1. THE INVENTION OF “TROUBLED TEENS”

1. Educational consultants come from diverse professional and personal backgrounds and bring remarkably different types of education and expertise to their task. Like programs and schools for struggling teens, the educational consultant industry is largely unregulated. There are no licensing requirements to become an educational consultant, although some educational consultants have a license in another profession, such as psychology, social work, or counseling. Membership in the field’s national organization, the Independent Educational Consultants Association (IECA), is voluntary. See chapter 5 for more information about IECA.

Perhaps the best-known directory of specialty schools and programs is Woodbury Reports and its companion Web site, www.strugglingteens.com. Created by an educational consultant, Lon Woodbury, these resources provide detailed information about specialty schools and programs for struggling teens, reports on schools and programs prepared by educational consultants with whom Woodbury collaborates, a newsletter, articles on struggling teens, current events and “breaking news,” book reviews, and Internet links to paid advertisers (educational consultants, schools, and programs). Woodbury’s Parent Empowerment Handbook, available in print and electronically, has become an industry standard. The handbook includes summaries and overviews of specialty schools and programs written by educational consultants who have visited them. Readers should recognize that the summaries and overviews reflect the opinions of the educational consultants who wrote them and the results of the publisher’s annual surveys of independent consultants nationwide.

2. Portions of this discussion are drawn from Shireman and Reamer (1986).

3. Boys Town is now a major component of the struggling-teens industry, offering programs in fifteen states in the United States.

4. The human potential movement featured a mix of relatively benign programs that sponsored self-help, mutual-aid groups of people seeking personal growth, and much more controversial programs, such as Synanon in California. Synanon, a rehabilitation program that gained notoriety in the 1960s, is a key example of a
human potential program that was known for cultlike, confrontational qualities that eventually were adopted by some programs for struggling teens. Synanon, founded by Charles “Chuck” Dederich Sr., closed in the 1990s awash in controversy about its methods, bankruptcy, and legal problems with the Internal Revenue Service (Janzen 2001).

2. THE STRUGGLING-TEENS INDUSTRY

1. An example of a nontraditional option offered by local school districts in several states is the Diploma Plus program of the Commonwealth Corporation, which collaborates with local school districts, charter schools, and community organizations. The Diploma Plus program “serves youth who have overcome a variety of obstacles in order to re-engage with school and prepare themselves for post-secondary education. Many Diploma Plus students have had difficult and frustrating experiences in a traditional high school setting.” According to the Commonwealth Corporation, most Diplomas Plus students have “reported that they had struggled academically in their prior school, with some citing poor grades and low skills as reasons they were not successful. Students also experienced personal issues that made attendance and success in school difficult, including unstable living situations, involvement with the criminal justice system, mental health and substance abuse problems, and learning disabilities” (www.commcorp.org/diplomaplus/students.html; February 21, 2008). The Diploma Plus program is based on a structured curriculum and uses a competency-based, mastery approach to education, allowing students to progress at their own pace. Students build a portfolio that includes work that they have had the opportunity to revise and polish until it meets standards for graduation. Promotion and graduation are based on the students’ ability to demonstrate their competency and knowledge.

2. The connotations of the term emotional growth boarding school have changed over time. During the earliest years of the struggling-teens industry, the term was associated with schools led by charismatic figures who sometimes used controversial, confrontational, and emotionally abusive methods. More recently, the term has been used to refer to schools that accept struggling teens who are not in crisis, have done some hard therapeutic work—often in a therapeutic boarding school or wilderness therapy program that explicitly includes mental health treatment as part of the program—and are handling life much better than they once did. Students who enroll in emotional growth boarding schools are ready for a residential school that is sensitive to the adolescent’s emotional and behavioral struggles and employs trained staff members who are prepared to respond constructively to the struggling teen’s challenges. Typically, these schools do not include a formal psychiatric or mental health component on site. Many students in emotional growth boarding schools receive counseling from an independent therapist who is not employed by the school and who, with appropriate informed consent, collaborates and consults with school staff.

3. Some defiant teens refuse to go voluntarily to a wilderness therapy program, therapeutic boarding school, or residential treatment program. In these cases parents may need to hire specially trained professionals who transport the teen to his or her destination. Teen transport professionals are trained in nonviolent crisis...
intervention techniques, crisis deescalation, anger management, suicide awareness and prevention, and conflict resolution. They accompany the teen to the program or school to ensure the child’s safety and compliance during the travel. Parents need to screen transport agencies carefully to ensure that they are reputable, professional, and ethical.

3. A LEGACY OF SCANDALS

1. In some publications and media reports the World Wide Association of Specialty Schools and Programs is referred to as WWASP.

2. Szalavitz (2006) argues that the tough love philosophy “can be summed up as the notion that love and freedom must be made contingent on good behavior” (6). Further, tough love is “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” (7). This tough love stance does not acknowledge that many struggling teens are unable to respond to the tough love model and methods because of their learning disabilities, physical disabilities, mental health struggles, and frontal lobe immaturity. For these teens this approach is equivalent to telling a person who is without legs or prostheses that he should run a long-distance marathon.


4. Marc Polonsky shared this story with the authors. Details are reported here with Polonsky’s permission.

5. For discussion of the Hyde Schools, see Traub (2005), a thoughtful, balanced, carefully considered analysis in Education Next, a publication of the Hoover Institution, the conservative think tank headquartered at Stanford University. Traub concludes that Hyde, which markets a unique brand of what it describes as “character education,” “feels almost like a cult” (2005:31). Traub explores the profound, controversial influence that the school’s founder, Joe Gauld, has had on Hyde. According to Traub, “The board forced Gauld out of his own school in 1980”; Malcolm Gauld, Joe’s son, stayed on as a Hyde administrator and “was able to engineer his father’s return five years later” (28). Traub’s discussion suggests that Gauld’s influence in many ways resembles that of charismatic and divisive leaders such as Mel Wasserman (CEDU), Robert Lichfield (WWASPS), Ken Kay (WWASPS), Mel Sembler (Straight), and Miller Newton (Straight), whose programs and organizations, like Hyde’s, have enthusiastic proponents and harsh critics.

4. HELPING STRUGGLING TEENS

1. This discussion is based on V. Vandiver, “Evidence-Based Mental Health Practice: Overview,” n.d., Graduate School of Social Work, Portland State University, www.ssw.pdx.edu/focus/ebp/ (July 13, 2007).

2. We recognize and acknowledge the importance of qualitative research on programs and interventions for struggling teens. Findings from qualitative inquiries provide rich data and a valuable supplement to knowledge gained from quantitatively oriented, controlled studies. Here we focus especially on quantitatively oriented meta-analyses of large numbers of individual studies because of their...
ability to aggregate findings and identify important patterns and trends that can help professionals determine “best practices” in the field.

3. The Cochrane Library is a subscriber service, but copies are available in most medical libraries. Summaries are available online at www.cochrane.org/index.htm.

4. For a number of years therapeutic foster care—where teens who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that addresses teens’ unique social and emotional needs—has been an appealing alternative to group homes, traditional foster homes, and residential treatment. Unfortunately, there is relatively little empirical research evaluating or documenting the effectiveness of this model (Curtis, Alexander, and Lunghofer 2001; Hahn et al. 2004).

5. A BLUEPRINT FOR REFORM

1. See codes of ethics ratified by the National Association of Social Workers, American Psychological Association, American Counseling Association, American Psychiatric Association, the American Association for Marriage and Family Therapy, and the National Education Association.

2. The behavior modification literature carefully documents that punishment can produce avoidance, escape, and aggression. While punishment may be associated with reduction in target behaviors, it may be most effective when it is part of a collaborative, strengths-based approach and coupled with positive reinforcement and cognitive-behavioral skills training (Kazdin 2000).

3. This discussion draws on the pioneering work of Fergus and Zimmerman (2005).

4. Many parents do not have the money to purchase services from an educational consultant, which can be quite costly. Assistance might be available through public or private child welfare, family service, and mental health agencies.

5. It is unethical for educational consultants to accept referral fees from schools and programs to which they refer teens. Educational consultants should refer a teen to only a program or school that truly fits the teen’s unique needs. Parents and professionals who consider working with an educational consultant should ask whether the consultant receives a referral fee or maintains any kind of a financial relationship with programs and schools to which the consultant refers. There is a human inclination to refer to programs and schools that pay for referrals. This could lead an educational consultant to favor, perhaps unwittingly, programs and schools that pay referral fees. Clearly, accepting a referral fee would constitute a conflict of interest. IECA recognizes the potential for conflicts of interest and addresses the phenomenon, at least in broad form, if not explicitly with regard to referral fees, in its “Principles of Good Practice”: “Members are expected to avoid multiple relationships that could reasonably and foreseeably give rise to actual or perceived conflicts of interest, interfere with the ability of the consultant to provide objective service, embarrass the student or family, or compromise the confidence or trust basic to the client-consultant relationship” (IECA 2006).

6. Licensing standards for professions such as social work, psychology, and counseling can be found in state statutes and regulations. Centralized sources for state licensing laws and regulations include the Association of Social Work Boards.
Parents should be aware that some schools and programs are owned by for-profit corporations. These schools and programs have a financial incentive to admit teens who may not be a good fit. The profit motive may entice schools and programs to admit teens without taking the time to assess their needs.

In cases of suicide risk or risk of other serious self-injury, and threats of serious harm to others, immediate psychiatric hospitalization is medically, ethically, and legally required.

See, for example, the guidelines developed by the National Association of State Mental Health Program Directors. According to this organization’s policies, “seclusion and restraint . . . are safety interventions of last resort and are not treatment interventions. Seclusion and restraint should never be used for the purposes of discipline, coercion, or staff convenience, or as a replacement for adequate levels of staff or active treatment. The use of seclusion and restraint creates significant risks for people. . . . These risks include serious injury or death, retraumatization of people who have a history of trauma, and loss of dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others and no other safe and effective intervention is possible” (www.nasmhpd.org/general_files/position_statement/posses1.htm [August 19, 2007]).

The Child Welfare League of America publishes influential guidelines, Standards of Excellence for Residential Services, www.cwla.org/programs/standards/cwstandardsgroupcare.htm (February 18, 2008). These “best practice” guidelines address issues related to state licensing and monitoring; types of services; staff qualifications, orientation, training, and supervision; staff-to-child ratios; appropriate and prohibited behavior support and interventions; and use of medications.

For an overview of research on the impact of school and classroom size, see American Educational Research Association (2003) and Darling-Hammond (1997).

Members of the national association include therapeutic schools, residential treatment programs, wilderness therapy programs, outdoor therapeutic programs, young adult programs, and home-based residential programs. Outdoor council members include wilderness therapy programs for struggling teens.


Licensure of Programs and Facilities, S.B. 107, 55th Leg., 2005 sess. (Utah 2005). This effort is particularly important because a large number of programs and schools for struggling teens are located in Utah.

The text of “American Bar Association Policy Requiring Licensure, Regulation, and Monitoring of Privately Operated Residential Treatment Facilities for At-Risk Children and Youth” and accompanying February 2007 report may be found
5. A BLUEPRINT FOR REFORM