

To Whom It May Concern,

This email forms the basis for my complaint against the accreditation of Logan River Academy, 1683 South State Highway 89, Logan, UT 84321, telephone number (435) 755-8400.

First, in regards to 2.02(d) of the requirements I've received from AdvancED:  
“Institutional Integrity. A school/school system is required to represent itself accurately in all aspects of the accreditation process. If a school/school system misrepresents itself, including accreditation status, to the public; has any condition that may be detrimental to the clientele of the school/school system; or falsely reports its compliance with the policies and Accreditation Standards; the school's/school system's accreditation can be dropped. If a school's/school system's accreditation is recommended to be dropped, the school/school system shall be afforded due process in consideration of such action.”

As you can see on their website, here:

<http://loganriver.com/youth-treatment-centers-before-and-after/>

They make some pretty aggressive promises. Among them is that 92% of parents supposedly answer “yes,” to the question “Overall, do you feel that your son/daughter benefited from their stay at Logan River Academy?” The only negative comments which appear are very suspect and seem to hold the institution blameless:

— “I don't fault LRA for my son's problems. He was given the tools he needed, but has not used the tools and has made bad choices.”

— “He was given the opportunity to get clean, stay clean and excel in life. He has chosen not to.”

I find this to be very dubious given what we have gathered from parents and children:

<https://www.shutdownloganriver.com/index.php/testimonials>

Most of these are also available where they were originally posted, as comments on our petition, **which has been addressed to Logan River Academy for over a month:**

<https://www.change.org/petitions/logan-river-academy-stop-using-solitary-confinement-a-k-a-pr-caution-and-development-on-kids>

Yet more comments have been left in response to a promotional YouTube video uploaded by the school:

<http://www.youtube.com/watch?v=L8A-cCF7zX4>

Once you have reviewed these first hand accounts, I'm sure you will see why I am concerned. The policies the students and parents are writing about, some of them very recently, certainly would create “condition[s] that may be detrimental to the clientele of the school/school system.” Please investigate their veracity, many of these people left their names and current towns; we can help you get in touch with many of them. I understand that individual students sometimes feel very strongly against a school, but this it not just one voice, it is a cacophony that has been ignored for far too long.

Logan River Academy places a “NATSAP,” logo on their main webpage as if it is an accreditation of their residential program. This NATSAP logo is placed directly next to an AdvancED logo. NATSAP does not accredit anything, they are a volunteer membership body and do not enforce

any ethical or professional standards on their members.

This incomplete representation, placed next to AdvancED's logo, definitely helps the school appear to meet their burden of proof with skeptical parents. The FTC, for example, says of residential treatment program accreditation (which I am aware AdvancED does not perform:)

<http://www.consumer.ftc.gov/articles/0185-residential-treatment-programs-teens>

#### **“What about accreditation?”**

Several independent nonprofit organizations, like the Joint Commission (JACHO), the Council on Accreditation (COA), and the Commission on Accreditation of Rehabilitation Facilities (CARF), accredit mental health programs and providers.

- [JACHO](#) accredits and certifies more than 15,000 health care organizations and programs in the U.S.
- [COA](#) is an international child- and family-service and behavioral healthcare organization that accredits 38 different service areas, including substance abuse treatment, and more than 60 types of programs.
- [CARF International](#) is an independent accreditor of human services providers in areas including behavioral health, child and youth services, and employment and community services.

Ask whether all components of the program are accredited, for example, the base program, the drug and alcohol component, and the wilderness program. Then contact the accrediting organization for confirmation.

The GAO's Report noted that one program claimed to be accredited by the JACHO, but in fact, only the base program was accredited. Neither the wilderness program nor the drug and alcohol component was accredited.

The organizations above grant accreditation and certification after evaluating the quality of services provided by a treatment program. Parents and guardians should be aware that some other organizations that claim to accredit schools may serve merely as membership organizations, and may not conduct site inspections or otherwise evaluate the quality of the programs they certify. If a treatment program claims to be certified or accredited, parents and guardians should contact the accrediting organization and ask about the standards the organization uses when issuing a certification.”

Reminder: Logan River Academy has no accreditation of its residential program whatsoever. However, the residential children do attend their AdvancED accredited education program. I believe parents are being given a false sense of comfort by this. The allegations I've shown state that classes and other developmental requirements, such as peer interaction, are routinely withheld from individual students for long periods of time. While this “tough love,” approach may sound good to upset and worried parents, I have not found any evidence that it is effective. If parents are dubious, it seems obvious that seeing the AdvancED logo on Logan River's web page may at least partially quell their concerns.

To the contrary, the U.S. Surgeon General has commented on these programs here:

<http://www.ncbi.nlm.nih.gov/books/NBK44295/#A13025> (Emphasis theirs:)

“**Residential programs**, interventions that take place in psychiatric or correctional institutions, also show little promise of reducing subsequent crime and violence in delinquent youths. While some residential programs appear to have positive effects on youths as long as they remain in the institutional setting, research demonstrates consistently that these effects diminish once young people leave. Evaluations of two residential programs showed that participating youths were actually more likely to be rearrested and to report they had committed serious offenses during follow-up. In both studies, the comparison group consisted of youths assigned to regular training schools.

Two general approaches that are popular in residential settings are milieu treatment and behavioral token programs. Both strategies aim to change the organizational structures of residential programs. The **milieu treatment** approach is characterized by resident involvement in decision making and day-to-day interaction for psychotherapeutic discussion. While this approach shows some positive effects when individual responsibility is stressed, the more common strategy of group decision making has shown no positive effect on recidivism after release. Moreover, Lipsey and Wilson's meta-analysis shows that milieu therapy is one of the least effective approaches to preventing recidivism in serious juvenile offenders ([Table 5-1](#)).

In **behavioral token** programs, youths are rewarded for conforming to rules, exhibiting prosocial behavior, and not exhibiting antisocial or violent behavior. Like some other residential approaches, behavioral token programs can have positive effects on targeted behaviors while youths are institutionalized. However, when this strategy is used alone, any such effects disappear when youths leave the program.”

The GAO report, available here is also relevant:

<http://www.gao.gov/new.items/d08146t.pdf>

“At the time the victim died, this private wilderness treatment program had been in operation for about 15 years in Oregon. Although it claimed to be accredited by the Joint Commission on Health Care Organizations, this accreditation covered only the base program—not the wilderness program or its drug and alcohol component in which the victim participated.”

Please also watch:

<http://www.youtube.com/watch?v=I2KzAUB7sgE&list=UUu7v65ausH6Q9XMIxETjTBA>

To help ensure child safety, I beg AdvancED to please reconsider accrediting the educational program of any residential treatment center while it does not have an accreditation of its residential program that meets the Federal Trade Commission guidelines above and by so doing, precludes tactics like seclusion from being used as discipline tactics.

**To be clear, this complaint is not about one particular student.** However to meet the requirement in Policy VI, 6.01(f), in our specific case, Dana and I tried to call the school and speak to Michael before we began any of this. When we were unable to speak to him or even his therapist for a whole week, we started growing really suspicious. My untrained understanding is that cutting off phone communication like this, and allowing only the parents to speak with the child briefly on a once a week

or less frequent basis, has no therapeutic purpose. In my opinion, the only apparent purpose of this policy, which seems obvious to me, is to reduce their accountability. Dana feels she was misled by the school into thinking they were actually therapeutic. These programs appear to be very good at manipulating families while they are desperate and vulnerable to pseudoscientific claims. To me, the end result of their “treatment,” seems to be that they spend as little as they can on the students, while maintaining monthly tuition costs up to \$8,900/month/student. There has been some legislative action on this cause:

<https://www.govtrack.us/congress/bills/112/hr3126>

<https://www.govtrack.us/congress/bills/113/hr1981>

However, The Houses of Congress will not be able to act as quickly as AdvancED to protect kids.

I would also like to ask you to empathize with what these kids are reporting. Please imagine being Michael, having never been adjudicated for anything, being kept inside, against your will, at times in solitary confinement, unable to call the police or any other objective authority to report the conditions around you, having no right to a lawyer, and only weekly monitored phone calls with your parents, who sent you there in the first place and refuse to believe you because they are being told that everything you say is a lie. Could you learn effectively in that environment? Would those policies have an unnecessary and negative effect on you as their client? Might you run away? Michael did. Might you consider ending your life? Many apparently have and we were very worried for Michael. These allegations must be investigated, and when verified, action must be taken.

Dana's brother, Michael, who can now speak without duress because he is no longer at Logan River Academy, confirms there is a solitary confinement bedroom. He also confirms that autism spectrum children are made to sleep in solitary confinement. You can hear him answer some questions regarding the treatment of a child with autism spectrum, who is still at Logan River:

<https://www.shutdownloganriver.com/Logan-River-Academy-Fletcher.mp3>

**Michael's estimate is that he spent 80% of his 8 months at Logan River Academy in “DEVO.”** Michael also says that he did not progress academically at all, and is now 8 months further behind where he was when he first enrolled at Logan River Academy. In addition, Michael reports that his addiction therapy was withheld from him as a disciplinary measure.

Not only does AdvancED have the capability to investigate under its guidelines, but in my opinion, you have a duty to.

As a final reminder, I'll leave you with the American Academy of Child & Adolescent Psychiatry's statement regarding solitary confinement, available here:

[http://www.aacap.org/AACAP/Policy\\_Statements/2012/Solitary\\_Confinement\\_of\\_Juvenile\\_Offenders.AspX](http://www.aacap.org/AACAP/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.AspX)

“The potential psychiatric consequences of prolonged solitary confinement are well recognized and include depression, anxiety and psychosis<sup>1</sup>. Due to their developmental vulnerability, juvenile offenders are at particular risk of such adverse reactions<sup>2</sup>. Furthermore, the majority of suicides in juvenile correctional facilities occur when the individual is isolated or in solitary confinement.

Solitary confinement should be distinguished from brief interventions such as 'time out,' which may be used as a component of a behavioral treatment program in facilities serving children and/or adolescents, or seclusion, which is a short term emergency procedure, the use of which is governed by federal, state and local laws and subject to regulations developed by the Joint Commission, CARF and supported by the National Commission of Correctional Healthcare (NCHHC), the American Correctional Association (ACA) and other accrediting entities.

The Joint Commission states that seclusion should only be used for the least amount of time possible for the immediate physical protection of an individual, in situations where less restrictive interventions have proven ineffective. The Joint Commission specifically prohibits the use of seclusion 'as a means of coercion, discipline, convenience or staff retaliation.' A lack of resources should never be a rationale for solitary confinement.”

Regards,

Marty Gottesfeld

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