



The Troubled Teen Industry and Its Effects: An Oral History

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Introduction

The troubled teen industry (TTI) is a multi-billion dollar industry consisting of thousands of underregulated residential youth treatment facilities. These treatment facilities operate on a for-profit basis and trace their origins back to the 1958 cult Synanon. Many cases of abuse have been reported about these facilities, including deaths. Some programs have been shut down, but many have rebranded and reopened. Staff working in these programs are often undergraduate students who are treated poorly if they question the program's methods. Programs are often influenced directly or indirectly by Christian ideals. Certain programs, such as one that the author attended in their youth, operate through point card systems, where residents "earn" positive and negative points based on all aspects of their behavior, and must make a certain number of points each day in order to have basic rights. This research focused on gaining first-hand insight into people's experiences surrounding one such treatment facility, through interviews with 19 former residents.

Literature Review

- The origins of the TTI can be traced back to the 1958 cult Synanon, a drug addiction rehabilitation center that used attack therapy, isolation, limited freedom, and rewards for compliance⁴
- Since its inception about 60 years ago, countless children have been processed through the TTI; current estimates in the United States are 120,000–200,000 children in the TTI at any given time²
- Parents are often manipulated through fear tactics into believing their children desperately need this type of facility, and are then manipulated to not believe their children if they say anything bad about the facility¹
- Adolescents are sent into the TTI for a myriad of reasons, including truancy, drug addiction, depression, having "the wrong friends," refusing to follow parents' religious expectations, and running away from home³
- Survivors report many types of physical abuse and neglect, exploitation (human trafficking), and several types of psychological torment and manipulation^{1,4}
- One of the only in-depth studies on experiences in the TTI resulted in three main themes: 1) being in the TTI is ultimately harmful, 2) TTI enrollment can be avoided with proper treatment and familial support, and 3) legal changes need to be made to stop the abuse that happens within TTI programs³
- Many concerns have arisen among psychologists regarding the use of point-and-level systems in residential youth care, including (but not at all limited to) the focus on behavioral change instead of personal growth, the approach not being tailored to individuals, the alternate reality that these systems involve, and the influence of personal biases of staff members⁵

Methods

Participants: The participants were 19 adults, ages 19–26, who had been at this treatment center at some point in the last 10 years (largely between 2013 and 2017) and were sent there as minors. All participants were assigned female at birth, as according to the center's entry criteria; however, five participants identified themselves as something other than a woman while in treatment or afterward. One participant had always identified as heterosexual, and two participants identified as heterosexual currently but did not while in treatment. Five participants identified themselves as people of color. One participant was not from the United States.

References

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Materials and procedure: Participants were recruited from two social media groups of people who had attended the treatment center, through an anonymous account created for the purpose of recruiting participants. Intentions were made clear when requesting to join the groups. Once in the groups, posts were made outlining the project and inviting people to participate in interviews. Participants were offered \$20 gift cards for their contribution.

Interviews were conducted securely over Zoom, and participants gave verbal consent to be recorded. Depending on the participant, each interview lasted about 30 to 90 minutes. Participants were asked questions about their experiences before, during, and after treatment; for example:

- Can you tell me about your life and life situation before treatment?
- How did you generally feel at [this treatment center]?
- How did you change mentally and in your behavior as you progressed through the program?
- As an adult, looking back, how did your time at [this center] affect your life overall?
- Would you recommend this type of program to a struggling teen?

Follow-up questions were asked when necessary. After the questions had been answered, participants were thanked and provided with a list of resources to help support them in the event of emotional distress. The Zoom transcription feature was used during the interviews for a baseline transcript, and I went through each interview afterward to edit the transcriptions for accuracy.

Data Analysis Plan: Throughout the interviews, notes were made of topics that came up multiple times. The interviews were then coded using a grounded theory approach, which consisted of identifying major themes and subthemes that consistently emerged within participants' responses.

Results

Summary of prior experiences: Before entering this program, participants typically had undergone negative experiences at home and at other facilities, and had a wide range of mental health issues.

- "I didn't really have any room in our family dynamic to express my emotions in any way."
- "It was just a cycle of treatment centers referring me to treatment centers referring me to treatment centers, so I was just stuck in the system for a while."

Abuse and neglect in the program: Participants reported staff abusing their power, therapists behaving inappropriately (e.g. oversharing and victim-blaming), irresponsible prescribing of medications, and not being believed about physical health problems.

- "I felt like a lot of the staff were there because of power issues; they just wanted to have control."
- "I was actually pretty scared, I was like, *Oh my god, now I'm in a program where my safety is not even considered.*"

Discrimination: Participants were treated unfairly for having mental health issues, especially for showing symptoms of ADHD or autism spectrum disorder, and reported discrimination related to race, gender, and sexuality.

- "A lot of the things they punished us for were just ways neurodivergent people try to relate to others."
- "I saw so many people get different rights taken away over their sexuality."

Theme	Quote examples
Abuse and neglect	"I wasn't treated like a person." "The first psychiatrist I saw when I got out was shocked that I hadn't died."
Use of cult tactics	"They did a very good job of brainwashing us." "[My therapist] would tell me that if I were to get with a woman after treatment, it would be a sign of relapse."
Exacerbation of symptoms	"I wasn't growing as a person, I was actually regressing."
Life after treatment (long-term effects)	"I definitely look back on it as an incredibly traumatizing experience." "There are things every single day that make me think about it."

Use of cult tactics: Participants reported conversion therapy, linguistic control, coercive persuasion, and control over individuals' bodies. Almost every participant described "a full, complete loss of any self-identity." All participants but one used treatment-specific terms, showing long-lasting linguistic influence.

- "I couldn't show emotion or I got in trouble."
- "It felt so forced, all the interactions felt so unnatural—and not being allowed to talk about anything, that really stuck with me."
- "They have a very specific model of girl that they want you to be, and that's how you progress through the stages, is by becoming that person."

Exacerbation of symptoms: Participants' distress was worsened by the program. Many felt pushed to use unhealthy coping mechanisms. Participants could not recall many positive experiences from the program.

- "[I felt] hopeless, dejected... I was just really lost and confused... feeling my sense of self slipping away, feeling more and more disconnected from the... people right next to [me]."
- "I remember just not feeling real, I remember waking up every morning and just being like, *This can't be real, I'm stuck. I'm stuck somewhere, and I can't escape.*"

Life after treatment: Participants' described the transition back to normal life as incredibly difficult; struggling and relapsing was very common within the first year out. Many people described PTSD symptoms, and many still felt ashamed over being LGBTQ+. Participants reported difficulties in all types of relationships. People still thought about treatment very often, and none of them would recommend this center to a struggling teen.

- "When I left, I felt like I had been in treatment my whole life; I could not remember my past and I could not imagine my future."
- "The motive for me to not kill myself is fear. It's not fear of death, but the fear of 'What's going to happen, should it not work again? Am I going to end up somewhere again?'"
- "I have a lot of trouble in grocery stores, cooking, cleaning. I feel like I live in two worlds... I shut down or become weird around people and I don't have any way to tell them why."

Methods of healing: Participants were helped by 1) embracing their identities and needs, 2) outside influences such as apologies from staff and knowledge of TTI-related activism, and 3) getting genuinely good therapeutic assistance and/or (re)connecting with others who had been through treatment.

- "The most concerning psychological things vanished as soon as I was in my own home."
- "I felt like I was going insane until I connected with someone else from treatment, and they were like, 'No, those are real memories.'"

Discussion

Summary of Findings: People's experiences in the TTI and this specific program were overwhelmingly negative and had long-lasting negative effects. The program was abusive, neglectful, discriminatory, mentally harmful, and cult-like. TTI programs such as this one cannot be allowed to continue to exist. Due to the program's methods being harmful in such core ways, it would be very difficult to reform centers such as this one into anything helpful; however, certain regulations should still be put in place as soon as possible to reduce harm.

Limitations: This study was conducted with participants who had all been to the same treatment center, were all assigned female at birth, and were of similar ages. While this is a benefit in terms of having common variables, it also limits the scope of how applicable certain findings might be to the TTI as a whole.

Future Research Directions: This research is a very comprehensive analysis in an area that has not seen much research at all. Because of this, it opens many doors for future research directions, such as:

- Conducting the same study with people who were at different treatment centers
- Studying specific variables in program models which lead to different long-term outcomes
- Conducting in-depth analyses of potential flaws and ulterior motives in existing research that has found these types of programs to be beneficial
- Studying the experiences of staff who worked in the TTI previously, especially the many who worked these jobs in their early twenties
- Studying parents' perceptions of their children before, during, and after the TTI, such as a study analyzing the process of a child's "brainwashing" from the parental perspective
- Further studying the linguistic aspects of the TTI, such as
 - a wide analysis of treatment-specific and facility-specific terms
 - a study on the long-term linguistic impacts of being in the TTI
 - a study on linguistic control tactics used within different TTI programs