

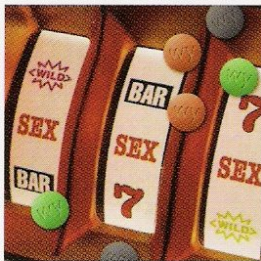
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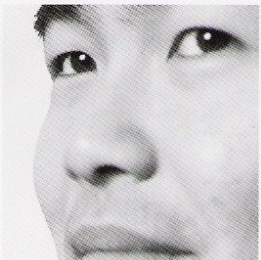
WHAT'S WORKING IN TREATMENT AND PREVENTION

Who Will Lead the Profession?

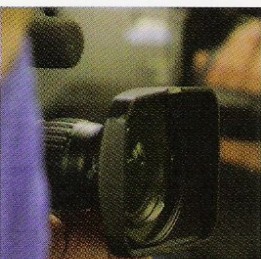
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When the Cameras Are Rolling

A Utah wilderness therapy program faced conflicts when it became a reality TV subject

Six teenagers, two staff members from the RedCliff Ascent program, and a camera crew are trekking across the frozen plateau in the southern Utah wilderness.

The teens are part of a selected group from Great Britain. They are experiencing firsthand the rigors of wilderness therapy as practiced by Utah-based RedCliff.

A British production company selected RedCliff for a television documentary called *Brat Camp*, taped in the winter of 2003. The show aired nationally on ABC Family, as well as on networks in Great Britain and Australia in 2004. The documentary generated a storm of controversy on Internet message boards around the world.

Reality TV shows such as the A&E Network's *Intervention* (see letter from the editor in May 2005 issue) are capturing the attention of viewers. Some producers eager to break new ground have approached therapy programs. This forces professionals to ask whether clients in treatment are fair game for the viewing public, particularly when the cameras are focused on kids.

"As a therapist I'm a people researcher, so to watch *Brat Camp* was fascinating," says Thomas Kimball, PhD, an associate professor at the Center for the Study of Addiction and Recovery at Texas Tech University. "I have serious concerns about us portraying minors who need help on TV and portraying it as entertainment, especially minors who aren't able to give consent in meaningful ways."

Dr. Kimball says reality TV plays to a common side of human nature. "We're fascinated by things that are ugly. We look when there's a car accident. Traffic backs up and we watch it. That's why reality TV is so hot. It feeds our need to look in on people's lives."

by Jennifer C. Jones

Tamara Abood, producer for London-based TwentyTwenty Television, which created *Brat Camp*, says antisocial behavior among teens and issues of family breakdown were grabbing headlines and political attention in Britain at the time the show was being conceptualized. "The idea was to show how our cousins across the water tackle these issues," Abood says. "We wanted to educate and inform families."

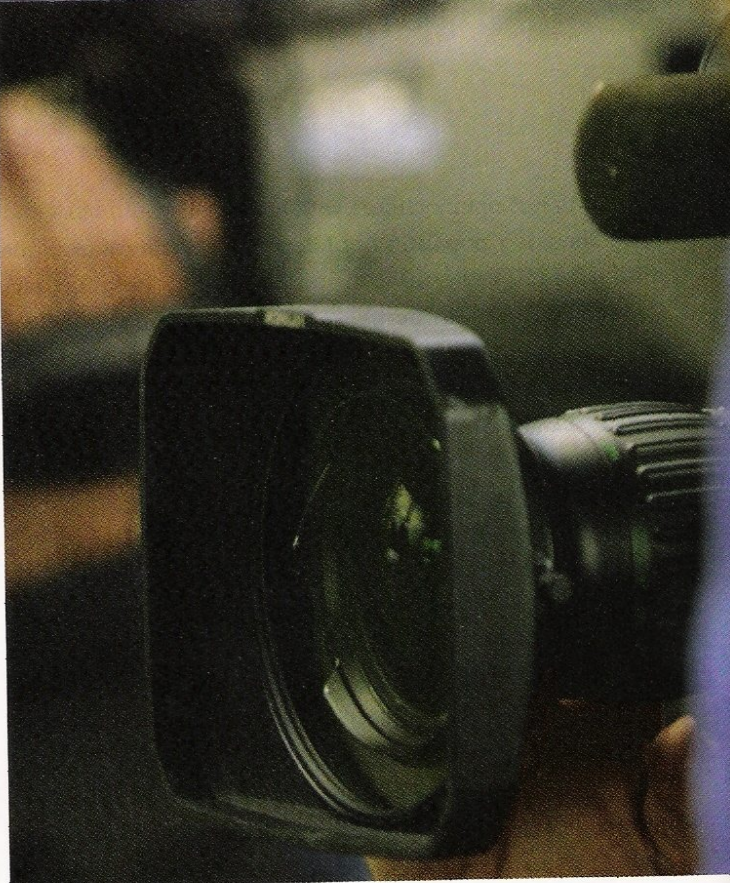
That led producers to Internet research and RedCliff Ascent, which operates programs for young people in the 13-to-17 and 18-to-25 age ranges. The program combines therapeutic interventions with a demanding outdoor-adventure experience. Most participants have substance abuse problems, and some have a dual diagnosis. The average stay is 66 days.

"We knew instantly they were the program for us," Abood recalls. "They have a devoted staff. You got a clear feeling that you were dealing with committed professionals."

Agency apprehension

While the producers were convinced, RedCliff officials were not. "Our biggest concern was the privacy of our students and the potential impact on the therapeutic process," says agency spokesman Stephen C. Schultz. "We wondered, 'How are the kids going to react? Are they going to play to the camera?'"

"We weren't looking to find someone—we weren't soliciting," notes Daniel M. Sanderson, PhD, RedCliff's clinical director. RedCliff officials and the producers discussed the project for weeks. Dr. Sanderson says ultimately the clinical staff made the final decision. "The thing that swayed us more than anything else is we were promised we would have therapeutic con-



trol over how things would go," he says. "We told the company we would not alter the program or stage events. We were going to do whatever was necessary to make sure it was in the child's best interest. We were there to provide treatment."

Selecting the students

"All of the potential applicants met with a U.K. psychologist," says Dr. Sanderson, known as "Doc Dan" to colleagues. "Then the production executives went through and selected the ones they thought would be most appropriate." Even with input from a mental health professional, Dr. Sanderson admits that some of the youths who made the TV cut never would have been accepted into the RedCliff program under typical circumstances.

"The only way they were here is because someone else was paying their way," he says of the U.K. youths, who were grouped with U.S. youths in the programs. "Their parents weren't as invested."

One of the U.S. youths, 16-year-old Jessica, was about to embark on a therapeutic experience that she says changed her life. Now 18, Jessica describes her life at that time: "I was wanting to experience the world and do everything I could regardless of the consequences." Jessica was addicted to methamphetamine. "My parents saw RedCliff as their only hope."

Jessica's mother, Erin, learned about RedCliff on the Internet. "We were trying to find an alternative method rather than taking her to a hospital lockdown scenario. She needed something that would jar her to the bone."

Jessica had been at RedCliff just five days before being included in the Brat Camp

group. Although Erin had signed a consent form with RedCliff authorizing the company to use Jessica's picture in various materials, Erin says, "It's kind of a mixed bag. You feel personally invaded a little that they will air your kid nationally. But our feeling was it would be for the greater good."

"I have serious concerns about us portraying minors who need help on TV and portraying it as entertainment, especially minors who aren't able to give consent in meaningful ways."

~ Thomas Kimball, PhD

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Timing: Less than perfect

A hallmark of RedCliff's program is that it is open-ended, with no fixed graduation point. "All of the students from the U.K. were not at the same level. They did not progress at the same rate," says Dr. Sanderson. "We constantly had to remind the producer in the U.K. that this was the way we did it. We weren't graduating anyone earlier."

Aboud recalls, "When we arrived with the British children they were very badly behaved and Doc Dan decided to split them and limit the bad behavior by mitigating the pack mentality. Although it would have been fantastically convenient for us, Doc Dan put the group back together only when it was therapeutically good for the group."

Jessica believes the cameras affected students' behavior. "They wanted to kind of get their licks in while the camera crew was there—stage a fight verbally or do something funny to make it interesting."

Dr. Sanderson admits he was not immune to the camera's magnetic effect. "Initially I saw myself go into a performance mode," he says. "I think the awareness of the camera made me a little hesitant at times about the things I was saying. For a couple of students early on, if the cameras were not rolling we

would have gotten into much more potentially damaging kinds of material. My thought was, 'I don't need this to be on tape for this student. I wouldn't want this to be broadcast all over the world or in the city where this student has to live.'" He conducted two sessions with each student when cameras were not present.

Texas Tech's Dr. Kimball maintains, "Individual sessions with a counselor or therapist should be off-limits. There are times when you take a kid and do one-on-one [therapy]. That should never be broadcast—ever."

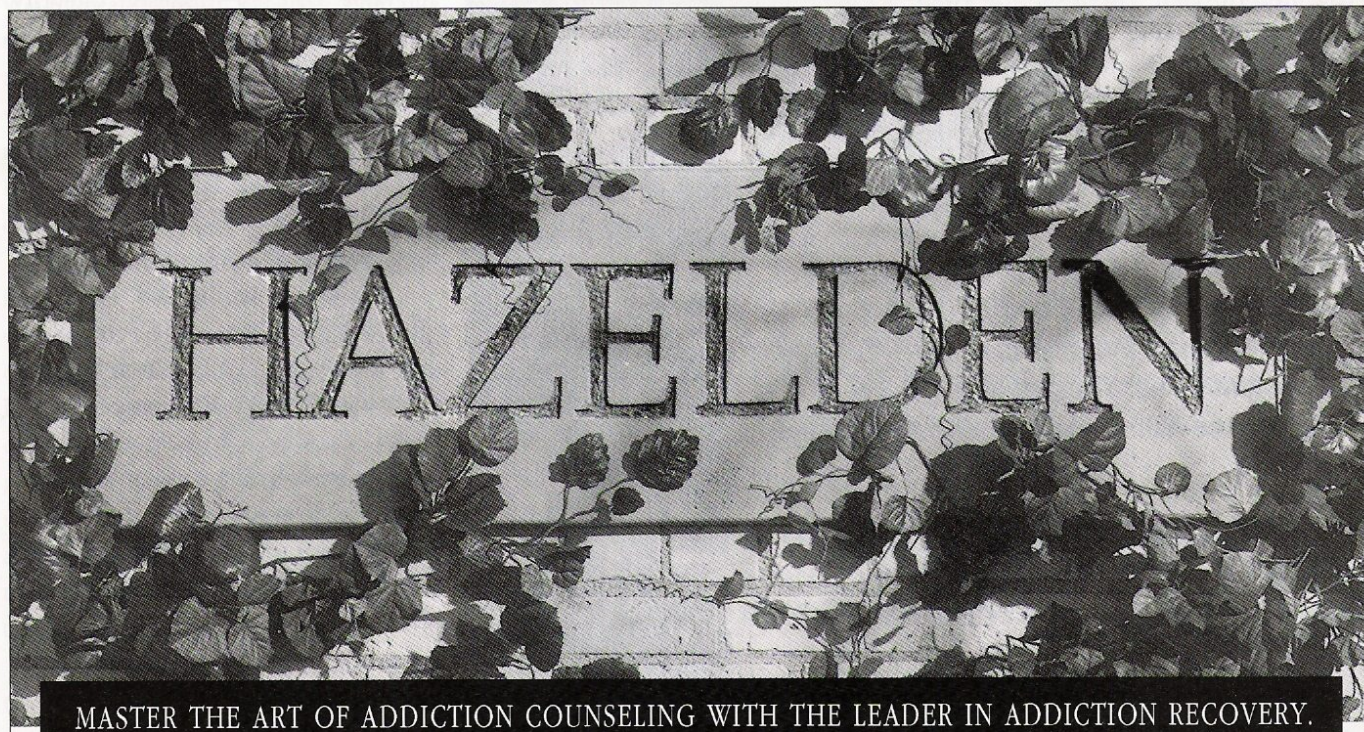
Adds Dr. Sanderson, "An intense uncovering process on camera doesn't equip the patient to manage what just happened."

While Dr. Sanderson believes the youths might have been performing for the cameras initially, "after we had been doing it for a couple of weeks, we didn't really even think about it."

Fame's downside

RedCliff officials ended up being generally pleased with *Brat Camp*. They believe the producers treated them fairly. Still, some concerns lingered.

First, there was the show's name. RedCliff officials were



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less than enthusiastic when they realized the program would be titled *Brat Camp*. Second, Schultz says, "They didn't talk enough about the therapeutic aspect that's involved. There's a general feeling that therapeutic aspects of the program weren't equally represented with the wilderness and survival skills." Therapeu-

tic intervention is a complex, nonvisual subject that may not play particularly well on reality TV.

Dr. Sanderson says he worked endlessly with one of the U.K. parents who attempted several times to sabotage her daughter's progress. "There's a lot of work that went into turning that around.

That's kind of boring, but that's where the real work takes place."

Dr. Sanderson says some of his most effective counseling is done around the campfire, but in this case the lights and camera significantly altered the mood. "It's almost impossible to re-create with cameras there. The camera lights didn't let kids see the stars."

Jessica says the camera's perspective was too one-sided. "The film crew chooses what gets to be shown. They showed the outcome of things but they didn't show the cause."

She adds, "They showed the bad aspects of going through the hard times. They didn't show how much fun we had. We laughed. We goofed around. People want to see controversy, so that's what they put on TV."

Her mother says the show failed to address a critical component. "It didn't stress enough there's a whole eight-step process that they go through. Those are all value courses—honesty, integrity, etc.—to help them along as they're learning other tasks."

Erin also worries that the viewing audience ended up labeling some of the U.K. students. "One kid becomes a 'hottie' and another a 'bitch.' They're tagged. How does that affect them in their lives?"

Schultz admits *RedCliff* was astonished at the celebrity status some of the youths achieved. "We're a treatment program with limited experience with the media," he says. "Obviously, if we were to do another media project that would be a consideration. Is there a potential for these kids to carry a label? Is there a potential for that label to affect them positively or negatively regardless of what they do in the program?"

Is there a benefit?

Dr. Kimball believes that while there are better ways to get a treatment message out than through TV, a positive effect of the documentary was in helping make parents aware of available therapies for their children. "*Brat Camp* instilled hope,"

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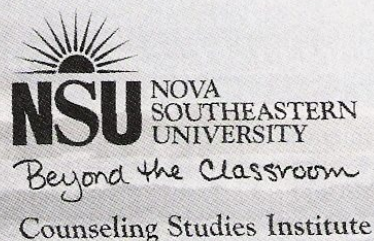
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he says. "It dispels the myth that they're the only parents suffering."

According to Abood, that's exactly what happened in Britain. "It's a very British thing that you don't air your dirty laundry in public. Parents want to go into work and say their kid got straight As or won the sports cup. They don't want to say their son is taking drugs or crashing out at school."

Not surprisingly, *TwentyTwenty* was more than willing to do a sequel. RedCliff said no. The British production company picked a ranch-based program, also in the United States, and moved on. ABC Family wanted to do its own version of a *Brat Camp* sequel and also asked RedCliff to participate. The answer was still no.

"We're not a TV show. We're a treatment program for kids and families," Schultz says. "For a program to continue to be successful on TV it needs to continually up itself the next season. When you're dealing with troubled kids and the wilderness, the only things we could think of were tougher kids or worse weather. We're not willing to take that risk. It's not about entertainment value. It's about working with families and changing lives."

The camera crew is long since gone from Utah, but the debate may be just getting started. Should RedCliff or any other treatment facility participate in this kind of programming? Schultz says, "The dilemma isn't whether or not the kids get filmed. The issue is how the film is edited and how it's used. You can go to any university and they're doing family therapy behind a mirrored window and they're filming it."

Dr. Kimball remains extremely skeptical. "I don't believe that media and therapy mix very well. It's a huge gray area," he says. "What is the impact on the rest of their lives because they were on *Brat Camp*? These are really unknowns."

"I think that's very harsh," Abood counters. "RedCliff took an enormous amount of convincing. It was so clear

that these are people who live and breathe their jobs, who truly believe that what they're doing has a positive impact on teenagers."

And RedCliff is definitely getting ongoing attention from the experience. Schultz says the number of new visitors to the RedCliff Web site (www.redcliffascent.com) used to average about 12,000 per month. Since *Brat Camp* aired, the count jumped to 25,000 and is holding steady.

He says the program has received all kinds of requests, from Maury Povich to MTV, to film the RedCliff experience. Schultz routinely turns many down, saying, "They're not a good fit." ■

Jennifer C. Jones is a freelance business writer who lives in Layton, Utah. She is a former news producer for the NBC affiliate in Salt Lake City.

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