

THE TROUBLED TEEN INDUSTRY & NECESSITY OF  
LIVED EXPERIENCES

by

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Despite the majority of research around the “troubled teen industry” (TTI) fixating on how it is successful in improving individuals’ well-being, research fails to account for which methods are helpful, and most importantly, those that are harmful. Within the TTI, instances of maltreatment and unnecessary intervention tactics that enforce compliance without deviation increase. Since the rules, regulations, and tactics employed within the TTI follow strict, authoritative regimes that dismiss individuality, youth get forced to submit to societal norms desired by dominant narrative discourses pathologizing youth. Further, when youths attempt to share stories regarding the reality faced within the TTI, facilities immediately work to combat their validity and reliability. Subsequently, parents often get convinced by the TTI’s manipulative strategies, siding with facilities’ suggestions, thus enabling their continuous profit. However, this oversight and disregard of necessary information due to the devaluation of youths’ lived experiences cause the omission of insightful data into the reality behind the TTI, contributing to their unregulated and ignored methods of abuse and harm. Therefore, my thesis aims to underscore the power of lived experiences and the need for their integration within future research to put an end to the methods of the TTI and advocate for individualized, alternative approaches to treatment.

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## Table of Contents

Introduction	5
Personal Acknowledgment	6
Overview	6
Purpose	11
Research Questions	15
The Troubled Teen Industry (TTI)	17
Background	17
Current Industry	18
Laws & Regulations	24
“Bad” Research	35
The Reality	37
Program Structure & Staff	37
Consultants’ Role	40
Media	42
Labeling	44
The “Troubled” Teen: Lived Experiences & Narratives	49
Dominant Discourse	49
Survivors’ Stories	53
Importance	56
Influential Factors	59
Possible Solutions & Current Initiatives	66
Assessing Adolescent Medical Autonomy	68
New Research Methods	72
Change in Discourse	78
Conclusion	84
Bibliography	87

## **Introduction**

*Is your child causing you too much stress? Did your teen sneak out again last night, or did you find cigarettes hidden in the house? Has your alcohol gone missing, or has it begun to taste more and more like water each day? Well, those of us apart of the Troubled Teen Industry claim to have the solution for you. By paying your life savings away today, you will receive a child that we believe is cured yet will acquire worsening symptoms. Once symptoms reemerge or new ones appear, please contact us and pay us the rest of what is in your bank account or mortgage your house so we can try again with failed results. Disclaimer: if your kid passes away under our care, do not try to sue us or file for negligent care – it was their fault.*

The “Troubled Teen Industry” (TTI) is an exploitative network of facilities that escapes higher levels of care yet claims to sufficiently treat “troubled” and “deviant” youth. While some families have found success utilizing such programs, and despite some youths’ claiming positive outcomes, the large consensus from research findings has determined that the TTI is ineffective and highly problematic. However, the lack of education and the TTI’s corporeal power has enabled society to get easily influenced by their promotion of data with minimal to no credibility and dominant discourses formed to demonize struggling youth. Moreover, decreased societal tolerance around “troubled” and “deviant” youth has caused the TTI to take advantage of the negative shift in perspective. Consequently, with difficulties in determining what information is truthful or falsified, society has become trapped in believing a commonly consumed narrative that facilitates the societal opposition of youth who need help yet are met with hostility and contempt. Thus, despite the claims that advocate for placing struggling youth in the TTI, I urge that individuals first consider each side of such a large and complicated story.

## **Personal Acknowledgment**

Before I get into the research I conducted and focal points of my argument around the inefficacy of the TTI, it is crucial to acknowledge my lived experiences that coincide with the topics I explore here to outline any potential bias. While many researchers attempt to keep their research void of their perspective, it is important for the purpose of this paper to ensure mine is present. Too often research overlooks the necessity of lived experiences and prohibits deep engagement with diverse forms of narratives. However, we live in a narrative driven world, and “information provided in narrative form is better retrieved than information provided in other formats, such as non-narrative persuasive, expository, or descriptive writing” (Shaffer et al., 2018, pp. 430-431). Consequently, utilizing methods that ensure attention, comprehension, elaboration, and retention processes are attained when consuming narratives is vital; without elements connecting consumers of narrative to the work, the purpose of its creation gets confounded and overlooked. Therefore, we must not only consider narratives and their factors, but also understand how our own and others’ lived experiences coincide with them.

## **Overview**

In August of 2018 I attempted suicide. Although I was calm, I was placed in a secured room in the emergency room with several guards watching me, and after a couple hours at the hospital, I met with an assigned case worker. She informed me there were not many places with availability to take me for my mandatory 72-hour hold; however, Highlands Behavioral Health System (HBHS) had an opening. I immediately searched the organization online and saw concerning reviews, yet, even after showing my parents, it was solidified that I would be sent there once my health was stable as there were “no other options.”

After less than 24-hours at the hospital, I was transferred by a transport service more than four hours away from home. Two guards were there and warned me to not try anything or else I would be restrained. My parents let me know they would drive and meet me there. Once I arrived, I had to wait several hours before intake was completed and then my hold began. However, I was soon to learn that 72-hours was an arbitrary rule that could be altered.

At the first visiting hours, I was excited to see my parents and told them how I could not wait to get home, but they quickly informed me that would not be the case. They expressed their profound concern, emphasized that they wanted to do what was best for me, and told me they were working with professional recommendations. All I could think was *what about me* and *what I need* and *want*, yet they were convinced they knew best. No matter what I said, it was determined; I would be going to a longer-term facility and would not be released from HBHS until I complied with their plan.

While I originally believed I could convince them to see my side, I quickly learned such attempts were futile. After a week at HBHS, I caved into my parents' requests because the environment I was in caused my mental health to deteriorate further; I was mentally and emotionally drained, and my depression was deepening. With the lack of support combined with the tense and restricting environment, I felt like a caged animal unable to experience any sense of living. My struggle to connect with the staff also left me feeling isolated and scared. When I met with the case worker to give my final decision, my reality became even more clear: no matter what I had to say, the case worker was there to support my parents decision and not my life. Thus, I agreed.

After a little less than two weeks at HBHS, I was off to Paradigm in Malibu, California. My parents flew me out, using the threat HBHS told them to use – that if I did not comply or ran

away, my parents were to call the police and let them decide the next steps. Worrying about how this could harm my future, I gave up trying to fight. I became a shell.

Although the original period at Paradigm is set to 30 days, I spent over 45 days there. Since extensions were a common phenomenon during the program (while I was there, each individual received a recommendation for an extension), my parents were advised to keep me there an additional two weeks. During this time, I missed the beginning of my junior year at high school and was secretly dealing with the fact I was raped right before my suicide attempt.

My first realization that I was in a program that aimed to conform us to their dominant discourse was during intake. After being asked about prior experiences of abuse, I attempted to clarify reporting requirements. However, I was misled into believing I could disclose my rape without having to report the information. From there, I was forced to make a report, which I lied during and omitted the majority of the information in order to make it incomplete. Not being ready to disclose the information to the extent law enforcement got involved, I was scared silent. The program could not do anything but apologize for the unclear information and told me that I should have known or asked about reporting laws.

Originally, I attempted to ignore the program's treatments and mandates, trying to simply remain myself. I was not happy with life at the time and did not want to "sugar coat" my experiences, yet I saw how the other youth who had been there for some time praised the program for the progress they felt they were making. These individuals fought against the negative claims and suggestions about Paradigm. However, some individuals would agree with us "newcomers'" complaints and accusations, but these were the same individuals who were transferred from paradigm to more intensive programs after they reached the maximum allowed



time. Once I was informed that I was recommended an extension and my parents had agreed, I knew I had to give-in, or I would never get out.

When my therapist told me I received an extension, I was enraged because I had begged my parents to not agree no matter what. I also had begged my therapist to not recommend the extension in the first place, but it did not matter to her. They all felt they knew what was better for me, and she made that clear. I responded with anger, telling her that if I got one more extension, I would kill myself and would make sure the blame was on her and Paradigm. Even today, I still think it was an honest warning and one that ensured I was out around the 45-day mark. However, I ultimately felt I had to play to the systems' desires to prevent the system forcibly conforming me – breaking me down and molding me into their model of normativity.

The factors that impacted me were the treatment methods, staff, and the overall structure of the program. For instance, each therapy (i.e., music, art, equestrian, surfing, yoga, etcetera) were mandatory at Paradigm and at HBHS; if missing any activity, one was subjected to a negative write-up that could extend the length of stay. This increased feelings of resentment toward staff and family, further amplifying an already hostile environment. Additionally, staff lacked training and were not much older than the youth in the programs. (The oldest you could be at Paradigm was 18: I was 16, and the majority of the staff were 21-23 years old in college.) By hiring those with inadequate training and enabling staff to enforce arbitrary “rules” as they saw fit, conflict and harm arose from those in positions of power abusing their privileges. Despite “a great deal of historical and empirical evidence that perfectly ordinary people are capable of terrible deeds – murder, torture, massacre, or worse – and that these people are untainted by any detectable psychopathology,” TTI programs such as Paradigm and HBHS fail

to take the right measures that ensure the total safety of everyone in the program (Green, 2002, pp. 29-30).

The structure of the program allowed this abuse of power and even encouraged humiliating tactics. For example, staff would shame individuals for their wrong doings in front of others and would reinforce negative feelings of self-doubt and inadequacy. Privacy was also restricted, as we were prohibited privacy during phone calls, using the bathroom after meals, or when shaving, and our rooms would be randomly searched through every day; we were to ensure a military-style tidiness of everything or else we would get in trouble. Packages and letters were even pre-opened to ensure nothing inappropriate or of contraband was being sent to us, and letters we wanted to send were read to ensure we were following the program's desires by maintaining a falsified image of satisfaction. Moreover, if we were sick, it did not matter, and we were forced to continue with the day's schedule. We were on a strict routine that was not to be broken or our parents would hear about our misbehaving. In other words, our chances of getting cleared for release would be reduced.

Despite it being over five years since my placement in HBHS and Paradigm, I know that these experiences left a lasting, negative impact. Originally, when returning home from HBHS and Paradigm, I struggled immensely: having to reenter high school after missing the first two months, coming forward about being raped within a week of returning, and trying to trust my family again were all obstacles that I felt I could not face. Even now, I still work through memories from these experiences with my therapist and am rebuilding my relationship with my family.

While therapy and other methods (specifically writing) aided me in processing everything that occurred, nothing can undo the time I lost and how I felt. In pushing myself to find bright

spots from these experiences and remaining aware of the negatives, all I can do is attempt to move forward and help others by spreading awareness and educating others about the harm the TTI generates. However, a major factor in my resiliency is because of the support systems I could access once leaving Paradigm and HBHS. If I were placed in a long-term facility, I have no clue where I would be, but I strongly believe I would not be alive, which is why addressing the inefficacy of the TTI is crucial to me. By promote awareness of the enduring harm caused and educating others about alternative programs or treatment methods that adhere to individualized needs and wants, I hope less youth will face these situations and instead receive the care they deserve.

## **Purpose**

The TTI “continues to flourish with massive profit margins,” remaining widely overlooked and unregulated (Kushan, 2017, p. iv). Despite testimonies, reports, and stories from survivors increasing, shared narratives of their lived experiences get deemed as tactics of manipulation. However, since results regarding the TTI’s supposed efficacy get “filtered through and propagated by the [facilities] themselves,” they “are neither reliable nor objective assessments of the long-lasting effects of these programs” (Kushan, 2017, p. 6). Consequently, researchers from diverse fields have taken it upon themselves to outline and define the numerous components generating additional harm in already vulnerable populations. Therefore, by understanding the history of the TTI and the dominant narratives that formed its methods, the true stories behind its façade get revealed.

There is a need to better understand how the TTI positively and negatively affects development, both in the short term and long term, but the presence of authority and concerns around anonymity makes survivors’ accounts hard to acquire. For instance, TTI survivors get

“refused control over their own narratives” and get brainwashed into conformity while staff deem youths’ claims as untrustworthy lies, forcing parents to choose which side to believe (Golightley, 2020, p. 59; Kopsick, 2022, p. 41). Consequently, youth are vulnerable to parents and staff, with their needs and wants determined for them, dismissed completely, and structured into inaccurate assumptions, shaming them into silence (Kopsick, 2022, pp. 41-43). However, ignoring or discarding what current and previously institutionalized individuals share allows further harm to spread. Therefore, seeking out survivors and uncovering how their lives are altered will allow future research to better address whether the TTI can benefit youth or if it is simply a system that generates further harm.

Youths’ credibility gets damaged and invalidated when placed within the TTI, causing the facility itself or other authoritative positions to speak and make decisions for them (Kushan, 2017, p. 77). Even when youths’ accounts are considered, they get undermined due to their lack of authoritative standing. Despite increases in activism efforts working to form awareness around the inefficacy of the TTI and create space for survivors of the TTI, the disregard and manipulation of survivors lived experiences allows these programs to continue. Subsequently, harmful methods get imposed to control youth and force them to conform to the programs’ determined “norms.” By forcing youths to conform to desired routines by being obedient and silent, the TTI forms isolating and unaccepting environments. However, reports from within the TTI are often not accurate representations of youths’ progress and get altered to represent more positive findings (Kopsick, 2022, pp. 41-43). Hence, it is precisely through examining reports from these survivors that enables insight into the negligent methods instilled by the TTI, as well as the resulting short- and long-term impacts.

The TTI's approach of taking credit for a former residents' life success, while simultaneously blaming and stigmatizing failures based on factors that caused their placement in the program, "creates yet another barrier for humane treatment and basic human liberties for institutionalized persons" (Kushan, 2017, p. 75). Since those enrolled in the TTI "have no one, while they are there, to bear witness to their suffering even as it occurs," the creation and ever-growing collection of lived experiences from survivors of the TTI is critical (Kushan, 2017, p. 77). However, despite the "need to study the perspectives of other survivors across time to further substantiate and elaborate on their claims," society is concerned about the credibility of lived experiences, allowing for many findings to get ignored (Brown, 2022, p. 317). Such concern around using lived experiences as data has allowed for the TTI to continue growing, unchecked and without regulations. Moreover, research is limited in what it can accomplish and adequately investigate when failing to consider lived experiences. Consequently, regardless of lived experiences' deemed limitations, increasing their use in research and presence in society would make "it more difficult for programs with an abusive history to conceal these facts and/or change their names to detach their reputation from the stigma" (Brown, 2022, p. 314).

With human beings as natural storytellers, narratives arise for numerous reasons, forming and shaping society (McAdams & McLean, 2013, p. 233). By analyzing accounts from faculty within the TTI, as well as from families and youth, researchers can better "understand and challenge dominant ideologies and structures that impair and silence those who do not benefit from them" (Chatfield, 2018, p. 75). Since narratives are powerful sources of information, as they allow individuals to relay their lived experiences consciously and voluntarily with their own words, recognizing and implementing narrative importance in research forms clarity around why lived experiences deserve attention, as well as what sharing them can accomplish in societal or

personal spheres (Kushan, 2017, p. 84). Additionally, investigating the origins and development of narrative identity, and outlining how stories permeate our lives and connect with lived experiences, helps illuminate meaning-making strategies (McAdams & McLean, 2013; McAdams, 2011; McAdams, 2019). Therefore, analyzing conceptualizations around the roles of lived experiences reveals their power to initiate social change and push individuals to consider their various impacts.

Despite the many roles narratives play in communicating lived experiences, alongside their importance there should be consideration of possible downsides and limitations. For example, the TTI's spread of misinformation causes youth to endure maltreatment and abuse when they deserve individualized treatment methods that suit their personal needs (Szalavitz, 2006, p. 657). Due to the dominant discourses in society – promoted by the TTI – false beliefs and concerns around youths' behavior and “deviance” increase, causing many youths who “do not have problems serious enough to require residential care at all” to get placed within the TTI (Szalavitz, 2006, p. 655). Consequently, questioning the integration of narratives systemically and in daily life provides insight around if and how they should get “used in health education, promotion, or behavior change interventions” (Shaffer et al., 2018, p. 429). Although research incorporates diverse forms of lived experiences, commonly through self-report methods, researchers do not always consider the complete relevancy of narratives. Gaps in the “theoretical understanding about how narratives work and what effects they will have on health behavior” must thus get addressed by investigating “parameters that predict the specific impact of a particular narrative[...]based on the type of narrative message” (Shaffer et al., 2018, p. 429). Hence, understanding the multifaceted reality behind what narratives accomplish, as well as how

and why they form, is necessary to reveal the value around integrating lived experiences in research on the TTI.

Ultimately, seeking out lived experiences in various narrative forms allows researchers to better assess the efficacy of the TTI. Additionally, increased attention around dominant societal discourses deepens consideration around their impact on society and oneself. Since an overstatement of positive findings around the TTI causes a need for further research utilizing new methods, integrating research around the TTI, narrative values, personal accounts, and websites of major advocacy groups against the TTI, helps construct a comprehensive and inclusive list regarding the necessity of lived experiences in revealing the TTI's inefficacies. While the credibility around lived experiences are often challenged, rather than omitting them as faulty forms of evidence, research must instead analyze conceptualizations around lived experiences and narrative roles to portray their power in initiating social changes. To stop the harm generated and maintained by the TTI, it is necessary to account for the diverse lived experiences that arise from these programs to reveal the TTI's efficacy and implement tactics that succeed in promoting well-being.

### **Research Questions**

Despite research conveying the TTI's inefficacies, the TTI continues to promote its supposed efficacy with specifically selected "feedback from parents and children who have experienced the programs" (Szalavitz, 2006, p. 378). Since the subjectivity of lived experiences create hesitancy around their credibility, many findings drawn from them are invalidated, allowing abusive and unproven tactics to continue within the TTI. By following the dominant narrative discourse that pathologizes youth, the methods of the TTI remain unregulated and overlooked. However, researchers have begun to recognize that survivors' "voices are important

because those with direct experience have valuable insights on how practices should be improved” (Chatfield, 2018, p. 66). Consequently, recognition around the value of data from lived experiences and need for the TTI’s transparency helps promote overdue reform and instill proven tactics. Therefore, research must include dominant and personal narratives to reveal the extent of the TTI’s inefficacy.

Hypothesis: Attending to various forms of discourse around the TTI allows for a range of experiences to get analyzed for potential positive or negative impacts. Hence, integration of survivors’ lived experiences helps reveal the TTI’s unregulated and overlooked methods to adequately account for their possible benefits or risks.

The main question I will address is: Why is the consideration of lived experiences necessary?

The other questions that I aim to address in my thesis are:

- What do lived experiences (through narrative forms) portray that other kinds of data and prior research around the TTI neglect to account for?
  - How do survivors’ lived experiences reveal the (in)efficacy of the TTI?
  - How do dominant societal narratives within the TTI undermine survivors’ lived experiences?
- When do we determine individuals’ accounts of their lived experiences credible enough?
  - How can discourses around the TTI increase the integration of survivors’ lived experiences?



## **The Troubled Teen Industry (TTI)**

### **Background**

Throughout history, the idea of “child-saving” has led adults to seek out various methods and tactics that help struggling youth. Rather than placing the blame on youths, undesirable characteristics and behaviors were viewed as arising from “the pernicious and toxic effects of the difficult economic, social, and family circumstances” (Reamer & Siegel, 2008, p. 5). Consequently, the emphasis was not around punishment yet implementing methods that facilitated learning and growth; “[t]he perception of misbehaving youth as children not fully culpable for their acts and as victims of miasmatic social condition” absolved them of responsibility for their behavior (Reamer & Siegel, 2008, p. 6). By deeming that psychological and environmental forces compel youths to misbehave beyond their control, society aimed to form services to help and nurture struggling youth (Reamer & Siegel, 2008, pp. 6-7). For example, facilities and resources accounted for individuals’ diverse needs, and communities would come together to provide support – only when all options were exhausted did families resort to more totalistic methods. Hence, the original perspective was that youth should be taught to find what is good in the world through tactics that nurture and emphasize care, and that they should be given a chance to explore different options to see what may suit their individual needs. However, this idea that youth could be “saved” from their struggles did not last.

Following the baby boom era was an increase in facilities for youth with mental and behavioral challenges, as well as higher rates of youth crime, shifting popular opinions “from child saving to an emphasis on behavioral control, public safety, and retribution” (Reamer & Siegel, 2008, p. 9). Rather than attributing this increase to the larger population, discourse around youths’ misbehavior as “out-of-control” arose instead, growing concerns around and

decreasing societal tolerance for struggling youth. For instance, around the end of the 1950s and at the start of the 1960s, “prominent claims emerged in the professional literature about the lack of sufficient roles for contemporary teens, that modern society simply did not offer this age group constructive ways to be productively involved” (Reamer & Siegel, 2008, p. 7). Moreover, as Reamer and Siegel (2008) explain, the President’s Commission on Law Enforcement and the Administration of Justice issued a bellwether statement in 1967 “that clearly reflected the nation’s changing view of teens, particularly those who found themselves in trouble with the law” (p. 8). Such change in perspective “set the stage for society’s approach to neglected, abused, and other vulnerable children” and urged individuals to “condemn and punish the behavior of its most troublesome youths” (Reamer & Siegel, 2008, pp. 8-9).

With perceived lack of success around individualized, community-based methods that focused on nurturing youth to help them overcome their struggles, society became desperate for alternative methods. However, these emerging alternatives were sought out in an urgency that caused for their efficacy to get overlooked. Therefore:

“This remarkable intersection of social and cultural trends – the search for creative, community-based alternatives to institutional care of juveniles, the tolerant ‘anything goes’ climate of the 1960s, greater assertiveness among teens, increased efforts to hold teens accountable for their misbehavior, and the growing prominence of the twelve-step and human potential movements – provided fertile conditions for the nascent struggling-teen industry” (Reamer & Siegel, 2008, p. 10).

## **Current Industry**

“This is where tough love programs come in. Their main message is this: Today’s teens are so out-of-control and so morally compromised that only extremely harsh, perhaps

even brutal tactics can keep them in line. A bit of cruelty is necessary, even kind – signifying good parenting, the opposite of abuse” (Szalavitz, 2006, pp. 12-13).

The TTI is a billion-dollar corporation consisting of “‘behavior modification’ programs offer[ing] hope to parents who have become desperate, who feel the need for drastic solutions, who have lost faith in the mental health system and perhaps in their own ability to provide effective discipline” (Szalavitz, 2006, p. 10). Youth placed within the TTI get admitted by their parents, guardians, foster care systems, or judicial systems due to concerns around behavioral and mental struggles, as well as conflicts around identity: i.e., gender and sexual identity, clothing choices, etcetera (Chatfield, 2018, p. 20). Since youth declared “troubled” constitute those “who do not conform to normative ideas of ‘acceptable’ behavior and cognition,” they get perceived as being “inevitably influenced by a decadent and invasive culture,” and parents get convinced they “must be sent off to be treated” (Kushan, 2017, p. iv; Szalavitz, 2006, p. 15). Consequently, the TTI has thrived off of “marketing a supposed cure to non-normativity,” while their methods around behavior modification often leave youths and their families experiencing more psychological harm than before (Kushan, 2017, p. iv).

Following my suicide attempt, my family was terrified and desperate to ensure I would not try again. Consequently, they were successfully convinced that Paradigm would help reduce undesirable characteristics of my behavior (i.e., increased depression, irritation, disobedience) and believed they were doing this out of best intentions for me and my future. However, these facilities instill treatments which attempt “‘to bring about directed change in a person or persons’” through totalistic methods (Anglin, 2002, p. 17). As Chatfield (2018) outlines, the perceived experiences, effects, and impacts associated with totalistic treatment settings are characterized by:

“1) strict controls of communication; 2) peer surveillance and policing; 3) a philosophy based on the need to change the whole person; 4) a series of prescribed stages or phases of progress and privileges; 5) frequent participation in formal or informal group sessions involving confrontation, confession rituals, or prolonged interpersonal encounter methods; 6) a strict system of rules and inflexible punishments; and 7) a central authority structure that governs all aspects of life” (Chatfield, 2018, p. 18).

Through these tactics, youths’ learn that who they are is not acceptable nor something that society would view as a positive. Hence, youth get convinced that they must change entirely to escape negative labels such as “troubled” and “deviant” to be accepted by society.

Despite large societal demands to “fix” struggling youth, TTI facilities often implement unproven methods and the lack of regulation around them ensures their continuation. For instance, when families visited at Paradigm, we would have a larger session that allowed us “troubled” youths to involve our own or others’ family members in the activity/discussion. With this ability, we could inform other families of highly personal information that their kid would never have disclosed. Rather than helping, this would often increase tension between the family and those of us in the program. We were also forced to write and share a detailed story of our life during a group session, which encouraged and allowed anyone to make comments after sharing; if we refused, we were informed we would not get recommended for release or were threatened with other punishments. Ultimately, if we refused any form of therapy without legitimate reason (i.e., one kid had a severe phobia of horses from being thrown off one as a child and was still reprimanded for sitting out on equine therapy) we risked the possibility of receiving recognition around recovery and strong recommendations for our release. Further, if we talked negatively of the tactics utilized by Paradigm, we would get phone calls cut off, conversations broken up,

group session restarted, rooms searched, or reprimanded as a group or one-on-one. No matter what, we had to be on high alert and quick to understand what was wanted from us; we had to decide whether to keep up the futile fight to stay true to ourselves or to give-in so we could escape before more time got added to our sentencing.

As Chatfield (2018) discusses, “[p]ublished research on the effectiveness of programs often lack adequate descriptions about their methods (James, 2011) and many effectiveness studies fail to define the treatment they claim to measure (Bettman & Jaspersen, 2009),” lacking control groups as well (p. 21). However, few have thought to ask for evidence backing the TTI’s claims “[b]ecause tough love has become part of American culture, because it has been advocated by some mainstream psychologists and psychiatrists (and because the majority of experts who do oppose it haven’t realized the need to publicly denounce it)” (Szalavitz, 2006, p. 34). Moreover, stigma and shame around needing help for struggling youths has limited access to support networks, helping the media to further keep the TTI’s disturbing reality in the dark through their promotion of the TTI’s unsubstantiated claims. Therefore, it is necessary that society begins to demand the same level of scientific rigor behind studies concerning the TTI and their resulting claims regarding youths’ behavioral and mental health treatment as is done in other areas of research.

While treatments for struggling youth exist that utilize evidence-based practices and do not follow totalistic tactics, a main problem is that “an unknown number of teen treatment programs are staffed by professionals who attempt to direct personal change through closed group dynamic methods within a totalistic milieu” (Chatfield, 2018, p. 21). Moreover, despite entrusting youth to facilities that claim to improve well-being, the TTI’s methods “have been compared to thought reform and/or coercive persuasion” (Kopsick, 2022, p. 11). For instance,

countless human rights violations have been filed leading to increased documentation around the abuse, neglect, and overall incompetence of the TTI's tactics in treating youths' mental and behavioral struggles. However, the lack of requirements around staffing and the facilities' structure enables these practices to thrive.

Various forms of "therapies" utilized by the TTI have also originated from cults. For instance, many TTI facilities use a series of phases where youth can earn privileges and eventually "graduate" from (or complete) the program by complying to strict rules and the program's philosophy – i.e., by "speaking highly of the program" (Kopsick, 2022, p. 9). Youth must also inform staff if their peers "have broken any rules or if they are not 'working the program'" which is "accomplished through a form of 'group therapy' [that the TTI] developed from 'attack therapy,'" derived from the cult Synanon (Kopsick, 2022, p. 9). If breaking a rule, youth return to either the introductory phase or a prior phase, depending on the rule broken. As Kopsick (2022) explains, "[a]s the child advances to higher levels, more privileges, or human rights, are awarded to the child ranging from a monitored phone call home, time outdoors, extra food, the ability to wear a piece of jewelry, or participation in activities off campus" (p. 9).

By monitoring and micromanaging everything that occurs within the facility, staff are able to control and manipulate what enters or exits. Consequently, youths' are susceptible to arbitrary rules depending on who is staffed that day, and such rules can lead to unalterable harm. Moreover, any abuse or perceived problems cannot be shared by youths in a safe or private manner; due to this, staff interventions silence youths and replaces their words so they become more acceptable. As Chatfield (2018) discusses:

"One of the most interesting restrictions described was the way communication with parents was controlled. Incoming letters were redacted, and outgoing letters were revised

or changed by staff so that the content of emails and handwritten communications were in-line with staff expectations. In general, complaints about the program, or requests to be released were discouraged or punished” (p. 142).

Therefore, by striking fear and uncertainty into youths, their true lived experiences get suppressed or remade to satisfy others’ desires.

As experienced during my stay Paradigm, the arbitrary enforcement of arbitrary rules causes issues to frequently arise between us and staff. With this unregulated reality, the line between safe and unsafe is up to the discretion of the main person or people in charge. Consequently, vulnerable youth are left exposed to unlicensed individuals’ experimentation or biased beliefs. Since the TTI cannot back-up their claims, youths’ face serious risks until proper legal oversights and requirements get put in place.

With drastic variations in perspectives on how to handle and address struggling youth, individuals in positions of power convince others’ that they hold the answers to their problems. However, rather than being a genuine pursuit toward advancing options for youths’ mental and behavioral health care, it is a marketing race to recruit the most customers. By preying on desperation rather than adhering to ethical scientific pursuits, the TTI has grown into a successful and powerful industry. Since youth enrolled in the TTI are unable to leave, those in charge have full discretion of what occurs to them, stripping them completely of power. Subsequently, the TTI convinces parents and guardians that they know best and can help alleviate whatever the issue may be, while instilling the belief that their children must not get trusted or listened to. Hence, by raising concerns that their children will only get worse, fail, or lead troubled lives if interfering with the program, parents and guardians become vulnerable to the TTI’s demands.

Since the TTI tells parents and guardians what they want to hear, dependency forms around their facilities which in turn ensures youths get enrolled so more profit gets made. With a lack of societal knowledge and education around proven methods for youths' mental and behavioral health care, the TTI has dominated an unregulated domain with experimental tactics. Through the TTI making false blanket statements that claim their tactics have shown beneficial outcomes, they convince desperate parents and guardians that these programs are the answer they have been looking for. However, with no one to counter these claims, and since resources portraying true evidence behind the efficacy of these programs are hidden below countless pieces of TTI propaganda, the TTI continues to flourish. Until society demands that laws are put in place to regulate how these programs define and run themselves, and until society demands to enforce the TTI's adherence to established protocols around scientific research regarding youths' mental and behavioral health care, youths' will continuously get subjected to arbitrary, ineffective, exploitative, and abusive tactics. From my standpoint, we cannot continue to allow the TTI to dominate an industry when knowledge and evidence exists around the immense inefficacies it stands and operates on.

### **Laws & Regulations**

“Federal legislation to prevent institutional child abuse, unsuccessfully proposed in the early 1980s (Interstate Consortium, 1980), has apparently been re-introduced annually since 2005 but has yet to be enacted. There are no federal safety standards or federal data-reporting requirements for privately operated programs and state level requirements vary (GAO-08-346, 2008, i; Overcamp-Martini & Nutton, 2009). Some states do not have licensing requirements for certain types of programs and other states provide an



array of licensing exemptions (Friedman et al., 2006; GAO-08-346, 2008)” (Chatfield, 2018, p. 23).

Youths are denied basic human and civil rights and are susceptible to the decisions of those in charge. Without consideration of what is genuinely in their best interest, society will continue to fail each upcoming generation of youth while profiting off their demise. Despite increases in lawsuits and reports around the abuse and harm experienced within the TTI, rates of institutionalized abuse not only increase but thrive due to legal loopholes. As Younis (2021) explains, two major legal loopholes allow institutionalized child abuse to continue: “the consequences of signing over parental rights and inadequate state regulation” (p. 4).

Although legal guardians typically have “near-absolute discretion over medical and educational decisions for their children,” once they finalize their choice to admit their children into a TTI facility, they “sign over their parental rights to the facility” (Szalavitz, 2006, p. 19; Younis, 2021, p. 4). Additionally, since the TTI utilizes legal guardians’ accounts of youths’ behavior, they do not require official diagnoses or outside evaluations. Consequently, instead of addressing youths’ perspectives, their status of well-being and normativity is up to the discretion of others; “[i]n the eyes of the law, the facilities decide on the child’s medical care, education, custody, and visitation rights” (Younis, 2021, p. 4). Further, youths “can be locked down without appeal until they reach age eighteen – and sometimes even longer” – allowing their desires and lived experiences to get pushed to the side and negated (Szalavitz, 2006, p. 19). Therefore, until youths are deemed legal adults, they are vulnerable to the choices and discretions of others.

Medical autonomy refers to patients’ rights to make decisions and freely act upon them without interference. With limited exceptions – such as treatment for medical emergencies, sexually transmitted diseases, mental health concerns, substance dependency, pregnancy,

contraception, and emancipation – there is no fixed age of consent in medical law; medical autonomy is not guaranteed to adolescents (those between ten and eighteen years old). Such exceptions often fall under the mature minor doctrine, which applies to specific medical decisions and varies across jurisdictions (Chenneville et al., 2021; Unguru, 2011). For instance, “Utah is considered a ‘parent’s rights state,’ which means that parents get to make medical decisions on behalf of their children[; s]o if a child is in Utah for treatment, they aren’t able to leave the facility unless their parents agree to it” (Miller, 2022). Regardless of there being no empirical basis for assumptions of adolescents’ decisional incapacity, states like Utah are thus safe-havens for the TTI.

Despite research portraying similarities in adolescents’ and adults’ cognitive abilities, many argue that developmental factors influence decision-making capacities, and the view of adolescents as a vulnerable population requiring protection prevails in legal contexts. For example, developmental processes relevant to medical decision-making strengthen as adolescents’ ages increase, yet laws presuming adolescents’ decisional incapacity prohibit or limit opportunities to have medical autonomy, restricting adolescents from treatments they desire or forcing them into undesired treatments. Consequently, competing views such as these complicate decisions around how much or how little adolescents should be involved in treatment decisions. Without consistent legal statutes and policies across jurisdictions surrounding adolescent medical autonomy, variations arise that generate unequal treatment.

Issues of adolescent medical autonomy get handled inconsistently due to legislative and judicial approaches varying depending on the jurisdiction and case at hand. For instance, “dispositions are dependent on specific state courts and inclinations of specific judges presiding over each case,” and “[l]egal policymakers have neither afforded attention to adolescent

autonomy in medical decision making nor given courts guidance on the subject” (Hartman, 2001, p. 95). Consequently, legal exceptions that grant adolescents autonomy may not always be guaranteed (Hartman, 2001, p. 91). However, such exceptions help prevent the deterrence of adolescents from seeking treatment. By implementing specific age-of-consent laws for adolescents to consent to treatment without consent from guardians, the intent is to reduce further harm to adolescents and other members of society (Hartman, 2001, p. 92). Therefore, with no grounded legal policy, the discretion of whether adolescents should have medical autonomy and to what extent fluctuates depending on those involved.

As studies surrounding how pediatricians determine medical autonomy reveal, medical personnel rely less on legal or institutional guidance and more on their own judgment. Specifically, Hartman (2001) found that primary care physicians believe adolescents are capable of decision-making, approach adolescent care with the presumption of decisional competence, and believe that adolescents benefit from consulting with a trusted authority figure during decision-making processes (p. 134). However, justifications for legal guardians’ authority over adolescents’ medical autonomy surround them knowing what is in their child’s best interest or regard this as their right; yet, if legal guardians’ decisions get viewed as negligent, parental authority can be overruled (Cummings & Mercurio, 2010, pp. 253-254). For instance, legal guardians’ discretion over children’s medical decisions may enable legal guardians’ religious, social, or political beliefs to interfere with what is in their child’s best interest. Consequently, medical personnel must rely on their jurisdiction’s legal and professional ethical guidelines (Hickey, 2007, p. 101). Thus, without standard ways to assess if adolescents have the qualities necessary for medical autonomy and who has the discretion to determine this, risks of applying decisions unequally and failing to adhere to what is in adolescents’ best interest arise.

Although informed consent has limited application in processes within adolescents' medical treatment, some situations ensure adolescents' rights to informed consent, and some grant legal guardians informed permission over adolescents' medical decisions (Hickey, 2007, p. 101). Informed consent must ensure that medical personnel fully disclose information relevant to treatment, a voluntary agreement from adolescents or their legal guardians, or both, is obtained, adolescents comprehend the provided information, and documentation of the informed consent gets gathered (Chenneville et al., 2021, p. 58). However, since adolescents can only give informed consent under a few legal exceptions, the concept of assent is often relied upon (Hickey, 2007, p. 101). While "[i]nformed consent presumes respect for patient autonomy and the provision of full and accurate information to a patient to enhance decision making," assent focuses on adolescents' willingness or unwillingness to undergo treatment (Hickey, 2007, p. 101; Dickens & Cook, 2005, p. 183). As adolescents develop cognitively and mature, assent aims to protect their rights by providing opportunities to share opinions and participate in decision-making (Grootens-Wiegers et al., 2017, p. 2; Unguru, 2011, p.197). Therefore, when adolescents lack legal consent, they are often entitled to assent (Dickens & Cook, 2005, p. 183).

Medical personnel are legally and professionally mandated to adhere to the legal and ethical guidelines around privacy and confidentiality when treating adolescents. However, many adolescents are concerned about the loss of or partial application of confidentiality. As Hartman (2001) explains, confidentiality is highly valued, and adolescents seek out "providers who are caring, nonjudgmental, and able to keep their confidences" (p. 94). While adolescents have a right to privacy, legal guardians often have a right to obtain information regarding their children. Consequently, when confidentiality is not guaranteed, adolescents believe personal information

will not be confidential regardless of their desire, reducing adolescents' willingness to seek medical care (Unguru, 2011, p. 186).

With variations across states and jurisdictions, recommendations have formed around ensuring the confidentiality of adolescents' privacy is proportional to adolescents' maturity level and autonomy rights (Chenneville et al., 2021, p. 59). Unfortunately, however, states' *parens patriae* interests can outweigh even these statutes; specifically, if issues around preserving life, protection of third parties, preventing suicide, and maintaining the medical professions' ethical integrity arise, adolescents provided autonomy over medical decisions may have such rights revoked. Due to ethical and legal duties such situations generate for medical personnel, issues around disclosing adolescents' and general society's safety must be weighed to determine whether it is appropriate to breach confidentiality (Chenneville et al., 2021, p. 59). Thus, while legal and ethical standards attempt to ensure measures around confidentiality are in adolescents' best interests, states and courts have abilities and protective duties to override decisions that generate increased harm, yet often fail to do so.

The lack of state regulation and legislative oversight allows the TTI to run "rampant with child abuse" and neglect (Younis, 2021, p. 5). Since many of these facilities are privately owned and do not accept public funding, governmental intervention becomes difficult and "officials often are unable to visit the facilities unannounced" (Younis, 2021, p. 5). Moreover, with "no specific federally regulated reporting requirement or definition for private programs," TTI facilities face minimal – if any – accountability when claims of abuse and neglect arise (Kushan, 2017, p. 22). For instance, the ability for TTI facilities to identify as "boarding schools," "residential," or "religious programs" ensures continuous revenue and implementation of harmful methods. Consequently, lawmakers struggle to accurately determine the TTI's inefficacy

due to their utilization of continuous renaming and rebranding strategies, enabling them to further circumvent child protection laws (Younis, 2021. p. 5). Hence, the ability for TTI facilities to implement and utilize treatment and staff however they desire, under their discretion, has allowed for the TTI to become a large corporation fixated on increasing profits rather than a community service worried about helping struggling youth.

Without strict requirements around youth behavioral and mental health treatment, the TTI can manipulate society into continuing to seek out their facilities. As Chatfield (2018) explains, “[t]he inconsistent definitions across state agencies, the absence of federal standards, and limited state oversight are structural features that interact to enable harm visited upon youth who have little or no legal right to refuse treatment” (p. 23). Moreover, “[t]here are methodological and definitional issues with research, as well as a general lack of theory” due to the ill-defined conceptualization of TTI facilities and their many components in research (Chatfield, 2018, p. 60). Consequently, since the overall understanding of the TTI is mixed and ambiguous, the ability to credibly conclude its potential to produce benefits versus risks is not possible. Therefore, new laws, regulations, and research standards must form to ensure consistency around how TTI facilities label themselves and how they get defined by researchers.

While 20 states have outlawed conversion therapy, “it is still completely legal to ‘treat’ any other distinguishable flaw that the parents find” in whatever way they prefer. Additionally, “39 states have laws exempting caretakers from criminal liability when neglecting a child based on religious beliefs” (NYRA, 2023, The “Troubled Teen Industry”; NYRA, 2023, “Medical Autonomy”). For instance, if parents or guardians reason that placing their child in the TTI is for the child’s benefit, they often get relieved of any potential blame. TTI facilities and staff use similar points in justifying their methods of abuse as tactics to promote youths’ well-being,

enabling them to often escape punishment while maintaining increasing enrollment rates. By allowing ownership over youths, they become treated like objects or property that can be easily traded, transferred, and discarded (NYRA, 2023, “Medical Autonomy”). Consequently, Child Protective Services’ (CPS) promise to intervene if serious or obvious cases of abuse or neglect arise becomes influenced by subjective reasoning. Hence, without proper investigation into youths’ true progression, as well as the methods used and whether evidence can back their efficacy, numerous instances of abuse and neglect continue unaddressed.

As NYRA (2023) explains:

“The law lets parents choose how they want to punish or incentivize their children, but the camps for troubled teens are completely off the spectrum. Paying someone to kidnap children from their beds and involuntarily condition them into changing their beliefs and characteristics isn’t just ‘unproductive’ or ‘potentially harmful’; it is unequivocal abuse.

It’s not tough love; it’s the torture of lost and defenseless humans” (Medical Autonomy).

Although parents and guardians may have the right to decide how their youths’ get parented and by whom, there is a balance of what is acceptable versus abuse and neglect. However, society has currently turned a blind-eye to abusive tactics, convinced that they are providing the help that they have been seeking for. Therefore, child protection laws against abuse need to be implemented and reinforced, and youths’ autonomy needs to get recognized and respected.

Since many youths do not agree to get sent to TTI facilities, parents and guardians opt for more extreme measures. For instance, “[t]he U.S. Transport Service specializes in ‘transporting’ (in other words, forcing) young people out of their homes to these programs[; d]espite the seemingly innocuous name, the business of abduction is anything but, and it is perfectly legal in most states” (NYRA, 2023, The “Troubled Teen Industry”). These “transport services” vary in

their methods and can range from polite interactions to “violently staging what is essentially a kidnapping” (NYRA, 2023, The “Troubled Teen Industry”). Subsequently, youth “escorted” to TTI facilities describe prolonged experiences of nightmares, flashbacks, emotional numbing, inability to concentrate, angry outbursts, difficulty sleeping, etcetera, “primarily, survivors say, because of the trauma of being forcibly taken against their will” (ASTART). Therefore, allowing continued forceful removal of youths from places they call home – places with familiarity and comfort – to fix undesirable characteristics encourages societal reliance on methods that “dehumanizes youth and quite literally deprives them of freedom” (NYRA, 2023, The “Troubled Teen Industry”).

As NYRA (2023) lists, youths experience greater restrictions on:

- Voting rights,
- Participation in politics,
- Freedom of speech,
- Freedom of assembly,
- Protections against cruel and unusual punishment, including corporal punishment,
- The right to bodily integrity, including the right to consent to or refuse medical treatment,
- Protection against unreasonable search and seizure,
- The right to due process before being deprived of liberty or property,
- Equal protection before the law, which protects older people from age discrimination, but not younger people,
- The right to make decisions concerning education, and
- The right to work and earn money.



While it is illegal to send adults anywhere against their will (unless they get arrested), this does not apply to youths, which means that TTI facilities that accept youths who do not want to attend are taking advantage of ageist laws (NYRA, 2023, The “Troubled Teen Industry”). For instance, “[a]geism prevents young people from enjoying many rights that are considered universal or inalienable, such as those in the U.S. Declaration of Independence, the U.S. Bill of Rights, and the U.N. Universal Declaration of Human Rights” (NYRA, 2023, “What Are Youth Rights?”). Additionally, “[t]he government not only denies basic human and civil rights to young people, it also gives a significant amount of power to parents,” and due to a doctrine called “in loco parentis,” the power parents and guardians have over youth extends to teachers and school administrators (NYRA, 2023, “What Are Youth Rights?”). With this extension of control over every aspect of youths’ lives, as shown by a study conducted by psychologist Robert Epstein, youths “have fewer freedoms than an active-duty soldier or a prison inmate” (NYRA, 2023, “What Are Youth Rights?”). By refusing to acknowledge youths’ as individual agents and prohibiting their ability to play a role in life decisions, youths become susceptible to unacceptable and abusive tactics. Consequently, the government not only allows a dangerous level of control over youths, but actively denies basic legal recourse against abuse and neglect (NYRA, 2023, “What Are Youth Rights?”).

By treating youths as incapable, society limits opportunities for youths to take control of their agency and limits their sense of autonomy. Moreover, the belief that older individuals are “above” youths produces a divide in society and decreases the chance for mutual communication to occur. Since authority figures hold their power over many youths in negative ways, it becomes increasingly difficult for connections to form between older and younger generations, causing harmful stigmas and incorrect perceptions to flourish and get left unaddressed. Therefore, the

large restrictions imposed on youths in attempt to control them encourages feelings of resent and distrust to build (NYRA, 2023, “What Are Youth Rights?”).

Society automatically places adults in higher positions of authority by playing into the idea that youths’ are intellectually incompetent. However, without the opportunity to make a choice on major life decisions, adults easily oppress youths’ voices – silencing their reality and causing them to get overlooked. Moreover, “[t]he only reason young people are denied the right to make their own medical decisions is because they are also denied the right to receive medical information” (NYRA, 2023, “Making Decisions About Treatment”). Consequently, youths’ are susceptible to societal desires and must conform to what is expected of them; if failing to succeed at this, youths risk any chance at others’ recognizing their autonomy. Thus, youths’ lack the ability to make informed decisions due to minimal education around their conditions, prognosis, and options.

The TTI remains a thriving industry because youths’ are deprived of autonomy and stripped of any power. By placing youths’ lives in the hands of adults – whether their parents, doctors, or TTI staff – and trusting them due to ageist ideologies, society has enabled a system that overlooks the legality and quality of youths’ mental and behavioral health care. Consequently, the choices and perspectives from parents and guardians are attended to while youths’ are silenced and deemed clueless. Since parents and guardians have the ultimate say in their children’s medical choices, youths’ are often left with minimal information and say in what occurs. However, it is through this continuous suppression of youths’ in favor of adults that enables youth abuse and neglect to flourish and go unrecognized. Hence, to establish equality and better care for youths, it is necessary that they get brought into the same conversations pertaining to mental or physical health as their parents or guardians and that their desires also get

accounted for; without providing youths' the opportunity to make informed decisions about the medical care they receive, those in authoritative positions control all options.

### **“Bad” Research**

Although considerable efforts have been made to improve research around and implement evidence-based treatments within the TTI, there is still little known about the related processes and outcomes. Since research has yet to prove the efficacy of current models utilized by the TTI, “no clear recommendations for specific program models or client-specific evidence-based treatments can be made” (James, 2017, p. 2). However, individuals – especially those affiliated with the TTI – continue to falsely promote research findings that have found “credible” treatments and programs. By pushing a plethora of information onto parents and guardians, they are left to choose what methods appear to best suit their needs, urged to act quickly and on their current knowledge. As Szalavitz (2006) discusses, “[b]ecause there are so many seemingly different treatment options even among residential programs, and because there’s no objective research to guide parents in making choices about them, an entire industry has sprung up that claims to offer professional guidance” (p. 547). Consequently, the inability to assess or access additional resources causes parents and guardians to get influenced by the most readily available information.

Research around the TTI remains controversial due the methods utilized during research. For instance, bias is common during data collection and analyses. Due to the inability to produce objective research around the TTI, subjectivity is prominent and causes wariness around the credibility. Since the TTI does not want to advertise false findings, shifting the findings to reflect their intentions, data that does not support their hopes are deleted or placed as outliers. Further, information often incorporates data from only a small portion of individuals: such as those whose

parents filled out both the intake and outtake forms, youths who are deemed able to provide data, etcetera. Thus, the information is carefully filtered through the TTI and cannot be generalizable to the larger population.

While certain TTI facilities emphasize the use of evidence-based treatment, James (2017) found, when reviewing research around residential treatment and the implementation of evidence-based practices that:

“Overall, study designs were weak, lacking comparison or control groups, and results were mixed, with small and a few medium size effects in some domains, and no effects in other domains. This means that residential care providers may be overly confident that evidence-based treatments ‘sold’ as effective on the ‘evidence-based market’ will necessarily be producing positive results in their agencies. It needs to be stated clearly that from a scientific standpoint, definitive conclusions about the effectiveness of evidence-based treatments in residential care in comparison to ‘usual care’ services cannot be drawn at this point” (p. 9).

## **The Reality**

“Parents who choose such treatment are rarely aware that there’s no scientific evidence that favors it, nor do they tend to know about its troubled history marked by abuse and family disruption. They are also unlikely to be informed about how tough love programs almost invariably exaggerate the risks troubled teens face and inflate the severity of their children’s particular problems in order to make the sale” (Szalavitz, 2006, p. 14).

Despite the lack of adequate research, oversight, regulations, and resources, the TTI has managed to remain a successful corporation. However, these shortcomings mislead parents and guardians, increasing the risk of harming more than helping youths. By entrusting youths to TTI facilities without proper understanding around their overall model, methods, and staffing situation, parents and guardians entrap their children in places improperly equipped to handle them. Moreover, since the TTI utilizes narratives that compliment dominant societal discourses, parents and guardians have become more susceptible to speculation. Consequently, instead of demanding the TTI’s claims to meet the gold standard of research – such as factual data and open science – the rapid spread and reproduction of discourse pertaining to the “troubled” and “deviant” youths has caused panic to outweigh logic.

### **Program Structure & Staff**

The multitude of inefficiencies within the TTI get revealed by investigating its structuring and staffing. For instance, TTI facilities vary widely in how they run, what tactics they use, how they define themselves, and their advertised purpose. By having such a large variation, it becomes difficult for researchers to adequately calculate how TTI facilities truly run, design, and implement their program. Moreover, without unifying definitions among tactics and facilities, the TTI can easily reproduce anywhere without being tied to negative media. Subsequently, staff

can ensure that the TTI remains without getting entirely dismantled simply by rephrasing the messaging and rebranding the facility. Since staff are not bound to standards of ethics or quality of care agreements, these “new facilities” are often replicas of previously harmful and abusive program structures. Therefore, if allowing for the continuation of minimal regulations and oversight around the TTI and their staff, youth will remain susceptible to false advertisements promising individualized care and benefits in well-being.

The requirements for staff licensing and training are minimal to none, allowing many underqualified individuals to be those primarily interacting with youth in TTI facilities. For instance, as Kushan (2017) found, staff who are around youths typically get paid minimum wage, and the only measurable requirement is a minimum age of twenty-one years (pp. 54-56). Additionally, staff often are underprepared and left to use their own judgements when handling situations. Consequently, such minimal background checks and requirements causes staff to be susceptible to wrongfully using their power over others. With this risk in power dynamics, youths can face harsher and more frequent punishments. However, this issue stems from the lack of regulations and requirements around the TTI’s overall program structure. Hence, to address the harm and abuse tolerated within the TTI, the staff and structure must get investigated.

Kutz & O’Connell (2007) investigated 10 closed cases from private programs and “found significant evidence of ineffective management[...]with many examples of how program leaders neglected the needs of program participants and staff” (p. 13). Due to the lack of proper training and resources, and the utilization of problematic tactics, these 10 cases involved the death of a teenager (10 out of many other documented deaths the TTI caused or negligently failed to prevent). As determined by Kutz & O’Connell (2007), untrained staff, lack of adequate nourishment, and reckless or negligent operating practices were three main factors playing a

significant role in the deaths (p. 14). Moreover, program leaders often promoted methods they were not qualified to provide, faked having credentials in medicine or therapy, or gave bad advice to other staff (Kutz & O'Connell, 2007, p. 13). Such lack of oversight and regulations within the TTI enables those in charge of each facility to do as they wish, without proper reasoning or evidence behind the purpose of their tactics. Consequently, if aiming to decrease the reports of abuse, closer attention must get paid to the facilities themselves.

With an immense lack of guidelines, protocols, and standard regulations, TTI facilities and staff utilize an experimental combination of methods and tactics. However, “the potential for psychological harm [occurs] when untherapeutic combinations of psychotherapeutic and behavioral methods are applied simultaneously in these settings” (Chatfield, 2018, p. 22). Through the TTI freely labeling their methods and facilities as they wish, and inappropriately using treatment in settings where it is not designed for or authorized, youths enrolled are susceptible to further harm. Thus, to limit the problems around the TTI's structuring and staffing, it is crucial that each program clearly defines themselves, that there is transparency in their methods, and that proven methods are applied.

Overall, the lack of requirements imposed on TTI facilities and staff has enabled for a massive industry to arise that is unregulated and disjointed. By having minimal to no unity in the way programs are run, it becomes hard to pinpoint the what, why, when, who, and where. For instance, through their ability to pick and mix whatever methods they desire, it is hard to understand what tactics are getting implemented and by who. Moreover, without proper evidence to back their use, it is hard to even suggest why such methods are available and who they are intended for. Thus, until evidence-based practices and methods get implemented and training

requirements are instated, the structure of TTI facilities are inadequate to properly promote well-being, and the staff are unfit to deal with any struggling youths.

### **Consultants' Role**

In 2009, the Federal Trade commission issued a warning statement for parents to beware of the TTI's marketing practices:

“Posing as fictitious parents with fictitious troubled teenagers, GAO found examples of deceptive marketing and questionable practices in certain industry programs and services. For example, one Montana boarding school told GAO's fictitious parents that their child must apply using an application form before they are admitted. But after a separate call, a program representative e-mailed an acceptance letter for GAO's fictitious child even though an application was never submitted. In another example, the Web site for one referral service states: ‘We will look at your special situation and help you select the best school for your teen with individual attention.’ However, GAO called this service three times using three different scenarios related to different fictitious children, and each time the referral agent recommended a Missouri boot camp. Investigative work revealed that the owner of the referral service is married to the owner of the boot camp” (Kushan, 2017, p. 6).

Parents and guardians “rarely even know[...]just who benefits from referring them to a particular program” because “many programs quietly pay ‘satisfied’ parents and seemingly objective ‘educational consultants’ for recommendations, online endorsements, and enrollments” (Szalavitz, 2006, p. 15). For example, Chatfield (2018) explains since “educational consultants, who are paid on a commission basis, target predominately upper and middle-class parents in white suburban locations, a profit motive translates into a racial difference that warrants



research” (p. 255). Moreover, with no regulatory oversight, anyone can themselves an educational consultant (Szalavitz, 2006, p. 548). Consequently, potential conflicts of interest are left unaddressed and under-researched, and inadequate training and background experience enhances the risk of abusive and inadequate care.

Consultants are often chosen by the TTI and rewarded for recruiting youths yet are untrained and have minimal to no prior experience in the behavioral mental health industry. Subsequently, consultants get influenced by the TTI and reinforce their messages: “troubled” and “deviant” youth will be worse off out of their care. However, failure to understand the TTI causes consultants to assure concerned adults’ that their youth are in the right hands, which typically generates more harm than good. Additionally, the TTI’s use of parents’ experiences who have previously placed youth into one of their facilities establishes a sense of trust that other sources of information may lack. Thus, by playing to parents’ and guardians’ vulnerabilities and worries, the TTI successfully entraps thousands of youths each year.

While youths’ may get told consultants are there to help them and mediate any difficulties between their families or guardians, too often “[e]ducational consultants do not meet or speak to the child, but merely speak to the parent(s) in a telephone conversation,[...]reviewing a checklist of common teenage behaviors as criteria for admittance to a residential program” (Kopsick, 2022, p. 6). Consequently, if youth are said to exhibit characteristic behaviors or personality traits that the TTI “treats,” admittance is swift and rarely requires proof of parental claims. However, with consultants as a major facilitator in youths’ admittance into the TTI, parents and guardians are constantly reassured as youth are left to silently suffer. Ultimately, consultants act as another extension of suppression around youths’ voices – manipulating information by sharing false narratives or only partial perspectives.

## Media

“In addition to problems with the content of treatment, there are problems with the content of marketing devices used by some privately-operated programs. The United States Government Accountability Office (GAO) found that some programs utilize deceptive marketing practices such as exaggerated statements, undisclosed conflicts of interest, fraudulent tax-donation schemes, and false claims regarding individualized referral services and accreditation procedures (Cases of Abuse, 2008; GAO-08-713T, 2008). There are no federal laws pertaining to the content or methods used in marketing by program operators (GAO-08-713T, 2008)” (Chatfield, 2018, p. 22).

Technology is ever-advancing, allowing information and communication to be more accessible than ever. While this enables many positives in society, it also has drawbacks. For instance, the TTI utilizes various forms of media to spread its messaging and mission statements full of false promises, manipulated data, and overall lies. Since a “message must first be attractive enough to grab the audience’s attention, and then the audience must be able to comprehend the message” to be persuasive, the TTI deploys advertisements with narratives that follow dominant societal discourse (Shaffer et al., 2018, p. 433). Ultimately, their messages attempt to be as generalizable as possible to cause more youths and families to fall victim to their methods. However, those in charge often do not stop to consider the validity of the TTI’s claims with such desperation around helping struggling youth.

The consumption of media alters and enhances personal beliefs and beliefs about the surrounding world. With the spread of television, movies, music, social media, books, etcetera, society has learned how to profit off the ultimate narrative crafted throughout various forms of media. As Shaffer et al. (2018) found, “[t]he greater connection there is between the audience

and characters causes the narrative to be more effective” (p. 437). Further, the messages from media are often rather similar with coinciding purposes: to structure us around a unified perspective of the world. Specifically, in the case of the United States, society demands individuality yet also conformity. Subsequently, when stepping out of established norms – when displaying behaviors that media has worked so hard to demonize and suppress – an individual faces labels such as “deviant” and “troubled.” Hence, the people that are left relating to the now ostracized individual are those who have shared a similar fate, left seeking out narratives in which they can relate to.

By capitalizing on society’s mass consumption of media, the TTI utilizes various narratives that incorporate the “troubled” and “deviant” teen. Although such narratives are pulled from youths’ with different lived experiences, all get deemed as “troubled” and “deviant.” Consequently, the TTI uses this idea as a base to then amplify the purpose of their message: “troubled” and “deviant” youths’ guardians and families are unfit to help, and therefore must enroll their children into a TTI facility. However, this amplification enables those in higher positions of power to take advantage of vulnerable populations. Without regulation around what major corporations and dominating industries are allowed to promote to the public, society becomes susceptible to harmful and deceitful tactics.

Since “[t]he impact of public narratives can be, and has been, enormous beyond reckoning,” it should be mandatory to review and evaluate what is getting spread throughout society (Green, 2002, p. 2). While miniscule edits and manipulations to information may seem harmless, strengthening narrative embellishments helps to mask the actual history (Green, 2002, p. 4). Consequently, what is omitted should also be part of the discussions around these dominant narratives, because now knowing such aspects allows the information getting consumed to never

complete nor entirely be accurate, providing only partial and controlled insight to the general public.

## **Labeling**

Due to the stigma around deviant labels and social norms opposing deviance, those who get labeled may experience altered internal and external perceptions of their character. For instance, studies have frequently shown that labeled adolescents believe most people will distrust and reject them. This belief is associated with withdrawal from social participation. For example, adolescents associated with deviance report that peers often behave “awkwardly” and are “not themselves” around them and that they feel shame when around peers’ parents (Bernburg, 2019, p. 11). Moreover, the isolation of labeled adolescents due to stigmatized interactions and reactions from the self and others may push them to seek out like-minded peers to generate supportive environments. Such influence from labeling generates criminogenic processes – mainly the development of deviant self-concepts, social rejection and withdrawal, and involvement in deviant groups (Bernburg, 2019, p. 3).

Formal punishments from criminal justice systems or school officials can cause adolescents to internalize delinquent labels to form deviant self-concepts. As Restivo and Lanier (2015) explain, “a delinquent self-identity often generates more delinquent and harmful behavior” (p. 119). For example, self-concepts are influenced by how someone perceives others’ attitudes towards them; if adolescents continuously get confronted with formal delinquent labels, they may begin to internalize beliefs associated with the label, causing a self-fulfilling prophecy. Since formal labeling not only draws attention to adolescents but their delinquent status as well, this awareness increases the possibility of others close to or within the community of the adolescent informally labeling them as deviant. With others’ attitudes around deviant labels

getting shaped by negative stereotypes, labeled adolescents “may experience stereotypical expectations toward themselves” (Bernburg, 2019, p. 4). For instance, as explained by self-perception theory, associating adolescents with deviant labels may cause internalization of others’ perceptions to the extent that it changes adolescents’ self-concepts; “the person may begin to see him or herself as a deviant person, taking on the role of the deviant” (Bernburg, 2019, p. 4). Thus, adolescents conform to internal and external perceptions of deviance due to formal and informal labeling altering adolescents’ self-concepts.

Labeling adolescents as deviant may lead to others’ excluding or rejecting them, which can lead to an increased likelihood of labeled adolescents withdrawing from society or their community. Due to labels becoming defining features of adolescents, negative reactions arise from “others that are driven by fear, mistrust, self-righteousness, and so on, as well as fear of being associated with stigma” (Bernburg, 2019, p. 4). Conversely, adolescents may socially withdraw “due to anticipated rejection or devaluation” (Bernburg, 2019, p. 4). Since labeled adolescents commonly encounter uneasiness, embarrassment, and ambiguity when interacting with non-labeled individuals, the anticipation of negative interactions may encourage avoidance. As social control theory suggests, strong and persisting societal connections help mitigate deviance (Gove, 1985, p. 12). Consequently, when adolescents are formally deemed delinquents or informally labeled as deviants, social bonds get reduced and impacted, limiting attachment, commitment, and involvement in societal opportunities (Lee et al., 2017, p. 98). Hence, a label’s presence, even for short terms, may produce long-lasting effects that influence adolescents’ engagement in subsequent delinquency.

Formal or informal labeling may increase deviant peer association or generate barriers for adolescents attempting to enter non-deviant peer groups and form connections. By placing

labeled adolescents in environments with others deemed as deviants, chances to escape stigmas and engage with conventional peer groups get reduced (Bernburg et al., 2006, pp. 70-71). For instance, adolescents in juvenile detention are more likely to get further involved with delinquent peer groups because such removal or isolation from conventional society increases access to other deviant peers. Additionally, with fear and anticipation of others reacting negatively, adolescents withdraw from conventional peers, limiting potential peer groups to those that exhibit deviance or are labeled deviant (Bernburg, 2019, p. 5). For example, “adolescents who become known as delinquents in their communities often say that they feel most comfortable associating with delinquent peers in safe distance from the righteous gaze of concerned parents in the community” (Bernburg et al., 2006, pp. 69-70). Consequently, societal interactions and reactions, as well as existing stigmas surrounding deviant labels, push labeled adolescents away from non-deviant others to find those who share similar attitudes, providing opportunities for future deviance. Such processes are relevant to symbolic interactionism theory, as labeled adolescents’ interactions get influenced by the meaning attached to labels (Kavish et al., 2016, p. 1320). Therefore, the formal and informal labeling of adolescents categorizes them in a way that restricts opportunities to engage and form connections with others, altering peer group associations in a way that may encourage further deviance.

Research suggests that adolescents with less prior delinquency are more vulnerable to the effects of labeling than those with higher prior delinquency, which helps deter delinquent behavior. As Bernburg (2019) states, adolescents previously labeled as deviant or associated with delinquency may have already experienced identity change, social exclusion, and involvement in deviant groups (p. 16). Conversely, adolescents with lower deviant affiliation face more pronounced effects of labeling on self-concept, as deviant labels may be inconsistent with how

adolescents have come to view themselves. For instance, an adolescent without prior involvement or association with deviance who gets labeled as a deviant faces stronger effects than an adolescent who has a history of delinquency (Chiricos et al., 2007, pp. 571-572). Since the newly applied label may contradict the adolescent's self-perception and their established reputation as non-deviant, this contrast makes the label stand out more, causing confusion or distress. However, a deviant label applied to the previously labeled adolescent would align with their preexisting reputation, reinforcing self-concepts without generating internal conflict (Rowan et al., 2023, p. 20). Labeling processes such as these relate to explanations posed by self-perception theory and symbolic interactionism theory, as self-concepts get impacted by internal and external observations and interactions (Bernburg, 2019, pp. 15-17). Thus, the effects of formal and informal labels are stronger for adolescents who are not involved or associated with deviance as they challenge and contradict preexisting perceptions of the self and others to a larger extent than those previously labeled (Rowan et al., 2023, p. 7).

Ultimately, labeling focuses on how personal and societal interactions around those labeled as deviant can influence subsequent deviance. Rather than asserting labels cause deviance, labeling theory explains that deviance is defined and created through individuals' engagement in or display of deviant behavior; this theory posits that applying labels associated with deviance impacts and alters internal and external interactions, causing additional obstacles and impeding community (re)integration. Distinctions between formal and informal labels generate specific interactions between internal and external aspects (Bernburg, 2019, pp. 2-3; Kavish et al., 2016, pp. 1315-1317). However, processes that increase deviance may not be "directly driven by the intermediate (criminogenic) processes posited by labeling theory" but rather by the societal, personal, situational, and biological factors, as well as other related

theories (Bernburg, 2019, p. 7). Consequently, failure to account for such a diverse range of aspects reduces attention around interacting processes: “prevent[ing] us from drawing firm conclusions about the conditions under which formal labeling is most likely to lead to informal labeling and stigmatization, under what conditions stigmatization is most likely to reinforce subsequent delinquency, and so on” (Bernburg, 2019, p. 17).



## **The “Troubled” Teen: Lived Experiences & Narratives**

Despite a plethora of accounts pertaining to youths’ lived experiences within the TTI, as well as adults’ retrospective accounts, dominant societal discourse overpowers them. With the current power and widespread nature of media, societal discourses are prevalent everywhere. For instance, by connecting with societal concerns around struggling youth and utilizing dominant yet stigmatized portrayals and beliefs to back their claims, the TTI’s messaging around “troubled” and “deviant” youth successfully convinces parents that they finally found the solution to their “problem.” Consequently, “[t]he assumption is that because it’s widely recommended, because it’s a thriving industry, because the concept is so well known, it works” (Szalavitz, 2006, p. 34). Without controlled research, “[n]o matter how powerful and plentiful individual accounts are, the plural of ‘anecdote’ is not ‘scientific data’” (Szalavitz, 2006, p. 35). Therefore, the need is to not only attend to survivors’ accounts but to gather information that can address the whole picture and demand that the requirements for empirical evidence are upheld.

### **Dominant Discourse**

“There is a massive systemic problem in mental health care and behavioral treatments for young people: what works isn’t what is sold, and what is sold isn’t what works. There is no evidence to favor long-term residential programs of any kind for most teen problems – and yet they are a multibillion-dollar industry.” (Szalavitz, 2006, p. 545).

The TTI is a billion-dollar industry that has survived by using false advertisements and manipulative tactics. By capitalizing on the idea of “deviant” and “troubled” youth, TTI facilities convince desperate families that their programs will “save” and “transform” their children. However, the reality behind these tactics is largely unknown to parents and guardians; rather than being effective and empirically-supported methods, facilities within the TTI alter data. For

instance, data manipulation (i.e., “cherry-picking”), bias, and the lack of controlled, randomized trials are common limitations in the studies emphasized by the TTI, causing many of their claims to be unsupported and unable to be proven as causal. The TTI also relies on individuals who have “positive” experiences or associations with the program. Utilizing these tactics, the TTI continuously convinces families that their vulnerable children are better off becoming institutionalized by taking over dominant narratives and ensuring their message is prioritized. Survivors’ lived experiences are thus successfully muted due to the TTI declaring them as falsified manipulation tactics through their numerous resources that emphasize problematic research.

When youth attempt to counter stigmatizing labels, their claims and pleas quickly get swept to the side and ignored. Rather than listening to what these youth may have to say, they are pushed into facilities that work to reprogram anything “different” or “undesirable.” However, by being deemed “deviant” and “troublesome,” youth lose the trust from those around them, isolate themselves further from society, or have their behaviors conform to expectations that align with deviancy and trouble-making (often subconsciously) due to the impact and harm generated by the stigma surrounding such labels.

“Deviant” and “troubled” youth are those that go against societal norms and authoritative desires. For example, youth who are found using substances, failing academics, self-harming, going against school or family rules, etcetera, are all at risk of being deemed “deviant” and “troubled.” Additionally, behaviors that go against religious or personal beliefs can also cause these labels to get attached to youth. For instance, youth who identify as part of the LGBTQIA+ community have been subjected, especially historically, to conversion therapy and other forms of treatment that TTI facilities utilize. Subsequently, the definition of “deviance,” “troublesome,”

and other synonymous terms are subjective, depending on those in authoritative positions.

Hence, although some youth may be dishonest, we need to better understand why those with authority are continuously determined to undermine any sense of youths' credibility.

One major factor behind this is the TTI's power in adapting their discourse to dominant narratives. By utilizing guardians' fear, the TTI promotes that they are their youths' only option before falling into a life of crime and failure. This rhetoric, though false, creates a sense of urgency in families to act immediately at signs of "deviant" and "troublesome" behavior. However, while this behavior may be "deviant" and "troublesome" now, it used to be viewed as part of growing-up, and truly concerning behavior was met with increased support in the community. Instead of removal and isolation, youth were nurtured in a familiar environment and were constantly encouraged to see their maximum potential. Now, we have stopped seeing potential and only advertise corruption, dismay, and never-ending problems attached to youth. Without addressing alternatives and uncovering the entire picture, this fixation becomes more generalizable, allowing fear of inadequacy to permeate families and separate them from youth who often need nothing more than to explore options close to home, as well as further support or access to resources.

Many families experience some sort of bumps in the road as youth grow-up. While these are normal and part of developmental processes (often associated with natural learning curves, such as establishing one's sense of identity and independence or learning right versus wrong), the TTI successfully convinces many that these are areas of extreme concern. Further, in a society already overflowing with stigmas around disabilities, the TTI has capitalized on mental and physical disabilities as areas needing immediate intervention. For example, many prominent forms of media display mental and physical disabilities in a negative light. Since harmful and

inaccurate ideologies are already widespread in society, the TTI uses these popular narratives and forms similar scripts that overdramatize findings and manipulate results.

As the National Youth Rights Association (NYRA, 2023) advocates, youth “are held to a double standard of behavior” and when they “make mistakes, they are not seen as being just a part of life, but as an indicator of ‘irrational behavior’ and used as a reason for more control and punishment” (NYRA, 2023). Consequently, youths’ actions and their perceptions get defined and determined from adult perspectives. However, the failure to consider youths’ perspectives or external and internal factors influencing their lives causes youths to get held to higher standards of behavior, get more easily targeted by the criminal justice system, suffer harsher punishments, be less likely to get seen as individuals, and have their desires for independence treated like mental disorders (NYRA, 2023). With a lack of control around their own lives and their surroundings, youths are susceptible to how dominant discourses portray them. Thus, false portrayals and perceptions of youth perpetuates the ideology associated with “troubled teens” and the necessity around the TTI.

To dismantle the idea of “troubled teens,” then, the effort must go past the individual level into the cultural one. As Szalavitz (2006) explains:

“In addition to these practical issues, there are larger cultural reasons for the persistence of tough love. Tough love programs have played to parents’ concerns about the medicalization of bad behavior, dismissing the complexity of the debate and offering a one-size-fits-all solution. By lumping all teen problems together as problems of discipline that can be sorted out only by such rigid tactics, tough love programs deny the multiplicity of teen problems and the need for a variety of solutions” (pp. 549-550).

Rather than reassuring parents and guardians of their capability in handling the tough transitions that accompany developmental processes, the TTI has profited off of vulnerable others' fear and uncertainty. With a culture engrained in demonizing youths' behaviors, fearing about over-promoted statistics derived from non-credible research and data, cultural opinions have shifted around how to handle struggling youth – inflicting more pain and abuse, while discouraging patience and nurturing. Consequently, struggling youths' are prohibited agency, autonomy, and any sense of individuality in an effort to instill conformity. However, by separating youth into a category of their own, it prohibits communication from forming that would provide better understanding and connection. By further oppressing youths and justifying it as being due to their age and lack of maturity, we separate and silence those who attempt to confront or oppose the dominant status quo. Therefore, the TTI is yet another extension of power that refuses youths any sense of power or control to ensure submission and cohesion to societal norms.

### **Survivors' Stories**

“Although we can use narratives to describe the movements of inanimate objects[...]it requires that we give those objects agency. Humans are action centres that strive within bounds to create their own worlds. They provide narrative accounts of their experiences that imply their role or lack of role in shaping these events. The converse of agency is suffering (Ricoeur, 1984). When we are denied the opportunity to express our agency, we experience suffering. Accounts of suffering reveal this restraint on our free agency. Suffering can be due to some personal misfortune, but it can also be due to social oppression that denies the opportunity for true agency” (Murray, 2007, p. 115).

Youths who attempt to speak out about maltreatment or abuse have their stories dismissed – deemed as lies and manipulative tactics – despite a lack of credibility for the methods the TTI claims to “cure” teens with (Szalavitz, 2006, pp. 18-19). While lived experiences should not be accepted as evidence, selective consideration of individuals’ accounts spreads misinformation which harms society and the ability to conduct accurate research. Moreover, by playing into dominant stereotypes and stigmas, narratives have the power to generate more harm than good, shifting perspectives and popular beliefs to reflect their messaging. Thus, it is crucial that more attention is brought around narratives and lived experiences to understand their associated roles, abilities, and risks.

Due to the current structure of TTI facilities and the lack of oversight and regulations, it is difficult to grasp the extent survivors’ claims are manipulated or altered before reaching researchers or other public discourse. For instance, staff in the TTI are trained to prohibit negative discourse around or comments regarding the program and to prevent such information from reaching parents or guardians. If information that frames the TTI in a negative way is received by someone and raises concern, the program reassures others’ that youths’ cannot be trusted and that these are simply tactics of manipulation. Consequently, the TTI uses their deceitful methods to blame youths as untrustworthy “trouble-makers” trying to work the system. However, this failure to investigate youths’ claims prevents and disrupts their ability to share their lived experiences. By shaming youths’ who attempt to explain their perspectives or using scare tactics, youths’ become afraid at what may happen if speaking up. Moreover, they become convinced that no one will believe them. Such processes of stripping youths’ from their agency enables endless suffering that is encouraged by the TTI’s methods and staff.

Without the ability to explore narrative forms and express oneself through them, individuals are prohibited from fully understanding themselves and their surroundings. As Murray (2007) states, “we are enmeshed in a world of narrative; we understand our world and ourselves through narrative[, and, a]s such, the study of narrative provides the researcher with a means to understand how we make sense of the world and of ourselves” (p. 116). By seeking out and investigating diverse narrative accounts, and going beyond the dominant societally acceptable answers, researchers can encounter the overlooked and oppressed stories. Too often, however, “the scramble to align oneself with those who share one’s worldview and persecute those who don’t becomes a stampede, and neutrality is impossible” (Green, 2002, p. 32). Consequently, the use and investigation of others’ stories must arise out of the purpose to help those they came from instead of being used as weapons against them, helping society to better understand the reality of the TTI by ensuring survivors’ can share their stories without risk to their safety and well-being.

Providing survivors’ a platform for their voices would propel people to consider the narratives they have taken for granted over the years. Despite the societal concern around subjectivity, survivors’ stories must get acknowledged to reveal the entirety of the picture; without doing so, a power imbalance is prominent when failing to attend to survivors’ lived experiences while simultaneously believing TTI claims. By giving survivors’ the opportunity to share their stories without fear of punishment, dominant discourses can shift to begin portraying the true reality. For instance, since the TTI has silenced youths for a long time, TTI facilities and staff have become the dominating voice in advocating what youths need in regard to mental and behavioral help. Further, adult perspectives are often gathered rather than youths currently or recently enrolled in TTI facilities. Consequently, a prominent “gap in the existing research about

youth experiences of such systems and a need for more research that includes youth perspectives in evaluating out-of-home care” exists (Chatfield, 2018, p. 65). Hence, more information can get investigated in hopes to reveal the truth and the alteration and dismissal of claims without justifiable reasoning can be stopped by addressing all perspectives.

While the existence and public spread of survivors’ stories are increasing, utilizing them in research is complex. For instance, even if researchers develop coding systems to analyze narrative data, “precise and accurate research into narrative identity typically requires that researchers take life stories apart and examine their particular pieces, dimensions, or shadings” (McAdams, 2019, p. 80). Further, since “people co-construct narratives about the self with parents, friends, teachers, and many others in their culture, in an iterative and uneven manner, through fits and starts over the long course of life,” various factors influence the ultimate narrative shared (McAdams, 2019, p. 80). Without considering each potentially influential component, the risk for confounds increases and researchers cannot be as certain about what their findings indicate. However, taking the time to adequately code and analyze narrative data is a time-consuming process that often cannot occur in extremely large quantities due to lack of resources and funding. Consequently, research that currently utilizes narratives and lived experiences often consists of smaller sample sizes or becomes impacted by researchers’ inabilities to address or remove personal biases.

## **Importance**

Agency is central to narrative formation and messaging because it is through narratives that one has the ability to explore their world and express their experiences in whatever way they want. Since each individual is unique, narratives reveal certain components of the narrators’ and consumers’ identity. As Murray (2007) argues, “[t]he primary function of narrative is that it



brings order to disorder[; i]n telling a story, the narrator is trying to organize the disorganized and to give it meaning” (p. 114). The creation of narratives enables one to not only inform and portray different perspectives, but to convince others’ of a dominant idea. Whether the message follows or disrupts aspects of social norms is up to the creator and consumer, as well as various influential factors (i.e., social, personal, environmental, etcetera). Hence, narratives allow “the complexity of the social world, and the range of beliefs and values of audiences members, to be plausibly reflected and addressed” through their messages (Green, 2002, p. 170).

Narratives are powerful sources of information, “provid[ing] important cultural resources for linking personal and collective identities” (Green, 2002, p. 206). For instance, narratives allow people “to develop an understanding of the past, an expectation about the future, and a general understanding of how they should act” (Green, 2002, p. 206). However, many surviving narratives and those shared to the public are missing components that capture all perspectives. With this incomplete retelling of history, or partial education around selected components, individuals’ get convinced of an inaccurate reality and must relearn history through personally motivated research or lived experiences. Consequently, while individuals’ are creators of their own narratives, they are susceptible to societal norms’ continuously evolving yet rigid templates.

Various factors influence narratives since individuals are constantly producing and consuming them, and once a narrative is shared or made public, others’ recollections transform the original into an altered version. Although narrators’ tell a story, how they get interpreted and the impacts they have depends on the narrators’ background, “whom the story is being told [to], the relationship between the narrator and the audience, and the broader social and cultural context” (Murray, 2007, p. 116). Consequently, while narratives may incorporate an interaction

of influential factors, the ability for the authors' intended message to impact larger portions of society is often dependent upon their ability to adhere to the dominant social norms and desires.

Controversial topics are frequently swept below an overwhelming amount of socially normative information. Additionally, with money being a powerful factor of persuasion and enabling larger access to necessary resources, corporations can easily control what is determined as a priority. For instance, if publishing a finding or writing an article about a topic that goes against the majority of societal beliefs, or threatens the stability of a dominating corporation, those in higher positions of power will ensure more information that disrupts such possibilities are produced: i.e., on internet search engines, corporations can pay more money to have their information listed at the top of the search results. As Green (2002) states, “[i]n the absence of deliberate attempts to utilize the power of such communication for what can reasonably be argued to be public goods, the content of such programming is in most cases driven instead by either inertia or ratings” (p. 177). Thus, the utilization of tactics such as these makes it increasingly difficult to access resources providing diverse perspectives.

As Green (2002) explains, “[i]ndividuals depend on the existence of shared stories – or collective narratives – in order to express their sense of self,” yet, with the existence of dominant societal discourses, many are unable to or experience fear or shame around sharing differing and minority perspectives (p. 206). Additionally, since the “[g]overnment has control or considerable influence over the content of broadcast media,” controversial narratives often get replaced by those that align with government and authoritative goals for society (Green, 2002, p. 163). By manipulating the information individuals consume, desired social norms get reinforced to structure a unified perspective on right versus wrong. Therefore, with narratives' power of

persuasion, it is critical that those intended to get reproduced to the public are evaluated and analyzed to ensure their meaning is not to alter others' beliefs.

### **Influential Factors**

“In constructing narrative identity, human beings plagiarize shamelessly from their respective cultures, borrowing and appropriating master narratives, common images and metaphors, and prevailing plotlines from a set of canonical cultural forms, each culture showcasing its own favorites. Biology guides and culture fills in the details. Narrative identity, therefore, is a joint production, an invention of the storytelling person and the culture within which the person's story finds its meanings and significance. Other people in the author's life, along with groups and institutions, may also exert an authorial force. Therefore, the autobiographical author is, in reality, a co-author. It is the self-defining collaboration of a lifetime” (McAdams, 2019, p. 14).

Narrative identity develops throughout individuals' lifespan and gets influenced by various factors. Since stories are inherently social, nearly always concerning social life – existing to be told as there is always a presumed listener, viewer, or audience with its “intentional human agents who interact with each other over time and across circumstances” – “[n]arrative identity derives from storytelling, and storytelling derives ultimately from human sociality” (McAdams, 2019, p. 2). Hence, the dominating narratives that arise conform to the majority's beliefs and desires. However, as time progresses knowledge and perspectives change, altering old narratives to connect with prevailing contemporary ones. Subsequently, “cultural narratives about national history, ethnicity, religion, and politics shape the personal stories people live by, and[...]personal stories can sustain or transform culture” (McAdams & McLean, 2013, p. 237).

Building one's narrative identity is a slow process that occurs "over time as people tell stories about their experiences to and with others" (McAdams & McLean, 2013, p. 235). By interacting with others and sharing or listening to others' stories, individuals "learn how to share stories in accord with particular cultural parameters and within particular groups – in families, with peers, and in other formal and informal social contexts" (McAdams & McLean, 2013, p. 235). However, "experiences are processed, edited, reinterpreted, retold, and subjected to a range of social and discursive influences [while] the storyteller gradually develops a broader and more integrative narrative identity" (McAdams & McLean, 2013, p. 235). Thus, if failing to understand and follow cultural discourses, or contradicting them, individuals' risk their narrative identity getting attacked.

As developmental psychologists have repeatedly shown, "conversations with parents about personal events are critical to the development of narrative skills in children" (McAdams & McLean, 2013, p. 235). By teaching youths' what is right versus wrong in society, parents and guardians help prepare and educate them around sharing personal narratives. Since much of society depends on knowing if individuals know and can conform to social norms, many milestones in life and developmental points are achieved by assessing how well individuals' personal narratives fit the situations' desired and required script; while infants can share whatever is on their mind, developing adolescents are to quickly learn what to assess when deciding to share or consume a narrative. For instance, McAdams and McLean (2013) explain that "[r]esearch on adolescents and emerging adults has now shown that several aspects of conversational contexts matter for the degree to which conversations become important for meaning-making processes" (p. 236). Specifically, what matters are reasons for sharing memories, the listeners ("attentive listening helps to promote the development of narrative

identity”), and relationships (“when important people in a person’s life agree with his or her interpretation of a personal story, he or she is likely to hold on to that story and to incorporate it into his or her more general understanding of who he or she is and how he or she came to be”) (McAdams & McLean, 2013, p. 236). Failure to recognize and understand these components risks individuals’ narratives getting overlooked or criticized, prohibiting the ability for unrestrained expression.

The repression of diverse narrative identities to ensure the prevalence of a dominant discourse in society forces individuals’ to conform or face rejection. With this restriction around self-expression, intolerance around individuals that deviate from the determined “acceptable” social norms enables further suppression and oppression around minority voices. Moreover, it creates a sense of authority over whose voice holds power and deserves attention versus those who deserve to get reprimanded, shunned, or silenced. As McAdams (2019) lists,

“First, all master narratives exhibit utility. Individuals who identify with a particular cultural group look to master narratives to provide them with guidelines in life and useful information about the history, goals, values, and identities of the group. Second, master narratives are nearly ubiquitous within a given cultural context. Even if members of a group do not accept the master narrative, they are intimately familiar with the narrative’s outlines. At the same time, third, master narratives are typically invisible. Members of a culture unconsciously and automatically become acquainted with the master narrative. They do not have to work hard to know what it means to be a good member of a society. The narratives do not typically become visible and explicit until a person violates the narrative’s norms or gains exposure to alternative narratives that call the master narrative into question. Fourth, master narratives manifest a compulsory nature: ‘They have a

moral component, an ideological message, which tells us how we are supposed to feel,' to think, and to be (327). Fifth, master narratives typically exhibit marked rigidity. They offer a well-defined structure within which to articulate a narrative identity, but the structure is not especially elastic, in part because its existence often reinforces positions of privilege in society or affirms deeply held values whose violation exerts significant cost" (p. 12).

As a guide to the surrounding world, narratives exist to inform and warn one of their places in society, attempting to conform everyone to represent the idealized norms. Consequently, dominant discourses convey "an ideological message that both validates the group's identity and sets forth what counts as a good and praiseworthy life for the individual" while signifying what is undesirable and problematic; it is through them that individuals' understand themselves and how they fit into the surrounding world (McAdams, 2019, p. 11). Since shared stories help promote social cohesion and legitimize authority in groups, narratives that get accepted as adhering to the structure of dominant societal discourse "build group identification and a sense[...]of a strong bond of belonging to the group" (McAdams, 2019, pp. 4-5). The TTI is a prime example of this due to their integration of dominant societal trends and discourses in their promotional tactics in materials. For example, through realizing what society deems as undesirable and problematic qualities, the TTI established a business model that promised to provide parents and guardians what they wanted and needed to hear. Thus, rather than youths receiving the care their parents' and guardians are desperate for, experimental tactics and personal methods that lack any scientific backing are used.

The rise of narratives around "troubled" and "deviant" youth initiated the transition from nurturing struggling youth to tough love tactics, and from viewing environmental and

psychological forces as factors of undesirable symptoms to blaming the individual. With reports dictating drastic surges in youth misbehavior and areas of concern (i.e., criminal activity, drug use, dropout rates, suicides, etcetera), societal tolerance declined and panic spread around youth portraying any possible symptoms of “deviance.” Consequently, realizing an opportunity to make large profits, the TTI formed and began thriving by utilizing contemporary dominant narratives around “troubled” and “deviant” youths being out-of-hand. By enhancing feelings of fear in desperation in parents and guardians around their inability to properly care for or help their children, the TTI successfully built reliance on their alternative models and approaches to mental and behavioral health care. Hence, the TTI’s capitalization around society’s inadequate preparedness for each new generation of youth strengthens cultural trends dismissing struggling youth and punishing them into conformity.

“In and of itself, storytelling is not necessarily good or bad[; i]t simply is” (McAdams, 2019, p. 81). However, the TTI has formed a narrative that has been adopted and trusted by many due to its ability to adhere to societal desires and adapt to demands, yet we have failed to question the credibility of the foundation claims. Consequently, the TTI’s negation of facts and substitution of them for unsupported claims makes youths susceptible to outdated discourses, which causes them and their parents or guardians to unknowingly become research participants in experimental treatment options. Therefore, with drastic surges in alternative treatments lacking credibility and proven benefits, the TTI has created their story as one grounded in providing optimal treatment options for youths – catering to all possible needs despite lacking qualification.

Although treatment methods for youths’ behavioral and mental health still require research, youths are successfully swept from their homes and communities due to the TTI’s

creation of advertisements and materials that coincide with dominating societal discourses. Cultural norms have largely influenced the structure of society, dictating what is morally correct or incorrect regarding sexuality, religion, ethnicity, gender, etcetera. For instance, men and women have distinct scripts with prescribed stereotypes that conform to societal norms and get controlled by the majority's dominating desires. To ensure easy accessibility and constant exposure to dominant discourses, scripts get reproduced throughout society and become prominent in all forms of media. Consequently, this inescapable nature encourages the suppression of narratives that diverge from dominating discourses, prohibiting opportunities to challenge or disrupt societal norms.

Not all youth who experience struggles are “troubled” or “deviant,” and facing struggles is not sufficient to warrant the use of negligent treatments, yet the subjectivity of lived experiences enables others' to challenge and negate their credibility. Since narratives are uniquely shaped and influenced by individuals' lived experiences, their factuality cannot be determined by another. However, this should not undermine the importance of narratives' in research and overall society. As McAdams (2011) explains:

“facts are important. A person's narrative identity should be based on the facts of his or her life as they are generally understood in a social community, for credibility is a cardinal criterion of maturity in identity and in social life (McAdams, 1985). Those facts are part of the material – the psycho-literary resources – with which the author works in order to craft a self-defining narrative. But all by themselves, facts are devoid of social and personal meaning[...]In narrative identity, the storyteller can work only with the material at hand. Narrative identity draws upon the powers of imagination and integration to shape those materials into a good story, empowered and constrained as the storyteller



is by the physical, biological, psychological, ideological, economic, historical, and cultural realities in play” (p. 107).

Narratives are special in their ability to blend fact with fiction, but this should cause warning around their use and consumption. For example, when utilizing or considering narratives, one must also think about the multitude of forces influencing their structure and production; if overlooking any possible aspect (i.e., because one deems it as unimportant), we risk altering the authors’ reasoning or consumers’ interpretation. Thus, while narratives may take on and truly have numerous meanings and purposes, figuring out what these are and how they align with the one producing the narrative is crucial.

As McAdams (2019) powerfully reminds readers, “[p]eople do things because they want to do them, or in accord with their own beliefs and plans[; i]n other words, people are motivated agents who pursue their own agendas over time” (McAdams, 2019, p. 6). Although it may be a given for some, individuals must be careful trusting the information they consume. However, knowing who to trust or distrust gets complicated when limited resources are available or if lacking understanding around the situation. Additionally, while materials may appear to be educational, uncovering whether they actually are sometimes requires more effort. Therefore, it is crucial that information is not taken for granted yet explored and contemplated – especially when attempting to make larger decisions.

## **Possible Solutions & Current Initiatives**

“Real research would be helpful to determine the extent of this damage and how common it is, but there is enough data already to suggest that the risks of tough love programs outweigh any potential benefits, at least as long as it cannot be proven superior to other approaches, even for a particular subgroup. This is especially true given the well-documented tendency of most teenagers to outgrow their bad behavior, the research showing that there are effective alternatives – and the data suggesting that grouping troubled kids together makes them worse” (Szalavitz, 2006, p. 528).

Parents and guardians cannot take the TTI’s claims and promises for granted. By waiting to make a choice on such a life altering decision, parents and guardians can save youths from unalterable impacts on their development and calculate the options to understand which may best benefit the specific and unique needs of their youth. Moreover, by exploring various resources, further knowledge gets generated around facilities and their purpose. However, to ensure this truly happens, initiatives need to form around reforming educational tactics and implementing new structures within youths’ mental and behavioral health services.

Directing attention toward implementing reintegrative approaches may produce positive effects by mitigating adolescent deviance. Rather than attaching official criminal records to adolescents or isolating them in juvenile detention centers or court-ordered treatment programs, opportunities that facilitate reparation, restoration, and communication would enable chances for apologies and forgiveness. Moreover, forming programs that provide case management and mentorship opportunities could reduce processes influencing subsequent deviance. Community-based programs may also “provide assistance and support for the parents of adolescent offenders [or those deemed deviants] in addition to arrangements for recreational and employment

activities” for these adolescents (Restivo & Lanier, 2015, p. 136). Educational efforts may even mitigate the harmful consequences of labeling by combatting stigmatization during community interactions with those informally labeled or perceived as deviant. While interventions will differ in their effectiveness, additional knowledge regarding how labeling interacts with criminogenic, mediating, and intermediate factors – as well as related theories that further account for conditional and individual characteristics – helps generate suggestions for policy reform. Thus, with research on labeling theory providing necessary information surrounding various mechanisms affecting adolescent deviance, alternative processes that mitigate the criminogenic effects of formal and informal labels can be generated.

By directing attention toward the importance of forming consistent research methods and recognizing that alternative approaches to labeling theory are not mutually exclusive, understanding can arise around how labeling generates criminogenic effects. However, although more research would help clarify existing discrepancies, contemporary efforts surrounding labeling theory provide foundations for future research to form recommendations around processes that would mitigate criminogenic effects. Consequently, methods that mitigate the harm caused by processes surrounding formal and informal labeling could be implemented in society to establish effective policy reform and community efforts. Overall, as Bernburg (2019) summarizes, “[c]ontemporary work on labeling theory underscores that the theory not only fits well with other theories of crime and deviance, but that its primary focus on social exclusion complements” arguments “that weak social bonds, blocked opportunities, and association with deviant groups are important factors explaining criminal and delinquent behavior” (p. 17). Therefore, researchers’ next steps should be assessing whether alternative, reintegrative

approaches and avoiding the application of formal and informal labels reduce adolescent deviance and criminogenic effects.

### **Assessing Adolescent Medical Autonomy**

Each individual is different, and assuming adolescents are incompetent in making decisions is harmful as it produces inaccurate presumptions and inadequate treatment. While adolescence is a crucial developmental period for strengthening factors relevant to decision-making capacities, adolescents face legal and ethical restrictions around achieving complete medical autonomy. Despite the lack of empirical foundation, beliefs of decisional incapacity are prominent in law, providing medical personnel and legal guardians discretion over adolescents' medical decisions. However, preventing adolescents from engaging in medical decision-making reduces adolescents' opportunities to practice and grow decision-making skills. Reconsideration of standards surrounding medical autonomy must thus occur, especially since adolescents have similar decision-making capacities as adults. By failing to provide uniform models that assess and determine factors relevant to adolescents' medical autonomy, medical and legal personnel have subjective discretion to decide what constitutes or does not constitute decision-making capacities. Consequently, inconsistencies arise, generating potential risks for those involved – such as failing to do what is in adolescents' best interest or medical personnel unintentionally breaking ethical and legal guidelines. Therefore, further research must occur around factors that impact decision-making capacities necessary for achieving medical autonomy as it could help form opportunities for adolescents to be incorporated in treatment processes, facilitating the growth of relevant areas, and could also provide adolescents determined as having decisional capacity with medical autonomy.

Chenneville et al. (2021) and Grootens-Wiegers et al. (2011) suggest four standards to help define decision-making capacity: expressing a choice, understanding, reasoning, and appreciation. The standard for expressing a choice requires that adolescents can effectively communicate, and the understanding standard mandates “sufficient intelligence and language proficiency” to process information, the ability to orient and direct attention to the information, and memory and recall skills that ensure information is processed and integrated into long-term memory (Grootens-Wiegers et al., 2017, p. 3). On the other hand, reasoning goes a step further, requiring adolescents to be capable of logical reasoning and weighing the risks and benefits relevant to the medical decision. Lastly, appreciation requires abstract thinking and theory of mind to ensure adolescents understand the personal relevance and consequences surrounding decisions. Consequently, using a neurological developmental model of decision-making capacities based on the four standards, Grootens-Wiegers et al.’s (2017) findings revealed that those around age 12 should have decision-making competence (p. 7). However, Grootens-Wiegers et al. (2017) faced complications pinpointing a specific age for adolescents to be fully considered “competent to make medical decisions based on brain development” due to how situations affect adolescents’ behaviors (p. 7). Thus, while neurodevelopmental models can adequately assess these four standards to reveal whether adolescents should have medical autonomy, intermediate processes are not fully addressed.

There have also been suggestions around the goodness-of-fit ethical model to ensure the implementation of best practices for informed consent, confidentiality, and disclosure. As Chenneville et al. (2021) explain, this model “emphasizes the value of empirical research on informed consent,” outlining “considerations for potential participant strengths and vulnerabilities” (p. 63). Since situational factors can strengthen or reduce adolescents’ decision-

making capacity, the goodness-of-fit ethical model underscores possible contextual influences in which treatment occurs and within the adolescents' everyday lives. Consequently, "this research may inform best practices while addressing the unique needs of the research context" (Chenneville et al., 2021, p. 63). Hence, attending to various situational contexts alongside adolescents' characteristics helps determine adolescents' decision-making capacities.

Another model suggested by Chenneville et al. (2021) is the protection-autonomy model, as it encourages medical personnel to assess adolescents' decision-making capacity rather than rely on authority figures, such as legal guardians (p. 64). This model and the responses gathered intend to "inform the level of protective or autonomous action that is endorsed" (Chenneville et al., 2021, p. 64). For instance, legal guardians and medical personnel would need to increase protective measures if decision-making capacity is low; if it is high, an emphasis on respecting adolescents' medical autonomy would be best (Chenneville et al., 2021, p. 64). Consequently, the protection-autonomy model attempts to assert "that protection and autonomy are not mutually exclusive," encouraging medical personnel to address adolescents' developmental stage alongside emotional, cognitive, and medical needs (Chenneville et al., 2021, p. 64).

While "presumptive decisional incapacity has underpinned laws governing adolescent decision-making," there is little to no sustaining empirical evidence of adolescents' decisional incapacity (Hartman, 2001, p. 91). Consequently, future research could benefit from developing and using measures surrounding adolescents' decision-making capacities relevant to medical autonomy. However, with variations in medical personnel's reliance on legal or professional guidelines, processes assessing whether adolescents should have medical autonomy become subjective rather than objective. Such subjectivity increases inconsistency in how the law and ethical standards are applied and perceived, thus reducing equality among adolescents receiving

medical treatment. Difficulties are also present when trying to balance the best interest of adolescents with the rights afforded to legal guardians. By assessing whether legal guardians can make medical decisions in their child's best interest, medical personnel can reveal whether legal guardians are an adequate substitute for adolescents' medical decisions. Thus, addressing perspectives concerning whether adolescents have decision-making capacities provides an understanding of how judgments form around medical autonomy.

Future research should incorporate developmental and situational contexts influencing adolescents' decision-making capacity to form recognition around when to consider medical autonomy. Recognizing adolescents' developmental stages and preferences can help medical personnel better cater to individualized needs (Unguru, 2011, p. 197). As Unguru (2011) declares, including adolescents in decisions without allowing their participation is pointless (p. 205). Cummings and Mercurio (2010) thus recommend including adolescents in decision-making processes as it enables recognition and respect for adolescents' developing capacities relevant to medical autonomy (p. 253). Subsequently, adolescents would acquire more decision-making authority by supplying guidance from legal guardians or medical personnel rather than giving legal guardians or medical personnel discretion over medical decisions. By balancing protection and autonomy, adolescents' rights are not impeded based on inaccurate assumptions of decisional incapacity. Therefore, implementing different methods to assess adolescents' decision-making capacities would ensure all possibilities for autonomy do not get negated.

Ultimately, despite various guidelines for assessing medical decision-making capacities, their recommendations and applications differ across jurisdictions. By forming a uniform model that guides medical and legal personnel's evaluations of factors most relevant and immediate to adolescents – such as social influences, developmental processes, and parental relationships –

efforts that enhance decision-making skills can be generated. Additionally, understanding the unique factors surrounding adolescents' decision-making capacities can help medical personnel encourage adolescents to make conscious decisions and help them set meaningful boundaries that encompass goals, desires, and other developmental needs more effectively (Halpern-Felsher, 2009, p. 6). As suggested by Hartman (2001) "respecting adolescent autonomy for medical decision-making holds a deeper promise for individual development, independent thought, and self-identity" (p. 133). Hence, further consideration of what adequately determines adolescents' levels of decision-making competency to ensure medical autonomy would prevent the continuation of false presumptions of adolescents' incapacity in decision-making.

### **New Research Methods**

"Anecdotes regarding positive experiences with tough love programs also abound, of course – but without controlled studies, one cannot know which experience is more common; whether positive changes have actually occurred or are just perceived, and whether such effects can be attributed to the program or to simple maturation. The acceptance of such stories as evidence of effectiveness does a great disservice to parents and children who need help with behavioral problems" (Szalavitz, 2006, p. 212).

While there is plenty of existing research surrounding the TTI, much of it is flawed, warping the picture of what is occurring. For instance, research claims to uncover positive findings regarding the TTI's efficacy yet the accounts utilized are often retrospective accounts taken from adults who have long worked to forget or heal from these unwanted memories. Consequently, researchers cannot fully attribute their findings to imply positive results; instead, they must further investigate what adults' accounts reveal and how they compare to youths' currently and recently enrolled in TTI facilities. Therefore, by working to uncover reoccurring



and differing factors in narratives, and accounting for variations in lived experiences, researchers can move closer to understanding what aspects may truly enhance or harm youths well-being.

The consideration of lived experiences is necessary alongside data from randomized, controlled research. While lived experiences cannot be substituted for empirical data, it is important for researchers to investigate them as they shed light onto possible factors impacting outcomes. For instance, lived experiences provide larger amounts of detailed information about individuals than randomized controlled trials. Unless lived experiences get accounted for, randomized controlled trials cannot be certain whether or not confounding factors have impacted the results.

Although retrospective accounts concerning the TTI are sometimes easier to acquire, there are important limitations to consider. For example, with changes in perspective and differences in processing emotions that arise from getting placed in the TTI, retrospective accounts become complicated by additional factors. As McAdams (2011) mentions, “[a] central finding in the study of narrative identity is that as adults move into and through midlife, they become better able to construct life stories that derive positive meaning from negative events (Bauer & McAdams, 2004; King & Hicks, 2006; Pals, 2006b; Woike & Matic, 2004)” (p. 109). Since numerous factors can impact and change individuals’ lives after their placement in the TTI, adults may not adequately recall their experience. Moreover, other events could occur that may be more serious to individuals, causing the impact of the original event or events which ultimately landed youths in the TTI to appear more miniscule. Consequently, retrospective accounts are not adequate points of data as they prohibit understanding of immediate impact, and if continuing to utilize them, researchers must ensure they get addressed and analyzed differently

than youth accounts. Hence, researchers' use of retrospective accounts as a factor to reveal whether the TTI does youths more harm than good warps the reality many youths face.

Since prior research around the TTI is flawed, and if desiring more accuracy in future studies, it is necessary that society and researchers demand that steps to meet the gold standard of empirical research get taken. For instance, utilizing retrospective accounts, failing to establish randomized controlled trials, and implementing personal expectations causes data to get skewed and prohibits abilities to conclude the true efficacy of youths' placement in the TTI. However, implementing protocols established in more reputable clinics and empirical research would improve the TTI's quality of care and benefit youths' outcomes. By prioritizing research on treatments in residential settings, and utilizing those proven effective, the ability for TTI facilities to improve youths' well-being could increase. Further, no matter what gets explored – “the implementation of an existing evidence-based program model, the adaptation of an evidence-based treatment to a residential care setting, the evaluation of a ‘home-grown’ model,” etcetera – systematic evaluation and research is required (James, 2017, p. 12). Thus, while it is essential that researchers and TTI facilities begin to form a more cohesive relationship, it is also necessary that researchers critically explore and advocate effective alternatives for youths' mental and behavioral treatment.

The TTI “is an area ripe for research, yet also very challenging, given the number of factors and comparisons that would need to be taken into account” (James, 2017, p. 9). As James (2017) explains, past findings suggest “that efforts to implement evidence-based treatments may be haphazard” for numerous reasons (p. 8). For instance, the burden of training requirements, “limited understanding of what may be required to successfully implement an evidence-based intervention,” and lack of resources within the TTI has caused many facilities to attempt and

claim to satisfy external desires without the “ability or required commitment to see an implementation effort through” (James, 2017, p. 8). Since evidence-based treatments are often already riddled with concerns due to the studies’ designs, we must use caution being “overly confident that evidence-based treatments ‘sold’ as effective on the ‘evidence-based market’ will necessarily be producing positive results” in the TTI (James, 2017, p. 9). Until study designs are strong, with comparison or control groups, and maintain reliable results, with credible effect sizes, researchers cannot make “definitive conclusions about the effectiveness of evidence-based treatments in [the TTI] in comparison to ‘usual care’ services” (James, 2017, p. 9). Therefore, with minimal knowledge “about the processes and outcomes related to the implementation of evidence-based practices in” the TTI, mandating structured, rigorous research on the TTI and providing better funding would enable ethical, effective, and credible outcomes (James, 2017, p. 12).

Existing research around the TTI fails to consider and explore numerous factors that are crucial to understanding the full impact on youths’ well-being. However, while current research must get analyzed for its credibility, if ensuring certain steps are taken and components get considered, researchers can produce more accurate findings. As Chatfield (2018) states:

“Although federal investigations and dramatic news reports provide anecdotal evidence suggesting some program types may be problematic, few empirical studies have explored the relationship between program design and quality of life within totalistic settings and very little is known about the way such programs impact adult development” (p. 16).

Moreover, a shift in research tactics will enable data around other unexplored concepts relevant to the TTI and survivors’ lived experiences. By giving voice to underrepresented and often stigmatized populations, “[q]ualitative research that systematically collects and synthesizes data

relevant to the experience of totalistic change methods may help shine a light behind the closed doors of’ the TTI can “hopefully contribute to ongoing efforts toward ensuring that intensive teen treatments have a beneficial impact on youth and adult development” (Chatfield, 2018, p. 27).

Shifting to youths’ accounts during and after their time within the TTI would enable researchers to access and assess immediate effects and developing impacts. However, it is not justifiable to continuously ignore data’s indication of the TTI’s inefficacy in hopes that further research will produce some encouraging and positive findings. Instead, we must work on uncovering new methods and models for youths’ mental and behavioral treatment for researchers to assess. Hence, researchers can learn where to implement alternative treatments, how to do so, and who these methods are suited for by understanding what improves youths’ well-being and why.

By demanding that researchers follow all steps for empirical research, better information gets provided around the efficacy and inefficacy of treatments. Although current research supports both positive and negative implications of youths’ placement within the TTI, the majority cannot establish their claims as evidence because they lack a controlled research design; without this, the supposed outcomes are merely hypotheses still awaiting to get proven. Subsequently, many TTI facilities can claim their treatments are experimental at best, which does not fully negate any efficacy, but calls to questions its extent. Moreover, since many TTI tactics are found outside of their facilities, utilizing studies that explore their impacts can underscore their potential for harm. For example, as Chatfield (2018) suggests, “[f]uture studies could incorporate theory and empirical findings from research on second-generation members

who were raised in cultic groups, literature on captive bonding or attachments formed through trauma, domestic violence dynamics, and torture” (p. 259).

Despite changes in research methodology providing some promising results around implementing new methods into the TTI to prevent the continuation of its harmful and abusive history, completely changing treatment tactics and practice structures would ensure more positive outcomes. For instance, there is evidence that talk and narrative therapy are beneficial in community-based situations, yet this has not been extended to TTI settings (Madigan, 2011). Moreover, many of the methods utilized by and within the TTI have shown some positive impacts, but the research did not consider the use of such tactics within a TTI setting. Consequently, the TTI’s extension of research findings to areas where it has not been adequately addressed or explored causes their use to be problematic and generate further risks for harm. Hence, researchers need to address the TTI’s inadequate use of findings as falsified supports for their unproven methods and tactics.

Researchers need to alter their approach to youths’ mental and behavioral treatment. Since TTI facilities have consistently failed to prove their willingness to implement new approaches and adhere to higher standards, the prioritization of research that attempts to understand the TTI’s efficacy rather than search for new methods wastes already minimal funding and resources. If fixating on how to either reform or dismantle the TTI, research must expand to what has been unaddressed and overlooked. For instance, looking for alternative treatments and studying their efficacy in different settings would enable insight into their credibility. Further, by beginning such studies and following individuals over the long-term, researchers can acquire more accurate data concerning how treatments impact development or alter over time.

Ultimately, while the TTI must get dismantled, solutions must get put in place first as there is a large need from families for additional support with their struggling teens. Since the TTI arose out of desperation, it is necessary that proper steps are followed when investigating alternative treatment methods for youths' mental and behavioral health – if failing to do so, society will simply have a new version and era of the TTI. For instance, by gaining more funding to conduct extensive research, researchers can expand their efforts and take more caution. Further, with increased funds and resources, researchers can have more time with their study, enabling longer-term results. Consequently, to avoid the risk of insufficient care and services generating out of premature research findings, society must become more rigorous in checking sources credibility when consuming information and demand better precautions get put in place when deeming sources as credible.

### **Change in Discourse**

“Parents are usually in a state of desperation when deciding upon where to seek help for their child, and the educational consultants persuade parents to act fast, to decide within 24-hours to save their child’s life (ASTART, 2017; Stull, 2020). The pressure of having parents make a life-changing decision within 24-hours, does not allow parents the proper time to think, consult, and research further, or de-escalate their emotions (ASTART, 2017; Szalavitz, 2006/2020). Parents are given other parents contact information to discuss testimonials of their child’s trajectory within the programs. It must be noted that testimonies are not scientific evidence of the success or failure of a program, and, it has been discovered that parents are often rewarded with money or with a discount towards their child’s stay within in the program if they recommend the program to indecisive parents (ASTART, 2017; GAO, 2008; Kushan, 2017)” (Kopsick, 2022, p. 7).

When hearing a youth is struggling, “troubled,” or “deviant,” those in charge act quickly and do not take the time to fully consider the plethora of treatment options. However, the failure to account for various treatments, the research supporting their benefits and efficacy, and youths’ desires often creates worse outcomes and enables a power dynamic that disrupts any ability to maintain a sense of agency. By putting pressure on those in charge to act immediately to prevent tragedy or further “disruption,” the decision to place youth within the TTI lacks adequate consideration around whether making such a life-changing decision is truly to youths’ benefit.

With youths’ lack of complete autonomy and agency – risking their safety if attempting to fight for it – they become vulnerable to the decisions of those in charge. Subsequently, youths’ opinions and beliefs are often overlooked and deemed as untrustworthy and problematic. However, neglecting to integrate youths’ perspectives prohibits adequate opportunities to form methods that cater to their needs. Instead, it promotes tactics that work to conform youths’ to desired societal norms. Moreover, by altering rather than nurturing youths’ during their natural development, the potential for longer-lasting struggles to arise increases; it prohibits youths from exploring and experiencing their childhood, rigidly restructuring their environment into an unnatural system of control. Thus, the lack of attention toward youths’ accounts and their prohibition from developing a sense of autonomy and agency helps to strip away their identity and forcefully remake it.

Historically, society not only believed they were capable in handling any struggles that may arise with youth, but that they were the best option. However, with much of societal discourse currently portraying the need to reprimand and punish “troubled” and “deviant” youth, those in charge are rather easily convinced by the TTI to enroll their youth. Since the TTI adheres to societal norms and utilizes them in their own messaging, many of their claims get

promoted. Further, in relating to individuals' personal lives, the information appears more relevant, acceptable, and believable. Consequently, by suppressing alternative and opposing discourses, the TTI successfully manipulates vulnerable individuals to succumb to their narratives. Therefore, the dominant societal discourse must begin allowing the diversification of opinions, beliefs, attitudes, desires, lifestyles, etcetera, if hoping to promote and create a society where differences are accepted and not problematized.

Society must provide space for differences to get safely expressed because prohibiting or undermining lived experiences due to their deviation from social norms or what we have come to know and accept is not only unjust but harmful as well. For instance, individuals get isolated when lacking outputs or the ability to connect with someone who may relate. However, this isolation creates a spotlight that often places youths in a continuous cycle of backlash and harm. Moreover, labeling youth as “deviant” or “troublesome” not only subjects them to crueler behavior, it revokes their credibility; since adults are wary of such labels' associations, it often becomes increasingly difficult for labeled youths to have their voice heard. Consequently, changing how society views struggling youth could enable higher tolerance that in turn generates cohesive efforts to improve well-being. Further, collaborative efforts may help generate a common ground for adults and youths to address their differences. By overcoming differences and working together to address hardships rather than ostracizing and punishing them, youths are provided more stability that helps encourage their abilities and facilitates growth – enabling positive change.

Further education around youths' mental and behavioral health must get implemented throughout society. With mass portrayals of stereotypical “troubled” youth, society has lost patience and empathy for those struggling and instead looks to punish and reprimand those “out-



of-line.” However, the tactics taken for granted as the solution to such “troubled” and “deviant” youth enables the harm they cause to get overlooked and blamed elsewhere (usually back onto the youth). Consequently, more societal discourse must arise regarding the TTI and exposing the true research behind their facilities to help parents and guardians make educated decisions. By prohibiting the promotion of these materials, or ensuring contradictory messages are more accessible, parents and guardians get confused, overwhelmed, and manipulated into believing false realities. Therefore, the TTI’s ability to prey on parental fear and dependency ensures youths get overlooked and forced into systemic control.

Rather than employing educational consultants that are incentivized to refer youths to specific programs, advertising genuine accounts from survivors and their families would enable individuals to make educated guesses. Since lived experiences are highly personal and emotional, they can establish strong connections with others through similarities expressed. Instead of deeming such narratives as non-credible due to their subjectivity, they can get utilized to educate others on how individuals were impacted by the TTI. Just because accounts may differ from what is widely believed does not mean they are problematic or nonfactual; instead, such differences should warrant deeper attention, investigation, and consideration. Despite constant concern in displaying or advocating subjective data, deeper consideration needs to occur around how lived experiences such as youths’ accounts concerning the TTI can be successfully integrated into the dominant societal discourse without altering or misrepresenting the content. With subjective data already highly prevalent throughout society, there is no justifiable reason to prohibit lived experiences as long as such accounts do not spread unnecessary hate nor harm.

Many societal messages are intricate in how they spread and encourage dominant ideas, masking the undeniable harm they cause. For instance, there has been increasing awareness

around advertising aimed toward women generating more mental health issues – such as various eating disorders, depression, body image concerns, anxiety, etcetera. However, with so much resistance around alternative treatment options for youths’ mental and behavioral health, the TTI has efficiently discredited millions of individuals’ lived experiences. Consequently, a much-needed movement must take place and replace the dominant discourse with accurate representations; not only do research and advertisements require change, but television, media, books, etcetera, do as well. By utilizing care when advocating for and implementing such change, individuals’ can generate further, and much needed, education.

Since the TTI’s discourse forms by dismantling others’ realities to pick and choose what acceptably adheres to societal expectations and plays to their desires, the TTI has successfully avoided being transparent in what occurs in their facilities nor how individuals’ are impacted. With the TTI being a large industry, it is easy for them to afford their own and affiliated resources to get priority advertisements. However, raising awareness about these methods would allow individuals to dismantle the TTI’s claims. For instance, websites – such as [Unsilenced.org](https://www.unsilenced.org) (<https://www.unsilenced.org>), [WeWarnedThem.org](https://wewarnedthem.org) (<https://wewarnedthem.org>), and [YouthRights.org](https://www.youthrights.org) (<https://www.youthrights.org>) – are powerful resources that are working to achieve such change, yet more is required. Individuals must demand and advocate for other resources to get placed where they will attract more attention – which may require raising funds, as this area of research is already largely underfunded. Consequently, due to minimal education regarding the actuality of the TTI and their tactics, individuals must begin taking initiatives to fill in these gaps with credible resources.

Without the ability to disentangle factual claims from anecdotal ones, society gets left making decisions that play to their beliefs, lived experiences, and what they have been taught.

For instance, despite the existence of research clarifying the inefficacy around the TTI and their treatments methods, these findings are not promoted to the extent of anecdotal and non-controlled research designs. Consequently, society falls trap to believing their inadequacy in handling youths' struggles, pouring more money into a billion-dollar corporation rather than funding further research. Therefore, more pressure must get placed upon researchers exploring treatments for youths' behavioral and mental health to follow the strict, empirical guidelines of research demanded everywhere else.

## Conclusion

“The more researchers learn, in fact, the greater the evidence becomes that being put in any kind of situation of total powerlessness for a significant length of time has the capacity to produce lasting damage to the brain’s stress system, especially when it happens to a young person. This damage has been linked not only to PTSD, but to increased risk for depression, addiction, other mental illnesses, and even immune-system disorders and cancer{343} – not exactly the kind of results parents seek from treatment that is supposed to help kids with emotional problems. The more scientists study the brain, the more clear it becomes that such treatment is the exact opposite of what most troubled teens need” (Szalavitz, 2006, p. 525).

The application of arbitrary rules and minimal to no regulations and oversight surrounding the TTI allows abuse to run rampant, and many facilities can define themselves as they choose, enabling them to escape the need to notify the state of their existence. As a plethora of studies have illustrated (most notably the Stanford Prison Experiment by Philip Zimbardo), even “inherently good people” can wind up committing wicked acts of evil, and by providing individuals with positions of power, the risk of this increases without adequate regulation and policy in place. Hence, it is necessary to implement stricter rules and policies that prohibit leniency throughout the structure of TTI facilities. By establishing a model for the TTI that follows state mandates and research findings, as well as putting in place a legal system that will uphold laws concerning youths’ safety and wellbeing, society can increase the efficacy of programs attending to mental and behavioral concerns. Moreover, since the TTI works with already vulnerable populations, staff must get trained and monitored to ensure they are upholding the highest levels of care and are consistently following rules that promote rather than harm

youths' well-being. Consequently, enforcing stricter policies and definition requirements can limit TTI facilities going unregulated and prohibit leniency throughout how they structure, promote, and address youths' mental and behavioral struggles – such federal and state oversight would help mandate that the TTI provides open access to information regarding each facility.

Ultimately, the TTI should get dismantled to enable other programs to flourish. By defunding the TTI to instead direct funds toward research on youths' mental and behavioral health options that are more successful can be put in place. With vast amounts of empirical and anecdotal data implying the inefficacy of the TTI, society must begin to address these findings and demand scientific rigor is upheld throughout all forms of research. Moreover, researchers must ensure youths have equal and safe opportunities to participate in research; without this, findings from data will always be limited in their credibility.

As discussed, it is typical for youth to go through “troublesome” and “deviant” phases. Since dominant societal discourses have forced those in charge to believe they are inadequate to handle such struggles, youths' lives get derailed and rearranged to satisfy desires of blending in with societal norms. However, by changing dominant societal discourses to reflect a more nurturing approach, emphasizing that parents and guardians are capable – as well as shifting total responsibility away from an individual to reveal the role of social, biological, and psychological factors – society can begin to open paths toward individualized treatment rather than simply oppressing and silencing those deemed “troubled” and “deviant.”

If wanting to promote a better system for struggling youth, we must change how we approach behavioral and mental health treatment. As Szalavitz (2006) powerfully proclaims:

“When interventions can harm, waiting and determining the best approach for the particular situation can save minds and lives. Doing the wrong thing is often far worse

than doing nothing – especially when the natural tendency is toward recovery and the wrong approach can derail it by destructively labeling kids as lifelong deviants, grouping them together and blocking educational opportunities. Figuring that ‘it can’t hurt’ to intervene ‘before it gets worse,’ is an error that many parents who resort to tough love regret forever. Not sending a child away doesn’t mean standing by and ignoring bad behavior, of course – it means doing what will be most likely to help with the least possibility of damage” (p. 543).

Overall, establishing a better system for struggling youth requires reevaluating current approaches and shifting towards those with a lower risk of causing harm. Although I have discussed numerous factors that are crucial in helping promote understanding around the inefficacy of the TTI, there are many other facets that are relevant, important, and must be attended to alongside what I have addressed: i.e., monetary components, developmental effects over the long term, impact of time on narrative, etc. Moreover, further attention should be required around narrative therapy’s effect on individuals’ healing and well-being due to the promising impacts shown thus far. However, considering all of the information I have provided, I want to conclude with six specific goals for the future. We must:

1. Understand the problem and begin recognizing the harmful practices utilized by the TTI,
2. Demand accountability and push for reform,
3. Value survivor stories and acknowledge the role of narratives,
4. Embrace supportive approaches and begin recommending community-based solutions,
5. Challenge labels and stigmas and advocate for broader cultural change, and
6. Demand scientific rigor and ensure transparency and ethics.

## Bibliography

- Bernburg, J. G. (2019). Labeling Theory. In M. D. Krohn, N. Hendrix, G. Penly Hall, & A. J. Lizotte (Eds.), *Handbook on Crime and Deviance*. Springer International Publishing.
- Bernburg, J. G., Krohn, M. D., & Rivera, C. J. (2006). Official Labeling, Criminal Embeddedness, and Subsequent Delinquency: A Longitudinal Test of Labeling Theory. *Journal of Research in Crime and Delinquency*, 43(1), 67–88.
- Brown, A. G. (2022). *Fountain of Youth: Surviving Institutional Child Abuse in the Troubled Teen Industry* (Doctoral dissertation, Arizona State University).
- Chatfield, M. (2018). *Adult Perspectives on Totalistic Teen Treatment: Experiences and Impact*. Published by Mark Chatfield.
- Chenneville, T., Gabbidon, K., Hornschuh, S., & Dietrich, J. (2021). Balancing Autonomy and Protection in Pediatric Treatment and Research. *Advances in Pediatrics*, 68, 55–69.
- Chiricos, T., Barrick, K., Bales, W., & Bontrager, S. (2007). The Labeling of Convicted Felons and its Consequences for Recidivism. *Criminology*, 45(3), 547–581.
- Cummings, C. L., & Mercurio, M. R. (2010). Ethics for the Pediatrician. *Pediatrics In Review*, 31(6), 252–255.
- Dickens, B. M., & Cook, R. J. (2005). Adolescents and consent to treatment. *International Journal of Gynecology & Obstetrics*, 89(2), 179–184.
- Golightley, S. (2020). Troubling the ‘troubled teen’ industry: Adult reflections on youth experiences of therapeutic boarding schools. *Global Studies of Childhood*, 10(1), 53–63.
- Gove, W. R. (1985). The Effect of Age and Gender on Deviant Behavior: A Biopsychosocial Perspective. In A. S. Rossi (Ed.), *Gender and the Life Course* (1st ed., pp. 115–144). Routledge.
- Green, M. C., Strange, J. J., & Brock, T. C. (Eds.). (2002). *Narrative Impact: Social and Cognitive Foundations*. L. Erlbaum Associates.
- Grootens-Wiegers, P., Hein, I. M., Van Den Broek, J. M., & De Vries, M. C. (2017). Medical decision-making in children and adolescents: Developmental and neuroscientific aspects. *BMC Pediatrics*, 17(1), 120.
- Halpern-Felsher, B. (2009). Adolescent decision making: An overview. *The Prevention Researcher*, 16(2), 3-8.
- Harrison, C., Kenny, N. P., Sidarous, M., & Rowell, M. (1997). Bioethics for clinicians: 9. Involving children in medical decisions. *Cmaj*, 156(6), 825-828.

- Hartman, R. G. (2001). Adolescent Decisional Autonomy for Medical Care: Physician Perceptions and Practices. *U. Chi. L. Sch. Roundtable*, 8, 87.
- Hickey, K. (2007). Minors' Rights in Medical Decision Making. *JONA's Healthcare Law, Ethics, and Regulation*, 9(3), 100–104.
- James, S. (2017). Implementing Evidence-Based Practice in Residential Care: How Far Have We Come? *Residential Treatment for Children & Youth*, 34(2).
- Kavish, D. R., Mullins, C. W., & Soto, D. A. (2016). Interactionist Labeling: Formal and Informal Labeling's Effects on Juvenile Delinquency. *Crime & Delinquency*, 62(10), 1313–1336.
- Kopsick, L. L. (2022). *Removing the Blindfold: Survivors' Stories of Academic and Social-Emotional Learning Within the Troubled Teen Industry*. Barry University.
- Kushan, C. (2017). *The Troubled Teen Industry: Commodifying Disability and Capitalizing on Fear*. ProQuest Dissertations and Theses.
- Kutz, G. D., & O'Connell, A. (2007). Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth. Testimony before the Committee on Education and Labor, House of Representatives. GAO-08-146T. *Government Accountability Office*.
- Lee, J. S., Tajima, E. A., Herrenkohl, T. I., & Hong, S. (2017). Effects of Formal and Informal Deviant Labels in Adolescence on Crime in Adulthood. *Social Work Research*, 41(2), 97–110.
- Madigan, S. (2011). *Narrative therapy* (1st ed). American Psychological Association.
- McAdams, D. P. (2011). Narrative identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 99–115). Springer Science + Business Media.
- McAdams, D. P. (2019). "First we invented stories, then they changed us": The Evolution of Narrative Identity. *Evolutionary Studies in Imaginative Culture*, 3(1), 1–18.
- McAdams, D. P., & McLean, K. C. (2013). Narrative Identity. *Current Directions in Psychological Science*, 22(3), 233–238.
- Miller, J. (2022, April 5). How Utah became the leading place to send the nation's troubled teens. *The Salt Lake Tribune*. <https://www.sltrib.com/news/2022/04/05/how-utah-became-leading/>
- Murray, M. (2007). "Narrative Psychology." In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). American Psychological Association.



- National Youth Rights Association. (2023). *NYRA*. youthrights.org.
- Reamer, F. G., & Siegel, D. H. (2008). *Teens in Crisis: How the Industry Serving Struggling Teens Helps and Hurts Our Kids*. Columbia University Press.
- Restivo, E., & Lanier, M. M. (2015). Measuring the Contextual Effects and Mitigating Factors of Labeling Theory. *Justice Quarterly*, 32(1), 116–141.
- Rowan, Z. R., Fine, A., Steinberg, L., Frick, P. J., & Cauffman, E. (2023). Labeling effects of initial juvenile justice system processing decision on youth interpersonal ties. *Criminology*, 1745-9125.12348.
- Shaffer, V. A., Focella, E. S., Hathaway, A., Scherer, L. D., & Zikmund-Fisher, B. J. (2018). On the Usefulness of Narratives: An Interdisciplinary Review and Theoretical Model. *Annals of Behavioral Medicine*, 52(5), 429–442.
- Szalavitz, M. (2006). *Help at Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids*. Riverhead.
- Unguru, Y. (2011). Making sense of adolescent decision-making: Challenge and reality. *Adolescent Medicine: State of the Art Reviews*, 22(2), 195–206, vii–viii.
- Unsilenced Project, Inc. (2023). *Unsilenced*. US. <https://www.unsilenced.org>.
- We Warned Them. (2021). *We Warned Them Campaign*. [wewarnedthem.org](http://wewarnedthem.org).
- Younis, Y. L. (2021). *Institutionalized Child Abuse: The Troubled Teen Industry*. SLU Law Journal Online.