

An Exploratory Study on Adult Survivors of the Troubled Teen Industry's Therapeutic Boarding Schools and Wilderness Programs

By

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Abstract

As an increasing number of narrative reports and exploratory studies are being published on the Troubled Teen Industry (TTI), there remains a deficit of studies utilizing both qualitative and quantitative data have been published to date. Including quantitative data greatly enriches the information provided by qualitative methods and allows for comparisons to be made between these survivors and their adult peers. This study included both an open-ended survey, as well as quantitative assessments of personality, trauma, depression, anxiety, substance use, and family structure. This foundational data will facilitate steps towards better regulations on the TTI, as well as more effective treatment for these adult survivors. Ultimately, data from this study may prevent ongoing harm, as well as inform mental health providers about the needs of these individuals. Results from this study indicate that the vast majority of participants have overwhelmingly negative opinions of the TTI, even decades after leaving their programs, highlighting the intensity of their experiences and the magnitude of the impact their enrollment had on their lives. Most participants described their TTI experience as horrible and traumatic, and felt like they had been brainwashed and/or abused. While there were exceptions to this finding, they were often because of even more abusive home environments participants were living in before TTI enrollment. Furthermore, the contributing factors that led to mixed or positive feelings towards their TTI program do not necessarily warrant enrollment in a program that was reported as highly abusive by the majority of individuals, especially when safer alternatives exist. Ultimately, three main themes emerged from this data: TTI enrollment is harmful, TTI enrollment can be avoided with proper treatment and familial support, and legal changes need to be made to stop the abuse that happens within TTI programs.

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Table of Contents

Abstract	iii
Acknowledgments	iv
Table of Contents	vi
Table of Tables	xiii
Preface	xv
Chapter 1: Introduction	1
Research Questions	2
Chapter 2: Literature Review	3
History and Context	3
Manipulation and Abusive Treatment Practices	6
Empirical Research on Therapeutic Boarding Schools	12
Current State of Troubled Teen Industry	16
Empirically Supported Theories of Adolescence	17
Issues Unique to Children of High-Socioeconomic Status (SES) Families	20
Alternatives to the Troubled Teen Industry	21
Significance	22
Chapter 3: Research Design	23
Methods	23
Hypotheses	23
Population	24
Recruitment	25
Assessments	26
<i>Biopsychosocial</i>	27

<i>Family Environment Scale - Fourth Edition, Real Form (FES-IV Form R)</i>	27
<i>Beck Depression Inventory, Second Edition (BDI-II)</i>	28
<i>State-Trait Anxiety Inventory (STAI)</i>	28
<i>Outcome Questionnaire 45.2 (OQ-45.2)</i>	28
<i>PTSD Checklist, 5th Edition (PCL-5)</i>	29
<i>World Health Organization's (WHO) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)</i>	29
<i>Qualitative Survey</i>	29
Analysis	30
Chapter 4: Results	33
Introduction	33
<i>Survey Respondents</i>	33
Demographics	34
<i>Individual Characteristics</i>	34
Personal Marital Status.	37
<i>Personal Religion and Spirituality.</i>	39
<i>Growing Up.</i>	40
<i>Current.</i>	40
Participant Education.	40
Participant Current Income.	41
Participant Vocations.	42
<i>Familial Characteristics</i>	42
Familial Income.	43

Parental Vocations.	44
Familial Religion and Spirituality.	45
Precipitating Factors to Being Enrolled in a Troubled Teen Industry Program	45
<i>Academic Infractions</i>	45
<i>Reason(s) Participants were Enrolled</i>	50
<i>Referral Source</i>	55
Troubled Teen Industry Programs	58
<i>Cost</i>	58
<i>Transportation</i>	59
<i>Custody</i>	61
<i>Parent Education</i>	62
<i>Troubled Teen Industry Program Experience</i>	62
Initial Reactions.	62
Witnessed or Experienced Abuse.	64
Human Rights Violated.	72
Communication Monitored or Censored.	77
Peer Punishment.	80
Staff.	84
<i>Program Graduates.</i>	87
Education.	87
Therapeutic Treatment.	91
Overall Perception of the Program.	96
What Was Difficult About the Program?	105

What Was Easy About the Program?	113
The Most Harmful Part of Participants' TTI Program Experience.	118
The Most Helpful Part of Participants' TTI Program Experience.	120
<i>Leaving the Program</i>	122
Where Participants Went Right After Leaving their First TTI Program.	123
How Participants Left the TTI.	126
What Would Have Been Most Helpful Right After Leaving the TTI.	129
<i>TTI Program Recommendations for Others</i>	132
Participant Needs as a Teenager	136
<i>What Participants Needed Most</i>	136
<i>What Would Have Helped</i>	138
Current Perceptions	141
<i>Current Perception of Participants' TTI Programs</i>	141
<i>TTI Program Impacts on Adulthood</i>	146
<i>Other Thoughts Regarding TTI Program Experience</i>	153
Current Participant Needs	155
Current Mental Health Status	158
<i>Treatment Engagement</i>	158
<i>Psychotropic Medication Use</i>	158
Quantitative Data	160
<i>Outcome Questionnaire 45.2 (OQ-45.2)</i>	160
<i>Beck Depression Inventory - II (BDI-II)</i>	160
<i>State-Trait Anxiety Inventory (STAI)</i>	161

<i>Posttraumatic Stress Disorder Checklist 5 (PCL-5)</i>	163
<i>World Health Organization Alcohol, Smoking, and Substance Involvement Screening Test (WHO ASSIST)</i>	165
Tobacco.	165
Alcohol.	165
Cannabis.	166
Cocaine.	166
Amphetamine-Type Stimulants.	166
Inhalants.	166
Sedatives.	166
Hallucinogens.	166
Opioids.	167
<i>Family Environment Scale - Revised (FES-R)</i>	167
Main Message Participants Want to Convey About Their TTI Experience	170
Helping TTI Survivors	175
Chapter 5: Discussion	184
Introduction	184
Discussion	185
<i>Demographics</i>	185
Individual versus Familial Demographics.	186
<i>TTI Program Experience</i>	187
Before.	187
During.	190

After.	192
Main Messages	194
Summary	194
How were they different as teenagers in terms of demographics, family characteristics, community-based resources, mental health, and well-being?	195
What were their experiences of entry into the program in terms of parents' decisions, methods used to transport the teen, and explanations given by family, consultants, and school personnel?	195
What were their experiences during the program of curriculum, discipline, therapy, and perceptions of coercion?	196
What were their experiences of leaving, integrating, or transition to another program?	196
How has enrollment in a TTI program impacted the adult survivors in terms of psychological adjustment, interpersonal relationships, and vocational trajectory?	197
How has enrollment in a TTI program affected adult survivors' perceptions of and participation in post-enrollment mental healthcare?	198
What support systems have been available to adult survivors?	199
Limitations	200
Implications for Research	203
Implications for Practice	204
Education	205
Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment.	206
Human Earth Animal Liberation.	207
Federal Trade Commission.	207

<i>Advocacy</i>	207
References	209

Table of Tables

Table 1	35
Table 2	37
Table 3	45
Table 4	48
Table 5	49
Table 6	51
Table 7	56
Table 8	58
Table 9	59
Table 10	62
Table 11	65
Table 12	72
Table 13	77
Table 14	80
Table 15	84
Table 16	88
Table 17	92
Table 18	97
Table 19	99
Table 20	100
Table 21	104
Table 22	105

Table 23	111
Table 24	113
Table 25	116
Table 26	118
Table 27	120
Table 28	123
Table 29	126
Table 30	128
Table 31	130
Table 32	133
Table 33	136
Table 34	139
Table 35	142
Table 36	145
Table 37	146
Table 38	153
Table 39	156
Table 40	162
Table 41	164
Table 42	168
Table 43	170
Table 44	176
Table 45	180

Preface

The following personal narrative has been reprinted with expressed written permission by the original author, Xandir O'Cando:

On May 10th of 2007 at around 2:30 in the morning two strangers barged into my bedroom. I started screaming and crying, as in my mind I was sure that these two strangers had broken into my house and were going to abduct me, rape me, kill me, or in some way harm me. They immediately told me that if I did not shut up that they would handcuff me. I was not being in any way violent or threatening. I was reacting in fear for my life by being vocal and hoping that someone would come to help. I had no idea what was going on. I stopped screaming, still in fear for my life. They started going through my closet digging out clothes as I was only in a nightgown. They still had not explained what was going on. I asked, frightened, what they wanted from me, trying to see if I could in some way appease them and get them to leave. They then explained that they were going to take me to a school. It took me a second to understand what they meant by this, as this was an extremely bizarre way to introduce a child to a new school. It then occurred to me that this was what my mother had arranged for my brother several years ago when she had him shipped away to Cross Creek. The two strangers were from Teen Escort Service, a for-profit company that transports teenagers, usually by force, to WWASP (World Wide Association of Specialty Programs) facilities.

I was extremely upset and cried the entire trip, but I obeyed all of their orders. Even though I was being cooperative they said it was their policy to put a belt around the bust of the child and hold the belt so that there would be no chance of attempting to run. It was so humiliating to be led around like a fucking dog around the airport. It was also

extremely uncomfortable to have this strange older male putting his hand so close to my breast. I never understood how any of this was legal but definitely knew that none of it was ethical. To this day I feel extremely angered, disturbed, and violated by this entire experience. In addition to this they “forgot” all of the psychiatric medication I had been on at my house. It’s not that I am for psychiatric meds, but it certainly did not feel healthy or normal to go from taking this medication regularly, to just not having it and stopping without tapering off of it.

From the moment I arrived at Cross Creek, I was treated as though I was broken, dirty, and inhuman. During my stay I saw many others treated this way. I had never spoken to R., the program director, before and my first experience with him was horrible. He asked me why I was there, and I told him all of the things I’d done that I could think of that could possibly be perceived as “bad”. He yelled at me, saying that I was lying and that I didn’t love or care about my parents. I was shocked and confused, unsure of what I had done to deserve this treatment from someone I had just met. To this day, the only thing I can think of that I possibly could have left out was my attraction to other females. In one of the Parent-Child seminars we were made to attend, my mother shared with me that this was one of the biggest “issues” that caused her to send me to Cross Creek. Not the drugs, not the sex (she told me she had no knowledge of me being sexually active prior to being forced to disclose it to her), not the issues with school, but just the fact that there was a possibility that one day I might fall in love with a female. Sorry for not realizing what a horrible, broken child this made me, R.

Shortly after I arrived, my “HOPE buddy” (the student they assign to “mentor” you and teach you the rules in your first few weeks) started asking me about my past,

why I was there, and what issues I needed to work on. I talked briefly about my experimentation with soft drugs, my issues with depression (something I'm pretty sure most teenagers experience), and the abusive relationship I had been in with my first girlfriend. As soon as I said the words "girl" and "relationship" in the same sentence she said "STOP! STOP! We can't talk about that." I was filled with shame regarding my sexuality simply from the fact that I was not even allowed to talk about homosexuality in any way shape or form. Shortly after this incident I started talking to the therapist they assigned me to there about this abusive relationship I had experienced, and how it bothered me that I was not allowed to talk about a part of me that I have no control over. His response was that I DID have a choice over whether or not I was attracted to females and that I should just deal with these thoughts of same sex attraction. His opinion was that this was probably a result of some anger I had toward men, particularly my dad and that I probably just wanted to be with females because they were "safer" (even though I had been with an abusive female before!!!) He also said that ultimately this was probably just a phase and a result of my crazy teenage hormones. He believed that if I tried hard enough and ignored these thoughts and feelings one day I might marry a nice boy.

I had no interest in having a relationship with anyone there, but when other girls formed relationships with each other, the repercussions were pretty extreme. I understood why it was not allowed, as relationships are generally distracting no matter the gender of either partner, but the way people were treated was pretty unnecessary in my opinion. It usually involved lots of yelling, ostracizing, and shaming. I remember one R. meeting where two girls were being confronted about this and R. was yelling about how stupid they were being and how no one would be able to trust them now. He went on to say that

he had “nothing against homosexuality, but it was not the way God intended things.” and that the Bible definitely did not condone it. These “God” and bible references were used on a regular basis, along with religious videos, praying, etc. even though Cross Creek claimed that they were not in any way religious. The rule book and protocol also appeared to be directly based off of the Mormon religion (no caffeine etc.) The program reprimanded children for telling their parents about this religious influence and regularly tried to hide it from parents. I am in no way against people having their own beliefs and following whatever religion is right for them, however I think that it’s completely and totally immoral to lie to parents about what they are getting. More on this later.

The queer shaming was present in nearly every aspect of the program, including the language used. We were not allowed to use curse words such as “shit”, or “bitch”, but I never saw anyone reprimanded for saying “fag” or “faggot.” This fostered an environment in which teasing and bullying for all sorts of things were fully tolerated. I even remember a facilitator in a seminar trying to trigger a girl by calling her a “dyke.” And no, before you say something, I really don’t care about breaking confidentiality of seminars at this point because I am fed up. What these people said and did broke me down and created so much shame inside of me.

In addition to shaming people on [the] basis of sexual orientation, they taught children that sex was evil and damaging outside of marriage, another blatantly religious notion. We were forced to regularly watch videos involving horror stories of abortions gone wrong, shown gruesome pictures of STDs that had been left unattended for long periods of time, and told that if we had sex before marriage we would likely die or get some horrible ailment. Rather than promoting safer sex methods, we were shown that

abstinence was the only option that would not result in death or unwanted pregnancy.

Rigid gender roles were also a big part of the Cross Creek way of life. Many of the rules were extremely gender based. Boys were allowed to crack their backs and knuckles, though girls were not because it was “unladylike”. Boys got meal portions double the size of girls. Boys were allowed to use more curse words than girls were. The list goes on.

I remember when they moved the girls from Center 1 to Pro 1 (these are all names of the dorms we stayed in.) The boys had been living in Pro 1, and when they moved the girls in the dorms were extremely messy. Rather than having the boys come back and clean up this mess, they made the girls clean all day. This was completely, and totally humiliating. What a great way to build confidence and teach girls how to be independent and stand up for themselves.

Before I say this next part, I want to state that it is not my intention to bash all of the staff at Cross Creek. Some of the staff were very supportive (A.D., M.C., etc.) and this is not in any way meant to be directed at you, nor is it a blanket statement. There were staff however, that made me feel very unsafe and uncomfortable. Some of the staff, in my opinion, were downright cruel, hurtful and borderline (if not blatantly) abusive. I can’t tell you how many times I saw staff make comments about myself or others insinuating that we were bad children, unclean, impure, dirty, not innocent, untrustable, the list goes on. The grievance system that was in place was, in my opinion, ineffective on the whole. From being a part of the student government system for some time that handled grievances, I observed that grievance system, like everything else at Cross Creek, put the blame on the student and diverted responsibility away from the adult.

I'd also like to mention how many times I saw staff and administration, tackle and restrain children when it was completely unnecessary. So many times I saw kids simply refuse to go to gym class or get out of bed and as punishment they were violently tackled, restrained in a painful position, and taken to a small isolation room where they were usually watched by two or three staff members. This was also what they did when a child harmed themselves. This method is extremely violent, and I remember at least one incident that happened when I was there where they tackled a girl and restrained her face down against the ground and as a result she got rug burn on her face to the point that she was bleeding and had visible scabs on her face. Another time a girl shared that being tackled and restrained gave her flashbacks of a rape she'd experienced, to which the program director responded that he felt no remorse for it and that it was really her fault for doing whatever she'd done to be restrained. You could argue that this might be appropriate in cases where a kid is being violent towards others, but from what I saw, more often than not, this was absolutely not the case and the child being restrained was not being violent. In addition to tackling and restraint being (in my humble opinion) immoral, it is unsafe, and this has been proven. If you look on the website for the Coalition Against Institutionalized Child Abuse, [y]ou can see a long list of deaths that have occurred in "behavioral modification" facilities not unlike Cross Creek as a result of tackling and restraint: Holy the Children Memorial; also GAO Report: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth.

Cross Creek's methods of "therapy" and recovery were also extremely invasive, humiliating, and in my opinion did much more harm than good. As someone who does intern work at a local rape treatment center and talks with victims of assault on a regular

basis, as well as being someone who has survived various forms of violence and abuse, I have seen how damaging it can be to force someone to share about such delicate issues before they are fully prepared and ready. I can not speak for everyone, but for me, being forced to disclose information that was not ready to come out was extremely painful and humiliating. The seminars based your success on how “emotional” you were, meaning that if you did not share some horrible part of your life or simply did not have one, or if you were not crying and sniveling while you did it, you were booted out of the seminar and forced to stay in the program another two months. The obsession the program had with “accountability” also led to them blaming people who had experienced abuse for their abusive situations. I vividly remember a facilitator yelling at a girl while kicking her out of a seminar for not participating or being “real” enough. She told her in an extremely vivid and foul language (the f-bomb included) that if she continued the behavior that got her to the program she would be raped again. She had the student write an essay on this.

I will forever be haunted by the day that I was in group and the program director barged in and started saying that it’s as if I have “ABUSE ME” written on my forehead, insinuating that I was just asking to be abused in some way by the way that I carried and presented myself. I carry so much shame from this comment, and because of it constantly have to remind myself not to blame myself for the abuse I have experienced.

The way that Cross Creek taught me to interact with people was to analyze every facial expression, action, and word, and reflect this back to them in a cold, harsh, and usually demeaning way. I feel so much remorse for the way I treated people at Cross Creek, as well as the way I allowed people to treat me. It took me a while after I graduated to discover that this method did not work at all in the real world, and that if I

was to have any friends, I would need to drop the robotic, unempathetic, and borderline malicious way of interacting with others that I had learned to use for two and a half years. I'd like to sincerely apologize to those of you who spent time with me at Cross Creek that I treated this way. I feel nothing but sadness when I realize how heartless and programmed I became.

What disturbs me more than anything is that I believed all of the things I was told. When people use the word "brainwashing" to describe what went on at Cross Creek and other WWASP programs, I don't think it is in any way exaggerating or being over dramatic when you consider all of the media we were FORCED to watch, read, and listen to. The program director used to joke about and downplay the brainwashing claims by saying that some of our brains "could really use some washing." The "educational/emotional growth" videos we had to watch twice a day, the "motivational" tapes three times a day, the "self-help" books we were forced to read, and more than anything the "motivational seminars" with facilitators up in your face yelling about all the things you did wrong to mess up your life and land yourself in a program all contributed to this. With all of this influence coming at me from every direction at every moment I believed that following the rules, "working my program", going to the seminars, etc. was genuinely going to improve my self esteem, my relationship with my parents, and the overall outcome of my life. I tried hard to follow the endless list of rules, be "accountable", and when I got "dirty in my program" (another good example of shaming lingo and language that means you broke rules without giving yourself demerits) I would confess and take the consequences whatever consequences were involved.

I by no means had a perfect program, but I gave it all of my honest effort and did

what I could to be a good Cross Creek student. By putting faith in this system however, I also internalized all of the stigma, shame, and religious beliefs forced upon me. I believed that maybe if I just suppressed my sexuality, as well as ignored my obvious attraction to girls, that maybe all of this would go away. My body and subconscious reacted to this. Shortly after arriving at Cross Creek, I stopped getting my period for about 8 months. This was apparently a common thing that happened in the program when girls first arrived, as the body was reacting to some serious stress. I also started wetting the bed shortly after arriving at the program. This had not been an issue for me since the age of 3 or 4. This bed wetting issue continued until I left the program. After I graduated, it stopped completely.

The program director and other administration on several occasions acknowledged that Tranquility Bay, another WWASP program that has now much to my relief been shut down, did indeed have an infamous history of reported abuse. He used this to say that we were so very “fortunate” to be in Cross Creek and not at programs like that. Yet kids who were “acting out too much” at Cross Creek were sent to Tranquility Bay as punishment. Some have said that Tranquility Bay was merely a “last resort” or that the things that happened at TB were just a “part of Jamaican culture” but I would have to strongly disagree about both of those things. Since when is abuse ever an appropriate option? It isn’t. No matter what someone has done, it’s not okay. It is also extremely racist and ethnocentric to say that abuse is just a part of the culture of Jamaica, especially when you look at American society, which I could very well say the same thing about.

Shortly after I left the program I was raped. I shared what happened with my

mother, who then told me, like Cross Creek did, that it was my fault, I asked for it, and that I should have known it would happen. She then proceeded to share her own twisted version of the story with my Cross Creek therapist, who shared it with my group. I was mortified and my self-esteem was completely destroyed by this utter lack of confidentiality and complete betrayal of trust.

It has taken me so much time to recover and de-program myself from all of the lies I was fed at Cross Creek. It took me a while to realize just how badly and inappropriately I and others had been treated at this facility. It's not to say that there were not a few small kernels of wisdom that I can still use from the program, but they came at such a huge cost. My soul feels wounded from the things I saw and experienced at Cross Creek and healing will be a continual process.

If there was one thing that I gained from my experience at Cross Creek, it was realizing that no one regardless of their past or current actions deserves to be treated the way this program and other WWASP facilities treated me and so many other students. Abuse is abuse, no matter how you slice it. This realization along with other life experiences is partially responsible for my current career path regarding abuse prevention and recovery, as well as my involvement and activism in the human rights movement.

Even if you choose not to believe me or anything that I have written, there are piles of evidence to support the idea that there is mistreatment at Cross Creek and other WWASP affiliated facilities. A little bit of research will reveal that this lawsuit is not the first that WWASP or Cross Creek has faced. My therapist used to use a phrase when he suspected that kids were "dirty in their program." He used to say "Where there's smoke, there's fire..." That is certainly the case with WWASP and Cross Creek. There is a reason

that the Coalition Against Institutionalized Child Abuse, Community Alliance for The Ethical Treatment of Youth, and many other organizations like them exist. There is a reason why seventeen WWASP affiliated schools have been shut down. There is a reason there have been so many lawsuits. Clearly if all of this has happened, I must not be completely insane.

The rebuttal against this argument has included that Cross Creek is no longer a part of WWASP. This argument is pretty much void seeing as they are still directly affiliated in that all of the WWASP affiliated programs still use the same seminars as each other, the same escort service, the same billing company, and are all still a part of Teen Help LLC, the marketing arm of WWASP and the entity that processes admissions paperwork. They also refer to each other and send children to other WWASP affiliated facilities when one facility can't handle them. I don't think it would be at all presumptuous to conclude that the people who ran WWASP are the same people who are still raking in all of the money with these programs.

WWASP officials claim that the organization itself is out of business, probably because of their infamous history of abuse, but clearly all of the WWASP programs are still affiliated and WWASP has not completely faded out. Many schools have changed their names multiple times, including Cross Creek (formerly Browning Academy) and it's clear to me that there is a lot of shadiness and hiding goes on with in these programs. It seems as though WWASP and its affiliates are trying to sweep some things under the rug, and outright lie to parents, students, former students, and the general public (O'Cando, 2011).

Unfortunately, this story is not unique. Several books and documentaries, dozens of popular press articles, and hundreds of online communities showcasing others' eerily similar experiences of abusive “treatment” have popped up over the last few decades.

Chapter 1: Introduction

The “Troubled Teen Industry” (TTI) is rather unknown among professional psychologists, yet the programs operating in this market sector claim unparalleled mental health treatment for adolescents struggling with a variety of issues. TTI programs such as Therapeutic Boarding Schools (TBSs) often claim these adolescents will end up in jail or dead without treatment; (ASTART, 2011; Bonnie, 2015; Szalavitz, 2006) however, some researchers believe the majority of these teens are simply expressing typical boundary-pushing behaviors for their age. (Smetana & Villalobos, 2009).

While many counseling training programs tend to focus more heavily on treatments for adult populations, there appear to be other factors keeping this industry out of the spotlight of mainstream psychology, such as a lack of program transparency and a long, tumultuous legal and political history (ASTART, 2011; Chatfield, 2014; Nilssen, 2017; Szalavitz, 2006; Weiner, 2003). Subsequently, efficacy research has not been conducted on treatment outcomes with the “troubled teen” population, and additional ethical concerns regarding harmful methodology preclude any attraction to positions in this field for professional psychologists. However, with a growing population of adult TTI survivors that are now free to speak out about the abuse they suffered receiving “mental health treatment” as teens, continuing to ignore this issue will only prove detrimental to the field of psychology as a whole, as complacency implies advocacy of abusive treatments.

This study aims to develop a thorough, foundational understanding of the types of adolescents who attend TBSs, the families they come from, the circumstances that contributed to enrollment, the types of experiences during and after TBS attendance, and current functioning. Additionally, this study intends to promote social justice awareness of this topic by surveying

professional psychologists regarding their knowledge and understanding of the TTI, as well as illicit ethical concerns and directions for future research with this population.

Research Questions

Given the lack of impartial scientific data on this population, this study aims to answer the following exploratory questions to better understand the unique characteristics of these teens, their families, and the events surrounding their time in the TTI:

- What are the demographic characteristics of survivors?
- How were they different as teenagers in terms of demographics, family characteristics, community-based resources, mental health, and well being?
- What were their experiences of entry into the program in terms of parents' decisions, methods used to transport the teen, and explanations given by family, consultants, and school personnel?
- What were their experiences during the program of curriculum, discipline, therapy, and perceptions of coercion?
- What were their experiences of leaving, integrating, or transition to another program?
- How has enrollment in a TTI program impacted the adult survivors in terms of psychological adjustment, interpersonal relationships, and vocational trajectory?
- How has enrollment in a TTI program affected adult survivors' perceptions of and participation in post-enrollment mental healthcare?
- What support systems have been available to adult survivors?

Chapter 2: Literature Review

History and Context

Unbeknownst to counseling psychologists, an entire industry centered around therapeutic residential treatment for teens was born over half a century ago and has since grown into a multi-billion dollar industry (Hyde, 2015). Over the last six decades, the Troubled Teen Industry (TTI) has garnered an extensive list of abuse charges, with programs being shut down and reopened under a new name in order to erase their past from the public eye, and yet these programs remain impervious to close outside scrutiny or regulation (Chatfield, 2014; Rimer, 2001; Szalavitz, 2006). If anything, psychologists need to understand how this unlicensed and under-regulated industry impacts the field of counseling; not only are thousands of teens abused at these facilities annually, but this type of high-cost, low-return “treatment” also threatens counseling psychologists’ reputation with the general public.

The “Troubled Teen Industry” (TTI) began in 1958 when Charles Dederich, founder of the cult Synanon, started utilizing his untested “tough love” methodology to reform heroin addicts’ behavior (Szalavitz, 2006). Author of the book *Help at Any Cost: How the Troubled Teen Industry Cons Parents and Hurts Kids*, Maia Szalavitz writes:

Synanon’s basic treatment philosophy was that addicts, by living together and brutally confronting one another about their flaws, could help one another recover. Here, ‘tough love’ was a way of breaking people down with attack therapy, isolation, and rigid restrictions, and gradually restoring limited freedom and positive affirmation to those who complied (p. 7).

In 1967, Mel and Brigitta Wasserman founded “CEDU” Educational Services (mixed reports regarding what “CEDU” stands for), a move that would ultimately shape the next half-

century's method of treating "troubled" or "out-of-control" adolescents by combining Synanon's tough love and attack therapy principles with adolescent residential treatment facilities to create the first "therapeutic boarding school" (TBS; Szalavitz, 2006). By utilizing high-pressure sales tactics, the CEDU schools manipulated scared and exhausted parents into believing that if they didn't act immediately, their teen was destined for serious problems. The only independently conducted descriptive research on this population reported a primarily White (87%) females (68.6%) from upper-socioeconomic status (SES) family of origins (50% reported \$100,000 or greater annual income; Behar, Friedman, Pinto, Katz-Leavy, and Jones, 2007). Narrative reports in the forms of novels and documentaries suggest teens are often sent to TBSs for substance abuse, mood disorders, and a variety of disruptive and/or risk-taking behaviors (Bonnie, 2015; Chatfield, 2014; Etler, 2012; Nilssen, 2017; Reamer & Siegel, 2009; Szalavitz, 2006; Tipper, 2012); however Maia Szalavitz (2006) and the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (ASTART, 2011) believe most of the emotional and behavioral difficulties cited as reasons for enrollment in a TBS are simply normal teenage boundary-pushing behaviors. This idea of pushing one's boundaries in effort to explore new identities is nothing new, and clear references to the importance of this stage are made by major early developmental psychologist, Erik Erikson (1950).

With promises of reformation via novel treatments in an isolated and controlled environment, these programs were particularly appealing to higher-socioeconomic status (SES) families who either had an aversion to or didn't qualify for community-based services (Friedman et al., 2006; Gerstein and Harwood, 1990). Out-of-pocket costs range anywhere from \$30,000 to \$80,000 per year, creating an inherent expectation for treatment and education of value (Hechinger & Chaker, 2005). Numerous copycat facilities popped up across the United States

over the next half century, effectively turning the Wasserman's model of TBSs into a high-profit industry. Although the CEDU schools were finally shut down in 2005 after numerous child abuse lawsuits, the TBS framework created by the Wassermans in the 1960s is still pervasive among unlicensed and unregulated facilities today (Szalavitz, 2006).

Phyllis and David York's bestselling book *Tough Love* (1982) was another major factor in perpetuating Synanon's methods, as it effectively disseminated these harsh tactics directly to families already struggling with dysfunction. The prolific use of glowing testimonials spurred on sales, yet no methodological outcome studies were published in the two-and-a-half decades since first inception of this approach.

The late 1980s through the 1990s were the TTI's apex years, with enrollment at all-time highs after a Utah-based entrepreneur's calculated merger of TBSs with the Wilderness and Outdoor Adventure Therapeutic Program sector (often referred to as just "wilderness"). Previously unconnected to the TTI, Wilderness and TBS programs spawned from very different origins, ones that were unrelated to Synanon. During the merger, however, wilderness programs based on Synanon's tough love ideology began sprouting up and quickly grew in popularity. Although wilderness programs are now a major piece of the TTI, the primary focus of this study will be private, unlicensed, and unaccredited TBSs, as most independently-developed reports indicate significant abuse within these programs, sometimes even leading to client death (Bryson, 2004; Garifo, 2005; Harrie & Gehrke, 2004; Hechinger & Chaker, 2005; Hyde, 2015; Kobt, 2005; Labi, 2004; Pinto, Friedman, & Epstein, 2005; Rock, 2005; Weiner, 2003).

Nancy Reagan's endorsement of Straight Incorporated, a tough-love based TBS, as her "favorite" program for teens (Szalavitz, 2006) also added to the appeal of these types alternatives to community-based resources or military schools in the 1980s and 1990s. Parents who could

afford these programs were excited by the promises made by staff and confident that their decisions were backed by an endorsement from the First Lady, as well as the Yorks' best selling book.

Manipulation and Abusive Treatment Practices

TTI programs thrive on manipulation of vulnerable others - from the moment contact is first made all the way through (and in many cases even after) the student's departure (ASTART, 2011). While it is easy to assume that the types of teens who end up in TTI programs are completely out-of-control and desperately need of the kind of high-security residential treatment marketed by many of these schools, as previously mentioned, there is substantial evidence to suggest otherwise (Nilssen, 2017; O'Cando, 2011; Szalavitz, 2006). Depression, anxiety, anger, acting out, experimenting with drugs or alcohol, having sex, disrespecting authority, talking back, poor grades, lack of faith, homosexuality - these are just some of the reasons teens get sent to TTI programs. In fact, many of these schools boast about their ability to treat all of these types of "presenting concerns" with one program - their program. However, one of the problems with such a wide range of inclusion criterion is that no one gets excluded. Essentially, just being a regular adolescent was enough to be considered a "Troubled Teen" in need of tough love and reform (Szalavitz, 2006). This is a highly contrived strategy, as it sets the stage for exploitation via parental persuasion (Chatfield, 2014).

So how do families end up in the TTI? In today's world, parents come into contact with this industry through several different avenues. Most often, parents will begin Googling and either get connected with an "educational consultant" or find one of these programs' websites. Additionally, there is evidence that courts across the nation have mandated teens to attend some of these programs, such as Élan, a TBS shut down in 2011 for a poor online presence regarding

cases of child abuse that ultimately led to a decrease in enrollment and thus financial issues (Nilssen, 2017).

When scared parents reach out to these places directly, they typically encounter a covert style of a high pressure sale (ASTART, 2011). The Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment reports that no matter what the child's presenting concerns, the TTI sales representative (sometimes known as an "intake coordinator") will respond with "advice" such as:

You've called just in time. We've seen this before. You need to enroll your child without delay. If you don't, your child is on a path to jail, a mental hospital, the gutter, or the morgue. It sounds like you've lost control as a parent, and the only way to get control back is to let us impose discipline in a controlled environment. Let me take your application—right now. Remember, your child is in danger and there is no time to lose (2011).

By increasing parents' fear for their teens' safety, a sense of urgency is enacted and the decision-making process is altered (ASTART, 2011; Chatfield, 2014; Szalavitz, 2006).

As previously mentioned, educational consultants are the other primary avenue in which parents get connected with the TTI. At the surface, educational consultants appear to be a part of a completely separate entity, one that is not tied to the TTI. However, upon closer investigation, it becomes apparent that the niche brand of educational consultants that cater to psychological services within educational placement may be much more closely related to the TTI than they claim (ASTART, 2011). For example, the Independent Educational Consultants Association (IECA) code of ethics states:

Members accept payment only for work performed. They do not receive commissions or other payments for enrollment in or referrals to programs or vendors; nor do they accept remuneration for referring clients to other consultants or other related professionals, unless such relationships involve ongoing coordination, responsibility and oversight for delivery of services (2018).

Depending on the teen's trajectory, this "ongoing coordination, responsibility and oversight for delivery of services" could include multiple programs across several years, totaling in the hundreds of thousands of dollars range. While there does seem to be genuine benefits to working with educational consultants on, for example, the college preparation side of things, when it comes to psychological care placement, it becomes harder to distinguish the line between these consultants and their personal and/or financial connections with the TTI.

Once parents are in contact with the TTI, whether it be directly or via an educational consultant, often times their teen will be evaluated before being accepted into the program. This is another layer of deception built into the TTI framework, one meant to increase the programs' appearance of exclusivity. By telling parents that their programs are currently full but they would make it a point to evaluate their teen, the beginnings of a trusting relationship are formed (Astart, 2011; Chatfield, 2014; Szalavitz, 2006).

When teens are evaluated, they are frequently assessed from a distance and without their consent. For example, Rocky Mountain Academy (RMA), a TBS located in northern Idaho until the mid-2000s when it was shut down for financial issues stemming from child abuse lawsuits, recommended parents use an educational consultant for psychological evaluation of their teen via subjective parental reporting over the telephone. Rarely if ever did RMA's evaluator meet with the teen or provide the teen with standardized psychological assessments to understand the issues

objectively (Rimer, 2001). For example, Lon Woodbury, an educational consultant and IECA member, acted as the admissions coordinator to the TBS Rocky Mountain Academy (RMA) for five years before moving into a his role as an “independent educational consultant” that conducted phone- and fax-based evaluations of potential students via subjective parental reporting (Woodbury, 2018). According to ASTART, no matter what the presenting concerns parents reported for their child, the answer was the same - a spot has opened up and your teen needs this treatment to get better and avoid jail (2011).

This type of manipulation of parents continues throughout their child’s enrollment, too. Programs typically monitor all communication between parents and their teens and instruct parents to act in accordance with the “Tough Love” rules. When students would try to report the abuse they were experiencing to their parents, phone calls were terminated immediately, letters were censored or just not sent, and parents were instructed to not listen to their teen because they are untrustworthy and got themselves into this situation in the first place (Chatfield, 2014).

The TTI knows this is a strong leverage point, too, as parents who are in this position have already admitted in some way that they have failed as a parent - their child is out of control and they can no longer manage the situation - and likely have little to no trust for their teen anyway (Szalavitz, 2006). So when the program tell parents they need to listen to the “experts” and not their child’s cries of abuse (Williams, 2013), in a way, it’s a matter of ego; it’s easier to cling on to the hopes that only one mistake was made (i.e. poor parenting) and not two (i.e. poor parenting and sending child to an abusive program).

This type of manipulation was not limited to the parents - it is the defining characteristic of the TTI. This “Tough Love” style of treatment is aimed at breaking one down to build them back up in the desired manner. This was done via a wide array of strategies that varied in names

and details across programs, but were generally of the same ideology. For example, RMA used “Raps,” or intensive, all day to multi-day “group therapy” sessions where students were locked in a room for hours and then encouraged to confront their peers regarding their faults or misdoings. No one was safe during Raps, as students who did not volunteer information or confront their peers were turned on and confronted themselves. Chatfield highlights how this type of intensive group “therapy” could induce altered states of consciousness, putting individuals in a vulnerable state where change by outside influences became possible (p. 70, 2014). Additionally, this created a cut-throat, peer-policing dynamic where no one could trust anyone, in or out of Raps. This same idea of having students police students was also used at Élan in the form of written notes to staff, a process called “copping your guilt,” that were then read publicly during the “general meeting,” after which punishments would be prescribed (Nilssen, 2017). Often, these punishments included wearing a sandwich board-style sign stating what’s wrong with the student (e.g. “Ask me why I’m a whore”), having the teen perform a humiliating act during general meetings (e.g. dress and act provocatively), or forcing the accuser and accused to physically fight in front of their peers and program staff. In other cases, the psychological warfare was more personalized, like when one student was forced to wear a crown of tampons when it was found out she had contracted hepatitis b.

In other instances, students were threatened with readmission to the program after graduation, even as adults. For example, teens enrolled in the Straight Inc. program, a TTI program that was shut down in 1993 for abusive practices, not only underwent psychological manipulation and student-against-student warfare via techniques such as Raps similar to those at RMA, but also were monitored upon graduation for unapproved behaviors. Not just drug or alcohol warranted graduates, both minors and adults, to be subjected to re-enrollment in the

program, behaviors such as engaging in a romantic relationship were enough in some reports (Szalavitz, 2006).

Ultimately, these tactics are part of the bigger mission - conformity to the group via “Tough Love.” This style of manipulation is best understood from the perspective of social psychology. For example, Asch (1952) highlights how humans, by nature, are drawn to conforming to the majority, even when the group consists of individuals whom the person has some sort of relationship with. Group members can be complete strangers – and yet many individuals still feel a driving motivation to “be in agreement with the group” (Asch, 1952; pp. 465). Any misalignment between one’s own beliefs and those of the group is shown to instigate emotional and cognitive turmoil in most individuals. Quotes from participants in Asch’s study highlight the self-deprecating nature of some of this turmoil. For example, one participant reported having thoughts such as, “what’s wrong with me?” and feelings of being “disturbed, puzzled, separated, like an outcast from the rest.” When considered in the context of adults publicly humiliating teens in the sake of “therapeutic treatment,” it becomes apparent that this type of behavior is a form of “institutionalized persuasion” (Chatfield, 2014). According to Chatfield, institutionalized persuasion is a form of thought reform or “brainwashing” conducted via forceful or “coercive” measures within the context of a structured environment. In the case of TBSs, this typically presented as TBS staff pressuring adolescents into conforming to the group and believing they are inherently responsible for all of their problems via psychological and, in some cases, physical force (Nilssen, 2017; Hyde, 2015; Tcomc, 2015; Tice & Skelton, 2016; Williams, 2013; Szalavitz, 2006).

This concept of humans’ innate need for social approval is further exemplified in Milgram’s 1963 study on obedience, when participants believed they were performing acts in

direct violation of their own personal values purely because an authority figure told them to do so. Imagine now that the authority figure literally controls the vast majority of your life – where you live, where you go to school, what you do most of your waking life, right down to what you eat and when you sleep. If complete strangers can influence individuals to violate their personal code of values without threatening punishment or harm, imagine how much influence a family or TTI staff potentially have over the weaker individuals in the unit (i.e., adolescents). Considering all of this, claims made by Szalavitz (2006), Chatfield (2014), Nilssen (2017), and others regarding inconsistencies in survivor perceptions about their time in TTI programs become more understandable - buying into the program means inclusion into the group, a less punitive response from staff and peers, and movement towards graduation.

Given the variety of inappropriate treatments and misdiagnoses described in the last sections, counseling psychologists need to be concerned about TTI programs as they not only suggest ethical concerns regarding reporting abuse to minors, but they also greatly misrepresent the counseling profession to a large segment of the public.

Empirical Research on Therapeutic Boarding Schools

Many TTI programs are not transparent, in that they “do not present detailed descriptions of their interventions or group processes nor do they include outcome measures that target group factors” (Bettmann, Gillis, Speelman, Parry, & Case, 2016, p. 2661). Subsequently, much of the published literature on TBSs is in personal narrative (Bonnie, 2015; Chatfield, 2014; Etler, 2012, 2017; Reamer & Siegel, 2009; Tipper, 2012) or documentary (Nilssen, 2017) form.

Unsurprisingly, a thorough review of scientific journals in a variety of healthcare domains produced only a handful of published articles on TBSs. Of major concern, many of these studies were conducted by researchers associated with the facilities in question, illuminating the elevated

potential threats to data validity in this branch of research (Krock, 2010; Bettmann, Lundahl, Wright, Jaspersen, & McRoberts, 2011; Chatfield, 2014).

For example, during the 1980s, Straight Inc. wanted to “enhance Straight’s reputation” in the public eye (Hartz, 1982). In 1982 Dr. Donald Ian Macdonald was hired as Straight’s very first Director of Research. Of note, “Macdonald was notified that in his position he would be expected to act as Straight’s ‘friend’ and that he could be fired for failing this expectation” in his employment agreement letter from Straight’s National Director, dated April 15, 1982 (Chatfield, 2014). Unsurprisingly, the data from Macdonald’s studies was determined to be biased, according to outside reviewers. Chatfield (2014) notes how participants in Macdonald’s research on “customer satisfaction” were likely afraid to be honest, particularly regarding their drug usage, because they could be re-enrolled into the program without their consent, even as adults. Additionally, it was found that parents often filled out Macdonald’s surveys for their teens, different questions were asked during intake versus post-treatment surveys making comparisons impossible, and survey data was misinterpreted, misreported, and never corrected.

To date, the only independently conducted outcome study on the direct impacts of TBSs on students was a major government-funded project entitled “The Seed,” which occurred in the 1970s to examine the efficacy of attack therapy and “Tough Love” (Szalavitz, 2006). Results indicated Synanon’s tactics were abusive, leading to defunding and abandonment of this research; however, no federal-level legal changes or restrictions were made on TBSs or the TTI in response to these findings (United States Government Accountability Office, 2007, 2008a, 2008b). Furthermore, it is unclear whether the data from The Seed study were ever publicly presented or officially published. As a result of federal complacency, programs are free to use these abusive tactics in states with looser regulations on residential programs.

Fortunately, no amount of licensure exemption can protect an industry from the wrath of the popular media. A series of press articles on the wrongful deaths of adolescents from TTI programs put pressure on government officials investigate further. In 2007, the United States Government Accountability Office (GAO) published the first of several reports on their investigation into TBSs. These documents highlight the abuse that happens at these facilities, citing statistics such as “during 2005 alone, 33 states reported 1,619 staff members involved in incidents of abuse in residential programs” (p. 12). The need for outside intervention is only amplified knowing the GAO “found thousands of allegations of abuse, some of which involved death” and that they are “unable to identify a more concrete number of allegations because [they] could not locate a single Web site, federal agency, or other entity that collects comprehensive nationwide data related to this issue.” This series of reports instigated the passing of the Stop Child Abuse in Residential Programs for Teens Act of 2009, which required TBSs to meet minimal health and safety requirements, and states to begin establishing standards for TTI programs. However, without specific regulations on a federal level, recent narrative reports suggest abuse in these programs is ongoing via legal loopholes such as religious and educational exemptions (Branson, 2015; Chatfield, 2014; Etler, 2012, 2017; Nilssen, 2017; Tipper, 2012).

Pinto et al. (2005) and colleagues (Friedman et al., 2006; Behar, Friedman, Pinto, Katz-Leavy, & Jones, 2007) believe psychologists should be at the forefront of the movement to regulate the TTI, suggesting claims made by TBSs regarding psychological treatment efficacy threaten the core values and ethical principles upheld by professional counselors. “[M]ental health professionals should be the loudest voices complaining about abusive and exploitative practices that are inconsistent with sound mental health practice,” suggests Friedman and colleagues, “the almost total neglect of focus on these programs in the professional literature, and

the silence about it from within the mental health community, are causes for alarm” (2006, p. 296). Furthermore, qualitative analysis of Web-based discussions indicates survivors of TBSs as well as the general public also believe psychologists have a major responsibility in confronting this issue.

As of the time of this writing, only two survey-based exploratory studies on TTI survivors conducted by independent researchers were found across thousands of scientific journals, both of which only used qualitative research methods (Behar, Friedman, Pinto, Katz-Leavy, & Jones, 2007; Chatfield, 2014). Behar, Friedman, Pinto, Katz-Leavy, and Jones (2007) used online survey methods to gather this groundbreaking descriptive data on 230 survivors of various TBSs. Researchers found data that supports the qualitative descriptions of TBS populations found in narratives; 87% of respondents were White and roughly 50% came from families with annual income above \$100,000. Behar and colleagues also corroborated a number of patient rights violations claimed in narratives, including monitored phone calls (96%) and mail (93%), filtered, restricted, or interrupted communication with the outside world (86%), forced labor (71%), restricted bathroom access (68%), scare tactics (63%), exposure to extreme weather conditions (60%), excessive exercise (58%), nutritional deprivation (43%), sleep deprivation (41%), physical punishment (31%), seclusion (57%) or restraint (60%) for unethical and illegal reasons, such as “breaking program rules (67%), saying something disrespectful (52%), cursing (48%), or making a face (52%),” and emotional, physical or sexual abuse by staff (45%). Furthermore, Behar and colleagues found that 47.6% of respondents were transported to their TBS via an “escort,” or “strong, [unlicensed] adults who forced the youth to leave home and then, using force or threat of force, accompanied the youth to the residential program” (p. 404). Preliminary research on this population highlights the need for a thorough investigation

into TBSs and the TTI, especially considering an unknown number of TBSs still operate across the US (Friedman et al, 2006). Policy-based changes need to be made, and these changes need to be advocated for by informed psychologists because child abuse continues to occur under the label of high-cost residential mental health treatment for adolescents.

Current State of Troubled Teen Industry

As previously mentioned, the TTI as it currently stands was essentially developed in the 1980s and 1990s by merging TBSs with wilderness programs (Szalavitz, 2006). Before this merger, wilderness programs mostly stemmed from drastically different roots (e.g. outdoor adventure camps) than TBSs (i.e. Synanon); however, after this merger, more and more wilderness programs began adopting the TBS style of Tough Love. Educational consultants were also added to this conglomerate around this time, creating the powerhouse that is the TTI.

For the purposes of this study, I will focus my discussion primarily on wilderness programs that are associated with the TTI. These types of programs, as previously mentioned, typically employed the Tough Love method of “treatment.” Programs range in length of enrollment from a few weeks to 16 or more weeks in some “difficult” cases. Additionally, the types of living environments vary greatly from program to program, with some offering students TeePee-style semi-permanent shelters while others provided nothing more than 20 feet of paracord and a tarp. Activities in these programs ranged from chopping wood to group “therapy,” which was often a Tough Love-style exercise run by unqualified staff.

Unfortunately, it is difficult to definitively distinguish which programs are harmful and which are not because the TTI designed their wilderness programs to look great on the surface in order to manipulate scared parents. To make matters worse, the National Association of Therapeutic Schools and Programs (NATSAP), a “trade group” for wilderness and TBS

programs, claims they do not support “boot camp” type or Tough Love programs; however, numerous harmful programs that fall into both of these categories (including Élan, which was a full NATSAP member before being shut down in 2011) have been marketed and endorsed on their website. A 2007 article in the New York Times stated “[NATSAP] has dismissed accusations of abuse and death as “the noisy complaints of a few individuals” (Schemo, 2007).

Empirically Supported Theories of Adolescence

The TTI targets families during a particularly vulnerable time, when parents are stressed out about their teen’s behavior. Empirical research supports the notion that teens will push boundaries and experiment with different selves in order to develop their own, unique sense of self (Smetana & Villalobos, 2009). In doing so, social psychology can facilitate insight regarding the impending parent-child struggle that occurs when there is a disharmonious balance between the two parties and some other thing - values, friends, beliefs, anything.

For example, Heider (1958) suggests that when a teen’s values are dissimilar from their parents’, the triadic relationship between parents, teen, and values is “unbalanced,” thus creating stress and ultimately pressure towards some sort of change. Using Heider’s shorthand notation for visualizing balance within relationships, this disharmonious triadic (family[f]-adolescent[a]-values[v]) relationship (like [L] or dislike [DL]) would read as follows:

(f L a) = family loves their adolescent

(f U v) = family upholds certain values (e.g., freedom, religious salvation, etc.)

(a L f) = adolescent loves their family

(a DL v) = adolescent disagrees with family’s values (e.g., finds conservative values immoral; prefers true friendship and mature love).

Depending on the person and the family environment they are in, various manifestations of this pressure towards “harmonizing” the unbalanced relationship can be seen. Heider suggests two primary methods of “harmonizing” this relationship – either change how one feels about something (sentiment relations [L or DL]), or change that something (unit [U] relations). In the aforementioned example, several options could harmonize this imbalanced state:

Adolescent spends summer abroad, finds value in spirituality and freedom = (a DL v) (a L v)

All relationships in triad are positive, relationship is balanced.

Parents begin to disassociate from conservatives after rampant discrimination in recent election,

parents’ values change = (f U v) (f DU v)

Two relationships in triad are negative and one is positive, relationship is balanced.

Adolescent declares they hate their parents = (a L f) (a DL f)

Two relationships in triad are negative and one is positive, relationship is balanced.

Drawing from Weiner’s 1985 article, this adoption of a new set of values dissimilar from those of the family is likely seen as a personal choice rather than something that was uncontrollably forced upon the adolescent. When tension arises from this disharmonious relationship, it becomes easy to blame the adolescent for this personal choice.

Three primary factors influencing how one attributes the cause of something (i.e., “causes”) include locus, stability, and controllability. When the locus is internal, one blames the self for outcomes, which can lead to negative affective states such as shame, guilt, anger, and pity, particularly when matters of self-esteem or “affiliation” are involved. If one believes the cause is due to stable forces, feelings of hopefulness or hopelessness arise. Finally, on a more global level, negative affective states can arise from attributing an event’s cause to either controllable or uncontrollable sources (Weiner, 1985).

With these ideas in mind, it becomes clear that when the outcome is as important as getting along with your original “in-group” (i.e., your family), how one attributes the tension stemming from an imbalanced family-adolescent-values relationship is essential to preventing long-term harm. For example, the “depressed mindset” is characterized by attributing outcomes to internal, stable, and global or uncontrollable causes. In the disharmonious familial relationship previously described, such a mindset could manifest change as the following:

Parents require adolescent to go to church. Adolescent refuses, stating they do not ascribe to the family’s religion. Parents grow concerned and blame the adolescent for this personal choice. Perhaps the parents decide the entire family will be going to church more often because they perceive the cause of this incident to be a “lack of faith,” thus, the solution to increase time spent worshipping each week.

In this example, the adolescent must assume responsibility for the negative outcomes to their declaration of religious contempt (a DL v). It is easy to see, then, how a teen in this situation may attribute the stress and tension stemming from this disharmonious relationship to him/herself. Furthermore, if this adolescent permanently adopts these new spiritual beliefs (or lack thereof), the causes for familial disharmony become more stable. Finally, spiritual beliefs are a deeply personal aspect of humanity, unique to each individual. If the adolescent feels that their spiritual beliefs are uncontrollable, that they just believe what they believe, a sense of hopelessness may arise when reflecting on the imbalanced family-adolescent-values relationship.

Knowing these forces exist help explain how the TTI can manipulate parents into thinking they are not at fault for the disharmony and thus stress in their relationships with their teens, while blame is put solely on the child for acting inappropriately. Ultimately, by reinforcing parents’ beliefs that they are doing the best they can and the child is solely to blame, parents feel

less stress regarding their self-perceptions of parenting and are more likely to continue to engage with those who support this idea.

Issues Unique to Children of High-Socioeconomic Status (SES) Families

Although very limited information exists on the types of teens who are sent to the TTI, it is relatively well established that the majority of the non-court mandated students were affluent and White. Applying what is known about “typical” teenage development and social influences to children of high socioeconomic status (SES) families, unique stressors can be readily identified. For example, Luthar (2013) identifies how children of “new money” or first generation wealth have an extremely high bar to try to live up to - their parents lived the “rags to riches American dream,” and now they can afford the best schools, tutors, and treatments, making failing to achieve great things like their parents did an easy sentiment to internalize. On the other hand, children from generations of wealth or “old money” families have their own set of unique social pressures, such as upholding the family reputation, values, and success with little room to deviate.

While the social pressures of old versus new money familial backgrounds may have some impact on teen functioning, this socioeconomic status has other hidden influences, too. Firstly, these families tend to be less socially connected with people and programs who may be able to help. For example, if a teen from an old money family becomes pregnant, the typical response is to hide this in order to preserve the family reputation, whereas a teen from a lower SES background may not have the option to hide her pregnancy from society. Instead, this teen is forced to seek community-based services and support from friends and/or family. This results in much higher levels of connectedness to local resources, programs, and people for the lower SES teen than the high SES teen.

Another issue with this mindset is the idea that money can afford the best treatment, a notion that the TTI has capitalized on for the last half century. The problem with this, however, is that a teen who still struggles after the most expensive and the best treatments has no one to blame but themselves for the lack of progress, an incredibly harmful idea when thought of in the context of survivors of TTI treatment.

Alternatives to the Troubled Teen Industry

There do exist alternatives to TTI programs, such as military or boarding schools, and indeed, many families have had positive experiences with these programs. However, despite the availability of these alternatives, parents, particularly those in crisis mode, are told their only options are TTI enrollment, prison, or death. But is this really the case?

Looking more closely at the data, little evidence supports this idea. Of the roughly 41 million teens worldwide, only about 20,000 deaths per year are associated with drugs and alcohol (Miniño, 2010), one of the primary reasons cited for a teen's enrollment in a TTI program. With roughly four million teens experiencing severe mental or behavioral disorders, the number of fatalities is still relatively low. Even if all drug and alcohol related deaths were exclusively attributed to the four million teens with mental or behavioral concerns, the fatality rate would be less than 0.5%. While the rate of suicide among adolescents is higher than that of substance-abusing adolescents (11% versus 0.4%, respectively), there are a wide variety of treatment options for this presenting concern that are not a TTI program or incarceration. Furthermore, teens who are sent to TTI programs for issues relating to anxiety, eating disorders, homosexuality, lack of faith, etc. likely do not pose a threat to themselves that will result in jail time or death.

Given the TTI's history of deception, their current marketing tactics, and the spread of these schools, it is essential that empirical data regarding what the students experienced before, during, and after TTI enrollment is collected.

Significance

With the only independently conducted outcome study on TBSs indicating these programs are harmful to the students enrolled in them, psychologists cannot ignore the TTI or its impacts on the teens sent to these programs. By marketing themselves as the “top of the line treatment” for out-of-control teens, not only are these programs harming to the public's perception of the field of psychology, they are also potentially hurting thousands of families each year. And yet, as of 2018, the only regulations over the TTI are vague federal laws defaulting responsibility to each independent state, many of which have not enacted any additional regulations beyond what was outlined in the GAO reports.

Although an increasing number of narrative reports and exploratory qualitative studies are published on the TTI, no studies utilizing both qualitative and quantitative data have been published to date. Including quantitative data greatly enriches the information provided by qualitative methods and allows for comparisons to be made between these survivors and their adult peers. By conducting thorough, mixed-methods research on the available adult survivor population, steps towards better regulations on the TTI and more effective treatment for these individuals can be made. Ultimately, data supporting the necessity of these types of changes could prohibit ongoing harm from happening to vulnerable individuals, facilitate reparations between survivors and the mental healthcare community, and prevent future deleterious effects to the public's perception of counseling psychology.

Chapter 3: Research Design

Methods

As previously indicated, the TTI's lack of transparency has limited published reports of treatment outcomes to almost entirely qualitative formats, such as written personal narratives and independent documentaries (Bonnie, 2015; Chatfield, 2014; Etler, 2012, 2017; Nilssen, 2017; Reamer & Siegel, 2009; Szalavitz, 2006; Tipper, 2012). Additionally, conducting true experimental research on outcomes of the TBSs is highly unethical, as data suggests these treatment methods are harmful to patients. Subsequently, research on this population is considered to be in its infancy stage at best (Awad and Cokley, 2010); thus, this mixed-methods study is descriptive in nature to facilitate a deeper and more accurate foundational understanding of this population, their families, and the events that occurred before, during, and after TBS enrollment (Ponterotto, Mathew, and Raughley, 2013). This study aims to expand upon the novel research conducted by Behar and colleagues in 2007, as well as gather data about professional psychologists' knowledge and understanding of the TTI and TBSs.

Hypotheses

Based on the limited available data, it is hypothesized that this population is comprised of mostly White, high SES families. Given TTI programs' lack of exclusion criteria for enrollment, it is difficult to determine if the teens sent to these programs are significantly more maladjusted or neurotic than the average teen; thus, no hypothesis can be established at this time. It is, however, hypothesized that these families are less connected with community-based resources and/or are too ashamed to use these resources. Instead, it is believed that the parents of TTI survivors, while in a state of crisis, more often opt for the most expensive and therefore "best" treatment available (i.e. TTI programs).

Regarding survivors' experiences while enrolled in TTI programs, it is near impossible to confidently hypothesize what this "typically" looked like. However, knowing Synanon is the basis of most TBSs, it is hypothesized that survivors will report some experiences with the "Tough Love model of treatment." Furthermore, since the evidence that does exist points to this type of treatment as being harmful, it is hypothesized that enrollment in TTI programs has harmful effects on survivors, as demonstrated by higher adulthood neuroticism, substance abuse, and interpersonal difficulties, as compared to their adult peers.

One of the biggest deficits in data surrounding this population is longitudinal, post-TTI information. As a result, no hypotheses can be developed surrounding how they may or may not differ from their peers in terms of current education or work statuses. Furthermore, as of September 2018, no studies to date were found addressing what counseling psychologists need to know with regards to helping this population recover. Thus, understanding the unique impacts TTI enrollment has on adult functioning is a crucial element in providing appropriate and informed treatment.

Population

The primary target population of this study are adults who attended any TTI program (including wilderness programs and TBSs) as an adolescent, deemed "survivors." Survivors did not have to graduate from the program(s) they attended, and will not be excluded for attending multiple TBSs, as these are both moderately regular occurrences for students of these programs (Szalavitz, 2006). Although the focus of this study is on unlicensed and unaccredited TTI programs, survivors of any wilderness program or TBS were allowed to participate because data on this population is generally very limited; however, data regarding licensed programs was examined independently from unlicensed programs. While the primary requirements for

participating in this study included historical enrollment in a TTI program, some exclusion criteria exist, including: current incarceration, inability to consent for self/legally required to have a guardian, inability to read and write in the English language, and current suicidality, as determined by the Beck Depression Inventory, Second Edition (BDI-II). Additionally, because of this study's online nature, it was required that participants both have access to and the ability to use the internet to complete survey questions.

Recruitment

Since the TTI typically does not allow independently operated outcome studies to be conducted on their programs, participants were identified via other pathways. Furthermore, because this study aims to update and expand upon Behar and colleagues' (2007) research, participants were recruited via similar strategies, including Web-based channels.

Survivors were recruited via social media platforms and online forums, including Facebook and Instagram, and were offered the results of this study as compensation for their time. Additionally, participants were informed that the results of this study will be submitted for publication in a variety of forms, both scientific and popular, in order to increase awareness of this ongoing issue. Survivors were also encouraged to share the survey access weblink and to provide referrals for other potential participants, as this method of documenting novel populations via smaller social groups and their connections is advocated for by mixed-methods researchers (Awad & Cokley, 2010; Ponterotto, Mathew, & Raughley, 2013).

It was essential to provide adequate informed consent and mental healthcare referrals to all participants, as the general nature of this survey may be highly triggering to TTI survivors. For example, when beginning the online battery of assessments (described next), participants were required to read and agree to an informed consent policy. In addition to standardized

information about the research project, limits to confidentiality, potential for harm, etc., participants were instructed to discontinue the survey if at any point they feel triggered and/or overwhelmed. Next, participants were provided referrals to nationwide resources (e.g., National Suicide Hotline) and contact information for follow-up with the principle investigator should questions arise and/or additional referrals be necessary, before access to survey questions was made available. Finally, participants were again provided with referral and PI information upon completion of all questions.

Assessments

The key to this study is a mixture of both qualitative and quantitative assessment methods, as the goal of any research in the early stages should be to thoroughly document and describe before more complicated analyses or predictions can be made (Awad & Cokley, 2010).

Upon consenting to online participation, survivors underwent a battery of assessments, including a basic demographic questionnaire, a thorough biopsychosocial questionnaire, the Family Environment Scale - Fourth Edition, Real Form (FES-IV Form-R), Outcome Questionnaire 45.2 (OQ-45.2), Beck Depression Inventory, Second Edition (BDI-II), State-Trait Anxiety Inventory (STAI), PTSD Checklist, 5th Edition (PCL-5), and World Health Organization's (WHO) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST V3.0). An internally-developed qualitative survey was included to explore survivors' experiences and perceptions of TBSs in an open-ended manner.

Numerous formal mood and anxiety inventories were chosen for several reasons. First, Behar and colleagues' (2007) study analyzed the cognitive effects of TBS enrollment using an unvalidated mixed-methods survey. By failing to supplement their research with standardized assessments, the authors were unable to discuss how this population compares to various

normative samples, such as college students, community (non-clinical) samples, or veterans.

Additionally, this population is predicted to have a higher rate of mood and anxiety disorders as compared to the general population because of likely exposure to childhood abuse as well as a history of familial dysfunction that led to their enrollment in a TBS (Szalavitz, 2012).

Demographics. A standard demographic survey including questions about participant age, gender identity, ethnicity, SES, etc. was used to compare this study's sample population to previous reports.

Biopsychosocial

A thorough biopsychosocial assessment that included open-ended prompts regarding interpersonal functioning, mental and physical health history, biological functioning, treatment history, familial functioning and background, work and educational history, etc. was used to elicit a richer image of this population's life before, during, and after TBS enrollment.

Family Environment Scale - Fourth Edition, Real Form (FES-IV Form R)

Developed by Rudolf and Bernice Moos, the FES-Form R is a 90-question assessment of an individual's perceived family social life. This assessment provides information on the following three dimensions: Personal Growth, System Maintenance, and Family Relationship Index. Personal growth includes factors such as Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis, while System Maintenance focuses on Organization and Control, and Family Relationship identifies variables such as Cohesion, Expressiveness, and Conflict. Moos and Moos (2009) report subscale internal consistencies ranging from .68 to .85 at two months and .54 to .91 at four months.

Validity of each subscale of the FES-IV Form R also varies greatly depending on the age range and pathology of the assessed population. The following subscales are reported to have adequate validity for adult populations (Cronbach's Alpha > .7): Cohesion, Conflict, Intellectual-Cultural, Moral-Religious Emphasis, and Organization (Moos and Moos, 2009). Although some subscales have low construct validity (Cronbach's Alpha between .61 and .7), Moos and Moos provide normative data for both "average" and "distressed" families, information that will be essential when comparing this population to other populations using qualitative methodology (2009).

Beck Depression Inventory, Second Edition (BDI-II)

The BDI-II is currently one of the most well researched depression inventories available, with validity studies on a wide variety of populations available for group comparison. This 21-item self-report assessment has adequately high internal consistency ($\alpha > \text{or} = .84$) and test-retest reliability ($r > \text{or} = .75$; Kühner, Bürge, Keller, & Hautzinger, 2007). If participants indicated high levels of suicidal ideation on this assessment, their participation was discontinued and they were provided with national suicide prevention resources.

State-Trait Anxiety Inventory (STAI)

The STAI is a 40-question assessment of both state or momentary anxiety, as well as trait or global anxiety. Julian (2011) reports high internal consistency alpha coefficients, from .86 for high schoolers to .95 for military personnel, and test-retest reliability ranging from .31 to .86, with lower scores being attributed to the transient nature of state anxiety as a construct.

Outcome Questionnaire 45.2 (OQ-45.2)

The OQ-45.2 is a 45-question assessment of global functioning that was used to obtain a deeper understanding of survivors' potentially sub-clinical depression and anxiety that does not

meet diagnostic thresholds on the BAI-II or the STAI. Additionally, scores on the OQ-45.2 provides information about survivors' interpersonal functioning, social roles, suicidality, aggression, and substance abuse. Lambert et al. (1996) report the OQ-45.2 as having high reliability and good concurrent and construct validity.

PTSD Checklist, 5th Edition (PCL-5)

As one of the primary PTSD screening tools used by the United States Veterans Association (VA), the 20-question PCL-5 is regarded as an adequate measure of symptomology within each of the five diagnostic criterion categories listed in the DSM 5. While the PCL-5 can only be used to make provisional diagnoses, this assessment has shown good internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent ($r_s = .74-.85$) and discriminant ($r_s = .31-.60$) validity (Blevins, Weathers, Davis, Witte, & Domino, 2015), suggesting appropriateness for proposed the proposed use.

World Health Organization's (WHO) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

Developed by the WHO, the ASSIST is a well-researched screening measure of substance use and abuse. Reports indicate this assessment has adequate construct, concurrent, discriminant, and predictive validity with a variety of normative samples (Humeniuk, 2006).

Qualitative Survey

In their 2007 study, Behar and colleagues used an open-ended qualitative survey that included questions over four domains: basic demographic and program information, methods and distances traveled to TBSs by survivors, experiences while in each program, and effects of TBS attendance on survivors. This study builds upon each of these sections while surveying additional areas, such as adjustment to post-program life, lifetime diagnoses and symptomology, quality of

interpersonal relationships across various ages, adulthood well-being, and recommendations for psychologists and policy makers. To ensure this study's qualitative survey is valid, appropriate, and thorough, a panel of peers reviewed all materials before data collection began. This peer-review panel included TTI survivors, psychology graduate students, counseling psychologists, developmental psychologists, and family psychologists.

Analysis

The mixed-methods descriptive nature of this study simultaneously simplifies and complicates the analysis of data. Quantitative data from the demographics survey, biopsychosocial assessment, FES-IV Form R, BDI-II, STAI, OQ-45.2, PCL-5, and ASSIST was explored using descriptive statistics such as frequency analysis to better understand the parameters of this population on its own. Additionally, scores from these assessments were compared to various baselines derived from normative groups. For example, the PCL-5 has been widely administered to numerous populations, such as veterans, college students, and "average" (i.e., non-clinical) adults. Norms generated from those samples can be used as baselines from which to compare results obtained in the current study. While this population is predicted to have high depression, anxiety, PTSD, and substance abuse scores because childhood exposure to abuse and trauma, many factors are theorized to moderate these effects (Szalavitz, 2012). Future studies to explore causality of adulthood pathology may be warranted if this study confirms the hypotheses regarding this population's elevated risk of mood, anxiety, and substance abuse disorders.

Qualitative data from the internally-generated surveys underwent several methods of text analysis across two cycles, the first focused on initial categorization and the second directed more so at understanding the grander, "meta-code" or overarching themes (Saldaña, 2016).

Coded indices will allow for descriptive frequency analysis of qualitative answers to determine themes among survivor responses. In first cycle of analysis, qualitative data was simultaneously coded via the following methods: Attribute, Magnitude, Descriptive, Emotion, and Evaluation. Data was then evaluated using pattern coding to develop a “meta-code” of all qualitative information during the second cycle of analysis.

Attribute coding is typically used to give context to other data by considering a case’s demographic or contextual information (Saldaña, 2016). Additionally, this method helps highlight themes among participants as well as potential methodological errors. Building on this idea, magnitude coding is used to indicate intensity and/or frequency of other existing datum via sub-coding. Descriptive coding was used to summarize broad topics covered in the qualitative data, and will lay the foundation for more complex coding methods, such as Emotion and Evaluation coding.

Emotion coding refers to labeling recalled or experienced participant emotions (Saldaña, 2016). While Saldaña suggests emotional coding may also be completed using researcher inference, this technique was avoided to increase reporting accuracy of participant experiences. Evaluation coding is particularly useful for understanding data that evaluates or judges something, such as a program, policy, organization, etc. This includes describing patterns among participant responses regarding program quality, comparing this perceived judgement to the standard or ideal program, and predicting what changes should be made and suggesting how these changes would be implemented.

After the first cycle of coding was completed, data underwent a second, broader cycle of coding. Pattern coding was used to identify and categorize groups of correlated coded data from the first cycle of analysis. This meta-analysis facilitated identification of overarching themes and

constructs (Saldaña, 2016). While this type of text analysis provides, at best, correlational information regarding survivor experiences with the TTI, identifying these primary and meta-themes will be essential to conducting informed outcome research in the future.

Throughout the coding process, data was provided to several independent coders to ensure nonbiased categorization. This panel of independent coders included graduate-level doctoral students, postdoctoral fellows, and a licensed psychologist, each of whom received selected segments or the entire data set for examination. Inconsistencies in coding were remedied via additional coders reviewing the data segments in question and/or collaboration between panel members.

Chapter 4: Results

Introduction

This was a mixed-methods study; therefore, descriptive, quantitative, and qualitative data were each analyzed using a variety of strategies. Quantitative data is reported via sample averages and standard deviations (SD). Whenever possible, quantitative data was compared to normative samples. Qualitative data was coded into categories and themes using ATLAS.ti as well as manual coding techniques. ATLAS.ti is a qualitative data coding software program that aids in identifying themes based on the number of times keywords are reported by participants. Codes can then be analyzed to identify connections and overlap, as well as themes and subthemes. After initial coding was completed, results were analyzed by a panel of external reviewers to ensure themes were unbiased and accurate.

Data presented in this chapter is organized in a manner that builds on each previous topic. First, sample demographic data is presented, including both personal and familial data. Next, participants' perception of their TTI program experience is reported. Afterwards, both qualitative and quantitative data regarding participants' current functioning is presented. Finally, participants' main takeaways regarding their TTI experience, as well as how they feel mental health professionals can help TTI survivors moving forward are reported.

Survey Respondents

A total of 164 individuals began the survey. Of these 164 individuals, 28 only responded to the first question. Participants were given the option to request a unique URL to access their surveys, allowing them to stop and resume the survey as needed. Of the 136 remaining participants, the majority (n=76) requested a direct, unique URL, 36 of which accessed this link and began the survey and 40 of which never began the survey via the provided link. After

approximately two months of data collection via social media, 33 participants completed this survey in its entirety. One participant was disqualified who had not participated in a TTI program themselves, bringing the total number of complete data sets to 32.

Of note, during the data collection phase of this study, one participant became upset when they were disqualified mid-survey for indicating high levels of current suicidality. Subsequently, this participant withdrew consent and their data was destroyed and thus removed from final analysis. The final dataset that is discussed in the following chapters includes the remaining 31 participants.

Demographics

Individual Characteristics

A summary of participant characteristics can be seen in Table 1. Participants reported an average current age of 41.3 years ($SD = 8.5$). The majority of participants were White ($n = 27$), heterosexual ($n = 25$), and/or women ($n = 22$). Two participants endorsed being American Indian or Alaskan Native, one participant reported being Black or African American, and one participant indicated their race/ethnicity as “other.” The racial and ethnic makeup of this sample supports the hypothesis that the majority of those enrolled in TTI programs come from White families. Men comprised 25.81% ($n = 8$) of this sample, and one participant reported being nonbinary. Four participants identified themselves as bisexual, one participant identified as gay, and one participant identified as pansexual. Participants were less homogeneous regarding their marital status, level of education, current occupations, and individual incomes. Additional demographic information can be seen in Table 1.

Table 1*Sample Demographic Characteristics*

Age (y), <i>M</i> ± <i>SD</i>	41.3 ± 8.50
Gender, <i>n</i> (%)	
Men	8 (25.81%)
Women	22 (70.97%)
Nonbinary	1 (3.23%)
Race/Ethnicity	
White or Caucasian	27 (87.10%)
Black or African American	1 (3.23%)
American Indian or Alaska Native	2 (6.45%)
Other	1 (3.23%)
Sexual Orientation, <i>n</i> (%)	
Straight	25 (80.65%)
Gay	1 (3.23%)
Bisexual	4 (12.90%)
Pansexual	1 (3.23%)
Marital Status, <i>n</i> (%)	
Single	9 (29.03%)
In a relationship but not married	10 (32.26%)
Positive	3 (9.68%)
Mixed	4 (12.90%)
Negative	2 (6.45%)
Neutral	1 (3.23%)
Married or Civil Union	12 (38.71%)
Positive	5 (16.13%)
Mixed	1 (3.23%)
Negative	1 (3.23%)
Neutral	5 (16.13%)
Highest Level of Education, <i>n</i> (%)	
GED	1 (3.23%)
High School Diploma	1 (3.23%)
Some College	9 (29.03%)
Associate's Degree	2 (6.45%)
Bachelor's Degree	9 (29.03%)
Master's Degree	7 (22.58%)
Doctorate Degree	1 (3.23%)
Other	1 (3.23%)

Table 1, continued

Current Individual Annual Income, n (%)	
Under \$15,000	8 (25.81%)
\$15,000 - \$29,999	3 (9.68%)
\$30,000 - \$49,999	6 (19.35%)
\$50,000 - \$74,999	5 (16.13%)
\$75,000 - \$99,999	5 (16.13%)
\$100,000 - \$149,999	2 (6.45%)
Over \$150,000	2 (6.45%)
Number of Siblings, mean $\pm$ SD	2.41 $\pm$ 1.76
Sibling Age, mean $\pm$ SD	39.40 $\pm$ 12.21
Parental Marital Status, n (%)	
Married	7 (22.58%)
Divorced	16 (51.61%)
Widowed	4 (12.90%)
Other	4 (12.90%)
Annual Family Income While Growing Up, n (%)	
Under \$15,000	1 (3.23%)
\$15,000 - \$29,999	4 (12.90%)
\$30,000 - \$49,999	3 (9.68%)
\$50,000 - \$74,999	3 (9.68%)
\$75,000 - \$99,999	2 (6.45%)
\$100,000 - \$149,999	3 (9.68%)
Over \$150,000	9 (29.03%)
Other	5 (16.13%)
Church, Temple, or Other Religious Establishment Attendance While Growing Up, n (%)	22 (70.97%)

Personal Marital Status. This sample was split almost equally into thirds regarding their current marital statuses. Nine participants reported currently being single. Of the 10 participants who were currently unmarried but in a relationship, three indicated this relationship was positive, four expressed mixed positive and negative feelings about this relationship, two disclosed negative feelings about this relationship, and one provided a neutral description of this relationship.

The remaining 12 participants endorsed being currently married. The majority of married subjects described this relationship as positive ($n = 5$) or neutral ($n = 5$). One married participant expressed negative feelings towards their marriage, and the final married participant ($n = 1$) indicated this relationship was mixed. Descriptive data regarding participant relationships can be found in Table 2.

Table 2

Participant Relationships

Relationship Status	Quality	n	Responses
Married	Positive	5	I am happily married for 10 years Happily married for 28 years Married, good, 14 years I've been married for 6 years and it's a great relationship. I am married and in a very healthy, good relationship. I have been in my relationship for approximately 4 years and married for 1.5 years

Table 2, continued

	Mixed	1	8 1/2 years, married. Mostly great, we both have had traumatic experiences. Struggle with understanding each other's point of views sometimes but so far we're growing together vs apart
	Negative	1	Married in heterosexual relationship for 6 yr, together for 9. It's been rocky, but we mean to stay together
	Neutral	5	Married for 3 years Married for 4 years Married 10 years Married 22 years Married for 22 years
	Positive	2	10 years, great relationship, supportive of what I went through Girlfriend 6 months- best I've ever been in! 4 year in most ways relationship is great. I still have issues with trust
In a Relationship, Unmarried	Mixed	4	We have known each other for 8 years. We dated, separated for 5 years and then reunited. We are engaged and will be married next summer. I am with someone quite a bit younger than me, who has a lot to learn, but we have been together for 5 years and love each other and fight to keep the relationship going. We were in couples counseling, but moved and have yet to re-establish care.

Table 2, continued

		1.5 years with a cis man. Long distance at the moment due to his recovery. Intense and romantic. 7 years with the parent of my child, non monogamous and mostly friendship, parenting and business at the moment. 15 years with a cis woman that varies from mutual emotion support as nesting partners to everything else. Breaks every 2 years or so while she travels.
		I am in a committed relationship with my daughter's father. We lived together for 7 years, split up for 7 years and now live together again since summer.
Negative	2	Been in a relationship for 13 years, engaged for 8 of those. Rocky at best
		I have a boyfriend of one year. It is very unsatisfactory
Neutral	1	Relationship, 4 yrs.

Personal Religion and Spirituality. According to the Pew Research Center, 70.6% of Americans in the U.S (2015) considered themselves Christian, 20.8% of which identified as Catholic. Only 5.9% of the U.S. population were of non-Christian faiths, including Judaism, Muslim, and Buddhist. Finally, 1.5% of the U.S. population were considered “other” faiths, including Atheistic and Agnostic.

Growing Up. The dominant childhood religious group among participants was Christian (n = 12), followed by “none” (n = 7) and Catholic (n = 5). The remaining participants reported being Jewish (n = 2), mixed Jewish/Unitarian and nothing (n = 1), Agnostic (n = 1), Southern Baptist (n = 1), Buddhist (n = 1), and Episcopal (n = 1). Comparing sample data to national averages, there is a lower percentage of participants that grew up as Christian or Catholic, and higher averages of participants who grew up as Jewish or “none.”

Current. Comparing childhood religion to current spiritual beliefs, a shift within participants can be seen. The dominant current religious group among respondents was “none” (n = 12), followed by Christian (n = 5), Agnostic (n = 4), and Buddhist n = 3). The following religious groups or beliefs of spirituality were each endorsed by one participant: Pantheist, Jewish, Catholic, Spiritual, and “I believe in Jesus but I’m not religious.” Comparing this data to national averages, there is a significantly high percentage of participants who identify as “none,” Agnostic, and Buddhist regarding their faith. Additionally, there is a significantly lower percentage of participants who identify as Christian/Catholic than the national average.

Participant Education. According to the 2017 United States (U.S.) Census Bureau (Fontenot, Semega, & Kollar, 2018), 33.4% of Americans have obtained a four-year college degree as of 2016. Participants in this sample exceeded national averages with 17 participants having at least a bachelor’s degree. Seven participants reported having a master’s degree, and one participant earned a doctorate degree. The majority of the remaining respondents had some college experience (n = 9). Two participants indicated their highest completed level of education was a general education degree (GED) or high school diploma.

Participant Current Income. Participants in this study reported a wide range of incomes, from under \$15,000 per year ($n = 8$) to over \$150,000 per year ($n = 2$). The majority of respondents indicated earning less than \$50,000 per year ($n = 17$). Four respondents reported earning \$100,000 or more per year. The median income range for individuals in this sample was \$30,000 to \$49,999 per year.

While participants' level of education was above the national averages, personal incomes were not. According to the 2017 U.S. Census Bureau (Fontenot, Semega, & Kollar, 2018), individuals over 25 years old with either a GED or high school diploma reported an average of \$35,615. Americans over 25 years old with a bachelor's degree made an average of \$65,482, and individuals of the same age range with graduate degrees made an average of \$95,525.

The majority of respondents indicated earning less than \$50,000 per year ($n = 17$), even though the same proportion of participants had obtained at least a bachelor's degree. Furthermore, with seven participants endorsing having earned a master's or doctorate degree, it is surprising that only four respondents reported earning \$100,000 or more per year. These findings suggest that although this sample is more educated than their nationwide counterparts, they are not earning equally.

Considering a high proportion of respondents were women, additional data from the U.S. Census Bureau (Fontenot, Semega, & Kollar, 2018) may aid in explaining some of this discrepancy in participant versus national incomes. Men who work full time made an average of \$52,146 in 2017, while women made just \$41,977. Contrary to this data, however, is the fact that the four participants who reported making over \$100,000 per year were either women ($n = 3$) or nonbinary ($n = 1$). Additional research is needed to better understand this mismatch between level of education and annual income.

Participant Vocations. Respondent vocations varied widely, and included job sectors such as labor, government, legal, real estate, retail, food service, medical, mental healthcare, technology, education, arts, science, miscellaneous office (e.g. secretary, office manager, administrative assistant) child care, sex worker, homemaker, and self-employed. Participants did not appear to be drawn to any one job sector over another; however, legal, insurance, accountant, homemaker, and sex worker were the least endorsed occupations with only two participants reporting having worked in each of these vocational fields.

According to the United States (U.S.) Bureau of Labor Statistics (2018), the median amount of time at a job for both wage and salary workers was 4.2 years. Unfortunately, not all participants provided details regarding every job they had throughout their lives, making the average turnover rate somewhat unreliable (4.74 years). Nonetheless, this average was above the national average for job turnover. The shortest amount of reported time at a job was three months (janitor, camp counselor, temporarily contracted medical professional, and customer service), while the longest was 42 years (laborer).

Respondents also varied widely regarding their future occupational aspirations, including jobs such as manager, business owner, writer, attorney, teacher, activist, medical, mental healthcare, real estate agent, reptile breeder, and none/retired. The most dominant group within the aforementioned list of occupational aspirations fits into the physical and mental healthcare job sector, with five participants endorsing a desire to work within this field.

Familial Characteristics

Participants reported an average of 2.41 siblings ($SD = 1.76$) who's current mean age was 39.4 years ($SD = 12.21$). The majority of respondents' parents were currently divorced ($n = 16$),

with only seven subjects indicating their parents were still married. The remainder of participants (n = 8) reported their parents were widowed or deceased.

Familial Income. Annual familial income while growing up of over \$150,000 was the dominant group for this sample (n = 9), followed by “other” (n = 5). The median familial income while growing up reported by participants in this sample was \$100,000 to \$149,999 per year. Participants in the “other” category described their familial income while growing up as “I don’t know,” “exact numbers are unknown, but we were rich/very well off,” and “varied.” Eight participants reported their annual familial income while growing up as under \$50,000, one of whom endorsed an annual income of less than \$15,000. Additional details about familial income brackets while growing up are reported in Table 1.

Participants reported enrollment dates for participants range from 1980 to 2016; thus, the following comparisons will be made using available information from this time period. The United States Census data indicates that the median household income in 1980 was \$50,301, while in 2016 the median household income was \$60,309 (Fontenot, Semega, & Kollar, 2018). Households in the lowest 10% income bracket for 1980 made approximately \$12,781 per year, while the lowest 10% in 2016 reported average incomes of \$13,901. Conversely, the highest 10% income earning households made \$116,176 in 1980 and \$123,621 in 2016.

Comparing this data to participants’ reports about their family incomes while growing up, nearly half of subjects indicated their families earned more than the median household (n = 14). Furthermore, the majority of the aforementioned families were reported to make over \$150,000 per year (n = 9), suggesting these household incomes were greater than 95% of all households in 1980 and 80% of households in 2016.

On the opposite end of the spectrum, only one participant reported their family income below \$15,000 per year, which put this household in the bottom 20% earning bracket. A total of eight participants indicated their family income was below the median U.S. household income. Overall, this data suggests that this sample's average familial income while growing up is above the median for U.S. households between 1980 and 2016.

Parental Vocations. Parental vocations during participants' childhoods was less varied than respondents' own occupations. Although participants did not consistently designate which parent worked each job, the dominant occupation group for mothers/step-mothers was homemaker (n = 5). For fathers/step-fathers, the dominant occupational groups included attorney and business owner/executive (n = 4). Without factoring in parental gender, the dominant job sector reported by participants was attorney (n = 8), followed by teachers or professors (n = 7) and government employees (n = 7, e.g. law enforcement, federal government, CIA).

The majority of current parental occupations were reported as retired (n = 19), followed by deceased (n = 9). Of the parents listed as still currently working, two were reported to be ministers/pastors and two were reported as business owners/entrepreneurs. One parent was reported to be currently working in each of the following occupations: engineer, teacher, attorney, laborer, and artist.

Familial Religion and Spirituality. The dominant religious group for this sample’s families was Christian (n = 9), followed by Catholic (n = 7) and “mixed” (n = 7). Families with “mixed” religious beliefs include having parents of different faiths, as well as blended religious beliefs such as “culturally Christian with New Age.” Four participants reported no familial religion. One participant reported each of the following familial religions or beliefs about spirituality: Jewish, Southern Baptist, Episcopal, and “Studied many world religions.”

Precipitating Factors to Being Enrolled in a Troubled Teen Industry Program

Academic Infractions

The majority of participants reported receiving at least one detention at school (n = 25), as well as being suspended from school at least once (n = 19). Nine participants reported being expelled from at least one school (n = 9). The primary reason for participants receiving at least one detention at school was truancy or tardiness (n = 17), while the primary reason for receiving at least one suspension from school was fighting. Participants who were expelled from school primarily cited drug, alcohol, and/or tobacco use as the cause of this academic infraction.

Academic infraction information can be seen in Tables 3 through 5.

Table 3

Reasons for Receiving Detention at School

Category	n	Responses
Truancy or Tardiness	17	Skipping*
		Skipping school
		Skipped classes
		Tardy/skipping
		Ditching class

Table 3, continued

		Ditching school because I was bullied
		I think I skipped a class without permission
		Unauthorized absences
		I don't remember all the incidents, but it was usually for skipping class.
		I didn't go to school
		The only one I can think of was because of being tardy to class, I scraped gum off the underside of desks.
		I can't remember. Probably tardies or ditching class
		Too many times to recount.. general theme truancy, and tardy
		Late to school
		Skipping class - I stayed on the grounds of the school in the social area, I just didn't go to class. We were on mod scheduling so my friends didn't have class when I did sometimes.
		In Jr High, I did for not doing my homework. In High School, I didn't have any issues with detention.
		I might've gotten detention sometimes for being late or not having a note.
Drug, Alcohol, or Tobacco Use	3	Drug policy violation.
		Before the program, I received detention for having cigarettes at school
		Smoking

Table 3, continued

Fighting	1	Fighting
Not Completing Assignments	2	I didn't turn in homework I got these frequently for not having my homework done. I don't think I ever got detention for acting poorly in school.
Other	8	Going off-campus at lunch In elementary school, I was often in solitary detention in the back of the classroom behind a bookshelf bc I wouldn't stay in my seat, wouldn't stop talking to other students, was disruptive. Uniform was untucked or something like that Wrong place, wrong time? I don't remember so it's actually a maybe Talking back or innumerable other infractions. Swearing at teachers for using racial slurs and calling peers stupid, correcting teachers, and leaving class to purchase food off campus being brown I was constantly out of control did whatever I wanted Passing notes in class Minor infractions

Table 4*Reasons for Being Suspended from School*

Category	n	Responses
Truancy or Tardiness	4	Truancy
		I didn't go to school
		I was suspended in elementary school for refusing to go to class. This was long before the TTI
		I was homeless, trying to finish high school, and I was late/ skipped too many days. I was suspended indefinitely until a parent conference, but had no parent to attend. I gave up.
Drug, Alcohol, or Tobacco Use	4	Smoking
		Smoking in bathroom
		Smoking cigs on school grounds
		Sneaking into girls dorm and huffing
Fighting	7	Fighting
		Fighting
		Fighting
		Fighting
		Physical altercations
		I got into fights. Most years I got into one physical fight. They were not started by me. Most often they were finished by me. I would ask for help from teachers prior to getting into a fight, so each year my previous year's fight would be expunged from my record.

Table 4, continued

		I slapped my then boyfriend in the school cafeteria because he gave a ring that I had let him borrow (that was a special gift from my Mother) to another girl.
Other	8	Contraband Insubordination Running in the hall, 8th grade I was suspended in eighth grade for starting an underground school newspaper. I had a curling iron, which was a fire hazard Closed campus violations, sleeping in class, probably others. Swearing at teachers for using racial slurs and calling peers stupid, correcting teachers in front of class and informing parents of peers that our teachers were not credentialed, and leaving class to purchase food off campus being brown Don't remember

Table 5

Reasons for Being Expelled from School

Category	n	Responses
Truancy or Tardiness	1	I falsely signed out to go home because it was too late to get permission to go to my friend's. My mother turned me in
Drug, Alcohol, or Tobacco Use	5	I got drunk on school grounds @ [name redacted] A spliff and a kiss

Table 5, continued

		Drug use 1st time Running away from home second time While I was not "formally" expelled, I have been asked not to return to a private school. When I was at [name redacted], my drug use led to the school requesting my parents not re-enroll me for the following year. Permanently kicked out of high school-summer school for smoking on campus and sleeping in class, I cut enough classes in high school to warrant expulsion from public high school but got sent away before that ax fell. It is difficult to fit my adolescent life into the neat categories of these boxes.
Fighting	1	Punched vice principal
Other	3	Insubordination, belligerent The school said I caused too much trouble and did not fit the schools image or something First time, breaking into the principal's office and changing grades after he told me "the reason why our schools test scores are so low compared to your previous school district is because we have more blacks and Mexicans." Being brown and being blamed for possession of marijuana which was actually my white classmates and being stupid enough not to snitch on her.

Reason(s) Participants were Enrolled

Respondents cited a wide variety of reasons they were enrolled in a TTI program, including drug and alcohol use, behavioral issues, emotional issues/mental health concerns, family issues, truancy, running away/sneaking out, parental fear, poor grades, abuse, and housing needs.

Approximately half of participants (n = 16) reported their substance use as at least one of the reasons they were enrolled in a TTI program. Eight participants cited behavioral issues as one of the reasons they were enrolled in a TTI program. Seven participants identified family issues as a contributing factor, and another seven participants cited running away or sneaking out as a factor. Truancy (n = 6), emotional issues/mental health concerns (n = 4), parental fear (n = 3), academic concerns (n = 2), and abuse by non-family members (n = 2) were also contributing factors that led to participants' enrollment in their TTI program(s). Descriptive data regarding factors that contributed to TTI program enrollment can be seen in Table 6.

Table 6

Reasons Enrolled in TTI Program

Category	n	Responses
Drug and Alcohol Use	16	Drug abuse
		Drug use
		Used minors drugs
		Experimenting with drugs
		Druggie behavior
		Smoking and doing some drugs (mostly just pot).
		I had gotten drunk a couple of times
		Drugs
		I smoked pot
		[I] used substances
		I smoked weed a few times

Table 6, continued

			I got drunk. They were worried I was an alcoholic
			Drinking, smoking marijuana
			Minor drug experimentation
			Was drinking alcohol... [My family] suspected [I was] doing drugs
			I started showing up to school drunk
Behavioral Issues	8	Behavior	
			Uncontrolled behavior
			Ongoing behavior issue
			Out of control
			[Being] disrespect[ful]
			Doing whatever I wanted to do.
			Rebelliousness... fighting
			Having sex... hanging out with the "wrong crowd"
Family Issues	7	Family conflicts	
			"Adjustment problems" with family
			Not listening to my parents at all times or putting up with their BS and abuse
			My parents tried to have me committed but they refused saying I was sane.

Table 6, continued

		Because I'm gay and my mother said that I was depressed. My parents thought that I was on drugs (I wasn't) I had moved out and was renting a room and I was working and attending school. I had moved out to escape my older brother who was dealing drugs from our home and who was abusive. I had been held at gunpoint in our home and our home had been raided by authorities. We had no running water and I didn't feel safe at home. After I experienced a near fatal accident due to mislabeled medication at a friends home (prescription Tylenol in a regular Tylenol bottle) my mom was threatened with neglect and endangerment charges by a social worker. She chose to send me to SCL rather than be my parent.
Running Away or Sneaking Out	7	My parents thought I was doing drugs. In reality I was sneaking out to have sex. I smoked pot like once before going and didn't get high (I don't think I knew how to inhale). Had been running away I ran away from home I was sneaking out Running away When disciplined I would sometimes "run away" (stay absent from the household, without permission or communication, for multiple days). Run away (unsuccessfully) a few times, wanted to drop out of high school and get a job.
Truancy	6	Skipping school

Table 6, continued

		Skipping school
		Skipping class
		Wasn't going to school much
		My folks knew that I regularly skipped school
		I refused to go to my high school because I was being bullied because my dad was on TV.
Emotional Issues / Mental Health Concerns	4	I was depressed and anxious I was cutting and depressed. Emotional issues Initially they said it was an eating disorder, then they said it was "pathological lying, theft, and violent/abusive tendencies"
Parental Fear	3	My family was scared My parents were scared that I was gonna wind up dead and they were afraid I was smoking pot. They were still trying to fix me and they did not trust me to come home. The full intent was to leave me there until I turned 18 in [year redacted] and then cut me loose to fend for myself.
Other	6	Needed housing Bad grades Failing a few classes at school

Table 6, continued

I had an abusive boyfriend and my mother wanted me as far away from him as possible

I was raped 2 weeks prior and refused to press charges... my best friend told her mom that she was scared and what happened. Her mom called my mom and then I was taken to a program two days later.

Following my second round at Turn-About I went to Cascade, a therapeutic boarding school outside of Reading CA that I think was unaffiliated with CEDU but was based on the same program. I was there for only three weeks and so am not including it. I ran away in the middle of the night and hitchhiked back to Sacramento. I left following a "forum" (a "rap" in RMA jargon) in which a student broke down, screamed "I'm a pedophile" followed by animal howls and cries of pain and anguish that sounded inhuman. His nose bled during the process. I ran away and was caught as described above. I had been "escorted" on my return trip to Turn-About. That time the police took me into custody at my job and turned me over immediately to escorts.

Referral Source

Participants indicated that their parents were referred to a TTI program primarily via the following sources: mental health professionals, educational consultants, family or friends, online, and school.

Nearly one third of participants reported being referred to their TTI program by mental health professionals (n = 10). Six respondents stated family members or friends provided TTI program referrals. Four respondents cited educational consultants as their primary referral resource, and an additional three respondents referred to assistance from educational consultants regarding their program referral. Two participants reported their parents learned about TTI programs while searching online. Two participants cited "school" and "college hospital" as their

referral source. One participant stated “not sure but birth mother was looking for a place to lock me up,” and another participant did not elaborate beyond “referral.” Five respondents denied knowing where the TTI program referral came from. Respondent data regarding TTI program referral source can be seen in Table 7.

Table 7

TTI Program Referral Source

Category	n	Responses
Mental Health Professional	10	I think a psychiatrist Through family psychiatrist [Name redacted] - Psychiatrist in Atlanta, GA From my psychiatrist who was getting kickbacks from Charter Psychiatric Hospital referral My mother's therapist recommended the program Therapist and LAPD officers They did a lot of research based on suggestions from therapists and friends. My step mom found a therapist who recommended it to my dad. He threatened my mom with a custody battle if she did not agree, as she was opposed. Leading professionals in Atlanta
Family or Friend	6	My step brother was in it. Before that, not sure My cousin went to Cedu in California

Table 7, continued

		Mom was referred by friend who had nephew in same program
		TeenHelp which they were referred to by Fairfax for my brother
		My mom's AA sponsor had a daughter in there
		Through a friend
Educational Consultant	4	Educational consultant
		Educational consultants
		Educational consultant as well as word of mouth from my aunt and other parents of "troubled youth"
		An ad in Sunset magazine and an educational consultant
Online	2	My mom found them when searching how to help your troubled teen online.
		Looking online
School	2	School
		College hospital
Unknown	4	?
		Unsure
		I don't know
		I don't know.
		I don't know

Table 7, continued

Other 2 Referral

Not sure but birth mother was looking for a place to lock me up

Troubled Teen Industry Programs

Cost

Although more than half of all respondents did not know how much their TTI program cost per month (n = 21), the majority of those who did know reported monthly tuition costs of over \$1,000 (n = 15). Additional information regarding monthly financial costs of TTI programs can be found in Table 8. Of note, because some participants were enrolled in more than one TTI program, percentages are based on the total number of programs rather than total number of participants.

Table 8

TTI Program Cost

Cost Per Month, n (%)	
\$100 - \$499	1 (2.56%)
\$500 - \$999	1 (2.56%)
\$1,000 - \$1,499	1 (2.56%)
\$1,500 - \$1,999	0 (0.00%)
\$2,000 - \$2,499	0 (0.00%)
\$2,500 - \$2,999	4 (10.26%)
\$3,000 - \$3,499	1 (2.56%)
\$3,500 - \$3,999	1 (2.56%)
\$4,000 - \$4,499	2 (5.13%)
\$4,500 - \$4,999	3 (7.69%)
Over \$5,000	3 (7.69%)
Unknown	22 (56.41%)

Transportation

Over half of all participants were transported to their TTI program using hired escorts (n = 20). Respondents' experiences being transported using an escort service fell into three categories: Terrifying, Traumatic, and/or Violent (n = 8), Deceptive (n = 3), and Neutral (n = 10). Descriptions of participant experiences while being escorted can be seen in Table 9.

Table 9

Escort Experience

Category	n	Responses
Terrifying / Traumatic / Violent	8	Traumatic. Involved handcuffs and physical attack I was awoken in the middle of the night by two strangers, thrown in the back of a car and driven down to Mexico. It was extremely traumatizing. Terrifying. Was awoken at 3am by a male and female. They gave me 5 minutes to get dressed and I wasn't allowed to ask questions. If I asked questions they threatened to shackle me. I had a 13 hour trip with them involving 2 plane rides. Once we landed in Spokane WA they handed me off to 2 large women- [name redacted] and another lady... 3 more hours of driving in silence, not allowed to ask questions. Then they dropped me off at RMA where I was strip searched. 2 strangers woke me up at 3am, threatened to handcuff me if I didn't cooperate. My parents came in to say goodbye to me while crying, the strangers put me into the back of a child locked car and didn't tell me where we were going. Drove for 3 hours to Minneapolis to the airport, flew to Salt Lake City, UT, then flew to Spokane, WA, finally told me I was going to a school in Montana before they switched me to two new transporters that drove me from Spokane WA. To Thompson Falls, MT. Woken up, stripped, handcuffed. Chased down, sat upon. Dressed, transported and delivered A car full of kids bigger than I was!

Table 9, continued

		A man and a woman woke me up in the middle of the night. The woman took me to the bathroom and watched me dress and use the toilet. Then they drove me to Montana. They said they would use handcuffs if I tried to run or fight back. We drove straight to Montana from Monroe, WA and they refused to tell me where we were going. Once we were in Idaho they gave me a letter from my mom saying that I was going to get help. Woke up in middle of night buy two big dudes and forced into car and Airplane
Deceptive	3	I was at my grandparents house for the day. They told me to come outside, that they had a surprise for me. A van was there and it pulled up next to our car. Some men jumped out and grabbed me. I thought we were being carjacked. My dad lied to me, told me I was going to a fun outward bound type program, and his "friends" just happened to be going the same direction so they were going to go with me. I was compliant as I had no idea what I was in for. The escorts were a husband and wife, very nice...bought me lots of ice cream/frozen yogurt along the way (like I think we got like 3 ice creams on the way). Parents tricked me into it by telling me I could get my drivers license so would go with my Dad (wasn't really at home much then) so drove me home to get something he forgot, then compelled me to come into the house instead of wait in the car where there was a minivan inside with a male and female strangers and my mom. As I walked into the garage, parents blocked each door of the garage, and the couple said hello to me then forced me into the minivan while my mother grabbed my backpack and yelled this is "tough love". It was essentially a kidnapping, I was fighting them, screaming, crying and threatened to be handcuffed after being thrown in and locked into the van and drove for 12 hours to an undisclosed location, for an undisclosed reason for an unknown amount of time.
Neutral	10	Beltlooped by oldcomers in program parents cars I was picked up from jail by [name redacted] (Bounty Hunter) and taken handcuffed by plane to ID.

Table 9, continued

I was in holding at a psych hospital in Sacramento. A woman came to escort me to the school. She was pretty cool. I didn't know at the time that she had permission to handcuff me or anything. The trip was pretty uneventful and boring. I was busy thinking about how I was gonna present myself at the new school.

Grabbed by the waist band and led to and from the building. Car doors were locked in a way that you couldn't get out while in transit

My folks hired a private investigator who tracked me down as I took the trash out from my friend's apartment. As I slung the bag into the dumpster the PI and an escort cornered me. This was not my first time being "escorted," I just complied and went along. I will explain below what I have left out of this narrative.

I had run away from RMA to Spokane, WA. My parents sent a bounty hunter to take me to SUWS when they located me.

Pretty sure it was just a driver. But the one mom from the other kid rode with us.

It was pretty tame. They picked me up from wilderness program and transported me to boarding school. We spent a night in a motel and they pushed a chest of drawers in front of the door and took turns sleeping.

Since they were taking me from Casa By The Sea, it wasn't as traumatic at all. I was getting out of one hell and going to a slightly less hellish hell

Pretty nondescript. I had been at RMA for about 6 months when I got sent here. A driver dropped me off.

Custody

The majority of participants (n = 24) did not know if custody was signed over to their TTI program. Eleven of the remaining participants reported custody was signed over to at least one of their TTI programs, and four participants denied custody being signed over to their TTI program.

Parent Education

Almost half of participants reported their parents were required to participate in TTI program-provided education (n = 18). Thirteen participants denied parental requirements to participate in program-provided education, and eight participants were unsure if their parents were required to participate in program-provided education.

Troubled Teen Industry Program Experience

Participants reported an average length of stay at each TTI program of 494.93 days (1.36 years), with a standard deviation of 288.42 days (.79 years). Enrollment dates ranged from 1980 to 2016. Five participants reported attending more than one TTI program. Two participants indicated they attended more than two TTI programs, and one participant reported attending more than three TTI programs.

Initial Reactions. The majority of participants reported feeling angry, betrayed, confused, shocked, and scared when they first entered their TTI program (n = 26). Three participants reported feeling mixed emotions when they initially arrived at their TTI program. Respondent descriptions of their initial reactions can be seen in Table 10.

Table 10

Initial Reactions to Arriving at a TTI Program

Category	n	Response
Negative	26	Anger
		I was very angry.
		Confused, terrified, angry.
		I was angry, hurt, disillusioned, unbelieving, etc.
		Very angry then I just cried for days

Table 10, continued

Furious I mean what teenager would want this

Betrayed

It was like being picked and abandoned on Mars!

Just another piece of hell

WTF. Where the hell am I? What fresh hell is this?

What the fuck? Where am I? What the hell is this place? Why am I here?
How is 7:30/8 "past bedtime"? You want me to do what?

Fear

Shock and fear.

Shock, disbelief, betrayal.

Shock. Scared. Incredulous

Shock. I couldn't believe it was happening

Devastation and bewilderment

Mortified, terrified, traumatized, hopeless

I was terrified. It was a huge shock. I dissociated a lot.

Shock and I begged them to understand that I didn't belong there.

Horror, anger, sadness

My parents and I were led to believe it was a sporty outdoorsy program
where I would also get communication skills. I thought I was going to a
cool place. I was in shock.

Table 10, continued

		I was in total shock. I had no idea places like that existed. I just tried to act like everyone else and survive.
		I was shocked. I felt like my stomach had dropped through the floor. I just had this overwhelming sense of impending doom like the world was crumbling in on itself. And, that was actually pretty much in line with what happened.
		I was scared, just did what I was told while not understanding how being placed in a false reality would help anyone
		Horror, I knew that I needed some type of therapy to deal with my rape but I knew that I ended up in the wrong type of place. It felt like a cult, I was confused why the other kids went along with it and didn't fight back.
Mixed	3	Relief, then very quickly fear and disbelief. Then resignation.
		Fuck this but at least my basic necessities are provided and they can't kill me without a PR nightmare
		A little surprised but looked forward to it a bit
Other	2	I thought I could leave in a month, so I was biding my time
		"You're sending me to the fucking potato state?!?!"

Witnessed or Experienced Abuse. The majority of respondents reported witnessing or experiencing abuse while at their TTI program (n = 33). Four participants were unsure if they witnessed or experienced any form abuse while enrolled in their TTI program. Two participants denied witnessing or experiencing any abuse while enrolled in their TTI program.

The types of abuse witnessed or experienced in TTI programs fell into the following categories: Mental/Emotional (n = 26), Physical (n = 25), Sexual (n = 12), Neglect (n = 1), and

Other (n = 5). Descriptive data regarding the types of abuse witnessed or experienced by participants can be seen in Table 11.

Table 11

Types of Abuse Witnessed or Experienced at TTI Programs

Category	n	Responses
Mental / Emotional	26	Verbal abuse There was daily psychological abuse Rape re-enactments. Verbal and mental abuse that was systematic. ...Emotional ...[extreme] emotional aggression, constant verbal abuse, emotional abuse ...“Brainwashing”/coercive control. No freedom of speech or thought ...Psychological torture tactics. ...[routinely] insulted and humiliated. ...All of the groups were incredibly verbally abusive. ...constant screaming, yelling, spitting on, etc.. ...mental abuse hourly... saw people regularly stood up and screamed at ...Verbal/emotional abuse. Putting students in certain clothes to signify they were "bad" Extreme emotional abuse. Public humiliation and shaming. Shaming... soul crushing activities follow by “uplifting” personal experiences

Table 11, continued

I saw kids shamed for their rapes... objectified, torn down, etc

...shaming people over their sexuality, and emotional abuse/bullying

Experienced: Psychological emotional [abuse] ... Witnessed:
Psychological emotional [abuse]

So much. Rap sessions of intense mental and emotional abuse where kids were told how horrible they were and encouraged to yell at each other until their veins in their eyes burst.

Mostly psychological in all the group therapy, thinking you did something when you didn't and not being believed for your truth, continuing abusive parental assumptions/agendas/projections etc

I saw people getting yelled at, put on work details, put on restrictions on who we could talk to.

...SO MUCH psychological abuse and torture. Gay boys were forced to dress like girls and live in girls' families. A girl that was in my family and who's father committed suicide while she was there was forced to wear a name tag that said "dead like daddy" around the facility for weeks because she was depressed and suicidal. I was forced to wear a "victim" nametag and called horrible names, made to get on my hand and knees and beg for my life to then have a "funeral" for myself. Every day was psychological torture. I could give thousands of examples.

...and was shamed and yelled at a lot for refusing to do it to others. I couldn't restrain people. I would panic and freeze and I couldn't make my body do it. I already had a problem where I would freeze when my mom was being scary, and it held up in Straight. I couldn't convince them it wasn't an act of defiance, I was terrified if getting in trouble and wanted then to approve of me so badly. My body would just shut down.

Table 11, continued

...and verbal assaults, I watched people be emotionally eviscerated by other clients while the staff encouraged it... Forced confessions, shaming, berating, spit therapy is where you are screamed at and verbally assaulted (sometimes physically) by another client, bomb-squad is spit therapy performed by multiple clients simultaneously on another client.

Verbal abuse, mental abuse... During “group” where a family rep led it and the other students provided “feedback” the students would give program appropriate responses. So, if you were raped or molested or abused, beat up, neglected, mentally unstable, unloved, etc it was your fault because you had to be accountable for the position you put yourself in. I once watched a girl say she had never had sex and the students and staff tipped her apart until she said that she did, even though she did not. I watched trauma and events of kids constantly be used against them

Emotional and verbal abuse were integral parts of the program. Children would be screamed at, I'm talking spittle-flying, eyes-bulging, red-faced, profanity-laced exposure of deeply personal details of past traumas put on display in group settings. Think a roomful of kids with a handful of adults sitting in a circle while an authority figure leans forward, almost tipping from their chair, screaming at a sobbing child "YOU LOVE BEING TREATED LIKE SHIT BECAUSE WHEN YOUR STEP-BROTHER WAS DONE FUCKING YOU YOU THOUGHT IT MADE YOU COOL WHEN HIS FRIENDS BEAT YOUR ASS!!!" I just made those details up, but it follows a very familiar pattern to what was commonplace there.

...even more common was staff screaming in your face, frequently multiple staff crowding in your face in a very physically intimidating manner. However, the incidents of one day are seared into my memory. Ascent was oriented around a large circle that was the central feature of base camp. One day a girl was sitting on a stump in the middle of this circle. The slightest glance on my part, in the direction of a girl, was cause for severe punishment, so I was careful not to pay attention to her. But just by being in base camp one could not help but bear witness to her suffering. She sat there all day. As I went about my daily activities, running to and fro between the "potty" and the mess tent and the wood

Table 11, continued

corral, various staff took turns approaching and interacting with her. Some spoke to her quietly, in vocal tones tinged with care and compassion, and their conversations could not be overheard. Others were loud and brash, taunting; some were aggressive, yelling angrily and others were downright cruel with words calculated to hurt. She vacillated from quietly crying to sobbing out of control. I don't recall ever hearing her voice, not raised in her defense nor in explanation, neither pleading for relief nor lashing out; she just sat there and cried all day. In the course of the day I learned that one time she and her brother sat in the backseat while her father drove them all to the airport (a couple hours drive) beating the shit out of her Mom in the front seat the entire way. I learned that she was physically abused by her boyfriend. I heard this from the aggressive screaming of a staff member who blamed her (he used the word "slut" to describe her) for seeking out abuse because she equated it with love, because that was the example she had grown up with. It disturbed me that these private details of her personal trauma were shouted to all of camp, in such an intentional public humiliation that no doubt constituted a whole new trauma. Although I was relatively powerless, I still feel bad about the abuse I witnessed that day.

Physical	25	Physical
		Physical abuse
		Forced fighting in the ring
		I saw physical [abuse hourly]....Watched a guy get his arm broken by untrained restrainers
		Violence, threats of harm dozens of acts of aggression each day!
		Witnessed: physical abuse
		...physically abused by staff

Table 11, continued

...forced manual labor, denied medical attention, no talking, forced hair cutting, etc.

[Staff name redacted] hit me repeatedly when I would not answer her.

As stated above, kids getting tackled and held down was regular

...Food and sleep deprivation... Participants restraining participants

...Sleep deprivation, food deprivation, repetitive loud music

Fights, restraints by clients, physical [assaults]... Sleep, food and water deprivation.

I saw physical interventions done for frivolous things, children put in isolation for small things

I personally witnessed or experienced extreme physical [aggression]... multiple daily physical violence, threat of violence, sleep and food deprivation, social isolation, physical isolation, overmedication

...Physical processes to break the spirit. Isolation rooms. Unsafe restraints. Sadistic treatment of children all the time. There's more but it's too long of a list

Excessive violence by staff, especially when restraining kids. Restraint and seclusion were used as punishment rather than for safety. We were forced to exercise, stand or sit stress positions for hours, and not permitted to eat or sleep as a form of collective punishment. This happened at least 3-4 times a week. Consequences were given arbitrarily based on the whim of staff or upper level kids. We were routinely yelled at, spit on

Kids beaten, restrained all the time, tackled, held up or down, dressed, undressed, sat on, I was put in a tub, carried for days, etc

Table 11, continued

Physical, medical neglect, solitary confinement, sleep deprivation, food deprivation, being forced to exercise outdoors in -5 degree weather as punishment only being permitted to wear 2 layers, relieving myself in a bucket while in solitary

A couple of times I saw a child physically compelled to walk through coercive physical pressure.

Students being restrained violently for no reason. Abuse through excessive exercise and processes like "gravel pit".

Kids held in "5-point" restraints for hours and days at a time, screaming and crying, punitive cavity searches. I avoided physical interventions for the most part, but witnessed a lot of it

...An escort, big woman, chased down a student and tackled her into the gravel steps and rode down on her back, face in the gravel, for 4 steps. A student fell down the side of a mountain during course and was forced to continue. She never received any medical treatment and her collar bone was broken. She has issues to this day.

...[daily] physical abuse if you did not follow orders the use of restraints was common place, boxing people much larger than you was common place

...and physical abuse... I watched kids in "intervention" being physically twisted and pushed into the ground in "restraining" techniques. I would see student be sent to this small chicken coop type building where they would sit for days not being able to leave or talk... I watched people being out on "black cloud" where they could not speak and no one could acknowledge they existed for weeks. They isolated people until they conformed.

Sexual	12	Experienced: ...sexual abuse ... Witnessed: sexual [abuse]
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Multiple rapes

...Sexual

Table 11, continued

		...Heard about sexual abuse that was brought up during group between inmates ...I personally experienced sexual assault ...inappropriate touch ... sexually touched by staff Counselors engaging in sexual activity with students. ...Also one staff member in particular had favorites that she took her private residence on occasion. There were rumors that sexual activity took place there. ...I had to spread my legs for the male facilitators as an exercise in a life step which I consider sexual abuse as a 14 year old. The abuse was endless. ...Several girls reported sexual abuse and rape by the program director.
Neglect	1	...neglect
Other	5	...Drug use by staff. Seclusion of students. ...Strip search by children... Arbitrary rules No education Minimal exercise No outdoor/recreational time or space ...but also if you were on punishments you got work projects so chopping wood, cleaning, painting etc. I once had to clean the women's bathroom when we had a sewage overflow from clogged plumbing when it was flooded with nasty toilet backup at least a few inches. All weekend clean up project.

Table 11, continued

I'm going to go with that late night log haul. It was a ridiculous hour. All the girls were punished, not just me and the one I made out with. It was inappropriate to have us up that late. Also the log we were only allowed to drag was silly big, and in honesty no teen should have been trying to move that thing, alone or as a group.

Human Rights Violated. Participants responded to questions regarding human rights violations very similarly to how they responded to questions about witnessing or experiencing abuse while in their TTI programs. The majority of respondents endorsed feeling like their human rights were violated (n = 32). Five participants were unsure if their human rights had been violated while enrolled in a TTI program, and two participants denied feeling like their human rights had been violated.

Of the 32 participants who endorsed having their human rights violated while in a TTI program, descriptive responses regarding how their rights were violated fell into the following categories: Basic Rights Violated (n = 15), Isolation (n = 7), Lack of Privacy (n = 6), Abuse (n = 6), Forced Labor (n = 4), Lack of Education (n = 1), and Other (n = 2). Descriptive data regarding how participants felt like their human rights were violated can be seen in Table 12.

Table 12

Human Rights Violations

Category	n	Responses
Basic Rights Violated (e.g. food, water, sleep, medical care, free speech, due process, etc.)	15	All basic rights were violated ...Food would be withheld until we complied. No sun exposure, was not able to read anything except the bible. Was only allowed to sleep a few hrs. Had to sleep on floors with a sheet only

Table 12, continued

I was stripped of more freedoms than a convicted criminal sentenced to jail. No privacy, free speech, due process, diagnosis...placed there by an extremely abusive and mentally ill guardian

I was held against my will for months without any legal or medical assistance [...]At times, medical treatment was denied. There was food, water and sleep deprivation, we sometimes denied the use of a toilet.

I certainly did not have access to mental health rights, nor youth rights in being kidnapped and signed over to escorts then school. I had previously looked into emancipating myself but didn't after staying at the youth shelter in Michigan prior to all this until maxed out (only 2-3 week stay) and didn't do the paperwork since legally after 17 years (and was close to that) can stay out of parents house without their permission and they can no longer file run away reports.

...I was brainwashed and held against my will for an extended period of time

I was kidnapped [...]I did not receive proper medical care. I complained of sitting on the frozen cement for hours and was taken to the doctor, given a digital rectal exam and told not to complain to my parents anymore. I was forced to be on a lot of psych medications that made me feel drugged and I have no idea what they were.

...Not being allowed to use the restroom without permission.

I was treated like a prisoner. I was humiliated, starved and kept awake for days at a time. Food was a privilege not a necessity. Was sick with fever of 102 never saw a doctor....

I was denied the right to think for myself. I was brainwashed. I was denied food and sleep.

Table 12, continued

The right to basic needs were violated daily through our lack of food, sunlight, activity. We were abused daily as explained above and had no recourse and expected to abuse others, we saw no doctors, had no way out. We were abandoned and I kept with for no reason. I know many like myself had never even used drugs.

All of our freedoms were taken away. And our minds were manipulated.

We couldn't shave, go to the bathroom when we needed to, couldn't get a real doctor to see us, or a real psychiatrist, we couldn't have an opinion or our own beliefs, I could go on forever.

Yes. I had zero due process on whether or not I should have been there and shoved into isolation for weeks.

...There was no freedom of opinion of expression. We all had to conform or we would suffer. We were forced against our will to remain in a locked down facility.

Isolation

7 ...I was not allowed to talk to anyone.

...We were not allowed contact with our parents on first phase.

I was restrained and kept in an isolation room as a child.

...I was kept in isolation for weeks in worksheets room and put on "black cloud" for weeks where students received large consequences for even looking at me or acknowledging my existence.

...I was denied the right to truthfully communicate with my parents. I was forced to read a list of my disclosures to my stepfather.

...isolated from the outside world and any family or friends and told it was because you were so bad and you deserved worse. It's just not ok.

Table 12, continued

		Made to sleep in small tent away from everyone and not allowed to leave it for punishment.
Lack of Privacy	6	I had no rights. Not even privacy. We were on 24 hour watch with staff checking in every hour or more I was not able to even go to the bathroom alone, was watched and belt looped everywhere. I was not permitted to walk without someone holding my pants. ...We also had no privacy. On the first phase and usually on most lower phases we had to use a toilet, bathe or shower, dress ourselves, eat, sleep and do personal hygiene in front of other clients. I mean I mentioned it before privacy was certainly violated They made me strip! Then turn around and squat?
Abuse	6	...experienced daily verbal, emotional, physical and at least one account of sexual assault. ...forced into "rape" treatment that was abusive and torture. Being physically restrained. [...] Being called racial slurs and made to feel it was my fault. Right to privacy and legal council. There was sleep deprivation I was mentally tortured. I was imprisoned without having been tried it convicted of a crime. I was just a kid. I can't answer this question very well, it's hard to quantify what it means to be yelled at and spit on and humiliated

Table 12, continued

		As an adult I've worked with refugees who describe being tortured and their accounts of being forced to stand in stress positions mirror my experiences in Utah. I was too fat and needed "motivation", so I had to kneel, with my arms outstretched in front of me, palms up, with two phone books on my forearms - for 30 minutes before each meal or otherwise I couldn't eat. We stood at attention (called "line behavior") for an 60-90 minutes three times a day after meals for count. And if one person moved or scratched or passed gas - we could be there all day. That was torture. But unlike the refugees I worked with as an adult, the US government didn't recognize what happened to us as torture. Instead they called it "treatment".
Forced Labor	4	I was held captive when I had broken no laws, forced to work with no Compensation ...I was forced to work for 12-18 hours a day doing manual labor in the kitchen or at the staff's house. ...forced manual labor. I was enslaved to work for SCLA. They groomed lower levels into upper levels to run the facility for them. I did this to survive and to go home.
No Education	1	...I was not allowed an education.
Other	2	They said it was a program for each individual. But they clumped us all together. What's good for one person isn't good for another This place was government head turned facility run by felons allowed to do business with minor teens hidden and in the middle of nowhere!

Communication Monitored or Censored. Almost all participants reported their communication was monitored or censored while enrolled in their TTI program (n = 35). One participant reported their communication was not monitored or censored, and three participants either did not know if their communication was monitored or censored or skipped this question. When asked to describe how their communication was monitored or censored, responses fit within the following categories: Censored (n = 15), Monitored (n = 14), Cut off (n = 3), and Other (n = 2). Descriptions of how participants' communication was monitored can be seen in Table 13.

Table 13

Communication Censorship and Monitoring

Category	n	Response
Censored	15	Letters were read and forced to rewrite Letters to parents were censored and phone calls were monitored and cut off The therapist would sit on the phone and monitor while we were talking to our parents. We would be punished if we said anything negative about the program. Letters were read by staff before they mailed them out. If they thought the letter was "manipulative" or detailed abuse then they wouldn't send it out. Phone calls were monitored with the family rep listening on the line. As I stated, all letters were opened and all calls were monitored in real time. Letters deemed "bad" I believe were either not sent and resulted in punishment or they would just call the parent and smooth things over. Staff read all incoming and outgoing mail and decided what got in and what went out. They sat and listened to you phone calls and would pull the cord if you said anything bad about the school or got upset or asked to come home

Table 13, continued

Only content that did not violate school rules (no images, drugs, sex, violence etc.) was allowed. Had to be positive influences (i.e. sober, honor roll etc. usually).

All letters were read, if they spoke poorly of the program they would not be sent. Phone calls were the same, your family rep would be sitting quietly next to you and letting you know if you said something inappropriate. If you continued or said something very inappropriate you'd drop a level to lose your "privileges"

When I earned the right to talk with my parents, another client would be with me to make sure I didn't say anything I wasn't supposed to say

I think our letters were read and censored but I don't remember for certain.

A staffer was in the room and your call was on speaker. If you said anything they didn't like, they disconnected the call. For letters, the original was mailed to your parents and a copy was given to you, with parts blacked out.

We had to rewrite letters if they didn't fit the bill and all phone calls were on speaker phone with a 'therapist' right there

Every letter going in and out was read. Every phone call (once a week) was on speaker with a monitor in the room who would disconnect call if you said anything negative about program.

I think even letters to my parents were reviewed, there was virtually no communication with the outside world, even allowable communications were reviewed before being allowed transmission.

Sorry, as I said above, outgoing mail was read and phone calls were listened to and ended if they were deemed "inappropriate."

Monitored	14	Another person on a higher phase would sit with us and listen to what we would say and talk about.
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Monitoring by staff

group encounters supervised closely by counselors

Table 13, continued

All mail was read by "family heads" (I believe both incoming and outgoing). I have also been told that the occasional phone calls home we had were recorded but I don't know that for sure.

When we went on home visits our parents would keep notes on our behavior and report back to the school

Phone calls monitored by staff and then later peers. Incoming and outgoing mail read

Letters had to be sent through therapist. Calls were made with therapist sitting next to you.

Guard sitting one to one during call

We were told our mail was read by our family rep. Our therapist was there with us during our phone calls and they were on speaker phone.

...phone calls were monitored

There was a counselor in the room when you made your call.
Letters read, phone calls listened to

All outgoing and incoming letters were monitored. IF you got to the point where you could call your parents, it was always scheduled and monitored

They had someone sit in the phone call room and listen to your calls.
They read your letters.

On first phase (of five) I was allowed to earn a ten minute phone conversation with my mother or father once a week. It was a conference call on speaker phone in front of another client on a higher phase and often in the presence of a staff member as well. I was not allowed to write letters to any family or friends outside of the program until my fourth phase. I wrote "amends" letters and they were read by fifth phasers and staff members before being sent. I never received letters from anyone outside the program. My mother visited a few times but we were never left alone to talk.

Cut off 3 Was not allowed

No reading or thinking of music, no talking to others on the first phase of the program too

Table 13, continued

I could not talk to family because they had not been approved by the program. No one was allowed to even make a phone call until a later phase. On 3rd, a parent had to dial the phone for you. On 4th you could dial the phone yourself.

Other 2 All

By other program kids mostly and by staff.

Peer Punishment. The majority of participants reported their TTI peers were allowed or required to punish other students (n = 26). Nine participants denied peer punishment occurring at their TTI program. Four respondents were unsure if their peers were allowed or required to punish other students in their TTI program. Types of punishment peers administered fell into the following categories: Verbal Punishment (n = 12), Physical Punishment (n = 10), Peer Policing (n = 8), and Unspecified/Other (n = 8). Descriptions of how peers were allowed or required to punish other students can be seen in Table 14.

Table 14
Peer Punishment

Category	n	Response
Verbal Punishment	12	Yelling
		Yelling screaming
		Yell, scream, threaten
		...We would scream and yell
		...daily yelling at each other
		By verbally abusing them under the guise of feedback

Table 14, continued

		...confronting. ...Berating “full of shit” participants As I mentioned before small Gregor togy 3 afternoons a week. This is where the yelling happens. People would confront each other in hopes of not being the one in the hot seat. It sucked There was raps where people were stood up and confrontations lasted hours. (confrontations ranged from yelling...) Yell at each other for silly infractions of obscure nonsense rules labeled as agreements Could turn each other in on truth lists, it was a surveillance society so supposed to report others for any violations, even breaking bans (when someone was prohibited from talking to certain people, doing certain things etc.).
Physical Punishment	10	Restraining, holding down Restraining “misbehaviors” Belt Looping newcomers ...forced labor, boxing, constant 24/7 surveillance , restraints, isolation... ...If caught swearing make someone do the right amount of push ups etc. ...sometimes you would be asked to assist staff with restraints. ...spitting in people's faces physical abuse ...beat them in the boxing ring. They were allowed to enforce very strict rules. If we weren’t sitting straight enough they would run their fist down our spine and pull our shoulders back to straighten us up... spit in each others faces, peers restraining peers

Table 14, continued

		...If a student tried to run, other students were given permission to chase them, tackle them and restrain them. This could be slouching in your chair so that another client would take their fist and run their knuckles violently down your spine causing you to sit up. Or maybe you were caught "listening" to a song in your head that was forbidden by staff and group. We were often required to physically restrain other clients who "misbehaved" in group. There were different kinds of restraints but typically the kid being restrained was face down, spread eagle on the floor with a person on each arm and each leg and a person sitting on their back. Sometimes they would also have a person pressing their hand on the back of the client's head. We abused each other... constantly...that is what the program was for. We didn't have a choice if we wanted to get out of the program. We complied with what staff wanted from us in order to progress so we could get out of there.
Peer Policing	8	We were expected to tell on each other, but punishment was left to staff. The program was run on student policing We had to tell if someone broke the rules because if they found out we knew and didn't tell, we were just as guilty. We had to tell on each other. And then watch each other's punishments. It was disgusting. Snitching and deducting points Level 4 and above kids were required to write up a certain number of rule violations a day. These write ups would be given to a staff member who worked with the highest level kids to create consequences. Most consequences were monitored by the level 4-5 kids. We were required on upper levels to reinforce rules. If a student broke the rules we had to give them consequences to take points away, drop them levels, require them to go to worksheets, or go to intervention.

Table 14, continued

		It was part of the program. You were either being punished yourself for something you did or didn't do OR you were punishing others for whatever they did wrong. Clients were forced to spy on each other and confront other clients who either did something wrong or were suspected to have done something wrong.
Unspecified / Other	8	By writing statement of fact or challenging their level in group therapy or giving them bad feedback in review meeting or group therapy or high level meeting. ...punishing the students all based on a hierarchy [verbal and physical]. Students higher in program were allowed to manage the lower program students ...phasers were required to carry out staff delegated punishments ie. Food rations, all night confrontations.... ...They had consequences that other students had to carry out. The "favorites" were allowed to administer punishments to the "non-favorites". You could end up being their "slave" for a period of time. Supposedly, this was to "help you learn the program" or "get with the program", but it was really very thinly veiled hierarchy to let you know your "place" in the system. In order to move up the levels, you had to refer people in your family for consequences. Once you became level 4-6 you were junior staff and would take shifts of working for the lower level families and giving consequences. On junior staff you also had to chase runners and work discipline rooms like the hobbit or worksheets Please see previous answers, this is hard to say over and over.

Staff. When asked about participants' perception of the TTI program staff, responses fit within the following categories: Negative (n = 12), Mixed - Mostly Negative (n = 7), Mixed - 50/50 (n = 7), Mixed - Mostly Positive (n = 1), and Other (n = 4). Of note, 13 participants stated the staff were "untrained," "uneducated," "incompetent," and/or "unlicensed." Participant responses regarding staff can be found in Table 15.

Table 15

Participants' Perception of TTI Program Staff

Category	n	Response
Negative	12	Corrupt They were mean. Undertrained and vindictive. They were money hungry, controlling, mean, sadistic. Sadists or mentally incompetent people that needed the paychecks They were untrained and unfit to be staff. They were untrained, way too young, unprofessional and on powertrips. They were all assholes. Loved to watch us squirm while they tortured us I stayed away from the staff I didn't really trust them. The staff had their favorites and that was a curse and a blessing 18 year old punk kids with no job or future. They were essentially required to stay and work. They were not equipped to be doing what they were doing. Many were troubled teens that went though the program and became staff. I question all of their credentials.

Table 15, continued

		They were selfish opportunists who were offered a way to make money without having to go through the whole effort of learning a trade, going to interviews, getting turned down, failing and trying scary new things that it takes to build a career. They just stayed there. After awhile, if they started to doubt the dogma and the schema, they had been contributing to the above of others for so long, they HAD to continue believing that it was too help people to like themselves. The make staff used to stand behind girls on group and talk about our bodies and who they'd like to fuck when they turned 18.
Mixed - Mostly Negative	7	Some were kind to us. A lot were mean to us. I thought most were backwards, and hicks They sucked. They were mean. But they were better than my parents, so appreciated in a weird way. It was "safe". One or two tried to be kind. The rest of them seemed to be enjoying an undeserved, prolonged power trip. They were untrained, unlicensed and basically paid to abuse vulnerable children. Some were nice but most were mean. Many staff thrived on student suffering and discord. They would pit students against each other and encourage verbal fights in rap sessions. Some staff sexual abused the students Most of the staff seemed poor and uneducated. The women usually were battered women that had horrible lives outside their jobs. The men were violent and sexual predators. There was some good staff but they usually quit fairly quickly and you could hear them cry themselves to sleep at night. Uneducated. Most loved the power over people. Very few were decent humans that cared for the children in the programs. I used to babysit for the owners of the facility. They didn't really care at all about us. One time they gave me a cellphone and money... and left me in town with their kids to take them to a movie. I was a free babysitter... yet I was supposed to be a troubled teen in a therapeutic boarding school... a lot of the staff were just

Table 15, continued

		locals from town that had major problems in their own lives and barely functions. One staff member shot himself in the head after finding out another staff member that he was dating was cheating on him. Most had no prior background in education or mental health.
Mixed - 50/50	7	Some good some bad Some great, some horrifying Some were professional, others had a bit of a powertrip Some were great, some were jerks, many were young, well-meaning and naive. I think they all tried their best but had various levels of experience as well as training. they had some real good ones I think some were there just cause it's a gainful employer in a small town but they cared and some though they were like child psychologists but I honestly still question all there credentials Like every program, the staff were a mix. Some were kind (even if they were tough) and caring; others were more like schoolyard bullies given absolute power over their charges, unnecessarily mean. They were a mix. Some were well meaning. The psych techs were all uneducated and very Mormon. The professional staff were disconnected from the day to day reality that they created with their orders. The administration was there to make money.
Mixed - Mostly Positive	1	I thought one staff member was sketchy but she was fired right after I got there. For the most part I thought the staff were good people. A few of them I thought were bad ass. :)
Other	4	Most were complicated and thought they were helping but had no training or education so they didn't know any better. Some had gone to the school so they were brainwashed, the educated high ranking staff were in it for the money I imagine.

Table 15, continued

There were a few adults on staff that were responsible for running the program. I have no idea what their credentials were. The rest were teens or young adults who had graduated from the program themselves. They had no credentials at all. No outside training whatsoever. I never really had any personal time alone with staff. Most of our interactions were in group. I myself became a fifth phase staff trainee and I had no training other than a six week "course" in group therapy designed by Straight staff employees. I hadn't even graduated at that point.

Lower staff went through the program executive staff were mentioned psychocounselors

Question too vague again. They were participants

Program Graduates. Over two thirds of participants reported their TTI programs hired graduates as staff (n = 26). Eleven participants did not know if staff consisted of previous program graduates, and three respondents indicated their program did not hire graduates as staff members.

Education. Descriptions of the type of education provided at participants' initial and subsequent TTI programs varied, and fit into the following categories: None, Very little, Earned by program phase, Independent study, Mixed, Very easy typical high school, Typical high school or college prep, and Unknown (i.e. participant doesn't remember).

The majority of participant responses fell within the None category regarding their academic experience at their TTI program (n = 16). Five participants fell in the Very little category, three respondents stated their education was earned by program phase, four participants reported academic experiences that could be categorized as independent study, two respondents provided mixed answers regarding their academic experiences at their TTI programs. Two participants reported their TTI program academics were very easy typical high school classes,

and four participants reported receiving typical high school or college prep classes. Finally, two respondents could not remember what their TTI program academic classes were like, and were subsequently categorized as Unknown. Responses regarding participants' academic curriculum provided at their TTI program can be seen in Table 16.

Table 16

TTI Program Academic Curriculum Provided

Category	n	Responses
None	16	Zero
		None
		None
		None
		None
		None
		None
		None
		None
		Nearly none
		Wilderness survival was all that was taught. I did not attend any "academic" classes at SUWS.
		None. I remember one time sitting in a library with a guy who had a degree in astrophysics. Myself and a few other students sat and asked him questions for an hour.

Table 16, continued

		A shame, they brought in young under quality teachers or old burned out ones that would give a easy A Shitty high school can't believe after returning back to a real school district they accepted my credits None really. Some reading and writing assignments were involved, but their goals were therapeutic, not academic.
Very Little	5	A very basic or remedial classes. Everything I was taught I learned in middle school. I did not advance in my academic career at all and at 18 was still a sophomore in high school A joke of an education. Analyzing pond water. I ended up teaching the Spanish class because the Spanish teacher quit. Education was a joke. Little. School over the phone on phase two. Actual school later with many restrictions. Negligible textbook tests We had 3-4 hours of school five days a week during the school year. We had I think three teachers, maybe four, for all 100 kids. We were given worksheets or workbooks and graded our own work. There was no real instruction.
Independent Study	4	Independent study (read the book and take tests) Self-taught from academic textbooks, then we would take a test until we got 80% on it. I learned to memorize textbooks. I taught myself out of really old books. I would have to retake the same test over and over until I got an 80% or higher. Not much of one. It was all "self-study" out of textbooks but it was a complete scam

Table 16, continued

Very Easy High School	2	Some basic academics, easy stuff - it covered credits for my junior year of high school In theory pre-college enrichment but basically it was the high school basics so that we could all pass given to you at whatever level you needed to do well in school. Lots of study hall time.
Earned by Program Phase	3	Only when I progressed to the 3rd phase was I allowed to return to school. Until then, I received no schooling of any kind You had to earn your education. I remember going to classes, but I can't remember what they all were. On lower levels they had old textbooks you could use. On higher levels you could use computer programs.
Typical High School Classes or College Prep	4	Basic college prep Normal schooling based on academic abilities Classes every day High school classes. Some of it was taught and some was self-study/taking chapter tests
Mixed	2	Cruddy classes, most of which I already had learned the knowledge for. My science teacher kicked ass though and we made a deal for chemistry, and he taught me something new, because I explained I was going to be bored and we knew me bored meant I didn't do assignments. My english final was a joke....I wound up acting as the main character in a very strange play picked out by the teacher, that she did not plan out correctly with dates, so we rehearsed but never actually performed it. I can't recall any history that I learned there. Sign language class was awesome, because I have some disabilities that make it very hard for me to learn another spoken/written language. So I was glad to be able to do that.

Table 16, continued

They also allowed me to go to the sister school next door to take more science classes as I was planning to major in a science in college....but admittedly the classes were almost all pretty much a joke. Our sex ed teacher was cool....I don't fully recall but I think she just answered anything we asked, no matter what it was, and gave good answers.

A pale imitation of high school curriculum was provided. Academics were utterly subjugated to emotional growth. Some teachers ran rigorous and challenging courses, most did not. Many teachers participated in the emotional growth program like students, even experiencing propheetes. Some were so utterly consumed by their own mental/emotional issues they occupied a social standing not dissimilar from a compromised peer, easily susceptible to bullying, ignoring, or otherwise disregarding as an authority figure. A new student with one or two credits needed for high school graduation would not be offered those classes until their final term. A student nearing graduation from the program who lacked many credits would be given credit for entire semesters of classes for nominal academic efforts.

Don't Remember	2	I don't really remember going to class although my academic transcripts say that I did.
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I remember math writing working. I don't remember much

Therapeutic Treatment. Participants were asked “what type of treatment did you receive that was considered therapeutic?” while as their initial and subsequent TTI programs. Responses could be categorized into the following categories: None; Abuse, brainwashing, punishment, and confrontation; Group therapy; Counseling by a trained professional; Individual therapy; and Other.

Ten participants denied receiving any type of therapeutic treatment. Eleven respondents reported the therapeutic treatment they received included abuse, brainwashing, punishment, and confrontation. Thirteen participants reported group therapy as a form of therapeutic treatment

they received. Perception of this type of treatment varied. Eight participants stated they received counseling by a trained professional. This ranged from individual to group therapy, and also had mixed perceptions regarding this experience. In contrast to the aforementioned treatment categories, three participants reported having positive experiences with their counselors. Two participants stated they received individual therapy but did not report whether their providers were trained or licensed. Finally, one participant described their therapeutic treatment as “constant and woven throughout the fabric of life all day every day, from staff, students, and situations.” All respondents’ answers can be seen in Table 17.

Table 17

Therapeutic Treatment

Category	n	Responses
None	10	None
		None
		None
		None
		None at all...nothing!
		Nothing therapeutic about straight inc
		None that helped. Most of therapy was to mentality break us
		None. Maybe the peer-led group sessions?
		None. I can’t think of one thing. I guess I was taken out of an abusive home and put into a different abusive “home”
		None specifically. But they had this great wolf/dog hybrid that lived on the property and he became my friend. He was VERY therapeutic.

Table 17, continued

Abuse, Brainwashing, Punishment, and Confrontation	11	Brainwashing and watching everyone get abused Harsh confrontations. Breaking you down until you were brainwashed by untrained therapists. Not sure what it called- but looking back -positive brain washing - shaming - breaking me down and “building me back up”. There was major pressure to conform- I wanted the affection of the staff 6 2 hour group sessions daily. Confrontations regularly. Sleep and food deprivation. Punishment? They did pass along some native american teaching that were interesting. I'll never forget that awareness is the first step. Daily life was considered therapeutic, the general meetings where everyone yelled at you, the daily getting yelled at, sitting in a chair facing the wall for days, scrubbing the floor by hand for weeks on end, limiting your food, forced exercise, boxing multiple people back to back We had group “therapy” run by a psych tech (who maybe had a HS diploma) once a day - that was the group where if you didn’t join in the attack you’d be marked for noncompliance and get a consequence and be dropped a level. ...Perhaps the punishments were also considered therapeutic since you were supposed to do writing/art assignments in a book, while facing wall by yourself and subject to more focus in group therapy as well as one on one therapy sessions. ...most of what they called therapy I honestly just thought was crazy....but I did my best to drink the kool-aid and do what they wanted. Honestly though I think the "therapy" they were attempting with me was out of touch and off base anyways.
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Table 17, continued

Highly confrontational "raps" and propheets every three months were the mainstay of the "therapy." These were augmented with "restrictions" and punishments like a "full-time" or "jumpsuit." Mandated social isolation ("bans") accompanied many punishments and were part of everyday life. ... The real, hard-core, and everyday "therapy" was up to mostly untrained local laypersons whose extent of experience in the field was entirely from within the program.

The atmosphere was one of constant threat. At a moment's notice, for the merest, even unintentional infraction, one could suddenly find oneself the target of screaming staff who might begin to surround one in a manner physically threatening. Indeed, kids were regularly tackled violently and held in four or five point restraint. As for attempts at therapy, I remember some hokey nonsense that seemed like cultural appropriation of Native American beliefs or values bent to the program's distorted ends. It was administered by laypersons and was manifestly insubstantial.

Group Therapy 13 Group therapy, all day 12 hours in a chair, boys on one side girls on the other. We had raps. Each rap had a past and a now part. The past part you had to talk about a horrible time in your past. The now part was how much better life was because of Straight.

Group "therapy" and nightly Moral Inventories

We received EST-style "seminars" and daily groups. No therapy.

Small groups?

Daily group sessions, supposed to be weekly therapy sessions but they rarely happened

We had group therapy sessions (Raps) and workshops based on Khalil Gibran's book *The Prophet*. (They called them "Propheets")

Table 17, continued

		Group therapy sessions, isolated introspective time with writing assignments, 24 hour group sessions with a theme/focus, camping excursions. Very little counseling with a trained professional. Almost all of what I received was through the raps which were led by staff members who were former clients. Very little oversight by trained professionals Group therapy for at least 8 hours a week. We had evening groups facilitated by laymen staff. Group therapy ... and seminars. ...and sat in group therapy once a week with my caseload. It was not great. ...We had regular (couple times a week maybe?) "groups" facilitated by laymen staff and involving staff and subjects (students? proper nomenclature?) alike.
Counseling by a Trained Professional	8	...We had group run by the therapist once a week. That was also very confrontational. Weekly Psychiatrist counseling Talked to a counselor who actually was great who I still talk to occasionally but not in a counselor capacity ...Periodically a "counselor" who probably had more qualifications would meet one-on-one with us. I had a therapist there. She was awesome, and not really connected with the school, but helped me figure some stuff out.

Table 17, continued

		Individual therapy from a licensed therapist whom I suspect is a sexual predator. He still follows me on social media and I have since learned his "therapy" techniques are not legitimate therapy- like making me explain oral sex in detail in a step-by-step process.
		...I saw a person with a higher degree in some field of psychology who was very kind and understanding. Some kids saw her or others who occupied the same positions, but not all kids did.
		Once every week or two I met with someone who I believe held some sort of higher degree in psychology or something.
Individual Therapy	2	...individual therapy... I received therapy once a week from a crappy therapist
Other	1	"Therapeutic" input was constant and woven throughout the fabric of life all day everyday, from staff, students, and situations.

Overall Perception of the Program. Participant perception of their TTI programs was overwhelmingly negative. When asked what their general experience was like at their first TTI program, responses could be categorized in the following groups: Negative (n = 26), Mixed (n = 2), Positive (n = 2), and Other (n = 1). When asked about subsequent TTI program experiences, three participants fell in the Negative category, one participants was Mixed, one participant fell in the Positive category, and two respondents’ answers were categorized as Other. Detailed answers regarding respondents’ overall experience at their first TTI programs can be seen in Table 18, and overall experiences at second, third, and fourth TTI programs can be seen in Table 19.

Table 18*Overall Experience of TTI Programs*

Category	n	Responses
Negative	26	Awful
		It was hell.
		Torture
		Horrible
		Horrible
		Horrible!
		Miserable
		Miserable and traumatic
		Absolutely miserable
		It was a horrible experience
		Horrible. It was so psychologically abusive, I am still trying to understand what normal boundaries in life should be.
		Negative. Very negative
		Scary, lonely, angry, and often physically painful.
		Scary, cold, but relieving to be away from my parents and have rules that were actually enforced.
		Traumatic
		Traumatic
		Traumatic

Table 18, continued

		I have PTSD. In a word-traumatic. I had to re socialize myself back into society. A total and complete mind controlling loss of self. I lost sense of self and all trust in everything and anyone else around me. Damaging. It took me a long time to start to undo a lot of what wasn't ingrained in me. Terrorizing, threats to do harm, intimidation, sleep and food depravation. I learned to not trust anyone not even myself Some days you won, some days you lost. It very nearly killed me. It was like having your identity erased or torn from you and becoming a hollow human being without a sense of self every hour of every day for 15 months. Everything that makes you... you...was taken away, often violently and under extreme stress or threat of violence/aggression. It was torture. It was hard and uncomfortable. This was a "behavior modification" program. It was not as bad as I experienced later. Also, it was a three-month program, so the light at the end of the tunnel was much closer than at a two-year program.
Mixed	2	It's a convoluted relationship. There were things that I loved about the program (my friends, the skills I learned) but there were also things that make my skin crawl even 29 years later. Fearful and at times joyous I'm still conflicted as to what was real and what was just me trying to conform.
Positive	2	Overall it went well. A few fights with other kids. Like a said earlier in the survey, I enjoyed being away from home

Table 18, continued

		Pretty good. It was challenging, but I did some cool stuff and did some things I'm still proud of to this day.
Other	1	I remember [name redacted] and certain counselors but I honestly didn't have a horrific experience that I can remember it was just real shitty because it wasn't where I wanted to be but I mean I was angsty young kid

Table 19

Overall Experience of Second, Third, and Fourth TTI Programs

Category	n	Responses
Negative	3	Horrible and traumatic. Total mind fuck. Absolutely Lord of the Flies This was by far the worst, most abusive program I attended. I was lucky to already have extensive experience in these types of environments so I mostly slid under the radar, but to do so I had to be constantly on guard, from waking to sleeping. Even as I escaped the brunt of the abuse it constantly threatened me, and bearing witness to it, without agency to intervene, was very difficult.
Mixed	1	Unpleasant, although I managed to have some good times with some wonderful people. These were generally never within the rules though. Overall it was awful.
Positive	1	Overall, it was positive. There was some uncertainty, but I knew that [Name redacted] cared for us. I stayed in contact with him for years after I left the program.
Other	2	I was happy to be away from my parents, and have good friends, but of course it wasn't easy....but it was easier than home. I don't regret it because it is what made me the person I am today.

Table 19, continued

Sorry I mixed up the boxes and wrote this stuff elsewhere. I liked being given the freedom to fail and do things your own way. Once I got used to it the routine became easy and we were less interfered with emotionally than in other programs.

When asked what participants' experience was like at the first TTI program they attended, again, the responses were primarily negative (n = 22). Answers could be categorized into the same groups as their general experiences. Detailed responses can be seen in Table 20. Participants who attended more than one TTI program also reported their subsequent program experiences as mostly negative (n = 4). Detailed answers regarding participants' second, third, and fourth TTI program experiences can be seen in Table 21.

Table 20

What Being Enrolled in a TTI Program is Like

Category	n	Responses
Negative	22	Hated every minute
		Not great
		It was a nightmare
		Traumatic
		It was lonely and traumatic.
		Horrible
		It was horrible.
		Not good - horrible

Table 20, continued

Horrifying! Struggle every day with the demons.

Horrible, too the degree where most of it is blocked from memory

It was horrible. Sleep/food deprivation. Constant paranoia humiliation regularly

Well, how much time you got? I just wrote a 20 page capstone project about it. It was disorienting, traumatic, shame inducing, resentment causing, backstabbing, always on edge-always expecting betrayal or humiliation, confusing-none of their cult speak made any sense but you had to pretend it did-....It was horrible.

It changed me, went in a confident head strong 16 year old and left a broken mentally troubled adult

All day we sat in blue chairs. Motivating. Yelling. Spitting. Restraining. SInging. Sharing. Crying. It was awful. I still cry about it sometimes.

Again, totally vague. It was a living hell

They broke me down and removed my identity. So, having your "soul" or self violently taken from you and modified to comply or behave as they demanded.

It was terrible. I was experiencing PTSD from my rape but I didn't know what it was. I was constantly scared and to be put into an abusive situation right after made my PTSD much worse.

It was worse than anything that I'd ever experienced. I was locked up and had to lie about everything

Hell. Demeaning, a complete loss of all that makes one human. Neglected and abandoned by those whom I had put my trust in. Stripped of all basic rights and needs until I would conform.

Table 20, continued

When I first got there I saw a group of kids surrounding a girl, calling her names, berating her. They were so cruel. The program called it positive peer pressure. I swore I would never do it. It was surreal. I learned that I couldn't trust anyone, even myself. I did and said things, agreed to things, just so I could get some sleep, or stop standing at attention, or so I could eat. My body always betrayed me. In my mind I said I wouldn't give in, I wouldn't be that girl who they broke, but then I got hungry, sleepy, weak, and I gave in and did it. That's how I ended up doing things and saying things I never thought I'd do or say.

For a long time I would have said the experience wasn't so bad. I was "special cased" because the staff didn't understand why I was there. I kept under the radar for the most part. I accelerated through the levels. Due to One shift leader not liking me, my sickness I had turned into pneumonia. She put me on "sickbed" in a cabin with no heat in the winter. The seminars were excruciating. I was stood up at PC2 in front of all the students and told I was a "ghost" and the male staff member said if we were in prison I'd be the first person he would rape. I was then stood up in front of the parents and kids and was made to talk about self harm and the seminar leader went on to rip me apart saying I was manipulating the parents. Over all the experience was horrible. Even if I got a little bit more freedom on campus, the students hated me for it and the actual work of the program was a nightmare.

I was forced to sit in a chair in a warehouse, empty except for the rows of chairs without speaking or moving for most of 16 hours a day for "rap sessions". We had to stand up and tell dark secrets and cry and other kids would stand up and yell at us. They accused me if things I hadn't done, I confessing to things I hadn't done, trying to make them leave me alone. People were physically restrained by other kids in painful positions for hours at a time and screamed and cried during all this. I never got to go outside in daylight. One girl was cavity searched daily bc she would scratch and cut herself. She had been raped by her dad since she was 8 and she would dissociate and fight and scream and talk in 3rd person. We weren't allowed to read, hear music, watch movies or TV, or go to school. We were dressed in ill-fitting, unattractive clothes to keep us humble, weren't allowed makeup or to style or hair or have a watch. I was held by belt loops and my arms every moment bc I never progressed

Table 20, continued

		through the program. We slept in a locked, alarmed room with only mattresses on the floor. We were watched while bathing and using the toilet. We weren't allowed to take any medications or go to doctors. There were no trained counselors or medical/psych people there at all, only "staff" who had graduated from the program themselves. We had to stand up once a week in open group in front of all the her parents and siblings of the other clients as well as any media members, and tell our "story" about how bad we used to be, all the drugs we supposedly did, how we tortured our parents, how sorry we were and how grateful we were for the chance to make it right. I had to apologize to my mother for things she hallucinated in her mental illness. I was forced to confess to molesting another girl in the program whose parents had removed her-I hadn't. It then got to be screamed at, humiliated, and shamed in groups for it for several more months.
Mixed	4	It could fill a novel. I felt betrayed and abandoned, also rebellious and tough. It was unlike any prior experience. It was very hard and uncomfortable; I learned a lot. While I made some of the strongest relationships of my life, I think that we bonded because of the horrendous experience we were going through. The situation with my family sucked, neither of us (parents or I) could agree on a safe place, so this TBS ended up since it was hands off, being that place (not by choice). Just sucked it up and dealt with it and had to get through to get done with school and on my own. It was the best of times, it was the worst of times... I think I have blocked a lot of it out not because it was super traumatizing but it was just such a shitty time and I had a lot of hate towards my family back then for doing it
Positive	1	Decent enough experience. Looking back I don't recognize any abuse. Saw a counselor weekly, closely supervised by house staff. 2 people to a room, free to come and go from the dorm building. Regular schooling took place

Other	1	I truly believe if I hadn't been sent there I wouldn't have survived to be 18
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Table 21

What Being Enrolled in a Second, Third, and Fourth TTI Program is Like

Category	n	Responses
Negative	4	Epically brutal mentally and emotionally Horrible. Even worse than Provo Canyon School Mostly terrible. My previous experiences were like dipping my toes in the water before being submerged. I stayed here for almost two years. The long-term, subtle and overt/confrontational, total-life-control and outrageous emotional manipulation went beyond the pale. I was a seasoned hand at these types of programs so I made it through okay. However, this was the worst, most abusive, and most difficult and unpleasant program I attended.
Mixed	1	I hated it and loved it. There was consistency, and rules had known consequences that were given out as promised. I did learn very quickly if I behaved then I got great stuff. My second year was kinda a dream...skiing twice a week in the winter. An 8 day sailing trip in the puget sound on an antique sailboat where we got to be the crew. And best of all my parents weren't there. My friend desensitized me to my ptsd jumpy-ness, which to this day has never been as bad as when I arrived at the school. And I had real good solid friends.
Positive	1	This was actually a positive experience. While there were some things that were scary/unknown, [name redacted] actually really knew what he was doing.
Other	1	For six weeks I lived out of a backpack hiking around in the wilderness.

What Was Difficult About the Program? Participants were asked what was difficult about being enrolled in a TTI program. Responses fit within the following categories: Everything (n = 3), Abuse (n = 15), Fear (n = 7), Isolation (n = 5), Lack of Communication with Outsiders (n = 2), Lack of Autonomy (n = 3), Staff (n = 2), Being Removed from Home (n = 3), Nothing (n = 2), and Other (n = 3). During participants' first TTI program, Abuse and Fear were the two most commonly cited contributing factors as to why this experience was difficult. Respondents' answers regarding their first TTI program experience can be found in Table 22. For participants who attended more than one TTI program, Abuse was the most frequently cited reason their experience was difficult (n = 4). Responses regarding participants' second, third, and fourth TTI program experiences can be seen in Table 23.

Table 22

What Made Enrollment in Participants' First TTI Program Difficult?

Category	n	Responses
Everything	3	Everything Everything Everything.
Abuse	15	Lack of basic rights, widespread abuse Not knowing..... anything..... violence and verbal assaults! ...the mental and emotional abuse, not having any rights I was traumatized by all of it, especially the realization that the only way out was through losing everything, including myself. I had no rights, no safety, no protection, no predictability, no family, no belongings and no foreseeable future outside of the program.

Table 22, continued

The attack therapy- being made to get on my hands and knees while I was called a slut and whore. Being made to take accountability for my rape.

You had no free will. You were led by your belt loop. Someone was watching you all the time. If you did not motivate, they made you. If you did not sit correctly they forced you. They would restrain you for no other reason than they were bored. They confronted you for nothing. You could not talk to people. They denied you menstrual supplies. They kept me in isolation and used physical punishments when I would not do what they said.

The unfamiliarity, the open hostility and inherent confrontation. The physical discomfort and strenuous expectations coupled with unsavory and unpalatable nourishment (I ate SPAM with a spoon, cold, out of the can).

I was never able to develop the right persona or character to gain approval and get a break from the mental and emotional onslaught. And physically, the expectation to be completely still in increasingly painful positions for hours at a time and not react to violence going on around you and not argue with people telling you WRONG things about you.

Pejorative assumption - always the kids fault never the parents Very restrictive, constant surveillance, no trust with others Group therapy was brutal, sometimes productive Total institution and unable to have "normal" HS experiences

Feeling like a freak. Made to do things that kids shouldn't have to do. Abused.

The worst part was the humiliation I suffered from staff. They seemed to delight in shaming you, especially about anything sexual. Being brainwashed wasn't that great either. I'm referring to the Propheets-all night sessions. They broke you down all night and then built you back up in the morning. The amount of trauma we had experienced caused us to actually feel euphoric those days. It feels like such a violation

Table 22, continued

even now. The raps were truly horrific. Being screamed at for hours until you cry at the floor. Being accused of having sex with a friend simply bc we both identified as bisexual at the time. This interrogation went on for hours inside a rap. No one believed us and it destroyed our friendship of course.

My parents rejecting me and feeling abandoned. Being told daily that I was a horrible person who didn't deserve my basic human rights. Being treated like an animal. Being told men only saw us as sex. Being told everything was our fault. Listening to traumatic stories.in group therapy that gave me second hand trauma. Being punished for other group members mistakes and told to find my accountability in it. Being sexually abused by the doctor that came to.the facility. I could list things forever.

I was forced into mentally abusing situations. I was forced to conform to the program's way of thinking about accountability, fear, success, etc. when I came home my friends compared me to a robot. We were so disconnected from reality there that I watched a medical team carry a girl, who hung herself by her sweatshirt, out of a cabin on a stretcher, to an ambulance, and I felt nothing in the sense of what a life was or what had been lost.

The rules. The stories. Also the log haul for making out (they pulled us out during the night and we had this massive log to drag through the mud). They also had us going up and down mountains when we were out on our expedition. Because it was spring this meant it was raining at low elevations and snowing/freezing at high elevations. This made for very wet, frozen clothes that could not dry. I also got hellacious blisters on my ankles as the boots were not quite the right fit. I also began to suffer hypothermia one evening when we got to camp. My choices were evac and come back and do it all over again or get up and do jumping jacks till I warmed up. Another issue I had was one evening about halfway through the trip I rolled out from under my tarp on to snow while sleeping. I didn't wake up until the snow had melted through my bag and I was wet. My bag dried with body heat in the top area, but the bottom stayed frozen or wet the rest of the trip, so if my toes wandered down a bit I woke up. Oh another thing...we only had 30

Table 22, continued

		minutes to eat each meal...but that time was cut short because of bathroom stuff and brushing teeth and what not. Later I was diagnosed with gastroparesis, which basically means I have trouble digesting properly. This speed eating did nothing to help that and created anxiety as we were burning a ton of calories and i was constantly starving. They also made us drink 3 cups of water before we could have a cup of juice. I like juice so I would end up pounding 6 cups of water in our meal time so I could get my two cups of juice. To this day I still have an aversion to water and refuse to drink it out of a cup without a straw or something. Mouth on rim of cup I just don't do (hadn't noticed that till typing this out, but without question it is true). Leaving was also kinda traumatizing.
Fear	7	...forced to comply with strict rules with the threat of harsh punishment. ...horrific punishment system ...the psychological programming to conform, the constant fear of being punished psychologically for breaking the rules. The threat of physical violence, the forced labor, the poor medical/dental care ...The terrifying realization that you are at the mercy of a powerful organization that has focused its efforts on affecting and changing YOU (me). ...But being “on the floor” with the other kids was even worse. The kids ran everything from disciplinary proceedings to laundry, and they were unbelievably cruel. It was very Lord of the Flies. There was also no clear path to getting out. It wasn’t like you could behave, get good grades, and follow rules and then you’d graduate. To graduate you had to buy in to the program but for me that meant buying in to the idea that I needed to be heterosexual. It was awful and scary. I heard about a kid who fractured his shins there from the physical work they had us doing. They didn't believe him so he walked around with stress fractures for a few days before he

Table 22, continued

		got taken care of. I think he was there before me and it was a story I was passed. Also one of the kids in my group was handcuffed hands to ankles when he was escorted. I learned the true nightmare it could be. I also made out with a girl in the teepee. They held me back a group because of it, and made some of us sleep outside the teepee. ...I had a huge fear of the unknown and cried, begged, and bargained to stay. Of course they refused. I was also the odd one out of my group as my parents told me in like the first week that I would be going to boarding school afterwards. Most people at the place didn't learn where they were going until a week before they left. Also when I arrived since I had no clue this was not a "fun" place the greeting was a shocker. It was around 7:30/8pm. Sun was still out. First words to me were, "you're late". They then took me into a back room told me to strip, turn around, and squat. I was flabbergasted, appalled, unsure (I'm a minor, adults aren't supposed to see me naked, especially if it's not consensual), and honestly scared as to what the hell type of place is this?
Isolation	5	Solitary The isolation Shoved into isolation ...Feeling completely isolated, alone and scared for the entire 18 months. Isolation was the worst, being locked in a room and being at the mercy of adults who didn't care.
Lack of Autonomy	3	...forced to live almost cult like stuff and couldn't leave felt like I couldn't make my own decisions No personal autonomy

Table 22, continued

		Knowing I was alone and there was no one to help me because I had absolutely no say or power. They could legally do anything they wanted and get away with it.
Staff	2	The "counselors" were not professional and played "favorites". If you weren't a favorite, you were in for a VERY long stay. I was not a favorite. I'm not an open person going to the school was a personal hell. The staff trying to spill my guts. I'm more closed in now because of the school
Being Removed from Home	3	Being away ripped away from friends and everything you know I was ripped away from friends, family, and everything. ...having my life torn away with no choice
Lack of Communication with Outsiders	2	...no contact with the outside world The lack of communication with the outside world
Nothing	2	It was okay but I felt very different from my peers Not much that I can remember. I actually enjoyed being away from the family household
Other	3	Totalitarian environment The lying because I was queer and a rape survivor and still a kid I'm not a big nature girl, so the camping stuff sucked. Didn't like the physical stuff (chopping/mauling wood, delivering it around campus) I didn't like that I couldn't manipulate people as well as I had in the past.

Table 22, continued

And it was really hard to deal with getting fat there.

Table 23

What Made Enrollment in Participants' Second, Third, and Fourth TTI Program Difficult?

Category	n	Responses
Abuse	4	I saw people physically, emotionally, and sexually abused Constant shaming and berating if you didn't comply, constant fear of being setback or not saying the right thing to impress the staff and your peers. The military-like rigidity and unforgiving arbitrariness of consequences. Utter unfairness coupled with unbridled abuse from staff; emotional, verbal, and physical. ...The emotional abuse/manipulation was powerful; it was difficult forming close and caring relationships with friends and then seeing them torn down, seeing friends decimate their sense of self to appease the pressures of the program. The attention to detail our tormentors could sometimes bring could be maddening, especially coupled with the absolute thoroughness with which they could bring their influence to bear on every aspect of our lives. There was nowhere to hide; and yet, with the ingenuity ubiquitous amongst prisoners some of us found some forms of abridged sanctuary.
Isolation	1	Being on solo in the desert. Not knowing what my future held and what I would do going forward. And the hiking. The hiking sucked.
Lack of Communication with Outsiders	1	...Oh also, my dad got viral pneumonia while I was there and spent 10 days in the hospital in a medically induced coma. They didn't tell me (evil stepmom wouldn't let them), so for 10 days I called home hurt and angry that my dad was ignoring the one time we got to talk a week for 15 minutes. I still feel guilty I was angry with him. I was scared when I

Table 23, continued

		found out what had happened and I worry that when my dad does pass I might not get the news for days.
Lack of Autonomy	1	It seemed never-ending at the time. The utter lack of control was difficult and defeated any attempts at achieving feelings of self-efficacy except through prohibited activities.
Staff	1	Staff kinda picked on me. It was known without question by everyone that I "got the shaft". Some punishments didn't always fit the crime. I was punished because I knew two younger school students had made out. they got like a half day work assignment or less each. I had to weed the whole softball diamond over the course of three days. Simply because I hadn't ratted. Also my friend fucked her boyfriend and when she left copped to it. As a result they put me and my boyfriend on bans for 3 months. They were not going to let us even talk before graduation. We had dated a year. Finally the last 2 weeks I explained to my staff that I was going to spend time with him, whether it was allowed or not. It was a bit complicated, but in the end they took me off bans. They also liked to put me on boy bans.
Other	2	I had grown up "car-camping" on vacations but this was a whole new level of learning how to function without infrastructure in the wilderness. Making and breaking camp, doing bow-drills etc. was difficult to learn but became easy by the end. ...I kinda hated my peer group as they were constantly out of agreement (breaking the rules) so I suffered for their stupidity at times. When my friend graduated I had to move out of the plush older student apartment and give it up to the guys because I was the only girl who was doing enough right to qualify. They made me a dorm head trainer and for over two months moved me every two weeks. The propheets were insane. I never understood the bulk of the summit, and the part that was supposed to be exhilarating scared the crap out of me because I hate heights, and had been dropped numerous times in trust falls, so hated being "flown" around the room carried by a bunch of my peers who i

Table 23, continued

didn't trust. The last 3 months of the program I was stripped down to privileges someone gets around the 6 month mark....Because I tried to talk to my staff and explain I could not physically be in 3 places at once....I could do 2 but not 3. This meant my peer group got to do things like town trips that I never saw. Some even got to date, and do things like hold hands and kiss. That would have made a world of difference to begin to learn boundaries and that I could do those things without jumping straight to sex. In actuality I got zero life experience for why I was sent there, I knew as much, but what could I do? [...]
Home visits sucked, due to ptsd going wonky. 9/11 was hard. The world on my next home visit was "weird". Being cut off from my friends prior to school....to the point when I returned home permanently I went to get my hair done and someone I had gone to school was so shocked when they saw me they came around to the front of me, bent down to my level and looked at me and said my name, and then "I thought you were dead". No one had known what happened to me.

What Was Easy About the Program? For both initial and subsequent TTI program experiences, the majority of respondents (initial experience, n = 17; subsequent experience, n = 4) reported nothing was easy about life in their TTI program. Responses for initial TTI program experience fell within the following additional categories: Friends (n = 5), Academics (n = 4), and Other (n = 7). Participants' responses regarding what was easy about their initial TTI program experience can be seen in Table 24, and responses regarding subsequent TTI program experiences can be seen in Table 25.

Table 24

What Made Enrollment in Participants' First TTI Program Easy?

Category	n	Responses
Nothing	17	Nothing
		Nothing

Table 24, continued

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing

Nothing was easy

I don't recall

I can't say anything was easy about that year, but when I started to use drugs, my life seemed more manageable

Nothing, as I recall, although some things were enjoyable or rewarding. The landscape hid breathtaking beauty we discovered on hikes and trail-rides. The connection with "my" horse was rewarding, as was the experience of stacking a substantial pile of wood I spent an afternoon splitting (or whatever; seeing the results of hard work made manifest in physical reality and made available for utilization).

Friends

5 Friends

Table 24, continued

		To some degree, making friends.
		There were some cool kids
		The lifelong trauma sisters I made
		My friendships I later had with people. I was hated when I first got there but i created family like roots with some of girls that are still my best friends today.
Academics	4	The education was a joke, if you participate you got a A The school part - we had school year round and the teachers as well as learning/classes was good (even if a weird private school world). School. It wasn't challenging at all, just workbooks and self paced courses. Not having to go to school. School was a terrifying, bewildering experience for me. My life at home was twisted and I had no idea how to interact appropriately with other people. My home life was like this secret other works and if I tried to tell anyone about it, that accused me if lying for attention. And I made up all kinds of lies.... for attention and approval. Not having to go to school and having all social interaction be predictable and tightly controlled was in some ways a relief. At least I knew what was going to happen each day.
Other	7	Good food. Hiking Structured program but not militant, lots of recreational and sports activities while not in school Being away from home.

Table 24, continued

Figuring out the patterns and their true motives.

An awareness of how much abuse takes place on a daily basis- I felt like everyone I met have been a victim of abuse- I had more empathy than my peers, more “mature” emotions- I was very “deep”

The physical side as I was a water polo player prior and it was not hard to saw logs and move them and carry a pack. Also being away from my parents was a blessing. During graduation another kid who was going to the same place next had his mom there and she adopted me for the day. She made the transition a bit better. I also liked the medicine wheel, and some of the native american stuff they exposed us to withdrawing spirit animal cards and such.

Table 25

What Made Enrollment in Participants’ Second, Third, and Fourth TTI Program Easy?

Category	n	Responses
Nothing	4	Nothing Nothing at all. ...Nothing really was "easy" about this place. Not much, really. It was un-fucking-real how chaotic that place was. You were always in group for meeting unless you had made progress and were allowed to go to school/work or have a day off. There was always something going on whether it was a rap (meeting), songs, relating to each other, exercise, more raps. There was very little downtime so your mind was always fixated on the current event
Other	5	My extensive previous experience in TTI programs eased my passage, as well as my wilderness experience.

Table 25, continued

I had some good times, and forged some relationships that seem impervious to the eroding effects of time and of distance. I have fond memories of swimming in the pond, sword-fighting in the woods, and playing games and sports with friends. Most of my fondest memories from this time involved forbidden activities. Perhaps the only thing I could describe as easy was some of the academic courses. Some were challenging but many classes were a joke. This was mostly inevitable in a program that subordinated academic endeavor so far below emotional and behavioral change.

While it involved some therapeutic stuff it emphasized "natural consequences" related to shelter building and cooking food etc. much more than it relied on subtle and cruel emotional abuse like other programs. A couple of times I witnessed a kid unwilling to hike have his arm twisted to force him to hike or a similar situation. Still, I preferred this program to any of the others that I went to.

No worries about life in general. It was very quiet and peaceful so I had a lot of time to think. Especially after I came out of the desert and was staying at the main camp.

The trips off campus. The fact that my parents were gone and couldn't lay a hand on me or threaten me. My friends. The opportunities I was given that I knew I would not have gotten if I hadn't been there. I also found my passion for cooking there with one of my friends. I loved making food for the vegetarians and was proud when we grew the veggie population from 8 to 40 people. The things I learned in that kitchen have stayed with me my whole life, as after that friend graduated I was in charge of meal prep and planning. I learned to be good very quickly and for the most part it wasn't hard. I also learned to get a voice there, which was hard, but easy after I did it once. They never shut me up again. I found who I am as a person. I love to talk to people and learn about them and their experiences and this was the perfect place to do that. There were 4 staff that I loved with all my heart and still do to this day. They made things infinitely better

The Most Harmful Part of Participants' TTI Program Experience. Participants were asked to finish several sentences about their TTI program experience, including “the most harmful part of the TTI program I attended was...” and “the most helpful part of the TTI program I attended was...”. Participants’ responses to “the most harmful part of the TTI program I attended was...” fall within the following categories: Fear, Isolation, Brainwashing and Abuse (n = 20); Relationships (n = 5); and Other (n = 6). Respondents’ answers regarding the most harmful part of their TTI program experience can be found in Table 26.

Table 26

The Most Harmful Part of the TTI Program I Attended Was...

Category	n	Responses
Fear, Isolation, Brainwashing, and Abuse	20	The fear
		Fear, shame, - I still have dreams about that place
		The abuse
		Emotional abuse.
		The emotional hell
		The mind games, manipulation, and emotional abuse.
		Violence, degradation and abuse. Losing my childhood.
		Losing my identity
		Mental anguish or academic career
		The long term effects
		The long term psychological and emotional effect it has had on me

Table 26, continued

		Shame
		The brainwashing and shame
		The brainwashing
		The psychological torture
		The psychological isolation and torture
		The years of isolation
		The isolation
		Isolation and arbitrary punishment
		Being alienated from everything I knew
Relationships	5	Ability to trust
		The detachment from anyone who cared about me and I cared about... not having normal social skills after, etc
		Always thinking I was the problem of the family - the source
		It made me an outcast. Never fitting in anywhere
		Everything they taught me of how I need to behave. The overall care for the students. The lack of educated staff. I was not taught by my parents, I was taught by the program, not only do I have a hard time having relationships with others, I barely can have one with my siblings because my Emotional development was done so differently
Other	6	All of it
		Getting fat

Table 26, continued

Lack of accountability

The propheets/workshops, and the medical care come to think of it. Ascent was the most egregious program, for the harm it packed into such a short time. RMA (and maybe Cascade if I had stayed longer) may have done less immediately shocking, but perhaps deeper sustained damage as a result of the long term parameters of the program and the subtlety some staff were capable of insinuating into the lives of their subjects.

I don't know

to specific of a question to apply to my experience

The Most Helpful Part of Participants' TTI Program Experience. Participants' responses to "the most helpful part of the TTI program I attended was..." fell within the following categories: Nothing (n = 8), Peer Relationships (n = 7), Emotional Growth (n = 6), Environmental Change (n = 4), and Other (n = 7). Respondents' detailed answers regarding the most helpful part of their TTI program experience can be found in Table 27.

Table 27

The Most Helpful Part of the TTI Program I Attended Was...

Category	n	Responses
Nothing	8	None
		None
		None
		Nothing

Table 27, continued

		Nothing
		Nothing
		Nothing
		Nothing was helpful
Peer Relationships	7	Fellow students
		My friendships from there
		The friendships I formed
		Connections to positive relationships
		Meeting my husband
		Making lifelong friends who went through the experience
		The lifelong friendships I formed through shared trauma and [names redacted] my family parents who saved me from extended isolation by telling staff I was ill on sickbed and feeding me when staff deprived me of food
Emotional Growth	6	Self awareness
		It taught me how to be expressive and honest
		It helped me accept myself.
		Acceptance while at SUWS. Learning that it was "ok" to be me.
		Different for the various programs I attended, and not easily contained in a sentence. I learned some self-reliance and efficacy

Table 27, continued

		I found this place inside when I relatives that I couldn't stop them or cool what was happening through any efforts I could make. That they couldn't make me believe anything, they couldn't make the things they said about me true, and I would always have Me right there inside my head, no matter what was going on Out There (outside me).
Environmental Change	4	Being away from my mom Being removed from my environment Being provided basic necessities and not having to provide them for myself at 16 I learned how some of my family really thought about me and that I didn't need their toxicity in my life.
Other	7	Hiking Survival It got my mind to a place where I believed I couldn't drink or use Teaching me how to repress me emotions to feel nothing if I block it all out I didn't die, it may have saved my life, but we' Never know I got to talk about some things(though totally controlled) ... a lot about the emotional motivators that move people to take the actions and positions they do. I learned other things too.

Leaving the Program

While the majority of participants described negative experiences while enrolled in TTI programs, leaving the TTI was not always an easy or positive experience. For example, over half

of the respondents reported feeling afraid of being sent back to their TTI program after leaving (n = 18). To better understand what life was like directly after leaving the TTI, participants were asked where they went, how they left, and what they needed during this time period.

Where Participants Went Right After Leaving their First TTI Program. When asked where participants went right after leaving their first TTI program, nearly half of all respondents stated they went home (n = 14). Six participants reported leaving to attend high school or college classes, and did not note if they returned home.

Six participants indicated they attended another TTI program. Of note, one participant who reported attending another TTI program did not complete qualitative questions regarding their second enrollment experience. Additionally, two participants who did attend another TTI program cited being discharged to other environments. The inconsistencies in reporting suggest there may have been some confusion regarding this question, and it is hypothesized that some participants may have interpreted this question as where they were discharged after their last TTI program and not their first TTI program.

Finally, six participants reported leaving their TTI program to various “Other” environments, such as homelessness, work, or living with a family member. Participants’ responses regarding where they went after their first TTI program can be found in Table 28.

Table 28

Where Participants Went After their First TTI Program

Category	n	Responses
Home	14	Home for about 6 months
		Back home
		Home

Table 28, continued

		Home
		Home
		Home
		Home to my parents.
		Home to my mother
		To live with my mom
		Returned home, attend 2 alternative schools. Wasn't ready for public school
		Home, then within a month kicked out and living on own
		Back home, enrolled in an unfamiliar public high school mid-way through my sophomore year.
		Back to my moms stayed 6 months then moved out because my brother was still selling drugs
		I lived with my mom for a few months, then tried living with my dad for a few months, then was homeless for a few months, then moved into an apartment with several roommates.
Other TTI Program	6	SUWS (School of Urban and Wilderness Survival)
		Rocky Mountain Academy
		Rocky mountain academy
		Ascent
		Casa by the Sea

Table 28, continued

Second Nature Wilderness Program		
School	6	High school
		Public high school
		College
		University
		[College name redacted]
		[College name redacted]
Other	6	Homeless shelter
		To work
		[City name redacted]
		I went back to [City name redacted] on my own
		A family member took me in
		To my birth mother's house for a few months before moving into a teen living program

How Participants Left the TTI. For their initial TTI programs, the majority of participants left by graduating (n = 17), followed by being removed from the program before graduation for one reason or another, commonly referred to being “pulled” from the program (n = 7). Respondents who were pulled primarily cited parental distrust of the program, financial concerns, and program closure that led to student transfer to another TTI program. Additionally, three participants turned 18 years old and unenrolled themselves from their TTI program, and two participants ran away. The remaining two participants cited “nervous breakdown” and “left to attend university” as their methods of leaving their initial TTI programs.

For subsequent TTI program experiences, five participants graduated, two participants turned 18 years old and unenrolled themselves, and one participant was pulled from their program. Respondents’ answers regarding how they left their first TTI program can be seen in Table 29, and answers regarding how they left their subsequent TTI programs can be seen in Table 30.

Table 29

How Participants Left their First TTI Program

Category	n	Responses
Graduated	17	Graduate
		Graduated
		Graduated
		Graduated
		Graduated
		Graduated

Table 29, continued

		Graduated
		Graduated
		Graduated
		I graduated
		Graduated from program
		Graduated from program
		Graduated from the program
		Graduated from the program and high school
		Progressed/graduated in a sense
		Graduated when program was closing
		Forced to finish program. Did not graduate school as it did not further my education at all.
Pulled From Program	7	I had been transferred out to the straight/ st pete program due to a closure of the yorba linda, ca program. Pulled from program because it involved everyone, not just me I was pulled after my mom got into an argument with them about billing I told them I would leave when I was 18 anyway so save your money. They pulled me after a year of enrollment My parents wanted me home for my senior year, and they started to distrust the program

Table 29, continued

		My mom ran out of money and I was almost 18
		Mom kidnapped me. She tried to withdraw through regular channels twice, but they wouldn't cooperate. They said they were going to transfer me to a state mental institution until the age of 21. She asked them to try private counselling first. She didn't take me back to the building.
Turned 18	3	Turned 18
		I turned 18 and ran away from a home visit
		I was pulled because I turned 18 and my Mother was afraid I would run away.
Ran Away	2	I ran away.
		I escaped, ran away, got a lawyer, went to court to have my moms rights terminated.
Other	2	I had some kind of nervous breakdown/depressive episode
		Left to attend university

Table 30

How Participants Left Subsequent TTI Programs

Category	n	Responses
Graduated	5	Graduated
		Graduated
		Graduated

Table 30, continued

		Graduated
		I graduated the program (It is only supposed to be 14 days; I spent 40 days there) and [Name redacted] who ran the program convinced my parents that they should come out and see how much I had changed for themselves and they decided to let me come home to [City name redacted].
Pulled From Program	1	I was pulled.
Turned 18	2	I turned 18 and left.
		I turned 18 and signed myself out.

What Would Have Been Most Helpful Right After Leaving the TTI. Participants were asked what they believe would have been most helpful for them right after they left the TTI. Approximately one-third of participants reported therapy as what they needed most (n = 10). Looking at the more detailed responses regarding why participants felt therapy would have been most helpful after they left the TTI, several respondents noted they needed to be understood, supported, and cared for. This notion overlaps with another response category, Understanding, Compassion, Empathy, and Kindness. Five participants provided responses that fell within this category.

The remaining respondents' answers fell within the following categories: Parental Relationship Changes (n = 4), Help Transitioning to the "Real World" (n = 3), Education (n = 2), Safety (n = 1), Structure (n = 1), Unsure (n = 3), and Other (n = 5). Participant answers regarding what they felt would have been most helpful to them after leaving the TTI can be found in Table 31.

Table 31*What Would Have Been Most Helpful Right After Leaving the TTI*

Category	n	Responses
Therapy	10	Therapy. Real therapy. And lots of it. I needed after care from a qualified mental health professional. Therapy! I was so confused and nobody believed me about what I had just experienced. Maybe some sort of debriefing or counseling- I was lonely craved connection Someone to help me understand how fucked up, abusive and traumatic that place was. Someone who would stick around Hospitalization and treatment for the breakdown I was having, PTSD, depression, anxiety and dissociation De-programming therapy. A stable life plan? Being surrounded by people who actually cared about my well-being and future? A lot of kindness. Possibly medication for anxiety and depression. A safe place to go. Training in how to interact with people and how to be kind to myself. Real counseling and deprogramming ...Perhaps more support, calls from counselors about how to deal with the real world. Not just you're done and nothing ever again.
Understanding, Compassion, Empathy, and Kindness	5	Someone telling me how wrong that treatment was. Someone helping me cope with the world. For my mom to recognize that she put me someplace that hurt me.

Table 31, continued

		Compassion. Kindness. An explanation. Just more of a transition. Understanding where exactly I was going.
		...especially being believed about what happened there and an apology!!
Parental Relationship Changes	4	...Not seeing my parents ever again? More autonomy and trust from my dad Aftercare. Some contract parents wouldn't revert back to superficial status junkies and control freaks, as well as never address their own issues, keep projecting them on you. Elan told my parents to make life as difficult as possible for me in hopes that I would return. So I was on my own, homeless, staying with old friends that were not on a college path... had to support myself so school work was not my 1st priority. Staying with family finishing high school would have been nice
Help Transitioning to the "Real World"	3	More of an adjustment program, it was hard to go from being open and vulnerable back to real life. People are unaware and mean. Any help transitioning back to real life. I didn't learn any life skills at all Acclimation into "the real world"... normalcy.
Education	2	School A high school diploma, and a college to attend
Safety	1	A safe place to live work and attend school

Table 31, continued

Structure	1	More structured environment
Unsure	3	Unsure. I never felt like a I belong most places I went. I was troubled by many things. Fuck me if I know. I'm not sure to be honest
Other	5	Being away from there Not going there in the first place. Nothing. I was lost and had no trust in anyone I didn't/dont fit in anywhere. I don't know. My folks tried to enroll me in a private school based on a philosophy that you undoubtedly know, not Montessori but something else. My sister went to the school, I just can't remember the name right now. It was a -- something -- school. But they rejected me, which suited me just fine. I wanted the anonymity of public high school, where I could get away with things. in retrospect as much as I hated it and took me years to realize it was probably a good thing to continue on to the next place not cause rocky mountain was good cause it was far from it but it kept me away from the drugs and bad influences and at the least made me self realize I needed to at least make a couple changes I don't recall if anyone helped me at rma realize this maybe just one individual who I think became very dissatisfied with the whole thing I hers he quit later on because of of his disillusion

TTI Program Recommendations for Others

Almost all of the participants reported they would not recommend the TTI program(s) they attended to others (n = 38). Only one participant indicated they would refer others to their

program. When asked about what participants' recommendations are for parents who are considering enrolling their teen in a TTI program, responses fell in the following categories: Don't (n = 13), Do Your Research (n = 8), Look At Self / Familial Relationships (n = 6), and Other (n = 3). Participants' recommendations for parents considering a TTI program can be seen in Table 32.

Table 32

Recommendation for Parents Who Are Considering Enrolling their Teen in a TTI Program

Category	n	Response
Don't	13	Don't
		Don't.
		Don't
		Don't do it
		Just don't
		Don't, just don't.
		Don't consider it.
		Don't do it. It's going to traumatize your kids
		Do not under any circumstances abuse your child like this
		Don't do it. Look for inpatient facilities near them with actual educated staff.
		Choose other options
		Don't do it work on your family and how you parent and recognize that there is no such thing as a bad child just mad parents and bad ecology

Table 32, continued

		Don't! Listen to them! Let them know you care about helping them, it will make a huge difference. Then do whatever you can to help, even if it's hard!!
Do Your Research	8	Do your RESEARCH! speak to the kids that have escaped from there or been withdrawn from that program and the kids that have graduated. Research any decision about where to send your child extensively. With the amount of information available on the web today, parents can never have the excuse of "But I didn't know". Do your research. Different schools help different types of kids. If my brother had been sent to my school and I had been sent to his school we both would have failed at life. We each got sent to different programs for different issues and personalities. It matters. Do your research, talk with students, look at your own motivations and issues. Research the program to death. Make sure you know where you are sending your child. Remember my parents were wrong about my drug use, but after sending me to a school full of drug addicts/users I learned the good bad and horrible, so came out ready to at least sample some things that had never crossed my mind. I was sent away because I was "a sex crazed teen". I got out to be a call girl and have a baby at 19. They did not help me with my problems. Use it only as a last resort and realize your child may never forgive you. Don't do it unless it is short term 30 days maximum and only after you have exhausted every other option. Do extensive research into the history and conditions of the place. If something feels off in the slightest don't send them Do extensive research on their methods, their staff, their philosophy and qualifications.

Table 32, continued

		1) sending your child away doesn't fix your relationship or their problems. 2) do your homework 3) there are more effective options you could pursue that might be harder work for you or more inconvenient, that don't involve sending your child away
Look At Self / Familial Relationships	6	Become more involved. Gain better communication. New more flexible Spend time with your kids, keep them home in therapy. Look at yourself!!! Most kids that I was there with were being abused at home and acting out in a way to call for help or self-medicating to make it through Look long and hard at why. The problem might not be your kid. Find a program close to home. Make sure the parents are in therapy and addressing their issues as well. Recognize structural and macro level issues are part of this and it's not just every individual's sole fault. Community based services are better for the teen and family for long term healing etc. In my experience the parents just give up. They don't try to understand what's going on. Parents don't realize these programs can do more harm than good.
Other	3	It should be a last resort I would encourage parents with troubled children to seek help from qualified mental health professionals in a safe and compassionate environment that does not separate and/or isolate a child from their parents or caregivers.

Table 32, continued

Unfortunately, caring parents contemplating such a desperate measure are very vulnerable to sly and unethical pitches aimed more at increasing company profits than accurately assessing the needs of trouble youth. An unbiased, objective evaluation system that provided accurate descriptions of different programs, including outcome data and firsthand feedback from graduates could help parents choose an appropriate setting.

Participant Needs as a Teenager

Survey respondents were asked to finish the following two sentences about their needs as a teenager: “What I needed most as a teen was...” and “What would have helped me as a teen was...”.

What Participants Needed Most

Over two-thirds of participants identified needing acceptance, empathy, love, understanding, and support as a teenager (n = 20). Four respondents cited mental health treatment as their biggest need as a teenager, and another four respondents identified parental relationship changes as their biggest need. Three participants identified needing increased safety in their lives. The remaining four participants fell within the “Other” category regarding their teenage needs. Respondents’ identified needs as a teenager can be seen in Table 33.

Table 33

What I Needed Most as a Teen Was...

Category	n	Responses
Acceptance, Empathy, Love, Understanding, and Support	20	Acceptance
		Acceptance
		Acceptance and understanding

Table 33, continued

		Understanding
		Understanding
		Understanding
		Understanding and support
		Just someone who cared and listened to me - nothing else but that.
		A safe nonjudgemental place
		Connection, understanding, and support
		Support
		To be validated
		More understanding instead of attempts to control me
		Someone who loved me
		Love
		Love and consistent care
		To be loved, listened to and supported.
		Adults to love me and accept me for who I was.
		Love, understanding, compassion
		Compassion
Mental Health Treatment	4	Probably antidepressants
		Mental health treatment

Table 33, continued

		To feel normal
		To believe that there was nothing wrong with me
Parental Relationship Changes	4	Parents who were actually there
		Rules that were actually reasonable and had consequences that fit the offense.
		I needed explanations, not rules I didn't understand.
		Mentally healthy parents
Safety	3	A safe home
		Safe space
		Safety
Other	4	Direction
		Structure
		Freedom
		. . . not in existence: The freedom and agency to pursue my passions without access to dangerous diversions like drugs etc.

What Would Have Helped

Approximately one-third of participants identified empathy, compassion, understanding, and love as what would have helped them as a teenager (n = 12). Five participants identified parental relationship changes and four participants identified increased safety as what would have been most helpful for them as teenagers. Only two participants cited mental health

treatment as what would have been most helpful for them, even though four participants fell within the Mental Health Treatment category regarding what they needed most as a teenager. Finally, 10 participants' responses fell within the "Other" category. Qualitative data on what would have helped participants as a teenager can be seen in Table 34.

Table 34

What Would Have Helped Me as a Teen Was...

Category	n	Responses
Empathy, Compassion, Understanding, and Love	12	Empathy
		Compassion
		Compassion
		Understanding
		Love and understanding
		Being heard and understood
		More understanding parents
		Someone believing that I wasn't a "bad kid".
		Someone who trusted me
		Someone who cared enough to find out I was anxious
Parental Relationship Changes	5	Love
		Being able to talk about what had happened to me.
		Better parents
		A family that loved me

Table 34, continued

		Mentally healthy parents
		My dad not being an alcoholic. My parents knowing how to parent more effectively.
		Having parents that were involved and didn't try to keep me locked up like a bird in a cage
Safety	4	Safety
		Being kept away from my abusive, sick guardian
		To be protected from abuse and to have space to explore my identity without judgement or shame.
		A safe living environment
Mental Health Treatment	2	Training in social and interpersonal skills like they now so for autistic kids mental health treatment
		This is a tough question to answer. I needed help because I was in self-destruct mode. I was rebelling at home and authority figures.
Other	10	Guidance
		Structure
		An advocate
		Anything else
		To go to a normal boarding school not a TTI one
		Allowing me to experiment and figure things out

Table 34, continued

Allowing me to pick my own friends and foster those relationships

Total immersion in and dedication to some cause that I felt was of my choosing, but would necessarily have to have been forced upon me (because the cause I chose was partying!! :)

Exactly what happened. Getting sent away to pull my head out of my ass.

Not sure

Current Perceptions

It has been noted in both the literature and within participants’ responses regarding their perceptions immediately after leaving the TTI that beliefs about TTI program experience likely change over time due to distance from program influences, fears, and “brainwashing.” To better understand participants’ current beliefs about the TTI, several questions were explored. Firstly, participants were asked what their current thoughts are regarding the TTI program(s) they attended. This includes both initial and subsequent TTI programs. Additionally, participants were asked how they felt their TTI experience has impacted them as adults. Finally, survey respondents were asked what other thoughts they currently have about their TTI experience.

Current Perception of Participants’ TTI Programs

Participants’ current, adulthood perceptions of their first TTI programs were primarily negative (n = 22). Additionally, participants’ current perceptions of their subsequent TTI programs were also primarily negative (n = 4). Respondents who currently felt mixed about their TTI experience were the next largest category for both initial (n = 6) and subsequent (n = 3) programs. Finally, three participants had positive adulthood views of their initial TTI program experience. Participants who attended more than one TTI program did not have positive views of

their second, third, or fourth TTI experiences. Participants' responses regarding their current, adulthood perspectives of their initial TTI program can be found in Table 35, and subsequent TTI program perceptions can be found in Table 36.

Table 35

Current Perception of Participants' First TTI Programs

Category	n	Response
Negative	22	I hate it.
		It's child abuse.
		Same Fuk that place!
		It was a torture facility.
		Horror and disgust
		Disgust. Anger. Disbelief
		Sick place. Black stain on humanity
		It was a crazy place that should not exist
		I think it's horrible and should be shut down.
		I think it was institutionalized child abuse based on the ravings of a cult called Synanon.
		I feel like it was traumatizing and severely abusive. It is like a cult and they brainwashed us.
		It's a horrible thing that gave me PTSD, anxiety, social & relationship problems.
		It was an abusive place and the executive staff should be brought up on child abuse charges

Table 35, continued

I am so glad it is closed. No one should ever go through something like that.

It was shut down when things came to light, but I have been scared by it. It was a horrible experience

The most horror in life that I previously could not imagine being possible in Western culture.

It's still open, under a different name. I see it as the most traumatic experience of my life and I hope the staff rot in hell for what they did to us.

I sued them for child abuse and won. I'm over it. I hope they stop programs like these. It's sad they exist and need to be exposed.

My thoughts...this place, this program stripped me of who I was and who I would have become and used my fear, pain and guilt against me and those I loved in order to make my stay in there as long as financially possible

I feel like it was a social experiment that went really wrong. My friends from the program are committing suicide or dying from OD's. I struggle with PTSD every day and it is really hard to heal because my ideas of what is right/wrong are so off from what they should be.

I think that if the staff were properly trained, it could be a viable program. However, the specific program I attended was NOT a viable model. It was a living Hell for the most part and I don't think that it can be fixed.

I only recently started digging into these memories. Straight Survivors call it the Awakening. It's like the experience lives deep in the back of the closet of your memory and it's not even real, just a collection of facts you never think about it take about. Then one day, 20-30 years later, something happens and it comes back all at once and it was real and you NEED somebody to validate that it was real and it was wrong and it was really as bad as you think and how could people be so horrible to each other and how many other secret spaces are there all over the world where

Table 35, continued

		people are torturing each other like this and how many homes in nice neighborhood have people being tortured inside and how much of the difficulty I've had in life since all this would have been different if this never happened? I'm a parent and I understand the powerful emotions that can drive a desperate parent to just give up and let somebody else take charge, but preying on that desperation is evil.
Mixed	6	It's somewhat of a removed sadness Conflicted- it was part of my journey Fuck that place fuck the owners fuck the shareholders and fuck the staff who abused us but thank goodness for the relationships I formed that kept me alive. This program built a crumbling foundation I have stood on for 14 years. What I was taught was incredibly inappropriate. It has taken a long time, therapy and a lot of self education to unravel the knots of how I am to behave and what I should accept in life. The students I was in this school with keep committing suicide. We were supposedly given tools to thrive when really we were just shoved into boxes and told not to leave them or we will fail. This place created students who feel isolated and alienated from their peers and family. Nothing good came from this school except my friendships that help me unravel the damage. It took me a long time to see that. It is part of a troubled industry. It has grown since I left. When I was there it was problematic, but did serve a purpose of sorts. The problems there did not even approach the abuse I saw at Ascent. I'm glad it's closed. I was glad for the connections I made with other peers and some of the counselors. My family is still mental and their ongoing support and/or intermittent connection has been really important to feel heard and validated at times and to learn to create my own family with shared values that are not so crazy or harmful.
Positive	3	I am fine with it

Table 35, continued

I'm thankful that I was sent there at the time I was sent there for the duration I was sent there.

I look at this part of my life now as a generally good thing it was a hard reset a 180 if you will and I don't think I realized it at the time obviously but in my mind I don't really accredit the program they bogusly created to this shift I accredit a couple people there my leaders person and my counselor

Table 36

Current Perception of Participants' Second, Third and Fourth TTI Programs

Category	n	Response
Negative	4	So glad it is closed. What an absolute shit-show I hate them. I don't think WWASP programs ever truly helped anyone. I suspect the damage it did to children far outweighs any good it might have done. Even if one could point to "good" that it had accomplished, the means of achieving it and the collateral damage are not worth it. The program sucked and should not be in operation.
Mixed	3	I am not sure. While it helped me, I have also heard stories of kids who were seriously, gravely injured or committed suicide while in these programs. The physical abuse should be handled differently. I think because the aims were less ambitious and focused more on simply functioning in a wilderness setting this program was not that bad. Of course, I enjoy camping and hiking.

Table 36, continued

It was an awful program that I believe did more harm than good. Some kids probably net-gained from the experience, but I believe they are in the minority. I might roughly categorize the kids into two camps -- those who openly and actively detested the program throughout and simply tried to avoid trouble and get through it, and those who genuinely (to varying degrees no doubt) bought into what was being taught and internalized many aspects of the program. I think the former had to learn some tough lessons but avoided significant damage to their core selves. The latter I fear suffered fundamental damage to their core selves. As I said, perhaps a small minority of the latter group gained more than they lost. I don't know, but I look forward to seeing what light you can shine on this!

TTI Program Impacts on Adulthood

When asked about how participants feel their TTI program experience has impacted them as adults, responses fell within the following categories: Mental Health Issues (n = 23), Interpersonal Issues (n = 15), Mixed Changes (n = 3), Positive Changes (n = 6), Unsure (n = 2), and Other (n = 4). Participants' beliefs about how their TTI program experience has impacted them as adults can be found in Table 37.

Table 37

How TTI Program Enrollment Impacted Participants as Adults

Category	n	Response
Mental Health Issues	23	Gave me a lot of baggage.
		It's taught me how to be locked in my own thoughts and emotions.
		I'm very intolerant, I over analyze everything and speak my mind with zero filter
		I now have PTSD.

Table 37, continued

I have major social anxiety, PTSD

PTSD... feelings of lacking control

...I am on lots of medications to control anxiety and depression and PTSD.

I suffer from PTSD [...]I've abandoned my morals completely, and I don't recognize who I am anymore.

...I still have nightmares. Sometimes I think I've moved on and then it pops back in to my mind. It's always there, lurking.

I am severely damaged. I have a dissociative disorder, depression, anxiety and PTSD. I am broken. There is not a day that goes by that I don't think of what happened in that program.

I ran away from my emotion, closed off, and was traumatized. It's taken a lot of therapy and decades to talk about it now. I'm finally starting to process it.

...Emotionally I'm a wreck, [...]harbored resentment, and can't ever sleep. I second guess myself constantly and never feel like I'm doing anything right. In short, it fucked me up so bad I've yet to find out how to unfuck myself.

I have a really hard time finding balance. I get panic attacks if the house is messy or my to-do list is too long.

Not sure but I spent the next 20 years in active alcoholism/ drug addiction. I found true recovery over 4 years ago

I have diagnosed anxiety Problems, the events that happened there were very hard to move past, I used alcohol and drugs to repress the memories for years only threw getting sober and years of therapy have I come to terms with them.

Table 37, continued

...it caused panic attacks in my adult life. I've been diagnosed with anxiety, c-ptsd, depression, agoraphobia, bipolar, BPD various other things. I feel like my tie self has taught with this created self for many years. It's been a battle of who I was and who I had to be to survive. Due to this it created pathways I would have never taken in the first place and had caused a lot of damage to myself.

It destroyed me. Went from 3rd in my prior high school class to after ELAN with 26 hospitalizations and a six week coma!

I reacted with great self harm and resentment for a long time. Then I decided to be a better person and am more balanced than the average bear in some ways.

...For several years after, I felt paranoid that the world was out to get me drunk. It took about 24 years to start recognizing what actually happened to us in the place. What baffles me is that in the 18 months I was in there, no one and I mean absolutely no one was able to tell me what makes me an alcoholic. It was through all the forced confessions and brainwashing that I was made to believe I had a problem. Once I start drinking, I can not stop. I have a mental obsession and physical compulsion. THIS is what makes me an alcoholic.

I felt shame for many years regarding some of the things said to me by staff. That has mostly faded. When I had children myself, I became more angry at what they did to us.

I have anxiety attacks. Severe. I am in AA but it's hard for me to go to meetings because some of their says are the same sayings they had in the rooms in the "ligesteps" at MBA. I hate anything that feels cult-ish so I struggle with staying in AA and that program because I see similarities

I did learn how to manipulate the system while I was there to stay out of trouble. That does not imply that I was no longer getting in trouble. I just learned how to "stay off the radar". I also think that I gained more emotional issues at RMA than I dealt with. That kind of group therapy is not healthy. I'm not even sure it is therapy.

Table 37, continued

		...depression anxiety sleep disorder flashbacks too many of my friends from there have killed themselves or ODeD.
Interpersonal Issues	15	...I have trust issues ...boundary issues ... a strained relationship with my parents. I am not great at forming friendships It made me reluctant to trust others and fearful of authority. Trust issues communication issues relational issues with men It controlled almost every decision I made. It ruined relationships, friendships ...I am unable to form normal relationships. I do not trust anyone. I am estranged from most of my family. I hate these programs and the people who run them. I don't have many friends because I'm always thinking how they are going to betray me. I don't trust people ...I have no familial relationships except a strained one with my dad, I have maybe three real earthly connections ...I still struggle with eye contact and confrontation, it triggers me. I try to have everyone like me even when it is not in my best interest... the learned psychological coping mechanisms have been very hard to break. Being touched in my sleep causes an involuntary violent punch and kick response upon waking... nobody can seem to stop this...

Table 37, continued

I don't fit in anywhere. I am real slow to trust anyone. I work best alone. When someone gets abusive around me I get out of sorts and tend to lash out. I don't speak to my parents at all anymore. I don't go to doctors I don't [like?] them

...Conversely to that, I feared confrontation to the point that I would freeze. I have trust issues, abandonment/attachment fears, have felt subservient to people around me.

...I do not trust people and take on more than I can handle because of it. I am afraid to discipline my children or I have too strict of rules for the house. I do not have a relationship with anyone in my family except my kids which I am codependent. I have been in several codependent abusive relationships since exiting the program. I feel like my programming takes over and I do things out of habit to avoid consequences but not because I want to do them- I often feel like a prisoner in my mind because I am fighting against who I truly am and what was drilled into me to be.

I am verbally cruel sometimes bc in the moment it feels like other people are weak and dishonest about their motivations and need to be confronted. I think the worst of others in any given situation. I've had to work so hard to change that and it's still not natural to try to find positive interpretations for other people's behavior. I struggled to decide what's abusive and what's assertive, what's being firm with my kids and what's overreacting. I get engaged when my kids misbehave or are noncompliant, I would never have gotten away with that behavior. I have to fight that thinking constantly to try to be kind when they are crying or needy. And then I hate myself for being such a bad mom. I can't have friends, I have to keep a safe distance bc I can become completely dependent on them and have no boundaries and scared then if. I tell strangers inappropriate personal things. I can't listen to somebody talk about their own experiences without "relating" my own experience, which they see as "taking over" or "making it all about me," but it's how we were programmed to interact at Straight. I am terrified of displeasing people in the workplace and when I do, I give up and give in to this hopelessness that I can ever be successful or good or do right and can't find the will to just keep working to do better in the future, and get into this cycle of failure and sloppy apathetic mistakes that I believe I can't overcome. I lose job after job this way.

Table 37, continued

Mixed Changes	3 I'm writing my freaking dissertation on this so it's something that fundamentally altered my DNA and life path in more ways that I think I realize as I'm still going to therapy, still healing, and still processing the fallout of my family's issues, the program and ongoing life etc. Trauma. Resilience. Faith.
	I believe I gained insight into how people work and what motivates them and how their behaviors are impacted by their emotions and past experiences. I learned hard lessons about real consequences inherent in power dynamic systems. I missed out on experiences our culture values as integral parts of growing up. Connections with my friends from my hometown weakened, many did not survive long into adulthood. Other connections with geographically dispersed people have remained, although even many of these are now weakening. Ultimately, I don't know. I am too close to the subject :)
	I was a seasoned traveler when I arrived, and managed to skate through with relatively little trouble. My experience in these types of programs as well as my experience in wilderness settings made me a natural leader among my peers. The feelings and experiences I had of self-efficacy and accomplishment were probably overshadowed by my inability to intervene on behalf of my peers who were victims of abuse all around me. My regret and remembrances of powerlessness in the face of structural injustice still wound me; perhaps they help motivate and inform my life aspirations.
Positive Changes	6 It made me a better person It actually fostered some feelings of self-efficacy. It gives me a place to center. I am pretty sure I met God while I was on solo in the Great Basin Desert. I am not the same person I was when I got there. I gained confidence, and friendships. I learned more about myself than I know how to put into words.

Table 37, continued

		The only real benefit of the program is that it set me on a course of recovery from drug addiction and alcoholism. It got my head out of my ass. I've been more understanding of others. It gave me more tools to better deal with the tough stuff. If I hadn't worked through my issues I wouldn't have been able to have the relationship with my biological parents that I have had.
Unsure	3	I don't know if it had a good or bad effect on me. I was there from 11-14 years old I'm not sure. I think boarding school had the bigger impact. This was simply a place to fear and never, ever get sent back to. It did also make me realize how afraid I was of the unknown.
Other	4	I mean as a father myself now I know I would never want to send my child way and let alone sign over majority custody I think I ended up there as a solution to my mothers own failings as a parent no structure absence It destroyed my educational career and hopes to become a veterinarian. I had a full ride scholarship that I never got to take advantage of. My mother kicked me out when I hit home so I was left to figure out life on my own with no support, emotional or financial. I turned to drugs and sex to get by until I got pregnant. Then I had to get my shit together. 15 years later its a daily struggle, living paycheck to paycheck because I had to start out life without anything but a duffle bag and a shitty car to live in. ...It showed me that children need love and respect above all else, so I parent in the opposite way of what I experienced In the short term I guess it did not affect me a lot, because I got sent back within 6 or 7 months. In the long term I cannot separate the effects of this program from the effects of subsequent programs I experienced.

Other Thoughts Regarding TTI Program Experience

Participants were asked if there was anything they would like to add regarding their experiences before, during, or after their TTI program enrollment. Responses to this prompt were categorized as Negative (n = 13), Mixed (n = 1), Positive (n = 1), and Other (n = 5). Of note, the one positively categorized response could also be categorized negatively; however, it was determined to fit better in the Positive category because the overall emotion was positive towards this participant's program being closed. Other thoughts respondents had regarding their TTI program experience can be found in Table 38.

Table 38

Other Thoughts Regarding TTI Program Experience

Category	n	Response
Negative	13	Unfortunately, it's still open.
		Places like this should all be burnt down
		I wish they would shut down
		What an epically fucked up place
		Programs like this need to be shut down I hope that is what you are doing
		From our groups of "survivors" we lose several every year to suicide. The effects are life long most of the survivors are diagnosed with cptsd
		These places need to be exposed and banned. Survivors deserve retribution, apologies and compensation
		No one understands what we went through. We cannot let this happen to any more children. More parents need to know how dangerous these programs are.

Table 38, continued

I cannot believe what was allowed to happen to me and so many others, legally! I further cannot believe that these people will never be prosecuted for what they did. The trauma they caused now affects my daughter and myself 25 years later. This is a travesty and will go down as a massive blemish in Us history one day!

My program director asked me to live with him as his nanny after my parents said they were going to pull me. I was 17 years old. He had rape allegations against him and rape and grooming charges filed against his twin brother, the other program director. I believe they were predators that targeted sexual abuse victims.

This was CRIMINAL and the state responsible for protecting us did not do there job and were in bed with the mafia that owned the facility and took payoff after payoff to keep the Cult open and operating for 50 years!

20 years after leaving there, I came out of a “haze”.... I did research... about half the people I was there with are dead. Suicide, drug over doses... or very very messed up. I guess I consider myself lucky I got out alive.

My parents sent me there because I didn’t listen to them. They were bad people. The program was hell. My mother’s husband started raping me right after and threatening to send me back if I told anyone. The whole thing was a trash fire and I’m surprised that I came out intact and able to have compassion and enjoy life at all

I also did a short stint at a behavioral health hospital for threatening to kill myself. They took this threat very seriously as kids had committed suicide at this school. I don't blame them because I wasn't too far from it myself. The worst part is this is the fragile state the school and staff wanted you to be in so they could control you. Kids were on medications, so many medications. One student took 16 pills a day including lithium and klonopin. It's amazing we weren't all zombies. I also developed life threatening allergies at the school. I'm deathly allergic to tree nuts, and the school didn't take my diagnosis seriously and proceeded to contaminate my food, sending me to the hospital 3 times.

Table 38, continued

Mixed	1	I wouldn't recommend it because while my experience was positive, I have also heard some horrible stories about these programs.
Positive	1	My program is closed thank GOD.
Other	5	There's so much but I don't think I can add it all here I was there with [Name redacted]'s daughter which was pretty cool. I actively tried to limit my use of program jargon, and greatly abbreviated many of my answers. I assume you know the terminology I used like "raps" and "propheets" and "bans." Please don't hesitate to contact me for further clarification of anything in here. But also, I would like my identity kept anonymous in anything published or shared. Please see the article I emailed and later publications from my dissertation exploring this very topic. Maybe later a memoir.... I know most of my peers think the school we got sent to was hell and they blame it for their current traumas, but it's been over 20 years, if you still have issues, that's on you at this point. I'm thankful that programs like this are out there.

Current Participant Needs

The final sentence completion question participants were asked was “What I need most now is...”. Responses fell into the following categories: Relationships (n = 6), Mental Health Treatment (n = 5), Moving Forward (n = 4), Peace (n = 4), Others Believing What Happened (n = 3), Sleep (n = 2), and Other (n = 6). Although there was no primarily dominant response category, there are some categorical parallels that can be seen between current needs and childhood needs, as well as current needs and impacts participants’ TTI experience had on adulthood. Participants’ responses regarding what they need now can be found in Table 39.

Table 39*What I Need Most Now Is...*

Category	n	Responses
Relationships	6	Healthy relationships and boundaries Love and consistent support Someone who loves me Social support after moving. Connection Understanding
Mental Health Treatment	5	No PTSD My physical body to function normal and not go into fight or flight all the time To be able to move on and have normal feelings and reactions to things that remind me of Utah. Mental health treatment Therapy from someone who specializes in TTI programs
Moving Forward	4	Forgiveness of myself To forget To move on To live life one day at a time

Table 39, continued

Peace	4	Peace
		Peace
		Peace
		Peace
Others Believing What Happened	3	My mother to accept that even though she sees that school as saving my life I see it as ruining it
		Recognition of what happened
		To be believed
Sleep	2	Sleep
		More sleep
Other	6	The troubled teen industry to die
		A bit more self discipline
		I am 36 years old and halfway through my first semester in law school. I think I am doing okay, but I don't know exactly what I am doing or what I need or anything else. I hope that within a few years of graduating I manage to feel like I have settled into a life that I can occupy comfortably for the foreseeable future.
		To get healthier (better diet and exercise) and for my dog to accept her new living arrangements so I don't have to worry while she's home alone.
		I'm good now

Table 39, continued

Unsure

Current Mental Health Status

Treatment Engagement

The majority of participants have undergone some form of mental health treatment since leaving their TTI program (n = 26). Over two thirds of participants indicated they have a current, professionally-obtained mental health diagnosis (n = 21). Twenty participants reported having a professionally-obtained Acute Stress or PTSD diagnosis. Fifteen respondents indicated they are currently in treatment for a mental health concern. The same proportion of participants reported currently taking psychotropic medications.

Psychotropic Medication Use

Of the fifteen participants who reported currently taking psychotropic medications, the majority use anxiolytics such as Xanax or Lorazepam (n = 8). Six participants currently use an anticonvulsant such as Lamictal, Gabapentin, or Klonopin. Four participants currently take Antipsychotic medications such as Seroquel or Risperidone, and another four participants currently use a selective serotonin reuptake inhibitor (SSRI) such as Prozac or Fluoxetine. Other psychotropic medications include antidepressants such as Trintellix or Wellbutrin (n = 3), mood stabilizers including Lithium (n = 2), beta blockers (n = 2), sleep sedatives (n = 1), and stimulants (n = 1). One participant disclosed using Prazosin for nightmare management.

According to the Journal of the American Medical Association (JAMA) Network, 16.7% of U.S. adults reported taking one or more psychiatric prescriptions in 2013 (Moore, 2016). Of these individuals, 12% took antidepressants, 8.3% took anxiolytics, sedatives, and hypnotics, and 1.6% took antipsychotics. When comparing this data to sample data, the percentage of

participants who reported using anxiolytics alone was more than three times the national average, and participants who used anxiolytics as well as sleep sedatives was nearly three and a half times the national average. The number of participants who reported using antipsychotics was more than eight times the national average.

Quantitative Data

Outcome Questionnaire 45.2 (OQ-45.2)

The OQ-45.2 assessed participants on their current functioning, including personal and social characteristics related to quality of life, by focusing on their perception of life satisfaction within the week before taking this survey. The sample total mean score on the OQ-45.2 was 69.52 (SD = 30.73). The Symptom Distress mean score was 40.32 (SD = 18.78), while the Interpersonal Relations mean score was 17.23 (SD = 8.69), and the Social Role mean score was 11.97 (SD = 5.81).

The clinical cutoffs for the OQ-45.2 are as follows: 63 for Total Score, 36 for Symptom Distress, 15 for Interpersonal Relations, 12 for Social Role. Participants in this sample scored above the clinical cutoff for all scales except Social Role, which they were .03 below the threshold for clinical significance. This suggests that respondents in this sample are experiencing a high level of distress related to their elevated symptoms and interpersonal difficulties, as well as an overall decreased level of satisfaction and quality of life.

Beck Depression Inventory - II (BDI-II)

The BDI-II was used to assess participants' current symptoms of depression, focusing on the week leading up to taking this survey. The sample mean BDI-II score was 19.87 (SD = 13.07), and the median score was 21. According to the BDI-II treatment manual, scores between zero and 13 are considered Minimal, between 14 and 19 are considered Mild, 20 to 28 is Moderate, and 29-63 is Severe. This sample's mean score ranks at the 87th percentile for all genders and races/ethnicities, suggesting this sample is experiencing higher than average levels of depression.

Other samples that scored within the Moderate range for depression include rape survivors who had not yet undergone treatment for their PTSD ($M = 23.8$ Iverson, King, Cunningham, and Resick, 2015), as well as individuals who have moderate to severe PTSD from urban violence-related events ($M = 26.1$ Pupo, Serafim, Feijó de Mello, 2015). This sample scored significantly higher ($p < .001$) than U.S. and Canadian college students (Beck et al., 1996; Dozois et al. 1998; Whisman & Richardson, 2015), whose mean scores ranged from 9.11 to 12.56 ($SD = 7.57 - 9.93$).

State-Trait Anxiety Inventory (STAI)

The STAI assessed participants on their current or State Anxiety, as well as their overall of Trait Anxiety (Spielberger, 2015). The main difference between State and Trait Anxiety is that the former is more transient, and the latter is more stable and thus related to one's personality. Individuals with higher Trait Anxiety tend to perceive stressful or difficult life experiences as more threatening or dangerous, and often experience higher levels of State Anxiety. Participants in this sample scored an average of 44.97 ($SD = 13.83$) on State Anxiety, and 47.9 ($SD = 14.16$) on Trait Anxiety. Normative group data from the STAI Manual, Instrument, and Scoring Guide (1983) shown in Table 40 can be used for comparison.

Table 40*STAI Normative Group Data*

Population	State Anxiety				Trait Anxiety			
	<i>M</i> <i>Women</i>	<i>SD</i> <i>Women</i>	<i>M Men</i>	<i>SD Men</i>	<i>M</i> <i>Women</i>	<i>SD</i> <i>Women</i>	<i>M Men</i>	<i>SD Men</i>
Working Adults	35.2*	10.61	35.72	10.4	34.79*	9.22	34.89	9.19
Military Recruits	47.01	14.42	44.05	12.18	40.03*	9.9	37.64	9.51
College Students	38.76*	11.95	36.47	10.02	40.4*	10.15	38.3	9.18
High School Students	40.54*	12.86	39.45	9.74	40.97*	10.63	40.17	10.53

**P*-value for sample scores and normative group scores between $< .05$

On average, participants scored higher than all groups on State Anxiety except women military recruits, and higher than all groups on Trait Anxiety. When compared to working adults, this sample scored more than one SD higher on Trait Anxiety. Additionally, this sample scored more than one SD higher than male military recruits and college students on Trait Anxiety.

Unpaired, two-tailed *t* tests were performed on this sample's data to determine the statistical significance of these differences in scores. Interestingly, men in this sample were not statistically different from normative groups on State or Trait Anxiety; however, this may be due in part to the small sample size ($n = 8$). Women's scores, on the other hand, were statistically different from the norm groups in a variety of areas. For State Anxiety, this sample's women were significantly higher than high school students ($p < .05$), college students ($p < .01$), and working adults ($p < .0001$). Women's average scores on Trait Anxiety were significantly higher than all norm groups at the $p < .0001$ level.

Each participant's score was converted to percentile rank based on their gender and age. The average State Anxiety percentile rank was 70.63, and the average Trait Anxiety percentile rank was 77.44. Overall, this sample is experiencing significant State and Trait Anxiety as compared to their peers.

Posttraumatic Stress Disorder Checklist 5 (PCL-5)

The PCL-5 assesses individuals on PTSD symptom clusters B (intrusion symptoms), C (avoidance), D (negative alterations in cognitions and mood), and E (alterations in arousal and reactivity). According to Blevins et al. (2015), any item rated as 2 or higher indicated an endorsed PTSD symptom. To meet DSM 5 diagnostic criteria for PTSD, individuals must endorse one cluster B item, one cluster C item, two cluster D items, and two cluster E items, in addition to experiencing symptoms that impact functioning (criterion G) and cannot be explained by medication, substance use, or illness (criterion H) for more than one month (criterion F) after a trauma (criterion A).

The sample mean PCL-5 score was 33.45 (SD = 19.44), which is above the clinical cutoff of 31-33 for a probable PTSD diagnosis (Blevins et al., 2015). Looking at individual question average scores, several PTSD symptoms were endorsed by this sample. This data can be found in Table 41.

Table 41*PCL-5 Sample Means for Individual Question and Symptom Clusters*

Symptom Cluster	Question Number	<i>M</i>	SD
B	1	1.97	1.35
	2	1.45	1.39
	3	0.87	1.06
	4	1.94	1.24
	5	1.71	1.40
C	6	1.81	1.44
	7	1.84	1.44
D	8	2.10†	1.33
	9	1.74	1.32
	10	1.87	1.28
	11	1.77	1.36
	12	1.45	1.31
	13	2.06†	1.50
	14	1.42	1.33
	15	1.39	1.26
E	16	1.06	1.21
	17	2.00†	1.39
	18	1.52	1.48
	19	1.42	1.23
	20	2.06†	1.53

†Signifies clinical significance

Although this sample's average scores for individual questions did not meet the clinical cutoffs within each cluster, the diagnostic criteria for PTSD regarding negative alterations in cognitions and mood (cluster D) and alterations in arousal and reactivity (cluster E) were met. Furthermore, scores on intrusion symptoms (cluster B) and avoidance (cluster C) neared clinical significance, with the highest average scores on questions within these clusters being 1.94 and 1.84, respectively.

World Health Organization Alcohol, Smoking, and Substance Involvement Screening Test (WHO ASSIST)

The WHO ASSIST measures non-medicinal substance use. Cutoff score ranges suggest that individuals who score between 4 and 26 on all scales except alcohol use may benefit from a brief treatment intervention focused on substance use. Individuals who score between 11 and 26 on the alcohol scale may benefit from a brief intervention on alcohol use. Individuals who score at or above 27 may benefit from intensive substance use treatment.

Tobacco. Almost all participants reported having used tobacco at some point during their lives ($n = 27$, 87.1%). Fifteen participants (48.39%) reported using tobacco at least once within the last three months. Sample mean score for tobacco use was 11.52 ($SD = 10.67$), with four participants scoring in the range where intensive substance use treatment is recommended.

Alcohol. All participants reported having used alcohol at least once during their lifetime. Eighteen participants indicated they had used alcohol at least once within the last three months. The sample mean score for alcohol use was 8.29 ($SD = 9.82$). Three participants scored in the range where intensive alcohol use treatment is recommended.

Cannabis. All but one participant indicated they had used cannabis at least once during their lifetime ($n = 30$). Fourteen participants reported they had used cannabis at least once in the last three months. The sample mean score for cannabis use was 6.32 ($SD = 6.92$).

Cocaine. Approximately two thirds of participants disclosed having used cocaine at some point in their lives ($n = 20$). One participant reported using cocaine at least once in the past three months. Sample mean for cocaine use was 2.19 ($SD = 3.25$).

Amphetamine-Type Stimulants. More than three quarters of respondents indicated they had used amphetamine-type stimulants at least once ($n = 24$). Three participants reported using amphetamine-type stimulants at least once within the last three months. Sample mean score for amphetamine-type stimulants was 2.58 ($SD = 6.51$). One participant scored in the range where intensive substance use treatment is recommended.

Inhalants. Twelve participants endorsed using inhalants at some point during their lives. No participants endorsed using inhalants within the last three months. The mean score for inhalant use within this sample was .97 ($SD = 2.23$).

Sedatives. Over half of all participants reported using sedatives at some point during their lives ($n = 17$). Eight participants indicated having used sedatives at least once within the last three months. Sample mean score for sedative use was 3.74 ($SD = 6.06$).

Hallucinogens. Over two thirds of participants indicated they have used hallucinogens ($n = 21$). Three participants (9.68%) reported using hallucinogens at least once within the past three months. The mean score for hallucinogen use was 1.87 ($SD = 3.61$).

Opioids. Just over half of all respondents disclosed using opioids at some point during their lives ($n = 16$). Four participants reported using opioids at least once within the past three months. The mean score for opioid use within this sample was 4 ($SD = 7.49$). One participant scored in the range where intensive substance use treatment is recommended.

Family Environment Scale - Revised (FES-R)

The FES-R assessed participants' family environments before being enrolled in a TTI program. This assessment is broken up into the following 10 subscales: Cohesion, Expressiveness, Conflict, Independence, Achievement, Intellectual-Cultural, Active-Recreational, Moral-Religious, Organization, and Control.

Relationship dimensions include the Cohesion, Expressiveness, and Conflict scales. Cohesion refers to the amount of support family members provide each other, Expressiveness indicates how much family members are encouraged to express, open up, and talk about their feelings, and Conflict signifies how much anger and conflict is openly expressed among family members.

Personal growth dimensions include the Independence, Achievement, Intellectual-Cultural, Active-Recreational, and Moral-Religious scales. Independence refers to how assertive, self-sufficient, and autonomous family members are. Achievement measures the extent to which school or work activities are framed within an achievement-oriented or competitive framework. Intellectual-Cultural indicates a family's interest in political, intellectual, and cultural activities. Finally, Moral-Religious refers to the amount of emphasis a family puts on ethical and religious issues or values.

The final dimension measured by the FES-R is System Maintenance, which consists of Organization and Control. Organization indicates how important structure is with regards to

family activities and responsibilities, and Control refers to the degree which family rules and procedures are used to run members' lives.

Sample average scores and standard deviations, as well as normal and distressed family averages and standard deviations can be seen in Table 42.

Table 42

FES-R Scores and SDs for Participants, Normal Families, and Distressed Families

Scale	Sample		Normal Families		Distressed Families	
	<i>M</i>	SD	<i>M</i>	SD	<i>M</i>	SD
Cohesion	2.77	2.51	6.73**	1.47	5.25**	2.13
Expressiveness	2.87	2.33	5.54**	1.61	4.71**	1.78
Conflict	5.94	2.41	3.18**	1.91	4.02**	2.07
Independence	4.77	2.26	6.66**	1.26	6.03**	1.35
Achievement	5.61	2.16	5.47	1.62	5.33	1.58
Intellectual-Cultural	4.42	2.66	5.56**	1.82	4.62	1.98
Active-Recreational	4.16	2.54	5.33**	1.96	4.15	1.96
Moral-Religious	2.81	2.46	4.75**	2.03	4.51**	1.96
Organization	4.87	3.17	5.47	1.90	5.07	1.97
Control	6.35	2.78	4.26**	1.84	4.61**	1.89

***P*-value for sample scores and normative group scores between $<.001$

When compared to normal families, this sample's average scores were two standard deviations lower on the Cohesion scale, and one standard deviation lower on the Expressiveness and Independence scales. Sample scores were nearing one standard deviation lower on the Moral-Religious scale. Additionally, this sample scored lower than average normal families on the Intellectual-Cultural, Active-Recreational, and Organization scales. Conflict and Control for

this sample was greater than one standard deviation above normal families, and Achievement was slightly higher than the average for normal families.

When compared to distressed families, Cohesion, Expressiveness, and Independence were one standard deviation below the average. This sample's Intellectual-Cultural, Moral-Religious, and Organization scores were below the average for distressed families, and Conflict, Achievement, and Control were above the average for distressed families. Active-Recreational were almost equal between this sample and distressed families.

Unpaired, two-tailed *t* tests were performed to determine the statistical significance of the differences between this sample's scores and normative group scores. Table 42 notes the statistical significance in sample score differentials in the normative group *M* score columns. P-values less than .001 are denoted by two asterisks. Of note, the differences in scores between this sample and normal families were statistically significant for all subscales except Achievement and Organization. When compared to distressed families, the differences in scores for this sample were statistically significant for all subscales except Achievement, Intellectual-Cultural, Active-Recreational, and Organization.

Overall, this sample looked more like distressed families than it did normal families; however, many subscale scores were more extreme, indicating significant dysfunction within the family unit. Specifically, families who enrolled a child in a TTI program experienced less cohesion, expressiveness, independence, intellectual-cultural interests or activities, emphasis on moral-religious issues or values, and organization, as well as more conflict, control, and achievement standards. When using combined subscale scores, this sample indicated struggling in all dimensions. Relationship dimension subscales were the most extreme, suggesting this was the most problematic area for families before enrolling a child in a TTI program.

Main Message Participants Want to Convey About Their TTI Experience

At the end of the survey, participants were asked what the main message they would like to convey about their TTI experience is. Responses fell into the following categories: Hurtful (n = 19), Mixed (n = 6), Helpful (n = 1), Legal Changes (n = 3), and Other (n = 1). The main message participants want to convey regarding their TTI program experience can be seen in Table 43.

Table 43

Main Message Participants Want to Convey About Their TTI Experience

Category	n	Response
Hurtful	18	I feel it's left a lasting effect in my life in a negative way
		It isn't a safe or healthy choice
		It was severely traumatizing and did more harm than good
		It was an awful experience that no child or teen should ever have to be exposed to.
		Don't put your kids in a warehouse
		That is was emotionally abusive and traumatic.
		That children have rights and what happened to us was wrong.
		It was real and it was wrong.
		Nothing about it helped me to become a successful member of society. It just gave me things to overcome.
		It was an abusive child prison that used cult tactics = BAD It has stayed with me and changed the course of my life drastically

Table 43, continued

It was traumatic and I wish it upon no one- I feel that half my friends from there are dead because they never got over what they went through there.

Horrific experience, worse than a cult and prison combined. Torture. Violated my basic human rights of freedom, expression, privacy and freedom from torture and abuse

This program took my identity from me through humiliation, pain, fear, mind control and mental and/or physical violence. This is not how you help someone...this is how you hurt someone. Please do whatever you can to prevent another person from going through this.

Some things helped (like good teachers, education, some therapy - not attack, more like ACT or CBT, ideally somatics too, friends and exercise) however overall the total institutional model mostly replicates the carceral state. Programs must be FAR more rehabilitative and WAY less punitive. Tough love is BS and does not work. Need more trauma informed care/tx.

TTI's do long term damage and they do not handle the issues they claim to in an educated, proper and beneficial manner. TTI's can remove a teen from a lifestyle and get them on a different track but that doesn't mean they don't do serious damage along the way.

While it may have been done with good intentions, it was one of the worst, if not the worst thing to have ever happened to me!

I wish someone would research the brainwashing aspect. I listened to self-help tapes for thousands of hours and I think it made us narcissistic and goal-oriented over our natural humanity instincts. As much as I try to break the schedule and rigidity of the program, I find myself repeating it daily- same breakfast, same chores. Then I was driven to the same types of co-dependent or abusive relationships. So even though I left the program 18 years ago- I feel like a part of me is still there and I am stuck in the cycle trying to break out still. I feel like they made me into a Type A robot and I am super disciplined and can accomplish a lot more than the average person but it leaves me with a lot of physical

Table 43, continued

problems because I never learned how to rest and enjoy life. I think that's why so many survivors turn to alcohol/drugs because it makes them forget the brainwashing and be able to have fun and relax- until that becomes a bad coping skill because we do everything in excess! It's a bad cycle that needs to be researched. We are dying and suffering as a group. This "treatment" is just flat abuse, torture, and harmful.

This is tough because I don't know if this is the last box I get to write in. I tried my best to follow directions on the previous tests, but it was hard not to blend my relations with my family and my feelings from my teenage years into more current feelings and the relations we have now. Regardless, I'm lucky to have good family. The TTI is a symptom of a troubled society. The subjects ran a spectrum from truly and deeply troubled youths to what could be classified as "normal" (or healthy, or regularly functioning or whatever) teens. Frequently it was the parents or circumstances that were abnormal and harmful and the root of the trouble, and the traumatized teen was displaced into a program that perpetuated and reinforced their trauma in the guise of treatment. Many (perhaps most?) of the "ground level" staff were traumatized themselves, and used the program for their own "healing" even as they meted out lessons to their charges. They occupied a weird status as "fellow traveler" AND authority figure. Many (probably most) genuinely wanted to help, and perhaps did help in some cases to some degree. But many (not all, although the exceptions were usually new staff, with little power, who didn't last long) also revisited their own trauma upon the kids in their charge. It was like as victim, the program gave these staff license to victimize others in the course of their own healing, under cover of a claim that they were assisting the kids' healing. A few seemed calculating, clever, and cruel in their intentions and their actions. The business model of the TTI is not geared towards helping kids or healing families; it is predicated on making money by driving divisions between children and their families. Charging top dollar is presented as evidence of a high quality "product." A sophisticated system of educational consultants and targeted advertisements channel concerned parents towards intended target programs. Once ensnared, parents are indoctrinated to distrust the testimony of their children and place their faith in the gospel (based on the experience and expertise of professionals) given them by "the

Table 43, continued

		program." At RMA the position was titled FSC (I think Family Services Counselor or Coordinator, I am not certain). There were dedicated staff whose job it was to interpose themselves between the student and parent, and assure the parent that the kid's claims were merely manipulations designed to denigrate the experience; these staff could cut off communication entirely if communication ever got too real. The "program" was agile, in that it could assure any parent that their kid needed it, and in fact, needed to stay in program for the entire duration. I never heard of a prospective kid [client?patient?student?subject?] being turned away because they didn't need the treatment. As far as the corporation could tell, there was no one who wouldn't benefit from treatment.
Mixed	6	While I believe there are some lingering effects, my experiences in life good and bad have led me to where I'm today- today I'm happier than I've ever been. it was a pivotal experience it possibly unnecessary with proper parenting The only thing that got me through were the friends I made there. We may not talk much but I know they are the reason I made it through. That done right, these programs could be beneficial. But they are rarely done right. I think that the people who worked in this field when I was a student were basically egomaniacs and narcissists. That's a tough call. I am grateful to be sober but it came at a cost. It did show me how not to treat people and maybe that is why I tend to be more compassionate. I have hated/regretted my aversion to personal conflict with others. I freeze mentally and emotionally, I shut down. This has caused severe problems in several relationships including my current one. In Straight the dynamic was often "predators vs prey". I feared getting called out and ripped apart if I didn't say the right thing or get the approval of the group. They emphasized sharing feelings. I watched and experienced where someone would share and experience and their feelings around it and the group would laude their efforts and

Table 43, continued

someone else would do the same thing and then they would get yelled at and told they were full of shit. It made no sense so I learned the right things to say to try and avoid this from happening to me. There is a part of me that wishes to go back and do it all over again to prove that they can't break me. I have carried a lot of shame for what happened to me and the things I did while in there and that has been hard to overcome. Overall, I lead a very good life today and am generally satisfied. I have dealt with a lot of the issues created by Straight but they still come out every now and then, mostly in interpersonal relationships.

It was mixed as it was safer than home, but I wanted to fit in and not like it. I felt pretty alone in the fact that I liked the school for the safety it brought me. My parents were not very supportive at home. The cards were stacked against me and in the end because I had more or less zero support system growing up. I had to be independent. I resent my parents for choosing RMA, but was glad to graduate at an age where I was in charge of my own person. I was always told what to do. I was trained not to stand up for myself. My step mother strongly disliked me, and had a plan, that had something happen each year. The year after my sister was born I was shipped off with her recommendation for the therapist that referred me to RMA after the shortest therapy with one person I ever had. My parents were very much about image. My dad let a court case I had on a rape go unanswered because he sent me away. I was sent off because I wanted to graduate early to get out of the crazy house and my dad wouldn't let me. I was abused by him at school in front of multiple people/counselors in the office. Everyone was afraid of him because he was a lawyer so no one pressed charges even though cops were literally down the hall, within earshot (this was not a quiet moment as the nurse started hitting his arm and yelling to attempt to get him to put me down). I refused to go home and stayed at a friend's house for the week before I was shipped off. My step mom and I still can not get along. My dad has never apologized for sending me to boarding school. My mom has always said she didn't want me to go, but my dad threatened her with custody stuff.

Helpful

1 It saved my life.

Table 43, continued

Legal Changes 3 It should be illegal

These programs NEED TO BE SHUT DOWN.

That all schools should be run as a nonprofit to keep people honest and so parents can see exactly where the money goes... these type of schools should has much for state and federal oversight. Random quarterly inspections should be done off these schools at off hours and private interviews of students of various lengths of stay should be conducted and held private

Other 1 Some of my answers you gotta keep in mind, I'm 42, my body is changing, I've recently been diagnosed with high blood pressure and genetic cholesterol problems. Sleeping isn't as easy as it used to be and I prefer otc meds over a strong prescription. Also, not everyone has negative experiences when they go to these schools. It makes some of us stronger and better people.

Helping TTI Survivors

Participants were asked several questions regarding how mental health professionals can help them. Firstly, survey respondents were asked what therapists need to know about this population. Responses fell into the following categories: Knowledge of Trauma and Appropriate PTSD Treatments (n = 12), Interpersonal Issues (n = 8), Fear of Mental Health Professionals (n = 5), Empathy (n = 2), Advocacy (n = 1), Unsure (n = 4), and Other (n = 3). Participants' responses can be seen in Table 44.

Table 44*What do Therapists Need to Know About Survivors of the TTI?*

Category	n	Response
Knowledge of Trauma and Appropriate PTSD Treatments	12	They have been severely traumatized. Knowing about torture and trauma would be helpful Learn about coercive control, developmental trauma, CPTSD and effective treatments That we can move on... when the brainwashing wears off. ...We were children in concentration camps essentially trying to be adults now. We need support! Understanding that many of us have ptsd and underlying issues that even we don't know about. Address the trauma as well as possible gaslighting. They need to understand how traumatic it can be and deal with the trauma first ...That they will hide their actions and substances to suppressed memories. They should be treated like a rape survivor and follow those protocols depending on how long they were there possibly use children abuse protocols While abuse at the hands of a family member is painful and debilitating there can be at least one adult in a child's life that offers a ray of hope. Institutional abuse is a kin to living in a hostile society within an abusive family. Tread lightly. I've got peers who are hyper sensitive over their experience. I'm sorry they had the experience they did, but they seem like they were victims before school broke, abused or ruined them and focusing on the school is the easiest trauma for them to focus on. (or it gives them another reason to keep hating mom and dad)

Table 44, continued

		Most of us were trauma survivors BEFORE the program. The program gave us borderline tendencies because they taught us to look at everything as bad/good and to take quick action in response to situations. We were then placed "on silence" for 23 hours a day so we spent a lot of times in our heads. We have a hard time communicating what we witnessed because it doesn't make sense- there is nothing to point to and say this is what it was like there. It was a cult with a cult-like mentality. You were forced to conform and participate in the abuse of other students. It's confusing to process- especially when we were just kids ourselves. I was there for 9/11 and I thought the world was under attack, in the summer there were wildfires burning so close to us that ash would fall on you- we never felt safe. We felt like our family shipped us off for being broken and the world forgot about us. We feel robbed of our childhoods and normalcy and when we express that, the world tells us to "get over it" and that we deserved it. Nobody has answered for this abuse, it still goes on, and nobody cares. We are the forgotten ones.
Interpersonal Issues	8	We're odd, anxious, and have trust issues We can't trust. We were abandoned, we're not typical. That our development was disrupted. That we were abused in a terrible way, by strangers who should have no reason to hate us. So now we trust no one. That it will take time and trust for them to open up about what they did to others while there. It's very hard for us to trust and we rethink and second guess everything you say and do. Be literal, be precise, don't assume we understand what you mean.

Table 44, continued

...Make sure to look at family systems therapy - sessions with siblings in therapy was huge and a key part years later to healing this. They felt unheard and abandoned by me and I've worked very hard and paid thousands of dollars in therapy on my own to reconnect to my sisters who were also traumatized and never addressed from my kidnapping/being sent away.

The damage is very deep. It runs down to my core and has been very difficult to unravel. For me, it is mostly about shame and shame is a very powerful emotion. After my time in Straight, I never really felt like I fit in anywhere or with any group other than with people who went through the program. How does that conditioning help prepare someone to re-enter society?

There is no short answer for this question. Programs like this break you down in so many ways. When I got out, I didn't understand what had happened to me. I felt trapped and scared and I couldn't talk to anyone because the program has you programmed to NEVER speak about it with anyone other than other people in the program. You forget how to interact with yourself and with other people. You don't remember how it feels to be safe anymore. You don't recognize or remember yourself anymore. You don't know what is you and what is The Program. I have had a lot of help from a psychologist who took the time to help me learn how to discover myself all over again. I have had to rebuild my identity.

Fear of Mental
Health
Professionals

5 That we were systematically abused by people that claimed to be mental health professionals

That psychologists can be really triggering for TTI survivors and they need to be patient with us

To look into the actual legitimacy of any programs before recommendation.

Table 44, continued

		...The TTI programs are likely to make the child feel like they're distrustful of therapy so I would suggest not triggering them by appearing too stiff as a therapist. Depending on the program the survivor attended psychologists or therapists should recognize that they are likely to be familiar with some terms/concepts of therapy or psychology. This could mean they might use these terms/concepts evasively or even manipulatively. It could also mean that revisiting these concepts could trigger latent traumas resulting in extreme reactions. They might be extra-sensitive or remarkably jaded to therapy.
Empathy	2	Never tell us that it sounded helpful. ...validating their feelings about the place [...] I found that a humanist approach worked for me
Advocacy	1	Advocate for the closing of these programs
Unsure	4	??? Not sure I do not know I don't have the slightest clue. I only can see a psychologist for meds because of insurance and I typically control my own meds with their supervision.
Other	3	That most of us are conflicted. I have spent a lot of time being an admin in the RMA group and I am a member of most of the groups and boards. I very rarely meet someone who is not conflicted about this experience.

Table 44, continued

...Please don't start up a bunch of intense emotions and then tell us it's time to go so that we have to walk out alone and figure out how to finish the day in turmoil.

There is no cookie cutter problem for us. Everyone is affected differently the wounds and scars cannot be seen but are real

Secondly, participants were asked what they believe therapists can do in order to effectively help TTI program survivors. Responses fell within the following categories: Education (n = 9), Trauma/PTSD Treatment (n = 6), Empathy and Safety (n = 2), Unsure (n = 4), and Other (n = 6). Participants' responses regarding how therapists can help survivors of the TTI can be seen in Table 45.

Table 45

How Can Therapists Help Survivors of the TTI?

Category	n	Response
Education	9	Educate themselves to we don't have to educate them
		Learn about the industry, and trust patients voice
		Research total institutions. And learn how to help people subjected to them.
		By being informed about the general experiences were there, by addressing it without expressing shock. That just makes me feel aberrant.
		I think therapists have to have knowledge on the different programs. I never went back to a therapist because I didn't open up much. It was too painful to experience that again.

Table 45, continued

		Learn the terminology they used on us so you do not trigger us during therapy. Also, believe us when we say we were the victims in the situation- regardless of what we did to get sent to the program. We have taken accountability for everything in our lives but were never allowed to be victims, therefore, we never got to process our previous trauma in a healthy way. Acknowledgment, support, research to understand the intricacies, help us have a voice to explain what is happened then is still affecting many if us now!! To learn more about the long term effects on people these places have and how to treat them Listen. Learn and preach about it to others so less will go in the future. Help to pass the legislation to regulate the industry etc.
Trauma / PTSD Treatment	6	Treat them like veterans Talk to them as needed as in any other PTSD trauma or stressful situation as Learn about them, believe and support survivors and offer effective treatments for resultant PTSD I guess sort through the trauma we went through. Listen to us, help us move through? Also know we are trained in therapy, so don't do the therapy 101 of, "how does that make you feel" (personally lines like that anger me). Help us turn off some of the awareness we have of ourselves as it is slightly painful to understand why you are doing everything you do. They need to understand how traumatic it can be and deal with the trauma first including validating their feelings about the place. The TTI programs are likely to make the child feel like they're distrustful of therapy so I would suggest not triggering them by appearing too stiff as a therapist. I found that a humanist approach worked for me

Table 45, continued

		Ask them lots of questions to bring back memories, dive into feeling of guilt for what they did to others while there
Empathy and Safety	2	Empathy, listen, believe them. Let us feel through our feelings instead of talking through them Keep sessions confidential, listen, trust your client, show compassion. Create a safe place to let survivors talk about what has happened to them. Make sure people are offered treatment with mental health professionals and all the different therapies they have to offer them.
Unsure	4	No clue I do not know I don't know Not sure
Other	6	They can't There is no help. It can not be undone. We have to live and learn to cope with what has happened to us. Maybe survivors who go on to become therapists could specialize in helping more recent survivors. Maybe that is a silly idea, I don't know enough about therapy and therapists to really know. They need to talk about it and heal. Talk to others who have been through it.

Table 45, continued

Understand that it is very much like Stockholm Syndrome. Although most of it sucked, there are some positives that come out of it. I would never give up the relationships I developed at RMA. These are people who know the absolute worst things about me and still choose to be my friends.

I don't consider myself a survivor of a school, I consider myself as someone who survived themselves in their teen years with help.

Chapter 5: Discussion

Introduction

As an increasing number of narrative reports and exploratory studies are being published on the Troubled Teen Industry (TTI), there remains a deficit of studies using both qualitative and quantitative data. Including quantitative data greatly enriches the information provided by qualitative methods, and allows for comparisons to be made between these survivors and their adult peers. This study included both an open-ended survey, as well as quantitative assessments of personality, trauma, depression, anxiety, substance use, and family structure. Results from this study indicate that the vast majority of participants have overwhelmingly negative opinions of the TTI, even decades after leaving their programs, highlighting the intensity of their experiences and the magnitude of the impact their enrollment had on their lives. Most participants described their TTI experience as horrible and traumatic, and felt like they had been brainwashed and/or abused. While there were exceptions to this finding, they were often because of even more abusive home environments participants were living in before TTI enrollment. Furthermore, the contributing factors that led to mixed or positive feelings towards their TTI program do not necessarily warrant enrollment in a program that was reported as highly abusive by the majority of individuals, especially when safer alternatives exist. Ultimately, three main themes emerged from this data: TTI enrollment is harmful, TTI enrollment can be avoided with proper treatment and familial support, and legal changes need to be made to stop the abuse that happens within TTI programs.

In this chapter, data from this study is synthesized and presented as topical themes, and is compared to the information collected during the literature review presented in Chapter 2. Analysis of patterns and themes begins with a discussion regarding this sample's demographics,

followed by participants' experiences before, during, and after TTI program enrollment. Afterwards, mental health statuses, main takeaways, and ways to help survivors are discussed. Next, the hypotheses predicted in Chapter 3 are revisited and examined. Limitations of this study are reviewed and future research directions are identified. Finally, the practical implications of this data are presented.

Discussion

The following sections discuss the demographics of this sample, as well as participants' experiences before, during, and after TTI program enrollment, current mental health statuses, main takeaways, and suggestions for mental health professionals.

Demographics

When compared to the United States, this sample was not representative of the general population. There was a higher percentage of women (70.97%), White or European-American individuals (87.1%), LGBTQ+ individuals (19.35%), and college educated individuals (54.84%) in this sample. Of note, Behar et al. reported similar demographics in their study of TTI survivors (2007). Compared to the national averages, there were lower percentages of individuals who grew up in a Christian or Catholic family (54.84%), as well as individuals who currently identify as Christian or Catholic (19.35%). Although this sample may be more representative of TTI program adolescents, demographic data for this population is unknown and thus cannot be assessed for representative accuracy. Additionally, several other factors may have influenced the demographic makeup of this sample, including the recruitment method, attrition rate, and availability of living subjects.

Individual versus Familial Demographics. Participants' vocations varied widely from their parents', and a movement away from "traditional" career roles can be seen. Many participants indicated their parents worked in the legal, governmental, educational, and homemaking sectors. Regarding their own careers, these were some of the least endorsed current and aspirational vocational domains for participants. Furthermore, participants indicated they were significantly more interested in careers within the creative and scientific domains than their parents.

When compared to the U.S. population, there was a significantly higher percentage of participants who grew up in a high SES family. However, participants did not endorse similar patterns of income as their parents, even with higher than average levels of education. As previously discussed in Chapter 4, this could be influenced by the higher percentage of women participants and the current wage gap that exists.

Another theory is that this downward economic mobility could be attributed to the higher than average levels of distress these participants are experiencing, as identified by both quantitative and qualitative data gathered in this study. Shofield et al. (2011a) noted that mental health conditions negatively impact individuals' ability to engage in the labor force during working years, and often influences individuals to retire earlier and with less personal savings than their peers. Subsequently, individuals with mental health conditions are more likely to fall below the poverty line, especially after retirement (Shofield et al, 2011b; Luciano & Meara, 2014). Furthermore, the participants in this study do not include individuals who are currently struggling with severe depression and suicidality, or TTI program survivors who have died to suicide or drug overdoses. This suggests that while individuals included in this study may be coping better than some of their peers, the overall challenges with mental health for this

population are highlighted. Additionally, this may explain the higher rate of women respondents, as men often use more lethal means of suicide and thus, there may be fewer men survivors available to participate in this study.

Although there has been a decline in religious affiliation among Americans in recent years (Pew Research Center, 2019), this sample's movement away from familial religious beliefs may also be influenced by participants' experiences in adolescence. Regnerus and Burdette (2006) found that substance use and adolescent delinquency reduce religiosity and exacerbate negative parent-child relationships. Additionally, several researchers found that parental divorce can influence individuals to move away from familial religious beliefs (Lawton and Bures, 2001; Uecker and Ellison, 2012; Zhai et al., 2007). When examining the link between trauma and religiosity, research is mixed; however, Smith (2004) notes that some of the inconsistencies within the literature may be because of a lack of clearly defined terms and constructs. Future research on the factors contributing to survivors' movement away from their familial religious and spiritual beliefs is needed to understand the trajectory reported by this sample.

TTI Program Experience

This section explores the themes identified in participants' experiences before, during, and after their TTI program enrollment. Additionally, comparisons to national averages are made when applicable and appropriate.

Before. Leading up to participants' TTI program experience, the majority of this sample indicated they had received disciplinary action at school, including detention (80.66%), suspension (61.29%), and/or expulsion (29.03%). When compared to the national averages for public schools during the 2013-2014 academic year, only 3.4% of Caucasian students received out-of-school suspensions (Digest of Education Statistics, 2017). This number is somewhat

higher for American Indian/Alaskan Native students (6.7%), and significantly higher for African American students (13.7%). Furthermore, only 0.22% of all students in the 2013-2014 academic year were expelled. Although participants in this sample most frequently cited tardiness or truancy as the reason they received academic disciplinary action, the contributing factors leading to this behavior are unknown. Drug and alcohol use, as well as fighting were also frequently endorsed, especially by individuals who received more serious disciplinary action such as suspension and expulsion. Again, the precipitating factors to this type of behavior are unknown and warrant further research to better understand why there are such high rates of academic disciplinary action for this population.

When examining why participants were enrolled in a TTI program, approximately half cited drug and alcohol use, which aligns with previous research on this population (Bonnie, 2015; Chatfield, 2014; Etler, 2012; Nilssen, 2017; Reamer & Siegel, 2009; Szalavitz, 2006; Tipper, 2012). Additionally, behavioral issues, family issues, running away, and truancy were frequently endorsed. While behavioral issues were reported by eight participants, only three of these individuals cited being “out of control” or “doing whatever I wanted,” corroborating previous research and narratives (Nilssen, 2017; O’Cando, 2011; Szalavitz, 2006). Of interest, mental health issues were less commonly cited, even though the relationship between mental health issues and drug and alcohol use, behavioral issues, and relationship issues is well documented within the scientific literature. Because mental health issues often lead to these externalizing behaviors and not the other way around (Walsh et al., 2013; Heradstveit et al., 2016), data from this study suggest that participants were likely also experiencing higher rates of mental health concerns before their enrollment than what they endorsed. This could be because of the phrasing of the questions regarding what led to their enrollment, where participants

interpreted this as what was the final straw that led to enrollment rather than what were all of the contributing factors. Alternatively, this data could be attributed to a lack of awareness regarding the mental health concerns that were contributing to these behavioral issues.

Although lack of support regarding the likely higher-than-reported numbers of mental health concerns before enrollment might be hypothesized, data regarding TTI program referral sources suggests otherwise. Nearly a third of participants stated they were referred to these programs via mental health professionals. This data presents several concerns. First, it is unknown if the mental healthcare professionals are aware of the abuse that occurs in these types of programs they are referring their clients to. Because TTI programs tend to use manipulative and aggressive marketing tactics, these referring mental healthcare providers may be unaware; however, if they are informed of the types of abusive treatment used, this poses a major legal and ethical concern. Either way, ethical red flags are raised as it is a psychologist's duty to do no harm to their patients (American Psychological Association, 2017).

Second, one participant stated their psychiatrist was receiving kickbacks from their TTI program for referring them for enrollment. While it is still impossible to know if this participant's psychiatrist knew of the abusive treatment being used in the program they referred their client to, the fact that monetary incentives were provided poses another major ethical and legal concern.

Ultimately, this data suggests that many participants were receiving some form of mental health treatment for their emotional and behavioral issues before being enrolled in a TTI program. Although the extent and types of treatment they received are unknown, none of the participants cited being kicked out of group homes or other residential treatment facilities as

contributing factors to their TTI program enrollment. This suggests that there may have been effective treatment alternatives that were unused before entering the TTI.

When asked what they needed most as a teenager, many participants cited acceptance, love, empathy, understanding, and support. Mental health treatment, parental relationship changes, and safety were also indicated, but less frequently. Similar themes arose when asked what these participants felt would have been helpful as a teenager. Quantitative data from the FES corroborates these qualitative themes, as respondents reported their home life to be more similar to distressed families than normal families. This suggests that they were not getting the emotional support they felt they needed, which again, indicates the behavioral issues that led to enrollment in the TTI could have been mitigated with appropriate mental health treatment.

During. Overall, most participants found their experiences in TTI programs to be negative, frequently describing them as “terrifying,” “horrible,” “traumatic,” and “abusive,” corroborating the limited published data previously reported on the TTI (Chatfield, 2014; Szalavitz, 2006). Upon first arrival at their TTI program, many participants felt “angry,” “afraid,” “shocked,” and “betrayed.” During their enrollment, the vast majority of participants witnessed and/or experienced mental/emotional and physical abuse, and nearly half of the participants also witnessed and/or experienced sexual abuse. Additionally, the majority of participants endorsed having their human rights violated in one or more TTI program. Basic human rights, isolation, lack of privacy, abuse, forced labor, and lack of education were all cited.

All U.S. citizens are granted protection of their basic human rights, as outlined in the constitution. As minors, adolescents are at a disadvantage regarding their freedom of choice and their ability to effectively advocate for their rights. Instead, these responsibilities often fall onto legal guardians, law enforcement, and safeguarding agencies such as Child Protective Services.

The online agency Human Earth Animal Liberation (HEAL, n.d.) notes that TTI programs often violate U.S. Constitution Amendments I, VIII, IX, XIV, and XIII. Data from this study support these claims, with disclosures of isolation, brainwashing, systematic torture, forced labor, inadequate education, and lack of because of process. Based on this information, it is clear that adolescents' rights are not being adequately protected, and that the U.S. justice system has failed TTI survivors.

Unsurprisingly, staff who enforced these infringements on participants' human rights were often perceived negatively, and were frequently described as "untrained," "unqualified," and "corrupt" or "mean." Punishment was not only prescribed by staff, and was often carried out by peers. A state of fear and mistrust was instilled by programs enacting a peer policing policy, which is potentially one of the contributing factors to participants' difficulties with developing and maintaining trusting relationships even decades after they left the TTI.

These programs market themselves as therapeutic; however, participants frequently describe the therapeutic treatment they received as "none," "brainwashing," "abusive," and "punishment." Treatment was delivered in the forms of group, individual, and "woven throughout daily life." When asked to describe the treatment they received, participants again called into question the credentials of their mental healthcare providers in each of these settings, stating they were often run by untrained staff members as opposed to licensed clinicians. Participants' reports regarding the type of therapeutic treatment they received affirm data reported by researchers (Bryson, 2004; Chatfield, 2014; Garifo, 2005; Harrie & Gehrke, 2004; Hechinger & Chaker, 2005; Hyde, 2015; Kobt, 2005; Labi, 2004; Nilssen, 2017; Pinto, Friedman, & Epstein, 2005; Rock, 2005; Szalavitz, 2006; Tcomc, 2015; Tice & Skelton, 2016; Williams, 2013; Weiner, 2003), as well as countless online narratives.

Overall, participants most frequently described their TTI program experience as “horrible” and “traumatic.” The abuse, fear, isolation, brainwashing, and lack of autonomy made their experiences so harmful. When asked what was easiest about their experience, the majority of participants cited “nothing.” The friendships they developed while enrolled were the only positive aspect identified by participants. Of note, some participants reported that they did grow emotionally, and several respondents indicated they were glad to be away from their family of origin. With these few exceptions, the vast majority of participants had a strong, negative perception of their time enrolled in a TTI program. Outliers primarily attributed their neutral or positive experiences to having a worse environment at home, or fear they would have not have survived their teenage years because of to drug and/or alcohol use.

The most problematic sentiment regarding the rationale for outliers who had positive TTI program experiences is that there are systems and scientifically-backed treatments that can effectively address these concerns. Subsequently, enrollment in a TTI program is not proven necessary for these cases based on the provided data.

After. Directly after leaving their TTI program, participants indicated they needed therapy, understanding, compassion, empathy, kindness, and parental relationship changes. One of the major themes that stood out about participants’ needs is the desire to be believed, not only regarding the atrocities they experienced while enrolled in a TTI program, but also about who they are as individuals.

The majority of participants indicated they now struggle with mental health issues as a direct result of being enrolled in a TTI program. Posttraumatic Stress Disorder (PTSD) was most commonly cited, and was frequently attributed to the abuse they experienced. Qualitative data regarding PTSD symptoms is corroborated by the quantitative data gathered. Although this

sample as a whole did not meet the full diagnostic criteria for a PTSD “diagnosis,” average scores neared the clinical cutoff in all criterion clusters.

Data from the BDI-II and STAI also indicated this sample struggles with moderate depression and higher than average levels of anxiety, particularly for women in this sample. Without further analysis, it is difficult to understand how participants’ symptoms of PTSD, depression, and anxiety all interplay; however, it is clear that there is a significant difference in pathology among TTI survivors. Furthermore, this quantitative data on the current, adulthood functioning of these survivors indicates that they likely require more mental health support than they are receiving, and qualitative data suggests they may be wary of seeking this necessary support from mental healthcare providers.

As previously noted, interpersonal challenges in participants’ lives after leaving the TTI was another primary theme that emerged from both the qualitative and quantitative data. Individuals in this sample often cited difficulty trusting others and developing relationships, not only with mental healthcare providers, but with their peers and spouses, too. This poses a barrier to seeking treatment for their PTSD or other mental health concerns, as well as a challenge for mental healthcare providers.

With the percentage of participants in this study who currently use psychotropic medications being significantly higher than the national averages, it is clear that individuals in this sample are struggling. Additionally, with several reports of losing TTI program peers to suicide and drug overdoses, it can be inferred that this population is at greater risk for mental health issues than the broader population.

Main Messages

Currently, the vast majority of participants have overwhelmingly negative opinions of the TTI, even decades after leaving their programs. This highlights the intensity of their experiences and the magnitude of the impact their enrollment had on their lives. Again, there were exceptions to this finding; however, as previously discussed, the contributing factors that led to mixed or positive feelings towards their TTI program do not necessarily warrant enrollment in a program that was reported as highly abusive by the majority of individuals, especially when safer alternatives exist.

When asked what the main takeaway message participants would like to convey about their TTI program experiences, three themes emerged: TTI enrollment is harmful, TTI enrollment can be avoided with proper treatment and familial support, and legal changes need to be made to stop the abuse that happens within TTI programs.

While the first two themes have been discussed already, the third highlights the need for awareness and advocacy among healthcare professionals. With nearly a third of participants receiving their TTI program referral from a mental healthcare professional, education to increase awareness of the dangers of these programs is warranted. Additionally, professionals should be trained on how to assess a program for their TTI affiliation and potential for abuse, especially considering these programs typically use deceptive marketing strategies that suggest otherwise and it is the duty of psychologists to do no harm to their patients.

Summary

In this section, the research questions identified in Chapter 1 are reviewed and hypotheses predicted in Chapter 3 are discussed.

How were they different as teenagers in terms of demographics, family characteristics, community-based resources, mental health, and well-being?

It was hypothesized that this sample would be comprised of mostly White individuals from high SES families. This hypothesis was supported. No hypothesis was established regarding this population's behavioral or mental health issues before TTI program enrollment. The data suggest that these individuals were experiencing higher-than-average levels of behavioral issues at school. As previously discussed, this likely indicates they were also experiencing higher levels of mental health concerns than reported, too.

It was hypothesized that the families participants grew up with were less connected with community-based resources and/or were too ashamed to use community-based resources. Given that approximately a third of participants were referred to a TTI program by a mental health professional, it can be assumed that families were utilizing community-based resources to some extent. The actual percentage of participants who were in treatment or utilizing community resources cannot be determined based on the collected data and warrants future research.

What were their experiences of entry into the program in terms of parents' decisions, methods used to transport the teen, and explanations given by family, consultants, and school personnel?

Unfortunately, because assessing the parents of individuals who went to TTI programs was beyond the scope of this study, there is limited information available regarding familial decision-making leading up to TTI enrollment. While many survivors did not always know their parents', consultants', and/or school personnel's rationale when making enrollment decisions, data suggest that these teens were likely acting out in ways that parents did not know how to manage. Future research on the parents and family units who have involvement with the TTI is

warranted to better understand the primary contributing factors to the decision-making process. Once the decision to send their teen to a TTI program was made, over half of the participants in this sample were transported using a paid escort service.

What were their experiences during the program of curriculum, discipline, therapy, and perceptions of coercion?

Responses regarding program academic curriculum typically fell within the theme of being very poor and in some cases, detrimental to their college and/or career trajectories. Discipline was pervasive within almost all of the TTI programs, and was one of the main sources of psychological abuse that occurred. Specifically, many participants noted being brainwashed via threat or fear of punishment. Coercion experienced by families and parents was not assessed, but warrants future research to better understand the pathways in which teens end up enrolled in TTI programs.

Themes that emerged regarding the therapy provided at TTI programs included skepticism regarding the credentials of those providing the treatment, varying types of treatment provided (e.g. group, individual, woven throughout daily life), and a typically negative overall experience. The hypothesis that there would be some reports of experiences with the “Tough Love model of treatment” was supported, with specific citations of “Tough Love” and “Synanon” from several respondents.

What were their experiences of leaving, integrating, or transition to another program?

The majority of participants in this sample reported only attending one TTI program, having left their program after graduation. Nearly half of participants reported returning home after graduating. When asked what these participants needed after leaving their TTI programs, several themes emerged, all of which are connected to the metatheme of understanding,

compassion, empathy, and kindness. Nearly a third of participants cited needing therapy after leaving their program, which is a way to gain all of the aforementioned needs relating to love and support. Surprisingly, only three participants cited specifically needing transitional help reintegrating back into the “real world;” however, these responses could also fall under the theme of understanding, compassion, empathy, and kindness. Many responses in other categories (e.g. Parental Relationship Changes) could also fall within this metatheme, too, although as with most categories, there were some outliers (e.g. need more education).

How has enrollment in a TTI program impacted the adult survivors in terms of psychological adjustment, interpersonal relationships, and vocational trajectory?

Most participants cited struggling with PTSD, which was corroborated by PCL-5 data. Additionally, data from the STAI highlighted the high levels of both state and trait anxiety, and mean data from the BDI-II indicated moderate levels of depression experienced by this sample. Data from the OQ45.2 paralleled what participants were reporting regarding challenges within their interpersonal relationships. Both the qualitative and quantitative data supported the hypothesis that survivors experience higher levels of neuroticism than their peers. Contrary to what was hypothesized, though, was substance use reported by this sample. Cannabis and tobacco were the only substances where the group mean indicated participants would benefit from a brief intervention. While there were a few participants who fell within the brief intervention or substance use treatment ranges for other narcotics, on average, this sample did not report high levels of substance use, even though they were reporting high levels of neuroticism.

No themes were identified regarding this sample’s work sectors; however, a movement away from their parents’ more traditional work roles can be seen. Regarding participants’

vocational trajectories, several participants cited their lack of education while enrolled in a TTI program hindered their ability to get into and/or perform adequately in college. Interestingly, even though a higher percentage of participants received a college degree than their national peers, they are not earning at the same levels as individuals with equal education.

How has enrollment in a TTI program affected adult survivors' perceptions of and participation in post-enrollment mental healthcare?

As identified in Chapter 3, there are no published studies to date that address what mental health professionals need to know regarding how to help this population. Subsequently, developing an understanding of the unique impacts TTI enrollment has on adult functioning and treatment engagement is essential to providing appropriate care. There are several barriers to mental health treatment identified by this sample, including fear, mistrust, and lack of awareness within the mental health industry. Additionally, limited income, as well as less support from religious communities and their friends and families may hinder TTI survivors' ability to obtain adequate help.

Many participants indicated they do not trust mental health professionals, and even more noted their difficulty trusting others as a major consequence of their time enrolled in a TTI program. Additionally, several respondents stated mental healthcare professionals cannot help survivors in any way, and of those who had attended post-enrollment therapy, the vast majority reported they had not met a therapist who had even heard of the TTI. This lack of trust towards providers highlights a major barrier to treatment that puts this already marginalized population at greater risk. Two themes that emerged regarding how professionals can help this population were education about the TTI and advocacy for survivors, suggesting that if therapists can begin engaging in these tasks, trust may be repaired.

While there was a clear theme regarding mistrust for the mental healthcare community within this sample, there was also a significant portion of participants who engaged in some form of post-enrollment treatment, too.

What support systems have been available to adult survivors?

As previously discussed, participants in this sample were more educated than their peers, but often made less money. This presents a barrier to seeking treatment as mental healthcare is often not a priority expense, especially when there is a history of witnessing and/or being abused in treatment. Beyond professional mental health treatment, survivors in this sample reported lower levels of religiosity, suggesting they have fewer community-based resources that others may receive from their place of worship. Additionally, data from the FES indicated these participants had a history of turmoil within their families, suggesting TTI survivors may have had less support from their parents; however, more research is needed to validate this hypothesis.

One of the main sources of support for TTI program survivors includes online communities of their peers. While this provides a place for survivors to feel heard, understood, and validated, there are negatives to this type of community support, too. Several participants noted how they regularly lose someone in their online support group to suicide or drug overdose. This type of exposure of trauma may be having a negative impact on survivors' overall wellbeing, and may be complicating their own symptoms of PTSD. For example, physicians who are exposed to patient death are at a higher risk of burnout and compassion fatigue, the symptoms of which include "poor sleep, difficulty in concentrating, social withdrawal, which can lead to interpersonal conflicts, poor judgment, and addictive behavior," as well as "intrusive thoughts or dreams of distressing symptoms" (Gallagher, 2013). Many of these symptoms were endorsed by participants in this sample; however, it is impossible to determine how much, if any,

the potential parallel traumas they are exposed to are impacting these symptoms based on this study's data because of the recruitment methods used. Future research on this population is needed to understand this potential contributing factor to survivor pathology.

Ultimately, it is clear that the TTI survivor population is in need of more support for their mental health symptoms, and that there are barriers to mental healthcare professionals being the ones to provide this support. This once again highlights the need for advocacy by professionals not only to repair and develop trust within this population, but also to spread awareness to the general public regarding the needs of survivors. Additionally, advocacy can aid in state and federal legislative changes needed to prevent further abuse within TTI programs while also reducing the barriers to treatment for individuals who have already undergone TTI treatment.

Limitations

The descriptive rather than experimental nature of this study limits data applicability, in that inferences regarding causation cannot be concluded. Because research on this population is in its infancy stage, this approach is methodologically appropriate (Awad & Cokley, 2010). Methodologically, this study had to be conducted after participants were removed from their TTI program, as these facilities typically do not allow outside research to be conducted on their methods. Subsequently, data collected is subject to participants' recollection of their lives before and during their TTI program enrollment. Focusing on both qualitative survey responses and current well-being via standardized assessments added rigor to the descriptive goal for this study on families who are involved with TBSs. Empirical research is conflicted regarding how time impacts one's ability to accurately recall memories, especially historical traumatic events (Farrants, 1998). Some argue that false memories can be implanted and adopted as factual events (Loftus, 1993), called the "misinformation effect." Contrary to this idea, others note that social

influence and leading questions can impact recall (Pezdek, 1994), highlighting the limitations to the generalizability of research on the misinformation effect.

On average, participants in this study were 41.3 years old ($SD = 8.5$), indicating many are recalling memories from over 20 years ago. While participants were primarily recruited via survivor groups on social media where stories of abuse are widely available, it is unlikely that all participants are subject to the implantation of false traumatic memories. Many participants reported unique, detailed descriptions of the abuse they experienced and/or witnessed, suggesting they are recalling their own experiences rather than a narrative obtained from participation in survivor support groups. Nonetheless, some subjects reported similar memories of abuse; however, this is expected when several participants attended the same TTI program during a similar time period.

Ultimately, it is impossible to discern the accuracy of participants' memories without conducting this type of research while participants are currently enrolled in a TTI program. This, however, presents its own unique set of limitations beyond the accessibility of conducting this type of research. Data suggests that students who are currently enrolled in or recently left a TTI program are likely fearful of the potential consequence of speaking negatively about their program.

This study's small sample size also proposes a limitation to the data. Although qualitative studies often have very few participants, quantitative research typically requires a significantly larger sample size to obtain statistical power. One of the strengths of this study is the abundance of qualitative data obtained; however, quantitative data should be interpreted with caution when generalizing to the larger population of TTI program survivors. Furthermore, because subjects were recruited from social media for an online survey, participation was limited to individuals

who have access to these platforms. The lengthy nature of this study also poses a limitation to the data collected, as many participants who showed interest in this study did not complete the survey and thus could not be included in the final results. Because of the potential interpretation inconsistencies, data may not accurately reflect what was intended to be measured, and must be analyzed with caution. Participants who indicated they were currently experiencing high levels of suicidality on the BDI-II were not allowed to continue the survey because of the potentially triggering nature of detailed, trauma-related questions. Subsequently, individuals who completed this survey were struggling less than some of their fellow TTI program survivors, likely creating a positively-biased sample.

Maia Szalavitz's book both documents and proposes explanations for some students' reported positive experiences in the program. For example, the goal of tough love programs is compliance, suggesting those who accept the program by following the rules and parroting values will ultimately have a less abrasive experience while at a TBS. Subsequently, years of isolation coupled with "techniques, which have been proven to be common to mind-control systems" (p. 69) pressuring teens to act according to Synanon principles has shown to cause cognitive compromise similar to that of Stockholm syndrome, wherein some individuals begin to adopt these ideas as their own. The sample population surveyed displayed a somewhat dialectic response (i.e., mixed "very positive" and "very negative" overall experiences). Although a theme emerged regarding home life before TTI enrollment and how it impacted participants' beliefs about their TTI experience, future research on factors that contribute to the mediation of program ideology acceptance or rejection may be helpful in understanding this phenomenon.

Finally, while I worked closely with unbiased advisors and ethics committee members, my personal history with the TTI may be influencing what types of questions were asked, as well

as how the data was interpreted. On one hand, my experience may have lent me insider information that allowed me to know what to ask that otherwise would have been overlooked. Alternatively, this may have led to biased data based on the limited number of positively-phrased questions (e.g. “What was the easiest part of your TTI experience?”). The team of individuals who collaborated to develop this survey worked to limit any biases my personal experiences may have had; however, as with any research study, the draw to support hypotheses may influence the collection and interpretation of data.

Implications for Research

Empirical data on the TTI is very limited, with the majority of information regarding this topic being in narrative form. This study adds to the growing body of information on this topic by providing qualitative and quantitative data on one of the largest sample sizes to date. While the majority of empirical data collected on this population comes from qualitative research, this study corroborates previous findings while building on them through quantitative data on current functioning and familial relationships. Additionally, data from this study supports narratives in the form of memoirs, films, and online posts made by survivors of the TTI.

Given the data presented in this study, as well as the limited data previously published on this population, additional attention to future research is warranted. Unfortunately, the biggest hurdle ahead of TTI researchers is the limited access to this population before, during, and right after TTI program enrollment. As a result, research can only be conducted on this population after they have left their TTI program, or on families considering enrolling their adolescent in a TTI program. Future research on this population is needed during each of these time periods to better ascertain individuals’ experiences in the moment as opposed to how they recall their experiences, as well as to understand the familial decision-making process that leads to

enrollment. Additionally, by obtaining data on experience in the moment, comparisons to data obtained years later can be made, which would provide more insight into how programmatic pressures and social influences impact individuals' memories.

Future studies on this population should consider including family members, especially since the parents were typically instrumental in teens' enrollment in these programs. Additionally, future studies on psychologists' knowledge and perceptions of the TTI is warranted, not only to increase awareness of this issue among experts, but also to better understand treatment strategies that will most effectively help this unique group of survivors who may be instinctually guarded around mental healthcare providers.

Finally, as previously identified, recruitment from other sources could provide information about how survivors are coping when they are not involved with online survivors groups. While these groups are one of the few trusted support systems that survivors identified, they may also be doing harm in the form of parallel PTSD. More research is needed to understand the impacts of these groups on long-term wellbeing of survivors.

Implications for Practice

Proponents of the TTI assert that they provide effective mental health treatment for adolescents. This message is delivered in a convincing matter, not only to parents, but to mental health professionals, too. Needless to say, this is a major ethical concern on several levels. First, therapists have a duty to do no harm to their patients. Data from this study, as well as previously published studies and narratives, show that enrollment in a TTI program is harmful to the majority of patients. Second, if the TTI associates itself with mental health treatment, it is negatively impacting the public's perception of mental health providers, potentially creating

additional barriers to treatment for those who need it. Based on all available data, there are several recommendations proposed for practitioners: education and advocacy.

Education

As previously discussed, participants indicated they need to be believed and understood. Providing survivors with the empathy, love, and kindness they deserve is a first step towards building trust with this population. Approaching therapy with curiosity and unconditional positive regard may also build trust by demonstrating belief in what survivors have to say about their experiences. Doing research on the specific program a survivor attended may also increase rapport while providing insight regarding their experiences. Additionally, obtaining appropriate training on the effects of and treatment for PTSD will be paramount when working with this population.

Practitioners should also conduct thorough research on any residential or wilderness program they are considering referring their clients to, particularly because almost one third of this sample reported receiving their TTI program referral from a mental healthcare professional. Gaining appropriate education regarding the TTI, such as how to identify the deceptive marketing practices used by abusive programs in the TTI, is paramount to protecting patients through appropriate and safe referrals. Because it can be difficult to know if residential facilities are a part of the TTI, gaining competency in effective family therapy and/or developing a network of local providers who offer family treatment may help mitigate the need to refer adolescents to residential facilities in the first place. The following sections provide resources that are available online for both mental health providers as well as families considering residential or wilderness placement for adolescents.

Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment.

The Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (ASTART) is a website run by healthcare, legal, and advocacy professionals, as well as family members and survivors of the TTI (2015). ASTART's mission is "to protect children from abuse and neglect by residential programs, and ensure families have safe and effective community-based care," and provides information about the abusive practices with the TTI, as well as how to identify TTI programs and obtain appropriate treatment. ASTART's 2014 guidelines to identifying a potentially abusive TTI program state the following:

1. Programs that are not state-licensed and accredited with regard to all three aspects of the program components: educational, mental/behavioral health, and residential.
2. Programs that claim to be able to assess your child and make program recommendations by Internet or by phone, and then urge you to "act now" to prevent serious harm to your child and family.
3. Any program that recommends or supports the use of private "escort" or "transport" services to take your child to the program.
4. Programs that do not respect the wisdom and expertise of parents and youth.
5. Programs that restrict youth and family rights in terms of communication, parental rights and other aspects.
6. Programs that use harsh and excessive discipline practices, including "tough love" seclusion, restraint, corrective "behavior modification," fear, or humiliation and more.
7. Some residential programs for teens provide sub-standard therapeutic intervention, or therapies that are unsuitable for a child's specific needs.
8. Programs that provide sub-standard education.

9. Programs that admit youth with psychiatric diagnoses but then do not provide appropriate medical treatment, and programs that do not require a physical/psychological exam for youth before admission, or that disregard opinions from outside medical and psychiatric professionals.
10. Require parents to sign contracts with unreasonable terms, such as signing over custody or agreeing not to file suspected child abuse reports.

Human Earth Animal Liberation. Human Earth Animal Liberation (HEAL) is an online network that focuses on consumer advocacy and human rights within a wide variety of domains, not just the TTI (n.d.). Like ASTART, HEAL provides parents and practitioners with information regarding how to identify an abusive TTI program versus a genuine and safe residential facility. Additionally, HEAL actively tracks abuse and infringements to human rights that occur within residential programs, whether they are considered a part of the TTI or not.

Federal Trade Commission. The U.S. Federal Trade Commission (FTC) published a guide for those considering residential treatment for adolescents in 2008. This guide provides a basic framework to begin research about a specific residential program, as well as questions to ask if considering enrolling an adolescent in this type of treatment. Additional resources are also provided, including information about the 2007 GAO report, ASTART, and federal policies on mental health facilities.

Advocacy

According to HEAL (n.d.), there are still hundreds of programs both in the U.S. and abroad that are currently under investigation for abusive practices and their links to the TTI. Professionals in all related fields (e.g. healthcare, legal, etc.) are in a position of expertise and thus authority regarding advocating for state and federal legislative changes that will prevent

further abuse under the guise of treatment (Behar, Friedman, Pinto, Katz-Leavy, & Jones, 2007; Friedman et al., 2006; Pinto et al., 2005). Prosperity Now (n.d.) reports this type of advocacy involves several steps, including continuing research on the TTI, educating the public and policymakers about the effects and practices of the TTI, lobbying and petitioning for legislative changes, and encouraging citizens to vote on applicable policies.

For many practitioners, this is a seemingly overwhelming list; however, developing an advocacy group and helping to write grants that will continue the empirical research around the TTI and educate citizens, policymakers, and other professionals is a much more manageable step. Data from this study, along with previous studies and narratives suggests this type of advocacy is imperative to not only end the abuse that happens in the TTI, but also to restore survivors' and the general public's faith within the mental healthcare community. Furthermore, psychologists have a duty to protect the welfare of others, especially vulnerable populations, while upholding ethical treatment standards. Without action, psychologists and the mental healthcare community are knowingly allowing the abuse and suffering of vulnerable individuals to continue while simultaneously harming their own reputation, thus potentially preventing struggling individuals from seeking the necessary treatment and support they need.

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