

An open letter and invitation to critics of private residential treatment programs
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Recently a number of organizations and individuals have raised concerns about private residential schools and programs that address the needs of troubled adolescents. Web sites and presentations have included fear inducing titles such as “Exploitation of Youths and Families- Perspectives on Unregulated Residential Treatment”, “Who’s watching the kids”, or “An alarming residential care phenomenon...linked to reports of mistreatment, abuse, and death.” Such presentations and criticism are of course well intended to protect children and parents from abuse and exploitation. And I am sure that there are individual programs that have not been responsible in treatment of children and families, just as I am certain that some of my fellow psychologists (licensed or not) are inadequate, impaired, and unethical, but that does not mean that the entire profession is corrupt.

It is apparent that most criticisms are not aimed directly at the many quality programs in NATSAP, but the lack of knowledge of our programs, the misperceptions, and fears that such critics raise are dangerous and create mistrust for all, even the most responsible of us. It is particularly alarming when critics, including a number of educated professionals, make sweeping conclusions without legitimate data and without examining any of our programs or available outcome data. Rather the critics seem to draw conclusions from the noisy complaints of a few individuals and from sensationalized newspaper articles.

NATSAP, as an organization representing 170 programs, would like to join forces with responsible critics of residential care in efforts to educate, raise standards of care, and put an end to practices that lead to abuse, mistreatment, or exploitation of either children or parents. However, the misdeeds of individuals or individual schools and programs should not lead to a wholesale condemnation of the many excellent and responsible programs that fill a genuine need for desperate adolescents and their families. Nor is the answer to be found in efforts to create federal standards and regulation for all private programs that would increase bureaucracy as well as costs and tend to homogenize the diverse and creative approaches now available to private paying families. In fact, most therapeutic schools and programs serving the private market are operated by caring, qualified and professional staff who take excellent care of adolescents who are referred to these programs precisely because all efforts to contain, treat, and keep adolescents safe in their home environments have failed.

It should also be pointed out that all programs who are members of NATSAP must attest that they operate under the highest of ethical principles and practice standards. These standards of ethics and practice are readily available to the public on our website at www.natsap.org. In fact NATSAP was founded to define a benchmark for quality of care and allow programs who seek such quality and professionalism a forum to collaborate in the creation of a knowledge base to improve the profession.

We recognize there are programs that provide inadequate care and do not aspire to the best practices of NATSAP. We also welcome specific criticism of any member program should anyone feel that they are not operating within the NATSAP standards. NATSAP is not a regulatory body, but we will insist that any member program address and correct any legitimate concerns if they wish to remain a member. However, vague and fear inducing allegations aimed at our entire profession are not helpful, and we ask that responsible critics of residential care please make the effort to distinguish between NATSAP programs that endorse high standards of ethics and care from programs that do not!

What are the major allegations and concerns of those who criticize private residential care? First, some critics feel these programs are based on entrepreneurial motivations of greed and marketing rather than concerns for the children and families that we serve. Second, some question whether private programs employ standard diagnostic criteria or models of practice that conform to well established medical and public health models of practice leading to a possible compromise of client care and safety. Third, there are numerous rumors and allegations of abuse and neglect of children in our programs. Finally, some think NATSAP as an organization is opposed to oversight and regulation of programs, and allege that many, if not all, programs are unregulated and unlicensed.

Some critics question the recent growth of private programs implying entrepreneurial capitalistic greed. Growth has far more to do with need than greed. In the past 25 years the level of structure and containment in our society has deteriorated. More than 30% of public high school students drop out of school. Drug use is rampant in junior and senior high school. Drugs have become more potent, more addictive, and more dangerous. Increasing numbers of young people struggle with other addictive disorders that involve cutting, eating, sex, and escape to the fantasy world of the internet. More are diagnosed with depression (including bipolar disorder), anxiety, attention deficit disorder, and oppositional defiance. There has been an alarming increase in prescription medications to manage emotional and behavioral symptoms. Our adolescent culture is stressed, overwhelmed, and failing to cope.

There has also been a striking decrease in stability and containment offered by traditional mental health services. Over the past twenty years the length of stay in primary care psychiatric hospitals and residential treatment programs has decreased precipitously. Treatment has shortened and been reduced to crisis stabilization and medication management in order to “manage” care and contain costs.

Parents helplessly watch their children flounder and fail to mature. Despite outpatient therapy, complex cocktails of medication, and occasional brief visits to psychiatric hospitals or youth detention centers, large numbers of children remain on a trajectory of failure. Even with the best efforts, parents feel they are losing their children. They realize that their children will not graduate from high school, that they have limited ability to handle emotions, that they show little or no concern for others, and cannot plan realistically for the future. In short, their children are markedly immature and show no signs of becoming competent, productive members of society. Time is running out! They

fear their children might not make it, may even die. The palliative remedies offered by outpatient therapists, schools, and conventional health care institutions have failed. It is because of these failures that parents place children in our privately funded residential treatment programs. To these parents the need is real and palpable. Government institutions and traditional health care have failed to meet these families' needs. These desperate parents are willing to pay out-of-pocket to give their children an alternative to failing conventional treatment.

NATSAP programs are aware of the pain and vulnerability of parents. The NATSAP Ethical Principles and Principles of Good Practice make it clear that all NATSAP programs must respect parents' stress. As member programs, we pledge to market our programs in a manner that is honest, complete and accurate in disclosure. We openly describe our treatment methods, and the qualifications of our staff. We agree to refuse payments for referrals and to fully disclose our costs.

NATSAP Principles of Good Practice insist that programs operate with the utmost concern for human dignity and specifically prohibit any behavioral management procedures that involve sexual, physical, or emotional abuse, or that deny a nutritionally adequate diet for our participants. All programs must also have a clear written statement of participants rights openly disclosed to both participants and parents.

It has been allege that private residential programs treat serious emotional disorders without proper diagnosis or credentialed staff. Again our Principles of Good Practice, endorsed by all NATSAP programs, specifically require the full disclosure and description of staff qualifications. We agree not to provide services beyond our areas of competence. Virtually all NATSAP programs operate with a full range of licensed psychologists, social workers, educators, and health care providers. The level of care and sophistication of individualized treatment in NATSAP programs stands in stark contrast to allegations of institutional abuse. Care is sensitive, nurturing, and highly professional.

But critics should understand that our programs are not based simply on the DSM IV symptom clusters. We draw from models of education, experiential education, psychology, psychiatry, social work, and family systems theory. NATSAP programs provide a complex milieu of bio-psycho-social-educational treatment that address multiple aspects of a child's failure to mature and develop a resilient, adaptive character structure. Each program places a unique emphasis on the various aspects of treatment. The result is 170 member programs each with a somewhat different blend of approaches, but all committed to the same basic principles of ethics and practice in which the value, dignity and safety of our students is paramount.

Some allege that NATSAP opposes regulation and state licensure. We do not. This rumor is false. In fact, most NATSAP programs are fully licensed and accredited for all parts of their service. Only in states where appropriate licensure is not available for private programs is membership allowed without specific licensure. In such cases programs must still certify that they are in compliance with the NATSAP code of ethics and practice principles. Indeed, NATSAP and its member programs have been

instrumental in lobbying states for strong regulation. As with any complex profession, we ask that regulation be deft, well informed and intelligently designed. We ask that regulators consider input from those who understand the profession, that the regulation recognize the unique qualities of programs, and that regulators do not simply apply standards designed for hospitals, extended stay hospitals , nursing facilities, detention centers, or traditional schools.

The NATSAP practice standards were derived by examining practice standards in many states and with the input of hundreds of professionals. NATSAP officers and member programs have worked closely with several states to suggest and improve regulation. We welcome intelligent state regulation and encourage all states to consider the NATSAP ethical principles and practice standards as a basis for state regulation and licensure. We resent well intentioned, but uninformed critics who call for restrictive and oppressive regulation that could eliminate professional, creative and competent alternatives to failed conventional diagnosis and care.

Certainly we who operate NATSAP programs have our own tasks if we are to achieve a new level of trust. We must do a better job of educating the public about our programs and strive constantly to improve all aspects of what we do. We must operate with impeccable ethics. We must examine all of our individual and collective business practices to insure there is not even a perception of impropriety. Quality of care and safety in programs derive from our own self-study and efforts to improve our profession. Regulation and licensure are important, but not to create the ethics and practice standards of our profession. This we must do for ourselves.

In conclusion, we invite the public, legislators, and critics to visit our programs. Inspect and see for yourselves how we operate. Ask questions, talk to students and their families. Compare the physical and emotional status of NATSAP students and the satisfaction of our families to those in regulated public sector programs. Examine the results. Come and see for yourselves the rich variety of innovative and successful NATSAP programs before judging us or writing another inflammatory article or white paper based on rumor and innuendo.