

Breaking the Silent Treatment

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Submitted to the Journalism Board of Study
School of Humanities

In partial fulfillment of the requirements
For the degree of Bachelor of Arts

Purchase College – State University of New York
June 2023

First Reader: Professor Virginia Breen

Second Reader: Professor Simon Surowicz

The stories often begin with a kidnapping. Whether it takes place in the room of a feverishly intoxicated teenage boy or a listless young girl too depressed to get out of bed, the anecdotes usually start the same way: It's the middle of the night, maybe two or three in the morning. Two strangers rush in, burly men wearing stoic expressions and all black clothes, explaining that things can be done the easy way or the hard way.

From there, it's all confusion and cold fear— You're being taken somewhere. Your parents are nowhere to be seen, or are spotted half-cowering in the hallway on the way out, apologizing in hushed voices. For what, you're not sure yet. You don't know it, but after that night, you won't return home for another year, and that's if you're lucky.

For hundreds of thousands of America's former "troubled teens," it isn't senior prom, a first crush, or a high school graduation that defines their adolescent years, but rather what comes after the shock of this first night. The men aren't the masked kidnapers of a hostage movie, but rather are [professional transporters](#), and instead of a ransom, they are paid by parents to take their struggling children to mental health treatment programs.

There are thousands of youth-focused private mental health programs across the country, including drug rehabilitation centers, therapeutic boarding schools, boot camps, religious programs, wilderness therapy programs, lockdown facilities, and other forms of behaviorally-driven congregate living programs.

Originally developed out of rising concerns around juvenile delinquency, what is now labeled the "troubled teen industry" was once a small network of residential homes for young people struggling with behavioral health issues. As for-profit healthcare gained popularity and [rates of mental illness in youth rose](#), America's handful of privatized adolescent mental health programs exploded into a highly-controversial multi-billion dollar industry.

Today, many programs charge tens of thousands of dollars monthly for a single child struggling with mental health concerns, trauma, substance abuse, eating disorders, truancy, self harm, or behavioral issues. Because they're largely owned and operated privately, [they are subject to no federal regulations](#), and attempts at passing legislation to regulate them on a federal level have failed every year [for over a decade](#). Due to the privatized nature of the industry, even trying to acquire basic financial information on it is often a futile effort: yearly revenue, amount of programs per state, and other significant pieces of data are obfuscated or unavailable.

Many kids live in the woods or the desert for months, at ages as young as nine, in wilderness therapy. Or spend their high school years living in a residential treatment center, therapeutic boarding school, or lockdown facility. With up to [200,000 kids living in some form of residential care every year](#)— approximately 50,000 of them privately placed by their guardians— stories about the troubled teen industry have added up, but largely went untold. Some will credit their first night in the industry as the beginning of an experience that saved their life, others with having ruined it.

Virginia Smith was a precocious Connecticut eighth grader with a sharp wit, brightly dyed hair, and self harm scars when she was sent away to live in the woods of Vermont at 14. Dealing with a challenging combination of suicidal ideation, severe anxiety, truancy, and disordered eating behavior, her psychiatrist had told her parents that if she didn't receive more intensive care, she would be hospitalized within the month.

Instead of biding her time in the antiseptic safety of a hospital bed, she found herself covered in ash and soot, blowing onto a spark buried in a clump of birch bark and tinder. It eventually erupted into flames in her leather-gloved hands, ready to be set in the fire pit. The strangers around her cheered. Smith radiated anger for weeks as the reality of her situation set in,

spitting out at her wary group of dirt-stained peers that even though they had all “given up” and surrendered to their captors, she would fight her way out if she had to. Despite her initial resolve to escape, Smith would go on to complete her entire 87 day stay at True North wilderness program, during which she and the girls she had confronted evolved into a feral sisterhood bonded by equal parts trauma and triumph.

Feeling victorious after her long-awaited graduation from wilderness, Smith did not take the next flight home, the topic of many daydreams over the months. Instead, she boarded a plane across the country. Utah is the [epicenter of the industry](#), receiving hundreds and hundreds of millions in government funds through [hosting public programs alone](#), and thousands of jobs that include the countless private programs that populate the state.

Utah is also referred to as a "[parent's rights state](#)", meaning that decisions around a child's medical treatment is solely up to their guardians. This way, any patient or student under 18 is unable to leave a facility without a parent's permission. The parents of these children, encouraged by the programs to visit, bring in additional tens of millions more in hospitality dollars alone. With low land, property, and living costs paired with a legacy of more lax regulations due to the [exorbitant state income the industry rakes in](#), the straight-laced state has become the troubled teen capital of the world.

Smith’s cross-country transition to long-term care is by far the most common outcome for a graduating wilderness kid, although seldom ever anticipate it. Over the span of six years, from 2015 to 2020, 34% of all teens crossing state lines to attend an adolescent treatment facility [went to Utah](#). She spent almost fourteen months at New Haven residential treatment program in Saratoga Springs, Utah, and refers to her time in wilderness and residential therapy as a

“necessary evil”. In her eyes, the complete immersion into a therapeutic environment served as a deeply flawed but vital measure for her and her family.

“The treatment industry is like chemotherapy. It’s a horrible experience no matter what, but if it’s done correctly, it saves your life,” she says. “If it’s done incorrectly, by incompetent doctors, it might make you sicker. And you really wouldn’t want someone who doesn’t have cancer to be subjected to chemotherapy.”

Eight years later, she is now 22 and studying at Dickinson College to become a therapist in hopes of using her complex firsthand experience to make the adolescent treatment industry a safer place for the next generation of struggling youth.

Decades earlier, another young girl was taken to wilderness and would grow up with the same goal as Smith, but with a vastly different approach. Hilton Hotels heiress and socialite Paris Hilton became the celebrity face of an anti-TTI movement with the 2020 release of her [autobiographical documentary](#), “This is Paris”. The public outcry was immediate as she brought to light shocking accounts of being abused within treatment programs as a teenager in the late 1990s, which she says were “the most vivid and traumatizing memories [she has] ever experienced in [her] entire life.”

Hilton’s [nightmarish allegations](#) include being completely removed from the outside world as she was subjected to physical and sexual abuse, starvation, medical malpractice and neglect, and solitary confinement. In the 90s, the majority of what purported to be treatment programs were not yet managed by any state licensors, legitimate accreditation procedures, or consistent child safety regulations, and were frequently staffed without background checks which lead to rampant abuses of power.

These conditions aren't an aberration when discussing the conditions of early treatment programs. Leagues away from the industry's current shiny packaging, wilderness therapy programs were often sold as boot camps and residential stays advertised as "tough love" with the intention to scare a child straight. Countless troubled teens of the 80s, 90s, and early 2000s recount many of the same experiences Hilton did, and these abuses were linked to [many deaths of teenage patients](#).

While these early programs are considered by many professionals to be worlds away from modern treatment centers, rife with abuse that would not slip through the cracks today, the industry continues to see preventable deaths, including [one as recently as December 2022](#) at Utah's Diamond Ranch Academy.

As a public figure with an expansive online reach, Hilton has become the center of a newly-popularized controversy around the future of private adolescent mental health facilities. When the documentary and her subsequent [Washington Post article](#) caught the eye of the public, knowledge of the troubled teen industry spiked, with [think pieces](#), [social media movements](#), [podcasts](#), and [articles](#) suddenly spreading awareness of what was being called institutional child abuse.

Where debates around these topics used to be limited to those who had lived them, Hilton's advocacy launched the conditions of the TTI into the mainstream with unprecedented rapidity. As anecdotes of current-day trauma, neglect, and mistreatment continued to accumulate, the widespread public outrage was directed to a growing movement endorsed by countless celebrities, many of which had their own experiences within private mental health programs. Hilton's campaign, known as [Breaking Code Silence](#), seeks to shut down residential programs around the country and provide a support network for survivors of institutional abuse.



Paris Hilton with congressional lawmakers at a 2021 press conference where she advocated for a “bill of rights” for children living in residential facilities. Courtesy of Getty Images.

Former troubled teens were given the platform to have their voices heard after decades of relative obscurity around the topic, and emotional floodgates were opened. They express an array of emotions around their time in mental health treatment and some, such as Smith, have seen that internal conflict exacerbated by the nature of the spike in awareness of the TTI in popular culture and media.

Smith has an intrinsically complicated relationship with her time in treatment, and says that the outcry of her peers to shut down the residential treatment center she attended following the [sexual abuse of a student](#) by a therapist was a painful moment of reckoning for how she reflects on her own experiences. “That was the point where some of the walls of denial I had built against acknowledging the residual trauma that came with my treatment started to crack,” she says.

Smith is still quick to credit her mental health improvements to her treatment, but tries not to frequently engage with her memories of it. She admits that even now she doesn’t know if

she will ever be able to fully process her time at her programs, describing them as both stabilizing and traumatizing.

“The revelations of abuse at New Haven was the real beginning of my attempts to truly face my treatment experience, but I still couldn’t bear trying to unpack it further for years after that... I don’t know if I’ll ever be able to reckon with it in full.”

The duality of her experiences only contributes to the difficulty she faces explaining them to those who haven’t been sent away before. Smith says that because of her time in mental health treatment she has fiercely loyal friendships and fond memories that she’ll treasure for the rest of her life, but years later still finds herself waking up from nightmares as a result of having “seen things [she] never should have seen at that age.” She still gets struck by sudden rushes of resentment towards her peers who got a normal teenage life, but she is also about to graduate college despite never believing she’d live past the age of 18.

“Before treatment, the only thing I would feel when I thought about the fact I was still alive would be anger and depression paired with a resolve to putting a stop to that shit someday,” she recounts. “I’m still alive, though, and I’m really grateful for that.”

Despite the cognitive dissonance around her experiences she feels, and the many talking points of Breaking Code Silence she agrees with, Smith hasn’t been able to embrace the movement and the push for TTI abolition that [many of her peers](#) have found comfort in. She recalls suddenly being brought to tears when she stumbled upon advertisements online for Hilton’s documentary and podcast, whether out of a sudden emotional trigger or deep rooted frustration.

Taking significant issue with the often-sensationalized coverage of traumatic topics that she remains fragile from, she says that the type of attention being generated keeps her wary of

the movement. She's adamant in her gratitude for the meaningful change and reformative legislation that Hilton has been an integral part of passing and trusts that her intentions are good.

However, she states that she doesn't trust the "studios, producers, executives, journalists, and content creators who have turned [Hilton's] trauma into low-nuance, high-dopamine pieces that makes everybody think they're an expert."

For every legitimate story being posted by those impacted, Smith says it felt like clickbait was accumulating just as quickly by those who hadn't experienced harm in the industry and had "no stake in the matter but financial." To her, the sensationalized videos, posts, and articles being churned out felt devoid of respect for the abuse survivors, all while claiming to give them a platform to tell their stories.

"I just don't want to ever have to see a fucking [true crime TikTok](#), or [content creator](#), or any other kind of online influencer without a personal experience in treatment pop up on my [social media feed] ever again, treating my trauma like it's a Kardashian update from E! News,"

Students like Smith have expressed that in trying to give space to those healing from abuse and prevent the cycle of institutional abuse from continuing, the lack of respectful, serious outlets for these conversations is inadvertently endangering the next generation of troubled teens. "Most people seem to think it's the hot new true crime [topic], and its popularity has resulted in even less nuance in the public regard for the conditions and rights of adolescents in this system."

For others, the public's fascination with the TTI led to their discovery of Breaking Code Silence, which served as a pivotal catalyst for healing. After two long, difficult years, Kyra Frankowski was finally faced with what she had been yearning for: being back in "the real world." The real world, however, didn't feel the same as she remembered it.

Frankowski had entered the “treatment bubble” at 14 years old and emerged at 16, having graduated after four months of wilderness therapy followed by over a year at a Utah residential treatment center. When she returned home after graduating from Eva Carlston Academy, an all-girls residential treatment center on the edge of Salt Lake City, she says she was faced with emotional struggles, some of which she hadn’t experienced prior to being sent away: a self-harm relapse, residual agoraphobia, social anxiety, nightmares, and an eating disorder so severe she was almost re-institutionalized.

She felt alienated from other kids her age, having gained some skills and lost others in her time away from home. Being able to start a fire with only sticks and rocks or recite emotional coping mechanisms was no substitute for the social fundamentals she felt she now lacked: “how to advocate for [herself], how to deal with interpersonal conflict, even how to make friends.”

“I’d missed out on so many important steps in my adolescence and I felt simultaneously five years behind everyone and 10 years ahead. I felt completely alone in my experiences and in my life,” Frankowski told *The Independent*.

Finding *Breaking Code Silence*, Frankowski says, was a critical turning point for rediscovering her ability to connect with others, this time through healing from what she describes as long-lasting emotional wounds. As she watched *This is Paris* in 2020, she had felt shocked that someone with a presence as significant as Hilton’s was starting the conversation that Frankowski hadn’t been able to broach with even those closest to her.

“For so long I thought I was alone and I was always told to be careful not to tell anyone where I was during that time,” she says. A shift came while scrolling through Instagram to find that someone from her Ohio hometown had posted about their own experiences in the TTI.

Reading it, Frankowski felt an emotional weight beginning to lift as she watched someone else break their silence in real-time.

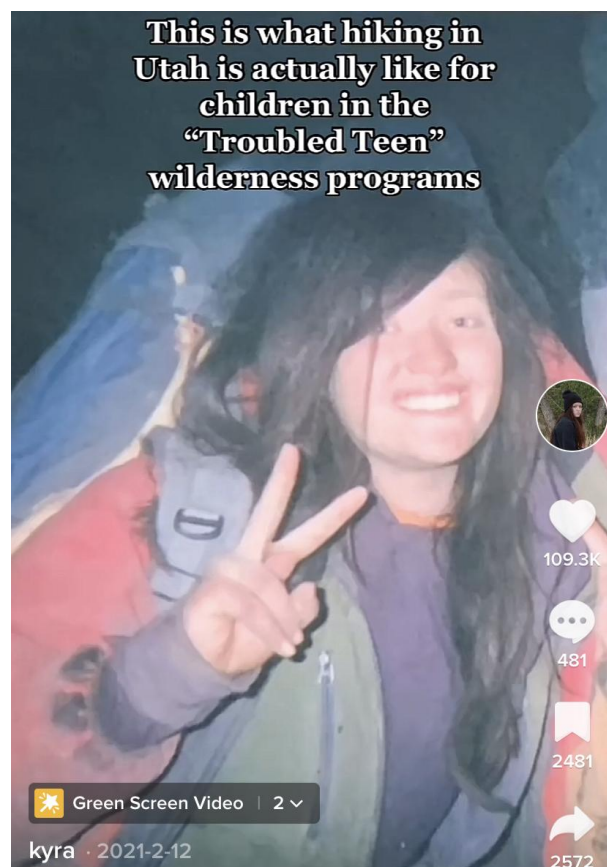
After reaching out to the author of the Instagram post, she was able to talk to a few individuals who were posting their own stories on TikTok. She became more and more comfortable bringing to light the conditions she had faced and started to build up her own following on TikTok. Comments rolled in on every post, most of them echoing the mantra that Breaking Code Silence supporters respond to allegations of TTI-based harm with: “I see you, survivor.”

Frankowski cites this as a watershed moment for her healing process as she was not just able to connect with others, but ended up embraced by an entire community who had all undergone similar hardships. After attending a residential program where the first thing a new girl learns is not to speak out of turn no matter the situation, there was a profound relief in finding her voice. “...The more survivors I met and the more community that I found, some of whom have been here talking for decades now, the more accepted I felt as a former ‘troubled teen’ turned survivor,” she says.

Since discovering the Breaking Code Silence movement in 2020, Frankowski racked up almost 145,000 followers and 8.6 million likes [on TikTok alone](#)— in addition to over 27,000 followers on other platforms. Most of these metrics come from people who have never attended a TTI program, but instead are looking wide-eyed into a reality difficult to fathom. TikTok has become a hub for troubled teen content, captivating millions of users with shocking stories that would seem unimaginable even if they were straight out of a movie.

Triggered by the exposure and mass outrage Hilton set into motion, TikToks hashtagged with #troubledteenindustry and #breakingcodesilence have been played almost 1.5 billion times.

Now 24 and a self-described youth rights advocate, Frankowski has become one of the most prominent anti-TTI content creators on the platform. Switching from platform to platform, she answers questions from fascinated viewers and her fellow former troubled teens, encourages [efforts to shut down different programs](#) and [pass legislation](#), and discusses her process of healing from her experience in the industry. Offline, Frankowski has worked on a documentary, organized events, contributed to articles, and most recently was one of several BCS advocates featured on a Hilton-funded billboard in Times Square.



A screenshot of one of Kyra Frankowski's many viral videos about wilderness therapy. Courtesy of @whatkyrake on TikTok.

As it comes to light that many of the conditions that the first generations of troubled teens faced weren't left in the past, advocates like Hilton and Frankowski have tried to seek change through legal efforts. These accomplishments are complicated by the inability to enact changes federally in programs that receive no public funds, and the fact that bills passed in a child's home

state are unable to provide protection if the patient attends an out of state program, which most do in the case of long-term treatment.

Despite these obstacles, more state-by-state reform has recently passed in a legislative process that used to be seen as futile. For the first time in 15 years, youth rights advocates saw legal success after Utah's senate [voted unanimously to pass SB127](#) in March 2021. The bill will expand oversight and regulations in congregate care programs, covering various new or enhanced requirements. These include further regulating the use of physical restraints and chemical restraints (such as sedative shots), prohibiting the use of solitary confinement as punishment, and requiring kids have the ability to call their families.

“Many of these facilities do great work, but just one child harmed in their care is too many,” Senator John Cornyn said. “In order to hold bad actors accountable, we need to be able to look behind the curtain.”

These changes followed Hilton's impassioned reports of restricted or manipulated communication, medical neglect, and abuse through the misuse of restraint tactics. Restraints are physical methods meant to only be employed in dire cases to stop a child from immediately harming themselves or others, but a lack of adequate education and oversight led to a history of unchecked excessive force and the [death of young patients](#).

Breaking Code Silence supporters and skeptics alike say they regard the changes with optimism. Jacob Hancy spent nine years of direct experience working within the industry, with work experience ranging from inpatient hospitals to youth residential treatment centers to publicly funded substance abuse programs. In 2021, he left the industry to spend two years as a licenser for the state of Utah, where he oversaw and enforced child safety and insurance-based regulations at the programs he worked within for almost a decade.

“My hope was that after everything that I've been through, and having seen things that I didn't agree with, that I would have the ability to actually do something, to change things.”

Prior to SB127, Hancy says that all programs were required to be inspected just once a year, with investigators only being sent more often if there was a “critical incident.” What counts as a critical incident may vary, but Hancy is on a grim first name basis with many of the programs, mentioning “[Maple Lake](#)” or “[Diamond Ranch](#)” several times while referring to programs that have had a recent death under their care.

The bill brought changes to licensing statutes that Hancy says are a necessary step towards safer conditions. “Now, these congregate care facilities have to have four visits per quarter and two of them have to be unannounced,” he says. “...I think it has been a great way for light to be shone on an industry that previously hasn't really been required to show anything.”

After his many years within the web of the industry, he looks back with regrets around his involvement in many of the programs. Hancy is now adamantly against residential programs for teenagers, leaning towards abolition, and says that even with reform, he believes he always will be.

While he notes that he never experienced anything that he felt was “extreme” or endangered the lives of his patients, he feels that the dynamics present in even the treatment center of Hilton’s dreams would present inherently unjust conditions for youth, as far as their rights to independence and autonomy. “Even in an ideal [residential program], there would still exist a power dynamic that is completely unbalanced,” he says, advocating instead for the use of community resources.

“So if a child can find help in an inpatient, outpatient, or day program setting, I would say no to supporting residential with the exception of the most extreme cases... I won't discredit people who say that these places have helped, but it's definitely not a one size fits all.”

Hancy had reached out online to another corner of the Internet that has become one of the most popular spaces for not just former troubled teens to share their experiences, but also for current struggling youth and families to turn to in desperation.

One of the largest online discussion spaces outside of TikTok is [Reddit's discussion forum on the TTI](#) for those who have felt harmed by their time in the industry. For over a decade, it has served as a hub for those [sharing their experiences in their programs](#) and [working to receive justice for mistreatment](#).

At 34,000 subscribers, many of them referring to themselves as survivors, the forum explicitly states that posts endorsing a TTI program or asking for program recommendations are not allowed, and will be removed, urging the use of “alternative options for legitimate care.” Despite this, it's attracted wary parents and teens alike looking to avoid their own potential horror stories, with varied results.

[Post](#) after post accumulate daily detailing the same stories in the same tone of distress and hopelessness: a scared parent has watched as their child has veered into a dark and often dangerous place. Drinking, drugs, suicide attempts, running away from home, physical fighting, self harm, internet addiction, trauma, disordered eating, abusive relationships, truancy. Regardless of the cause, nothing at home is working and it feels like time is running out. *How can I help my child?*

Sometimes, it's the teenager penning their own last-ditch [entries](#): *My family wants to send me to a wilderness program and I'm terrified by everything I'm reading about it. They're not giving me any more chances. I'm thinking about running away. What do I do?*

The mantra repeated both on and offline to concerned families is a resounding and urgent plea to find alternatives to higher care on a local level. The consensus is that if they don't, their child will return home traumatized, with exacerbated symptoms, just as the members of the forum were. Bringing up the oft-mentioned "treatment bubble," Hancy and other TTI abolitionists argue that even in the case of a youth's progress that would be branded as a success, manipulation is still present and potential strides made far from home don't always translate.

"Staying home and actually working through the problems where you're living versus being sent to some random middle-of-nowhere place in Utah isn't necessarily going to be beneficial in the long run," Hancy says, reflecting on his time working at a boys residential home.

"It's not going to teach you the things that help lead a healthy life in the setting that you're used to... If in a perfect world [there was really] an ideal environment of pure equity and access, that means that there's going to be a place like down the street from where they grew up or where they're growing up."

For many adolescents, the street where they're growing up is the problem, not the solution. Hugh Harrison, a 21 year old model and student from New York who was sent to a wilderness therapy program in Utah at 16, says that being home presents unique challenges for a teenager struggling with addiction. Whether it be a need for more supervision than a parent can provide, outside pressure from negative social influences, or simply a convenient proximity to a

substance of choice, finding local care strong enough to adequately combat those dynamics is difficult to come by.

Despite his parents enrolling him in a local outpatient program in hopes of keeping him on the right track, Harrison says that it didn't take long for him to return to old vices and try out some new ones upon leaving wilderness. Likening his younger self to a "prisoner who learned new ways to commit crimes in jail," he casually lists off an arsenal of makeshift methods he used to evade the addiction recovery efforts: Passing drug tests by holding them in between your teeth. Hand sanitizer as a form of alcohol. Benadryl as a method of getting high. Hookup apps as a risky means of acquiring free drugs.

"It's really easy to [feel successful in wilderness] when you're basically in the purest form of humanity you can possibly be. But I'm an alcoholic. I'm an addict. I truly believe that in my core, if there's a way I can find to get high, I will take that," Harrison asserts. "So I guess I don't think outpatient works for a lot of people coming straight out of wilderness. Because it's just not enough care for everyone."

He quickly relapsed and ended up "functionally homeless." He quickly recounts this stretch of time in the form of an increasingly-dangerous list of events: suffering from alcohol poisoning, being sexually assaulted multiple times, and very nearly overdosing on drugs. Things continued to spiral out of control, and Harrison's parents once again saw their son's life in immediate danger. At a loss for both options and energy, they made the decision for him to be sent to a transitional living program in Colorado, Aim House, where he lived for six months.

"I don't think that a lockdown boarding school 20 miles away from the nearest gas station in rural South Carolina is the answer [for any struggling youth]," Harrison says, sardonically referring to isolated and often high-security facilities notoriously feared by troubled teens. Aim

House wasn't treatment, but rather was intended for the reintegration of those coming from higher care, providing a structure that kept Harrison grounded in a time where he struggled with consistency.

“[In transitional living] we could work a job, we could go out, we had freedom,” he says, but that freedom came with conditions. He was required to attend both Alcoholics and Narcotics Anonymous, and the knowledge that he would be breathalyzed when he came home at the end of the day held him accountable in a way that he wasn't able to achieve while home.

Despite the list of “tools” he gleaned from wilderness, Harrison is adamant that however rocky, his time in Utah was a turning point for his addiction management. He describes how in those dark moments, a full year out from wilderness by then, he was steeped in resentment for the program and believed it to be the “worst thing to ever happen” to him. That sentiment changed when he began taking sobriety seriously, he says.

To the sober version of himself, the ups and downs of wilderness drove him to look at the possibility of recovery and the reality of what happens when one loses sight of the need for structure and intention while dealing with addiction. “Wilderness was the best thing that ever happened to me, because it forced me to get better,” he says. “I'm never going to complain about the thing that put me in a position to be where I'm at now.”

Like Smith, Harrison aims to utilize his tumultuous experiences in mental health programs to support others struggling in a time where they need it most. Now sober, he is still “heavily involved” with 12 step programs, and not just to keep himself on track. “I take my recovery, I take my life, I take my this new chance I've been given very fucking serious,” he says. He hopes to be a support system for those who may not have access to cost-prohibitive

programs like the ones he attended, those for whom a new chance at life might begin with the earnest encouragement of someone like Harrison.

Even for those who don't struggle with addiction, there is a recurring sentiment of futility in the search for suitable alternatives to long-term residential care, especially when all options have been exhausted in hopes of avoiding the troubled teen industry.

At 13, Emma Schwartz and her family had already tried everything. Emma, now 16, announces with pride over Zoom that a year and one day ago, she graduated from her residential treatment program. Petting a golden retriever by her side, she calmly launches into a harrowing laundry list of the last three years of her life. Her mother, Rachel sits next to her, chiming in throughout.

With half of all American adolescents [meeting the criteria for a psychiatric diagnosis](#), and [less than half of those who meet that criteria receiving any form of treatment](#), Emma's story is darkly similar to many others her age living in a country with a youth mental health crisis.

Depression and anxiety symptoms began to show in middle school, followed by self injurious behavior and academic struggles that only seemed to escalate with every passing month. Worried family members, skipped classes, failed friendships. But for however many times this story has been told, it never becomes any less painful to hear a young girl discuss the process of attempting to kill herself.

The laundry list continues: In January 2020, Emma was recommended by a concerned psychiatrist to enroll in an adolescent outpatient treatment program but was met with a waiting list of six weeks. These six weeks were emotionally costly ones, but not an uncommon wait for an in-demand health service in the United States.

The American Psychiatric Board has [repeatedly cited an ongoing crisis](#) of psychiatric bed availability and adequate hospital-based mental health resources. In November 2022, [a "breaking point" of worsening waits](#) led the American College of Emergency Physicians to urge the Biden administration to declare a state of emergency.

"Not getting into care not only prevents people from getting the help that they need to address the initial problem, but it can actually compound the initial problem and escalate the situation," Dr. Sandra DeJong, a pediatric psychiatrist at Cambridge Health Alliance in Harvard Medical School, says.

Just as DeJong has seen countless times, when Emma's psychiatric intake finally arrived over a month later, her mental and physical state had significantly worsened. When the nurse asked the standard question of whether or not she was experiencing suicidal ideation, the seventh grader confessed to having a plan to take her life.

With her intake now flagged as a physical risk to herself, Emma was told to seek an inpatient program instead. In outpatient, she would receive mental health treatment while still being able to live at home. Inpatient—or as most know it, “the psych ward”—is a different story. It is a means of stabilization only, characterized by a short hospital stay and little long-term resources other than the recommendation of an outpatient program.

In the hospital, Emma was sexually assaulted by an 18 year old man who was meant to be in the adults unit but had been placed in adolescent care. She describes the ten-day stay as a “holding cell,” where she says she was denied everything from face wash to a blanket. That was followed by outpatient, then two weeks of homebound education provided by her school district, and then the COVID-19 pandemic hit.

Around the time of her 13th birthday, Emma attempted suicide by overdose. During the week-long hospital stay that followed, she told her mother that she didn't want to die, but felt she had burned through all her options. Suicide is the [second most common culprit of death](#) in young people in the United States, and with suicide rates in youth spiking 56% over the past decade, Rachel knew that her daughter was not immune to becoming a statistic.

Emma was then enrolled in a nearby counseling center, where she said that like Harrison, she spent months on end at a program where she picked up more bad habits than coping skills. She began engaging in behaviors out of character for her, like experimenting with drugs, mirroring other patients she had befriended at the center. Her family watched their daughter's decline, pleading with the programs and therapists that there had to be another option.

As a parent, you often feel as helpless as your child, Rachel says. Parenthood in crisis means descending down a path you don't have the experience to traverse, knowing inaction or any wrong move could be a matter of life or death for your child. "I kept pushing back [against the programs], saying she is getting worse. It's obvious to everyone," she recounts. "But what's the plan?"

"[Our family] has lots of resources at our fingertips. We're knowledgeable, we have some disposable income, we live outside of Philadelphia," and yet, Rachel says, they still ended up worn down and out of options.

"You start with the therapist. That doesn't work. Then you go to a psychiatrist, you add in some meds. That doesn't work. You switch therapists, maybe you try art therapy, group therapy, DBT therapy. We tried all those things and more. The local trajectory costs us time, money, and could have cost her her life."

Ben Moore, an educational consultant from Ohio, is no stranger to stories like Emma's. Moore worked in a hospital providing care for adolescents struggling with mental health, but says he kept seeing the same defeated faces coming back month after month as their struggles only intensified. While the hospital was important work to him, the pattern shifted his attention to how he could help those families take steps outside of the local hospital. He now works full time trying to do exactly that.

“I was seeing so much recidivism and I'm like, those people, what are they missing? What is it that they need that they're not getting in the community or whatever the local services are?”

Rachel got in touch with the educational consulting firm that Moore works at and was recommended wilderness therapy. She balked at the idea of sending her already vulnerable middle schooler into such unknown territory, both geographically and emotionally. Rachel initially was firmly against it, but, after reflecting on the long list of programs Emma had cycled through, felt she had no other choice.

“I was definitely not on board with the idea,” Emma says. When her family sat her down and asked her how she would feel about a wilderness program, she ran upstairs into her bathroom and pushed the dresser in front of the door, “and basically told them all to fuck off.” She ended up “dropped off in the middle of the woods” at the Aspiro wilderness program in Utah anyway, a stay that would span 11 weeks.

“I tried to run away pretty much every day for three weeks... I was self harming, I tried to kill myself twice. I had to be under constant supervision from the guides,” she says, describing a culmination of the behaviors that had plagued her at home.

“I hated it. I didn't know how to accept or receive help from my guides or therapists, but over the weeks... I got to witness myself become a totally different person.” After graduating from a residential program following wilderness, she spoke at the US Capitol building in defense of Aspiro and programs like it. Standing in front of representatives, she said that the very same programs that initially made her feel like there was no way out went on to save her life.

Like Smith did while discussing her time in residential treatment, Rachel also likens the process to chemotherapy, but from a parent's perspective. “Wilderness gave [Emma] a chance at having a productive, happy life. It's not to take away from the fact that it was a really hard experience and, sometimes painful,” she says, turning to her daughter. At that desperate point in time, though, “it no longer felt like a decision” to send Emma away.

“If she had had cancer and she was saying, I'm not going to get surgery and I'm not going to have chemotherapy. If she needed those things to save her life, as her parent, I would have had [made the decision anyway] to have her undergo those procedures,” she says.

“It wouldn't have been viewed as me making a horrible decision, even though there would have been trauma. When you're a parent, and your child is sick, it's not a choice. And I don't think people really understand that enough.”



Emma Schwartz at Aspiro wilderness program in 2021, and speaking in the U.S. Senate in 2023. Courtesy of Emma and Rachel Schwartz.

The program Rachel credits with saving her daughter’s life has [since been shut down](#) as of April 2023, citing economic factors, insurance complications, staff retention, and perhaps most tellingly, negative press following Hilton’s exposé— Aspiro’s website says that “the therapeutic wilderness treatment field has experienced a dramatic decline in student referrals the last 12 to 18 months.”

For many, it is a success and a step in the right direction to stop harm from being caused to vulnerable children, some of whom allege they experienced medical neglect, censored communication, and other forms of mistreatment at Aspiro. For others, such as Rachel, it is a loss of a program that turned their vulnerable child’s life around. The former would tell Emma to give it a few years, that right now she’s still brainwashed by the programs she attended, which are known to encourage a one-sided view of their industry. But even if that were true, Rachel says, she still has her daughter back because of it.

Throughout the conversation, Rachel and Emma echo concern time and time again for families who may find themselves in a similar stalemate at home to what they experienced. They are adamant that despite the harm it has the potential to cause students, wilderness therapy cannot be shut down across the board. Rachel in particular asks the same question over and over: what are the alternatives when there are no alternatives left other than the ones that put her daughter's life in danger?

When Smith reflects on Hilton's experiences of abuse at the Provo Canyon School, she takes a more critical stance than the Schwartzes, but arrives at the same conclusion. She maintains that she doesn't contest that many programs should be shut down. "Maybe even most of them," she concedes. "But the teen treatment industry can't go away until there's other options for teenagers who are in danger and parents who are terrified because their child might die."

The issue remains that there is a legacy of harm in an industry that is meant to be a restorative force for youth in their most devastating moments. And the question is if there is a reality where both Frankowski and Emma can use their vastly different experiences for the same cause. Honoring the trauma and lived experience of troubled teens in a way that continues to develop the conversation actionably is a goal that would take many forms.

This can look like continuing to strengthen licensing and child protective laws, while holding onto Emma's hope that with enough oversight, residential programs could consistently benefit those looking to heal when nothing else seems to be working. Hilton and Breaking Code Silence are working to pass legislation to enact changes such as these across state lines.

Looking to the nation's capitol, they are pushing the Stop Institutional Child Abuse Act, labeling it as a "bill of rights" for kids in the industry. It intends to enforce policies similar to Utah's recently enhanced oversight, now on a federal level. While similar efforts have repeatedly

failed for the last decade, Breaking Code Silence advocates hope that the momentum of public outrage will be a catalyst for nationwide reform. The bill, H.R 2955, or the [Stop Institutional Child Abuse Act](#), would establish a data-based initiative to highlight the best health, safety, placement, and care practices for youth in residential programs, as well as implement federal oversight.

When speaking to former troubled teens from all kinds of programs, there is no lack of suggestions for how the industry can be improved, only apprehension that the change would be too difficult to enforce. These proposals range from everything from a reevaluation of disciplinary structures to increasing a mandated amount of weekly individual therapy:

Funding and strengthening local options so that families can reliably utilize less cost-prohibitive resources.

Enacting harm reduction policies through better hiring practices and restraint training, especially with a requirement for staff to have a background in psychology or social work.

Allowing for parents and youth, not just administration, to have agency and input in a treatment plan, so that the student can feel autonomy within their healing process.

More consistent reporting of incidents. Required action for medical complaints. Open and unrestricted communication with family for youth, free of censorship or interference.

Despite the schismatic nature of the larger conversation, Kyra, Virginia, Emma, and Hugh all share the same goal: ensuring that the next generation of struggling youth don't have to undergo the same trials that they did to get reliable help. Formerly labeled as troubled, all four young adults have made it in "the real world", finally on their own terms. Now, they want to continue to break the legacy of silence that permeates the conversations around mental health in the United States, even if its complexities and obstacles feel insurmountable.

“I am traumatized and angry and grateful and hopeful and nobody who hasn’t gone through this will ever be able to understand how sincerely and deeply I mean all of that,” Smith says. “I’m alive.”

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