to support, accommodate, and include children with learning differences.

Psychological Ramifications of Prolonged Institutionalization

Within troubled teen programs, students' impairments are used as a basis for their restriction from both society as a whole, and the environments they create also limit their ability to function both independently and interpersonally. In response to the trauma they endure, it is extremely likely that even neurotypical and mentally healthy youth will develop debilitating levels of PTSD that render them disabled for life once they leave. Not only do most youth in these programs have conditions that involve a level of disability to begin with, like mental illness and cognitive difference, but these programs also create disabled bodies via their extreme mechanisms of control. For example, in the case of the death of Aaron Bacon in the North Star wilderness program, "Bacon became a

‘disabled child’ the moment he came under North Star’s control. His disability was caused by the conditions in the program, which made him unable to provide his own food, clothing, and shelter and prevented him from seeking medical attention” (Szalavitz, 189). Despite the array of deciding factors for placement, the treatment students experience is formulaic, rather than specified, which not only exacerbates existing problems, but also creates a high risk for causing new mental health problems.

The restriction of basic rights and autonomy makes students unable to function as able-bodied individuals, and are thus completely dependent upon the staff who control their lives. Not only is the experience of physically residing in these institutions intolerable, the repercussions of being subjected to such treatment extend for years after incarceration. Post- Incarceration Syndrome (PICS) results from an extended length of institutionalization and includes four main symptoms:

Institutionalized personality traits: learned helplessness, antisocial defenses
PTSD, antisocial personality traits: developed as a coping response to
institutional abuse

Social- sensory deprivation syndrome: caused by prolonged solitary confinement
and substance abuse disorders to manage or escape PICS symptoms. (Gorski).
Emotional numbness or distance is a terrible plight for survivors of trauma, often experienced as an inability to feel aside from moments of extreme rage or shame or pain. In addition to inherent feelings of numbness, trauma survivors also seek out behaviors, substances, and distractions to externally numb the pain they want to escape. The primary effect of prolonged institutionalization due to criminal or mental health concerns is a high rate of relapse and recidivism due to the climate of the institution itself.

Furthermore, “being put in any kind of situation of total powerlessness for a significant length of time has the capacity to produce lasting damage to the brain’s stress system, especially when it happens to a young person.

PTSD does not lurk solely in the realm of the mind: “This damage has been linked not only to PTSD, but to increased risk for depression, addiction, other mental illnesses, and even immune-system disorders and cancer” (Szalavitz, 405). Van der Kolk’s prologue to *The Body Keeps the Score* notes the incredible resilience of human beings when it comes to coping with disastrous experiences, a resilience that is contextualized by the immense difficulty of countering and living with the traces that impact our “minds and emotions [...] biology and immune systems,” and the “tremendous energy” it takes to continually push away the painful memories and thoughts. While he terms trauma inherently “unbearable and intolerable,” the brain’s neuroplasticity can be used to help survivors mitigate or even reverse the damage, and feel fully alive and capable. Traumatic response is continuously and easily physiologically reactivated in response to the threat of danger, which “mobilizes disturbed brain circuits and secretes massive amounts of stress hormones,” termed “hypervigilance,” and often leads to impulsive and aggressive actions, often repeating the same problems and having trouble learning from experience. This is not a moral failing or weakness of will, but rather the result of changes in the brain. Trauma recalibrates the brain’s alarm system, altering how relevant information is sorted from irrelevant material, and ultimately the “physical, embodied feeling of being alive.” The somatic impact of trauma is crucial in revealing that PTSD is not “all in one’s head,” but is rather a somatic response to lived events. Brain imaging has proved a useful tool for evidencing the

results of trauma in a particular and somatic manifestation, and thus “entirely new avenues of repair” of the imprints left on the brain, mind, and body, which impact how the organism survives in the present. Trauma alters not only how we think and what we think about, but also our very ability to think. Treatment requires not only the ability and opportunity to talk about what happened, but also for the body itself to learn that the trauma has ended and recognize the distinctness and safety of the present.

In his study on violence in the institution, H. J. Schneider reveals that “learned helplessness in institutions provides a victim-oriented explanation of violent behavior and abuse: the hostile environment cannot be changed by the incarcerated person’s actions”. The factors that most powerfully pave the way for institutionalized abuse of the incarcerated include unequal distribution of power and a high visibility of power structures, as well as the environment of the institution itself, rather than those who reside within it. Learned helplessness as a result of institutionalization, whether in a formal, brick-and- mortar institution or a more cognitively constructed mechanism of isolation for the “non-normative” person, not only exacerbates existing impairments, but also cultivates a potentially deadly inability to function in the outside world. Behavior modification via “tough love” has no empirical, scientific evidence to support its efficacy; rather, it is promoted purely through anecdotal evidence, conveniently picking and choosing which feedback from parents and children who have experienced the programs to use (Szalavitz, 378). By depriving individuals of basic autonomy as an answer to their deviation from a normative image of the able-bodied individual, the institution often exacerbates, or even creates, the problem of impaired functionality that it claims to “cure”. Based on the psychological impact on both the doctor, guard or teacher,

and the patient, prisoner, student, consumer, or survivor, the end result is the same: authoritarian control inevitably creates the risk of an abuse of power, while captivity inherently negatively impacts the very people it claims to help, on an acute and long-term basis.

The findings of Jonas' study on patient behavior in hospitals indicate that poor performance in cognitive tasks increased in correlation with length of hospitalization, which also made patients more susceptible to the debilitating effect of uncontrollable events.¹³ "Bad patients" exhibited antisocial behaviors and excessive opposition, while many of them gradually shifted to become "good patients." In becoming a "good patient"—namely passive, compliant, and inanimate—hospitalized persons lose their ability to navigate daily life outside the institution, becoming unable to adapt to change or to self-advocate. In behavior modification programs, these three characteristics are desirable in order to keep kids under control and minimize rebellion. These quasi-results are also exactly what parents want from their "troubled," rebellious teenagers—a dramatic switch to docile and meek is, in their eyes, precisely what they are paying for. This ultimately fails to account for the long-term recidivism towards "bad patient" antisocial behavior, and the detrimental effect of long-term lack of individualism.

The traumatic symptoms of incarceration and abuse, in turn, blocks them from access and inclusion even when they are reintegrated into society. How society understands disability defines how it includes or excludes the individual. Rather than isolated cases of impairment, disability advocacy creates a group bound by common

¹³ Jonas, M (06/01/1982). Patient Behavior in Hospitals: Helplessness, Reactance, or both? *Journal of personality and social psychology*. 42 (6), p. 1036. (ISSN: 0022-3514)

social and political experience, and who endure a common marginalization. Thus, a community of disabled people who share a common experience of oppression can function more cohesively to advocate change than an individual can remedy their personal oppression. While disability comprises a wide spectrum, the idea that “we’re all disabled in some way” should not erase this line as long as disabled people are discriminated against.

Ethics of Dependency in an Institutional Setting: Staff and Student Relations

Until a system of oversight and regulation is implemented, these institutions and programs will continue to exist, incarcerating thousands of “problem children” each year who experience mental illness, substance abuse and dependence, eating disorders, neurodivergence, cognitive difference, or who simply exhibit subjectively “negative”- in the parents’ eyes- traits or habits, such as LGBT status, or genuinely problematic behaviors that make them difficult to parent. In the meantime, it is crucial to define a system of ethics for staff that work within any institution for legal minors, legitimate or not, that is predicated on cultivating dependency and removing basic autonomy as part of their program or treatment, whether or not the child’s “condition” is one that involves inherent dependency. Equally important, the fact remains that many reasons that prompt parents to send their teenagers to such institutions are, indeed, problems that necessitate specific types of care. The behavioral problems that stem from mental illness and cognitive disability are an inherently difficult condition to treat, all the more so in the case of minors who have few individual rights under the law, and whose treatment plans are dictated by the adults in charge of them.

Eva Kittay and Stacy Simplican explicate, respectively, relationships of such

dependency, and affirm the needs not only of the person with less power, but also those of the dependency worker entrusted with their care. While a markedly different dynamic, institutional dependency, especially in the case of minors, is applicable to both sets of theory. People who work in Troubled Teen residential treatment centers meet the definition of dependency workers, namely attending to the well-being of and thriving of dependents, whether in the home, nursery, or hospital. It is labor that enhances the power and activity of another- when they cannot do so themselves. This dynamic within such institutions is unique because the reason charges “cannot do things themselves” is due inherently to the rules and control implemented by the institution itself, and thus Kittay’s “Three C’s” apply: these workers tend to others in a state of vulnerability (care), and certainly have a connection via economic exchange, yet the “concern” (affectional ties) component is actively discouraged in the “tough love” treatment model. (Kittay 31)

These workers are often paid minimum wage and receive little training, which raises the need for connection based equality- they are tasked with a custodial and surveillance based role to maintain power dynamics, in a model that neglects both their needs and those of the teenagers in their care.

These institutions actively stage dependency by stripping teen residents of their power and autonomy, often when they are not what would be defined by social norms as inherently “dependent” people. Thus, the relationship between staff and students is more like Kittay’s concept of “extended dependency work,” yet notably functionally diffusive and sustaining- to lengthen lucrative stays- rather than being functionally specific and interventionist, which is often what “troubled teens” truly need, in all the connoted conditions that label entails. (Kittay 38) Thus, the inequality of power is not inherent to

these teenagers' conditions, but rather due to the "exertion of domination in a relation of inequality wherein the dependency worker uses power against the charge's will, as if they were property," which in effect, they are, because the longer they "need to be there" the more money the institution makes, month by month. (ibid)

An important component that distinguishes relationships of dependency from organic relationships is the inclusion of payment and wages. The financial devaluation of the dependency work residential staff must perform exemplifies Kittay's stance that such work is underpaid and underappreciated. Despite the exorbitant fees, usually topping \$10,000 per month per student, the actual dependency workers, namely the staff who interact with teenagers on a daily basis, are paid negligibly. Whereas education consultants have an estimated median salary of \$62,000 which does not even account for the undisclosed referral fees, most their income, staff like those who work at places like Discovery Ranch are paid an \$8 minimum wage, according to Glassdoor¹⁴, which is Utah's minimum wage. Furthermore, Brigham Young University even advertises positions as "mentors" as unpaid internships in which undergraduate students can participate. In my experience, and in that of others I've spoken with, staff turnover is incredibly high due not only to the meager pay, but also the lack of training and generally negative and disturbing nature of the work they are expected to do. The qualifications of staff are entirely ambiguous and ideological rather than concrete. A recent Indeed job posting lists the following solely subjective qualifications: "Exceptional relationship skills, Dependable, Demonstrate the ability to hold appropriate boundaries and distributing consequences as appropriate, previous work with mentoring or youth

¹⁴ <https://www.glassdoor.com/Salary/Discovery-Ranch-Salaries-E993382.htm>

preferred, and must be 21 years or older to apply.¹⁵” Not only does this job description lack legitimate credentials, but it also glosses over the harrowing nature of the work that it solicits.

Despite being marketed as clinically sophisticated centers full of well-trained staff, yet another study from NATSAP’s JTSP reveals the truth about who students interact with for the majority of their stay, and thus the actual level of care they receive:

[Direct Care Staff] who work in RTCs are paraprofessionals in the human service and mental health field (Leon, Visscher, Sugimura, & Lakin, 2008). DCS work directly with clients for periods of eight to ten hours per day, four to five days per week. According to Pazaratz (2000), DCS have among the most critical and difficult positions in treatment centers because of their job duties (i.e., nurturing, disciplining, helping with homework, providing meals, managing crises, helping set goals, facilitating psycho-educational groups, supervising recreational activities, and charting). Other duties include ensuring clients safety; transporting clients to appointments; and in some cases when a client becomes a danger to self or others, physically managing the client. DCS may be exposed to behaviors such as spitting, hitting, biting, hair pulling, self-injurious behaviors, and verbal abuse. DCS have the second highest turnover rate in public RTCs - the first-highest turnover rate is the housekeeping staff (Connor et al., 2003)” (Stapleton, Young and Senstock 77-78).

Despite constituting most staff members in number, and essentially having the most work to do and the majority of contact with students, these “para-professional” Direct Care Staff, usually termed “mentors” on official program documents while being termed “night shift workers,” “supervisors,” or “child care workers” in official studies like the ones below indicate that they receive the smallest portion of compensation:

¹⁵ <https://www.indeed.com/cmp/Discovery-Ranch/jobs/Part-Time-Mentor-Residential-Treatment-Facility-f722dc93f1e9cbb2?q=Discovery+Ranch>

Position	Number of programs reporting an average salary	Minimum average salary reported	Maximum average salary reported	Mean average salary reported
Admissions	55	\$25,200	\$90,000	\$45,044
Ph.D. Level Teacher	6	\$40,000	\$55,000	\$48,000
Masters Level Teacher	42	\$25,000	\$55,000	\$39,482
Bachelors Level Teacher	40	\$18,850	\$54,000	\$33,728
Ph.D. Level Therapist	26	\$45,000	\$100,000	\$65,881
Masters Level Therapist	58	\$30,000	\$80,000	\$48,062
Child Care Worker	61	\$14,000	\$37,000	\$25,961
Night Shift Staff	47	\$12,800	\$35,000	\$22,643

Having autism, mental disability, or a mental illness is not illegal or unethical, and few people would openly endorse punitive treatment in these cases. In the alternative mode of the institution, however, such conflation is the norm. Behavioral problems related to mental disability, when left untreated, can have dire consequences. When an institution claims to treat not only these conditions, but also to function as a reform school for bad behavior, disability and illegal behavior become indistinguishable. In this environment, staff who function as dependency workers are far more likely to exhibit abusive and punitive measures towards their charges, as well as incurring more violence and resentment from those in their care. This purposeful equivocation hurts not only institutionalized teenagers, but also staff who might have been hired under false pretenses, and who most certainly are not properly trained or equipped to handle each

type of “troubled teen” in their care.

Dependency is cultivated in residents not only in relation to staff, but also to each other via a stratified system of rights and privileges, and autonomy. The level system, in particular, is problematic because detainees tend to continue the cycle of abuse when they are placed in positions of power. In fact, “snitching” and harsh punishments for peers were encouraged, to prevent any kind of solidarity and potential rebellion from occurring. Mercer’s same “risk management” includes a section on risks associated with student behaviors, and the editorialization and tone reveal the pejorative attitude widely held among these communities:

Risks Related to Student Behavior Student behavior is an area where there can be significant potential risks. Most therapeutic boarding schools invest a lot of time and energy in developing and implementing behavior management strategies to both engender positive pro-social change in behavior as well as to minimize and manage “risky” student behaviors. These potential risks may occur in any therapeutic school. [...] The following is an example of unacceptable “risky” student behaviors: Harm to others: • Homicide. • Physical or sexual abuse or assault. • Hazing/teasing/abuse. • Theft. • Destruction of property. Harm to self: • Suicide. • Self-mutilation. • Risk taking or thrill seeking. Other problem issues or student behaviors that may cause harm: • Runaway. • Impulsiveness. • Preoccupation/stress. • Clumsy/accident prone. • Inattentive. • Inflated sense of abilities or accomplishments. Addictive Illness: • Substances. • Food/eating disorders.

The stratified power distributed by the level system ensures that not only are adolescents who are predisposed to, or have had a track record of, violent or aggressive behavioral problems given free range to abuse their peers who might not have such predispositions, but they also are continuously baited into exhibiting the problem behavior that supposedly necessitates their incarceration. Rather than de-escalation and socialization being goals, teenagers are constantly forced to recognize the worst parts of themselves, which perpetuates anger and violence, and then resulting punishment, enabling a

perpetual cycle that indicates month after month that the minor is “not ready to go home” and “needs more treatment.”

These student behavioral risks not only occur interpersonally among residents, but also pose a threat to the underpaid and underqualified staff who supervise them. Being exposed to abusive behaviors by students leads directly to not only retaliation or escalation of mistreatment or neglect, but also staff turnover, burnout, and “compassion fatigue,” which is a result of Secondary Traumatic Stress from working around the clock with youth who show signs and symptoms of PTSD. Simplican’s analysis of Trudy Steurnagel’s death at the hands of her autistic son, Sky, shows the gravity of such a situation in which the resources are not available to provide for the needs of a severely disabled person. Trudy, to the end, never blamed her son for his behavior, nor did she think of him as a malicious or problematic person. Some adolescents who exhibit similar behaviors, however, are not so lucky, and do not have a kind and understanding parent who is willing to look past their behavior and see the good in them. Many parents, when faced with an even marginally difficult child, choose to outsource their parenting rather than commit themselves to raising their offspring regardless of the complications.

In troubled teen institutions, a staff member with no affective tie to a minor with behavioral problems is certainly not going to exhibit patience or understanding, especially when they are underpaid, overworked, and come into the relationship of dependency in a context of reforming a “troubled youth,” rather than seeking to understand, as Simplican notes, the “why” in the violence. Simplican criticizes Kittay’s unquestioning endorsement of the need for transparency, or in other words, for a dependency worker to intuitively meet the needs of their charge while disregarding their

own needs. In the institutional dynamic, however, the charge's needs, even ones they state obliquely, are explicitly disregarded to "teach them a lesson." What then of the youth who lack the capabilities to express their needs verbally? This begets an even direr situation of neglect and abuse. Treatment centers like Discovery Ranch deal with "problem behavior" predominantly through means like isolation rooms or stress positions. While Kittay's proposal of transparency and troubled teen treatment centers' use of outright physical and psychological coercion and punishment fall at opposite ends of the spectrum of possibility, Simpican stresses the need to find a balance, in which the needs of the caretaker are expressed and acknowledged, and where care is distributed reasonably.

The factors that most powerfully pave the way for institutionalized abuse of the incarcerated include unequal distribution of power and a high visibility of power structures, as well as the environment of the institution itself, rather than those who reside within it. Essentially, disabled and institutionalized teenagers are trained to stay helpless so that they never leave institutions by instating "learned helplessness," which not only exacerbates existing impairments, but also cultivates a potentially deadly inability to function in the "outside world". Rather than teenagers being encouraged to develop into autonomous and self-sufficient adults, they are trained to be completely reliant upon the staff who monitor them constantly. This becomes extremely taxing for staff, who are put into unending custodial roles, rather than experiencing the positive affirmation of seeing the effects of successful care via the thriving and growth in their charges. Residential treatment staff's performance is predicated on their ability to maintain this powerlessness

and static subservience, rather than on their ability to perform effective and positive dependency work that is mutually fulfilling for both parties.

In Rifkin's examination of "Chelsea Girls," Kittay's theory of dependency ethics is extended and expanded from a location within a patriarchal marriage to an alternative mode of kinship that does not involve a breadwinner at the top of the hierarchical chain, so to speak. This alternative mode of dependency work is important to note, in that it affirms that the location of Kittay's dependency worker/charge relationship can exist in many locations, including within institutions. Rather than laying out how a caretaker should feel and behave, "Chelsea Girls," it seems in this review, paints the nitty gritty picture of the realities of dependency work, while adding the important dimension of potential skills and knowledge dependency workers can gain from their charges, rather than just ambiguous or nebulous sentimental benefits like affection and intimacy. Rifkin's work, in conjunction with that of Kittay's writings, shows how a case where a charge functions pedagogically in relation to his care giver, acting as a mentor and guide, rather than a custodian. This juxtaposition between Kittay's model and the alternative empirical example of Myles's experience shows that despite a charge's debilitating conditions that necessitate constant care, they can still offer concrete skills and benefits that exist outside the inherent dynamic of dependency worker and charge. Kittay's examples focus on benefits that are solely rooted in interpersonal connection, whereas Myles reinforces the independently generated benefits that arise from a charge's talents and skills, which emphasizes and preserves the dependent figure's individual worth and humanity, rather than situating them as an object to be acted upon, or conversely, a person whose needs are idealized and exaggerated to such an extent that they supplant the

needs of the dependency worker. This examination yields the realization of how important mutual respect and valuation can be in a relationship that includes a marked power hierarchy. Were the humanity and worth of troubled teenagers emphasized and affirmed to the staff to begin with, institutionalized abuse would be far less likely to occur.

Behavior modification via “tough love” has no empirical, scientific evidence to support its efficacy; rather, it is promoted purely through anecdotal evidence, conveniently picking and choosing which feedback from parents and children who have experienced the programs to use (Szalavitz, 378). By depriving individuals of basic autonomy as an answer to their deviation from a normative image of the able-bodied individual, the institution often exacerbates, or even creates, the problem of impaired functionality that it claims to “cure”. Conflating mental healthcare with behavioral reform ignores the suffering and difficulty inherent to neurodivergent life, and fails to nuance the impact of such on “bad” or “socially unacceptable.” With this conception of mental disability perpetuated within institutional settings, there is little hope for dependency worker staff to not only function effectively, but also to experience a safe and fulfilling work environment. On that note, however, the one thing every “troubled teen” in these programs has in common is the existence of a parental motive to send them there to begin with. Most these cases involve serious behavioral problems that impact not only the teenager in question, but also their parents- sometimes to the point of hopelessness and despair. This begs the question of what needs to be done in such cases. How can disruptive or socially unacceptable behavior be managed in an ethical way? Rather than institutions, mutually respecting and rewarding mentor relationships could be the answer.

Stacy Simpican posits a hopeful alternative to how life decisions are made for those who cannot make them themselves, which I believe should include minors. Planning Alternative Tomorrows with Hope (PATH)'s methodology of using a "multiplicity [...] perspectives to emerge [...] around the focal person" includes community members, friends, teachers, and neighbors in the decision-making process, which is especially useful in cases of parental abuse or neglect that might prompt such outsourced parenting initiatives" (Simpican 227). Kittay states, "Dependency is an inescapable state of being, yet how young/sick/old one needs to be to be dependent is culturally determined, rather than by will or desire. It is central in human relations, and its vulnerability impacts moral obligations, which has repercussions on social and political organization." Ultimately, this proposition is not useful in this incidence, because it lays out an idealistic set of guidelines for how dependency workers must treat their dependent charges that ignores the reality of how taxing such work can be. Rather than isolating good caretakers by requiring them to meet near-impossible standards, it is more important to implement reasonable standards of care, especially within youth institutional settings, that function as protective measures against abuse and human rights violations by granting charges more autonomy and prohibiting totalitarian control at the institutional level.

Shame and Sexuality

Of all the reasons kids are sent to this brand of residential treatment centers, using sexual orientation to legitimize this breed of social exclusion, isolation, and confinement is the most obliquely wrong. This treatment is inherently more likely to occur not only because of the isolation that is intrinsic to the very nature of the institution, but also

because of the societal views that dehumanize residents. Szalavitz references a number of incidences of gender-specific torment at Straight, Inc.: “a girl who had recently had an abortion was made to dress up as though she was pregnant. A lesbian had told me she was regularly made to dress in heels and skirts in an attempt to “cure” her sexual orientation. And I’d heard many other such stories” (Szalavitz, 308). Unlike mental illness, behavioral problems, or addiction, the majority opinion in America does not condone “treating” or “fixing” homosexuality, let alone by using “tough love” or “any means necessary.”

Conversion therapy is “a set of practices that intend to change a person’s sexuality or gender identity to fit heterosexual or cisgender standards and expectations — and it is usually religiously motivated. [...] Conversion therapy causes serious harms,” the National Center for Lesbian Rights Legal Director Shannon Minter told The Huffington Post. “In the short-term, queer youth who go through conversion therapy are being cheated of the opportunity to gain self-confidence and self-esteem, to get support from family members and other adults, and to have normal adolescent developmental experiences around friendship, dating, and other social experiences. In the long-term, the negative health consequences of being subjected to conversion therapy are extremely serious and can include substance abuse, dropping out of school, HIV infection, depression, and suicide attempts.” (Nichols)

While the public conception of “conversion therapy” or “reparative therapy” tends toward the widely-publicized use of electroshock variety, these cases are few and far between in comparison to the sheer volume of LGBT teens who are incarcerated in “residential treatment centers” and subjected to psychological, physical, and emotional abuse intended to reshape them into a version of themselves that appeals to religiously motivated program administrators and that warrants parental approval. This in and of itself fits the standard definition for the debunked practice of attempted conversion therapy. The APA put forth the following statement in regards to this practice in 2009:

“[...] Homosexuality per se is not a mental disorder (APA, 1975). Since 1974, the American Psychological Association (APA) has opposed stigma, prejudice,

discrimination, and violence on the basis of sexual orientation and has taken a leadership role in supporting the equal rights of lesbian, gay, and bisexual individuals (APA, 2005). APA is concerned about ongoing efforts to mischaracterize homosexuality and promote the notion that sexual orientation can be changed and about the resurgence of sexual orientation change efforts (SOCE)¹[...]. Some individuals and groups have promoted the idea of homosexuality as symptomatic of developmental defects or spiritual and moral failings and have argued that SOCE, including psychotherapy and religious efforts, could alter homosexual feelings and behaviors (Drescher & Zucker, 2006; Morrow & Beckstead, 2004). [...] Psychology, as a science, and various faith traditions, as theological systems, can acknowledge and respect their profoundly different methodological and philosophical viewpoints. The APA concludes that psychology must rely on proven methods of scientific inquiry based on empirical data, on which hypotheses and propositions are confirmed or disconfirmed, as the basis to explore and understand human behavior (APA, 2008a; 2008b).

Thus, virtually no programs openly advertise sexual orientation as something that they can “fix.” Nonetheless, the bulk of evidence indicates that this practice is widespread within the troubled teen industry. A survivor with whom I connected, Amber Haynes, gave me the following testimony that reveals the unadvertised pejorative and homophobic principals held by that the WWASP-affiliated program she attended:

“I attended Carolina Springs Academy in Donalds, SC. I was there from August 14th of 2001 to March 1st of 2003. My family didn’t know about my being bisexual before I went. When I wrote the mandatory confession letter home I told them. This resulted in me getting a Manipulation correction. My family rep. Grace Contreras told me I was trying to scare my family into pulling me out of the program. Grace was also the one that told me and a few other girls we weren’t allowed to be gay or bisexual. In the program, we could only be straight. She went on to say if we still claimed to be gay or bisexual we would be sent to one of the high impact programs in Costa Rica or Jamaica. As far as their services advertised, not even close to what I received. [...]”

In this instance, Amber’s parents did not elect to send her away on the basis of her sexuality, yet she was subjected to behavioral reform that attempted to punish her for being anything but heterosexual.

Even if the discrimination and abuse LGBT youth experience at the hands of staff isn’t coded explicitly as conversion therapy, the combination of being sent there

specifically for that reason and experiencing a mode of “behavior modification” that is used for addiction treatment to achieve sobriety or abstinence affirms the existence of this under-the-table service. The Pride LA reported on the success of the Lara Bill’s passage in California, and explicitly referenced troubled teen programs in describing where this conversion therapy occurs:

“Nonetheless, unconscionable “troubled teen” camp promoters use “reparative therapy” as bait for fundamentalist religious families and if something goes wrong, or if their abusive methods are exposed—they simply pick up stakes and move to another location, perhaps under a different name to avoid the law, upset parents or creditors. [...] Los Angeles LGBT Center CEO Lorri L. Jean said in a press release. [...] No longer can these programs—many of which claim to be Christian-based—hide behind their cross, asserting religious exemption to continue torturing LGBT youth they claim they can ‘cure.’” (Ocamb)

Gay Shame opens with an examination of the limitations of the gay pride

movement: “Liberation, legitimacy, dignity, acceptance, and assimilation, as well as the right to be different: the goals of gay pride require nothing less than the complete destigmatization of homosexuality, which means the elimination of both the personal and social shame attached to same-sex eroticism.” (Halperin and Traub 3). How does one eliminate personal shame within an environment wherein this destigmatization is impossible? One of the critical failings of gay pride as an ideology is that it fails to consider the very real shame that many LGBT people are still made to feel, especially within communities wherein they have no access to a collective affirmation of identity. The isolated, pastoral troubled teen institutions epitomize both this circumstance, wherein there is no access to pride, and they also house youth whose comorbid behavioral or psychological problems might make them figures of whom the gay community cannot be proud: “Just as leading lesbian and gay political organizations continually struggle to present to the world a dignified and respectable image of homosexuality, so lesbian and

gay researchers have often been reluctant to delve into topics that risk offering new opportunities for the denigration and demonization of homosexuality” (Halperin and Traub 11). Troubled youth precisely exemplify the category of these unwanted individuals.

In *Gay Shame*, Heather Love notes that “while over the last 20 years activists have successfully turned shame against seemingly shameproof institutions such as the health care industry, we are often reminded how easily shame can be turned back and used against the shame prone” (Love 257). Programs use shaming tactics in this exact manner to exert control and maintain order. Shame is just one of many techniques to control the subjects in programs’ care. A 2016 Huffington Post article tells the story of “TC, a 19-year-old gay man [...who] was subjected to conversion therapy in 2012 when he was 15 years old after his parents discovered he was gay [...] The first step — which usually lasted six months — [is] where they “deconstruct us as a person. Their tactics still haunt me. [...] They retaught us everything we knew. How to eat, talk, walk, dress, believe, even breathe. We were no longer people at the end of the program. They were able to turn us against ourselves,” he said. “This is what drew so many people to suicide. We all shared a sense of loathing towards who we were and who we loved. It wasn’t just your regular ‘I hate myself.’ It was a disgust with the person you were and you wanted to do anything you could to change” (Nichols). Love notes the “tenuous” ability of shame to bring those it touches together as a mobilized community in order to impact change. The isolating principle of this affective weapon poses a barrier to activism and self-advocacy, as shame tends to polarize individuals who it impacts, rather than cultivate shared identity and camaraderie.

Merri Lisa Johnson notes that “Queer theory and disability studies are hardly strangers to each other these days. The past decade has seen important work emerging from the intersection of the two fields [...] Yet the work of this dialogue has been rather one- sided, with crip theorists making overtures and remaining politely unsatisfied with queer theorists’ openness to the relationship” (251-252). She critiques the widespread notion that mental illness, including Borderline Personality Disorder, is a disqualifying factor for “epistemic knowledge.” This disqualification is predicated on the failure that is part and parcel to psychiatric disabilities, due to the antisocial behavioral symptoms that accompany such a marker of difference, including negative coping mechanisms like self-harm and substance abuse. Johnson proposes a new schema to read these failures: “The bad romance model introduced in my opening is a useful heuristic for defusing this set of anxieties by refocusing from the individual person to the dynamics of relationships and invalidating environments, translating a discourse of blame that might point to my hypersensitivity as the problem into a discourse of mutual responsibility for fair and productive communication” (Johnson 261). Rather than rejecting those who exhibit such failures, the symptomatic results of psychiatric disability should factor into discussions of the nature and mode of queer and disabled life. People who exhibit antisocial or self-harming behavior, including so-called troubled teenagers, should not be excluded from the dialogues of minority groups to which they belong.

Problematically, many of these teenagers might also have an unrelated condition that functions as the ostensible sole reason they are there, or conversely, they might experience sexual and gender-based discrimination and conversion therapy attempts outside of their parents’ solicitation while incarcerated. Neither of these instances,

however, legitimize this subjugation. When I spoke with a survivor of a WWASP branded program, he gave me the following account:

“Good morning, I have witnessed the administrators of Casa by the Sea demonstrate extreme hatred of LGBT students. Jason Finlinson and Dace Goulding in particular. There was one time I got pulled into the office, made to sit on a bucket of soap, and then harassed and finally dropped back to lower level because of an incident I let 2 lower levels self-report. They had been having an inappropriate relationship and came to me since they trusted me. I had them self-report. The anger Jason and Dace had, they were so upset I didn't run off and tattle since it would've gotten these kids sent to High Impact. I'll never forget Jason telling me he was dropping me because, "you never should have let them self-report, now we can't send these fags to high impact." It was like a personal insult to him. Needless to say, the 4 Mormons running the place when I was there were extremely homophobic. [...] This would have been in early '01. It appeared to me that parents were sending their kids there for concerns about homosexuality but it was kind of an unspoken thing. My own parents were concerned about my sexuality on top of other issues I was having. The staff there seemed to enjoy their position to make any kid that was out miserable. CASA was definitely not a place to be anything outside the Mormon scope of "normal." [...] My mother is mentally ill and was convinced an event that never actually happened was causing me to be gay so that's why I had turned to drugs. Then drugs were the convenient excuse to ship me off. In reality it was living with an unstable person and suburban boredom that led to my drug use. Feel free to use my real name. Erik Dunstan”

Here, drug use is used as an equal measure of condemnation to legitimize Erik's incarceration, along with his sexual orientation. Both factors are used by his mother as criteria to send him away, and both are coded as behavioral problems rather than distinguishing between a maladaptive coping pattern and an immutable characteristic. This account echoes countless anonymous voices posted on forums across the internet, most of which accounts focus on the way that shame was used as a tool to punish and police kids for expressing who they were in terms of their sexual orientation.

Conflating sexual orientation with the variety of behaviors that many programs use as justification to demonize teenagers not only reduces homosexuality to a medieval rendering of sinful perversion, but it also ignores the lack of autonomy and coherent

“choice” involved in addiction or mental illness to begin with. Neither of these conditions are elective ones. These conflation and moralizations in turn manifest in one concrete message to these youth: you are defined by your behavior and how we perceive it to be bad/shameful, and thus you are an inherently bad/shameful entity. This concept echoes how, in relation to the concept of Gay Shame, “Invoking a psychological literature about the origins of shame in the affective life of an individual, Sedgwick claimed that shame is “identity-constituting:” it is “a bad feeling that one does not attach to what one does, but to who one is” (Halperin and Traub 4). Programs implement an ideology that posits one’s worth, or goodness/badness, directly upon behavior as it applies to their schema of acceptability. Behavior that is objected to is thus attributed not to any context or causality, but rather to the ambiguous notion of morality.

“Problematic Sexual Behavior”

Across the board, sexual activity by youth within these programs is the leading cause for punishment and abuse. Upon reading swaths of survivor testimonies, a common theme becomes clear: sexual behavior, or even behavior that is perceived to be sexually motivated including passing notes to, speaking in private with, or even looking at peers in a “romantically charged way” seems to be at the root of the starkest measures of abuse, most notably stress positions, food and sleep deprivation, and extended periods of time kept in isolation rooms. Due to the religious principles upon which most of these programs are founded, sex is vilified to the extreme outside the context of marriage, for heterosexual and queer students alike. In fact, many of the “research articles” cited by Ascent programs are studies related to marital infidelity- something that shouldn’t apply to minors, in theory, yet it used as justification to condemn what they term “Problematic

Sexual Behavior,” which is often pseudoscientifically abbreviated as “PSB” as if it were a clinical condition, as Stephen Schultz, director of the Redcliff Ascent corporation uses on his personal parenting blog in articles like The Relationship Between Shame, Teen Treatment, Dual Diagnosis and PSB:

“This particular student has a history of being in previous treatment programs and sexually acting out at some of those programs. Each time he would be separated from the rest of the group, additional staff were brought in and the parents were asked to find another placement within 24-48 hours. This particular student has a low/average IQ and has been diagnosed with being on the spectrum. I got the call because this student, who is underage and is in another program, sexually acted out with a 20 year old. We had a good conversation and I’m sure the family is in good hands with their consultant. My purpose in sharing this message isn’t to “armchair quarterback” this clinically complicated situation. It is simply to re-frame how we tend to think about Problematic Sexual Behavior (PSB) and how we can better discuss these issues with families when their teens are burdened with a problem.”

Put plainly, this anecdote describes a cognitively disabled minor’s sexual relations with a 20 year old as “problematic sexual behavior” that needs to be corrected, rather than what both the law and common sense clearly indicate this situation to be: statutory rape of an individual with lower-than-usual defenses. Rather than persecuting this sex offender, the victim is instead placed in another punitive program for behavior modification for “sexually acting out.” This blog post goes on to describe how said minor was placed at Oxbow Academy, an affiliate program of Redcliff Ascent that claims to treat both victims of sexual assault and teenagers who have committed sexual abuse, lumping these diametrically opposed conditions together as, again, “Problematic Sexual Behavior.” This is victim-blaming in the most acute sense. Furthermore, Schultz’s frequent references to anecdotal accounts of his “clinical experiences” with students at Oxbow contain a key omission: Oxbow exclusively treats males, thus all the vilified sexual encounters in which students are caught “relapsing” in their sexual addiction, or whatever other

ridiculous manner Schultz uses to code this, are queer ones. A particularly disturbing post on The Interpreted Rock shows Schultz lecturing to students at Oxbow using an appropriation of pedophilic terminology:

“I am a partner in a specialty care facility called Oxbow Academy. Oxbow specializes in treating teenage boys from across the globe who are burdened with the socially sensitive concerns of sexual trauma, sexual abuse and sexual addiction. [...] I started out asking the boys if they knew what grooming was. A few hands shot up immediately and I got answers like combing your hair and brushing your teeth. I mentioned that they were right and that hygiene is an important part of residential living. I then went on to mention that grooming is also a way for one student to set up a situation over time that leads to some type of sexual encounter with another student. Many of those attending had a blank stare. So, I went on to share with them that sometimes when they are involved in horse play or wrestling around, a particular student may grab them in the crotch or touch them in what feels like an inappropriate way. And then, when confronted, there is an instant excuse of, “... it was an accident, what are you talking about!” But, you kind of know that it wasn't. I also mentioned it can happen through nonverbal actions such as eye contact, passing notes, drawing pictures, giving gifts, flashing someone from the shower etc. Some in the room started to squirm a bit. Most students were now engaged in the conversation. [...] Clinically significant sexual concerns thrive in secrecy. When there is open and honest education about language and behaviors concerning sexual issues, the socially inappropriate behaviors of those few high-risk students become exposed. Those few students then react in a stressful way. They, in essence, rise to the surface and can no longer hide. It was apparent that these two students needed further attention and evaluation. When talking with the residential staff, they already knew those two boys were “outliers” from the rest of the population. Neither of these responses was due to trauma, it was a reaction to future secrecy and manipulation being disrupted. It was a response to their peers now knowing their secrets.”

Terming this type of behavior “grooming” equates consensual interactions with sexual assault. Homosexual encounters between consenting and equally aged male minors are absolutely distinct from predatory adults committing pedophilic sexual assault. This demonization of queer encounters brings the stigmatized trope of the predatory or pedophilic adult gay man, one so often used to the advantage of homophobic bigotry, and applies the surrounding sentiment to egalitarian encounters between minors

that are not predicated on power differences, and thus not inherently harmful. This linguistic coding of gay male interactions demonizes natural behavior to a terrifying degree.

Troubled teen residential programs are integrally predicated on cultivating unbearable feelings of shame for the purposes of increasing vulnerability and dependency, and decreasing autonomy and self-advocacy. Program staff and officials wield this weapon from a multiplicity of angles. Primarily, entry into the program instates the shaming label of being a “troubled teen,” regardless of what specific problem is theoretically being treated. This blanket title serves to both amplify preexisting stigmas on disability and sexuality, and to create an entirely new category of subjugation and exclusion that conflates elective behaviors with inherent facets of identity and selfhood, ultimately moralizing and condemning things over which teenagers have no choice. The shame of being “unwanted by one’s parents” and implicitly by societally at large is often invoked as a mechanism of control. There’s no point in running away, kids are told, because no one would aid or assist a “troubled teenager:” thus, the program is implicitly the only place they can stay. Many youth who “age out” of the programs, once they turn 18 and are legally able to refuse care, have no avenue to a new life, and without any financial support or way to get home or contact people who might help them, end up homeless. Local residents are primed by programs to not only return these youth back to the program if they ask for help, but also to not believe anything these “bad, manipulative, troubled teenagers” say to begin with.

Approaches to Healing

Trauma Theory

Trauma theory seeks to examine the ways in which conditions like PTSD impact the quality of life for survivors of horrific events. The main obstacles to healing arise from the inherent difficulty of not only being listened to and testifying to one's unspeakable experiences, but also from the monumental struggle of understanding these events and integrating them into one's life and sense of self. Therefore, the pain of

trauma is rooted not only in the fear of others not believing or hearing one's experience, but also the sense of uncertainty and doubt that fragmented memory can manifest. Proper treatment for trauma necessitates the opportunity to testify to one's experience both internally and externally, as well as guidance in integrating the fractured self. Cathy Caruth's *Listening to Trauma* puts forth a series of interviews with leading theorists and practitioners, and the overviews of their work function to posit an effective method of treatment for survivors of trauma that prioritizes healing their psychic wounds over blaming them for their symptomatic behavioral responses.

Trauma survivors feel an urgent need to survive in order to tell their story. So, too, is their ability to survive also predicated on obtaining this opportunity, "unimpeded by the ghosts of the past" that once silenced their voices. Dori Laub is a psychoanalyst who has specifically focused on Holocaust survivors and the role of testimony, historical erasure, and bearing witness as theory and treatment. Laub's linguistic choice of "ghosts of the past", coupled with how bearing witness is "haunted by impossibility," invokes a language of the supernatural as allegory which speaks to the intangibility and doubt that plague trauma survivors who try to tell their stories. The dyadic approach troubled teen programs take of attributing a former resident's success in life to the program, while personally blaming others for failures based on the criteria used to solicit their placement from the start, creates yet another barrier for humane treatment and basic human liberties for institutionalized persons. Patients not only do the incarcerated lack basic legal rights,

but they also face societal stigmatization from being incarcerated that invalidates their worth and silences their voice.

Stigma is an affective state that is still tied to social structures, specifically relations of power that position people on a hierarchy of goodness and worth, and manifests in both the internal perception of one's self as well as in external interpersonal interactions. This insidious phenomenon occurs whenever a human difference strikes at however a culture is defined. Due to the infinite variety of human difference, anything can become stigmatized, and thus which traits are at any certain time is cyclical. In this sense, stigma mirrors disability in that it "could happen to anyone." Ultimately, stigma manifests in both external and internal violence, imbuing a self-loathing born of an internalized negative sense of one's "lack of this or that," ultimately one's "lack of the normal." The ego becomes stuck in a self- regarding loop, begetting negative and damaging reactions to one's self or others, in response to the dilemma of difference when a value judgment is placed upon deviating factors. Stigma, in turn, is among many things "a set of personal and social constructs; a set of social relations and social relationships; a form of social reality" that Lerita Coleman Brown theorizes to be "arbitrarily defined," and culturally and historically contingent upon the perception of human differences, and is defined by the majority: "those possessing power, the dominant group, can determine which human differences are desired and undesired" (Brown 141). Stigma often arises from the fear of things that humans don't have the means to quantify or understand, which generates the conception that symptoms of mental illness represent personality, morality, or intelligence. This conflation is exemplified by program's use of the troubled teen label to encapsulate a variety of human differences ranging from disability to

sexuality. While Brown asserts that physical abnormalities are the most stigmatized, majority group, neurotypical people equally fear the behavior that results from mental illness. Behavior itself is an integral mode of forming interpersonal connections. Such relation becomes incredibly hard when mentally ill, precisely because the fear of others' perception is inherent to such type of cognition, creating a vicious cycle in which inordinate distress and worry about what people think spurs behavior that does, in effect, make them think negatively.

Maia Szalavitz elucidates the bottom line of how this industry avoids prosecution and public scrutiny in her 2004 exposé *Help at Any Cost: How the Troubled Teen Industry Cons Parents and Hurts Kids*, “[a]fter all, if these kids told the truth, they wouldn’t need to be in the program, would they?” (Szalavitz,18). Not only do these incarcerated youth lack basic legal rights, but they also face societal stigmatization from being “sent away” that invalidates their worth and damages their credibility. Coupled with the fact that programs allow little to no contact between parents and children, with most programs openly advertising a minimum of weekly observed phone calls or written letters, the inability to report abuse that goes on leads to lengthier stays, especially when the communication about “how the child is doing” comes primarily from the institution itself. This lack of access to communication is clearly widespread enough to merit a clause in this year’s Senate Bill 3031:

(E) ACCESS TO COMMUNICATIONS.—Each child at such a program—(i) shall have reasonable access to a telephone and means for electronic and written communications, and be informed of the child's right to such access, to maintain frequent contact with parents or guardians, including making, sending, and receiving scheduled and unscheduled calls, unrestricted written correspondence, and electronic communications, with as much privacy as possible; and (ii) shall have access to current and appropriate national, State, and local hotline numbers for reporting child abuse and neglect.”

Imagine being in this situation and not even being able to tell your parents what's going on. Now imagine having to tell them that everything is fine, because your abusers are sitting next to you, watching you talk with them on the phone, ready to hang up if you say one word out of line.

While children are there, they can neither talk freely with their peers nor communicate openly with their parents, and complaints are rejected by staff as lies or manipulative behavior. They have no one, while they are there, to bear witness to their suffering even as it occurs.

Dori Laub's work outlines the necessary circumstances for witness, which requires a totally present listener in an appropriate space: the survivor needs both an external and an internal companion. The survivor is not just telling a story that already exists, but rather, the listener must put fragments together as a whole, present that whole to person telling, and they either agree or disagree. Thus, the ego must be restructured in order to create an internal addressee, for whom the therapist can function as a temporary stand in. Laub notes that many psychotic patients were extremely motivated to testify, yet found themselves unable to do so when the time comes. It was initially impossible for them to relate their experiences because they lacked the adequate internal conditions. The eternal emotional and psychological consequences of trauma can't be conveyed through pictures or film, which often does not even exist as a corroborating resource. A lack of objective documentation is just one of the many obstacles survivors must overcome in

order to bear witness, because the onus of doubt projected upon them by others is internalized and manifests in uncertainty and invalidation.

Art Blank, who began his career as a psychiatrist in Vietnam, was one of the first in his field to acknowledge the effects of trauma on soldiers, as well as establishing some of the guidelines with which it came to be treated within the Veterans Administration. His work was crucial to informing the diagnosis of PTSD as it appeared in the DSM III-R and DSM-IV. He established these diagnostic criteria by using Otto Fenichel's Psychoanalytic Theory of Neurosis from 1945, rather than the DSM-I. The anti-war sentiment was a huge obstacle to productive work on Vietnam Veterans. Art Blank terms this a "psychiatric propaganda campaign," in which PTSD was referred to as "combat fatigue/neurosis/exhaustion" or patients were labeled as having schizophrenia, panic disorders, alcoholism, and other conditions that ignored the root cause of their suffering. Former patients of troubled teen programs who experience PTSD, form negative coping strategies to deal with the trauma they incurred while detained, and ultimately struggle to succeed in their education, careers, and personal lives as a result of their treatment are framed as "not credible sources" precisely because of these failures and struggles. Their credibility is damaged not only because they were labeled as troubled teenagers before they even stepped foot into a program, but also because these programs damage their mental health and wellbeing to such a profound extent that they lack both the resources and social status to seek retribution.

Misdiagnosis, which has so often confused PTSD for alcoholism, substance abuse, depression, mood disorder, and schizophrenia, led to over-medication that did not effectively treat the real problem, and often made it even worse. Implementing the

framework of PTSD as a diagnosable condition enabled effective research, new treatment methods, and a better understanding of patients. Traumatic memories, rather than fading or reforming into something productive, refuse to turn into a mere story from the past. Unlike veterans, abused children struggled to recover particularly when they remained in the care of their abusers, rather than enemies at war.

The voices of children in troubled teen programs are profoundly silenced, in turn, not only by the credibility they lack upon the basis of their placement, but also due to the devastating conditions in which many find themselves. Szalavitz cites a court case in which “a parent who even claimed that an earlier-stage program called Straight, Inc. (a personal favorite of Nancy Reagan in her campaign in the war on drugs) was effective, revealed that her kids were ‘homeless’, ‘refusing bipolar medication’, and ‘heroin addicts’: neither of whom had consumed any drug other than marijuana before their stay” (Szalavitz, 234). Art Blank felt “the silence of coming home” was part of the trauma itself, but by popular opinion, talking about it was thought to make it worse. This reticence to discuss the war exclusively protected those who didn’t want to know about the situation. Like the obfuscation of the nature of troubled teen programs, Vietnam was an “invisible war,” even within the field of psychiatry, and soldiers experienced traumatic events that were later complicated by others’ refusal or inability to understand or accept what they had been through. A record was in place at institutions that treated, but was going unrecognized, and no one was making the link between veterans’ symptoms and war trauma. Similarly, former residents of troubled teen programs span a vast range of destitute and disabling conditions that are not attributed to the root cause of their trials and tribulations later in life.

After children are free from the confines of these programs, unless conditions that facilitate healing are put in place, not much can change. Despite the fact that many parents truly don't know what goes on while their children are detained, they are often unmotivated to press charges for something that they ultimately solicited and paid for, if they even believe their children. Furthermore, the statute of limitations for these cases is 2 years in Utah. Since minors generally lack the resources to file lawsuits independently, and since many survivors take years to even begin to be able to process and disclose what they endured, even if they receive a supportive and affirmative response from their parents it is often too late to take any legal action. Those who do risk defamation lawsuits, to which they are particularly vulnerable since it's difficult to obtain supporting materials like staff records, which would have to be procured by the offending institutions, to corroborate their accounts.

Community Building for Survivors

All of the above factors present steep obstacles to being listened to, understood, and heard. Furthermore, as the abuse in residential treatment centers is a widespread issue, there also exists a component of guilt and culpability in not speaking out. This was not an isolate or aberrant event of trauma and abuse. It is extremely widespread and ignored. Racheal's work, therefore, is not only a powerful form of therapy on a personal level, but also a crucial representation of a hugely important and shrouded phenomenon. In the forward to *Black Eyes*, Rachael asserts "[that] this [book] is for the survivors and the warriors. The ones who fight with their demons and take back their night. This is for the silenced and the oppressed, this is for me and most importantly for you." Since it's difficult to get in touch with fellow residents after the fact, as it's often prohibited to

exchange contact information, online communities are one of the few resources available to find others who have experienced these types of programs.

Over the course of this research, it's been exceedingly difficult to connect with survivors of these programs. The best resources available seem to be a very active subreddit (r/troubledteens) and dedicated private Facebook groups where survivors can communicate with one another about their experiences. One such group, WWASP survivors, was very useful for finding people who wanted to discuss their negative experiences for me. Interestingly, the dialogue within these groups comes in waves. There will be intense periods of discussion, along with regular attacks on members by those who believe the program helped them, often ridicule about "getting over it" or "not having a life." Many people don't want to talk about it. Some people who were sent to these programs believe that the program helped them so much that they decide to work there when they are young adults, and subject current residents to the same treatment they received. Perhaps this is due to the desire not to know, an impulse that protects survivors of trauma from engaging with their pasts fully. In Dori Laub's work, screen memories, which shielded survivors from the extent to which they suffered and functioned as a protective coping mechanism, had to be dismantled to get to the survivor's truth. This truth was "a record that has yet to be made," stuck inside of them in a fragmented and incomplete turmoil. Furthermore, he notes that overcoming the death drive, which is against knowing and the development of knowledge, was a crucial measure. Denial and

compartmentalization can work as coping strategies to combat PTSD, albeit temporarily and ineffectively.

A common theme within survivor group narratives are periodic calls to action imbued with a sense of urgency, after which these same commenters may disappear for a while. Many members have difficulty advocating for themselves or securing the care they need to heal. Trauma interrupts the linear narrative of life. In *The Body Keeps the Score*, Bessel Van Der Kolk relates a case study in which a veteran relates his experience of PTSD, including constant anger and maltreatment of his family, alcohol abuse, reckless behavior, nightmares, and flashbacks, and insomnia. In therapy, he expressed his fear and feeling of being out of control. When Van Der Kolk prescribed him medication, he refused to take it because he felt blocking out these nightmares and flashbacks was a betrayal to his lost comrades, saying, “I need to be a living memorial to my friends who died in Vietnam.” In his mind, his experience at war “rendered the rest of his life irrelevant,” and he was “frozen, trapped in a place he desperately wanted to escape.” Vietnam veterans, lacking sufficient access to trained professionals, were often arrested for violence, drunkenness, and many committed suicide. When they began treatment, they generally first refused to talk about what happened, but ultimately that was all they talked about when they began sessions. The temporary talk therapy groups functioned as a place to find resonance and meaning in tragedy. However, individual current experiences did not prove conducive to group therapy. They only felt fully alive when reliving their traumatic experiences. This mirrors the overwhelming sentiment that many of these online communities convey. Ultimately, however, community building is a

difficult thing to accomplish since so much of the psychological ramifications of these programs are designed to preempt solidarity.

Art as Therapy

Terry Rizzuti, a Vietnam war veteran, has articulated an alternative mode of bearing witness: the power of writing as therapy. By creating an account of his war trauma that he terms “The Puzzle,” he takes control of the narrative of his life, rewriting the convoluted past that formerly violated and controlled him via flashbacks by consciously and voluntarily putting it in his own words. In terms of his struggle with the obstructive daily ramifications of the trauma he experienced, he notes “I remember when I came home from Vietnam, everyone kept asking me what the experience was like. Part of me, a big part, didn’t want to talk about it, but in reality, I had no clue how to talk about it”. (386) Rizzuti was unable to write about his experiences until 18 years after the war. Rachael McAllister, whom I met at Discovery Ranch in Utah, and who suffered the same abusive measures as I did while there, recently published a book entitled *Black Eyes*. Both of us experienced a year of extreme trauma almost a decade ago, and took about the same number of years to not only talk or write about our experiences, but also to autonomously recall and accept the reality of what happened to us. It is this extended period of self-doubt, pain, and confusion that extends long beyond leaving that ultimately makes the experience of institutionalized abuse so unbearable. Laub gives a bodily representation to the pressure to testify, as an “innate instinct” that drives one to deal with, shape, and manage experience. He uses the image of a wound, the Greek etymological meaning of the word “trauma,” as metaphor. Just as a wound is a physical proof of having been hurt, a wound generates its own bodily process of healing and

creating new cells and taking a concrete shape, yet only within the right conditions (Laub notes sterility and temperature), and thus the healing process functions as a concrete event just as tangible as the traumatic experience.

Dylan Scholinski, who was confined to a psychiatric ward for three years for being transgender, uses painting as a means of recovery: “I paint for my survival and for myself. Time and again, I have realized that without my art, I would likely be dead. [...] I consider all of my art to be autobiographical. I tell stories about my life: what I am thinking, feeling, experiencing, creating a map of living and breathing emotions. I rarely hold my breath in painting- unlike in real life, where the simple process of breath, the literal proof of my existence, poses a daily challenge. The content of my paintings deals with the experiences I had leading up to and during my years in the hospital and continues to reflect the struggles I face being transgendered, gay, human, as well as an ex-mental patient” (Scholinski 192). His work details his suicidal ideation that stemmed from the pain of being incarcerated based on an immutable facet of his identity, and he uses this aesthetic outlet to process his former life experiences.

Rachael’s biggest struggle in overcoming the abuse she experienced is the fact that she was, and is, shamed into silence. Using abstract poetry and prose, she described to me a sense of relief and distance previously unavailable to her. By articulating her experience through artistic expression, she grasps the unrelenting memories and flashbacks that come at her in a way that is beyond her control, and she manages the feelings and emotions and pain that they incur. *Black Eyes* is not merely a way to vent, but also to find hope and manageability. It paints a visceral portrait of not only her personal life experience, but also the general experience of any child who is incarcerated

in one of these facilities. While a good deal of the writing is abstract and allegorical, much of the content is completely straightforward. Some of the most powerful moments in the work take the form of short, straight sentences. Equally moving to her description of picking up rocks and hiding under a wheelbarrow, this short verse elicits an emotional and evocative response:

“7 years later
almost free
PTSD
still
haunts
me” (36)

The structure of the line breaks and brevity of the prose mirrors the way affective responses to trauma is fractured and irregular. The imagery of being haunted is so accurate, and the way every word is on a new line mirrors the long-lasting effects of living with PTSD. Rizzuti states, “I discovered was that writing could add a layer of fiction between me and the actual experience, that that layer of fiction could create a buffer zone within which I could “play around” with the experience in ways that were therapeutic.” (389) Rather than forgetting, it seems like expression and rewriting the narrative with an uncensored voice is far more effective in striving to mitigate the impact of trauma and progress to catharsis. In our case, a huge component of the trauma was constant surveillance and censorship. Writing and expressing our experience, one we

were never able to voice or react to at the time, is thus especially well suited as a therapeutic means to recovery.

Conclusion

There are virtually no adolescents who do not struggle at times with the process of growing up. Parental conflict, defiance, and rule-breaking are all standard and to be expected during these developmental years. In the case of adolescents who do struggle with mental illness, cognitive or physical disability, or substantial behavioral problems, there are myriad options to provide at-home care. Rather than placing minors in facilities that will traumatize them and exacerbate problems they might have for years to come on the basis of fear and “what-if” speculation, it is necessary for caretakers to seek individualized care at the community level, and also to take into account their own role in family dynamics. The due process of law exists to protect individuals from abuses from those in positions of authority. Simply being a minor should not reverse the “innocent until proven guilty” model of culpability. Unfortunately, institutionalized child abuse is not an independent phenomenon. Until stigmatization of non-normative individuals is eradicated at the level of social consciousness, this treatment will continue in its vast, immeasurable permutations. Simply being a minor should not reverse the “innocent until proven guilty” model of culpability and incarceration. Being different, especially when that difference involves suffering, is not a crime.

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Further Reading:

Senate Bill 3031, Stop Child Abuse for Teens in Residential Programs Act of 2016

Government Accountability Report

2016 Huffington Post Article by Sebastian Murdock:

<http://testkitchen.huffingtonpost.com/island-view/troubled-teen-industry/>

Work by Maia Szalavitz:

[http://www.washingtonpost.com/wp-](http://www.washingtonpost.com/wp-dyn/content/article/2006/01/28/AR2006012800062.html)

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<http://www.motherjones.com/politics/2007/08/cult-spawned-tough-love-teen-industry>

<https://www.amazon.com/Help-Any-Cost-Troubled-Teen-Industry/dp/1594489106>

Resources for survivors and parents include:

ASTART, the Alliance for the Safe and Ethical Use of Residential Treatment

CAFETY, Community Alliance For the Ethical Treatment of Youth Facebook & Twitter

SIA, Survivors of Institutional Abuse

Safe Teen Schools

HEAL, Human Earth Animal Liberation's Teen Liberty campaign

Universal Health Services Behind Closed Doors

Survivor Testimonies on Reddit, Fornits, WWASP Survivors, Surviving Straight, Inc

HIGHLIGHTS: Senate Bill 3031: Stop Child Abuse in Residential Programs for Teens Act of 2016

(a) Minimum Standards.—

(A) PROHIBITION ON CHILD ABUSE AND NEGLECT.—Child abuse and neglect shall be prohibited.

(B) PROHIBITION ON CERTAIN DISCIPLINARY TECHNIQUES.—Disciplinary techniques or other practices that involve the withholding of essential food, water, clothing, shelter, or medical care necessary to maintain physical health, mental health, and general safety, shall be prohibited.

(C) PROHIBITION ON PHYSICAL OR MENTAL ABUSE.—Acts of physical or mental abuse designed to humiliate or degrade a child, or undermine a child's self-respect, shall be prohibited.

(D) LIMITATION ON RESTRAINTS AND SECLUSION.—

(i) CERTAIN RESTRAINTS AND SECLUSION.—The use of seclusion, mechanical restraints, and physical restraints that impair breathing or communication shall be prohibited.

(E) ACCESS TO COMMUNICATIONS.—Each child at such a program—

(i) shall have reasonable access to a telephone and means for electronic and written communications, and be informed of the child's right to such access, to maintain frequent contact with parents or guardians, including making, sending, and receiving scheduled and unscheduled calls, unrestricted written correspondence, and electronic communications, with as much privacy as possible; and

(ii) shall have access to current and appropriate national, State, and local hotline numbers for reporting child abuse and neglect. .

(P) INFORMATIONAL MATERIALS.—Full disclosure, in writing, in promotional and informational materials produced by a covered program, shall be given to parents or guardians of children at such a program, which shall include disclosure of—

(i) the name and location of the program, including the names of any owners and operators;

(ii) the number and percentage of children who terminated participation prior to completion of that program in the past 5 years, including children discharged against medical advice;

(iii) any past violations of the standards required under this paragraph by the program and any penalties levied against the program as a result of such violations;

(iv) its current status (current as of the date the materials were given to the parents or guardians) with respect to State licensing requirements;

(v) the number of deaths that occurred in that program during the most recent 10-year period and the cause of each death;

(vi) the names of owners and operators of the program that have violated State licensing requirements;

(vii) information on evidence-based or promising practices employed as treatment in the covered program, and information to aid parents and

guardians in finding community-based treatment resources; and
(viii) any national, State, and local telephone hotline numbers that the program made available to children and staff members to report complaints of child abuse and neglect, or a violation of this paragraph, by the program.

(R) PROHIBITION ON DISCRIMINATION.—The entity carrying out the program shall ensure that no person shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability, be subjected to discrimination in the provision of any program or activity, in whole or in part, covered by this Act.

(S) EVIDENCE-BASED PRACTICES.—The entity carrying out the program shall ensure that the program employs safe, evidence-based practices, and that children are protected against harmful or fraudulent practices, including use of isolation or of mechanical restraints or physical restraints.

FUTURE: Continued from 1

involved. It was obvious that the parents of the juvenile inmates were powerless to have any influence. This is a glaring contrast to it only taking five complaints describing much less egregious conduct than complaints against the boot camp to have an impact on the private program.

I think that many parents, and many professionals who work with at-risk teens, usually understand and agree with the above comparison, that too many public programs are underfunded, dangerous and ineffective. As a consequence, an increasing percentage of parents with children making poor decisions are willing to do anything they can to find a better alternative for their child. This leads more and more parents to consider private placement, even if it places the parents in debt for years.

This makes me optimistic for our network of private parent-choice schools and programs in the coming year. Even though the private parent-choice option is more difficult financially for parents, it is balanced out by an increasing percentage of parents wanting to bypass relying on professionals to take care of the problem for them. We empower parents to take action and responsibility on their own.

Should anyone want to discuss this issue further with me, you are welcome to visit my blog at <http://woodburyreports.blogspot.com/>.

BUDDY BASEBALL AT DISCOVERY ACADEMY

By Jennifer C. Jones

Summer is only a memory now but for children with disabilities in Mapleton, UT, it was the summer they played baseball in a league of their own.

Discovery Ranch, working in cooperation with Mapleton City recreation, formed a Buddy Baseball league that benefits both groups of children.

Ranch students who were level appropriate were allowed off campus to mentor young children with disabilities. Students helped their young buddies bat, field, and run the bases in a T-ball game where everyone won.

"This was a wonderful opportunity for our students to learn more about themselves, to reach out and serve and help others," says Craig Smith, Clinical Director at Discovery. He says students will also participate this fall in a buddy soccer program

Community parent volunteers say this kind of mentoring benefits both groups of children. Keri is a parent who helped organize the baseball league. "Most of these kids don't get that opportunity to participate in sports because of their special needs, so this is a way to allow them to do that," she explains. She says area families were excited about the program. "We started with about ten kids, enough for two teams. And now we have about 61 kids playing and eight teams," she says.

Discovery Ranch students fill a much needed role of helping children with disabilities enjoy the sport and the companionship. "They're a lifesaver," says Robert, another parent. "My son can't play regular baseball so this is the next best thing. It's a lot of fun for the kids and the community."

Continued: **BASEBALL/** pg 4



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BASEBALL: Continued from 3

Josh, a Discovery Ranch student, says for him, it's a life lesson in communication. "These kids aren't the easiest to communicate with. It gives us an opportunity to put what we've learned into action."

Some of the children have little or no speaking ability. Others struggle with physical disabilities that leave them barely able to walk. Camryn, another Discovery student, has chosen a buddy with both of those disabilities. Speaking about her buddy, Cory, Camryn says she can tell when Cory is having fun. "He kind of waves his arms around when he's excited and he smiles and laughs, so that's how I tell."

She half carried, half pulled Cory around the bases. Both of them took a seat on the grass near second base. Neither seemed to mind the summer heat. When they finally made it back to home plate, both were ready for refreshments.

"I think the Ranch does this just to give us a good experience," Camryn says. "I like helping other people and making others happy." She flashes a broad smile at Cory. "It's worth it to me just to see him be happy and for him to be able to play."

Across the field a grandmother recalls the Ranch buddy her grandson had. "She and Shiloh just connected," the elderly woman explains. She says the relationship didn't end when the student graduated. "She sent him a Christmas card and Christmas present. He sent her one. She still communicates with him." The grandmother added, "Discovery Ranch is really a blessing to these kids."

Christian, took a break from batting to offer his own analysis. "I think there should be more shade, especially for

the base four kids," he observed with a serious tone. He nodded his head decidedly. "It's pretty good," he said thoughtfully. Then, brightening with a smile he added, "Especially the cupcakes and drinks!"

Camryn and Cory sat side by side, finishing their treats. He squealed and she smiled at him. "I feel really good," she said. "I feel like I accomplished something really good."

For video highlights of Buddy Baseball, please visit www.discoveryranch.net/videos.

About the Author: Jennifer C. Jones is a Communications Specialist for Discovery Academy. www.discoveryacademy.com She can be contacted by phone at 801-682-2315 or e-mail Jenniferj@redcliffascent.com.

You should have education enough so that you won't have to look up to people, and then more education so you will be wise enough not to look down on people.

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SOLSTICE

Layton, Ut

SOLTREKS

Two Harbors, Mn

SPRUCE MOUNTAIN INN

Plainfield, Vt

SUMMIT ACHIEVEMENT

Stow, Me

SUMMIT ACHIEVEMENT TRAVERSE

Stow, Me

SUMMIT PREPARATORY SCHOOL

Kalispell, Mt

SUWS OF THE CAROLINAS

Old Fort, Nc

SUWS SEASONS

Old Fort, Nc

TALISMAN

Zirconia, Nc

TALISMAN ACADEMY

Hendersonville, Nc

TELOS

Orem, Ut

TRUE NORTH WILDERNESS PROGRAM

Waitsfield, Vt

UINTA ACADEMY

Lewiston, Ut

VALLEY VIEW SCHOOL

North Brookfield, Ma

VISTA ADOLESCENT TREATMENT CENTER

Magna, Ut

VISTA AT DIMPLEDELL CANYON

Sandy, Ut

VIVE!

Boulder, Co

WATERFALL CANYON ACADEMY

Ogden, Ut

WEDIKO SCHOOL

Windsor, Nh

WEDIKO SUMMER PROGRAM

Windsor, Nh

WINCHENDON SCHOOL

Winchendon, Ma

WINGATE WILDERNESS THERAPY

Kanab, Ut

WISDOM RANCH SCHOOL

Arco, Id

WOODHALL SCHOOL

Bethlehem, Ct

SEEN N' HEARD

Congratulations go to **Jason** and **Serena Hull**, from **Nawa Academy** on the arrival of your son, **Caeden Travis Hull**. He was born on September 21, 2009 and is already curious about the outdoors.

During the last month, the following news was posted on Strugglingteens.com.

Timpview RTC was closed, and we were notified January 19, 2010.

On January 21, **Deck House School** evolved into a year round school.

January 25, **Sage Star Center** launched a new student-centered development course at **Cherry Gulch**, **Vista Counseling Services** partnered with **Utley Family Farms**, **Turnabout/ Stillwater** offered financing options to families and **Newport Academy** opened a boys program.

On January 28, **Aspen** announced **Susan Cambria** would be the vice president of eastern division and would be responsible for overseeing operations at Aspen's 10 eastern facilities including Academy at **Swift River**, **Adirondack Leadership Expeditions**, **Bromley Brook School**, **Camp Huntington**, **Four Circles Recovery Center**, **New Leaf Academy of North Carolina**, **Phoenix Outdoor**, **Stone Mountain School**, **SUWS of the Carolinas** and **Talisman Programs**.

January 30 **Benchmark's Richard Brimhall** retired as the Dean of Admissions.

Many press releases came in on February 1. **Sheila Tart-Zelvin** joined the business development team at **Memorial Hermann Prevention and Recovery Center (PaRC)**, **Discovery Academy** welcomed **Phil Scoville**, LMFT, **Dr. David Smith**, Chair of Addiction Medicine at **Newport Academy** will be presented the ASAM annual award in April, **BestNotes** announced the integration of its treatment program information management system with **Family Bridge**, an online tool for families of troubled teens created by the aftercare experts at **Homeward Bound** and **Pasadena Villa** welcomed **Dr. Myrtho Branch**. Also, **Elan** received NIPSA accreditation.

On February 5, **Elk Mountain Academy** celebrated their 16th year in operation. **Bridges Academy** launched a music appreciation class, **Vista at Dimple Dell Canyon** began offering enhanced programming involving DBT (dialectical behavioral therapy) and **Russ Pryor**, LCSW, MBA, accepted the position of Admissions Director at the **Aspen Institute**, with **Randi Nelson** stepping into the role of admissions coordinator. Also on February 5, we were introduced to an **EAGALA** program called **Fresh Steps**, EAP, owned by **Darcie Kelly**, LCSW.

On February 9, **Marla Simon**, educational consultant, opened an office in San Diego, CA, and **College Living Experience** addressed the 30 percent college dropout rate with an article announcing their summer



opportunities.

February 11, **Recovery Plus** opened a substance abuse and addiction treatment center near Salt Lake City, UT, **Ironwood** submitted a Press Release explaining therapeutic boarding schools in their view and **Parth Gandhi** told us about **Peter Isquith's** presentation on Executive Functioning. Also, **Tiffany Wynn** of **Camp Mary Orton**, announced the 6th Annual Research and Evaluation

of Adventure Programming (REAP) Symposium would be held March 17-19, 2010.

On February 16, **Teen Challenge Columbus Girls Academy** sent a press release stating they had the privilege of hosting Base Camp 2010 earlier in February where seventy staff members and presenters were in attendance representing 17 Teen Challenge facilities from the Southeast region, and **Discovery Ranch** welcomed **Jeanette Brown**, LCSW, LSAC to the therapy team.

Tree Andrews announced February 18 that she had left **Robert Meltzer's** Educational Consultant practice to start her own. We also learned that **Cherokee Creek Boys School's** LEGO League team was headed to state finals.

Other news that was shared with **Woodbury Reports** included **Father Ralph Groskoph**, Episcopalian chaplain at the **Family Foundation School** retired and the annual NAWA Rescue Spring Training course was announced and will be held March 29 through April 3, 2010. Ten students from the **Grove School** received "high honors" and were awarded breakfast with **Peter Chorney**, Executive Director and **Robert Ruggiero**, Principal.

Visitors included **Julia Andrick** of **Catherine Freer** and **Dan Doyle** of **Santiam Crossing**.



SEEN N HEARD

Monroe Joins Discovery Ranch: Clinton Dorny, Executive Director of Discovery Ranch announced Lexi Monroe has joined the therapy team at Discovery Ranch. Lexi's expertise working with girls who are victims of trauma and abuse adds a new depth to the clinical team. She is a Licensed Professional Counselor and LSAC trained. In addition to abuse and trauma, Lexi has experience treating issues of attachment, adoption, identity and substance abuse. 801-489-3311

Parent Choices Hosts Elaine Williams: "The number of grandparents raising their grandchildren in this country today has more than doubled in the last ten years," shared Elaine Williams, guest on Parent Choices, "and grandparents sacrifice so much, to be able to give their grandchildren a stable home, often giving up their dreams and struggling with a lack of resources and support." Elaine Williams has a master's degree in social work from the University of Michigan and has spent her career working with children, adolescents, and older adults. She is the author of the book *The Sacred Work of Grandparents Raising Grandchildren* published in 2011. 248-396-5735

Tomes Executive Director of Asheville Academy: Asheville Academy for Girls, a therapeutic boarding school for girls' ages 10 to 14 located outside of Asheville, NC, is excited to announce Bryan Tomes as Executive Director. Tomes, who has been serving as Head of School since the Academy's opening in early December, will continue to provide oversight, guidance, and mentoring to Asheville's team, while further growing and developing a comprehensive curriculum that provides the highest quality services to girls and their families. Bryan received formal training from the University of South Carolina Columbia in the area of secondary education. He also received training in secondary education from Mars Hill College. Recently, he has been studying with Western Carolina University on program leadership with an emphasis on alternative education. 828-484-9946

Levin Joins Prakash Ellenhorn Mental Health Program: Ed Levin, who for 28 years handled outreach and referrals at Spruce Mountain Inn (VT) residential mental health facility, is using his marketing expertise to raise the profile of Prakash Ellenhorn, a private, primarily non-residential treatment program offering clients a multidisciplinary, highly individualized team approach as a proven-effective alternative to residential or hospital programs. 802-922-3048

Rosecrance Celebrates Role of Art Therapy in Treatment: Patients receiving inpatient treatment at Rosecrance's adult campus on Harrison Avenue worked on their own recovery while reaching out to thank veterans who otherwise might be forgotten on Valentine's Day. Students and staff worked hard to produce over 120 hand-made cards. 815-387-5605

Parent Choices Hosts Krehbiel: Lon interviewed James Krehbiel, author of "Troubled Childhood, Triumphant Life: Healing from the Battle Scars of Youth." After working in schools as a guidance counselor and teacher for over 30 years, James changed direction of his course, became a therapist and soon noticed that his adult clients "felt stuck and were haunted by past behaviors, whereas old patterns and scripts from childhood were coming into play in their own parenting strategies." 480-664-6665

Next Step for Success Changes Name To Parent Coach Professionals: Barbara Cass and Vicki Jones, owners of Next Step for Success, are excited to announce a new name for their parent coaching business - Parent Coach Professionals. 530-836-1980

Shortridge Academy Welcomes Langevin To Clinical Team: The Shortridge Academy Counseling Services team is pleased to announce the addition of Cara Langevin to the professional staff of the school. Cara has a B.A. in Social Work from the University of New Hampshire and a dual M.A. in Expressive Therapies and Mental Health Counseling, Art Therapy Specialization from Lesley University, Cambridge MA. Cara is close to completing the requirements for Master's level LADC license as well. 877-903-8968

InnerRoads Wilderness Program Expands: InnerRoads Wilderness Program, a program of the Youth Homes, has released dates for their upcoming expeditions. Expeditions will run April 6 - May 18 for the Spring Expedition, June 15 - July 27 for Summer Expedition, and October 5 - November 16 for the Fall Expedition. A new Adventure Trip is currently scheduled for August 8 - August 18. For more information, contact Amy Schaer. 406-541-1652

Little Keswick School Honored by VAISEF: Little Keswick School is proud to announce they have been honored for their commitment to the high quality of service they provide with an inaugural 'Partlow Insurance Best Practice Award', which is given by the Virginia Association of Independent Specialized Facilities (VAISEF). 434-295-0457

Expedition Therapy Welcomes Peyton As Primary Therapist: R. Michael Peyton has joined Expedition Therapy as Primary Therapist. Mike received a B.S. Degree in Psychology, followed by a Master's Degree in Marriage and Family Therapy, both from Michigan State University. He has been designated as an Approved Supervisor for the American Association of Marriage and Family Therapists, training new therapists in their profession. Mike's clinical foundation includes strategic family therapy formulated by Jay Haley and Cloe Madanes. He draws from twenty years of working with parents and their children, in addition to his twenty-seven years of experience as a husband and co-parent of five children, to bring relief to his clients, identifying the core values and needs of family members. 435-899-9115

Venable Named Head of New Family Center: Cherokee Creek Boys School is pleased to announce launch of the Cherokee Creek Family Center. This new department will be headed by Beth Venable. Beth was selected because of her excellent experiential education and program development background and deep interest in family-centered healing. She was the founder of our weekend CCBS Treks program for students and the Family Treks program for our parents and siblings. She will continue to manage marketing and communications duties during the startup of the department. Once the Center is fully up and running, marketing and communications will be assigned elsewhere within the organization. 864-647-1885

Smithson Joins Summit Prep: Summit Prep is pleased to announce the welcome addition of Sara Smithson, LMSW to the Summit Prep clinical team. Sara received her LMSW in Social Work from the state of Georgia, her MSW from Smith College School for Social Work and a BA in English from Vassar College. 406-261-9437

CONFERENCE CALENDAR ~ APRIL 2012

April 12-15: AEE Northeast Region Conference, Woodstock, CT, www.aee.org

April 13-15: AEE Northwest Region Conference, Squamish, British Columbia, Canada, www.aee.org

April 12-14: Level 1 Equine Training, Orange, CA, www.newport-academy.com

April 16-19: Therapeutic Business Administrators' Conference, Snowbird, UT, www.tba-services.com

April 19-21: 10th National Conference on Adolescents and Young Adults, Las Vegas, NV, www.usjt.com

April 19-22: 4th Adventure Therapy Best Practices Conference, Mayer, AZ, www.aee.org

April 20-22: AEE Southeast Region Conference, Hendersonville, NC, www.aee.org

April 30-May 3: 26th National Conference on The Self & The Family, Santa Fe, NM, www.usjt.com



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EXTENDED INSIGHTS... DISCOVERY ACADEMY OPEN HOUSE

Provo, Utah
Brent Hall, Executive Director
Mari Allman, Admissions Director
801-371-2121
www.discoveryacademy.com

Visit by Judith E. Bessette, EdD, July 29, 2008

On a warm sunny day in late July, I had the pleasure of attending an Open House for the new \$3 million dollar Academic Center Discovery Academy (DA) has built on its compact campus in downtown Provo, Utah. All of the staff there — from the Academy as well as Discovery Ranch, Oxbow and RedCliff Ascent — were excited and anxious to show off the new space. And...with good reason!

This new building was designed with the program in mind. It's both beautiful and functional. Kudos to Admissions Director Mari Allman who served as the resident interior designer for this project. Various aspects of the layout reflect the *process of discovery*; that is, the experiential process which is at the center of therapy, academics and residential life at Discovery Academy. Developing strong and healthy relationships is a hallmark of the Discovery process.

The classrooms are small — but that's in keeping with the small-sized classes at Discovery Academy. Students have specialized learning plans. The classrooms support individual work and also have a place for one-on-one teaching opportunities between student and teacher. The academic staff have the credentials to serve kids with learning differences as well as kids who can handle AP classes.

The new building now houses the girls' dormitory — a boon for the boys who will continue to be housed in the vintage buildings — because their dorm rooms are getting a new look. The current set-up houses boys in groups of twelve. Because the former girls' space is now available, each dorm grouping will be reduced to eight and each group will have a comfortable sitting area in their dorm space — another way Discovery Academy is backing up its belief in the importance of relationships as part of the Discovery process.

Dorm assignments echo the importance of relationships as well. Believing that students in treatment basically fall into one of two general categories — socially or emotionally disregulated — DA has discovered that assigning students who are alike to live together works better than assigning students who are different to live together. Brent Hall, Executive Director, says "socially maladjusted students *act out*, and emotionally maladjusted kids tend to more *act in*. Assigning dorms this way has helped us to curtail incidents among peers in their

living areas. It creates a more treatment friendly environment because students tend to feel more comfortable in their dorm setting from the very beginning of their program.”

The new building houses a fine arts theater — a great space for the drama therapy work going on at DA — as well as a science lab, library, cafeteria, exercise area and comfortable common rooms with ping-pong, pool and video equipment available for use in the students’ free time.

As proud as staff is of the new building, Brent Hall was passionate in making sure all of the Open House guests understand the RedCliff Ascent belief that while facilities can enhance a program, it is their people and their commitment to the relational base of the Discovery process that really makes the difference in their students’ lives.

All of the staff who spoke — Headmaster Lee Jensen, Clinical Director Matt Hendry and Drama Therapist Nate Mitchell — demonstrated the high caliber of people who work at Discovery Academy, and, through a variety of experiential presentations given by them during the open house, they also demonstrated their expertise in engaging DA students by engaging those of us in the audience.

Discovery Academy works with boys and girls (typically in separate groups) between the ages of 13 and 17. They are able to let a student who turns 18 continue in the program until they graduate because they have separate housing for older students. Most DA students come from a wilderness program or are stepping down from a higher level RTC.

Members of the Student Council were with us for the morning of the open house. These energetic, attractive young men and women spoke about the value of this experiential- based program and how the adventure aspects of DA — outings, the ropes course, equine and drama therapy and the like — made a difference for them. They also spoke about how the level system at DA let them know how they were progressing in the program and what they needed to do to move forward. Most of the students who spoke were at the Honor Level — meaning they were actively involved in community service, part-time jobs, college courses and learning independent living skills. And, they were invaluable assets to the other guests in completing many of the experiential activities that challenged the other open house participants!

I left this Open House with very positive feelings about Discovery Academy. It seems to me that the new building is a tangible expression of the genuine commitment the DA staff, in fact the entire RedCliff Ascent family, has to healing troubled teens through relationships that promote respect and responsibility.

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CAMP (October 8, 2009) The Canadian Press reports Wellspring, a US-based youth weight loss program, opened its first Canadian facility in Squamish, BC, and teens are having success in losing pounds while learning healthy eating habits.

HAZELDEN SURVEY: "FOUR GENERATIONS OVERCOMING ADDICTION" (October 8, 2009) Hazelden treatment center, Center City, MN, announced the findings of a survey of teens and parents and their attitudes towards parent-child communications about alcohol and drugs. It has inspired Hazelden to launch a national "Four Generations Overcoming Addiction" campaign designed to spark conversations about the dangers of addiction among Generation X, Baby Boomers, Millennials and the Greatest Generation. Contact Christine Anderson at 651-213-4231.

SILVERADO ACADEMY CELEBRATES YEAR THREE (October 8, 2009) Silverado in Panguitch, UT, will mark their third year anniversary on October 31 and announced they have started accepting applications for enrollment in a girls' program they are adding which will be on a gorgeous girls' campus. In addition, in view of this addition, Silverado Boys Ranch has changed the name to Silverado Academy to reflect their program and vision. Contact Denise Westman, Director of Development, at 435-676-8482 or cell 435-690-9185 for more information.

ALPINE ACADEMY TO BE FEATURED ON TRAVEL CHANNEL (October 8, 2009) Janet Mulitalo, Program Director at Alpine Academy, Salt Lake City, UT, 435-228-0100, tells us that Alpine Academy has been selected to be a part of a special program broadcast by The Travel Channel. This program will focus on offering resources and tools to families whose girls are struggling with depression and anxiety. Filming and production are already underway. A release date in late 2009 is anticipated.

OLIVERIAN RECEIVES GIFT IN SUPPORT OF PHOTOGRAPHY PROGRAM (October 8, 2009) Barclay Mackinnon, Head Emeritus/Director of Admissions at The Oliverian School in Haverhill, NH, 603-989-5100, announced Oliverian recently received a major gift to establish and support a photography program at the school from Dr. Sue Edbril and Ken Witkin, mother and step-father of Hanni M. and other members of the Edbril family and a close family friend, in memory of Dr. Edbril's late father.

LIVING WELL TRANSITIONS EMBARKS ON PATH OF FREEDOM (October 9, 2009) Brooks Witter, MA, LPC, Clinical Intake Director at Living Well Transitions, Boulder, CO, 303-245-1020, x205, announced Living Well Transitions has begun to implement the "Path of Freedom," developed by Sensei Fleet Maull, a training curriculum that teaches mindfulness-awareness meditation, non-violent communication, conflict resolution and leadership skills. All staff attended a two-day workshop with Fleet Maull and will begin a ten-week training course for a select group of clients.

JONES HEADMASTER AT DISCOVERY ACADEMY (October 9, 2009) Jennifer Jones, Media Services at Discovery Academy in Provo, UT, 801-682-2315, announced Jonathan Jones has been named the new Headmaster at Discovery Academy. As Headmaster, Jonathan will oversee academics at Discovery Academy, Oxbow Academy, Discovery Ranch and RedCliff. Jonathan holds a BA in Social Science from Westmont College and a Masters degree in History from the University of Northern Colorado. Jonathan has over 20 years experience as a teacher and administrator in public and private high schools in CO, VA, CA and UT.

DISCOVERY ACADEMY SETS ENROLLMENT RECORD (October 9, 2009) Jennifer Jones, Discovery Academy, in Provo, UT, 801-682-2315, reports that Discovery Academy set an enrollment record this year when more than 95 percent of the students enrolled chose to continue their programs upon turning 18 years old.

TURNING D RANCH STUDENT INVITED TO JOIN THE NATIONAL HONORS SOCIETY (October 12, 2009) Sean Thorne, owner of Turning D Ranch in Thompson Falls, MT, 866-581-9121, is proud to announce that one of their residents attending public school in the community has received an invitation to apply for admission to the National Honors Society. Selection is based on four criteria: service, leadership, scholarship and character. For more information contact Sean Thorne at 866-581-9121.

SHELTERWOOD GEARS UP FOR ANNUAL SERVICE PROJECTS (October 13, 2009) John DeVries, Admissions Director at Shelterwood in Branson, MO, 800-584-5005, reports students and staff from Shelterwood are gearing up for major service projects: the annual "Shelterwood Thanksgiving Serve," delivering Thanksgiving food baskets to needy families, helping rake yards for widows and the

elderly and helping to build a Habitat home. In addition, they will be loading up the vans and trailers and heading back down to the Gulf Coast region to assist the people in need from Hurricane Katrina, where they will be helping to rebuild a home that was damaged from the hurricane flooding.

SHELTERWOOD COMPLETES CONSTRUCTION OF A NEW SCHOOL (October 13, 2009) Shelterwood moved its facilities from Denver, CO, to Independence, MO, in 2008 and is excited to announce the last of the construction is finally completed and students and staff have settled in. The school, set on the side of a beautiful hill, is accessed by walking past a large outdoor swimming pool. The school's top floor has six spacious classrooms, a computer lab, science lab and additional office space. A quick elevator ride takes you down to the weight room/studio area on the second floor and the bottom floor is a full-court gym with six glass backboards and a large stage. To learn more, contact John DeVries, Admissions Director, at 800-584-5005.

LOGAN RIVER ACADEMY ANNOUNCES NEW GIRLS' PROGRAM (October 13, 2009) Larry Carter, CEO at Logan River Academy in Logan, UT, 435-755-8400, 866-755-8400, is pleased to announce the girls' program has moved to their new home in Wellsville which was previously occupied by Tavasi. The girls now enjoy a beautiful "home" type of living arrangement in a gender specific environment which includes an entire program and activity schedule dedicated to them and their specific needs, with the focus dedicated to the cultural, social and physical programming issues surrounding girls.

TWIN RELATIONSHIPS AND EATING DISORDERS (October 14, 2009) According to Amy Gerberry, Director of Clinical Services at Remuda Ranch, Phoenix, AZ, Remuda Ranch Programs for Eating and Anxiety Disorders has experienced an increase in treating twins with eating disorders, stating, "The twin relationship can be a unique one and there is often a stronger need for comparing and competition with one another. Because twins spend a lot of time together, they tend to want to do the same things together, and that can include eating." To learn more contact Remuda Ranch at 800-445-1900.

PATHWAYS AND BRINKMAN HOUSE MERGE (October 14, 2009) Rich Simpson, Owner of Argentina Pathways, located in Bariloche, Argentina, and David Brinkman, Owner of Brinkman House in Bonners Ferry, ID, are proud to announce their new merger. Their two unique programs have combined to become "Pathways Home and Abroad" which provides an exciting educational opportunity for young men, ages 14 to 18 years old, transitioning from a wilderness program, special boarding schools and/or treatment programs. To learn more about this new merger contact Rich Simpson at 208-676-1275 or David Brinkman at 208-610-5627.

SCORE AT THE TOP'S BIG MOVE (October 14, 2009) Judi Robinovitz is excited to announce the Boca Raton learning center, Score at the Top, has moved into a brand new expanded space in Boca Raton's first LEED Gold certified Green building located at 750 Park of Commerce Blvd. She invites you to come and visit them after the dust settles.

OPEN SKY LAUNCHES NEW WEB SITE (October 15, 2009) Aaron Fernandes, Executive Director at Open Sky Wilderness Therapy in Durango, CO, 970-382-8181, announced the launch of their new web-site which provides families, alumni and referring professionals with the best source of information on Open Sky, including expanded information on their professional team members. In addition, for their alumni students and families, they will be providing a monthly online newsletter with the usual resource materials about health and wellness, updates from current and former Open Sky team members and alumni.

MEDITATING WITH HORSES (October 15, 2009) Horse Sense of the Carolinas, Marshall, NC, 828-683-7304, held a series of fall sunset meditations and horse interactions in October and November, at the Horse Sense farm in Marshall, NC.

WELLSPRING AUTISM NETWORK ADDED TO NASHO'S BOARD OF DIRECTORS (October 15, 2009) Andrea Mascarinia at Wellspring, 800-418-9319, told us that the National Association of Specialty Health Organizations (NASHO) announced Wellspring Autism Network is its newest member. Joining as a director representing Wellspring Autism Network is William L. Young, Vice President of Network Development. Wellspring Autism Network is a national consortium of like-minded providers that specialize in the treatment of children with autism and developmental disabilities using Applied Behavior Analysis.

Pinnacle Named To Inc. Magazine's Hire Power List: The Pinnacle Schools in Huntsville, AL is featured in Inc. Magazine's 2nd annual Hire Power Awards which recognizes private businesses that have generated the most jobs from January 1, 2012 to June 30, 2013. According to Inc. Magazine's survey results, The Pinnacle Schools placed 10th among the top private business job creators in the state of Alabama, and 6th among top private job creators nationwide in the Education Industry. Pinnacle is among the 437 private growth companies that are Hire Power Award honorees leading the way in creating more American jobs. 866-906-8336

Allynwood Academy Presents CHAT: CHAT® is Allynwood Academy's unique program for adolescent and young adult dog enthusiasts. CHAT® stands for Canine Human Attunement Training/Therapy. CHAT® emerged out of more than 16 years combined experience and thousands of hours of practice with adults, adolescents and dogs of all breeds. Dr. Rita Argiros, Richard Reeve, and Jennifer Eckhardt will present the Theory and Practice of CHAT® November 23, 2013 at 9:00am -4:30pm at Allynwood Academy in Hancock, NY. 607-637-8265

Horrific Fire Valley View School: As many of you are aware, on Friday, October 25 at approximately 7:00 pm, the Valley View School community was confronted with an almost surrealistic nightmare in the form of a horrific fire which destroyed a major dormitory, student lounges, kitchen and dining-theater room. It is almost a strangely almost symbolic omen that we managed to save the large circular carved wooden crest, indeed the symbol of Valley View, which hung in the newly remodeled but now defunct lounge. While somewhat tarnished by the smoke and soot in the room, it was already suggested that it be kept this way and hung in the future new lounge as a symbolic relic of our past history. We remain thrilled with the level of positiveness that has been fused under tough circumstances- a pulling together of our great staff, so many out there in the community and most of all the boys themselves. May God continue to bless us all. 508-867-6505

Discovery Academy Welcomes Newell: Discovery Academy is pleased to announce Ken Newell, PhD has joined our clinical team as our girl's clinical specialist focusing his expertise with our female students. Dr. Newell began his decade-long work with teens and their families as a wilderness therapist with Aspen Achievement Academy and then with Second Nature Wilderness Programs in Utah and Georgia. He also worked at Homeward Bound, a program which helps teens and families with the transition home after residential treatment. He then began working at Discovery Ranch, a residential treatment center that helps teens work towards self-discovery and fostering self-reliance. 801-374-2121

Bella joins Surf House: The Founders of Surf House are pleased to welcome Jen Bella, LCSW as the women's Life Coach. The program will begin enrolling young women on November 26th. Jen is a licensed Clinical Social Worker specializing in women's issues. Jen served as a primary therapist for Summit Achievement for 5 years prior to operating her private practice. She looks forward to living in Puerto Rico and helping develop the women's section of Surf House. Surf House is a specialized life coaching program located on the West Coast of Puerto Rico for young men and women aged 17.5 to 25 years. Providing a cultural immersion and accredited academics, Surf House is an alternative to treatment programs for students who will benefit from a structured environment focusing on personal growth and the development and implementation of a life plan. 787-237-8168

Family Support Collaborative Opens Two Additional Programs: We are pleased to announce the opening of two exciting and much needed

programs, Adirondack Peak Experience (APEX) and Baker Valley Treatment Center. APEX will be the only non-profit, transport ready wilderness therapy program in the Northeast. Located on the site of the former Adirondack Leadership Expeditions in Saranac Lake, NY, APEX celebrates the return of former ALE employees Patrick McAvooy (Program Director), Deborah Paradis (Director of Operations), Aaron Rumsey, LMHC (primary clinician), and Sara View, LCSW (Family Program). Baker Valley Treatment Center will open on November 18, 2013, and will run at a maximum capacity of nine residents. For further information, contact Don Vardell at dvardell@penikese.org or 413-320-7425.

Mayeski New Director Of Academics at Oakley: Paul Taylor announced that Kori Mayeski, M.S. has accepted the position of Director of Academics at the Oakley School. Kori's professional career began over 20 years ago and combines positions in college student life support, classroom instruction, and active roles as school administrator with three notable residential treatment settings since 2001. Her innovative style of leadership combined with our talented faculty will allow Oakley to further refine our strong academic program. 855-842-5594

Allynwood Performing At Carnegie Hall: Allynwood Academy's music director, Paul Geer, will lead the Golden Hat Foundation choir on November 16 at the world-renowned Carnegie Hall in New York City. The celebrity fundraising event supports actress Kate Winslet's Golden Hat Foundation, which celebrates the intellectual capabilities of people with autism. 607-637-8265

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[Articles and information appearing in this publication are the opinions of the authors, and do not necessarily reflect the opinions of Woodbury Reports, Inc., StrugglingTeens.com.™ or it's staff. We urge our readers to conduct their own investigation of the products and services identified herein.]

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PARENT CHOICES NOVEMBER REVIEW

Hosted by:

Lon Woodbury, MA, CEP, IECA

Independent Educational Consultant

208-267-5550

lon@woodbury.com

www.strugglingteens.com



Parent Choices For Struggling Teens airs Mondays at 12 pm, Pacific Time on LA Talk Radio, Channel One.

Sober High Schools Are A Model for Education: Devon Green, Director of Education for Newport Academy in southern California, shared the difference between a traditional high school and a "sober high school". "Designed more as a step down program from a more intense residential treatment center, a sober high school or also referred to as a recovery high school, is set up like a typical school day, with students attending school from 9:00 am to 3:13 pm and off on the week-ends. Yet at a sober high school, the students are committed to being sober and are willing to be drug tested as needed, to ensure the school stays safe and drug free. Students also have the support of weekly group therapies such as equine, music and art therapies, therapeutic and substance abuse counseling, life skills training and support from both faculty and parents. 714-345-0815

Whatever Happened To Rites of Passage?: This topic centered on the disappearance of the "rites of passage" for young adults, with Patrick Barrasso of In Balance Ranch Academy and Molly McGinn of BloomTree Learning Community. To clarify what a rite of passage is, Patrick explained that traditional tribal and ancient rites of passage was a test with a ceremony symbolizing the transition from childhood to adulthood and the recognition of a change in the young person that was naturally occurring. "We've lost touch of the importance of these stages in a young person's life, of dying to the old and giving way to something exciting, unique and affirming. These rites of initiation, a celebration of these conquests to adulthood and where a young person feels that they are 'arriving' to adulthood." Molly added that the "intentional, formal rites of passage led by skilled elders and guides are basically non-existent today and yet the need for that recognition for our young people is still present. Without the role of mentors and elders who would normalize the separation of youth from adults in the community, this has left the youth to initiate one another into the adult world (ie: gangs)." Patrick 877-304-3329, Molly 928-478-8813

The Digital Teen Brain: Clinton Dorney and Thomas Holmes from Discovery Ranch discussed the "blessings and curses" of digital media and the results of addictions to digital media. Discovery Ranch is a residential treatment center in Utah. "The kids coming to our program with digital addictions are often thin, pale and withdrawn socially. They struggle with interpersonal interactions and have a hard time with face to face communication. Kids with these addictions spend an average of 8-½ hours daily on screen time...more if you include TV." 801-489-3311

waste vegetable oil collected from local businesses. The facility heats in the winter from hot water siphoned from one of the natural hot springs. They actively recycle, compost, garden, and reuse and reduce waste as much as possible. They also make their own bio-fuel from the collected waste vegetable oil to use in their vehicles. For more information, contact Larry at 208-655-4111.

College Living Experience Stands Alone:

(July 5, 2009) College Living Experience, Denver, CO, announced that as of June 30, 2009, CLE will operate as a stand-alone organization under the continued leadership of Stephanie Martin as President and Amy Radochonski as the Vice President. To learn more about College Living Experience, contact Amy Radochonski at 510-384-1978.

College Excel Staff Announcements:

(July 6, 2009) College Excel, Bend, OR, has several staff announcements: Dennis Crowell has resigned as Program Director, effective July 1, 2009, to open a private counseling practice in Bend; Mike Smith, Academic Director, is celebrating his third year with College Excel; Jody Gold, who holds a Bachelor's degree from Yale University and a coaching certification in behavioral coaching, has been with them since January 2008, and has stepped on board as Director of Student Life; Barbara Cass has permanently joined the College Excel team as an Admissions Counselor and Carrie Hardie has joined College Excel as the new marketing specialist. Contact Sue Harless, Executive Director of Operations, or Jeannie Crowell, Executive Director of Marketing, at 541-388-3043 for more information

Center for Change Opens New Program:

(July 6, 2009) Tamara Noyes, Business Development Director for Center for Change, Orem, UT, 801-224-8255, announced Center for Change, a treatment program for eating disorders, has a new program that is now accepting clients for their day program (PHP). It provides eating disorder treatment for 10 hours/day Monday through Friday. Please contact Center for Change for more information.

Buften Head of School at St. Paul's:

(July 6, 2009) St. Paul's Preparatory Academy, Phoenix, AZ, 602-956-9090, is pleased to have Robert E. Buften as the new Head of School for St. Paul's Academy. Rob was previously at Southwestern Academy, Beaver Creek Ranch campus, and has experience in working with young men as a spiritual director and pastoral counselor.

Echo Springs Featured:

(July 7, 2009) Echo Springs Transition Study Center, Bonners Ferry, ID, a transitional living program for young adults ages 18 to 24 years old, founded 16 years ago by Doug Kim-Brown, was featured in the Boundary County Digest, a local news source. Community integration and community service is an important aspect to this life skills program.

SUWS Welcomes Kemp:

(July 7, 2009) Kathy Rex, Executive Director at SUWS

Adolescent and Youth Programs, Shoshone, ID, 208-886-2565, is pleased to announce Dan Kemp, who has over 15 years experience working with adolescents and young adults, is their new Director of Admissions. His experience includes being involved in startup Residential Treatment Programs, Transitional Therapeutic Boarding Schools, Academic Boarding Academies and Outdoor Therapeutic Programs. To contact Dan directly call: 435-640-6970.

Echo Malibu PET Training:

(July 7, 2009) Echo Malibu, Malibu, CA, 800-780-3246, announced Carol Nalin a faculty member at Echo Malibu, provides parent effectiveness training (PET), based on Dr. Thomas Gordon's famous book, to families of teens who attend this residential drug rehab program, in addition to weekly counseling with the teens on effective communication skills. To learn more contact Echo Malibu.

Discovery Ranch Licensing Changes:

(July 8, 2009) Clinton Dorn, Executive Director at Discovery Ranch, Mapleton, UT, 801-489-3311, announced some recent changes to their licensing, which allows for ebb and flow with bed availability. This allows them to eliminate the variance process when a student turns 18 and chooses to stay at the Ranch.

Thomas Joins Breakthrough:

(July 9, 2009) James Murray, MS, Founder and Director of Breakthrough Interventions, Salt Lake City, UT, 413-268-7022, James Murray is proud to announce Amanda Thomas has joined Breakthrough Interventions as an interventionist Amanda previously worked at Vive! Amanda will be based in Northern Idaho and may be contacted at: 303-775-1779.

Newport Academy New Center:

(July 9, 2009) Scott Sowle, Executive Director of Newport Academy, Newport Beach, CA, 310-903-1155, announced Newport Academy will be opening an adolescent outpatient counseling center in Newport Beach, CA, on August 15, 2009. The outpatient center will include a full range of services including a multi-disciplinary treatment team consisting of a board certified addiction psychiatrist, internal medicine physicians specializing in the adolescent care, and therapists who specialize in the treatment of adolescent substance dependency and co-occurring disorders. The center will also offer individual, group, and family therapy.

First Step International Escorts:

(July 9, 2009) First Step is a family owned and operated escort service, which has been in operation since 2000. It was founded by Eddie Curry, President and Director, First Step Adolescent Services, Inc, who has been assisting families with troubled teens since 1993. First Step specializes in escorting teens in the US and Internationally. For more information, contact Eddie Curry at 888-633-6074, or from outside the US: 702-646-7763.

CONTINUED: SNH/ 18

individuals in our profession to become more involved in NATSAP and the work that we do as an organization and as programs, schools and affiliates. It is an option for you to keep informed and up-to-date on the activities of the organization via newsletters and special announcements as well as providing cost effective access to our workshops and conferences.

It is also an opportunity for those involved in our new and developing profession to join with their peers to establish a professional affiliation specific to the work you do.

To demonstrate our appreciation for your commitment to the mission, principles and goals of NATSAP, we are pleased to dedicate a page on our website where we will list the names of our Individual Affiliates.

The membership fee is nominal at \$75.00 per year. An individual can apply for affiliation with NATSAP at any time during the year.

AN INVITATION TO CONTRIBUTE TO THE NATSAP NEWSLETTER

The Public Relations Committee developed a list of standard articles that will appear in the NATSAP Quarterly Newsletter at their last meeting in 2005. We will draw from our membership for many of these articles. We hope those articles appearing in this newsletter will inspire each of you to contribute to our future issues.

Standard Articles:	This Issue
Success Stories	In a Mother's Words:
	Program Graduate Lives By Teachings
In the Trenches	Heartfelt Gratitude

We are also seeking articles addressing Risk Management and are offering our members a standing invitation for comments.

We will also include the President's Corner, articles on national and regional conferences, profiles of our new members, updates from Member Services, and NATSAP Office News.

Articles can be sent to the NATSAP office at info@natsap.org

NATSAP BOARD OF DIRECTORS SETS GOALS

The NATSAP Board of Directors gathered in Salt Lake City to set the goals for 2006 with an eye towards the future. The committee structure, chaired by Board members, continues to be a strong component of NATSAP, which was evident in the accomplishments in 2005. Given this success, the Board continued their planning based on this structure.

New Committees

Outcome Research

Dr. John Santa was selected as Chair of this committee and was

chartered with developing the committee; conducting an Outcome Research Summit as well as conducting a survey to determine what research currently exists, developing a demonstration project and developing a workshop / presentation on research for the 2007 National Conference.

Public Policy

The Board recognized the need for, and established, a Public Policy Committee. We are fortunate to have Dr. Karen Fitzhugh from King George School and a new Board member as the Chair for the committee. Dr. Fitzhugh has spent many years in both clinical and administrative roles in the behavioral healthcare field and has a lengthy career as a mental health advocate. Dr. Fitzhugh was chartered with developing the purpose of the committee, determining committee members, identifying advocacy opportunities, and developing a workshop on "Legislation, Politics and Advocacy".

Staff Certification

Craig LaMont, Telos Residential Treatment, presented a proposal to the Board at the November meeting to establish a NATSAP staff certification program. The committee was established at this meeting with newly elected board member John Stewart as Chair. The committee will develop the core curriculum for individual certification; develop the certification process; develop a plan to implement the certification process; and to develop and present staff certification workshops at national and regional conferences. The committee begins with these members: Joel Agate (Telos Residential Treatment), Amy Jeppesen (La Europa Academy), Craig LaMont (Telos Residential Treatment), Ruth McKnight (Northwest Academy), Craig Smith (Discovery Ranch), and Dan Stuart (Island View)

Existing Committees

Education

John Mercer remains the Chair of this committee with plans to develop a comprehensive accreditation process that could be applied to a variety of different programs including both therapeutic schools and home based residential programs using the NATSAP ethics and standards; develop a written position paper about the need for educational ethics in NATSAP programs and how utilizing the existing standards helps NATSAP programs maintain ethical practices in relation to both curriculum and the awarding of credits; make a recommendation to the ethics committee about the possible inclusion of an ethical principle related to education; examine and develop ways to improve the quality of education across programs (furthering vs. fragmenting); and facilitate presentations at the regional and national conferences that would address the integration of therapy and education. Serving on the committee are Sharon Bitz (Mount Bachelor), Rick Buening (Academy at Sisters), Kirk Farmer (Logan River Academy), Joe Gubbins (Spring Ridge Academy), Brent Hall (Discovery Academy), Laurie Laird (New Haven), Kari Mayeski (La Europa Academy), Frank McDermott (Elan School), James Meyer (Oakley School), Pam Nielson (Cedar Ridge Academy), Renee Pancoast (La Amistad), Sid Parham (Family Foundation

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Highlight your membership by adding the NATSAP logo to your website	
	
4TH QUARTER 2005	

conference when a hurricane forced a last minute postponement. She has served on every Conference Committee since that time and it is fitting that she is the co-chair of the 2006 Conference where we will honor the past. Rosemary has successfully chaired the Member Services Committee and will continue as co-chair. After all, we can’t let her get away entirely! Rosemary’s warm hospitality at our Atlanta Board meeting was extraordinary. Rosemary, thank you for your voice of reason and wisdom, your laughter and your positive nature.

Cheryl Kehl leaves the Board at the end of this term as well. She has served NATSAP as the Secretary of the Board of Directors and as a member of the Member Services Committee. In the two years Cheryl has served on the Board, she has provided insight and experience to the challenges faced by the Board. Cheryl also has a gift for hospitality and we thank her for the memorable moments she has given us. Cheryl, thank you for your contributions and for your easy-going style. ---*Jan Moss*

ANNUAL RENEWAL
DEADLINE: JANUARY 31, 2006

The Annual Renewal for your NATSAP membership will be mailed on December 1st. You will note the deadline date of January 31, 2006 on every document in the Annual Renewal “packet.” This deadline **MUST** be met for your program / school to be included in the 2006 NATSAP directory. Our membership has grown extensively this year and will continue to grow. The volume of additions and changes to the directory makes a deadline necessary. We can no longer delay our schedules to accommodate the late submissions of dues and other required renewal documentation. Therefore, we ask that you give the Annual Renewal mailing a high priority and submit your dues and other documentation expeditiously. NOTE: If your dues are paid by your corporate office, you **MUST** return the other information by the deadline.

The Annual Renewal ”packet” will include a questionnaire on your accreditation and/or licensure and an acknowledgement of full compliance with the NATSAP Supplemental Principles of Good Practice (for Therapeutic Boarding Schools) and the Behavioral Support Management Guidelines for Therapeutic Schools, Therapeutic Programs and Outdoor Behavioral Health Programs. It is important these are returned with your updates to your directory page, a signed copy of the Ethical Principles, changes or additions to your Administrative Information and your dues by January 31, 2006. Alicia and I both

appreciate your cooperation in meeting this deadline. ---*Jan Moss*

WELCOME NEW MEMBERS

As of November 1st, thirty-eight programs / schools have joined NATSAP in 2005. Please join us in welcoming our newest members:

- Academy at Canyon Creek**
Residential Treatment Center
Springville, UT

Betton House
Transitional Independent Living
Scranton, PA

Catamount Wilderness School
Outdoor Therapeutic Program
Wilmington, NC

Discovery Ranch
Residential Treatment Center
Mapleton, UT

Eckerd Youth Alternatives–E-HOW-KEE
Outdoor Therapeutic Program
Brooksville, FL

Eckerd Youth Alternatives–E-SUN-ALEE
Outdoor Therapeutic Program
Deer Lodge, TN

Kolob Canyon
Residential Treatment Center
New Harmony, Utah

Moonridge Academy
Residential Treatment Center
Cedar City, UT

National Deaf Academy
Residential Treatment Center
Mt. Dora, FL

Rosecrance Griffin Williamson Campus
Residential Treatment Center
Rockford, IL

Turning Winds
Therapeutic Boarding School
Troy, MT

The Membership Committee has already started the review of applications for 2006 Membership and we welcome **Bromley Brook School** as the first new member in 2006. ---*Will White*

NATSAP NORTHEAST
REGIONAL CONFERENCE
Adam Tsapis, Summit Achievement

The Second Annual NATSAP Northeast Regional Conference was a resounding success according to the over 70 attendees representing 19 programs and 7 educational consultants. In just one year, attendance has doubled! Audrey Peavey of New Horizons for Young Women and NATSAP board member Will White of Summit Achievement organized this September event on the rocky coast of Maine at The Colony Hotel in the seaside town of Kennebunkport.

As this was just the second NE Regional gathering, our primary focus was on community building and collegial networking. In addition to the many scheduled events including opening remarks from our conference coordinators, compelling keynote addresses from Thom Pollard, Karen Fitzhugh of King George School, and Dr. Lisa Machoian, and breakout sessions, there was still plenty of time for informal gatherings, a walk on the beach or a swim in the outdoor heated salt-water pool.

The conference kicked off with a traditional Downeast “all you could eat” lobster fest for the 50 attendees who arrived the night before. Many then gathered for informal “after hours” networking around the pub screens socializing and providing color commentary for the Red Sox Playoff game. After a gorgeous seaside breakfast and an invigorating warm up activity by Darrel Fraize, attendees heard from Thom Pollard, world traveler and award making filmmaker against the backdrop of his photographs of Mount Everest during his work on the Mallory and Irvine Research Expedition. Karen Fitzhugh, the driving force behind the King George School’s continuous operation throughout the Brown Schools bankruptcy followed with her inspiring story. After lunch Dr. Lisa Machoian spoke on the subject of her experience helping girls survive the desperation of their teenage years and her book [The Disappearing Girl: Learning the Language of Teenage Depression](#).

Facilitated Breakout Sessions included roundtable discussions for Educators, Admission Directors, Clinicians, Direct Care Staff, and Owners/Managers. Some of the collective outcomes were the desire for cooperative education and collaborative training opportunities, an appeal for members to participate in a consortium for outcome studies and for additional opportunities to gather in such a collegial atmosphere.

Thanks to Will White and Audrey Peavey for organizing the event.

Special thanks to Jan Moss, Rosemary Tippet, and our keynote speakers, Thom Pollard, Karen Fitzhugh, and Dr. Lisa Machoian.

Thanks also to our conference sponsors: Academy at Swift River, Adirondack Leadership Expeditions, Aildredge Academy, Bromley Brook School, Chamberlain School, Deckhouse School, Family Foundation School, Montcalm School for Boys, New Horizons for Young Women, Safe and Sound Youth Transportation, Inc., and Summit Achievement.

FOUNDATIONS FOR TOMORROW

Get ready for our 2006 *Foundations for Tomorrow* Conference at the Sheraton Sand Key Resort in Clearwater Beach, Florida, February 2 – 4! We cannot overlook the past when we focus on the Foundations for Tomorrow. Sharon Laney and Dr. John Santa will *Honor the Past and Recognize NATSAP’s Beginnings* when everyone gathers together at noon on February 2nd. You won’t want to miss this very special presentation.

We are fortunate to welcome as keynote speakers Dr. Larry K. Brendtro, Ph.D., founder of *Reclaiming Youth International* and Dean of Research and Training at *Starr Commonwealth* and Dr. Kevin McCauley, M.D., Director of Medical Education at *Sober Living By The Sea Treatment Centers*. Dr. Brendtro’s address, *Kids Who Outwit Adults*, will explore the “private logic” of adult-wary children and teens and will provide practical methods for reclaiming kids many see as unreachable. Dr. McCauley will address the question “*Is Addiction A Disease?*” covering the connection between research and the baffling behaviors in addicts. Our keynote speakers are generously being provided compliments of *Starr Commonwealth* (Dr. Larry Brendtro) and *Sober Living By The Sea* (Dr. Kevin McCauley). Thanks to both of these organizations for their generosity.

Dr. Jared Balmer, Ph.D. is the recipient of the 2006 NATSAP Leadership Award. It is fitting that Dr. Balmer receives this year’s award as we look back at NATSAP’s beginnings and build the foundations for tomorrow. He played a key role in the development of the NATSAP Principles of Good Practice and the Behavioral Management Guidelines. He has been a “behind the scenes” contributor to, and a supporter of, the work that has been done within the organization since its inception. Everyone who knows Dr. Balmer has benefited from his years of experience and his willingness to share his wealth of knowledge with everyone in the industry.

We look forward to seeing you and sharing the sun, the sea, the beach and the outstanding presentations that your colleagues and peers will be offering. Your 2006 Conference “Hosts”: *Sharon Laney, Rosemary Tippet, Alicia Arteaga and Jan Moss*

NATSAP NEWS	
“If you have knowledge, let others light their candles in it.”	
<i>Margaret Fuller</i>	
	
NATSAP Vision Statement Our vision is a nation of healthy children. We are the voice inspiring, nurturing, and validating the courageous work of our schools and programs	
NATSAP Mission Statement The National Association of Therapeutic Schools and Programs serves as an advocate and resource for innovative organizations which devote themselves to society’s need for the effective care and education of struggling young people and their families.	
4TH QUARTER 2005	

Pinnacle Named To Inc. Magazine's Hire Power List: The Pinnacle Schools in Huntsville, AL is featured in Inc. Magazine's 2nd annual Hire Power Awards which recognizes private businesses that have generated the most jobs from January 1, 2012 to June 30, 2013. According to Inc. Magazine's survey results, The Pinnacle Schools placed 10th among the top private business job creators in the state of Alabama, and 6th among top private job creators nationwide in the Education Industry. Pinnacle is among the 437 private growth companies that are Hire Power Award honorees leading the way in creating more American jobs. 866-906-8336

Allynwood Academy Presents CHAT: CHAT® is Allynwood Academy's unique program for adolescent and young adult dog enthusiasts. CHAT® stands for Canine Human Attunement Training/Therapy. CHAT® emerged out of more than 16 years combined experience and thousands of hours of practice with adults, adolescents and dogs of all breeds. Dr. Rita Argiros, Richard Reeve, and Jennifer Eckhardt will present the Theory and Practice of CHAT® November 23, 2013 at 9:00am -4:30pm at Allynwood Academy in Hancock, NY. 607-637-8265

Horrific Fire Valley View School: As many of you are aware, on Friday, October 25 at approximately 7:00 pm, the Valley View School community was confronted with an almost surrealistic nightmare in the form of a horrific fire which destroyed a major dormitory, student lounges, kitchen and dining-theater room. It is almost a strangely almost symbolic omen that we managed to save the large circular carved wooden crest, indeed the symbol of Valley View, which hung in the newly remodeled but now defunct lounge. While somewhat tarnished by the smoke and soot in the room, it was already suggested that it be kept this way and hung in the future new lounge as a symbolic relic of our past history. We remain thrilled with the level of positiveness that has been fused under tough circumstances- a pulling together of our great staff, so many out there in the community and most of all the boys themselves. May God continue to bless us all. 508-867-6505

Discovery Academy Welcomes Newell: Discovery Academy is pleased to announce Ken Newell, PhD has joined our clinical team as our girl's clinical specialist focusing his expertise with our female students. Dr. Newell began his decade-long work with teens and their families as a wilderness therapist with Aspen Achievement Academy and then with Second Nature Wilderness Programs in Utah and Georgia. He also worked at Homeward Bound, a program which helps teens and families with the transition home after residential treatment. He then began working at Discovery Ranch, a residential treatment center that helps teens work towards self-discovery and fostering self-reliance. 801-374-2121

Bella joins Surf House: The Founders of Surf House are pleased to welcome Jen Bella, LCSW as the women's Life Coach. The program will begin enrolling young women on November 26th. Jen is a licensed Clinical Social Worker specializing in women's issues. Jen served as a primary therapist for Summit Achievement for 5 years prior to operating her private practice. She looks forward to living in Puerto Rico and helping develop the women's section of Surf House. Surf House is a specialized life coaching program located on the West Coast of Puerto Rico for young men and women aged 17.5 to 25 years. Providing a cultural immersion and accredited academics, Surf House is an alternative to treatment programs for students who will benefit from a structured environment focusing on personal growth and the development and implementation of a life plan. 787-237-8168

Family Support Collaborative Opens Two Additional Programs: We are pleased to announce the opening of two exciting and much needed

programs, Adirondack Peak Experience (APEX) and Baker Valley Treatment Center. APEX will be the only non-profit, transport ready wilderness therapy program in the Northeast. Located on the site of the former Adirondack Leadership Expeditions in Saranac Lake, NY, APEX celebrates the return of former ALE employees Patrick McAvooy (Program Director), Deborah Paradis (Director of Operations), Aaron Rumsey, LMHC (primary clinician), and Sara View, LCSW (Family Program). Baker Valley Treatment Center will open on November 18, 2013, and will run at a maximum capacity of nine residents. For further information, contact Don Vardell at dvardell@penikese.org or 413-320-7425.

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Update Id	Admin Status Type	Operating Agency	Entity Id and Name	Location	Rate Type	Effective Date	Amount	Days	Motion	Seconded	Action	Opposed	Abstained
ismith	Regular Rates	Catapult Learning Sc	73216 NewHope Academy	Downstate	Tuition	08/16/2023	\$343.47	204	Dirks	Carnes	Approved		
		Cove School	10694 Cove School	Cook County	Tuition	08/24/2023	\$347.50	201	Dirks	Carnes	Approved		
			16527 Cove School - Intensive	Cook County	Tuition	08/24/2023	\$524.04	201	Dirks	Carnes	Approved		
			72538 Cove Career Center	Cook County	Tuition	08/24/2023	\$344.64	201	Dirks	Carnes	Approved		
		Discovery Ranch	72337 Discovery Ranch - Combo	Out-Of-State	Room and Board	09/01/2023	\$433.00	366	Staley	Dirks	Approved	Carlin	
			72337 Discovery Ranch - Combo	Out-Of-State	Tuition	08/01/2023	\$305.00	240	Staley	Dirks	Approved	Carlin	
		Discovery Ranch South-COMBO	73859 Discovery Ranch South-COMBO	Out-Of-State	Room and Board	09/01/2023	\$433.00	366	Staley	Dirks	Approved	Carlin	
			73859 Discovery Ranch South-COMBO	Out-Of-State	Tuition	08/01/2023	\$305.00	240	Staley	Dirks	Approved	Carlin	
		Hopewell Career Academy Inc	13742 Hopewell Career Academy	Collar County	Tuition	08/16/2023	\$352.98	206	Dirks	Carnes	Approved		
		Lad Lake	73461 Lad Lake Milwaukee Academy	Out-Of-State	Room and Board	01/01/2024	\$574.26	244	Staley	Dirks	Approved		
			73700 Lad Lake Milwaukee Academy - INT	Out-Of-State	Room and Board	01/01/2024	\$594.56	244	Staley	Dirks	Approved		
		Little City Foundation	13966 ChildBridge Center for Education	Cook County	Tuition	08/08/2023	\$385.73	204	Patrick	Dirks	Approved		
			16571 ChildBridge Center for Ed-Int	Cook County	Tuition	08/08/2023	\$600.08	204	Patrick	Dirks	Approved		
			72547 ChildBridge High Intensity Thrive	Cook County	Tuition	08/08/2023	\$ 1047.87	204	Patrick	Dirks	Approved		
		Logan River Academy	72487 Logan River Academy	Out-Of-State	Room and Board	09/01/2023	\$366.00	366	Dirks	Staley	Approved		Carlin
			72487 Logan River Academy	Out-Of-State	Tuition	08/21/2023	\$ 1623.11	235	Dirks	Staley	Approved		Carlin



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Parent Choices Radio Show

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Posted: Nov 27, 2013 20:28

Woodbury Reports, Inc.
Bonners Ferry, ID

The Digital Teen Brain

Contact:
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www.strugglingteens.com

Featuring:
Clinton Dorny
Executive Director
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November 25, 2013

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Today's show discussed the "blessings and curses" of digital media and the results of addictions to digital media, with today's guests on Parent Choices for Struggling Teens, Clinton Dorny and Thomas Holmes from Discovery Ranch, a residential treatment center in Utah. "The kids coming to our program with digital addictions are often thin, pale and withdrawn socially. They struggle with their ability to interact with others in person, and they are often very dependent on their devices for social interaction."

with interpersonal interactions and have a hard time with face to face communication. Kids with these addictions spend an average of 8 ½ hours daily on screen time...more if you include TV."

There can be physical and emotional side effects from detoxing from digital technology- kids will panic, get frustrated, upset, some get aggressive and some introvert, but there is always a reaction to these devices being taken away.

To detox these kids from the technology and screen time takes time, the kids feel lost and have a difficult time in settling in. They have feelings of depression, anxiety, helplessness and can even have periods of heart palpitations. "If you take away a 'tool' (the digital technology- cell phones, computers, etc.) you have to give them a new tool to replace it with. The key is to give them something to do. Here at the ranch we use: equine therapy, raising cows from birth, climbing, rappelling, fishing or canoeing." To put it into context... "Re-introducing them to the "real world", Lon put it.

There are red flags and warning signs for parents to watch for if they feel their child is growing too attached to their digital devices. These include: lack of outdoor recreation or activities, carpal tunnel syndrome and the inability to turn off the game/device, therefore missing meals or even using the bathroom. As a parent you have to intervene and help them disconnect from their screens.

Technology is here to stay...and there are blessings to responsible use. Family members that are spread across the country can connect through Skype; due to the speed of the Internet, the ability for businesses has grown tremendously and there is and will continue to have sources for employment, for those with the technology skill set. We teach the kids that there are great things about digital technology...but it is not a toy, it is a tool.

To listen to the full interview, go to [The Digital Teen Brain](#) on [LATalkRadio](#).

Also available in Podcast



Lon Woodbury is the owner/founder of Woodbury Reports, Inc. and www.strugglingteens.com. He has worked with families and struggling teens since 1984 and is the host of Parent Choices for Struggling Teens.

Clinton Dorny is the Executive Director of Discovery Ranch, located in Utah. Clinton started out his career in the admissions field, falling into this industry because his brothers had worked in other residential treatment centers. Clinton is married and has four children.

Thomas Holmes is the Family Services Coordinator and media manager at Discovery Ranch.

We are excited to announce that we have several openings for on-air advertising spots during our show on LA TALK Radio: Parent Choices for Struggling Teens.

If you are interested in reserving some air time to promote your school, program or services, contact Kristie Campbell at kristie@woodbury.com or 208-267-5550

Attention:

The following books are available on Amazon.com:

Part 1 - [The Introduction to the Parent Empowerment Handbook](#)

Part 2 - [Single Sex Schools](#)

Part 3 - [Wilderness Therapy and Outdoor Education](#)



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– ▾ License Application Summary

Application Number: LCB202300741
Business Name: Discovery Ranch
License Type: Business
Application Status: Closed
Description of Business: Residential treatment center serving boys aged 12-18.
Mailing Address: 757 S Main St
Springville UT 84663-2452
United States
suzyl@ascentprograms.com

– ▾ Locations

Locations: Address
[142 N 600 W, Provo, UT 84601](#)

Property
[04:078:0016](#)

Structure
8808936, Discovery Academy

Address
[105 N 500 W, Provo, UT 84601](#)

Issuances

Type	Date Issued	Date Expires	Status	Number
Business License	10/17/2023	10/31/2024	Expired	0001202302050
Business License		10/31/2025	Renewal	0001202402248

Reviews

There are no reviews for this license application.

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Experiential Therapy

Discovery Ranch is dedicated to every aspect of the therapeutic experience. We have researched the best outlets and atmospheres conducive to a healthy healing program. Our students are afforded the best possible care and individualized therapy plan. With our varying types of experiential therapy, we provide a **dedicated team of therapists and staff** to help your son on his path to recovery and healing.



“ We give boys the information. Then we give them the experience, We want that experience to innately teach them as much as possible, naturally. Then we take that moment, and we add to it by giving them a mature perspective on that experience, and help them understand the principle...

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Application of Experiential Learning

Beyond the details and workings of Discovery Ranch becomes the main reason for it all. We are dedicated to teaching and healing, applicable to the real world. We want your son to take everything he has felt, learned, observed, struggled with, and triumphed over back to his everyday life. The experiential activities of our program are specifically tailored with this goal in mind. Experiential learning is all about observation and application; two important characteristics in your son's therapeutic treatment plan. Whatever activity your son is participating in, you can be sure that he is learning valuable lessons beyond the activity itself.



Equine Therapy



One of the main components of Discovery Ranch is equine therapy. With trained professionals, your son will take part in 12-16 weeks of Equine Assisted Psychotherapy (EAP). The combination of horse professional and therapist will help guide your son on the proper therapeutic path. Our students receive proper and appropriate feedback during each therapy session, guiding them through each step of the treatment plan. Our program consists of three main parts, Ground Tasks, Colt Training, and Horsemanship. Each section consists of different tools your son will learn to better himself outside of the therapy sphere.

Ground Tasks

Ground therapy consists of working with a group of other students to complete varying tasks interacting with the horses. These interactions provide insight into the strengths and weaknesses of each teen. In order to take care of a horse, one must have compassion while being assertive. Horses can be stubborn and often have a will of their own. With proper direction, your son can learn to bond with the horses in a meaningful way.

Ground tasks allow each student the benefit of immediate feedback and support when needed. This unique setting creates the ideal backdrop for changing behaviors because of its in-the-moment discussions. Our professionals are there to understand each boy so the therapist may apply that to their treatment regimen.



Colt Training

At Discovery Ranch, your son will get the opportunity to train new colts. This experience has several therapeutic applications. Colts require specific training, and with the help of our dedicated team, your son will learn the parallels in teaching new colts and teen behaviors. Your son will have the opportunity to discuss the thoughts and feelings the horse is experiencing, and the way these thoughts and feelings relate to adolescents.

There are certain motivations, fears, and perceptions that exist in a young horse. The goal of colt training is to show your son that experiences shape perceptions, but oftentimes those perceptions might be skewed and lead to inappropriate conclusions and decisions. Colts are new to the world, therefore their experiences are also brand new.

We teach your son not to change the behaviors of the horses, but to change their perceptions. The colt is given guidance and appropriate pressure; however, the horse is responsible for his behavior. This, in turn, teaches our students to rethink their perceptions. Dealing with, often stubborn, horses, allows your son to make parallels in their own troubled decision-making. Changing perceptions can change unwanted behaviors.



Horsemanship

As a student at Discovery Ranch, your son will have the chance to learn the basics of western riding and training. He will develop the proper attitude to have while training a horse. Horses respond to compassion and assertiveness; two qualities your son will master while at Discovery Ranch. Your son will also gain an understanding of nonverbal communication as horses communicate in a unique way. Because horses continually test the limits and boundaries of their riders- like teens and parents- your son will be in a position of authority and responsibility while he teaches his horse how to behave appropriately. To do this, your son must learn to give up a degree of control.

Horsemanship teaches your son about the complicated inner workings of parent/son relationships. It might not seem like an equal parallel, but there are many base similarities between a willful horse with a mind of its own and a struggling teen. Our students come to us with all kinds of anger and aggression; they are used to using relationships to get what they want. Horsemanship corrects this behavior. Horses don't respond to any of these types of interactions, but respond well to assertiveness, patience, and compassion.

By learning how to care for horses, your son will learn how to rebuild his relationship with human beings. The goal is not simply to teach him how to maneuver the horse, but to help him identify and face his emotions. Your son will begin to understand that he is responsible for his life and his current and future relationships. As horse trainers often say, "Every horse is responsible for his own feet." Your son will find his feet by learning how to set appropriate limits and establish healthy boundaries.

Calf Adoption

As a working ranch, Discovery Ranch provides an amazing opportunity for our students to raise male calves from local dairy ranches. Because male calves don't produce milk, they are often discarded by dairy ranches. This gives our students the chance to save these animals and give them the proper care they wouldn't otherwise receive.

The boys must feed the calves three times a day: morning, noon, and night. In icy snow, rain, or hot weather, your son will have to go outside to care for his calf. By caring for the calf, he will focus on something other than himself. The greatest lesson your son will learn from caring for his calf is empathy. Our boys learn quickly how their calves, wobbly and new to the world, depend solely on them. This level of responsibility, caring for something other than themselves, emphasizes the importance of changing a teen's selfish behaviors.

The nature of caring for a calf is also dealing with the possibility of death and eventual inevitability of loss from selling the calf. Calves are very fragile for the first two months of their lives, and even with the best of care, sometimes die. At five months old, the calves are sold to local ranchers. This process of losing something one cares about, teaches our boys valuable lessons. Our therapists ensure that your son has a solid support system when coping with these losses. Learning to deal with emotional stress is a powerful tool in the therapeutic arsenal. Your son will experience the loss, process it, learn from it, then apply it to their everyday life and relationships.

The Calf Rescue Program is a way for your son to experience difficult emotions in a safe, supportive environment. He will learn the value and joy that comes from caring for someone or something. After participating in the program, your son will better understand grief, loss, attachment, and detachment. That greater understanding will help him to relate better with the people in his life and provide him with the skills necessary to cope with emotionally complex situations.

Our calf program mimics the role of parent and child with our students and the calves. By being the parent, your son learns sacrifice and service. He comes to understand the role of independence and its proper place in parent/child relationships. Caring for the calves helps your son to navigate loss and change and is proven to be a crucial aspect of [teen treatment](#). The program provides a safe environment where our students can work through his fears and emotions and build resiliency.

Recreation Therapy

Our group therapy consists of weekly experiential activities that extend the reach of office-only therapy. When you choose Discovery Ranch, you are aware of the amazing therapeutic power that exists beyond traditional therapy. Your son will be in a group of other students led by an experiential coordinator, a primary therapist, and several mentors. This close contact interaction with the professionals allows your son to have a constant support system where he may continually receive feedback that will aid him in his healing process.

Students of Discovery Ranch participate in several outdoor experiential activities designed to amplify the healing experience. Some activities your son will be able to participate in are ropes courses, rappelling, canoeing, cross country skiing, geo-caching, and other relevant wilderness opportunities. Your son will share and discuss each experience with his therapist. Then together they will examine how the obstacles he encountered are similar to those he faces every day. As a result of these activities, he may discover new interests and abilities to enjoy when he returns home. This type of group therapy is a perfect way for your son to learn responsibility and accountability. By placing our students in outdoor, vigorous activities, we are able to ascertain the motivations and drive of each of our boys. We come to understand them so we may apply this to their treatment regimen.





Music and Expressive Arts

It's not all grit and dirt at Discovery Ranch. Students have the opportunity to perform a musical or variety show for their parents. Many of our boys have never taken part in this sort of thing before and it's a big step out of their comfort zones. This challenge is a reward in and of itself. Performances represent weeks of dedication and hard work, allowing the boys to showcase to their parents something they can be immensely proud of.

These musicals teach our students the value of teamwork. "A big benefit of [doing the variety show] is helping the boys come together to learn how to work together, even in an environment where they are not entirely comfortable. They learn to come together as a team and make something beautiful," said Kate Hartley. Kate is a theater major and teaches drama at Discovery Ranch. "It takes a lot of work and helps them to learn discipline. I think it also helps them learn a lot of respect as well."

Beyond teamwork, participating in a musical production can help your son develop and embrace their individuality. Once our students accept the role they are given, they really start to bring it to life, reveling in this new experience. Music has a real healing effect. Our current HR director and former performance director Jake Galovich witnessed this power first hand. "Music is an outlet. It is a way for them to forget about what problems are going on in their lives, and allow them to focus on something completely different," said Jake. "A lot of times doing something like that allows them to look back on themselves and see what they need to work on. They can see that by portraying a whole different character or by listening to music and letting music calm their mind. Music can be a tool for therapy. It is pretty incredible."

Music and Technology Program

Another opportunity our students have to use music as a healing outlet is through our Music and Technology Program. Your son will learn how to compose, record, and edit music; he'll learn mixing and automation, music notation, live instrument recording, and more. This program provides an excellent creative way for your son to develop a healthy relationship with technology. Teens are often so engrossed in video games and social media and don't know the importance of unplugging. The goal of learning this new skill is to teach your son that technology can be used as a tool and not just a mind-wasting vice.



Peer Leadership Program

Learning responsibility is a major aspect of living on a working ranch. Discovery Ranch's Peer Leadership Program teaches our students the basic values of taking responsibility for themselves and the community around them. Your son will be given leadership opportunities throughout his time at Discovery Ranch. Our staff supervises our students, not the everyday minutia of ranch living. Students are put in charge of ranch chores and house chores teaching them valuable lessons on leadership and communication. They are responsible for making sure that work around the ranch gets done.

The leadership program gives your son the chance to have a job on campus. Students fill out an application, find three references, and go through an interview process just like in real life. If chosen as a peer leader, your son will have meaningful opportunities to develop real-life applicable skills. Some jobs he might supervise are bottle preparation for calves, laundry, or other household chores. As a peer leader, your son would delegate work assignments to a team of his peers. He will report on his team's progress to mentors and also participate in weekly leadership training.

The nature of being a leader comes with challenges and rewards. Like in a real job, peer leaders get three warnings before they are fired from their position. They are able to hire an assistant as well. Like most teenagers choosing their best friend as a lab partner, oftentimes a peer leader will choose their best friend as an assistant. Trying to "supervise" their friend makes for an interesting and valuable lesson in leadership. Our staff still works closely with our peer leaders, giving them necessary feedback and criticisms when applicable. Above all, our staff wants your son to be successful in every aspect of the therapy experience. Peer leadership gives him the chance to develop crucial real-life skills about responsibility and fair management.

Forget About Me (FAM) Projects



One of the best traits a teen can learn, is self-sacrifice. When teens put the needs of others above their own, they are more apt to become compassionate, thoughtful individuals. At Discovery Ranch, we developed our Forget About Me projects: an opportunity for our students to plan and take part in service projects. These projects are submitted by each student and can be anything from large-scale community projects to simple everyday service acts. Some notable past projects were building a house with Habitat for Humanity, making blankets for hospitals and homeless shelters, and creating a video documentary on eating disorders. We firmly believe that when our students look beyond their own wants and needs and are able to identify the wants and needs of others they will be better equipped to contribute to their families, friends, and community.

Sand Tray Therapy

Sand tray therapy might look like a play area for children, but it's proven to be a most successful form of experiential therapy. There's something therapeutic and calming about sand; the Japanese created **zen gardens** filled with sand to help them to meditate and connect with the world around them. Sand therapy has a similar effect of opening up your son's emotions in a safe environment.

During a sand therapy session, your son will choose from hundreds of small figurines spread out among a table high sandbox. The figures he chooses are representations of suppressed feelings or emotions. As your son interacts with the figures, the therapist will help him explore his emotions and struggles. He will develop new insights into his behaviors and learn how to correct any issues he is dealing with.

Does My Son Need Treatment?

Is your son struggling? Let us help! Take our free teen assessment today to see if residential treatment is the solution for your family.

FREE ONLINE ASSESSMENT

Completing the assessment is free. It does not represent any obligation.

[Find out more about the assessment.](#)

TAKE THE ASSESSMENT

We respect your privacy. We will not share your information.



Discovery Ranch
is the Top
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Does My Son Need Treatment?
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Residential Treatment [Admission Process Made Simple](#)

Are you struggling to find the right [residential treatment program](#) for your teenager? The process can be overwhelming and confusing, leaving you feeling helpless and alone. It's understandable to want the best for your child, but where do you even begin?

The last thing you need is more frustration and uncertainty during this difficult time. You want to feel confident that you're making the best decision for your child's future, but the process of finding the right program can be daunting. Without guidance and support, you may be left feeling lost in a sea of options and unsure of what to do next.

That's where Discovery Ranch comes in. Our [online assessment](#) and personalized support make the admission process simple and stress-free. We understand the challenges families face when seeking treatment for your son and we're here to help. **Our [compassionate team of professionals](#) is dedicated to finding the right program for your child's unique needs, whether that's with us or another provider.** Trust us to be your guide as you navigate this difficult journey. Don't wait - [contact us today](#) and discover the peace of mind that comes from knowing your son is getting the care they need.

[CONTACT THE ADMISSION TEAM TODAY](#)



You Have Questions, We Have Answers. Your Call is Confidential.

 385-526-2261

The Admissions Process

Discovery Ranch is committed to supporting teens and their families during times of crisis. By choosing our program, families will receive guidance, meaningful conversation, and a well-defined path toward achievement. Rest assured, our admissions team will remain in contact with you throughout the admission process, including the day of admission.

Step 1: Connect

To begin the process, we suggest that parents [reach out to us directly](#). This will enable us to have a more meaningful conversation about your teen and their specific requirements. During our first conversation, we will cover vital details that will help us comprehend your teenager's situation better and offer appropriate assistance.





Step 2: Review Your Unique Needs

Upon submission of your application, our Admissions team will reach out to you to determine whether Discovery Ranch aligns with your teen's academic, clinical, and medical needs. Through this conversation, we aim to craft a customized treatment plan that addresses your teen's unique requirements. If you are satisfied with our proposal, we will supply you with admissions documents to review and sign.

Step 3: Transition

To ensure a smooth transition for your teenager, our admission team member will assist you in developing a comprehensive transition plan. We understand that this can be a difficult time for both parents and teens, which is why our program is based on research and has a proven track record of success in promoting healing. Our priority is to ensure that families feel supported and connected throughout the process.



Admissions Policies

Your teen is the top priority at Discovery Ranch South. Thus, we want to determine if our services can serve you appropriately.

A student may be admitted for treatment if they meet the following criteria:

- The student must pass a complete physical evaluation with our pediatrician.
 - The Medical Director must approve students that are on psychotropic medication*.
 - The student's psychological or mental state must be at a level that their safety will not compromise the safety of other students or staff.
- The student must speak English in order to effectively communicate with the therapist, peers, and counselors. The inability to speak English will result in treatment barriers that will affect the treatment outcome.
- The student must be 13 to 17 years of age.
- Students with communicable diseases may be denied.

*All medications are cleared during the pre-admission process. If there are special circumstances with your child's health, let us know.

Who **Is Not** A Good Fit For Discovery Ranch

At Discovery Ranch, we address complex emotional and behavioral issues. However, we have limitations and do not work with certain situations and diagnoses. We are transparent about our focus and strive to provide effective treatment within our scope of practice.

We do not work with the following situations and diagnoses:

- Students under the age of 12

- Medical Instability or any problem requiring prolonged or intensive medical care or monitoring. For example:
 - Eating disorders severe enough to require a feeding tube
 - Diabetes
 - Postural tachycardia syndrome (POTS)
- History of Physical Violence
- Pregnancy
- Parental Non-Participation
- Non-English Speaking
- Severe Autism
- IQ Below 90
- Anti-Social or Conduct Disorder
- Psychosis, Schizophrenia, or Schizoaffective Disorder

If your teenager struggles with any of these issues, you may find help at [FindTreatment.gov](https://www.findtreatment.gov)

At Discovery Ranch, we understand the unique needs of teenagers struggling with mental health issues. Our experienced team is here to provide compassionate, evidence-based treatment to support their journey towards healing and growth. Our admission process is simple and straightforward, allowing you to focus on what really matters - your child's well-being.

Enroll your child at Discovery Ranch and give them the opportunity to regain their sense of self and build a brighter future. [Contact us](#) now to learn more about our program and how we can help your child and family. Trust us to be the support system you need during this difficult time.

Frequently Asked Questions

^ How do I start the application process?

Call us at 385-526-2261 or [contact us online](#) to request an application and connect with us about how Discovery Ranch might be a fit for your teen's unique needs.

You can also start the process by [completing our no-obligation assessment](#) called the Youth Outcome Questionnaire (Y-OQ), which will help us understand your family's needs.

START THE ASSESSMENT 

▼ How are parents included in the process?

▼ If I call, will I be pressured to enroll my student?

▼ What about insurance?

▼ You're Not Alone!

The Admission Team



Greg McGary
Admissions Director



Carolina Jeronimo
Admissions Assistant

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FREE ONLINE ASSESSMENT

Completing the assessment is free. It does not represent any obligation.

[Find out more about the assessment.](#)

TAKE THE ASSESSMENT

We respect your privacy. We will not share your information.



Discovery Ranch is the Top Residential Treatment Center for Struggling Teen Boys 13–18, Located in Utah

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Does My Son Need Treatment?
Free Online Assessment

Begin Healing Now at Discovery Ranch's Residential Program for Teens

At Discovery Ranch, your son **will be immersed in the ranch experience**. He will start each day by setting meaningful, attainable goals before setting out to begin daily chores. As Discovery Ranch is a working ranch, our students take part in the day-to-day workings of ranch life. Chores and assignments include preparing and cleaning up breakfast, laundry, and house cleaning. Horses get fed each morning, and the calves are fed each morning and night. Homework is also completed on a daily basis. As students progress in the program, they are able to enjoy off-campus activities such as skiing, trail riding, hiking, fishing, canoeing, and going to the movies. By placing these types of chores on your teen, it teaches them the value of hard work and helps them to take responsibility for themselves and those around them.

Daily life at the ranch is designed to enhance the therapy experience. Our therapists' offices are located in the residential areas to foster a sense of open communication between participants and their therapists. **All of our staff** work hand in hand with each other to ensure that **every aspect of the therapy plan** is working together to the benefit of your son.

Our goal at Discovery Ranch is to give your son the tools to succeed beyond the sphere of treatment. Our residential life is organized to emphasize the building of relationships. When your son is placed in a setting with those he might not immediately connect to, he learns the value of building those strong relationships, and he develops the tools to create lasting relationships in everyday life outside of the ranch.

Life-Changing Experiences **Stories of Impact in Residential Programs**



You Have Questions, We Have Answers. **Your Call is Confidential.**

385-526-2261

Building Confidence: **Fitness and Recreation at Discovery Ranch**

As a student of Discovery Ranch, your son is awarded the highest care and attention to detail for his health and well-being. Taking part in the daily chores and goings-on of the ranch, your son will develop physically. He will have opportunities to take part in weight training and cardio workouts. He will have access to our fitness facility, where he may enjoy basketball or even re-discover such games as tetherball or jump rope.



Recreational Activities

Recreation is a major component of Discovery Ranch, allowing our participants to take part in physically strenuous activities that prove to build more than just muscle. Confidence comes from understanding what their bodies are capable of. Teenagers struggle with self-confidence more than any other age group, making this a crucial time to develop the proper tools to combat self-doubt. Discovery Ranch uses a combination of traditional therapy, hard work through chores, and experiential therapy to build that confidence. Our recreational activities allow our boys to have the chance to relax and be a kid again. Some of the activities our participants look forward to are mountain biking, skiing/snowboarding, paintballing, playing the guitar, training for a 5K run, canoeing, and hiking. Discovery Ranch also puts on an annual Ranch Rodeo and a Cub Classic Frisbee golf tournament.

When your son reaches the appropriate level of treatment, he has the opportunity to train for and participate in an area 5k race. These races are a great way to teach goal setting and achieving, while also improving the physical health of your teen. As an added bonus, these 5ks benefit and promote various charitable organizations.

Dietary Needs

As part of an active lifestyle, Discovery Ranch ensures that your son is receiving the proper dietary needs. A dietician closely monitors the diets of each student, making sure they are receiving the proper amount of nutrition for their changing lifestyle. Your son will have a personalized diet designed to meet his specific needs. Lunch and dinner include a salad bar, and fresh fruit is always available for snacks.

Medication Needs

Our clinical staff also evaluates and ensures the proper administration of each boy's medications, making your son's overall health a main priority. They will make certain that he is on the lowest possible dose of his medication. Some of our students are able to stop taking medications completely. By monitoring and potentially reducing our participant's medication, improvements in their physical and mental health are possible and expected.

Healthy Improvement

The main goal of Discovery Ranch is the care and improvement of your son's health, both mentally and physically. We ensure that every aspect of his care is monitored and that he is progressing on the proper path to recovery. Our graduates leave Discovery Ranch with a renewed sense of self-confidence and a healthy outlook on life. As a parent, you can be confident in our approach to better the life of your son.

Inspiring Change: **Community Service and Personal Growth at Discovery Ranch**

Discovery Ranch believes that community service can enhance the therapy experience by creating a unique opportunity for personal satisfaction. Service benefits not only those who are being served, but provides a solid boost of confidence to those who are doing the serving. Discovery Ranch likes to give back to the community in a way that allows our students to really see the impact they can have on those around them. It

teaches your son that he can make a positive difference in his community.



VIP Buddy Sport League

Your son could be a part of our VIP Buddy Sport League that pairs him with a child with a mental or physical disability. Students will teach their “buddy” basic sports skills, cheering them on as they play games with each other. Many of the “buddies” haven’t had any other opportunities to learn and to play sports, making this an amazing experience for your son to connect with someone and to make a difference in that child’s life.

Caring for the Elderly

Another type of service available to our Discovery Ranch boys is the opportunity to care for the elderly in our community. A great way for your son to learn how to build healthy relationships is by visiting and serving those in our communities who need it most. In the winter, that could mean shoveling driveways and sidewalks. In the Spring, it could be caring for gardens and mowing lawns.

Community Beautification

Discovery Ranch boys provide community service by bettering the neighborhoods themselves. Students have planted more than 600 trees throughout Springville, and prepare Mapleton’s baseball fields every season. Our boys also have the chance to work with the U.S. Forest Service in preparing and maintaining the Provo Canyon trails. Community beautification is the perfect combination of physical activity and service to help our participants mental and physical growth.

Sub for Santa

At Christmas time, Discovery Ranch offers the chance for our boys to participate in the Sub for Santa program. Parents are asked to send one less present during the holiday season to their son. In exchange, your son gets the opportunity to play Santa and shop for gifts for a local family in need. If he chooses, he may also get to deliver the gifts to those he shopped for. This service is a great way for our participants to learn gratitude and compassion for their fellow men.

A Typical Weekday in Residential Treatment

The residential program at Discovery Ranch is intentionally designed to provide students with both structure and free time, fostering many opportunities for personal growth and healing. While this weekday schedule offers a glimpse into a typical day, **each day may vary** based on individual student needs and activities.



Wake Up / Morning Routine



7:00 AM

7:15 AM



Goal Settings

Breakfast



7:30 AM

8:00 AM



PE Activity

Morning Calves



8:30 AM

9:00 AM



House Chores

Social Skills Group / Down Time



9:30 AM

10:15 AM



Process Groups / Team Building Activities

Ranch Work Ropes Group



11:00 AM

12:00 PM



Lunch

Equine Group / Free Time



1:00 PM

1:30 PM



Optional Music and Technology Program

Study & School Prep / Free Time



2:00 PM

3:30



All Levels in School

Dinner



5:00 PM

6:00 PM



All Levels in School

Evening Calves



8:00 PM

8:30 PM



Clean Facilities

Free Time / Snacks



9:00 PM

9:30 PM



Family Meeting Time

Wind Down Time



10:00 PM

10:15 PM



Lights Out

Transition to Adulthood

Once a student turns 18, they have the choice to continue with treatment or enter back into society. If they choose to continue with the recommendation from their therapist, they sign a new adult contract where they may stay and move forward with treatment on Discovery Ranch. The teen must be enrolled with Discovery Ranch before his 18th birthday to qualify.

As part of this new contract, your son must agree to complete the necessary coursework to receive his high school diploma. He must also agree to finish the treatment plan set out by his therapist. Our 18 year old students continue to take part in the everyday minutiae of ranch life and often are given leadership opportunities among their peers.



Photo & Video Gallery

We offer tours of the Ranch to prospective residents and their families. Come visit and meet our staff and boys here at the Ranch. Please contact us for more details. We are available seven days a week at 385-526-2261. We would love to help you with your planning and arrangements.

Videos

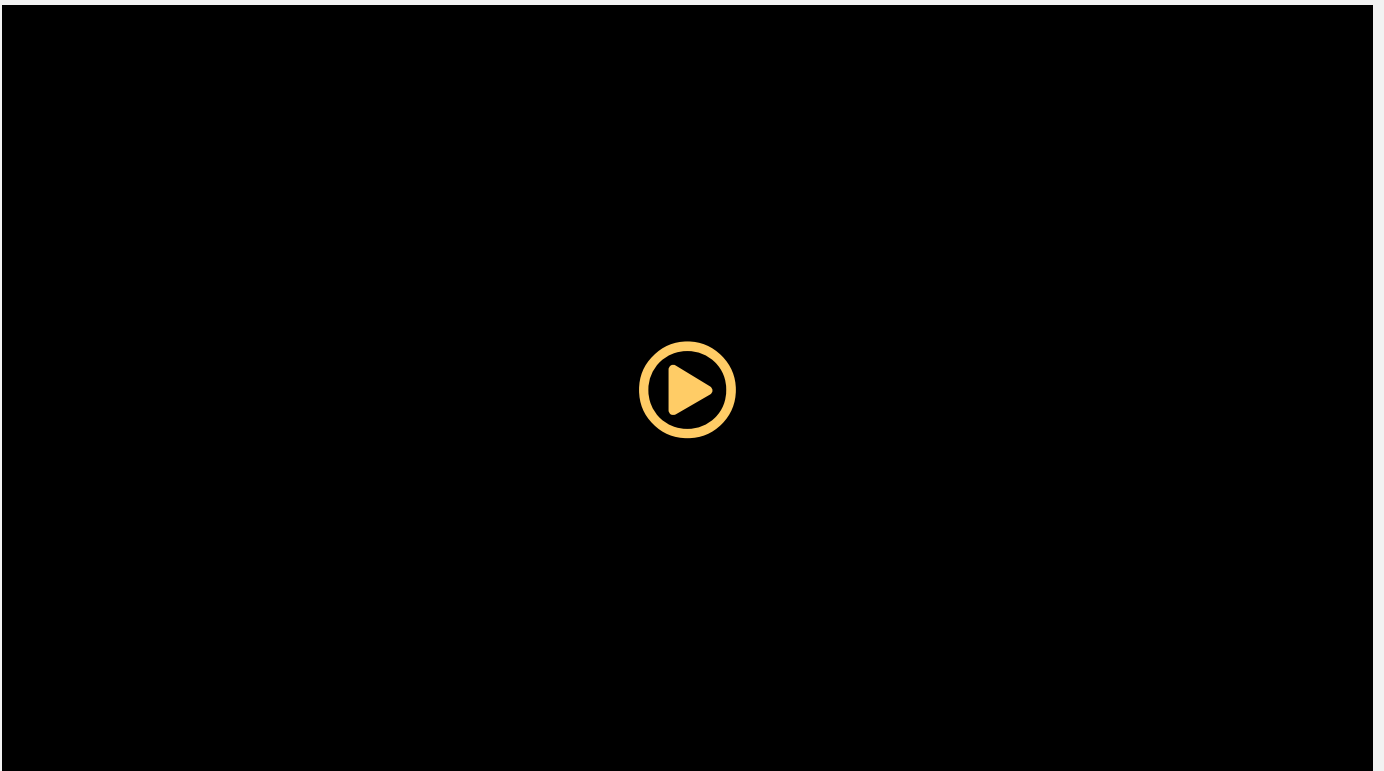
A Day in the life



More Than A Ranch



Discovery Ranch Virtual Tour



Discovery Ranch In Pictures

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Discovery Ranch is the Top Residential Treatment Center for Struggling Teen Boys 13–18, Located in Utah

Contact Us

 385-526-2261

 contact@discoveryranch.net

 1308 South 1600 West
Mapleton, UTAH 84664

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Basking Ridge teen missing from Utah program, may be headed for New Jersey

36 comments



17-year-old Gregory Mayer of Basking Ridge is missing in Utah, his parents said. (Greg & Debbie Mayer)

By [Walter O'Brien/NJ.com](#)[Email the author](#) | [Follow on Twitter](#)

on February 27, 2014 at 5:30 PM, updated February 28, 2014 at 9:45 AM

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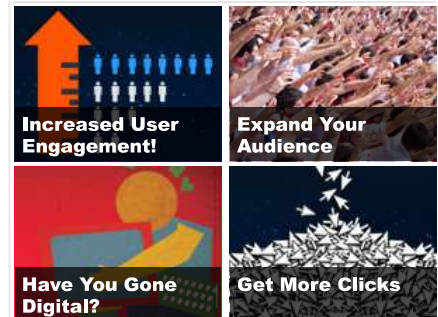
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BERNARDS TOWNSHIP — The parents of a 17-year-old boy who ran away Friday from a Utah behavioral treatment program are staying in Salt Lake City to help authorities expand their search to local television and social media.

Greg and Debbie Mayer were visiting their teenage son, also named Gregory Mayer, at the

From Around the Web



Video of the Day

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Jersey boy goes airborne at the IZOD Center

N.J. News In Your Inbox

From local news to politics to entertainment and sports, the twice daily Right Now eNewsletter has all of the New Jersey news you need!

Discovery Ranch, a residential treatment center in Mapleton, Utah for teenage boys with behavioral and learning disabilities when he went missing. His parents believe he's trying to make his way home to New Jersey, his father told NJ.com.

"We arrived last Wednesday, spent Thursday and Friday morning on the ranch, and then took Greg out Friday afternoon," Mayer told NJ.com Thursday by telephone from Salt Lake City. "He left Friday evening."

Mayer said he reported his son's disappearance to Lt. Darren Paul of the Lehi, Utah police, who entered the case in a national law enforcement missing persons database.

The missing boy stands 5 feet, 10 inches tall, weighs about 140 pounds, has brown hair and blue eyes and was last seen wearing blue jeans, a navy blue sweater, muddy boots and no jacket, his father said.

"But he might have picked up a green jacket and over-the-shoulder mailbag from someone," Mayer said.

Mayer said that at first, his son was resistant to being placed in the program, but after a few months it seemed things were going well and he was accepting the treatment.

"By January or February he was coming around that this wasn't such a bad idea," Mayer said. "But more recently I guess he decided he didn't want to be in the program."

His parents said they are concerned both because their son has behavioral problems and because he left the ranch with no money, no identification and no cell phone.

"He couldn't get onto a plane, so his only way back would be on a Greyhound bus because they don't require ID," Mayer said. "Or he may be trying to hitchhike, which is very dangerous."

Mayer said he and his wife are remaining in Salt Lake City to do everything they can think of to help police track down their boy.

"We've been handing out leaflets, talking to people, driving around, going into retailers and handing out flyers," Mayer said. "Initially when we were staying down in Provo we called a lot of shelters and hospitals to make them aware he was missing."

The father said that he's walked the streets at night and visited the shelters himself. He said the homeless shelters there are "tough, scary places."

Mayer said that the giving dynamic of the city attracts a lot of transients who don't get turned away, and that in turn attracts predators.

"It was a real eye-opener, it's quite scary," Mayer said. "A kid from Basking Ridge is like a fish out of water here. I think you could honestly lose somebody here — people go off the grid if there's here too long."



17-year-old Gregory Mayer of Basking Ridge is missing in Utah, his parents said.

Greg & Debbie Mayer

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There have been some sightings of the missing boy.

On Monday, Mayer received a call that an off-duty Salt Lake City police officer alerted security at a Mormon temple that the boy they had detained could be the missing teen, so security contacted Mayer, but couldn't detain the boy long enough for his father to arrive.

Mayer said he headed straight down to where his son was spotted, but the boy "got spooked" by security stalling him, so he packed up his things and got away. Temple security said the boy told them he was trying to raise money to get back to New Jersey, his father said.

Also on Monday, Mayer received a phone call from the owner of a Mexican restaurant in Orem, Utah who said his son was at their establishment on Saturday. The owner recognized the boy later when he saw the missing flyer on Facebook.

"We went down to Orem but we didn't get as much traction as we would have liked," Mayer said.

Mayer said he and his wife have been hoping to get more local television coverage in Utah, where they believe their son still remains, but were having no luck until Thursday, when police finally agreed to release the story to local media.

"I'm really relieved," Mayer said. "We're getting the word out, but if the TV starts running the story that could be powerful."

"It's like I'm living in a TV movie," Mayer said. "I'm praying a lot, and we have a lot of people praying for us."

Mayer asks anyone with information about his missing son to call him at 201-805-3867, email him at gregmayer2@optonline.net, or to call local police. He also asks people to spread the word through social media however they can.



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[▶ pause live updates](#)**billy** 10 hours ago

Hey kid if your reading this and you don't want to live with your parents anymore, you don't have to. Keep running until you turn 18 and the world is yours. I would suggest since you look so young become a panhandler in New York. Some make up to \$60,000 not bad right? just work on your talking skills. Once you made enough money get your own place and try to get some financial aid in new jersey and go to community college. Trust me things will always work out and if your parents are that bad, forget about them and keep running.

[Like](#) [Reply](#) [Share](#)**FindGreg** 16 hours ago

Went to school with Greg.. So weird seeing something like this

[Like](#) [Reply](#) [Share](#)**City-Streets** 18 hours ago

This is a poorly written article and gives false information. Hes not missing from "the program" he ran from his parents while in their custody. I spoke to the police in Lehi UT, and they made it clear he is a student of Discovery Ranch however he didn't run from the facility. Blows my mind how quick people are to comment and judge something they know so little about... Its unlikely anyone to comment has ever visited the facility spoken of, yet its ridiculed so heavily...Pathetic humans...

[Like](#) [Reply](#) [Share](#)

1

**Tex** 15 hours ago

Thank you for being the voice of reason. I wonder if the people who comment about "parents giving up their rights to allow others to straighten out their son" realize that most of the time they HAVE tried the tutor, they have taken them to multiple doctors and therapists ALREADY. These are parents trying to help their children because perhaps nothing else was working. If NJNANNA is such a wonderful "parent" then perhaps you should offer your service instead of criticism. It's not always because there is tooooooooooo much money or they are tooooooooooo busy. You have no clue.

[Like](#) [Reply](#) [Share](#)

1

**njsustain** 12 hours ago

Voice of reason? Sounds like the voice of fascism.

[Like](#) [Reply](#) [Share](#)**Joe Schmoe** 20 hours ago

Taxes too low in Utah?

[Like](#) [Reply](#) [Share](#)**João** 20 hours ago

This story brought back so many memories, because I was unfortunately a bit scarred for life. I was sent to Utah for "behavioral issues" when I was 15 years old. I was not a bad teenager at all, but I had just come out. These places in Utah don't ask questions of the parents at all, who are usually the real problem. The people working there were not qualified to take care of a dog. These places are dehumanizing and should be illegal. I really can't begin to describe what these places are like. I hope this kid gets far away, and stays away from his parents until he's 18.

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3

**njsustain** 21 hours ago

Place sounds like a Fox News "Re-Neducation" center. He probably made the right decision leaving. I hope he makes it across the border.

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1

 **awildcat** 20 hours ago

You do? These kids don't have normal coping skills and are ripe targets for predators. I hope they find him soon before the nutcases do.

 Like |  Reply |  Share

 1 

 **njsustain** 20 hours ago

The predators are the people that run these places. He's probably better off being on the lam until he's 18.

 Like |  Share

 **dac362** 14 hours ago

this kid was in my boy scout troop for a while, super bright kid but he had some anger issues if I remember correctly. He was a great kid and by no means a "nutcase". You and I don't know any more about this case than anyone else does, so show some respect.

 Like |  Share

 1 

 **João** 20 hours ago

The "nutcases" are the people running these places, I speak from experience.

 Like |  Reply |  Share

 1 

 **NJNANNA** 23 hours ago

toooooooooooooo busy, toooooooooooooo much money

 Like |  Reply |  Share

 **NJNANNA** 23 hours ago

Why did these parents give up their authority to someone else to straighten their son out...if the boy has behavioral problems, take care of that right here, learning problems, get him a tutor. Stop letting someone else do your job...Maybe this kid hated where he was sent, was feeling that his parents dumped him because he wasn't good enough...I don't know, but I know I would never send my underage child that far from my sight.....Parents do your job

 Like |  Reply |  Share

 1 

 **Exit26** 22 hours ago

People like you have no understanding of what it's like to have a child with such severe behavioral issues that parents would consider sending their child to a program like this. Not all parents in situations like this are not doing their job. It's not always as simple as punishing the kid & getting a tutor. Be thankful that that you've never been in such a situation and don't judge others that are.

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 3   

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 **awildcat** 20 hours ago

"Sometimes" it is also the parents who have issues, but most times the kids have multiple issues. Don't know this boy's case or this particular association, but to say that simple discipline and learning environments can help these kids is just naïve. They all start in the traditional schools and can't hack it. Most of the parents are trying to find the best solution for their kid because they just don't fit in with "normal" kids. It's a sad situation all around.

 Like |  Share

 **njsustain** 20 hours ago

Sounds like the people with bad parenting skills are trying to deflect the blame. Handing your kids and lots of money over to psychopaths who care even less about your children is not the answer.

 Like |  Share

**njsustain** 19 hours ago

Parenting isn't easy. But it is neither brain surgery nor working in a coal mine. If you have a little intelligence, diligence, and thought you can do it. It's not easy and there will be mistakes but you can do it. If a child has an actual medical or psychological condition, that is something that you can get help with right here where you live. Pawing your kid off to others is cowardly and irresponsible, not to mention ineffective and simply abusive. The kid should be allowed to become emancipated for the short remainder of his minority and should be out of the hands of the disgusting people running the place and his parents who didn't do their job.

Like | Share

1

**Kurjak** yesterday

The atrocities that take place within the walls of these "compounds" is inhumane. Had one of my childhood friends sent there. Children escaping was a once a week thing. Horrifying treatment. There are tons of sites to take them down.

Like | Reply | Share

1

**Marc Shakter** yesterday

The website reads like one of those places that abuse kids once they're locked up away from their family.. Experimental therapy? Strength based environment? Also REALLY telling that the company behind this, and 5 other programs seems to VERY actively keep negative information about their programs off web searches. You search for reviews, and all the sites that pop up are their company's. Search complaints, and all sites by their parent company.... Keep running kid, don't go "home" and don't look back.

Like | Reply | Share

1

**thetruthaboutNJ** 22 hours ago

Couldn't agree more, Marc. Keep telling the kid he's bad and ship him off to be institutionalized, and what does that teach him about himself and the "people who love him"...pfffft. I'm rooting for you, Greg.

Like | Reply | Share

1

**J. Audobon Woodlore** yesterday

The real story a decent journalist would be investigating is these youth programs--many based in Utah--where parents have signed away legal guardianship rights to their own children. Who leads these programs? How are staff vetted? Investigated the numbers of injuries and deaths! Ask these parents what and why their child was in such a program to begin with. Come on, do your job!

Like | Reply | Share

1

**VeraWang32** yesterday

That would require integrity and real journalistic skills.

Like | Reply | Share

1

**John Nicoletti** yesterday

Somehow, I do not think New Jersey is his destination.....LOL.....most people are forced somehow to be there.....they will probably find him wandering in the mountains. As far as hitchhiking....I did that in my late 20's....was scared a few times, sat in the back of pickups....but, the other side of the coin..when you are truly on the road.....and, I have been.....most people will help him, shelter him, feed him, and, treat him nicely.....maybe he should be working and living at home, not in some 'ranch for nuts'.....let him live his life the way he wants, he will be old enough soon to decide.

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Review Highlights



"The **calf program** is one of his favorites." in 2 reviews



"Our son came here after **wilderness** and needed to be in a place that would push him to conquer his issues." in 2 reviews



"Dear Steve, Jeanette, Clint, **Jen** and the entire staff at Discovery Ranch...." in 2 reviews

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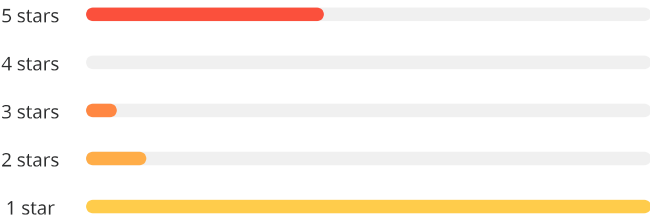
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Joey R.

Malvern, PA

0 1 0



4.5 stars Mar 28, 2018

I went here for about 9 months. I got my level 5 and discharged. I learned a lot from my therapist, and a few of my favorite staff. The equine program is very helpful. Most of the staff and administrative are nice.

This is all I took away. All this place is, is one giant hoop to jump through. For example, the level system is a joke. You get signatures and then go for it. The level itself does not mean anything. In

[discoveryranch.net](#)

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order to get these levels you need to lie. Trust me I was honest about the way I felt and then staff didn't sign my level sheet, despite my good behavior. I then proceeded to act the part and become even more depressed. This place mad me want to kill my self more then I had ever.

The staff are very unpredictable. They are able to sit you in a room by yourself for 3 days, or throw you on the ground for respectfully disagreeing with them. They force you to do involuntary manual labor that has no point. Before they say that you have a choice at everything, most kids are only good because it will get them out of there. This creates a sense of fakeness, and leads me to question what they are truly trying to teach us.

We would constantly go hungry. We would be fed undercooked food, or barely any. At breakfast I remember having a yogurt and cottage cheese. They portion the food and there is rarely second's. For \$11,900 A MONTH this is absurd. I can recall at least three times where the cooks didn't even come in, they fed us stale bread and old meat.

In conclusion, this place can help you out a lot. BUT, there are huge drawbacks, price, how fake it is, and overall your general happiness.



Helpful 1



Thanks 1



Love this 1



Oh no 0

**Jeff D.**

New York, NY

0 1 0

...

Jun 9, 2024

Part 2/2 of my google review, as it was removed.

I tracked down Anderson in the testing center that same day to confront her for her cruel, misinformed words about me. Immediately, she denied saying any such thing and accused me of fabrication. When I told her that I had read the email myself, her eyes went wide and she yelled that she "couldn't deal with this right now", telling me to meet her in her office at 5:30 if I wanted to discuss. She stormed away and had me escorted back to my classroom.

I arrived at her office 10 minutes early, as I did not want to miss her; I was graduating the program that weekend. I found her office locked and empty. Looking outside, I watched as her car literally screeched out of the parking lot, dodging the meeting she promised. So much for integrity.

When I raised this with my therapist, she told me I needed to focus on myself and stop 'awfulizing' the 'caring professionals' at the ranch. She banned me from mentioning it to my parents or any other students, under threat of delaying my graduation. "That's not level 4 behavior", she insisted.

This story exemplifies the treatment I experienced for the duration of my stay. Staff members were painted as caring, empathic professionals. But, in my interactions, it was blatantly clear they harbored disdain for us, treating us as constitutionally deceptive and venomous. I didn't get the sense that Anderson's private maligning of me was anything out of the ordinary.

Whenever I suffered harm at the hands of staff, I was told it was all in my head and I needed to focus on myself. This isn't to say I didn't incur several warranted consequences; just that any treatment of clients, however extreme and ill-willed, was barred from interrogation. I was a closeted gay kid at the time, and was repeatedly called the f-slur by some of the psychotic mormon staff for my more effeminate traits. I was falsely accused of theft by a spiteful housemate, and suffered the DR consequence of forced social ostracization without complaint. Staff mocked me for my then-overweight and unathletic body, kicking off an eating disorder that took years to shake and still haunts me. I could go on for pages. Any concern about these transgressions was silenced under threat of longer internment at the ranch.

I'm a grown man now, but I don't yet have children of my own. I love my parents dearly, and don't blame them for sending me to a place like DR given my state at the time. I have great empathy for any family going through what I put mine through. I can only imagine the panic and heartbreak parents must feel when their prodigal sons are veering astray. Perhaps there is no better option than a place like DR for boys like I was. I refuse to believe this, however. Having stayed in contact with some of my buddies, I have not heard anyone express positive feelings about their experience. These are honest men who have stitched their lives back together, not bitter degenerates who resent authority.

I would encourage any parent to seriously consider the risk of removing your son from their home and sending them into the care of adults who have no blood relation or connection to them. Consider the rates of abuse from stepparents-- absolutely devastating. Children are safest around blood family (not to disparage the countless wonderful stepparents out there). But imagine that stepparent has no familial ties to your son at all, not even marriage. Moreover, they conveniently profit from guardianship of your son. However good their intentions are, and I question that personally, the incentive structure does not coalesce to a caring environment. Proceed with caution.

It would be my pleasure to speak with anyone with questions about the ranch-- reach out to me at this email, jeffday180@gmail.com. The state of young men in America today is devastating, and I feel compelled to help in any way possible. I wish you all peace and healing with your families.



Helpful 1



Thanks 1



Love this 2



Oh no 0



Bunny B.

Berkeley, CA

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Dec 25, 2023

The equine and calf programs were good. That's about it. I was physically and mentally abused, the staff often escalated situations rather than helping, and I left more traumatized than before. There were also a lot of questionable to straight up creepy staff, most of which never got investigated. Staff swore at kids and one threatened to slap a kid. If a kid was sick or injured, they were rarely taken to the hospital, and were still forced to work. They refused to take my friend to the hospital for a serious medical problem because she was on a protocol. I could go on for hours about this place, but overall we just weren't cared for. DR is a labor camp, not a treatment center. Don't send your kids here.



Helpful 1



Thanks 2



Love this 0



Oh no 0



Jack McGuire G.

Beverly, MA

 153  5  1

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Jan 17, 2024

I have left the same review on the website for Discovery Ranch, but all negative reviews on that site have been removed. I hope you get this one:

We are coming up on 10 years since I arrived at Discovery Ranch and I urge all parents considering this RTC to read this, as I have spent years considering it and am now coming up on being a parent myself. There is nothing more powerful than a parent's love for their child, and a child going through challenges does need help, but consider this: When I was discharged from Discovery Ranch and in the months after, I kept up with about 20 peers. Of those 20, 14 of them were there primarily for drug abuse, and 3 of us (including myself) had never done drugs in our lives. Within a single year of discharge, 19 of us (including myself) were doing drugs. I know no place has a 0% rate of relapse, but I would venture to guess many are at least below 100%. In the years following that discovery, I joined a group on Facebook for people who had been to Discovery Ranch to process trauma. Through this group I discovered that my sample size of 20 was very accurate to the general population of former residents. Furthermore I found that I was not the only person who had endured personal traumas there. From homophobic, sexist, and racist remarks being constantly made by staff to communication limitations, there are serious issues here. Now, almost ten years later, two of my friends from there have passed away from drug overdoses, several have attempted to take their own lives, and I am still processing things that happened to me there in therapy. I just do this because I want to do my part to help others, whether or not I succeed.

A final note: After graduating college, I took a job at a residential school. In the initial training, we were told the state and federal guidelines for the rights of residents. I was so upset to find how many of those federal rights had been violated. I truly hope this makes someone, somewhere, save their child from the trauma many of us endured.



Helpful 2



Thanks 1



Love this 1



Oh no 1



Adrienne G.

Solon, OH

 148  31  8

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Jul 1, 2022 ·  Updated review

Discovery Ranch has changed since our son was there in 2013-2014. It came to my attention that the screening process for entry into the program became lax (about 4 years ago) and staff were being

continually hurt by some violent students. I am told that violent students are being screened out and that the 1-strike policy is back in effect. The original owners have exited, which changed the amazing culture of the place... I live in hope that the newer owners make positive changes.



Helpful 2



Thanks 0



Love this 0



Oh no 0



Sep 15, 2019 · Previous review

I am one of those parents whose child's life was turned around by his experience at 2nd Nature & Discovery Ranch. It wasn't just those two experiences that saved him, however. Today is September... [Read more](#)

**Chris B.**

Brewster, NY

0 1 0

...



Mar 11, 2024

My Name is Chris Borsellino and I graduated in 2017 as a level 3 I served 19 months although I learned alot about myself there are big factors that are often overlooked at programs like these. Child abuse has been swept under the rug for years at this place I've even had former staff admit it and apologize years after via Facebook messenger even tho it's against staff policy, it's hard to put into words without being gaslit since it's a common theme here. Therapists are paid to keep kids here longer I don't want to make this too long but if u want a reference watch Hell Camp and The Program on Netflix another is Brat Camp season 1 on YouTube it's about the sister wilderness program Redcliff Accent I went there in 2015 the show is slightly outdated but go to redcliff and figure out a better option after this place will Break your kid and expose him to all kinds of kids with all kinds of issues and bad habits if u will, since left 3 of my friends I served with died. Is that what u want for your son? There are better options please don't rush your decision you only get 1 chance do right by your son God Bless



Helpful 1



Thanks 1



Love this 0



Oh no 0

**Cate M.**

WI, WI

55 10 0

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Mar 18, 2022

I would recommend reading the reviews with a grain of salt and asking yourself, do the participant reviewers strike you as having mastered self-awareness and having the objectivity to bring intellect and rigour to the review and reflection on their experience.

I read some of them describing running away, suicide attempts, self harming without the self awareness to ask, what was my responsibility in all this and why are the adults blamed when they have a duty to keep me safe/alive and teaching, basically, that rules are rules.

If they or their parents don't enforce them, the courts and the police will step in. They talk of problems, arrests, drug use, self harming etc at home, yet there is no insight to be able to say, what were my parents supposed to do, let this continue until I killed myself or was arrested?

Treatment centers are not designed to be holiday camps. They are one of the last chances to turn the child around, to give intensive therapy, self-awareness, respect of people and property, control of addiction and the tools to live a less dysregulated, chaotic life. In other words to function in society, earn a living, go to college, have non-toxic relationships, live a productive, happy and fulfilled life.

Are all treatment centers, wilderness therapy perfect? Of course not. There is always staff turnover, some staff turn out not be right for the role. But essentially they are one of the last chances to turn it around. They certainly do not blame the child, they blame the behaviors and attempt to get the child to accept responsibility for their own lives and actions.

As a parent, I had the choice between arrest, prison and possible suicide for my child, or give them the chance to be with professionals who could help them turn their life around. Believe me, for all the kids who claim they have PTSD as a result of their time at an RTC, perhaps ask yourself, don't their parents have it to?



Helpful 4



Thanks 2



Love this 9



Oh no 2

**Alejandro C.**

Saint Paul, MN

🗨️ 0 🌟 2 📷 0

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Jan 31, 2022

If i could give zero stars I would. This place did more harm than good. But what can a troubled teen say that is trustworthy? Worried, frantic parents desperately seek a place to send their child (who they cannot trust), and they stumble on this place. But this place preys on that, and preys on the fact that you cannot trust your child. So when the child is being harmed, and begging your to hear them out, the ranch will just tell you whatever u want to hear in order to keep your child there and drain your pockets.

My grandfather passed away when i was young and left behind a sum of money my parents planned on using for my college tuition. I fell into depression and a raging drug addiction by 15 and I was sent here. My parents had to use all of my grandfathers inheritance, and yet i still turned to methamphetamine after I graduated this place. Why? Because it made no change. It made me feel worthless and i had to submit myself to their abuse for 17 months which made me feel worse than i did before. Everyone I knew ended up relapsing after they left. Not many people make it after this program, it is a scam.

I am sober now, after attending a real rehab that acknowledges my humanity, but still trying to recover from this place. It haunts me, and discredited my emotions for so long.

Please take this into consideration.



Helpful 9



Thanks 1



Love this 0



Oh no 2

**Jake B.**

San Francisco, CA

🗨️ 0 🌟 1 📷 0

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Nov 4, 2022

I spent about 10 months at Discovery Ranch. Honestly it was one of the shittiest thing that I have ever done. I look back and I do see some good times, but those were few and far between. The staff abused their power for some sick reason and the directors really were no help. The man who runs the program even came and talked to the the house (North House) he basically told us to stop complaining that the staff were miss-treating us. Obviously this made members of the house mad. When one of the upper levels stormed off and was threatened with restraint. One of the residents there had a code 9 called on him for threatening to harm himself (a code 9 is when staff call other staff for support, usually for a restraint.) and proceeded to restrain the resident. Where as in other cases that I witnessed, there would be a resident harming himself in the corner and no code 9 was called.

Another point of interest, the restraints. The restraints were where the staff could grab your arms. In multiple instances I saw staff grabbing residents by the neck or throwing them to the ground. Over all don't send your kids to DR. Please...



Helpful 3



Thanks 2



Love this 0



Oh no 1

**Caroline M.**

Moraga, CA

🗨️ 8 🌟 29 📷 8

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Mar 1, 2020

📷 1 photo

With two sons in treatment and over a three year journey, I've experienced five programs, all in UT. My son reacted well to his wilderness program but struggled with sustaining change. In his first program he was able to break most of the rules with little staff intervention. His second program may have been a good fit, but was understaffed. He has been at Discovery Ranch for 7 months and

is a different kid. The 4-1 staff to student ratio, daily experiential therapy in equine, ropes, and the calf program, and the various targeted group interventions have really led to profound change. Academics are equally impressive with school starting at 3:30 pm so that excellent local main stream teachers can work with students in small settings. The self pacing and support leads to academic success where little occurred in the past. Is this a paid post? No, it's a post from the heart for parents with struggling teens to have faith in The Ranch, if you work the program, the program works! Shout out to Jon Bishop - very highly recommended.



Students bottle feed day-old calves until th...



Helpful 4



Thanks 0



Love this 3



Oh no 0

< 1 2 3 >

1 of 3

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Ally E.

Saratoga Springs, UT

0 2 0



Mar 28, 2023

Discovery Ranch truly ruined my life. I was there for 10 months in 2012-2013. They made me out to be a manipulator and a bad person. They only gave you 5 minutes to shower, you had to have your bed perfect, and your clothes hanging up had to have a gap of a finger tip in between each hanger if any of those weren't done to their liking, you got a consequence. The supervisor told me I deserved to be in a straight jacket, she would scrub my self harm wounds with alcohol wipes to hurt me, she

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would scream at me, and told my parents I hit a staff member when I didn't. My therapist was awful too. She told staff that if I talked to anyone, including them, they should call the police on me. When I ran away the first time, I got tackled and the staff told me he wish he had pushed my face in the snow. They duct taped my hands, they forced us to run around a huge barn without being able to stop (if we did we got a consequence) and if we were on any protocols, we had to run on the treadmill at a speed no less than 4.6 I believe. One time they sat us all down and told us we were horrible and everyone was quitting because of us. When they decided to kick me out, my therapist told me that the program they were sending me to would leave me in the middle of nowhere because of how horrible I was. At one point i was locked in a room with my male therapist and female supervisor and i was forced to tell them in detail what happened to be as a child. I highly recommend not sending your child here. The traumas I have from DR is something I have to live with, and you can save your child from the pain I and so many others had to go through.



Helpful 1



Thanks 2



Love this 0



Oh no 0

**Ari K.**

Havertown, PA

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★☆☆☆☆ Jan 12, 2021

Take a look at the reviews of children who have actually gone here, and not staff members. I graduated at the top level, level 5 after 14 months. I left DR fifteen years ago and I still have PTSD from this what they call a program, that is actually run like a prison. It did not help me. I have absolutely no reason to lie about this, nothing to gain. I only hope that some poor parent looking at reviews, looking to help their child sees this and notes that this is not the place to send them. The staff members are undertrained and treat children as if they are inherently bad, and criminals. They made everyone there believe, over a period of months that they were bad, worthless, that they had no voice. This place is a scam and will deliberately keep you there for as long as possible to get money out of you. I came out so much worse than I went in.



Helpful 5



Thanks 1



Love this 0



Oh no 0

**Ally K.**

Saratoga Springs, UT

 0  1  0

★☆☆☆☆ Oct 6, 2020

I have changed my review a few times, but when I really think about it, this place has caused me ptsd, something I am currently working through. So many of us were abused here. Just don't send your kids here. I have years of therapy because of this place.



Helpful 6



Thanks 2



Love this 0



Oh no 0

**Michael R.**

Wilmette, IL

 0  6  0

★★★★★ Dec 26, 2020

Discovery Ranch proved to be a saving grace for our child. Our 15-year-old came to the ranch from the wilderness in a very bad place. He was there for almost a year and a half and when he left he was a totally transformed human being. We owe his success to the work of the ranch and especially credit his therapist, Wendy Turnbow, who truly helped save his life.

We cannot thank the staff, teachers and therapists enough for the outstanding job that they did. Keep up the good work. There are so many others who need your help.



Helpful 0



Thanks 0



Love this 1



Oh no 0

**Sydney N.**

Santa Cruz, CA

🗨️ 0 ⭐ 4 📝 0

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Aug 2, 2021

Currently traumatized for life. If I could give 0 stars I would. Am I better, yes. On the outside it makes it look like they did all the work. But in reality, they abused us, broke us down until we had nothing left, and threw us out. The aftercare wasn't aftercare at all. I got one therapy session and played drums with a random guy. Notice how all of the parents reviews are great but the kids are bad? We are the "troubled teens" so we had no say in anything we did. No trust. So if we cried to our parents they would only believe the therapists and that we "didn't know what we were saying and were not in our right mind". "If the therapists hold the power to punish your child, it is not therapy". there you go. Thats it. Do not take your kid away from their life, the people that make them whole. It ruins you.



Helpful 4



Thanks 1



Love this 0



Oh no 0

**Henry W.**

San Francisco, CA

🗨️ 0 ⭐ 1 📝 0

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Nov 2, 2021

So I had an alright experience at this program for 10 months. Personally all of the learning and changing happened after the program, and it's because the program in no way replicates real life. Rather than helping you to open up about problems, you are punished for having weaknesses and problems. Many other boys I knew were punished for simply speaking up about issues they saw. I myself laid low for most of it so I could avoid the brunt of many of punishments. Towards the end they started cracking down on me, and I chose to leave because I was 18. They drove me away from my family rather than fostering a relationship with them. They would say something completely different to your parents or family than what they told you. They would censor every letter you sent home, and it would have to be approved by your therapist. No honesty about any problems, about hating it, or anything. In my opinion, this particular program is a waste of time and money, and will do more harm than good to 99% of boys that go here. I'd say most of the insanely positive reviews you see are made by people who know the owners or staff or who are staff/owners; or they are made by parents whose kids were only in the program for a short time.



Helpful 2



Thanks 0



Love this 0



Oh no 0

**Mike B.**

State College, PA

🗨️ 50 ⭐ 7 📝 0

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Apr 29, 2015

Dear Steve, Jeanette, Clint, Jen and the entire staff at Discovery Ranch....as well as Judge

Words cannot express how much my wife and our family want to thank you for everything you have done for us. I don't know where to start other than from the three weeks leading up to us dropping our son off at DR as a soon to be 18 year old.

My son was the happiest kid in the world until something happened to him in middles school that we didn't find out until later. And it affected not only him and his behavior, but it was tearing apart our entire family. He is the oldest of four adopted (Russian) babies. And as you can imagine, the oldest can set the tone for the entire family. My son's behavior went "dark" in sixth grade and gradually got worse until he finally took a nose dive right before we ever heard of the terms "Residential Treatment Center" or "Therapeutic Boarding Schools".

We are a very fortunate and traditional family where mom stays at home to raise the children and the family lives very comfortably. Yet, even with all the blessings in our life, we couldn't avoid the reality of raising a child in the internet age and all the troubles it leads to. In short, within a week, my

son got falling down drunk on our last day vacation (in a foreign country) while on meds; got arrested for shoplifting; was stealing things from school and selling them on Craigslist and using the internet inappropriately. Most people would assume this was drug related....but it wasn't at all.

So not only was he ripping our family apart, he was also about to be expelled from school. The principal brought us in and gave graciously gave us the option of withdrawing him from school instead of expelling him (which would be on his transcripts). There was daily screaming and disgusting behavior, all being witnessed by his three younger siblings. My wife and I were at the bottom and yet we knew, we couldn't continue to live like this and expose our other three children to this behavior. So we had two choices...kick him out...or send him away. Quitting on our son wasn't an option. But where would he send him? Would it even matter? Were we just prolonging the inevitable? The range of emotions was off the charts.

We only had a week or two to make a decision and our control was rapidly sliding away as his 18th birthday fast approaching and he could have nixed anything he didn't like if we didn't hurry. Our school principal (God Bless him), suggested we look into an educational consultant. Huh...Education consultant, what the heck is that? We had no idea what that was. In short, the gentlemen he put in touch with said he probably couldn't help us, but referred us to a man named Judge Mason. Without going into all the details, all I can say is that God's hands were all over what I am about to write because I can't explain it any other way.

In a panic, we called Judge who spent the next week learning about our son and family struggles so he could recommend a few places that could help him. What made this all the more daunting was that there is little information to be found about this industry and its track record. We are talking about a lot of money. The range of prices we were quoted was anywhere from \$6,500/mo-\$12,000/mo...yes, you read it right per MONTH!

The sticker shock was staggering because not only did we not know how long it would take (we were told between 10-18 months), we also had no verifiable data on the success rate in order to make an informed decision. It makes it easier to spend that kind of money if you knew the success rate was 80% vs. 20%. Unfortunately, that information was unavailable to us at the time, which is why I am writing this letter.

Our experience with DR was nothing short of transforming. If we can ever be of help to any of your families that are at the stage we were searching for help, please feel free to put them in touch with us. My wife and I are thrilled with the level of compassion and communication we have received throughout this whole ordeal. We can honestly say that DR didn't just help our son, it helped our entire family because the tension and chaos went to zero as soon as our son went to DR. So not only was he getting the professional help he needed; my other children (and us) where able to heal and love one another as a normal family should, without all the yelling and screaming.

Sincerely,

Michael & Stacey B.
State College, PA



Helpful 1



Thanks 0



Love this 3



Oh no 0



Sadie C.

San Francisco, CA

🗨 0 🌟 1 📝 0

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Sep 3, 2020

Hi im sadie, I was at Discovery ranch for girls from March 25, 2019 to August 14,2020. So I just got out and wanted to write about my experience. When I first got to DRG i was struggling with my depression, and suicidal thoughts. It was about my 1 week there and I ran. After that I was put on a protocol (punishment) I was put on review. Review is when you are isolated from the community and you are in the school and you sit. And do nothing. I was on review for 2 weeks isolated. And I couldn't talk to anyone and if I did it would have to be a staff and all I could say was; can I use the bathroom, can I get more water. And for someone that already felt abandoned in this world I don't think that this was the best idea. In June I went on an overnight with my parents and I overdosed then got put back on review. Honestly the staff at DRG is terribly expect for the equine and rec director. There would be staff that worked there and I would ask them why they are working here and they would say " I thought it would be a fun experience" first of all we are not lab mice or monkeys you see in the zoo well some times I felt like that. Once i got up to my higher phases I was soo scared of doing some thing wrong or saying something. I felt suffocated. I had no privacy what so ever. And the food there was shit one night they feed up bloody chicken like the chicken was still bleeding, They also made us eat raw biscuits. And when inspectors came to the ranch they made us clean the cabin EXTRA well. Also this hella weird staff (male) called me "MAMI" and this one staff would take about her eating disorder and how I should try starving myself and only do juice cleanses. Monday tuesday shift would ALSO TALK SHIT on the girls. Like some mornings I think I am back at DRG. Im still worried that my parents will send me back.

And right now I feel like shit because the ranch really didn't do anything to help me prepare for going home.



Helpful 0



Thanks 0



Love this 0



Oh no 0

**Alyvia A.**

Gastonia, NC

📍 0 ⭐ 1 💬 0

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May 12, 2021

I really wish I could give this place negative stars. They should be investigated and shut down. I was a student at discovery ranch for girls between november 9th 2018 and November 27th 2019 and I have witnessed and been subjected to huge amounts of abuse as well as the other girls there. To start off they lie to the parents about what's actually going on, they tell them that the program is so great and what not. I picked out this facility back in november of 2018 this being my 2and treatment facility my first one being Polaris in Los angeles CA, which was a short term facility only spent 47 days there but here is spent over a year and instead of getting better I got so much worse the girls there are treated terribly. The staff are collage kids who have absolutely no clue what their doing. They treat the kids horribly with no repercussions. When girls want to hurt themselves, run away from staff or attempt suicide they punish the kid and absolutely humiliate them depending on the degree of what protocol you are on the worse the punishment is the highest being completely isolated from everyone, not allowed to talk or even go to the bathroom or take a shower alone they have safety showers which is basically 2 female staff one in the bathroom with said girl and the other at the door way they kick the other girls out of the area. They also take away ur ability to speak unless necessary. U also have to go through ur protocol and the one(s) below it all the staff are mormans with very traditional and closed minded views which they push on the students. You are treated like slaves and the food is terrible and so is the therapy and just general staff. I have alot more to say but its alot to Wright and I dont currently have the energy to keep going but PLZ FOR THE LOVE OF GOD DO NOT SEND YOUR KID HERE THEY WILL LEAVE WITH PTSD which is what happened with me



Helpful 4



Thanks 2



Love this 1



Oh no 0

**Taylor V.**

Powell Butte, OR

📍 246 ⭐ 11 💬 6

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Feb 24, 2018

this place literally ruined my life. i was emotionally abused by the majority of the staff and they lied to my parents about things i didn't do like threatening my life on them when i was actually doing good. my parents pulled me from the program when i told them what DRG was actually doing to me. i am doing better than 95% of the girls that graduated. all the girls that graduated are now doing drugs and in trouble and i'm on an academic scholarship at a big university and engaged and going to school to be a therapist. do not send your kid here.

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Eileen S.

New York, NY

2 5 0



Jun 26, 2015

Discovery Ranch saved our son. Our son came here after wilderness and needed to be in a place that would push him to conquer his issues. The program is not punitive in any way but they do have strict rules which help the kids to follow through with their expectations and find out that they can't get away with the crap they did at home. We love the hands on experience they get with working on the ranch, starting with each kid getting a baby cafe to mother and be responsible for. The equine

[discoveryranch.net](#)

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1308 S 1600th W Mapleton, UT 8466

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therapy is a unique experience and one that although, it took our son awhile to connect to has taught him some amazing lessons. Now he is working towards an advanced level!! BTW my husband and I have learned some valuable lessons as well! They work out every day and the kids are encouraged to join the soccer team or 5K team. Which to our surprise he did! The school is a change for the kids since it is tailored to each kids individual needs. They learn independently in a chunking system which does work once they get use to it. And there are dedicated teachers and tutors.

If your child needs help then this is an amazing school. Are they perfect? No, but they are always working to improve and I appreciate that transparency The Discovery ranch team consistently works hard to grow and upgrade the facility and make it a place where your child can thrive. And you really come to love Utah and all its beauty.

So thank you, Jen, Matt, Craig, Leslie, Jerry and all the other people who work tirelessly to get the kids to a healthy, happy, confident place so they can see and own there lives and have an amazing life.



Helpful 3



Thanks 0



Love this 2



Oh no 0

**Karl S.**

Manhattan, NY

[@ 1](#) [★ 4](#) [👤 0](#)

...

★★★★★ Jul 13, 2015

Our son has been at the Ranch for the last year and he is doing great there. As he put it he "feels safe and comfortable there". His only complaint is that the food is somewhat starchy, but there is always salad available. The calf program is one of his favorites. He loved caring for his calf, and now is caring for his second calf. The equine therapy program has also turned into a major success. For a kid who was scared of horses and "hated riding" he recently came in first in a rodeo and he is now seeking his advanced equestrian certification.

Overall we have seen major improvements in his ability to deal with stress. He is exercising and looks great.

While I wish he never had to attend we have found everyone at the a Ranch to be caring and supportive.



Helpful 1



Thanks 0



Love this 1



Oh no 0

**Keith S.**

Melville, NY

[@ 1](#) [★ 3](#) [👤 0](#)

...

★☆☆☆☆ Jul 8, 2013

DO NOT SEND YOUR CHILD TO DISCOVERY RANCH IF YOU CARE ABOUT THEM!

I wish I could give negative stars!

Discovery Ranch only wants to know and talk about their truth which is nothing close to reality. When you try to induct real truths into the once a week, 1/2 hour, monitored phone call, the therapist redirects you to la la land. They dont want to discuss what's actually wrong. They don't give the children any hope of getting out whatsoever. The chidren can't even have open discussions with other inmates there for fear of being punished and losing privileges. The schooling they provide is a joke. They are left up to their own with limited to no help from the teachers. The website is misleading. The facility in Utah is run like a prison. Seek other avenues for your child.



Helpful 20



Thanks 1



Love this 2



Oh no 0

**Michele S.**

Manhattan, NY

[@ 0](#) [★ 13](#) [👤 0](#)

...

★ ★ ★ ★ ★ Jun 28, 2013

🕒 First to Review

This is the worst place to send your child. Your child will be put in with kids that are older than their age group, that were in gangs, that are addicted to drugs, etc.

It is run like a prison. They don't let parents talk freely to their own child. They want the parents to say only what they tell them to say.

Overpriced, over rated...do not send your child there if you care about them.

The kids come out shell shocked, traumatized and fearful.



Helpful 9



Thanks 1



Love this 1



Oh no 0



Francis H.

Reno, NV

🗨️ 20 📅 178 📝 89

...

★ ★ ★ ★ ★ Jul 16, 2013

DR saved our son's life!

From the Director through the therapists, they truly care for each of the children in their care. Our son was there for 9 months and has nothing but good things to say about the whole program. He LOVED the Independent Study program that allowed him to progress at his own pace with teacher support when needed and tutoring as requested. He has returned to DR to give presentations to parents and enrolled children 3 times! If the program is so bad, why would a "graduate" do that?

We have attended several parent weekends at DR and have met parents who were their child's worst problem! Parents who continually disagreed, with each other, about many issues concerning their child. That is a therapists worst nightmare because it empowers the patient and allows him to not comply with the programs guidelines.

We have referred several families and have NEVER had someone come back to us to complain about the program.

I stand by DR and have never regretted our decision to send our son there.



Helpful 2



Thanks 0



Love this 2



Oh no 0



A. S.

Dallas, TX

🗨️ 0 📅 22 📝 0

...

★ ★ ★ ★ ★ Oct 15, 2013

Discovery Ranch was a haven for our son and us. I really felt like the staff was helpful but firm when actions merited consequences. I thought their level system was fair. Our son sped through the academics and helped his self esteem greatly to go at his own pace. The therapy he received was outstanding. The therapist he had really pushed him on some issues that he might have let slide with a less trusted or caring therapist. I thought the idea of taking care of an innocent calf was wonderful. He grew out of his self-centered ways in order to care of something else. Other schools we visited i felt like were either a. scary, b. you were a rat being observed, or c. it was way too free and he could have de-railed. He is home now, and i feel like we are well prepared for this new chapter in our lives.



Helpful 1



Thanks 0



Love this 2



Oh no 0



Carebear F.

Buffalo, NY

🗨️ 0 📅 1 📝 0

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★ ★ ★ ★ ★ Aug 21, 2015

It's been about 8-9 years since I left DR; I'm now 25 and although I don't dwell on what happened so much anymore, this place has had such a negative impact on my life. I cannot even put into words the pain I feel even today when my experience gets brought up or when I read about other kids that are STILL suffering from having to go through this program. I have maintained very close friendships with a handful of other patients that were there during my time (for a wide range of different reasons) and we even make it appoint to see each other each year. We have created this bond because unless you went through a detention center such as DR, you will not understand. We support & vent to each other about how difficult and lonely it was for us to get back to normal life after we left, how it shaped us into the adults we are today, and what steps we took to try and heal from this horrible experience. Although you move on and mature, it's a wound that never fully heals and cuts deep. Not a single one of us agree that this program helped us or our relationships with our families. Sure, we said all the things our parents wanted to hear once we got out, it was certainly drilled into us every single day, but that faded into a deep anger/depression that raised months, sometimes even years later, & you find yourself in worse condition than you were before entering DR; battling a demon 98% of people will never know. When we have the opportunity to get together, it's a very special and meaningful time for all of us, we reminisce about the little funny stories that helped us get through the day during our time, we think about about all the suffering we endeared and how we survived, and we always take the time to honor our close friends that didn't and have passed. We had a close friend that took her life during our time there, we lost a friend to drug addiction that spiraled after leaving DR, and we had another friend who lost her life to cancer, which could have been detected in the earlier stages if DR didn't fail to seek proper medical attention (she was actually punished quite often for complaining about the pain and was either made to do hard manual labor or the staff would put her in isolation for days on end. When she was given her home visit, her mom took her to the doctor and was diagnosed, although we have tried to find the outcome of the lawsuit, none of us have been able to track her family down to share our sympathy). May their souls rest in peace.

If you're a "troubled" teen that's reading this that just recently got out, or it's been years and it's still effecting you, please believe me when I say that YOU ARE NOT ALONE. It's another long, tough, painful battle after you leave DR and I haven't known one other person who didn't suffer after getting out. Although there are no support groups for people like us and since the program is so small & we're from all over the country, it feels and looks very real that you may be alone, YOU ARE NOT. There is not enough research of the negative effects places like DR have on a young person, people don't like to talk or hear about places like DR, the system is extremely flawed, it's a corporation that works very hard to keep you there as long as possible for obvious financial reasons while hiring unqualified staff. You are a survivor of an abusive environment that is very similar to a prison. It is NOT your fault and you're NOT a lesser being despite what DR drilled into you. Parents won't know or understand the gravity of impact this experience has had until after you get out and have openly talked about it, and although it's very hard not to blame or take your anger out on them, you have to realize they made their decision out of love and ignorance.

Stay in touch with the other people you shared your time with during DR, reach out to them when things are tough, talk about your struggles. Although the system failed us, my peers and I have created somewhat of a little support group to cope and it's helped us tremendously. If you are at all struggling and/or would like to talk to someone who can relate, please do not hesitate to contact me through this post and I'd be happy to exchange information so we can talk. I still maintain close relationships with both girls and boys who are around my age (23-27) that have gone through exactly what you are going through now; so whether it's easier to talk to a guy or girl or someone with a similar case to yours, I can put you in contact with them if you'd like (Free of charge too! You're parents will love that, Ha!). We all cope in our own ways, but if we can help by sharing our experiences and what we learned, there's not a single one of us that would turn down a younger DR peer that is currently battling our same battles. We have all suffered enough, it's time to heal and create a system that works.



Helpful 3



Thanks 1



Love this 0



Oh no 0

**Josephine J.**

New York, NY

1
 7
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Dec 1, 2013

After my daughter was here for here for 2 months her condition worsened and she started having suicidal thoughts which had never happened before. When I met with her Dr. I was told "Control-freak parents often produce children who feel guilty and disloyal, fearing they'll disappoint their over-bearing parents." I couldn't believe he was blaming me for this...after we could no longer afford to send her there she was abruptly released and told good luck. We found a traditional therapist that proved to be far more effective. I'm happy to say that she is leading a normal life and leaving DR was the best thing that happened.



Helpful 11



Thanks 1



Love this 1



Oh no 0

**H.A.**

Portland, OR

🗨️ 76 🌟 1 📷 0

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Nov 26, 2013

I try to think positively about it but honestly this shithole gave me PTSD. If I'm in the car with someone and they make a wrong turn or something I will flip out and start having a panic attack because all I can think about it "oh my god where are they taking me they're locking me up again". The protocols here suck, and do absolutely nothing in the way of help. They are there only to try and give the staff (who by the way have no training in psychology at all) an easier time.

Also, I would sit there and talk to my therapist while he takes notes and this is a direct quote "is that it?" Then the session was over.

The main issue I have with this place is that it literally fucked up my education so bad that I'm 17 and still in freshman English. To them, there is one way that every kid learns, and if you have learning disabilities that's too fucking bad and ask the doctor to raise your meds the next time he comes. Also the staff there (although there were some that I liked) were extremely rude. For a year I was put down and felt stupid and inadequate and my opinion didn't matter and if I decided to express it I would be put on some protocol that restricted me from doing anything but sitting at a fucking desk and staring at the god damn wall.

They made me feel disgusting and quite hideous.

There was never any "you can do it" it was "you better do it or you're going to be put on mc and never get out of here"

This place did not "save my life" it scared me to have problems.



Helpful 9



Thanks 1



Love this 0



Oh no 0

**Julia R.**

Spring, TX

🗨️ 0 🌟 2 📷 0

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Dec 14, 2016

If I could give negative stars I would. PLEASE do not send your child to this facility. All the parents of the kids who pretend to change think it's great, but this place is hell. My parents don't believe me, but they can see that it was obviously not the place for me now. I was there for 13 months and I graduated as a level 5, so I obviously have the right to give my opinion as I went through the entire thing. My therapist was Marliett Davis and she brainwashed me right from the very beginning. I literally did not understand why I was at the ranch, but I was otherwise compliant and very well behaved. She told me I needed to admit that I was a manipulative liar, and forced me to censor and edit a letter telling my parents everything that was going on to show her in a better light. She literally sat there and made me tell my parents that I was lying about everything. She purposely didn't let me talk to my parents for 3-4 weeks which is 3-4x as long as usual because she didn't want me to say anything that could get her in trouble. Over the year+ I was there, she constantly manipulated me and did terrible, unprofessional things. I went on a service trip to guatemala with her, where she started a romantic relationship with our driver that made all of us very uncomfortable. She told me and my parents that I could hang out with my best friend of ten years over my level 4 home visit if my parents thought everything was going well. Everything was going very well so my parents were happy to allow me to go the barn and ride our horses together. Marliett told me on a call that she was happy I got to go and that she wasn't expecting it (red flags went up) but I wasn't in trouble. The day I got back she told me treatment team was "worried about me" and that I had gone against what she said and they dropped my level. I literally could not make this up, it was insane and I felt so betrayed. She did it, I'm betting, because she told me I could hang out with this girl w/o consulting tx team first, and then when tx team didn't like it she let me take the fall. While a lot of the staff were nice, a handful were very abusive and obviously did not care about us. I just got a call from my friend and I was told that a former friend of ours from the ranch, 14 years old, was caught in a relationship with a 20 something married female staff member. I'm so disgusted about this. Please do not send your kid here, I can tell you first hand that it does nothing but psychologically torture them. It hasn't helped me or any one of my friends.



Helpful 3



Thanks 1



Love this 0



Oh no 0

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18/01/2016

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udstationeredebetina

in Boarding School

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418. Discovery Ranch

While some parents seem happy for their children's stay at the ranch so they could go on cruises etc. the now adults seem less thankful for their stay. Are are some testimonies:

Ally K. writes:

“Discovery Ranch was the worst experience of my life. I couldn't stand it there. the staff lied to me and my parents. when I was struggling my therapist told me I deserved to be in a straight jacket or jail. the staff told me that they wanted me to walk (sign myself out) and that they would even help me pack. when I finally had enough, I told them I would. they made me leave the property and then called the police to have me arrested. they don't care!!! one staff called my parents and told them that I hit a staff member when I never did!!! I was traumatized from my stay and I would NOT recommend it to ANYONE. when my therapist was retiring, I had asked for a female therapist, and told them which one. my parents told me later that the only reason I didn't get the one I wanted was because they didn't want me to get my way. the therapist they put me with was someone I didn't get along with at all. but for months I suffered. if you're thinking about going here or sending someone here, DONT.

Ray M. writes:

“I was a student there and 7 years later I still have trauma from what happened to me and have since had to go to therapy for what was supposed to my therapy. Words cannot express the pain in my heart when I think of this place profiting off of kids who are shut down and told their own voice doesn't matter. I hope in my lifetime to see this place shutdown.

Keith S. writes:

“DO NOT SEND YOUR CHILD TO DISCOVERY RANCH IF YOU CARE ABOUT THEM!

WHILE YOU ARE READING, JUST A WORD

This blog is made by Danes. The contents is based on our values. If you get offended, it is not our problem.

However, we will just make you aware about that we Danes also suffer. Thanks to private parking firms like Europark / Apcoa and others, we have very little free movement in our country. Some gets fine while getting treated at hospitals or visiting their children while they are treated and as result most Danes then postpone treatment until it in some cases are too late.

Yes. What you can re

Follow

pages are gruesome and evil, but just bear in mind that an entire population thanks to the above firms are treated even worse to such an extend that you properly will never find anything like this all over the Earth.

SEARCH

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I wish I could give negative stars!

Discovery Ranch only wants to know and talk about their truth which is nothing close to reality. When you try to induct real truths into the once a week, 1/2 hour, monitored phone call, the therapist redirects you to la la land. They dont want to discuss what's actually wrong. They don't give the children any hope of getting out whatsoever. The chidren can't even have open discussions with other inmates there for fear of being punished and losing privileges. The schooling they provide is a joke. They are left up to their own with limited to no help from the teachers. The website is misleading. The facility is run like a prison. Seek other avenues for your child,

Michele S. writes:

“ This is the worst place to send your child. Your child will be put in with kids that are older than their age group, that were in gangs, that are addicted to drugs, etc.

It is run like a prison. They don't let parents talk freely to their own child. They want the parents to say only what they tell them to say.

Overpriced, over rated...do not send your child there if you care about them.

The kids come out shell shocked, traumatized and fearful.

Source:
Discovery Ranch (Yelp)

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Tags: monitored calls, ranch, Utah



About udstationerede betina

Jeg er en unge kvinde med en fortid. For nogle år siden ville min far arbejde i USA. Min ene blog blev lavet i den periode. Senere bestod jeg gymnasiet uden at have planer for hvad skulle bruge uddannelsen til, men min mor insisterede fordi jeg med hvilken som helst anden uddannelse ikke ville kunne få forsikringsstatning, der vil kunne dække mig rimeligt. Så nu arbejder jeg i en butik indtil jeg ved hvad jeg vil bruge mit liv på.

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- Being transported: About the use of youth transport services – articles and client testimonies
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- Just another hike: About wilderness programs – articles and students testimonies
- Places that changed people (Testimonial blog) Various testimonies from teenagers who believe that a stay at a certain place changed their lives
- Tales from the black school: Boarding student testimonies
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- When far from home: Client testimonies – rehabs, boarding schools and other programs

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TROUBLED TEEN NEWS

Banished Teens is a RSS-based news service for teenagers and parents interested in news about Troubled Teenagers and how to help return the family to normalcy.

CATEGORIES

- Alternative school
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TEEN ASYLUMS ON PINTEREST

Link

FORNITS WIKI IS UNDER UPDATE

Fornits Wiki, which is used as source for many blog-entries are in service mode.

The pages can also be found on **secretprisonforteens.dk** which is a backup of the original wiki-database.

AGAPE PETITION

http://chng.it/LsbKNmBhnR

06/18/13

MAPLETON PD

3101

09:24

CAD Master Call Table

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1

OREM CALLS LIST:

Record nu Address	Call nature	When Occured	Earlie	Respond-to
C2800957 89 HW	RUNAWAY	19:28:04	06/01/2013 1308 S 1600 WEST ST; S SR	
C2759540 89 HW	ALARM	12:56:06	05/04/2013 1308 S 1600 WEST ST; S SR	
C2758514 89 HW	ALARM	19:16:19	05/03/2013 1308 S 1600 WEST ST; S SR	
C2727816 89 HW	MEDICAL	09:02:46	04/12/2013 1308 S 1600 WEST ST; S SR	
C2660193 89 HW	UTILITY PROBLEM	10:55:47	02/24/2013 1308 S 1600 WEST ST; S SR	
C2631704 89 HW	INFORMATION	18:59:01	02/03/2013 1308 S 1600 WEST ST; S SR	
C2452740 89 HW	RUNAWAY	21:26:04	09/22/2012 1308 S 1600 WEST ST; S SR	
C2187699 89 HW	ALARM-FIRE	17:36:19	03/12/2012 1308 S 1600 WEST ST; S SR	
C2113656 Discove	JUVENILE PROB	20:30:00	12/31/2011 1308 S 1600 WEST ST; S;	
C2037715 89 HW	TRESPASSING	22:39:34	10/18/2011 1308 S 1600 WEST ST; S SR	
C1964599 89 HW	ALARM-FIRE	11:37:55	08/15/2011 1308 S 1600 WEST ST; S SR	
C1947930 Discove	RUNAWAY	11:12:04	07/31/2011 1308 S 1600 WEST ST; S;	
C1905991 89 HW	ABANDONED 911	13:57:34	06/24/2011 1308 S 1600 WEST ST; S SR	
C1888159 SR89	ABANDONED 911	09:10:04	06/08/2011 1308 S 1600 WEST ST; S	
C1870487 SR89	ABANDONED 911	11:13:52	05/23/2011 1308 S 1600 WEST ST; S	
C1845958 SR89; Di	ALARM-FIRE	16:04:31	04/29/2011 1308 S 1600 WEST ST; S	
C1753404	MEDICAL	20:46:31	01/31/2011 1308 S 1600 WEST ST; SR89	
C1713639	ANIMAL PROBLEM	23:36:16	12/20/2010 1308 S 1600 WEST ST; SR89	
C1658213 Discov	MEDICAL	16:34:21	10/21/2010 1308 S 1600 WEST ST; SR;	
C1643846	ACCIDENT-PD	19:10:50	10/05/2010 1308 S 1600 WEST ST; SR89	
C1640178	MEDICAL	16:52:46	10/01/2010 1308 S 1600 WEST ST; SR89	
C1613914	ALARM-FIRE	21:38:32	09/03/2010 1308 S 1600 WEST ST; SR89	
C1582795	ANIMAL PROBLEM	13:34:54	08/02/2010 1308 S 1600 WEST ST; SR89	
C1571648	WELFARE CHECK	21:59:46	07/21/2010 1308 S 1600 WEST ST; SR89	
C1520039	INFORMATION	13:09:57	05/28/2010 1308 S 1600 WEST ST; SR89	

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Deborah Houck

C1481963 RUNAWAY 21:30:47 04/15/2010 1308 S 1600 WEST ST; SR;
 Discov
 C1420164 RUNAWAY 20:16:55 02/07/2010 1308 S 1600 WEST ST; SR89
 C1387711 MOTORIST ASSIST 23:22:10 12/29/2009 1308 S 1600 WEST ST; SR89
 C1331536 INFORMATION 15:31:58 10/19/2009 1308 S 1600 WEST ST
 C1206792 ALARM-FIRE 21:17:06 05/30/2009 1308 S 1600 WEST ST
 C1180308 MEDICAL TRANS 09:42:34 05/01/2009 1308 S 1600 WEST ST
 C1109948 ALARM-FIRE 11:21:40 02/07/2009 1308 S 1600 WEST ST;
 Discovery
 C0887175 MEDICAL 10:57:41 05/25/2008 1308 S 1600 WEST ST
 C0868744 ALARM-FIRE 12:47:28 05/03/2008 1308 S 1600 WEST ST
 C0845185 MOTORIST ASSIST 12:44:39 04/05/2008 1308 S 1600 WEST ST;
 discovery
 C0820772 ANIMAL PROBLEM 15:34:38 03/07/2008 1308 S 1600 WEST ST
 C0809017 INFORMATION 22:44:18 02/22/2008 1308 S 1600 WEST ST
 C0809015 RUNAWAY 22:43:58 02/22/2008 1308 S 1600 WEST ST
 C0808965 ACCIDENT-HR 21:35:48 02/22/2008 1308 S 1600 WEST ST
 C0799210 MEDICAL 14:22:32 02/11/2008 1308 S 1600 WEST
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 C0796290 MOTORIST ASSIST 23:03:46 02/07/2008 1308 S 1600 WEST ST
 C0753230 MEDICAL 22:35:41 12/14/2007 1308 S 1600 WEST
 ST;discovery r
 C0715367 MEDICAL 10:22:25 10/30/2007 1308 S 1600 WEST ST
 C0704475 ALARM-FIRE 07:20:23 10/17/2007 1308 S 1600 WEST
 ST;DISCOVERY
 C0674639 MEDICAL 13:44:00 09/12/2007 1308 S 1600 WEST ST;
 discovery
 C0587493 MEDICAL 15:42:48 06/05/2007 1308 S 1600 WEST
 ST;DISCOVERY R
 C0585265 CALL OUT 20:33:58 06/02/2007 1308 S 1600 WEST ST;
 discovery
 C0411248 MEDICAL 21:17:39 11/03/2006 1308 S 1600 WEST ST
 C0389285 JUVENILE PROB 07:44:41 10/07/2006 1308 S 1600 WEST ST
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 Mapleton Police Department.

Released to: A-S
 Released By: D.H.

Family Alleges Bestiality at Alternative School

JAMIE ROSS February 13, 2015



PHOENIX (CN) – A boy was sexually assaulted repeatedly at a residential treatment program for troubled teens, until his attacker was found committing bestiality with a horse, the teen and his parents claim in court.

The boy “was brutally and repeatedly sexually assaulted while at Discovery Ranch” in Mapleton, Utah, the family says in their Feb. 9 lawsuit in Maricopa County Court.

Yet the parents say that before they enrolled him in the alternative education program, “Discovery Ranch expressly promised to provide adequate supervision and care to ensure (his) safety.”

In January 2104, the boy was placed in a dorm at Discovery Ranch with three other boys, one who began grooming him and another resident for “sexual victimization” until he was “violently sodomized,” the family says in the lawsuit.

The attacker “used threats of violence, coercion, guilt, and the merit system of Discovery Ranch to manipulate (the boy) to avoid reporting increasingly deviant sexual behaviors, including discussions about sex, pornography, masturbation, and sexual violence,” the complaint states.

“Discovery Ranch’s merit system also prevented (him) from reporting the assaults because he believed that his inferior status and past interactions with Discovery Ranch staff and administrators would result in him being punished if he attempted to disclose the assaults,” according to the complaint.

The family claims the sexual assaults “went undiscovered and unchecked throughout the months of January and February and were only revealed when he [the assailant] was transferred from Discovery Ranch after being discovered engaging in bestiality with a horse.”

The family says that Discovery Ranch failed to adequately investigate the assailant “for psychosexually deviant and violent tendencies before admitting him to Discovery Ranch and placing him in the dorm.”

Defendants include Discovery Ranch, Discovery Ranch Holdings, Educational Options Associates and its director, who allegedly recommended Discovery Ranch to the family, and the alleged assailant and his parents.

The family seeks medical expenses and punitive damages for willful and wanton negligence, breach of contract, assault and battery, false imprisonment and intentional infliction of emotional distress.

They are represented by Gregg Woodnick.

Discovery Ranch

1308 S 1600 W, Mapleton, UT 84664 (Utah County)
(801) 360-4762

- (52513) DT - Day Treatment :Renewal: (11/30/2022)
- (54765) OT - Outpatient Treatment :Renewal: (11/30/2022)
- (28218) RT - Residential Treatment :Renewal: (06/30/2022)

Name of this Investigation:

Sexual Misconduct [REDACTED]

* Start Date:

09/05/2019

...

* Lead Assignment:

Nathan Ponis

Licensors:Nathan Ponis

Entered By:Robert JonesIntake

Source:

Provider Incident Report (e.g., incident report)

Other Regulatory Agency (e.g., DCFS, JJS, Law Enforcement)

Public/Other (e.g., complaint, news report)

Date of Incident:

08/30/2019

...

Date Reported:

09/05/2019

...

Notification: The provider reported within one business day.

Reported By:

Clinton Dorny

Contact Info:

User Email: clintd@discoveryranch.net

User Phone: 8014893311

Summary of Issue:

█████ went to his therapist on Friday Aug. 30, 2019 and reported that █████ was pressuring him to do sexual things with him. We separated the two boys and had them both write statements of facts. Once the first version was written, Clinton Dorny, Ex. Director notified the police immediately. They sent an officer to take the statements. They ended up writing a few versions and their stories came a little closer to being the same once the officer was involved, but, they are still not consistent.

Clients Involved:

██

Licensees, Staff, and Witnesses Involved:

Ray Orbin, Therapist

Clinton Dorny, Ex. Director

Licensee Follow-Up

Actions Taken by Licensee:

We have kept the boys separate from each other until the police can come back and finish their investigation. They are placed on a safety protocol. Parents have all been notified by Ray Orbin, Therapist for both boys. We are turning in their statements into the police today along with other statements. █████ complained of constipation and bleeding from his anus and parents set up a visit to a specialist in SLC this afternoon. █████ spoke alone with the doctor and social services are on their way based on what he reported. He does have a history of constipation issues.

Actions Planned by Licensee:

We will continue to monitor the boys and keep them separated until the investigation is complete. We have a close tie with Oxbow Academy and will have their clinical director come and interview them as well. Oxbow specifically works with boys with problematic sexual behavior and has a 90 evaluation.

Additional Comments:

Mapleton Police may have investigated this report. Agency was not listed in the IR

████████████████████

10/29/19

"The police came and investigated but I have not heard back from them. We are currently trying a new medication for [REDACTED] with the recommendation that he be transferred to Oxbow Academy for a psycho-sexual evaluation. [REDACTED] is starting to ask for it."

Office Follow-Up

Investigate Within:

Initiate investigation within 10 business days

Priority Due Date:

09/23/2019

...

Document Admin Staffing:

Follow up as necessary. Inform provider of the reporting violation.

Date Priority Met:

...

QA Monitoring

Activity Log:

Add

Date	Time	Type	Who
10/28/2019	01:35	Other Licensee Contact	Nathan Ponis

Documents:

Add

Date	Name	Comment	
09/05/2019	Violation Notice email		delete
09/05/2019	Incident Report Email		delete

Violations:

Add

Violation Date	Rule#	Resolved Date
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09/05/2019

501-1-9 General Provisions for Licensing. Investigations of Alleged Violations.

delete

Update Status

Findings

* Critical Incident:

A critical incident occurred related to this Investigation.

Yes

Type of Incident:

Abuse - Sexual

Sites Affected:

Conclusion Summary:

The police have been providing the investigation and will follow up with charges if found necessary. Discovery Ranch has changed his medications to help stabilize. They are referring him off campus for a psycho-sexual evaluation. Follow up treatment will be according to the recommendations.

Finalized Date:11/04/2019

State of Utah
Department of Human Services
Office of Licensing

Discovery Ranch
1308 S 1600 W
Mapleton, UT 84664
(801) 360-4762
01/29/2018

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					COMMENTS
501-19-1 Residential Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing shall license residential treatment programs according to the following rules.	X				
501-19-2 Residential Treatment Programs. Purpose. Residential treatment programs offer room and board and provides for or arranges for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community in accordance with Subsection 62A-2-101(15).	X				
501-19-3 Residential Treatment Programs. Definition. Residential treatment program means a 24-hour group living environment for four or more individuals unrelated to the owner or provider in accordance with Subsection 62A-2-101(15).	X				
501-19-4 Residential Treatment Programs. Administration.					
B. A current list of enrollment of all registered consumers shall be on-site at all times.	X				Licensing specialist reviewed a list of all clients on site and picked several children to interview from that list at random.
A. In addition to the following rules, all Residential Treatment Programs shall comply with R501-2, Core Standards.	X				
501-19-5 Residential Treatment Programs. Staffing.					

D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist, d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting advanced practice registered nurse-psychiatric mental health nurse specialist, and e. if unlicensed staff are used, they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician, or a consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed, mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, and c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service to the program per week per consumer enrolled. d. A licensed medical practitioner, by written agreement, shall be available to provide, as needed, a minimum of one hour of service per week for every two consumers enrolled. e. Other staff trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth shall be under the supervision of a licensed clinical professional. f. A minimum of two staff on duty and, a staff ratio of no less than one staff to every four consumers shall exist at all times, except nighttime sleeping hours when staff may be reduced. g. A mixed gender population shall have at least one male and one female staff on duty at all times. 4. Services for People With Disabilities shall have a staff person responsible for program supervision and operation of the facility. Staff person shall be adequately trained to provide the services and treatment stated in the consumer plan.			X		During client interviews we found that during transportation to medical and dental appointments, staffing ratios are 1 staff to 1 consumer or 1 staff to two or three consumers. The program was instructed to correct this and come in to compliance with the rule that does not allow 1 on 1 staff to consumer ratios.
B. The program shall have a staff person trained, by a certified instructor, in standard first aid and CPR on duty with the consumers at all times.			X		
A. The program shall have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available.			X		Licensing specialist also reviewed a list of staff and therapists on site.
C. Programs which utilize students and volunteers, shall provide screening, training, and evaluation of volunteers. Volunteers shall be informed verbally and in writing of program objectives and scope of service.			X		
501-19-6 Residential Treatment Programs. Direct Service. Treatment plans shall be reviewed and signed by the clinical supervisor. Treatment plans shall be reviewed and signed by the clinical supervisor, or other qualified individuals for Division of Services for People With Disabilities services. Plans shall be reviewed and signed as noted in the treatment plan.			X		Children all reported and had a treatment plan in place to meet their needs.
501-19-7 Residential Treatment Programs. Physical Facilities.					

B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X			Licensing specialist toured the facility and found it to be in good condition. This included the ranch area where horses, calves, and other live stock are kept. The hutches where the calves are kept were clean. It was observed that there were no foul odors in the air and when asked to have the trailer where manure is collected and where dead calves are collected before they are transported to the dog food plant, it was observed that the trailer was located several hundred feet away at a distant corner or the property. There were no diseased animals observed on the trailer. It was also discovered during client interviews that the calves who pass away are not kept close to them or in an area where the children can see them.
A. The program shall provide written documentation of compliance with the following items as applicable: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X			business license and local health department permits present and up to date.
501-19-8 Residential Treatment Programs. Physical Environment.				
A. Live-in staff shall have separate living space with a private bathroom.	X			
B. The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.	X			Space was safe and appropriate.
C. Indoor space for free and informal activities of consumers shall be available.	X			Program has a lot of options for informal activities including gym, music room, lounge areas in their dorms/cottages.
D. Provision shall be made for consumer privacy.	X			
E. Space shall be provided for private and group counseling sessions.	X			
F. Sleeping Space 1. No more than four persons, or two for Division of Services for People With Disabilities programs, shall be housed in a single bedroom. 2. A minimum of sixty square feet per consumer shall be provided in a multiple occupant bedroom. Storage space will not be counted. 3. A minimum eighty square feet per individual shall be provided in a single occupant bedroom. Storage space will not be counted. 4. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Each bed, none of which shall be portable, shall be solidly constructed, and be provided with clean linens after each consumer stay and at least weekly. 6. Sleeping quarters serving male and female residents shall be structurally separated. 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.	X			

G. Bathrooms 1. The program shall have separate bathrooms for males and females. These shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Bathrooms shall meet a minimum ratio of one toilet, one lavatory, and one tub or shower for each six residents. 6. There shall be toilets and baths or showers which allow for individual privacy. 7. There shall be mirrors secured to the walls at convenient heights. 8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours.	X				All clients interviewed reported having privacy during bathroom use time, even when on the highest precautions.
H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs.	X				
I. All furniture and equipment shall be maintained in a clean and safe condition.	X				
J. Programs which permit individuals to do their own laundry shall provide equipment and supplies for washing, drying, and ironing.	X				
K. Programs which provide for common laundry of linens and clothing, shall provide containers for soiled laundry separate from storage for clean linens and clothing.	X				
L. Laundry appliances shall be maintained in a clean and safe operating condition.	X				
501-19-9 Residential Treatment Programs. Food Service.					
H. When meals are prepared by consumers there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X				Children interviewed rated the food between a 5 and 8 on average on a 0 to 10 scale.
F. Kitchens shall have clean, safe, and operational equipment for the preparation, storage, serving, and clean up of all meals.	X				
G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X				
E. Meals may be prepared at the facility or catered.	X				
D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.	X				
C. The program shall establish and post kitchen rules and privileges according to consumer needs.	X				
B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X				
A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X				
501-19-10 Residential Treatment Programs. Medication.					
C. Prescriptive medication shall be provided as prescribed by a qualified physician, according to the Medical Practices Act.	X				
D. The program shall have designated qualified staff, who shall be responsible to: 1. administer medication, 2. supervise self-medication, 3. record medication, including time and dosage, according to prescription, and 4. record effects of medication.	X				
B. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X				

A. The program shall have locked storage for medications.	X			
501-19-11 Residential Treatment Programs. Specialized Services for Substance Abuse.				
A. The program shall not admit anyone who is currently experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	X			
C. Before admission, consumers shall be tested for Tuberculosis. Both consumers and staff shall be tested annually or as directed by the local health authority.	X			
B. At a minimum, the program shall document that direct service staff complete standard first aid and CPR training within six months of being hired. Training shall be updated as required by the certifying agency.	X			
501-19-12 Residential Treatment Programs. Specialized Services for Programs Serving Children and Youth.				
A. Provisions shall be available for adolescents to continue their education with a curriculum approved by the State Office of Education.	X			
B. Programs which provide their own school shall be recognized by an educational accreditation organization, i.e., State Board of Education or the National School Accreditation Board.	X			
C. Individual, group, couple, and family counseling sessions or other appropriate treatment, including skills development, shall be conducted at least weekly, or more often if defined by the treatment plan. The consumer's record shall document the time and date of the service provided and include the signature of the counselor.	X			All children reported attending family, individual and group counseling.
D. An accurate record shall be kept of all funds deposited and withdrawn with the residential facility for use by a consumer. Consumer purchases of over \$20.00 per item, shall be substantiated by receipts signed by the consumer and appropriate staff.	X			
501-19-13 Residential Treatment Programs. Specialized Services for Division of Services for People With Disabilities.				
A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility.	X			
B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests.	X			
C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment.	X			
D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review.	X			
E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider.	X			
F. Residential facilities shall be located where school, church, recreation, and other community facilities are available.	X			
G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds.	X			
H. The program, in conjunction with the parent or guardian and the Division of Services for People With Disabilities support coordinator, shall apply for unearned income benefits for which a consumer is entitled.	X			

Discovery Ranch

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- (52513) DT - Day Treatment :Renewal: (11/30/2022)
- (54765) OT - Outpatient Treatment :Renewal: (11/30/2022)
- (28218) RT - Residential Treatment :Renewal: (06/30/2022)

Name of this Investigation:

AWOL - [REDACTED]

* Start Date:

07/01/2020

...

* Lead Assignment:

Jeremiah Smith

Licensors:Nathan Ponis

Entered By:Ahmed SamatarIntake

Source:

Provider Incident Report (e.g., incident report)

Other Regulatory Agency (e.g., DCFS, JJS, Law Enforcement)

Public/Other (e.g., complaint, news report)

Date of Incident:

06/29/2020

...

Date Reported:

07/01/2020

...

Notification: The provider reported within one business day.

Reported By:

Clinton Dorny

Contact Info:

clintd@discoveryranch.net

User Phone: 8013604762

Summary of Issue:

On 6/27/2020 at 10:15pm [REDACTED] was sleeping out in the common area. He was laying on his cot waiting for lights out. A peer was also sleeping out and he self harmed. Staff took this peer to the office to clean up his scratches. When staff walked in the office [REDACTED] reported, " I didn't have a plan to run, but when staff that was watching me left to take care of a peer, I decided to take off...I didn't have a plan and I really wasn't running away, I just needed a break from the Ranch for as long as it took staff to find me".

Clients Involved:

[REDACTED]

Licensees, Staff, and Witnesses Involved:

Liz Bird

Licensee Follow-Up

Actions Taken by Licensee:

When staff returned from taking care of the peer that self harmed, they noticed [REDACTED] was not in his bed. Staff called the Supervisor immediately and staff did a search in the house. Once staff realized he was not in the house, an alert went out on the GroupMe app. There were approximately 35 staff looking for [REDACTED] [REDACTED] was located at a park < than a quarter of a mile from the Ranch. When [REDACTED] saw the staff he walked to their car and got in and staff brought [REDACTED] back to the Ranch.

Actions Planned by Licensee:

We have been working on removing [REDACTED] from the program over the last week. We think he needs a more remedial approach and a program that can deal better with his anger. He's a lower functioning kid and needs more remedial academic and cognitive support.

He'll be discharging from our program ASAP.

Additional Comments:

Office Follow-Up

Investigate Within:

On-site within 3 business days

Priority Due Date:

07/07/2020

...

Document Admin Staffing:

Identify supervision/staffing concerns.

Date Priority Met:

07/06/2020

...

QA Monitoring

Activity Log:

Add

Date	Time	Type	Who
07/13/2020	04:00	Other Licensee Contact	Jeremiah Smith
07/06/2020	09:42	Other Licensee Contact	Jeremiah Smith

Documents:

Add

Date	Name	Comment	
07/15/2020	staff training and protocols		delete
07/01/2020	Discovery Ranch - AWOL [REDACTED]	06-29-20 Email	delete

Violations:

Add

Violation Date Rule# Resolved Date

08/17/2020

501-1-9 General Provisions for Licensing. Investigations of Alleged Violations.

08/17/2020 delete

Update Status

Findings

* Critical Incident:

A critical incident occurred related to this Investigation.

Yes

Type of Incident:

Runaway / AWOL

Sites Affected:

Conclusion Summary:

Violation noted for late reporting. No further action required. Training and program response appears to be in order.

Finalized Date:08/17/2020

State of Utah
Department of Human Services
Office of Licensing

Discovery Ranch
1308 S 1600 W
Mapleton, UT 84664
(801) 360-4762
07/11/2018

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					COMMENTS
501-2-1 Core Rules. Definition.					
A. the administration and maintenance of client and service records;	X				
B. staff qualifications; and	X				
C. staff to client ratios.	X				
501-2-2 Core Rules. Program Administration.					
A. The program shall have a written statement of purpose to include the following: 1. program philosophy, 2. description of long and short term goals, this does not apply to social detoxification or child placing adoption agencies, 3. description of the services provided, 4. the population to be served, 5. fee policy, 6. participation of consumers in activities unrelated to treatment plans, and 7. program policies and procedures which shall be submitted prior to issuance of an initial licensing.	X				
B. Copies of the above statements shall be available at all times to the Office of Licensing upon request. General program information shall be available to the public.	X				
C. The program shall have a written quality assurance plan. Implementation of the plan shall be documented.	X				
D. The program shall have clearly stated guidelines and appropriate administrative procedures, to include the following: 1. program management, 2. maintenance of complete, accurate and accessible records, and 3. record retention.	X				
E. The governing body, program operators, management, employees, consultants, volunteers, and interns shall read, understand, follow and sign a copy of the current Department of Human Services Provider Code of Conduct.	X				
F. The program shall comply with State and Federal laws regarding abuse reporting in accordance with 62A-4a-403 and 62A-3-302, and shall post copies of these laws in a conspicuous place within the facility.	X				
G. All programs which serve minors or vulnerable adults shall submit identifying information for background screening of all adult persons associated with the licensee and board members who have access to children and vulnerable adults in accordance with R501-14 and R501-18.		X			Program was placed on corrective action for having a number of staff with expired background screenings.
H. The program shall comply with all applicable National Interstate Compact Laws.	X				

I. A licensed substance abuse treatment program shall complete the National Survey of Substance Abuse Treatment annually. Substance abuse treatment programs shall also comply with Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.				X	
J. The program's license shall be posted where it is easily read by consumers, staff and visitors. See also R501-1-5-F. The program shall post Civil Rights License on Notice of Agency Action, abuse and neglect reporting and other notices as applicable.	X				
K. The program shall not handle the major personal business affairs of a consumer, without request in writing by the consumer and legal representative.	X				
L. Programs providing foster or proctor care services shall adhere to the following: 1. approve homes that comply with Foster Care Rules, R501-12. The agency shall be required to recruit, train, and supervise foster parents as defined by R501-12. 2. foster families meeting requirements shall be approved or certified by the agency. The agency must maintain written records of annual home approval. The approval process shall include a home study evaluation and training plan. 3. the agency must have a procedure to revoke or deny home approval. 4. the agency must have a written agreement with the foster parents which includes the expectations and responsibilities of the agency, staff, foster parents, the services to be provided, the financial arrangements for children placed in the home, the authority foster parents can exercise on children placed in the home, actions which require staff authorization. 5. planning, with participation of the child's legal guardian for care and services to meet the child's individual needs. 6. obtaining, coordinating and supervising any needed medical, remedial, or other specialized services or resources with the ongoing participation of the foster parents. 7. providing ongoing supervision of foster parents to ensure the quality of the care they provide.				X	Residential Treatment
501-2-3 Core Rules. Governance.					
A. The program shall have a governing body which is responsible for and has authority over the policies, training and monitoring of staff and consumer activities for all phases of the program. The governing body's responsibilities shall include the following: 1. to ensure program policy and procedures compliance, 2. to ensure continual compliance with relevant local, state and federal requirements, 3. to notify the Office of Licensing within 30 days of changes in program administration and purpose, 4. to ensure that the program is fiscally and operationally sound, by providing documentation by a financial professional that the program is a "going concern", 5. to ensure that the program has adequate staffing as identified on the organizational chart, 6. to ensure that the program has general liability insurance, professional liability insurance as appropriate, vehicle insurance for transport of consumers, and fire insurance, and 7. for programs serving youth, the program director or designee shall meet with the Superintendent or designee of the local school district at the time of initial licensure, and then again each year as the programs renews it's license to complete the necessary student forms including youth education forms.	X				
B. The governing body shall be one of the following: 1. a Board of Directors in a non-profit organization; or 2. commissioners or appointed officials of a governmental unit; or 3. Board of Directors or individual owner or owners of a for-profit organization.	X				
C. The program shall have a list of members of the governing body, indicating name, address and term of membership.	X				
D. The program shall have an organization chart which identifies operating units of the program and their inter-relationships. The chart shall define lines of authority and responsibility for all program staff and identifies by name the staff person who fills each position on the chart.	X				

E. When the governing body is composed of more than one person, the governing body shall establish written by-laws, and shall hold formal meetings at least twice a year, Child Placing Agencies must meet at least quarterly, maintain written minutes, which shall be available for review by the Office of Licensing, to include the following: 1. attendance, 2. date, 3. agenda items, and 4. actions.	X				
501-2-4 Core Rules. Statutory Authority.					
A. A publicly operated program shall document the statutory basis for existence.	X				
B. A privately operated program shall document its ownership and incorporation.	X				
501-2-5 Core Rules. Record Keeping.					
A. Demographic information to include Medicaid number as required,	X				
B. Biographical information,	X				
C. Pertinent background information, including the following; 1. personal history, including social, emotional, psychological and physical development, 2. legal status, 3. emergency contact with name, address and telephone number, and 4. photo as needed.	X				
D. Health records of a consumer including the following: 1. immunizations, for children only, 2. medication, 3. physical examinations, dental, and visual examinations, and 4. other pertinent health records and information.	X				
E. Signed consent forms for treatment and signed Release of Information form,	X				
F. Copy of consumer's individual treatment or service plan,	X				
G. A summary of family visits and contacts, and	X				
H. A summary of attendance and absences.	X				
501-2-6 Core Rules. Direct Service Management.					
A. Direct service management, as described herein, is not applicable to social detoxification. The program shall have on file for public inspection a written eligibility policy and procedure, approved by a licensed clinical professional to include the following: 1. legal status, 2. age and sex of consumer, 3. consumer needs or problems best addressed by program, 4. program limitations, and 5. appropriate placement.	X				
B. The program shall have a written admission policy and procedure to include the following: 1. appropriate intake process, 2. age groupings as approved by the Office of Licensing, 3. pre-placement requirements, 4. self-admission, 5. notification of legally responsible person, and 6. reason for refusal of admission, to include a written, signed statement.	X				
C. Intake evaluation. 1. At the time of intake an assessment shall be conducted to evaluate health and family history, medical, social, psychological and, as appropriate, developmental, vocational and educational factors. 2. In emergency situations which necessitate immediate placement, the intake evaluation shall be completed within seven days of admission. 3. All methods used in evaluating a consumer shall consider age, cultural background, dominant language, and mode of communication.	X				

D. A written agreement, developed with the consumer, and the legally responsible person if applicable, shall be completed, signed by all parties, and kept in the consumer's record, with copies available to involved persons. It shall include the following: 1. rules of program, 2. consumer and family expectations, 3. services to be provided and cost of service, 4. authorization to serve and to obtain emergency care for consumer, 5. arrangements regarding absenteeism, visits, vacation, mail, gifts, and telephone calls, when appropriate, and 6. sanctions and consequences.	X					
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E. Consumer treatment plan shall be individualized, as applicable according to the following. 1. A staff member shall be assigned to each consumer having responsibility and authority for development, implementation, and review of the plan. 2. The plan shall include the following: a. findings of intake evaluation and assessment, b. measurable long and short term goals and objectives, 1) goals or objectives clearly derived from assessment information, 2) goals or objectives stated in terms of specific observable changes in behavior, skills, attitudes or circumstances, 3) evidence that consumer input was integrated where appropriate in identifying goals and objectives, and 4) evidence of family involvement in treatment plan, unless clinically contraindicated, c. specification of daily activities, services, and treatment, and d. methods for evaluation, 3. Treatment plans a. plans shall be developed within 30 days of consumer's admission by a treatment team and reviewed by a clinical professional if applicable. Thereafter treatment plans shall be reviewed by the licensed clinical professional if applicable as often as stated in the treatment plan. 4. All persons working directly with the consumer shall be appropriately informed of the individual treatment plan. 5. Reports on the progress of the consumer shall be available to the applicable Division, the consumer, or the legally responsible person. 6. Treatment record entries shall include the following: a. identification of program, b. date and duration of services provided, c. description of service provided, d. a description of consumer progress or lack of progress in the achievement of treatment goals or objectives as often as stated in the treatment plan, and e. documentation of review of consumer's record to include the following: 1) signature, 2) title, 3) date, and 4) reason for review. 7. Transfer and Discharge a. a discharge plan shall identify resources available to consumer. b. the plan shall be written so it can be understood by the consumer or legally responsible party. c. whenever possible the plan shall be developed with consumers participation, or legally responsible party if necessary. The plan shall include the following: 1) reason for discharge or transfer, 2) adequate discharge plan, including aftercare planning, 3) summary of services provided, 4) evaluation of achievement of treatment goals or objectives, 5) signature and title of staff preparing summary, and 6) date of discharge or transfer. d. The program shall have a written policy concerning unplanned discharge. 8. Incident or Crisis Intervention records a. The program shall have written policies and procedures which includes: reporting to program manager, documentation, and management review of incidents such as deaths of consumers, serious injuries, fights, or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents, strip searches and other situations or circumstances affecting the health, safety, or well-being of consumers. b. records shall include the following: 1) summary information, 2) date, time of emergency intervention, 3) action taken, 4) employees and management responsible and involved, 5) follow up information, 6) list of referrals, 7) signature and title of staff preparing report, and 8) records shall be signed by management staff. c. the report shall be maintained in individual consumer	X					
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records. d. when an incident involves abuse, neglect, serious illness, violations of the Provider Code of Conduct or death of a consumer, a program shall: 1) notify the Office of Licensing, legally responsible person and any applicable agency which may include law enforcement. 2) a preliminary written report shall be submitted to the Office of Licensing within 24 hours of the incident.					
501-2-7 Core Rules. Behavior Management.					
A. The program shall have on file for public inspection, a written policy and procedure for the methods of behavior management. These shall include the following: 1. definition of appropriate and inappropriate behaviors of consumers, 2. acceptable staff responses to inappropriate behaviors, and 3. consequences.	X				
B. The policy shall be provided to all staff, and staff shall receive training relative to behavior management at least annually.	X				
C. No management person shall authorize or use, and no staff member shall use, any method designed to humiliate or frighten a consumer.	X				
D. No management person shall authorize or use, and no staff member shall use nor permit the use of physical restraint with the exception of passive physical restraint. Passive physical restraint shall be used only as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way.	X				
E. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with the clinical professional to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.	X				

F. Programs using time out or seclusion methods shall comply with the following: 1. The program will have a written policy and procedure which has been approved by the Office of Licensing to include: a. Time-out or seclusion is only used when a child's behavior is disruptive to the child's ability to learn to participate appropriately, or to function appropriately with other children or the activity. It shall not be used for punishment or as a substitute for other developmentally appropriate positive methods of behavior management. b. Time-out or seclusion shall be documented in detail and provide a clear understanding of the incident which resulted in the child being placed in that time-out or seclusion. c. If a child is placed in time out or seclusion more than twice in any twenty-four hour period, a review is conducted by the clinical professional to determine the suitability of the child remaining in the program. d. Any one time-out or seclusion shall not exceed 4 hours in duration. e. Staff is required to maintain a visual contact with a child in time-out or seclusion at all times. f. If there is any type of emergency such as a fire alarm, or evacuation notification, children in time-out or seclusion shall follow the safety plan. g. A child placed in time-out or seclusion shall not be in possession of belts, matches, weapons, or any other potentially harmful objects or materials that could present a risk or harm to the child. 2. Time-out or seclusion areas shall comply with the following: a. Time-out or seclusion rooms shall not have locking capability. b. Time-out or seclusion rooms shall not be located in closets, bathrooms, or unfurnished basements, attic's or locked boxes. c. A time-out or seclusion room is not a bedroom, and temporary beds, or mattresses in these areas are not allowed. Time-out and seclusion shall not preclude a child's need for sleep, or normal scheduled sleep period. d. All time-out or seclusion rooms shall measure at least 75 square feet with a ceiling height of at least 7 feet. They shall have either natural or mechanical ventilation and be equipped with a break resistant window, mirror or camera that allows for full observation of the room. Seclusion rooms shall have no hardware, equipment, or furnishings that obstruct observation of the child, or that present a physical hazard or a suicide risk. Rooms used for time out or seclusion shall be inspected and approved by the local fire department	X				
G. The program's licensed clinical professional shall be responsible for supervision of the behavior management procedure.	X				
501-2-8 Core Rules. Rights of Consumers.					

A. The program shall have a written policy for consumer rights to include the following: 1. privacy of information and privacy for both current and closed records, 2. reasons for involuntary termination and criteria for re-admission to the program, 3. freedom from potential harm or acts of violence to consumer or others, 4. consumer responsibilities, including household tasks, privileges, and rules of conduct, 5. service fees and other costs, 6. grievance and complaint procedures, 7. freedom from discrimination, 8. the right to be treated with dignity, 9. the right to communicate by telephone or in writing with family, attorney, physician, clergyman, and counselor or case manager except when contraindicated by the licensed clinical professional, 10. a list of people, whose visitation rights have been restricted through the courts, 11. the right to send and receive mail providing that security and general health and safety requirements are met, 12. defined smoking policy in accordance with the Utah Clean Air Act, and 13. statement of maximum sanctions and consequences, reviewed and approved by the Office of Licensing.	X				
B. The consumer shall be informed of this policy to his or her understanding verbally and in writing. A signed copy shall be maintained in the consumer record.	X				
501-2-9 Core Rules. Personnel Administration.					
A. The program shall have written personnel policies and procedures to include the following: 1. employee grievances, 2. lines of authority, 3. orientation and on-going training, 4. performance appraisals, 5. rules of conduct, and 6. sexual and personal harassment.	X				
B. The program shall have a director, appointed by the governing body, who shall be responsible for management of the program and facility. The director or designated management person shall be available at all times during operation of program.	X				
C. The program shall have a personnel file for each employee to include the following: 1. application for employment, 2. applicable credentials and certifications, 3. initial medical history if directed by the governing body, 4. tuberculin test if directed by the governing body, 5. food handler permit, where required by local health authority, 6. training record, 7. annual performance evaluations, 8. I-9 Form completed as applicable, 9. comply with the provisions of R501-14 and R501-18 for background screening, and 10. a signed copy of the current Department of Human Services Provider Code of Conduct.	X				
D. The program shall follow a written staff to consumer ratio, which shall meet specific consumer and program needs. The staff to consumer ratio shall meet or exceed the requirements set forth in the applicable categorical rules as found in R501-3, R501-7, R501-8, R501-11, and R501-16.	X				
E. The program shall employ or contract with trained or qualified staff to perform the following functions: 1. administrative, 2. fiscal, 3. clerical, 4. housekeeping, maintenance, and food service, 5. direct consumer service, and 6. supervisory.	X				
F. The program shall have a written job description for each position, which includes a specific statement of duties and responsibilities and the minimum level of education, training and work experience required.	X				

G. Treatment shall be provided or supervised by professional staff, whose qualifications are determined or approved by the governing body, in accordance with State law.	X				
H. The governing body shall ensure that all staff are certified and licensed as legally required.	X				
I. The program shall have access to a medical clinic or a physician licensed to practice medicine in the State of Utah.	X				
J. The program shall provide interpreters for consumers or refer consumers to appropriate resources as necessary to communicate with consumers whose primary language is not English.	X				
K. The program shall retain the personnel file of an employee after termination of employment, in accordance with accepted personnel practices.	X				
L. A program using volunteers, substitutes, or student interns, shall have a written plan to include the following: 1. direct supervision by a program staff, 2. orientation and training in the philosophy of the program, the needs of consumers, and methods of meeting those needs, 3. background screening, 4. a record maintained with demographic information, and 5. signed copy of the current Department of Human Services Provider Code of Conduct.	X				
M. Staff Training 1. Staff members shall be trained in all policies of the program, including the following: a. orientation in philosophy, objectives, and services, b. emergency procedures, c. behavior management, d. current program policy and procedures, and e. other relevant subjects. 2. Staff shall have completed and remain current in a certified first aid and CPR, such as or comparable to American Red Cross. 3. Staff shall have current food handlers permit as required by local health authority. 4. Training shall be documented and maintained on-site.	X				
501-2-10 Core Rules. Infectious Disease. The program shall have policies and procedures designed to prevent or control infectious and communicable diseases in the facility in accordance with local, state and federal health standards.	X				
501-2-11 Core Rules. Emergency Plans.					
A. The program shall have a written plan of action for disaster and casualties to include the following: 1. designation of authority and staff assignments, 2. plan for evacuation, 3. transportation and relocation of consumers when necessary, and 4. supervision of consumers after evacuation or relocation.	X				
B. The program shall educate consumers on how to respond to fire warnings and other instructions for life safety including evacuation.	X				
C. The program shall have a written plan which personnel follow in medical emergencies and arrangements for medical care, including notification of consumer's physician and nearest relative or guardian.	X				
501-2-12 Core Rules. Safety.					
A. Fire drills in non-outpatient programs, shall be conducted at least quarterly and documented. Notation of inadequate response shall be documented.	X				
B. The program shall provide access to an operable 24-hour telephone service. Telephone numbers for emergency assistance, i.e., 911 and poison control, shall be posted.	X				
C. The program shall have an adequately supplied first aid kit in the facility such as recommended by American Red Cross.	X				

D. All persons associated with the program who have access to children or vulnerable adults and who also have firearms or ammunition shall assure that they are inaccessible to consumers at all times. Firearms and ammunition that are stored together shall be kept securely locked in security vaults or locked cases, not in glass fronted display cases. Firearms that are stored in display cases shall be rendered inoperable with trigger locks, bolts removed, or other disabling methods. Ammunition for those firearms shall be kept securely locked in a separate location. This does not restrict constitution or statutory rights regarding concealed weapons permits, pursuant to UCA 53-5-701 et seq.	X				
501-2-13 Core Rules. Transportation.					
A. The program shall have written policy and procedures for transporting consumers.	X				
B. In each program or staff vehicle, used to transport consumers, there shall be emergency information which includes at a minimum, the name, address and phone number of the program and an emergency telephone number.	X				
C. The program shall have means, or make arrangement for, transportation in case of emergency.	X				
D. Drivers of vehicles shall have a valid drivers license and follow safety requirements of the State.	X				
E. Each vehicle shall be equipped with an adequately supplied first aid kit such as recommended by American Red Cross.	X				
501-2-14 Core Rules. Categorical Rules.					
A. Child Placing Adoption Agencies R501-7,	X				
B. Day Treatment R501-20,	X				
C. Intermediate Secure Treatment Programs for Minors R501-16,	X				
D. Outdoor Youth Programs R501-8,	X				
E. Outpatient Treatment R501-21,	X				
F. Foster Care R501-12,	X				
G. Residential Treatment R501-19,	X				
H. Residential Support R501-22,	X				
I. Social Detoxification R501-11 and	X				
J. Assisted Living for DSPD Residential R710.	X				
501-2-15 Core Rules. Single Service Program Rules.					
A. Adult Day Care, which Rules are found in R501-13,	X				
B. Adult Foster Care, which Rules are found in R501-17.	X				
501-19-1 Residential Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing shall license residential treatment programs according to the following rules.	X				
501-19-2 Residential Treatment Programs. Purpose. Residential treatment programs offer room and board and provides for or arranges for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community in accordance with Subsection 62A-2-101(15).	X				
501-19-3 Residential Treatment Programs. Definition. Residential treatment program means a 24-hour group living environment for four or more individuals unrelated to the owner or provider in accordance with Subsection 62A-2-101(15).	X				
501-19-4 Residential Treatment Programs. Administration.					
A. In addition to the following rules, all Residential Treatment Programs shall comply with R501-2, Core Standards.	X				
B. A current list of enrollment of all registered consumers shall be on-site at all times.	X				
501-19-5 Residential Treatment Programs. Staffing.					

A. The program shall have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available.	X				
B. The program shall have a staff person trained, by a certified instructor, in standard first aid and CPR on duty with the consumers at all times.	X				
C. Programs which utilize students and volunteers, shall provide screening, training, and evaluation of volunteers. Volunteers shall be informed verbally and in writing of program objectives and scope of service.	X				
D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist, d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting advanced practice registered nurse-psychiatric mental health nurse specialist, and e. if unlicensed staff are used, they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician, or a consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed, mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, and c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service to the program per week per consumer enrolled. d. A licensed medical practitioner, by written agreement, shall be available to provide, as needed, a minimum of one hour of service per week for every two consumers enrolled. e. Other staff trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth shall be under the supervision of a licensed clinical professional. f. A minimum of two staff on duty and, a staff ratio of no less than one staff to every four consumers shall exist at all times, except nighttime sleeping hours when staff may be reduced. g. A mixed gender population shall have at least one male and one female staff on duty at all times. 4. Services for People With Disabilities shall have a staff person responsible for program supervision and operation of the facility. Staff person shall be adequately trained to provide the services and treatment stated in the consumer plan.	X				
501-19-6 Residential Treatment Programs. Direct Service. Treatment plans shall be reviewed and signed by the clinical supervisor. Treatment plans shall be reviewed and signed by the clinical supervisor, or other qualified individuals for Division of Services for People With Disabilities services. Plans shall be reviewed and signed as noted in the treatment plan.	X				
501-19-7 Residential Treatment Programs. Physical Facilities.					
A. The program shall provide written documentation of compliance with the following items as applicable: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X				

B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X				
501-19-8 Residential Treatment Programs. Physical Environment.					
A. Live-in staff shall have separate living space with a private bathroom.	X				
B. The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.	X				
C. Indoor space for free and informal activities of consumers shall be available.	X				
D. Provision shall be made for consumer privacy.	X				
E. Space shall be provided for private and group counseling sessions.	X				
F. Sleeping Space 1. No more than four persons, or two for Division of Services for People With Disabilities programs, shall be housed in a single bedroom. 2. A minimum of sixty square feet per consumer shall be provided in a multiple occupant bedroom. Storage space will not be counted. 3. A minimum eighty square feet per individual shall be provided in a single occupant bedroom. Storage space will not be counted. 4. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Each bed, none of which shall be portable, shall be solidly constructed, and be provided with clean linens after each consumer stay and at least weekly. 6. Sleeping quarters serving male and female residents shall be structurally separated. 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.	X				
G. Bathrooms 1. The program shall have separate bathrooms for males and females. These shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Bathrooms shall meet a minimum ratio of one toilet, one lavatory, and one tub or shower for each six residents. 6. There shall be toilets and baths or showers which allow for individual privacy. 7. There shall be mirrors secured to the walls at convenient heights. 8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours.	X				
H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs.	X				
I. All furniture and equipment shall be maintained in a clean and safe condition.	X				
J. Programs which permit individuals to do their own laundry shall provide equipment and supplies for washing, drying, and ironing.	X				
K. Programs which provide for common laundry of linens and clothing, shall provide containers for soiled laundry separate from storage for clean linens and clothing.	X				
L. Laundry appliances shall be maintained in a clean and safe operating condition.	X				
501-19-9 Residential Treatment Programs. Food Service.					
A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X				

B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X				
C. The program shall establish and post kitchen rules and privileges according to consumer needs.	X				
D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.	X				
E. Meals may be prepared at the facility or catered.	X				
F. Kitchens shall have clean, safe, and operational equipment for the preparation, storage, serving, and clean up of all meals.	X				
G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X				
H. When meals are prepared by consumers there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X				
501-19-10 Residential Treatment Programs. Medication.					
A. The program shall have locked storage for medications.	X				
B. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X				
C. Prescriptive medication shall be provided as prescribed by a qualified physician, according to the Medical Practices Act.	X				
D. The program shall have designated qualified staff, who shall be responsible to: 1. administer medication, 2. supervise self-medication, 3. record medication, including time and dosage, according to prescription, and 4. record effects of medication.	X				
501-19-11 Residential Treatment Programs. Specialized Services for Substance Abuse.					
A. The program shall not admit anyone who is currently experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	X				
B. At a minimum, the program shall document that direct service staff complete standard first aid and CPR training within six months of being hired. Training shall be updated as required by the certifying agency.	X				
C. Before admission, consumers shall be tested for Tuberculosis. Both consumers and staff shall be tested annually or as directed by the local health authority.	X				
501-19-12 Residential Treatment Programs. Specialized Services for Programs Serving Children and Youth.					
A. Provisions shall be available for adolescents to continue their education with a curriculum approved by the State Office of Education.	X				
B. Programs which provide their own school shall be recognized by an educational accreditation organization, i.e., State Board of Education or the National School Accreditation Board.	X				
C. Individual, group, couple, and family counseling sessions or other appropriate treatment, including skills development, shall be conducted at least weekly, or more often if defined by the treatment plan. The consumer's record shall document the time and date of the service provided and include the signature of the counselor.	X				
D. An accurate record shall be kept of all funds deposited and withdrawn with the residential facility for use by a consumer. Consumer purchases of over \$20.00 per item, shall be substantiated by receipts signed by the consumer and appropriate staff.	X				
501-19-13 Residential Treatment Programs. Specialized Services for Division of Services for People With Disabilities.					

A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility.	X				
B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests.	X				
C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment.	X				
D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review.	X				
E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider.	X				
F. Residential facilities shall be located where school, church, recreation, and other community facilities are available.	X				
G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds.	X				
H. The program, in conjunction with the parent or guardian and the Division of Services for People With Disabilities support coordinator, shall apply for unearned income benefits for which a consumer is entitled.	X				
501-20-1 Day Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing, shall license day treatment programs according to the following rules.	X				
501-20-2 Day Treatment Programs. Purpose. A day treatment program provides services to individuals who have emotional, psychological, developmental, physical, or behavioral dysfunctions, impairments, or chemical dependencies. Day treatment is provided in lieu of, or in coordination with, a more restrictive residential or inpatient environment or service in accordance with Subsection 62A-2-101(4).	X				
501-20-3 Day Treatment Programs. Definition. Day treatment program means specialized treatment for less than 24 hours a day, for four or more persons who are unrelated to the owner or provider pursuant to Subsection 62A-2-101(4).	X				
501-20-4 Day Treatment Programs. Administration.					
A. In addition to the following rules, all Day Treatment Programs shall comply with R501-2, Core Standards.	X				
B. A list of current consumers shall be available and on-site at all times.	X				
501-20-5 Day Treatment Programs. Staffing.					
A. The program shall have an employed manager who is responsible for the day to day supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent, there shall be a substitute available.	X				
B. The program shall have a staff person trained, by a certified instructor, in first aid and CPR on duty with the consumers at all times.	X				
C. Staffing Ratios 1. The minimum ratio shall be one direct care staff to ten consumers. In Division of Services for People With Disabilities programs, consumer ratios shall be determined by type of activity. 2. When 10% or more of the consumers are non-ambulatory, the ratio shall be one direct care staff to seven consumers.	X				

D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician or consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abuses shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service per week per consumer enrolled in the program, and d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist. e. If unlicensed staff are used, they shall be trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth and shall be under the supervision of a licensed clinical professional. 4. Services for People With Disabilities a. a staff person responsible for consumer supervision and operation of the facility, and b. trained staff to provide the services and treatment stated in the consumer's plan.	X				
501-20-6 Day Treatment Programs. Direct Service.					
A. Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.	X				
B. A daily activity or service schedule shall be designed and implemented.	X				
C. While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.	X				
D. All consumers shall be afforded the same quality of care.	X				
501-20-7 Day Treatment Programs. Physical Environment.					
A. The program shall provide written documentation of compliance with the following: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X				
B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X				
501-20-8 Day Treatment Programs. Physical Facility.					

A. The program shall have a minimum of fifty square feet of floor space per consumer designated specifically for day treatment. Hallways, office, storage, kitchens, and bathrooms will not be included in computation.	X				
B. Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	X				
C. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs and shall be maintained in a clean and safe condition.	X				
D. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X				
E. Equipment for work activities shall be kept in safe operating condition. 1. Power equipment shall be installed and maintained in accordance with the National Electrical Code. 2. When operating power equipment, the operator shall wear safe clothing and protective eye gear. 3. Rings and watches are not to be worn, and long hair shall be confined when operating power equipment. 4. Consumer exposure to hazardous materials shall be controlled as defined in Utah State Industrial Regulations.	X				
F. Bathrooms 1. The program shall have one or more bathrooms each for males and females in accordance with current uniform building codes. They shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Bathrooms shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	X				
501-20-9 Day Treatment Programs. Food Service.					
A. One person shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X				
B. The person responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X				
C. When meals are prepared by consumers, there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X				
D. The program shall provide adequate storage and refrigeration for meals carried to the program by consumers.	X				
E. Kitchens shall have clean, operational equipment for the preparation, storage, serving, and clean up of all meals.	X				
F. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X				
501-20-10 Day Treatment Programs. Medication.					
A. Prescriptive medication shall be provided as prescribed by a qualified person according to the Medical Practices Act.	X				
B. The program shall have locked storage for medication.	X				
C. The program shall have written policy and procedure to include the following: 1. self administered medication, 2. storage, 3. control, and 4. release and disposal of drugs in accordance with federal and state regulations.	X				
501-21-1 Outpatient Treatment Programs. Authority. (1) Pursuant to Section Title 62A Chapter 2, the Office of Licensing shall license outpatient treatment programs according to the following rules.	X				

501-21-2 Outpatient Treatment Programs. Purpose. (1) Outpatient treatment programs shall serve consumers who require less structure than offered in day treatment or residential treatment programs.	X				
501-21-3 Outpatient Treatment Programs. Definition.					
(1) Outpatient Treatment is defined in 62A-2-101.	X				
(2) "Outpatient Treatment Program[s]" means two or more individuals, at least one of whom provides outpatient treatment, and also meets one or more of the following criteria: (a) allows agents, contractors, persons with a financial interest, staff, volunteers, or individuals who are not excluded under R501-21-3-2 to either: (i) provide direct client services, including case management, transportation, assessment, screening, education, or peer support services. Direct client services do not include office tasks unrelated to client treatment, such as: billing, scheduling, standard correspondence and payroll; or (ii) manage or direct program operations, including intake, admissions or discharge, setting of fees, or hiring of staff. (b) offers outpatient treatment services to satisfy criminal court requirements. (c) is required by DHS contract to be licensed for outpatient treatment. (d) provides services requiring DUI Education Certification, or Justice Certification by the Division of Substance Abuse and Mental Health as authorized in 62A-15-103 and described in R523-4 and R523-11. (e) refers clients to services that present a conflict of interest or otherwise provide an opportunity for exploitation or fraud by the referring provider. Services may include: laboratory services, private probation, housing, employment, transportation or travel.	X				
(3) The following individuals are excluded from subsection (2) above: (a) individuals who are exempt from individual professional licensure under Utah Code 58-1-307; (b) individuals who are licensed, certified, or authorized under Utah Code 58, Chapters 60, 61, 67, 68; and (c) entities that are excluded under 62A-2-110.	X				
501-21-4 Outpatient Treatment Programs. Administration and Direct Services.					
(1) In addition to the following rules, all outpatient treatment programs shall comply with R501-1 General Provisions and R501-14 Background Screening Rules.	X				
(2) Programs shall have current program information readily available to the Office and the public, including a description of: (a) program services; (b) the client population served; (c) program requirements and expectations; (d) information regarding any non-clinical services offered; (e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and (f) complaint reporting and resolution processes.	X				

(3) The Program shall: (a) provide outpatient and/or intensive outpatient treatment services not to exceed nineteen hours per week, as clinically recommended and documented; (b) identify and provide to the Office the organizational structure of the program including: (i) names and titles of owners, directors and individuals responsible for implementing all aspects of the program, and (ii) a job description, duties and qualifications for each job title; (c) identify a director or qualified designee who shall be immediately available at all times that the program is in operation; (d) ensure at least one CPR/First Aid trained or certified staff member is present at all times with clients; (e) disclose any potential conflicts of interest to the Office; (f) ensure that staff are licensed or certified in good standing as required and that unlicensed individuals providing direct client services shall do so only in accordance with the Mental Health Professional Practices Act; (g) train and monitor staff compliance regarding: (i) program policy and procedures; (ii) the needs of the program's consumers; (iii) Office of Licensing rule 501-21 and annual training on the Licensing Code of Conduct and client rights as outlined in R501-1-12; (iv) emergency procedures; (h) create and maintain personnel files for each staff member to include: (i) applicable qualifications, experience, certifications and licenses; (ii) approved and current Office of Licensing background screening except as excluded in 501-14-17; and (iii) training records with date completed, topic and employee signature(s) verifying completion. (i) comply with Office rules and all local, state and federal laws; (j) maintain proof of financial viability of the program; (k) maintain general liability insurance, professional liability insurance that covers all program staff, vehicle insurance for transport of clients, fire insurance and any additional insurance required to cover all program activities; and (l) maintain proof of completion of the National Mental Health Services Survey (NMHSS) annually if providing mental health services; and (m) ensure that all programs and individuals involved with the prescription, administration or dispensing of controlled substances shall do so per state and federal law, including maintenance of DEA registration numbers for: (a) all prescribing physicians; and (b) the specific site where the controlled substances are being prescribed, as required.	X				
(4) The program shall develop, implement and comply with policies and procedures sufficient to ensure the health and safety and meet the needs of the client population served. Policies and procedures shall address: (a) client eligibility; (b) intake and discharge process; (c) client rights as outlined in R501-1-12; (d) staff and client grievance procedures; (e) behavior management; (f) medication management; (g) critical incident reporting as outlined in R501-1-2-6 and R501-1-10-2d; (h) emergency procedures; (i) transportation of clients to include requirement of insurance, valid driver license, driver and client safety and vehicle maintenance; (j) firearms; (k) client safety including any unique circumstances regarding physical facility, supervision, community safety and mixing populations; and (l) provision of client meals, administration of required medications, maximum group sizes, and sufficient physical environment providing for the comfort of clients when clients are present for six or more consecutive hours.	X				

(5) Programs shall maintain client files to include the following: (a) client name, home address, email address, phone numbers, date of birth and gender; (b) legal guardian and emergency contact names, address, email address and phone numbers; (c) all information that could affect the health, safety or well-being of the client including all medications, allergies, chronic conditions or communicable diseases; (d) intake assessment; (e) treatment plan signed by the clinical professional or service plan for non-clinical services; (f) detailed documentation of all clinical and non-clinical services provided with date and signature of staff completing each entry; (g) signed fee disclosure statement including Medicaid number, insurance information and identification of any other entities that are billed for the client's services; (h) client or guardian signed consent or court order of commitment to services in lieu of signed consent, for all treatment and non-clinical services; and (i) grievance and complaint documentation. (j) discharge documentation	X				
(6) Programs shall document a plan detailing how all program, staff, and client files shall be maintained and remain available for the Office and other legally authorized access, for seven years, regardless of whether or not the program remains licensed.	X				
(7) The program shall ensure that assessment, treatment and service planning practices are clinically appropriate, updated as needed, timely, individualized, and involve the participation of the client or guardian.	X				
(8) Programs shall maintain documentation of all critical incidents; critical incident reports shall contain: (a) time of incident; (b) summary of incident; (c) individuals involved; and (d) program response to the incident.	X				
501-21-5 Outpatient Treatment Programs. Physical Facility.					
(1) Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	X				
(2) The program shall maintain potentially hazardous items on-site lawfully, responsibly and with consideration of the safety and risk level of the population(s) served.	X				
(3) All furniture and equipment shall be maintained in a clean and safe condition.	X				
(4) Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publically transparent in the use of the equipment, practices and purposes; (b) ensure the health and safety of the consumer; (c) gain informed consent for participation in supplemental services or activities; and (d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.	X				
(5) The program shall post the following documents where they are clearly visible by clients, staff, and visitors: (a) Civil Rights and anti-discrimination laws; (b) program license; (c) current or pending Notices of Agency Action; (d) abuse and neglect reporting laws; and (e) client rights and grievance process.	X				
(6) The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be: (a) stocked with toilet paper, soap, and paper towels/dryer; and (b) maintained in good operating order and kept in a clean and safe condition.	X				
(7) The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.	X				
501-21-6 Outpatient Treatment Programs. Substance Use Disorder Treatment Programs.					

(1) All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	X				
(2) Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	X				
(3) Medication-assisted treatment (MAT) in substance use disorder programs shall: (a) maintain a program-wide counselor to MAT consumer ratio of: 1:50; (b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly; (c) show proof of completion of federally required physician training for physicians prescribing buprenorphine; (d) admit consumers to the program and prescribe, administer or dispense medications only after the completion of a face-to-face visit with a licensed practitioner having authority to prescribe controlled substances who confirms opioid dependence. A licensed practitioner having authority to prescribe controlled substances must approve every subsequent dose increase prior to the change; (e) require all consumers admitted to the program to participate in random drug testing. Drug testing will be performed by the program a minimum of two times per month for the first three months of treatment, and monthly thereafter; except for a consumer whose documented lack of progress shall require more frequent drug testing for a longer period of time; (f) require that consumers participate in at least one counseling session per week for the first 90 days. Upon documented successful completion of this phase of treatment, consumers shall be required to participate in counseling sessions at least twice monthly for the next six months. Upon documented successful completion of nine months of treatment, consumers shall be seen by a licensed counselor at least monthly thereafter until discharge; and (g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled.	X				
(4) MAT Programs prescribing, administering or dispensing Methadone (Opioid Treatment Programs) shall: (a) maintain Substance Abuse and Mental Health Services Administration (SAMHSA) certification and accreditation as an opioid treatment program. (b) comply with DSAMH Rule R523-10 Governing Methadone and other opioid treatment service providers; (c) employ a: (i) licensed physician who is an American Society of Addiction Medicine certified physician; or (ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.	X				
(5) Certified DUI Education Programs (a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with R523-11 shall provide court ordered DUI education. (b) Certified DUI education programs shall: (i) complete and maintain a substance use screening for each participant prior to providing the education course; (A) screenings may be shared between providers with client written consent.; (ii) provide a workbook to each participant to keep upon completion of the course; (iii) ensure at least 16 hours of course education; and (iv) provide separate classes for adults and youth. (c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.	X				

(6) Justice Reform Initiative (JRI) Certified Programs shall operate in compliance with DSAMH rules 523-3 and 523-4. (a) JRI certified programs shall maintain a criminogenic screen/risk assessment for each justice involved client and separate clients into treatment groups according to level of risk assessed. (b) Providers shall complete screenings that assess both substance abuse and mental health comorbidity. (c) JRI programs shall treat, or refer to other DHS licensed programs that have obtained a justice certification from the DSAMH to treat the array of disorders noted in screenings. (d) Any violations of this rule section shall be reported to DSAMH for evaluation of certification.	X				
501-21-7 Outpatient Treatment Programs. Domestic Violence.					
(1) Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions; (i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation; (b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate; (i) treatment sessions for each perpetrator, not including orientation and assessment interviews shall be provided for at least one hour per week, for a minimum of 16 weeks.	X				
(2) Staff to Consumer Ratio (a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16. (b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.	X				
(3) Client Intake and Safety (a) When any consumer enters a treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the consumer's clinical profile and treatment needs. (b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim. (c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services. (d) When any of the above cannot be obtained, the reason shall be documented. (e) The assessment shall include the following: (i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children; (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated; (iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator; (A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and (v) documentation that appropriate measures have been taken to protect children from harm.	X				

(4) Treatment Procedures (a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. (b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency. (c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate. (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate. (e) The perpetrator must complete a minimum of 12 domestic violence treatment sessions prior to the provider implementing conjoint therapy. (f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner: (i) entry of the court ordered defendant into treatment; (ii) notification of consumer compliance, participation, or completion; (iii) disposition of non-compliant consumers; (iv) notification of the recurrence of violence; and (v) notification of factors which may exacerbate an individual's potential for violence. (g) The program shall comply with the "Duty to Warn," Section 78B-3-502. (h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of pre-service training, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service. (i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.	X				
(5) Training (a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating: (i) DV victims; and (ii) DV perpetrators.	X				
(6) Programs must disclose all current DHS contracts and actions against the contract to the Office.	X				
(7) Programs must disclose all current Accreditations and actions against accredited status to the Office.	X				

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This document is a checklist created for use by the Office of Licensing. It is not an interpretation of the Rules. It summarizes the licensor's review at the time of this scheduled on site inspection. Refer to: <http://rules.utah.gov> for more information.

					COMMENTS
501-19-1 Residential Treatment Programs. Authority. Pursuant to Section 62A-2-101 et seq., the Office of Licensing shall license residential treatment programs according to the following rules.	X				
501-19-2 Residential Treatment Programs. Purpose. Residential treatment programs offer room and board and provides for or arranges for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community in accordance with Subsection 62A-2-101(15).	X				
501-19-3 Residential Treatment Programs. Definition. Residential treatment program means a 24-hour group living environment for four or more individuals unrelated to the owner or provider in accordance with Subsection 62A-2-101(15).	X				
501-19-4 Residential Treatment Programs. Administration.					
A. In addition to the following rules, all Residential Treatment Programs shall comply with R501-2, Core Standards.	X				
B. A current list of enrollment of all registered consumers shall be on-site at all times.	X				
501-19-5 Residential Treatment Programs. Staffing.					
A. The program shall have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available.	X				
B. The program shall have a staff person trained, by a certified instructor, in standard first aid and CPR on duty with the consumers at all times.	X				
C. Programs which utilize students and volunteers, shall provide screening, training, and evaluation of volunteers. Volunteers shall be informed verbally and in writing of program objectives and scope of service.	X				

D. Professional staff shall include the following individuals who have received training in the specific area listed below: 1. Mental Health a. a licensed physician or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, c. a licensed mental health therapist, d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting advanced practice registered nurse-psychiatric mental health nurse specialist, and e. if unlicensed staff are used, they shall be supervised by a licensed clinical professional. 2. Substance Abuse a. a licensed physician, or a consulting licensed physician, b. a licensed psychologist or consulting licensed psychologist, c. a licensed mental health therapist or consulting licensed, mental health therapist, and d. a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. 3. Children and Youth a. a licensed physician, or consulting licensed physician, b. a licensed psychologist, or consulting licensed psychologist, and c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service to the program per week per consumer enrolled. d. A licensed medical practitioner, by written agreement, shall be available to provide, as needed, a minimum of one hour of service per week for every two consumers enrolled. e. Other staff trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth shall be under the supervision of a licensed clinical professional. f. A minimum of two staff on duty and, a staff ratio of no less than one staff to every four consumers shall exist at all times, except nighttime sleeping hours when staff may be reduced. g. A mixed gender population shall have at least one male and one female staff on duty at all times. 4. Services for People With Disabilities shall have a staff person responsible for program supervision and operation of the facility. Staff person shall be adequately trained to provide the services and treatment stated in the consumer plan.	X			
501-19-6 Residential Treatment Programs. Direct Service. Treatment plans shall be reviewed and signed by the clinical supervisor. Treatment plans shall be reviewed and signed by the clinical supervisor, or other qualified individuals for Division of Services for People With Disabilities services. Plans shall be reviewed and signed as noted in the treatment plan.	X			
501-19-7 Residential Treatment Programs. Physical Facilities.				
A. The program shall provide written documentation of compliance with the following items as applicable: 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.	X			
B. Building and Grounds 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	X			
501-19-8 Residential Treatment Programs. Physical Environment.				
A. Live-in staff shall have separate living space with a private bathroom.	X			
B. The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.	X			

C. Indoor space for free and informal activities of consumers shall be available.	X			
D. Provision shall be made for consumer privacy.	X			
E. Space shall be provided for private and group counseling sessions.	X			
F. Sleeping Space 1. No more than four persons, or two for Division of Services for People With Disabilities programs, shall be housed in a single bedroom. 2. A minimum of sixty square feet per consumer shall be provided in a multiple occupant bedroom. Storage space will not be counted. 3. A minimum eighty square feet per individual shall be provided in a single occupant bedroom. Storage space will not be counted. 4. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Each bed, none of which shall be portable, shall be solidly constructed, and be provided with clean linens after each consumer stay and at least weekly. 6. Sleeping quarters serving male and female residents shall be structurally separated. 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.	X			
G. Bathrooms 1. The program shall have separate bathrooms for males and females. These shall be maintained in good operating order and in a clean and safe condition. 2. Bathrooms shall accommodate consumers with physical disabilities as required. 3. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene. 4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens. 5. Bathrooms shall meet a minimum ratio of one toilet, one lavatory, and one tub or shower for each six residents. 6. There shall be toilets and baths or showers which allow for individual privacy. 7. There shall be mirrors secured to the walls at convenient heights. 8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours.	X			
H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs.	X			
I. All furniture and equipment shall be maintained in a clean and safe condition.	X			
J. Programs which permit individuals to do their own laundry shall provide equipment and supplies for washing, drying, and ironing.	X			
K. Programs which provide for common laundry of linens and clothing, shall provide containers for soiled laundry separate from storage for clean linens and clothing.	X			
L. Laundry appliances shall be maintained in a clean and safe operating condition.	X			
501-19-9 Residential Treatment Programs. Food Service.				
A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	X			
B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	X			
C. The program shall establish and post kitchen rules and privileges according to consumer needs.	X			
D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.	X			
E. Meals may be prepared at the facility or catered.	X			

F. Kitchens shall have clean, safe, and operational equipment for the preparation, storage, serving, and clean up of all meals.	X			
G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	X			
H. When meals are prepared by consumers there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	X			
501-19-10 Residential Treatment Programs. Medication.				
A. The program shall have locked storage for medications.	X			
B. The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	X			
C. Prescriptive medication shall be provided as prescribed by a qualified physician, according to the Medical Practices Act.	X			
D. The program shall have designated qualified staff, who shall be responsible to: 1. administer medication, 2. supervise self-medication, 3. record medication, including time and dosage, according to prescription, and 4. record effects of medication.	X			
501-19-11 Residential Treatment Programs. Specialized Services for Substance Abuse.				
A. The program shall not admit anyone who is currently experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	X			
B. At a minimum, the program shall document that direct service staff complete standard first aid and CPR training within six months of being hired. Training shall be updated as required by the certifying agency.	X			
C. Before admission, consumers shall be tested for Tuberculosis. Both consumers and staff shall be tested annually or as directed by the local health authority.	X			
501-19-12 Residential Treatment Programs. Specialized Services for Programs Serving Children and Youth.				
A. Provisions shall be available for adolescents to continue their education with a curriculum approved by the State Office of Education.	X			
B. Programs which provide their own school shall be recognized by an educational accreditation organization, i.e., State Board of Education or the National School Accreditation Board.	X			
C. Individual, group, couple, and family counseling sessions or other appropriate treatment, including skills development, shall be conducted at least weekly, or more often if defined by the treatment plan. The consumer's record shall document the time and date of the service provided and include the signature of the counselor.	X			
D. An accurate record shall be kept of all funds deposited and withdrawn with the residential facility for use by a consumer. Consumer purchases of over \$20.00 per item, shall be substantiated by receipts signed by the consumer and appropriate staff.	X			
501-19-13 Residential Treatment Programs. Specialized Services for Division of Services for People With Disabilities.				
A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility.	X			
B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests.	X			
C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment.	X			

D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review.	X				
E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider.	X				
F. Residential facilities shall be located where school, church, recreation, and other community facilities are available.	X				
G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds.	X				
H. The program, in conjunction with the parent or guardian and the Division of Services for People With Disabilities support coordinator, shall apply for unearned income benefits for which a consumer is entitled.	X				