I - Organizational Background

Breaking Code Silence (BCS) is a nonprofit organization and movement organized by a network of hundreds of survivors including Paris Hilton to raise awareness of the problems in the Troubled Teen Industry (TTI) and the need for change in how society responds to children and youth from vulnerable backgrounds and circumstances. In addition to raising awareness, BCS investigates facilities, reports abuse when discovered, develops research to understand the effect of abuse on child abuse survivors, and actively pursues policy change.

To date, more than 22~~19~~ million people have viewed Paris Hilton's documentary This is Paris which has significantly increased public awareness of the abuse endured in residential treatment facilities. Since it debuted, Paris has dedicated her platform and resources to ensuring no more children suffer at the hands of systemically abusive institutions. Alongside BCS, she was accepted to RISE Justice Labs, the world's first civil rights accelerator. In 2021, federal legislation aimed to protect youth in congregate care settings will be introduced. Her efforts as a result of the documentary, such as the peaceful gathering she organized in Provo, Utah that hundreds of survivors from around the country attended, and her change.org petition that resulted in 185,000 signatures have been covered in the USA Today, Good Morning America, Salt Lake Tribune, Fox News, and hundreds of other outlets.

Paris and the BCS Team also recognize the grave need for mental health assistance for this community. This proposed pilot project will be led by Breaking Code Silence in partnership with the University of North Carolina Wilmington and the Trauma Resiliency Institute. The project will be led by a team of mental health professionals, academics, and community leaders all of whom are survivors of institutional child abuse within the TTI. This team has collectively more than 8 decades of professional experience providing services to survivors of trauma.

III - Targeted Need

The "Troubled Teen Industry" includes an expansive network of residential programs and facilities which claim to treat, reform, or rehabilitate youth who need additional care due to family circumstances, traumatic experiences, disabilities, social problems, medical conditions, or learning differences. States, school districts, county social service providers, tribal authorities, struggling parents, and the federal government rely on these private for-profit institutions to provide residential care for these youth.

More than 120,000 children are placed in institutional care each year. Nearly all belong to one or more vulnerable groups: people with mental or physical difficulties, children involved in juvenile justice, special education, and/or child welfare systems, lesbian/gay/bisexual/ transgender (LGBTQ) identified, or members of a Native American tribe. An additional vulnerability includes those of cultural or racial ethnic background (for example, a third of the children sent to out of state TTI facilitates by the State of California in 2019 were Black or Latino though this population comprises only 6% of California's special education students).

Separated from the protective oversight of their families, institutionalized youth are particularly vulnerable to neglect, maltreatment, and/or violence. The Government Accountability Office investigations identified systemic issues within these programs that played a significant role in the deaths of youth, including:

- Basic human rights violations and inhumane, degrading discipline
- Inappropriate restraints (physical, mechanical, and chemical) and social isolation rooms

- Forcing sedatives or psychiatric medication without psychiatric evaluation
- Denial of proper nutrients, outdoor recreation, and critical medical care
- Substandard or restricted education
- Conversion and aversion therapy
- Severe restrictions of communication and access to parents, lawyers, and advocates
- Restricted peer to peer relationships
- Sexual assault, harassment, grooming by staff and peers
- Financial opportunism and deceptive marketing

Minimal and poor regulation, lack of consistent policies, inconsistent oversight, and an overreliance on profit-driven mental health companies have all contributed to an environment where youth are systematically abused in the very institutions that purport to care for them.

Adult survivors of institutional child abuse have remarkably poor outcomes. These negative impacts are numerous, interconnected, and pervasive. They may be diagnosed with post-traumatic stress disorder, addiction, and other mental health problems. Survivors are more likely to both commit crimes and be crime victims as adults. Death by suicide, murder, and overdose for this population are well above the national norms. As adults, survivors are more likely to have physical health problems due to the complex trauma endured. The educational and economic trajectories of survivors are also impacted. In addition, familial support is often not available for survivors.

Peer Education and Support

As a result of traumatic experiences in the context of a mental health program, TTI alumni are often reluctant to seek psychosocial assistance from traditional mental health programs as they are perceived as untrustworthy or threatening. Therefore, implementing survivor-led opportunities circumvents the need to establish clinical rapport. During the first year of this pilot project, 50 survivors will be recruited and vetted through a comprehensive assessment and interview process to be trained as peer educators using the Community Resilience Model (CRM). CRM is an established peer education training model widely used by community leaders and paraprofessionals to assist community members in coping with trauma and crisis. Peer educators will provide education and psychosocial support to cope with past trauma and current crises to a minimum of 500-1,000 survivors each year. Utilizing an evidence-based social support model (e.g. Alcoholics Anonymous), daily virtual 75-minute sessions will be available to those of all ages within the international survivor community. Through a secure online tool, data will be collected and additional information including an emergency contact number and their location will be required when signing up.

The purpose of this pilot program is to train and empower survivor leaders to teach survivors self-applied interventions to decrease trauma symptoms and increase functioning as they navigate their career, relationships, and more. Peer educators will:

- Educate survivors about trauma and identify its neurophysiological impact on the mind and body
- Teach concrete tools and skills to re-regulate the nervous system in response to emotional cues
- Provide opportunities for social support and relational engagement between participants

An additional 15 survivors will be trained as peer support specialists using a curriculum specifically designed to focus on the needs of institutional child abuse survivors. Peer support specialists have been incorporated into the mental health recovery systems of care since the 1970s and have a strong evidence base for effective treatment delivery with hard-to-reach populations, including former foster youth,

veterans, refugees, sexual assault and trafficking survivors, and people experiencing homelessness. Each specialist will serve an estimated 80 individuals annually over two years, assisting peers with navigating the adult mental health system, accessing needed services from local agencies, obtaining documents and records, securing housing and employment, transportation back to their home state after aging out of institutional care, transition to adulthood planning, life skills coaching, and access to emergency assistance.

Peer support specialists and peer educators will receive a stipend and serve r~~serve as volunteers~~, for a minimum of 8 hours per month, for two years. They will receive biweekly supervision from a trained and licensed mental health practitioner. Additionally, a licensed social worker and clinically trained ~~social work~~ staff will be on hand to support and encourage the specialists and educators and to provide direct assistance with complex cases and situations.

Education of Mental Health Professionals

A series of introductory, beginning, intermediate, and advanced training courses will be created to educate mental health and substance abuse professionals, medical providers, and child/youth/community service providers on the needs, experiences, and common challenges reported by the TTI survivor population. This type of training does not currently exist. Despite standard curricula mentioning that institutionalized abuse populations exist, public health, counseling, nursing, recreational therapy, occupational therapy, and psychology students receive no instruction regarding this population. Students who complete an MSW in clinical social work practice receive less than 15 minutes of instruction during their two-year program on the problem of abuse in institutional care and no instruction on how to respond to the trauma this causes.

Participants will be guided in empowering methods for engaging with this population in a way that promotes dignity and self-determination of survivors. Topics will include ethical concerns, trauma-informed care, the physical and psychological sequela of torture/institutional abuse common among TTI survivors, treatment protocols, and strategies for empowering psychological interventions with survivors. Key concepts will be introduced in discipline specific language which builds connections to established research and existing professional knowledge. Opportunities for continuing education units and certification of the training will be provided to encourage participation from a wide variety of professionals. We plan to engage professionals through word of mouth, presentations and panels at psychotherapy conferences, and through publications.

Professionals who complete a set number of training hours will be invited to apply to be “endorsed” by the project. This process will include a panel interview, background check, agreement to adhere to ethical standards, and ongoing contact to assure that those vetted are committed to providing high quality support services to survivors. A referral list of endorsed professionals will be provided online and used by our peer support specialists and peer educators when referring survivors for specialized or intensive care.

~~Trauma Intervention Retreat~~

~~Lastly, a program incorporating cutting edge trauma interventions will be organized for 40 survivors to take place in person over a six-day retreat when COVID restrictions are lifted. As a pilot retreat, the program will incorporate neurophysiologically-based practices demonstrated through research to reduce trauma symptoms and improve daily and social functioning and increase life satisfaction including psychosensory therapy and neural therapy. CRM Peer Educators will facilitate and assist education groups, therapeutic recreational opportunities (e.g., equine facilitated therapy, mediation, yoga, etc.), and other psychosocial components to promote healing, relational connection, and personal empowerment.~~

~~Retreat participants will be intentionally recruited so that they reflect the diversity of those who experience institutional abuse including foster care alumni, individuals who are impacted by the juvenile justice and special education systems, people who identify as LGBTQ, and those who were placed in institutional care through Native American tribal authorities.~~

Research

The project as a whole will be evaluated during and after the realization of project outputs to assure that the aim of the project was met, and that key metrics were achieved. Data collection for CRM participants will assess an increase or decrease in functioning, mental health symptoms (PTSD, mood, anxiety, depression), utilization of public resources, contribution to society, utilization of medical care, interactions with police or social services, utilization of food stamps, and more. ~~The CRM groups will be compared to the control group receiving Peer Case Management~~

Commented [KAR1]: I thought we were keeping peer case management and using as our control?

During the program assessment period, we will also identify the reliability of the CRM~~retreat~~ model to see if it drastically reduced symptoms and increased functioning. This evaluation process will serve to build on and expand our professional understanding of trauma interventions with this particular community, contributing to the growing body of published works on evidence-based interventions for trauma survivors.

Conclusion

With support from The Conrad N. Hilton Foundation, Paris Hilton and Breaking Code Silence can partner with the University of North Carolina Wilmington to (1) implement a data-driven pilot program which will provide direct services including peer-led psychosocial support, case management, trauma education, and trauma resolution techniques to establish an evidenced-based recovery model for survivors of institutional child abuse, and (2) increase access to high quality professional psychological support by trained therapists. With approximately 120,000 youth currently in congregate care settings and thousands of survivors facing insurmountable amounts of challenges including a disproportionately high number of overdoses and suicides due to the current lack of care, providing services to impact this vulnerable community is of vital importance and will enhance this movement substantially.

Annex A - Timeline over Two~~hree~~ Years

First 6 months	Following ~~2~~ year~~s~~	Final 6 months
Program Development, Screening & Training of CRM Peer Specialists	CRM Daily sessions & Retreat	Data Review & Research Evaluation

Annex B - Proposed Budget over Three Years

Cost	Project Component	Cost
Key Personnel Salaries and Fringe	Peer education and support - 70%; Education - 8%; Administration - 2%; ~~Retreat - 20%~~	~~$64,406~~& $200.00
Assistant #1 - Salary and Fringe	Peer education and support (50%); Education of mental health professionals (50%)	$47,914
~~Assistant #2 - Salary and Fringe~~	~~Trauma intervention retreat~~	~~$14,700~~
Assistant #3 - Salary and Fringe	Peer education and support (60%); Trauma intervention retreat (30%); Project coordination (10%)	$14,700
Consultants and short-term professional staff	Peer education and support	$43,400
Consultants and short-term professional staff	Education of mental health professionals	$18,000
~~Survivor emergency fund~~	~~Peer education and support~~	~~$20,000~~
~~Retreat programming costs~~	~~Trauma intervention retreat~~	~~$128,700~~
~~Retreat participant travel~~	~~Trauma intervention retreat~~	~~$32,400~~
CRM training and certification	Peer education and support	$74,836
Supplies and incidentals	Peer education and support	$3,000
Indirects		$49,987~~3 7,821~~
	TOTAL:	**$499,877**

Commented [KAR2]: I think we should keep this.

*The UNCW College of Health and Human Services will physically house and fund the research element of this project and provide institutional guidance and consultation IRB approval has already been received and access to statisticians and research and graduate assistants to compile editors for publications is available

Annex C - Biographies of Project Leaders

Project Co-Directors

Athena Kolbe, PhD, LCSW - Assistant Professor, University of North Carolina Wilmington

Raised in California, Kolbe spent years in the Los Angeles foster care system before being sent to a TTI facility in Utah at the age of 15 After aging out of foster care she spent several years living on the streets before attending community college and eventually earning her bachelor's degree in from Skidmore College (New York) Kolbe worked in public radio and lived for several years in Haiti, where she helped establish a children's radio station After a decade in journalism, Kolbe returned to graduate school, earning degrees in Theology, Social Work, and Political Science

She is a seasoned clinical therapist with extensive training in the treatment of complex trauma with adolescents and adults from vulnerable populations including foster care alumni, youth and adults involved in the mental health and criminal justice systems, LGBTQ youth, and people experiencing homelessness In 2008, Kolbe returned to graduate school at the University of Michigan Ann Arbor, where she earned PhDs in Social Work and Political Science In addition to teaching and mentoring new clinical therapists in the social work program, she conducts research in the US and abroad focusing on post-traumatic stress disorder, the mental health impacts of natural and man-made disasters, and the needs and experiences of transition aged youth

Vanessa Hughes PhDc, MA, MFT, MAICS, MAT, SEP is a survivor of a WWASP program After serving as a firefighter in the United States Marine Corps, she went on to obtain Graduate degrees in Marriage and Family Therapy, Clinical Psychology, Theology, and Intercultural Studies She will obtain her doctorate in clinical psychology in July

Vanessa is a trauma expert with extensive experience working with individuals with severe PTSD She provides training for fellow therapists who work with trauma and teaches in a graduate therapy program as an adjunct professor

Vanessa developed a body-based treatment approach for Military Sexual Trauma which has been researched and implemented in several treatment programs and is published in a textbook for treating Military Sexual Trauma She has been invited to help create various wellness and treatment programs, research studies, and wellness retreats for traumatized individuals She serves as the Executive Director of Organizational Development at Vetitation, a fully funded wellness retreat program for Veterans with PTSD In 2015, she was recognized as Woman of the Year by Senator Carol Liu for her trauma-informed work in the community

[redacted]

~~to public awareness, education, research, survivor support, active program investigation, and legislative reform of the industry~~

Annex B - Proposed Budget over Three Years

Cost	Project Component	Cost
Key Personnel Salaries and Fringe (2 part time co-directors)	Peer education and support - 70%; Education - 8%; Administration - 2%; CRM data Collection/analysis- 20%	$197, 345
Peer Model developer Salary and Fringe	Peer education model development and support (50%); Education of mental health professionals (50%)	$67,914
Assistant #1 - Salary and Fringe	Peer education model development and support (50%); Education of mental health professionals (50%)	
Assistant #2 - Salary and Fringe		
Assistant #3 - Salary and Fringe	Peer education and support (60%); data collection (30%); Project coordination (10%)	$14,700
Consultants and short-term professional staff	Peer Support and CRM educators	$23,450
Consultants and short-term professional staff	Education of mental health professionals	$18,000
CRM Supervisors	Management and oversight Peer Support and CRM educators	$9,600
Coordinator	CRM coordinator	$10,000
CRM training and certification	Peer education and support	$74,836
Supplies and incidentals	Peer education and support	$3,000
Indirects		$49,987

		TOTAL:	$499,877

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