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GUIDE TO THERAPEUTIC PROGRAMS AND SERVICES

PUBLISHER AND CEO

Marie Schwartz, mschwartz@teenlife.com

ADVERTISING SALES

Andrew Laine, drew@teenlife.com

EDITOR

Susan Moeller, susan@teenlife.com

ART DIRECTION AND DESIGN

Kathy Tilton, kbtilton@gmail.com

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THE 2017 GUIDE TO THERAPEUTIC PROGRAMS AND SERVICES



**GOT QUESTIONS
OR SUGGESTIONS?**



Email me at
mschwartz@teenlife.com.

It's a tough job to find help for a teenager with mental health or addiction issues. It can leave parents and even educators feeling isolated and overwhelmed.

Just the numbers are staggering. One in five of children ages 13 to 18 have or will have a serious mental illness; 11 percent have a mood disorder and 8 percent an anxiety disorder, according to the National Alliance on Mental Illness.

That's why we publish TeenLife's Guide to Therapeutic Programs and Services. We can link you with the services and information you need to find a caring and safe solution for a teenager who's struggling.

We have articles describing the red flags you might see the summer before college; how to find help for an eating disorder; and questions to ask when you're touring therapeutic schools. We have tips on the legal documents

that will support your efforts to find treatment for your child. And we have listings for treatment programs; therapeutic and emotional-growth boarding schools; wilderness and outdoor programs; addiction treatment centers; and other facilities.

You can find even more resources and advice at www.TeenLife.com and at www.natsap.org, the website of the National Association of Therapeutic Schools and Programs.

We want to reassure you that you are not alone. Use our guide to get the teenager you care about started on the road to recovery.

Marie Schwartz
CEO and Founder, TeenLife Media

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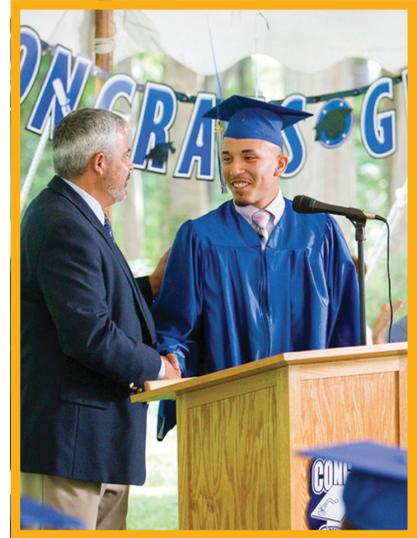
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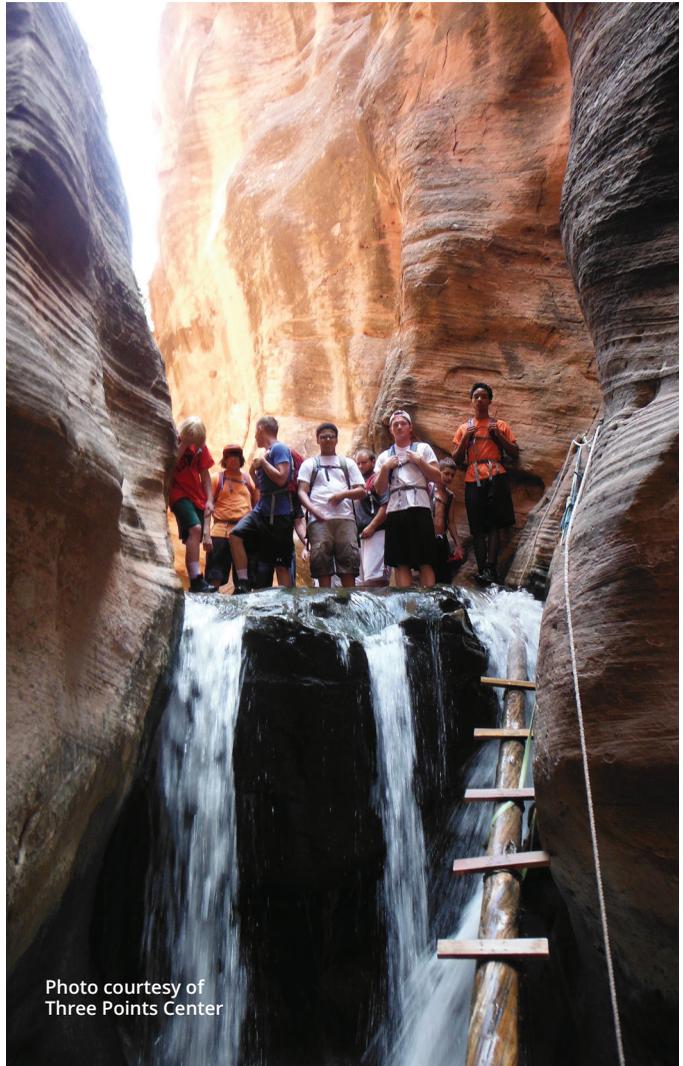


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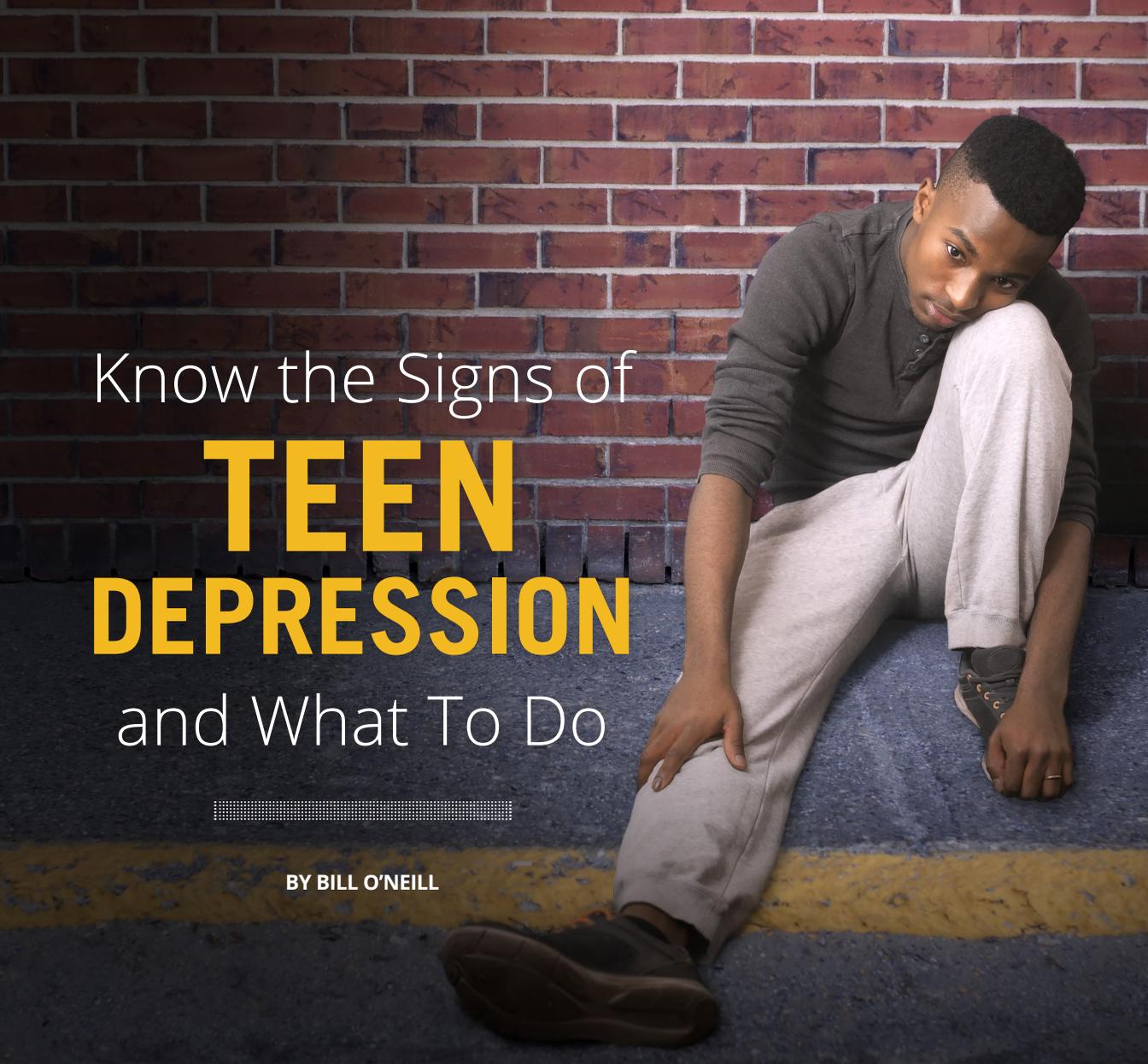


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Know the Signs of **TEEN DEPRESSION** and What To Do



BY BILL O'NEILL

Getting through adolescence has never been easy – and one study indicates it's only getting harder. In recent years, there's been an increase from 8.7 percent to 11.5 percent in the number of people ages 12 to 20 who report having a major depressive episode, or MDE, according to a 2016 report in the journal *Pediatrics*. An MDE is defined as a period of depression lasting two weeks or longer.

"With social, school, athletic and cultural pressures, today's youth have a lot to deal with," says Dr. Don Mordecai, a child and adolescent psychiatrist who is director of mental health and chemical dependency services for The Permanente Medical Group in San Jose, Calif.

"Anxiety and stress are a normal part of growing up. Worrying about a test, a big game or about getting into college is acceptable. Periodic bad moods or mood swings can also be normal in kids, especially teens.»

When it goes beyond a temporary phase, or occasional event, it could be a sign of something more," he said.

"Signs of depression in teens are no different than signs of depression for the general population," says Dr. Mayra Mendez, a licensed psychotherapist and program coordinator for intellectual and developmental disabilities and mental health services at Providence Saint John's Child and Family Development Center in Santa Monica, California. General symptoms of depression, she says, include sadness, diminished interest or pleasure in normal activities, sleep disturbance, increased or decreased weight, restlessness, feelings of worthlessness or helplessness and difficulty concentrating.

In addition, she says teens may exhibit some of the following symptoms:

- Declining academic performance.
- An increase in risk-taking behaviors, including substance use.
- Self-injurious behaviors, such as cutting.
- Increased irritability and over-reactivity.
- Fascination with dark themes, such as death.
- Journal entries or writings that reflect sad content and themes of depression.

And depression can lead to suicidal thoughts and actions, Mendez says.

"Teens experiencing difficulties with academics, peer relationships, loss of loved ones, unexpected changes in life circumstances, family conflicts or intense negative self-perceptions are at greater risk for suicidal thoughts and actions," she says.

Suicide was the second-leading cause of death for teens and young adults in 2016, according to the Centers for Disease Control (the leading cause was accidents).

Mendez cited some of the signs that a teen is at risk for suicide: expressing hopelessness for the future; feeling abandoned or unloved; making self-injurious attempts such as cutting, scratching or burning;

giving away favorite possessions or writing goodbye letters.

A teen at risk of suicide needs immediate help, but even lesser degrees of depression should be addressed, she says. Fortunately, there are things parents can do.

"If you suspect that your teen is depressed, take the time to listen to his or her concerns," says Mendez. "Even if you don't think the problem is of real concern, remember that it may feel very real to someone who is growing up. The intention on the part of the parent is to keep the lines of communication open, even if the teen seems to want to withdraw."

Getting a teen to open up won't necessarily be easy, says Mordecai. "It can be especially challenging for children to talk to adults and other loved ones about a problem they may be having with depression, anxiety or another condition," he says.

Mendez advises keeping conversations non-judgmental and non-punitive. "Reflect upon your observations and concerns and engage the teen in considering problem-solving options.

"Try to avoid exerting control over the teen. Avoid telling the teen what to do. Join the teen in a collaborative process of listening and reflecting to allow for exploration of the issues causing the problems."

Mendez also suggests:

- Get professional help from a therapist who has experience working with adolescents.
- Support the teen in getting a full physical assessment/medical work-up. Depression symptoms may be linked to hormonal changes, an undiagnosed illness or a medical condition.
- Talk to experts to see whether antidepressant medication may be appropriate.
- Consider family therapy. Treating depressive symptoms may require a team approach.
- Consider a self-help group, which can help adolescents avoid isolation and encourage them to proactively confront depression.

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21 TIPS

for Touring A Therapeutic School

BY JEFFREY BRAIN, MA, CTS, CEP

Choosing the right therapeutic boarding school or program is one of the most difficult decisions a parent must make on behalf of their child and their family. It has significant implications not only for the immediate future but long into adulthood.

Finding the right match can be daunting and confusing given the many options and subtle differences among programs as well as the highly emotional nature of the search.

Campus tours offer key insights into programs and can mark turning points in the decision-making process. Drawing on my own experience both as a director of admissions for a therapeutic boarding school and a professional who has visited more than 100 schools and programs across the country, I've developed this list of important and necessary things to look for, questions to ask and mistakes to avoid during your visit.

1. **BE OPEN-MINDED.** Remember, you are seeking a new learning and therapeutic environment for your teen. Finding the right fit may require you to abandon your understanding of “what works” in order to find a place that will foster your child’s success.
2. **BE ON TIME (EVEN EARLY) AND READY TO ASK QUESTIONS.** I've found that many parents benefit from a few minutes before their tour to collect their thoughts. Never hesitate to ask a question thinking it is not relevant, appropriate or proper. The more knowledge you have will help you both through the decision process and the transition stage.
3. **ASK WHAT THE SCHOOL OR PROGRAM SPECIALIZES IN, AND THEN JUDGE WHETHER THE STUDENTS IT ACCEPTS MATCH ITS EXPERTISE.** A good school or program will only accept students it has expertise to work with. For example, if a school says that it can address substance abuse, you should be looking for evidence that demonstrates expertise in this area.

How is it addressed? How well versed are staff? What is their approach? And perhaps most important, does anyone have personal experience with the issue?

4. BE FULLY TRUTHFUL AND THOROUGH IN REPRESENTING YOUR CHILD'S NEEDS, STRENGTHS AND PERSONALITY.

A school or program can only help ensure a good match to the degree that you have accurately and completely disclosed essential information about your child.

5. ASK HOW YOUR CHILD'S NEEDS COMPARE TO THOSE OF THEIR TYPICAL STUDENT.

A good school or program should be able to clearly define how closely your child's needs match its student profile, and which of your child's needs are unique or rare in terms of its expertise. You should leave having a clear sense of where your child falls on the continuum of students attending that school.

6. ASK THE ADMISSIONS STAFF WHAT THEY FEEL THE SCHOOL OR PROGRAM'S WEAKNESSES ARE. What they

do well, what their strengths are, will be evident. Their weaknesses may not be as apparent.

7. YOU SHOULD ALWAYS HAVE ACCESS TO STUDENTS, ALONE.

If the admissions personnel or staff will not leave you alone with students, assume they have something to hide. You should always be able to speak and interact personally with current students.

8. SPEAK TO STUDENTS WHO ARE MOST SIMILAR TO YOUR SON OR DAUGHTER.

This will give you the best sense of how the school responds to your child's specific needs. I encourage parents to speak to new students. Many schools and programs will preclude you from speaking to new students, but if you can, they usually offer interesting insight.

9. IGNORE THE WEATHER. You are likely to have a more favorable impression of a place you visit on a beautiful, sunny spring day than a school you visit on a rainy, damp, cold day. But, of course, this is no indication of the quality or the match for your child. »

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10. **SPEND TIME JUST OBSERVING.** You definitely want and need to converse with students and admissions staff, but also take time to just “hang out.” Watch students change classes, observe an activity such as a gym class or sporting event, and casually walk around campus.
11. **TALK TO NON-ADMISSIONS STAFF DURING YOUR VISIT.** Get a sense of who they are and their roles on campus. Does the staff represent the mission of the organization? How do they interact with students?
12. **BE AWARE AND SENSITIVE TO THE SPIRIT OF THE SCHOOL, OR THE OVERALL “FEEL” OR “TONE” OF THE ENVIRONMENT.** The adage “Go with your gut” applies here. Do the program and environment have an overall positive feel? Do you have an “ah-ha” moment during your visit?
13. **ASK ABOUT THE OWNERSHIP OF THE SCHOOL OR PROGRAM.** Is it owned by a corporation, or is it privately or family owned? Is the owner on campus? Does the owner have regular involvement with the students? Are you able to speak to the owner?
14. **ASK ABOUT THE FINANCIAL CONDITION OF THE ORGANIZATION.** How long has it been in operation? How is it equipped to handle difficult economic times? Has it ever filed for bankruptcy? You certainly don’t want to choose a school that is financially unstable in any way.
15. **OBSERVE HOW WELL THE ADMISSIONS STAFF KNOWS THE STUDENTS.** Do they address students by name? Do they seem to know the majority of students? Do students seem to know them?
16. **ASK ABOUT ACCREDITATION AND LICENSING.** Ask who the school is accredited or licensed by and what the accreditations mean. They are in essence the independent auditors and regulators of the organization, and there might be several.
17. **ASK IF THE SCHOOL OR STAFF ARE MEMBERS OF ANY PROFESSIONAL ORGANIZATIONS.** Which ones and why? Look up these organizations online to learn more about their mission. Are they members of professional groups? This shows a spirit of collaboration and involvement in the larger field of education and therapeutic services for its students.
18. **ASK IF THE SCHOOL IS WILLING TO ASSIST YOU BY MAKING REFERRALS TO OTHER SCHOOLS, PROGRAMS, SERVICES OR PROFESSIONALS.** This will help solidify that you are making the right decision.
19. **ASK IF THE SCHOOL OR PROGRAM PROVIDES HELP AND ASSISTANCE TO PARENTS EVEN IF YOU DO NOT ENROLL YOUR CHILD.** Because it is a therapeutic school, it may be meaningful to know if it makes attempts to help parents even if an enrollment is not the outcome.
20. **NOTICE IF THE SCHOOL IS ACTIVE IN THE COMMUNITY.** A good school or program should be a contributing member of the community it is in. How does the school interact with its community and neighboring schools?
21. **ASK FOR A PARENT REFERENCE LIST, AND ALWAYS CALL OTHER PARENTS – BOTH CURRENT AND ALUMNI.** Parents in similar situations can provide valuable insights to help you gain a more complete understanding of a given school.



Is Your Teen's **RELATIONSHIP TOXIC?** Here's How to Help

BY TRACY MORGAN

Probably the last thing most parents consider when their high school students start dating seriously is that their child might be in unhealthy or abusive relationships. However, the sad and frightening truth is that it could happen to just about anyone, and teenagers are no exception.

HELP TO DEFINE WHAT "HEALTHY" MEANS

Most adults know what constitutes a healthy relationship; however, for kids with no previous experience, things aren't always as obvious or clear, especially if they are in love or have strong feelings for someone.

As parents, we need to talk to our teens about dating, long before they begin to show an interest. Casually ask them their own opinion on what a healthy, loving relationship is or if they have any ideas about what behaviors could signal abuse. Explain that when dating, both parties should be respectful of each other and never be forced to do something they are not comfortable with and that violence of any sort is absolutely inexcusable.

Naïve teens might imagine that having a boyfriend or girlfriend who texts every minute of the day and wants to know everything that is going on is romantic and caring. In truth, it could be a sign of stalking. High school students may also believe that abuse is only physical, so it is

important to outline what they should expect when dating and what kind of behavior is not appropriate.

WHAT TO DO IF YOU HAVE SUSPICIONS

First, remember you need to stay calm and keep it low key. Getting upset or accusatory is not going to set the scene for your teen to open up to you if your suspicions are right. And, if you're wrong, going in feet first is going to cause a whole host of unpleasant repercussions. It's wise to keep the discussion light and neutral; maybe find a relevant newspaper or online article and just casually bring it into a conversation.

At the end of the day, teens who are being abused are not going to open up until they are ready. Forcing the issue could do more harm than good. And sometimes kids just don't realize that their relationship is unhealthy. So, talking about the subject generally and letting them know what they can do if it ever happens to them is often a catalyst for them to confide in you.

SIGNS THAT COULD INDICATE AN ABUSIVE RELATIONSHIP

Although victims of abuse are often adept at hiding their situation, you may notice some telltale signs:

- Your child goes out less or stops participating in activities.»

- Your child withdraws, seems preoccupied, appears anxious or acts nervously.
- Your child's partner is texting or calling excessively.
- You notice bruises or other marks.
- Your child starts to dress differently or change hairstyles or makeup.

IF YOUR WORST FEARS ARE CONFIRMED

High school students, like anyone else living in an abusive relationship, will be scared, defensive and perhaps feel hopeless. It is particularly tricky if someone is madly in love and makes excuses for risky behavior or doesn't want to speak badly about a partner.

Teens might also be terrified about the consequences if they do speak up.

It is crucial you make it very clear that it is not acceptable to abuse someone. Reassure them that it is not

their fault and they haven't done anything to provoke the abuse. Let them know that you are there to support them in any way you can. Although you might want to take matters into your own hands and speak to the abuser yourself, this may not help the situation. You need to tread carefully and continually focus on the most important person in all this: your child.

Sometimes you are too close to the situation and your teen might have problems discussing an unhealthy relationship with you. Don't take this personally; instead, try to find a professional, such as a counselor, or another trusted adult to counsel them.

People of all ages stay in abusive relationships for many, often complicated, reasons. If your teen seems reluctant to leave an unhealthy relationship, try not to be judgmental or frustrated. Your unconditional support and love are going to make all the difference and hopefully will help give your teen the strength to end the relationship.

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What Every Parent Needs to Know About **ADDICTION**



BY STEPHEN GRAY WALLACE, M.S. ED.



ur children are at risk.

And as rates of addiction soar for old and young, it's essential that parents educate themselves about youth substance abuse.

One 24-year-old college graduate told me, "I grew up in the suburban town of New Canaan, Conn., boasting some of the 'best' public schools in the country, high standardized-test scores and a near-perfect graduation rate.

"I personally know five people who have passed away from heroin addictions. To make it through high school with friends, we basically had to take on a drug addiction of some sort, whether it was eating pills, getting wasted drunk, smoking weed, eating acid, mushrooms, 'Molly' (MDMA) or whatever. It was easier to make friends when we were both getting inebriated. There were exceptions, but the vast majority played into it."

My friend is not alone.

A January 2016 article posted by the website New Canaanite reported on Kera Townshend, a former captain of the New Canaan High School cheerleading squad, who spoke on a panel about heroin, opioid and drug abuse. First, she told of her many accomplishments, sure to impress admissions officers, job interviewers or any audience.

"Then she gave ... the seamy underside: Anxiety and, in some areas, lack of self-confidence and wanting to get along led her into some sordid drug and alcohol abuse

and addiction. Addictions which stuck even after she thought she'd conquered them," the story said. The story went on to note that "several" New Canaan youth had died from heroin in recent years, prompting the formation of a cross-community coalition to address addiction.

New Canaan's experience is a cautionary tale of the rampant drug use in urban, suburban and rural America. It's imperative that parents understand addiction's causes and treat it as a medical and psychological condition, not a moral lapse or voluntary action.

THE BASICS OF ADDICTION

"Addiction occurs when people who use drugs can't stop taking a drug even if they want to," said Carter Barnhart, national director of referral relations at Newport Academy, a teen treatment program based in California. "The urge is too strong to control, even if they know the drug is causing harm."

Teens who begin using substances never plan to get addicted, he said.

"They might use drugs because they like how it feels, or because it dulls the pain and stress they're experiencing, or because their peers are doing it and they want to fit in," he said. "The problem is that drug use can quickly turn to drug dependence, because drugs change the brain, creating physical and mental cravings for more.

"I avoid labeling adolescents as addicts or alcoholics. If we move away from the label, allowing teens to self-identify and avoid the social stigma certain terms carry, we can assist in moving them towards empowerment."»

The National Institute on Drug Abuse advises parents struggling to comprehend addiction that “many people don’t understand why or how other people become addicted to drugs. They may mistakenly think that those who use drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to.

“In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to.”

SPOTTING THE HIGH-RISK FACTORS

My New Canaan friend starting using marijuana in fifth grade and alcohol in seventh grade. National studies regarding average age of alcohol initiation place it at about age 12. That fits with some of the factors listed by the National Institute on Drug Abuse for Teens that might place young people at risk for addiction, including:

- **Beginning drug use at a young age.** When kids use drugs, the substances alter how their bodies and brains grow. Using drugs when you’re young dramatically increases your chances of becoming addicted when you’re an adult.
- **Spending time around others who use drugs.** Hanging with family members or friends who use drugs influences kids to try them.
- **Experiencing trouble at home.** When home includes fights or neglect or a parent who uses drugs, the risk of addiction rises.

Other insights into addiction can be found in the work of Patricia Conrod, a professor of psychiatry at the University of Montreal.

“Personality testing can identify 90 percent of the highest-risk children, targeting risky traits before they cause problems,” she told The New York Times.

She identified four traits that are particularly problematic:

- Anxiety sensitivity
- Hopelessness
- Impulsiveness
- Sensation-seeking

SPOTTING ADDICTION AND TAKING ACTION

Barnhart listed some of the symptoms parents can look for:

- Drifting and non-focused or bloodshot eyes.
- Sudden, unexplained weight loss or looking gaunt and skeletal.
- Secretive or territorial behavior or hiding in one’s room.
- Isolation and loss of interest in once-favored activities.

Treatment options include outpatient, day treatment, hospitalization and residential programs, he said.

“Outpatient and day treatment programs provide varying levels of intensity and time commitment while the teen lives at home, while residential programs provide a safe, healing environment for recovery,” he said. “Studies show that treatment outcomes improve when a teen stays in treatment for three months or more. An expert assessment is critical, as it can determine which type of treatment a teen needs in order to have the best chance of avoiding relapse.”

David Sheff, author of “Beautiful Boy: A Father’s Journey Through His Son’s Addiction,” defines addiction as a family disease because of the devastating systemic effects it has on parents and siblings. He advocates for more parent participation in treatment.

In a 2013 NPR interview, he held out hope that addiction is preventable if we look at the risk factors such as stress, mental illness and trauma.

“We have to help kids through those things, and also we have to pay a lot of attention,” he said.

Stephen Gray Wallace is president and director of the Center for Adolescent Research and Education (CARE), a national collaborative of institutions and organizations committed to increasing positive youth outcomes and reducing negative risk behaviors. He has broad experience as a school psychologist, adolescent/family counselor and college professor. He currently serves as director of counseling and counselor training at Cape Cod Sea Camps, a member of the professional development faculty at the American Academy of Family Physicians and the American Camp Association and a parenting expert at kidsinthehouse.com, NBCUniversal’s parenttoolkit.com and TeenSafe. He is also an expert partner at RANE (Risk Assistance Network & Exchange). For additional information about his work, visit StephenGrayWallace.com.

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Watch for These **SIX RED FLAGS** Before College

BY SUZANNE SHAFFER

Every soon-to-be college student experiences some level of fear and hesitancy about this next step. It's natural to feel college anxiety and be concerned about doing well in a new environment.

During the summer before my daughter went to college, I began noticing some red flags. At first, I ignored them, knowing she was simply nervous. But as the weeks rolled on, and more and more started popping up, I began to get concerned. Had she changed her mind about college? Was she willing to turn her back on what had been her dream? Was this simply nerves or something more serious that might require therapeutic intervention?

It's sometimes hard to tell if a child's feelings are natural anxiety or something deeper. Initiate a conversation without judgment or condemnation. Discuss what your student is feeling and try to isolate the problem. Together, you should be able to find a solution that will help ease the transition to college. Thankfully, my daughter and I were able to get to the root of her anxiety, and we were able to ease her concerns.

So what are the red flags that signal your student isn't looking forward to college?

1. A DRASTIC CHANGE IN MOOD OR INCREASED ANXIETY.

The first, and most obvious, red flag is depression or a drastic change in mood. This may be exhibited in any number of ways: overeating, not eating, crying, becoming belligerent or angry, using alcohol or drugs, or avoiding contact with family or friends. If you notice a change in behavior, it may be signaling anxiety related to the future.

2. AVOIDING THE TOPIC OF COLLEGE.

If your child refuses to discuss college, any aspect of college, or changes the subject when you try to discuss college, this may be another red flag signaling distress about the thought of going to college in the fall. By ignoring the topic and avoiding the subject, kids find a way to distance themselves from the anxieties they are feeling.»

3. SECOND-GUESSING THEIR COLLEGE CHOICE.

All students have a small amount of buyer's remorse. It's that overwhelming feeling that perhaps they chose the wrong college or made the wrong decision. It's that feeling that perhaps they don't want to leave home after all because of their friends, their boyfriend or girlfriend, or because they are terrified to be on their own.

4. DRAGGING THEIR FEET ABOUT PREPARATION.

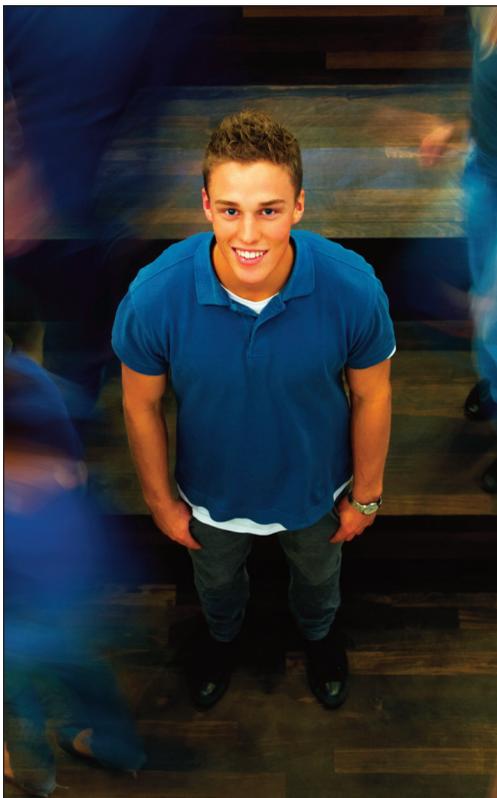
If your college-bound teen is putting off preparation for the upcoming move to college, this could be another red flag. Most prospective students are excited to dorm shop, connect with roommates and attend freshman orientation. If any of these activities are being pushed aside by your student, you can bet they are feeling the stress and the pressure of moving forward.

5. DISCUSSING ALTERNATIVES TO COLLEGE.

This is a huge red flag. If you begin to hear rumblings of a gap year, staying at home and working, traveling, or any other activity other than college, it's time to sit up and take notice. As with any of the red flags, you should listen and try to pinpoint what is going on in the teenage brain. After talking it over, decide what's normal anxiety and what means you really do need to get serious about alternatives to college.

6. TALKING ABOUT TRANSFERRING AFTER THE FIRST SEMESTER.

All students are anxious about whether or not they will fit in or be able to handle the rigors of college academics; but if the conversation moves toward transferring, you should be concerned. This means they will be entering college expecting a negative outcome. This attitude will affect how they adjust emotionally, socially and academically. Entering with a positive attitude is half the battle to becoming a well-adjusted college student.



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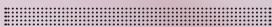
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EATING DISORDERS:

A Parent's Help Can Save a Life



BY ROBERTA CANNON



Parents often need to advocate for their children, especially when it comes to illness, life-changing decisions, and challenges at school. And when it comes to eating disorders, your advocacy could be the key to their survival.

While the underlying causes of eating disorders are complex and still being researched, it is very important for parents to know that early diagnosis and treatment can help a child thrive and often be cured.

"The number of teens with eating disorders is 7 percent to 10 percent. Most of these disorders have an onset between the ages of 12 and 16," said Dr. James Lock, M.D., Ph.D., professor of psychiatry at Stanford University and author of "Help Your Teenager Beat an Eating Disorder."

THE BASICS OF EATING DISORDERS

The three most common eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder, according to the National Institute of Mental Health. Each of these disorders has its own challenges, and all three can have serious consequences to health.

The National Eating Disorders Association (NEDA) describes them as follows:

- **Anorexia nervosa:** characterized by inadequate food intake leading to weight that is obviously too low, intense fear of gaining weight, obsession over weight and persistent behavior to prevent weight gain. There's also an inability to appreciate the severity of the situation.
- **Bulimia nervosa:** episodes of eating large amounts of food followed by self-induced vomiting to prevent weight gain.
- **Binge eating:** eating large amounts of food not followed by any behaviors to prevent weight gain. There are strong feelings of shame or guilt about the binge eating.

Eating disorders affect every organ system in the body, according to NEDA. Teens can suffer complications from starvation, purging, over-exercise and bingeing. Cardiac arrest, malnutrition, electrolyte imbalance, wearing down of the esophagus and blood sugar fluctuations are some of the effects of these disorders.

"The mortality rate in anorexia nervosa is the highest of any psychiatric disorder, and half of the deaths are »

from suicide,” Lock said. “The other half are from cardiac arrest and malnutrition.”

HOW TO RECOGNIZE THE PROBLEM

“Anytime you see a weight change in a developing child, either a weight loss of one, two or three pounds, or weight gain and it’s not associated with height changes, these are things to take note of,” Lock said. “It may be an early indicator that behaviors are changing.”

Any change in eating behaviors, such as dieting, is a risk factor, he said. Dieting taken to the extreme can result in anorexia. If a diet is unsuccessful, a teen could also develop bulimia nervosa or binge-eating.

“The dieting, the focus on food, the focus on trying to lose weight, those can all be warning signs,” Lock said.

Other warning signs include:

- Ramped-up exercise, not in the context of training for an athletic event.
- A dramatic change in food preferences such as becoming a vegetarian or vegan.
- Preoccupation with eating, weight and shape.

The following signs call for immediate action:

- There’s vomit in the toilet even when no one has the flu or a stomach bug.
- Evidence of purging such as laxative packets or tablets.
- Fainting from dehydration or lack of food.
- Weight loss of five to 10 pounds in a short period of time.
- Evidence of large amounts of food going missing. Empty packages of food in the car, the trash or under the bed could be a sign of binge eating. There would be a very significant weight gain over two to three months.

HOW TO GET HELP

The first step is to have your child evaluated by your pediatrician, primary care physician or family physician.

“It is very important for the parent to bring their concerns very clearly forward and to make sure there is a follow-up within two to four weeks, not two to three months,” Lock said. “Anorexia is insidious, and changes

happen very quickly. The child will tell you they were dieting, they’re fine now, they promise not to lose any more weight, and if you wait to have them rechecked in two to three months, they will end up in the hospital.

“Bulimia is very secretive because the child feels ashamed. You may not even be aware that this is happening until the child has blood work done and the electrolytes or potassium levels are abnormal.”

After an evaluation with the physician, the next step is a referral to a therapist, psychologist, psychiatrist or social worker for further evaluation and a treatment plan. Treatment includes psychotherapy and a combination of medical and nutritional oversight.

“Many physicians and mental-health professionals are not well-versed in the area of eating disorders, and it’s important that parents educate themselves and ask a lot of questions,” Lock said. He recommends parents interview potential therapists, psychiatrists, psychologists or social workers about their experience treating teens with eating disorders.

Treatment has changed over the past two decades. Historically, parents were not included in the child’s care because for more than 100 years they – particularly mothers – were blamed for the disorder, Lock said. But data doesn’t support that approach, and now parents are an integral component of their child’s therapy and can be very effective in changing their child’s behavior.

“The parents are the teen’s biggest advocate,” Lock said.

RESOURCES

Help your teenager beat an eating disorder with help from the following organizations:

- » **NATIONAL EATING DISORDERS ASSOCIATION:**
www.nationaleatingdisorders.org
- » **F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders):**
<http://www.feast-ed.org/>
- » **NATIONAL INSTITUTE FOR MENTAL HEALTH:**
www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

These Two **DOCUMENTS** Help You **ADVOCATE** **FOR YOUR CHILD**



BY ROBERTA CANNON

Throughout childhood, you've been your child's advocate, making health-care decisions, picking up prescriptions, making sure medication is taken and that instructions from the pediatrician and specialists are followed.

That all changes when your child turns 18.

It's a startling realization that, at 18, children are now adults in the health-care world, able to make their own health-care decisions and to keep that information private.

It can be frustrating to parents, because health-insurance policies can cover young adult children until they are 26. Parents still get the bills but can't call the physician's office to ask any questions about charges related to their child. And young adults don't always have the follow-through to sort out a billing mix-up.

And if your teen suffers from addiction issues or mental illness, health-care privacy can be even more complicated.

There are, however, a couple of legal documents that can make a difference.

1. HEALTH-CARE PROXY

Consider talking about a health-care proxy with your adolescent before he or she turns 18.

The proxy is a simple, legal form that allows anyone to name an "agent" to receive information from the medical team and to make decisions in the event the patient is unable to communicate their wishes.

Most hospitals include a health-care proxy as part of the admission paperwork when someone is admitted to the hospital. However, one way to lessen the stress in a crisis that requires immediate, life-changing decisions is to have a health-care proxy on file. The time to have this conversation with your child is before an acute medical situation occurs.

"It helps to facilitate the discussion at a time when there is no emotion around it and can allow a conversation that is really important," said Dr. Joanne Wolfe, »

director of the Pediatric Advanced Care Team, a joint palliative-care program of the Dana-Farber Cancer Institute and Boston Children's Hospital.

The proxy goes into effect when the doctor determines that your child is unable to make or communicate health-care decisions.

"There are different pieces to the health-care proxy," said Wolfe. "One is simply to identify who is going to make those decisions for your child if they cannot speak for themselves. Typically, it's one or both parents. The nuance to the conversation ... is about what the wishes are for that young person," she said.

There are also tools to help adults have these conversations with young adults. "One we commonly use is called "Voicing My Choices: A Planning Guide for Adolescents & Young Adults," said Wolfe. "It was developed by a psychosocial team at the National Institutes of Health."

"Voicing My Choices" includes not only the legal health-care proxy document but also checklists for young adults to communicate their wishes regarding pain management, visitors and what they would find comforting (for example, music, being read to, favorite foods). There is even a section on how they would want their things given away to friends and family after death.

The guide can be used by parents and medical professionals to start the difficult conversations about what medical decisions the child would want their agent to make if they are unable to make them. It is written in language tailored to the needs and preferences of young adults.

As Wolfe said, it's not a part of the typical conversation parents are usually having with teenagers. If the conversation is difficult, she suggests parents talk it over with a professional who is comfortable having these conversations.

2. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT RELEASE

The Health Insurance Portability and Accountability Act, known as HIPAA, in most cases protects anyone over the age of 18 from release of medical records without their

permission. That includes any physical or mental-health services your child receives from the college health center even if you are paying the bill. When your child fills out paperwork for college, a HIPAA release may be part of the package. You and your child have to decide what's appropriate.

Things often get particularly sticky with parents and children when it comes to mental health and/or addiction.

"When a child turns 18 or older, then everything that would apply to an adult applies to the child regarding mental health," said Mary T. Zdanowicz, an attorney who is the advocacy consultant for the National Alliance on Mental Illness of Cape Cod (Mass.) and the Islands.

"If an 18-year-old is admitted to a mental-health facility or addiction center, the health-care proxy comes into play," said Zdanowicz. "They can designate a decision-maker, but they can rescind that at any time, which is a particular problem with mental illness," she said. "And they may not want to give somebody that amount of authority."

Mental-health facilities and addiction treatment centers don't contact parents when a young adult is admitted. The staff may not even be able to acknowledge admission.

"Parents are often stopped at that point, and they don't know what to do," said Zdanowicz.

She said that parents can make two important requests in those situations:

- Say to the staff member on the phone: "If this person is at your facility, would you ask them to sign a HIPAA release?" This would give the staff permission to speak with you. Under the terms of the law, it must be written in plain language and be specific as to what information will be shared. Your child can refuse to sign this, however.
- Ask to speak with treatment staff. Say that you understand staff can't talk to you about your child but that you want to give them medical and psychiatric history that may be pertinent. The doctor can't give you any information but can at least listen to what you have to share.



ALCOHOL:

Teen Standby Drug is Still Dangerous

BY RACHAEL DEVANEY

With all the talk about teen substance abuse, it's easy to dismiss the drug they are most likely to use: alcohol.

Alcohol continues to be the most commonly used and most available drug for most teens, according to the American Academy of Pediatrics. Consider these stats on underage drinking gathered by the Center on Alcohol Marketing and Youth at Johns Hopkins University:

- 13.8 percent of eighth-graders reported having at least one drink in the past 30 days, and 11.5 percent reported being drunk at least once in the past year.
- 94 percent of the alcohol drunk by all 15- to-17-year-olds and 96 percent of the alcohol drunk by all 18-to-20-year-olds is consumed through binge drinking.
- Those who start drinking before the age of 15 are five times more likely to develop alcohol dependence or abuse in their lifetimes than those who begin drinking at age 21 or later.

HOW DO YOU KNOW IF YOUR TEEN HAS A PROBLEM WITH ALCOHOL?

For starters, look for a sudden change in moods and personality and an increase in depression or irritability,

says Amanda Klinger, a senior clinician and licensed psychologist at the Hazelden Betty Ford Foundation in Center City, Minn. Here are some other signs that your teen might be trouble:

1. Sudden disappearing acts.

There are specific attitude and personality changes that can signify problems with substance abuse, and the most common is a sudden disappearance for a significant length of time, says Klinger. If parents notice their teen becoming secretive, she says, it's time to begin asking the "tough questions."

Teenagers are still developing and don't know how to handle alcohol, says Samantha Mueller, founder and president of Jack's PACT, an alcohol awareness organization in Falmouth, Mass. And that shows in their behavior.

"If your teen is staying out later and doesn't seem to be honest about who they were with or where they were, then it's time to be proactive and pay attention," Mueller says. "Their brains aren't fully developed yet. ... Drinking will impact their development, and you will see a change in behavior."»

2. Physical changes, for the worse.

Physical differences in a child's appearance, says Klinger, can also indicate a problem with alcohol. After a night of drinking, she says, teens experience withdrawal and fatigue, aka the hangover.

"Health problems like bloodshot eyes or sickness in the morning can often show that they have been drinking," Klinger says. "Or if they aren't putting as much effort into clothing or how they look, that is also a warning sign."

Mueller says to watch if your adolescent is sleeping at odd times or is sleeping less.

"A lot of kids end up using or abusing alcohol because of underlying mental health issues like anxiety or depression," Mueller says. "It's a cause and effect that can interrupt sleeping patterns."

3. Alcohol goes missing.

For many teens, drinking begins at home with their parents' liquor cabinet.

Even if parents are only social drinkers, it's risky to keep alcohol at home, Klinger says. If there is liquor in the house, parents should monitor bottle content.

"Be proactive and sniff the bottles to make sure they aren't being filled up with water or other substances that make it look like they are still full," Klinger says.

IF PARENTS THINK THEIR TEEN HAS A PROBLEM WITH ALCOHOL, WHAT'S NEXT?

1. Keep the lines of communication open.

For Mueller, "healthy conversations" are key to providing families with a "future without fear." Once parents can begin to proactively address an adolescent's needs, the better the child is equipped to battle alcohol addiction.

"No parent wants to see their child struggle with alcohol abuse, and while it can be hard, reaching out is essential," Mueller says. "Hold them accountable, and point out that you know what's going on and want to help."

Klinger says creating an atmosphere in which adolescents feel free to share their troubles can stop a problem before it grows out of hand.

"Families should try to create an environment that's not full of shame," Klinger says.

2. Ask for help.

Stacie Allphin, director for adolescent services at Memorial Hermann Prevention and Recovery Center in Houston, Texas, thinks social stigmas and taboos often stop parents from seeking help for their child's problems, even from substance abuse counselors and clinicians.

He suggests asking about clinician-led Alternative Peer Group programs, or APGs, which serve kids age 13 to 18. The groups provide what Allphin calls a "cocoon" of positive support for teens trying to stay sober.

"After doing a screening with a family, we often find that the answer isn't treatment but involvement with our APGs, where both parents and kids can meet others who are going through the same difficulties," Allphin says.

3. Never give up hope.

Mueller says there is hope for teens dealing with alcohol and substance abuse and says prevention is key.

Her organization, which was founded after her 16-year-old brother, Jack Pearsall, was killed by a drunken driver, relies heavily on prevention programs such as peer mentoring and "Project Sticker Shock" aimed at preventing parents – even those with good intentions – from hosting underage drinking parties. Volunteers of all ages place stickers that read, "Parents Who Host Lose the Most – Don't be a Party to Underage Drinking" on liquor store bags throughout Falmouth.

And Klinger emphasized that parents shouldn't try to control their child but instead set healthy boundaries, communicate, stay positive and greet the problem with an "open mind."

"Research shows that treatment programs that have an entire family component are more successful because it's not just about the teen – it's about the entire family recovering together," she said.



HOME FROM REHAB:

Now What?

BY BILL O'NEILL

A stay at a residential treatment center can be life-changing for a teenager, but the work doesn't end when a child comes home.

"Completing rehab is just the beginning. Adjusting after the return is a big challenge for everyone involved – the teenagers, the parents, the rest of the family," says Tina Muller, family wellness manager at Mountainside Treatment Center, an

alcohol and drug addiction treatment center in Canaan, Conn.

Parents should begin doing their own work while the child is away, she says.

"Start building a network that you can rely on to help with the transition of your teenager coming home," says Muller, a licensed clinical social worker and a licensed alcohol and drug counselor. »

Support groups like Al-Anon or Families Anonymous can be helpful for making connections or gathering information. Arm yourself with “as much knowledge as possible” about addiction, depression or whatever issue led to the treatment, she says.

As part of preparing for a child’s return home, parents should consider their self-care needs. It can be helpful for parents and siblings to get therapy of their own, either as individuals or through family counseling.

“Many teens struggle with mental health issues because they come from dysfunctional families,” says Mike Veny, a weightlifter and mental health advocate who gives TEDx talks on issues of healing. “When parents or guardians pursue therapy for themselves, they become more aware of how their own behavior might be affecting their teenager. They will also learn to care for themselves when their teenager is struggling.”

Dr. Carole Lieberman, a Beverly Hills psychiatrist, author and media commentator, warns parents about assuming too much.

“Do not expect them to be ‘cured’ by one program,” she says. “There is still a lot of work to be done, such as additional family therapy and participation in self-help groups.”

She warns that parents need to walk a fine line with teenagers. “Keep a balance between not putting too much pressure on them and not treating them like fragile eggs about to break.”

Muller made other suggestions about family life after a teen has been in a therapeutic program:

- **Boundaries, including some new household rules, are important.** Curfews and chores should be part of that. And families need to talk about limits and the role everyone plays in recovery. “Boundaries are really for self-care, and it’s for everyone to feel safe in the home,” she says.
- **Communication is crucial.** “Have dinner together every night, and ask your teenager what was their favorite part of the day,” she says. “Become really involved in what they’re doing in their daily life.” That doesn’t mean watching every minute of every activity, but the more the parents get involved, the more they will know what’s going on.
- **Invite your child’s friends to your house.** “If you get to know your teen’s friends, that will help build the trust you need to allow them to go out into social settings,” she says.
- **Use a calendar for family members’ schedules.** “If you’re expected to be home at dinner every night at 6 o’clock and you’re not, that will send up a red flag if you don’t make a phone call,” she says. “There has to be some accountability.”
- **Connect with the guidance counselors at the school.** Find someone your child can consult during the day. Returning to school may be difficult after time away for treatment. Teens may feel shame, guilt, anger or embarrassment, says Muller. “Other kids can be mean and not have an understanding of what addiction really is.”
- **Encourage openness.** It’s good to be open with teachers and guidance counselors about a teen’s treatment and future needs, she says. The teen should also be OK about being open with peers. “They can say things like, ‘I went to get some help. I’ve been having some struggles. These are my struggles.’ They don’t have to go into huge details about it, but the more honest and open they are, the more support they’re going to receive,” Muller says. “The more that they start talking, the easier it gets, and the more connections they can make. They’ll be surprised at how many of their peers are struggling with the same issues.”
- **Maintain connections with professionals through post-treatment therapy and with peers through groups like Alateen or Narateen.** The road forward won’t be without speed bumps, Muller says. “A slip-up doesn’t have to be the end of the world, a huge horrendous thing,” she says. “You can catch it and have an open and honest discussion about it, and say, these are the steps we’re going to take now to prevent it from continuing.”
- **Whenever possible, focus on positives.** “Encourage teens to consistently engage in activities that give them joy,” says Veny. “This will help to get them in the habit of self-care.”



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Some are adventure-oriented, others are more keyed to academics. Some treat addictions, others specialize in underlying mental health or emotional issues. All offer safe places for teens to learn to understand themselves and whatever is preventing them from leading healthy, happy and successful lives. Advertisers are highlighted in blue.

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www.oxbowacademy.net

PARADIGM MALIBU

Malibu, California
www.paradigmmalibu.com

PINE RIVER INSTITUTE

Toronto, Ontario
www.pineriverinstitute.com

POLARIS TEEN CENTER

Los Angeles, California
www.polaristeen.com

PROJECT PATCH

Garden Valley, Idaho
www.projectpatch.org

RED ROCK CANYON SCHOOL

St. George, Utah
www.careschools.org/red-rock-canyon-school

RIMROCK TRAILS ADOLESCENT TREATMENT SERVICES

Prineville, Oregon
www.rimrocktrailsats.org

ROGERS MEMORIAL HOSPITAL – CHILD & ADOLESCENT CENTER

Oconomowoc, Wisconsin
800-767-4411

<https://rogersbh.org/>
Guided by Rogers' full-time, board-certified child and adolescent psychiatrists, teens receive an in-depth evaluation, intensive psychiatry and medication management, and a full range of individual, group and family therapy and educational services.

SANDHILL CHILD DEVELOPMENT CENTER

Los Lunas, New Mexico
www.sandhillcenter.org

SEDONA SKY ACADEMY

Rimrock, Arizona
www.sedonasky.org

SOLSTICE EAST

Weaverville, North Carolina
www.solsticeeast.com

SOLSTICE WEST

Layton, Utah
www.solsticerc.com

SONIA SHANKMAN ORTHOGENIC SCHOOL

Chicago, Illinois
www.oschool.org

SUNRISE RTC

Hurricane, Utah
www.sunrisertc.com

T.C. HARRIS SCHOOL

Lafayette, Indiana
www.tcharrisschool.com

TAMARACK CENTER

Spokane, Washington
www.tamarack.org

TELOS RTC

Orem, Utah
www.telosrtc.com

THREE POINTS CENTER

La Verkin, Utah
www.threepointscenter.com

TLC CHILD & FAMILY SERVICES

Sebastopol, California
www.tlc4kids.org

TRIUMPH YOUTH SERVICES, LLC

Brigham City, Utah
www.triumphyouthservices.com

TURNING WINDS ACADEMIC INSTITUTE

Troy, Montana
www.turningwinds.com

TURN-ABOUT RANCH

Escalante, Utah

800-842-1165

www.turnaboutranch.com
Turn-About Ranch offers a highly therapeutic setting for young people to address a variety of emotional and mental health needs with lasting change. This working ranch combines residential life and schooling with the benefits of an outdoor program. Real Ranch. Real Values. Real Change.

UINTA ACADEMY

Wellsville, Utah
www.uintaacademy.com

VISIONS ADOLESCENT TREATMENT CENTERS

Malibu, California
www.visionsteen.com

VISTA ADOLESCENT TREATMENT

Magna, Utah
www.vistatc.com

WATERFALL CANYON ACADEMY

Ogden, Utah
www.waterfallcanyon.com

WATERFORD COUNTRY SCHOOL, INC.

Quaker Hill, Connecticut
www.waterfordcountryschool.org

WAYPOINT ACADEMY

Huntsville, Utah
www.waypointacademy.com

WEDIKO CHILDREN'S SERVICES

Windsor, New Hampshire
www.wediko.org

WELLSPRING and THE ARCH BRIDGE SCHOOL

Bethlehem, Connecticut
www.wellspring.org

WEST RIDGE ACADEMY

West Jordan, Utah
www.westridgeacademy.org

WHITE RIVER ACADEMY

Delta, Utah
www.whiteriveracademy.com

YELLOWSTONE BOYS AND GIRLS RANCH

Billings, Montana
www.ybgr.org

YOUTH CARE

Draper, Utah
www.youthcare.com

Specialty Psychiatric and Behavioral Hospitals

UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

Salt Lake City, Utah
www.healthcare.utah.edu/uni

VIEWPOINT CENTER

Syracuse, Utah
www.viewpointcenter.com

Therapeutic and Emotional-Growth Boarding Schools

ACADEMY AT SISTERS

Bend, Oregon
www.academyatsisters.org

ALPINE ACADEMY

Erda, Utah
800-244-1113

<http://alpineacademy.org/>
Alpine Academy is a residential therapeutic school for girls ages 12-18 with emotional struggles. Students live on campus in homes with trained family teachers; attend an accredited school with dual-endorsed teachers; and receive weekly individual, family, and group therapy from master's level clinicians.

ANDERSON CENTER FOR AUTISM

Staatsburg, New York
www.andersoncenterforautism.org

ASHEVILLE ACADEMY FOR GIRLS

Black Mountain, North Carolina
www.ashevilleacademy.com

AULDERN ACADEMY

Siler City, North Carolina
www.auldern.com

BOULDER CREEK ACADEMY

Bonnars Ferry, Idaho
www.bouldercreekacademy.com

CHAMBERLAIN INTERNATIONAL SCHOOL

Middleboro, Massachusetts
508-947-7825

<http://www.chamberlainschool.org/>
Chamberlain International School is a private, nonprofit, clinically intensive, co-educational, therapeutic boarding and day school located near Boston on a picturesque campus. Students are ages 11-22.

CHEROKEE CREEK BOYS SCHOOL

Westminster, South Carolina
www.cherokeecreek.net

CHERRY GULCH

Emmett, Idaho
www.cherrygulch.org

CHRYSALIS SCHOOL

Eureka, Montana
www.chrysalisschoolmontana.com

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www.clearviewhorizon.com

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www.evangelhouse.com

EXPLORATIONS

Trout Creek, Montana
www.explorationsmt.com



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860-868-7377

<http://www.theglenholmeschool.org/>
Established for nearly 50 years, The Glenholme School is the premier independent, coeducational boarding and day school for students, ages 10 to 21, facing social challenges and learning differences associated with high functioning autism spectrum disorders (ASD), ADHD, OCD, Tourette, depression, anxiety, and various learning differences.

GREENBRIER ACADEMY FOR GIRLS

Pence Springs, West Virginia
www.greenbrieracademy.com

GROVE SCHOOL

Madison, Connecticut
www.groveschool.org

IN BALANCE RANCH ACADEMY

Tucson, Arizona
www.inbalranch.com

JRI-MEADOWRIDGE ACADEMY

Swansea, Massachusetts
<https://jri.org/services/educational-and-residential/residential/meadowridge>

LITTLE KESWICK SCHOOL

Keswick, Virginia
www.littlekeswickschool.net

MONARCH SCHOOL

Heron, Montana
www.monarchschool.com

MONTANA ACADEMY

Marion, Montana
www.montanaacademy.com

MONTFORD HALL

Asheville, North Carolina
www.montfordhall.org

NEW LEAF ACADEMY

Bend, Oregon
www.newleafacademy.com

NEW SUMMIT ACADEMY OF COSTA RICA

Alajuela, Costa Rica
www.newsummitacademy.com

NORTHWEST ACADEMY

Naples, Idaho
www.nwacademy.net

NOVITAS ACADEMY

Emmett, Idaho
www.novitasacademy.org

SHELTERWOOD ACADEMY

Independence, Missouri
www.shelterwood.org

SHEPHERD'S HILL ACADEMY

Martin, Georgia
www.shepherdshillacademy.org

SHORTRIDGE ACADEMY

Milton, New Hampshire
www.shortridgeacademy.com

SPRING RIDGE ACADEMY

Spring Valley, Arizona
www.springridgeacademy.com

SUMMIT PREPARATORY SCHOOL

Kalispell, Montana
www.summitprepschool.org

SUMMIT SCHOOL AT NYACK

Upper Nyack, NY
845-358-7772

<http://www.summitnyack.com/>
At Summit School at Nyack, we believe every day is a fresh opportunity to start anew and develop stable, gratifying relationships with adults and peers. By working with staff across many disciplines, students master the skills needed to thrive in school, at home and in the community.

THE DISCOVERY SCHOOLS OF VIRGINIA

Dillwyn, Virginia
www.discoveryschool.org

VALLEY VIEW SCHOOL

North Brookfield, Massachusetts
www.valleyviewschool.org

Therapeutic Day Schools

THE HELP GROUP

Sherman Oaks, California
818-781-0360

<http://www.thehelpgroup.org/school/village-glen-school/>
The Help Group's nine specialized day schools offer pre-K through high school programs for more than 1,500 students. Its broad range of mental health and therapy services, child-abuse and residential programs extends its reach to more than 6,000 children and their families each year.

JRI - ANCHOR ACADEMY

Middleboro, Massachusetts
www.jri.org/services/educational-and-residential/day-schools/anchor

JRI - GRANITE ACADEMY

Braintree, Massachusetts
www.jri.org/services/educational-and-residential/day-schools/granite

JRI - SUSAN WAYNE DAY SCHOOL

Thompson, Connecticut
www.jri.org/services/ct/educational-and-residential/susan-wayne-day-school

JRI-THE VICTOR SCHOOL

Acton, Massachusetts
www.jri.org/services/educational-and-residential/day-schools/victor

NEWPORT ACADEMY

Orange, California
www.newportacademy.com

Transitional Living Programs

CALO TEENS

Lake Ozark, Missouri
www.caloteens.com

CANYON RIVER RANCH

Ogden, Utah
www.utahresidentialtreatment.com

CASCADE CREST TRANSITIONS

Bend, Oregon
www.cascadecresttransitions.com

CORNERSTONES OF MAINE

Kennebunkport, Maine
www.cornerstonesofmaine.com

FOUNDATION HOUSE

Portland, Maine
www.foundationhouse.com

LIVING WELL TRANSITIONS

Boulder, Colorado
www.livingwelltransitions.com

NORTHSTAR ACADEMY

Rockville, Maryland
www.northstaracademy-metrodc.com

RED MOUNTAIN SEDONA

Sedona, Arizona
www.redmountainsedona.com

URBAN EDGE DENVER

Denver, Colorado
www.urbanedge-denver.com

Young Adult Treatment Programs (18 and over)

BENCHMARK TRANSITIONS

Loma Linda, California
www.benchmarktransitions.com

CLEARVIEW COMMUNITIES

Frederick, Maryland
www.clearviewcommunities.org

DRAGONFLY TRANSITIONS

Klamath Falls, Oregon
www.dragonflytransitions.com

ECHO SPRINGS TRANSITION STUDY CENTER

Bonnars Ferry, Idaho
www.echo-springs.com

EDGE LEARNING AND WELLNESS COLLEGIATE COMMUNITY

Chicago, Illinois
www.edgelearningcommunity.com

EXPEDITION THERAPY ASSOCIATES

St. George, Utah
<http://expeditiontherapy.com/>

FULSHEAR TREATMENT TO TRANSITION

Needville, Texas
www.fulsheartransition.com

LEGACY OUTDOOR ADVENTURES

Loa, Utah
<http://legacyoutdooradventures.com/>

LIFE DESIGNS, INC.

Cusick, Washington
509-671-2487

LIFE OF PURPOSE TREATMENT CENTER

Boca Raton, Florida
888-787-7673

www.lifeofpurposetreatment.com
Life of Purpose is the first primary care treatment center on a college campus in the United States. We provide academically focused substance use disorder treatment for young adults who do not wish to have their education interrupted by a treatment episode.

MEDICINE WHEEL AT REDCLIFF

Enterprise, Utah
www.rcmedicinewheel.com

MORNINGSIDE RECOVERY

Irvine, California
www.morningsiderecovery.com

NORTHWEST COLLEGE SUPPORT

Coeur d'Alene, Idaho
<http://www.collegesupportnw.com/>

ONWARD TRANSITIONS

Portland, Maine
<http://onwardtransitions.com/>

OPTIMUM PERFORMANCE INSTITUTE

Woodland Hills, California
www.optimumperformanceinstitute.com

PACIFIC QUEST

Hilo, Hawaii
www.pacificquest.org

PASADENA VILLA

Orlando, Florida
www.pasadenavilla.com

RED OAK RECOVERY

Leicester, North Carolina
www.redoakrecovery.com

RESTART LIFE

Fall City, Washington
<https://netaddictionrecovery.com/>

ROSE HILL CENTER

Holly, Michigan
www.rosehillcenter.org

SKYLAND TRAIL

Atlanta, Georgia
www.skylandtrail.org

SOBER COLLEGE ENVIRONMENTS

Woodland Hills, California
www.sobercollege.com

SPRUCE MOUNTAIN INN

Plainfield, Vermont
<http://sprucemountaininn.com/>

TELOS U

Orem, Utah
<http://telosu.com/>

TUCSON TRANSITIONAL LIVING

Tucson, Arizona
www.tucsontransitionalliving.com

YELLOWBRICK

Evanston, Illinois
www.yellowbrickprogram.com



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Do you know an adolescent struggling with mood or anxiety problems or disordered behaviors? Do you feel like you cannot figure out a way to help them change their trajectory?

Are you at a loss on how to determine what's wrong and what steps should be taken to get them back on track?

Research indicates that adolescence is the time when psychiatric illness develops and becomes more present. However, accurate diagnosis and effective treatment can change a child's trajectory. The Adolescent Diagnostic and Treatment Program at Lindner Center of HOPE, known as Williams House, is located in Mason, Ohio. Williams House focuses on intensive assessment (14 days) and treatment of patients, ages 11 through 17, suffering with complex co-morbid mental health issues.

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