



# **Teen Challenge Training Center**

P.O. BOX 98, REHRERSBURG, PA. 19550

**Reginald A. Yake**    Executive Director

## **Research Summation**

**By**

**Dr. Catherine B. Hess**

**MD., MPH.**

\$1.50  
DONATION

## PREFACE

The cost of drug abuse to the nation is phenomenal in relation to the size of the problem. In accountable figures, \$17 billion a year is spent in treatment and prevention programs, lost employment, and narcotic-related crimes. How does one count the additional factor of ruined lives and broken homes?

Since the passage of the Harrison Act in 1914, treatment programs of all types and varieties have emerged. Still the problem grows and reaches further into suburbia and rural America and involves younger and younger youths. In some of our colleges it would seem that the alcohol-users and drug-takers have begun to outnumber the so-called "squares". Since 1971 drug abuse research has received increasing priority by our Federal Government. Funding over the past five years has totaled \$243 million. There is no way to compute the additional investment in prevention and treatment by private agencies, foundations, corporations and church groups.

It was hoped that two new types of treatment instituted in the past 18 years would have a significant impact on the drug problem. The first new concept was that of the **therapeutic community** as introduced by Synanon in 1958 on the West Coast. Starting one year national prominence through two books, "So Fair A House" and "The Tunnel Back". The second therapeutic community got its focus from the book of David Wilkerson, "The Cross and The Switchblade". Until very recently neither group permitted or sought funds to validate their claim to higher success rates than any other treatment.

Prodded by the challenge of Pennsylvania Drug Officials to try and prove their 70% cure rate guesstimate, Teen Challenge started seeking funds for a research project in 1972. Their efforts met with success at the federal level in the National Institutes of Mental Health. On October 1, 1973 the following study was launched to study the success rate of the class of 1968, measured by five variables: drug free, no legal involvements, employed or pursuing education, a part of a family unit, and participating in church activities as the 6th variable, physical and mental health was added as the study progressed.

Year one was funded by the National Institute of Drug Abuse and is reported here. Year two will be an evaluation study and will be funded by Teen Challenge Research.

A great deal of credit goes to the former staff people at Teen Challenge who got the basic material together - wrote and rewrote the proposal - and lived through the innumerable meetings to get it afloat. Those individuals are Frank Reynolds and Steve Tuttle, whose interests continue, but both have moved into new challenges. My thanks to Dan Reynolds, who did the statistical calculations and produced the tables. My appreciation to all our consultants, especially N.J. Tavani and John Ball, who gave us continued support after the Federal Government lost interest in supporting the project for further evaluation.

Lastly, I wish to admit that where Teen Challenge at one time viewed me as their most severe and doubting critic, the conversion has taken place. My involvement in the drug scene goes back to as early as 1960 when, as Narcotic Co-ordinator for the City of New York, the pessimistic seed' was sown for curing addicts. The findings of this program has renewed my belief that there must be significant answers somewhere, if we can only unlock the door for the majority of drug abusers - not just a few.

Although I helped in a very small way to start the methadone clinics in the United States and currently am Medical Director for the York Hospital Methadone Clinic, I am led more and more to the realization that the addicts psychologic dependence is far greater than his physiologic dependence. Medicine has failed miserably to cure that psychological dependence. That is why Teen Challenge exists as such a unique and successful rehabilitation center. It is basically a spiritual center. Perhaps we desperately need each other's philosophy.

Catherine B. Hess, M.D., M.P.H.,  
F.A.C.A., A.C.O.G.

### **Identifying a Possible Cause of the Drug and Alcohol Problem**

Rampant vandalism, alarming school drop-out rates, lethargy, apathy, increasing alcoholism and drug abuse, sky-rocketing crime makes us return again and again to consider probable causes which create the social deviant. However the path of success, the study of potential "cure" has been neglected.

The majority of researchers tend to believe that a series of social and psychological problems have arisen to the extent that the individual can no longer cope with them in normal acceptable ways. We search diligently to identify an early malfunction in the family structure or for a quirk in early development patterns. Later we assume that he is hung up on the fact that no one will listen to his problems — no one has time to assist him in developing an adequate self-image that is self-sustaining. And thus we have created, through our deficiencies, a climate where drug involvement will begin. But the stone which hangs heavier around society's neck and drains us of financial support and personnel is the fact that, after we identify and catch him in his deviant behavior, we fail miserably to rehabilitate him for prolonged periods back into normal society.

Is it possible that the social and psychological hang-ups came after something more basic was missing in the growth of that individual? Perhaps he has over-thrown in defiance, social rules and the authoritarian mechanism which enforces them because his reaction has been against man-made norms rather than God-made norms. In other words, his value system has not been based on the norms of a Christian model but on the street norms which he has been forced to adopt if he is to survive. He has been given an environment about which he can do little. He has become an independent identity at 12-14 years of age.

Western civilization (particularly the U.S.) has tended to place the spiritual side of man in an inferior light. Participation in this aspect in daily living tended to denote weakness instead of strength and was readily and quickly eliminated as a significant part of family living. Families participated in church-going, in prayer meetings, in helping the poor, in supporting missions, but failed to elevate the spiritual aspect in their own homes to a meaningful level. We have taken very specific steps in our schools to eliminate any religious tie-up with interpersonal relationships in the classroom. We no longer speak of Christian principles or Christian morals but have to substitute words like "value teaching" and "value clarification". We insist that the needs of each child be identified and fulfilled; that frustration and anxiety be eliminated; that freedom of choice and early decision-making be easily available and that, by following this pattern, the child will emerge as a self-esteeming individual capable of coping with all problems in an acceptable fashion. It does work for some but for others, who seem to have lost their identity, there exists an existential void, a boredom, because life has no meaning or purpose. For this group several survival factors of the day have banished: trust, faith, respect, meaningful personal relationships, intuition, common sense and affection.

As one review the Teen Challenge program, one senses that such a religious movement may offer a revitalization to those involved in a meaningless existence of self-destruction. The instillation of faith by a forgiving God can offer the addict a firm spiritual support which the socially and physically insecure person urgently needs to shore up his self-image and insecurity. Self-centeredness and selfishness of the individual is converted into a mission of outgoingness which takes him out of himself and focuses his actions on something greater than self-speculation. His belief system becomes self-validating, and his basic needs of security, recognition, response and new horizons seem to be met in this specific approach which are totally absent in all other therapeutic community programs.

Rising into prominence is:

Faith in himself,  
Faith in his God,  
Faith in mankind,  
Faith makes the difference.

### **Background of Teen Challenge**

Early in 1958, David Wilkerson, a minister from Phillipsburg, Pennsylvania, became interested in a news story involving some troubled youths of Spanish Harlem in New York City who were facing a murder rap. For this cause he returned to New York City many times, finally on a one day per week basis, to help many mixed-up youths in the Forte Greene, Bedford and Stuyvesant areas. In the winter of 1959, he resigned from his church post in Pennsylvania and began a life's investment in youth, using the street evangelism approach and retreat meetings. Soon a movement called Teen-age Evangelism began on Victory Boulevard in Staten Island. One of its first activities was the creation of a teenage choir which formed the nucleus for a TV show where troubled young people began telling their story to the country. It was soon recognized that what was needed was a face-to-face personal involvement and not a cold, unattached, unmoving TV show. Thus was created in 1961 the Teen Challenge Center in Brooklyn, New York.

The deeper and more expansive the work with troubled gang kids, the more the problem of narcotics came to the foreground. David realized that this was the toughest fight of all because what that other world brought in on the tip of the needle was so deadly strong that no magical cure would easily be made manifest. But more and more came the realization that power also is in the Holy Spirit Himself which, unlike narcotics, does a strange - He captives only to liberate.

Finally, the majority of youths coming to Clinton Street in Brooklyn were narcotic addicts wanting help. Don Wilkerson, Dave's brother, assumed Directorship of the Center. It became evident that this disease had to be handled differently from other ills. After kicking the habit, the fellow had to have a chance to turn his life around where all pressures and temptations weren't waiting at every turn. Rev. Wilkerson selected three members from his Board of Directors to find a suitable place where there was clean air, a different lifestyle, and where the program would be accepted, but within easy traveling distance of New York City. One of the members of this team was Rev. Frank Reynolds, a minister with the First Assembly of God Church of

Staten Island. His recommendation in 1962 to purchase a 16 acre plot of ground on a hill at Rehrersburg, Pennsylvania, was approved for \$4,000 and the Training Center was on its way. The first building housed the chapel, office, a dormitory of 10 rooms with a kitchen and dining room. Frank Reynolds was appointed Director of the Center, a position he held until June, 1973. During construction, eight fellows lived with the Reynolds in a rented farmhouse adjacent to the new Center. January 1, 1963 saw the start of the program in the new quarters. Youths came tumbling in from the eight Induction Centers across the country. Within ten months it was at full capacity. Early in 1964, 45 more acres were purchased. In May, 1964, 15 more rooms were added to house a total of 100 males. In 1975, occupancy had grown to 130. In 1968, 154 more acres were purchased, plus the farmhouse, barn, and small buildings for \$180,000. In 1972, vocational training acres were added, including a print shop and an automotive body and mechanics shop. In 1975, a large gym and multi-purpose assembly room capable of seating 1,500 was built. Always there has been continued growth.

The original farm, basically, was a dairy farm which had 100 head of cows, a farmhouse and a large barn. The fields were used to grow grain for the stock. The farm is managed by a tenant farmer and today is directly associated with the program of the Teen Challenge Training Center. However, trainees can elect to work on the farm. The grounds and buildings of the Training Center are maintained by the staff and students.

In several areas within a ½ mile radius, married staff live mostly in mobile homes supplied by the Center. Single staff people live in the staff quarters building erected in 1972. Salaries are minimal in all categories.

Financial support to run the Center comes principally from contributions from individuals and from churches. Other forms of support include donations of food, equipment, building supplies and even investment of time to do various jobs for the center. Many items are purchased at cost and some are gotten from government surplus. The Teen Challenge Training Center and all of the 50 Induction Centers throughout the United States get no federal, state, or local support. This Research Project is the only federal support ever accepted by Teen Challenge and was in effect for one year.

## **DESCRIPTION OF THE TEEN CHALLENGE PROGRAM**

### **I. Philosophy - Purpose - Goals**

#### **A. Philosophy**

The basic philosophy can be quoted as: "We believe that sincere faith in Christ is the motivation needed to extract the deep-rooted symptoms that cause dependence on narcotics. We ask the addict to fill the void in his life with the dynamic self-motivations of the Gospel."

Teen Challenge is almost exclusively a program goal operation. If you have failed to shake the drug habit, God will give you the strength to do it if you allow Him to come into your life. Individual problem areas do not need to be specifically identified or individually handled. There is no need to spend time looking for the multiple questionable causes of why he is an addict and then proceed to turn his life around.

The basic approach of Teen Challenge to those abusing drugs is:

1. There is hope.
2. Drugs are not the major root problem.
3. Sin is the major root problem.
  - a. Drugs are not sin - they are a symptom of the problem.
  - b. The only cure for sin is Jesus Christ.
  - c. Jesus Christ died on the cross to save a man from his sin.
  - d. Through faith in Jesus Christ you can be forgiven and cleansed from the power of sin.
  - e. The knowledge that your sins have been forgiven and you no longer have to be controlled by them, becomes the motivation to change your life style. Christ within you gives you power to overcome the loneliness and nothingness that has filled your life. You take sin out of your life and put Christ in. When sin is taken out, you take the symptoms out; drugs, alcohol, hate, jealousy, pride, selfishness, etc.

The overall encompassing philosophy that God will help you with any or all problems suffices. Therefore, one finds little counselling or analysis going on related to specific problem areas.

The religious dedication and acceptance of the faith approach does seem to structure many lives and gives new purpose. They find new values more meaningful than drugs and discover religious emotional highs more stimulating than drug-highs. The behavioral changes are rapid and profound, based primarily on the modeling seen around them.

#### B. Purpose

1. It can be said that the Teen Challenge program:  
Provides a structured environment that requires the addict to break away from the street-life and whole life style he has been used to. It physically places him to a country-farm atmosphere, 150 miles from New York City.
2. Requires him to give up all addictions and habits simultaneously — heroin, drugs, alcohol, cigarettes, girls.
3. Requires him to accept rules of behavior imposed by others.
4. Requires him to accept Jesus Christ as his Savior and to place his life in the hands of God.
5. Demonstrates to the individual concern for him as a human being.
6. Provides religious and vocational training to equip him with survival tools back in his community.

The basic philosophy is that this type of life can offer him better incentives or reinforcements for a new and more desirable behavior. These benefits, pleasures, rewards, reinforcements, and acceptable behavior make attainment more desirable than drugs.

They learn to build honest, vital, healthy relationships with others. They develop self-confidence and respect for self and others. They learn to help one another instead of ridicule, knock-down, belittle and shame the other person. Teen Challenge attempts quietly to restore the individual to growth and maturity through love, warmth, concern, affection, and implementing responsible behavior.

The religious dedication and acceptance of faith approach does seem to structure many lives and gives meaning. They find new values more meaningful than drugs and discover religious emotional highs more stimulating than drug-highs. The behavioral changes are rapid and profound. We need to answer the question as to the longlasting potentials.

The objective of the Teen Challenge program (conversion, therapy and training) is to have each individual arrive at a point where he realizes (not always consciously) that he is a whole person and of worth. Through the actions and relationships about him the individual is loved as a person; after that, it is up to him to make the decision, commitment and change. The result of the program is due not to environment alone, nor to "program" alone, but rather to a change that takes place within the individual - a change which allows a feeling and position of fullness, of being "a part", of success, of a realistic self image. The objective is to help this person (and his wholeness and worth. Through the actions and relationships about him, the individual life. Where he came from, the deep-seatedness of his problems, and the external influences of why he started on drugs are not dealt with in any direct therapy.

With the internal change and acceptance of self, there is an expected change in behavior. The individual no longer needs drugs to stop the pain. No longer is there the fear and hostility toward parts of the self and others resulting in crimes and violence and behavior that is self-destructive. The individual is now allowed freedom to be concerned about other people and their well-being. Family relationships and ties may be re-established. The individual is free to work with others and help them arrive at the position that he has found. He is now free to function in his community, in his family, at his job and in the work of the Lord.

C. Program Goals: to build honest, vital, healthy relationships with others; to develop self-confidence and respect for self and others; to learn to help one another instead of to ridicule, knock-down, belittle and shame the other person. Teen Challenge attempts quietly to restore the individual to growth and maturity through love, warmth, concern, affection, implementing responsible behavior, and to return him to functional involvement back in the community. Functional involvement as part of the treatment process is to bring the participant to adopt socially acceptable behavior.

To produce a definition of acceptable behavior is perhaps not realistic because what is viewed by staff of a program or researchers as being acceptable will fall far short of the addict's concept. Administrators tend to be more idealistic and operate at the top norm level while the participant must be very pragmatic. Teen Challenge provides a tough and difficult goal, and specific protocol of what is right and



wrong within which context he must live. No longer is it a loose concept of what the participant can relate to and live with. It is assumed that, when he desires to give up drugs, he automatically desires to work.

The goals of functional involvement include the areas of:

- Religion
- Social Skills and Graces
- Independent Living Skills
- Education
- Training
- Employment

### **Specific Goals of the Teen Challenge Treatment Program:**

1. To remove the individual from a contaminated drug-filled
2. To correct the adverse physical results of drug abuse by feeding him three good meals a day, by supplying physical activity, by getting adequate sleep and rest.
3. To provide an atmosphere to live in where there is:
  - love
  - self
  - others
  - God
  - concern
  - responsibility
  - structure
  - companionship
  - humanistic treatment
4. To improve his self-image and capitalize on things he can do well:
  - speaking in public
  - testimonials
  - job assignments
  - personal housekeeping
  - treating others civilly and with respect
  - music
  - shop (body mechanics, print, food management, store management)
  - farm chores and skills
5. To accept the Lord as the basis for a new life and to depend on Him for help in showing the way when things get tough. This new attitude and way of life based on the principal teachings of the Bible make him want to have socially acceptable behavior to be pleasing in the sight of the Lord.

## **II. The Program**

### **A. Admissions**

Admissions to the Teen Challenge Training Center in 1968 had to be males of any age, any ethnic background, with a narcotic, other drug, or alcohol problem. The only ones excluded were active homosexuals or those with a severe emotional or psychotic problem as evidenced in their behavior at the Induction Center. Actually any male was admitted into the Induction Center phase who was willing to:

go through the program voluntarily  
give up drugs "cold turkey" without medication  
give up cigarettes and pot smoking  
accept the rules and penalties as established  
be able to speak and understand English  
be sincere in his desire to change his life  
have his interview when not high  
wait for a bed (at the Brooklyn Center — there was  
a waiting list in '68 of 2-3 weeks at times). He  
would have to call in at 10 a.m. each day. If he  
failed in this task, it was used against him in  
selection.

This is an entirely free program. No charge is made to any individual.

It is a general policy that all individuals must come through an Induction Center. In 1968, however, eight came directly to the Training Center. (The reasons for entering the program are in Table #1.)

## B. Recruitment

### 1. Street meetings or contracts

The street may be a public gathering or rally with platform and P.A. system, using music as a message and/or personal testimony of a student in the program or another person telling about his changed life. It may be literature distribution, or one-to-one talking, or a combination of these.

The literature was always designed for the area, the type of people being dealt with and the culture within which the program was operating. "Positive Cure for Drug Addiction" is an example. The language was current and relevant to the ones being sought. This has made it difficult to create wholesale literature for the whole country. Something for the ghetto may not be appropriate for Berkley campus, for example.

Some books were used, such as "The Cross and the Switchblade", "Run Baby Run", and "Carmen" and others ... mostly involving life experiences.

Coffee houses and drop-in centers were used to make contact. These were usually located in areas of known drug traffic or where young people gathered. Some Teen Challenge centers have used a "floating" coffee house. A bus is set up with sound system, rugs and pillows, and driven to an area where youth can be invited in from the street, using some of the techniques of the street meeting to get attention. Literature and "rapping" were used to try to interest youth to enter the program, if necessary.

This pattern has had to be modified in recent years because of new laws prohibiting street gatherings and loitering.

### 2. Formal Settings

Programs are presented in schools, youth groups in churches and youth centers, civic clubs, and

almost any kind of public forum to let people know there is a program that offers help to troubled youth. These presentations may include education on drugs of abuse, explanation that is usually symptomatic, testimony that a changed life is possible, or information about the Teen Challenge program.

Many school districts have endorsed the type of educational prevention program put on by Teen Challenge. Wilson Riles, Superintendent of Public Instruction for the State of California, says, "I join ... the California Legislature in commending Teen Challenge for the successful, dedicated program conducted to provide education, prevention and rehabilitation for young people..."

From these contacts youth with drug problems are brought into treatment centers or the word gets around to the hard core user that help is available.

3. Jails, Prisons, Detention, Judges

Teen Challenge workers conduct services or hold rap sessions in jails, prisons, and juvenile detention facilities, again using literature as well as personal contact. The staff may be requested to intercede with and for a person with court charges because of his abuse of drugs. Judges who know of programs in their jurisdiction refer offenders to treatment in lieu of sentence.

4. Family-Social Agencies-Teachers

Probation officers and social workers as well as parents, teachers, and counselors may refer people to an outreach ministry.

5. Open Door

The Induction Center maintains an open door policy all the time. An individual needing help can receive that help as soon as he walks into the office. Certain criteria must be met, although Teen Challenge is less selective than most residential programs.

6. Only a small number came through probation or parole.

III. Induction Centers — Phase I

In 1968 there were 16 centers functioning in the United States. Eight of these actually sent people to the Farm Program; namely, Puerto Rico through Brooklyn, Philadelphia, Chicago (two centers), San Antonio, Los Angeles, and Detroit. Six of these Induction Centers used the Farm as part of their drug treatment program. Two of them, namely Philadelphia and Los Angeles, had their own residential houses and sent only a few to the farm.

**Phase I-- 1968 Induction Center Referrals  
to the Training Center  
at Rehrersburg, Pennsylvania**

<u>Induction Center</u>	<u>Number</u>
Brooklyn (Brooklyn 76, P.R. 37)	113
Chicago	10
Chicago - Prevention	5
San Antonio	3
Philadelphia	2
Detroit	2
Los Angeles	1
Sub-Total	<u>136</u>
Direct to Farm	8
TOTAL	<u>144</u>

**The Brooklyn Induction Center**

**Staff**

In 1968 the Director of the Brooklyn Center was the Rev. Don Wilkerson (brother of Dave, the founder), who had assumed his role in 1964. Staff included twelve people, of whom six were ex-addicts and the remainder ministers or Bible College students. All training was on the job as part of their ministerial and Bible training.

**Physical Plant**

35 beds for program participants

10 beds for re-entry participants

5 apartments for staff

Decision for admission - after the initial interview and when a bed was available - the Dean of Men at Brooklyn made the decision for admission to the Training Center.

**Induction Center Program**

A counselor assigned the person entering to a room and a bed. A strip-search was made for drugs and paraphernalia and weapons. During part of 1968 the counselor would take the person's clothing so that he would not "split" without speaking to somebody. This did not deter some.

Everyone was detoxified "cold turkey", without medication. The staff member on the desk (in charge) was responsible for helping those who were "kicking". When "kicking", an individual was prayed for by counselors and others, given liquids (coffee, juices) and showers, rubbed down with alcohol, talked with, and made as comfortable as possible. In extreme cases of the D.T.'s, an alcoholic would be taken to the hospital.

Following detox, the period spent at the Induction Center was approximately two months. The exact time was indefinite because it depended on the availability of beds at the Training Center.

The program content included chapel and housekeeping chores in the morning, Bible classes and memorizing bible scripture, recreation sessions in the afternoon. Evenings

provided film strips, movies (religious), chapel, rap sessions and hymn-sings. Visitations were permitted on weekends after two weeks.

Without question, the life-style for a religious person was being set in this phase. At least 50% of his waking hours were spent in religiously-related activities. It was a step in the rehabilitation process of great emphasis on the spiritual development of man through acceptance of Christ and Rebirth. There comes the strong belief that God will give the power and strength to overcome all problems and He will triumph over the flesh.

If medical attention was required, he was taken to Cumberland Hospital. Dental care was supplied when needed. No physical exam was given to the individual in any phase of the program.

At the Brooklyn Center, fourteen of the P1 population, 30 of the P2 population, and 44 of the P3 population said they had had an experience of accepting Jesus Christ in that induction phase. Advancement to the farm depended on behavior and availability of beds at the farm. Before transfer to the Training Center (the farm), they participated in all religious activities of church, prayer meetings, Bible Reading and Bible classes. Final decision for transfer rested with the Dean of Men after representative staff meetings.

#### **Termination of Participation at the Induction Center**

A resident could discontinue his treatment program by:

1. Voluntary split. This occurred usually in the first week when 39% of P1 left the program. The principle reasons given were three-fold:
  - no medical help in detoxification
  - "You asked too much all at once" (drugs, grass, cigarettes)
  - too much religion
2. Dismissal. An automatic dismissal occurred when a resident was found using drugs or alcohol (not cigarettes). Another reason for dismissal was inappropriate behavior; i.e., uncooperative, hostile, repeatedly breaking the rules, lying, or inability to control language. Many of these were cumulative offenses. Dismissal was seldom made on the first offense.
3. Promotion to the Farm Phase. The decision to promote to the Training Center included:
  - had the person been "saved"?
  - acceptable grades in class work
  - good conduct rating
  - space at the farm.

The Induction Center phase was viewed as a period to get the person off drugs. It was a screening process in preparation for the rehabilitation phase. In most therapeutic communities this detoxification must be done before admission to the program. He must come to the rehabilitation phase drug free.

IV. Teen Challenge Training Center,  
Rehrersburg, Pennsylvania - Phase II

A. Location - The Farm

In 1961, following up Rev. Wilkerson's philosophy that no man could clean up in the midst of the drug problem, a 16 acre plot of ground was purchased in eastern Pennsylvania.

150 Miles from New York City.

75 miles from Philadelphia.

40 miles from Harrisburg.

B. Facilities

On this plot was built a dormitory to house 40 students, a chapel, dining room, kitchen and office space, plus an apartment. Since then, the operation has had perpetual growth.

1964 — 45 additional acres purchased

May 1964 — 15 more rooms added. This brought the capacity to 100.

1968 — 154 additional acres purchased plus the farm house, barn and out buildings.

1972 — A print shop, body mechanics shop, and staff quarters.

1975 — A large gym.

The original farm basically was a dairy farm with 80 head of cows, farmhouse, and large barn. The fields were used to grow grain for the stock. The farm is managed by a tenant farmer and is only directly associated with the program of the Teen Challenge Training Center.

1. Living situation. All rooms accommodate 4 males. There is no way at this writing to determine how they were placed. Recall seems to favor the principle that where there was an empty bed, the new admission was placed there. However, a sentence in the policy book states that an attempt will be made to place the individual in a room "suitable for the student".

During 1968, the usual daily census was 70. Single staff people lived in the dormitory for control, but principally to be available for rap sessions.

They were told that at the Farm they were on the honor system "we will trust you unless you do something that causes us to remove that trust". This is an extremely hypocritical statement, because the program endorses things like personal search, mail search, no phone calls, close surveillance at public gatherings, no holiday passes, rare weekend passes near their graduation, search after return, accountability for every minute of the day. There existed no *court of appeal* for infractions of any kind such as a review committee. The individual had to make satisfactory explanations directly to the Director and he alone decided on continuation or dismissal.

## C. Rehabilitation Program

### 1. Admission

---

In 1968, 144 individuals were either residing at the farm or were admitted to the farm in that year. 113 came through the Brooklyn Center (37 of these were from Puerto Rico); 23 came from 6 other Induction Centers in the United States and eight were admitted directly with no Induction Center exposure.

Many, namely, 88 claimed they had a conversion experience at the Induction Center before entering the Farm Program.

Entrants came after the Induction Center training whenever a bed was available and they joined the program at level one and were integrated into work and the on-going Bible classes.

Each entrant had an interview with the Director. Few entries were made into the individual's personal folder, either at time of admission or throughout his stay, although the basic data at the time of admission to the Induction Center included age, religion, ethnic background, drug history, speaking and reading ability.

Throughout the records, one finds no mention of the individual's basic problems with self, family, friends, or the law, (unless sent by parole, probation, or a judge). Likewise, no notation is made concerning his mental or physical health. We assume that no outstanding problems existed with a crutch like a pill. Solution came through the Lord.

There are few formal entries during his entire stay. Little is recorded concerning his attitude change, adaptability to this new concept problem areas or even adaptability to this new concept problem areas or even specific reasons for his dismissal as well as reasons for his maturity in the process to warrant graduation.

### 2. Religious Program

---

#### a. Bible and English classes —

Three 50-minute classes, five days/week

As the new students would enter the program at any time during a month, they would be placed in a New Student's Course. Courses were on a monthly rotational basis. All students were required to attend three hours of classes a day. The emphasis for grading students — and there were grades given in percentages — was based upon individual student's accomplishments. The classroom size was usually from five to ten to allow the teacher plenty of time for personal attention.

Grammar consisted of one-to-one reading using elementary level workbooks, and writing skills. There were usually two or three in the grammar classes. Grammar classes were held as other classes were held, in both English and Spanish.

New students had the following three classes:

1. Introduction to the Bible, which consisted of understanding the nature and organization of the Bible, the books, who wrote the books, and where to look for a particular book.
2. Victorious Christian Living, consisting of the importance of understanding the scriptures and relying upon the scriptures to have a moral base, a solid foundation for behavior and relationships.
3. English I.

In the second month students had the following three classes:

1. Panaroma of the Bible, consisting of memorizing verses of the Bible and finding some of the Parables and stories of the Old and New Testament.
2. Fundamentals of the Faith Class, concerned some of the very fundamental beliefs of the faith, including water baptism, the Lord's Supper, the Communion Service, healing, the Second Coming, etc.
3. English II was the third class.

In the third month classes were:

1. Bible Profiles, consisting of understanding and following some of the Christians of the Bible.
2. Personal Evangelism, which included soul winning, spiritual reproduction, a lot of memorization of scripture and practicing mock evangelism on a one-to-one basis.
3. English III.

In the fourth month classes were:

1. Life of Christ, that is, following Jesus from birth to resurrection.
2. God's Wonderful Book, a continuation of Introduction to the Bible and Panorama of the Bible.
3. English IV.

The following courses were optional third hour courses offered during the year 1968:

English Class, numbers 5 through 9  
How to Study the Bible  
The Christian Home  
The Doctrine of the Church  
The Old Testament Typology  
The Old Testament Book of Exodus  
The Old Testament Book of Psalms  
The New Testament Books of Peter, I and II  
The New Testament Book of Acts and Practical Christian Living  
The New Testament Book of Ephesians and Present Day Cults  
The Old Testament Book of Genesis and the Doctrine of the Holy Spirit



The New Testament Book of Corinthians and  
Proofs of Christianity  
The New Testament Book of Romans and the  
Doctrine of God, the Father  
G.E.D.\* Program

Through the local school system it is possible for a student to complete his high school education and get his G.E.D. In 1968, 93 (84%) had been school dropouts and 4 took advantage of above option.

b. Worship and Chapel

Weekday chapel service in the Morning was 1 to 2 hours long, consisting of singing, praying, teaching, preaching and sharing. Sunday was the more formalized church type service.

The major input, and what was considered to be the powerhouse of the entire program, was the chapel. As can be noted in the daily morning chapel and they were also required to attend chapel two or three evenings a week. The other evenings that did not have chapel, there was a time of prayer for all students and staff in the Center. Chapel was open 24 hours a day for prayer and meditation.

Weekly evangelistic rallies were periods for new entrants to give personal testimony. This reinforcement part of the program with public affirmation, seems to this writer to be one of the strengths of the entire approach.

In addition there were continual requests from schools, churches, lay groups, civic organizations, other programs and youth camps to hear about the experiences of Teen Challenge members and to hear the choir. This involvement in week-end or evening ministry is a meaningful sharing experience. The effect on audiences is always remarkable. The young enjoy hearing the past exploits of those in the drug scene; the older individual was impressed by the sincerity and dedication of these young people.

3. Work Schedule — Three hours per day

The boys were required to keep their own rooms in spotless condition. In addition, work assignments were made for building and ground maintenance, kitchen assistance, mail, and some clerking duties.

4. Vocational Training

Areas available in 1968 were:

- Printing
- Auto body mechanics
- Carpentry maintenance
- Farm - chores, harvesting
- Cooking class

The first month's training was assigned, selection could be made thereafter.

## 5. Recreation

Recreation was a voluntary activity. Little enthusiasm for sports was noted. Opportunities were made available for all outdoor sports. Indoor sports were limited because no gym existed in '68. A large one was built in 1975.

On the other hand, there is great enthusiasm for chorus and choir. Great talent existed in the staff and this was quickly passed on to the fellows. This activity also represents an opportunity to get out into society when concerts were given. A large bus transported the group. On these trips a lot of rapping went on as they travelled together.

## 6. Counselling and/or Therapy Sessions

This component was non-existent on a formal basis. No such thing as scheduled individual sessions or confrontation groups existed. It has never been felt until recently that one needs to deal with specifics. This concept has been entertained in large part by a staff who were not trained in counselling or therapy.

The very living structure provides opportunities for interaction during class, work, recreation and free time. The free time after, became a rap session with a group of students. Sometimes a staff member would casually be drawn into the discussion. Staff were encouraged to move about the premises, await the opportunities to chat informally. The advice given depends on that individual's background and not on sound principles of counselling or an understanding of human behavior in a psychological sense.

## D. The Staff

There were 42 on the staff (33 paid, 4 volunteers, 5 unknown) with the following components:

11 ordained or licensed ministers

2 teachers (trained)

19 skilled in their field of maintenance, vocational work, etc.

9 former students (ex-addicts)

Although there is no psychologist, trained counselors, sociologist, behavioral scientist, or even physician or psychiatrist directly or indirectly associated with the day operation of the Training Center, much interaction between staff and student went on. Outside of the maintenance staff over half of the faculty were ministers who had varying amounts of informal training in counselling or they had guided their parishioners through many ordeals.

The Therapeutic Community of Teen Challenge Training Center consists of people in four general areas: students, trainees, interns, and staff. At any one time, there are approximately ninety-five students in the pro-

gram. The students are listed according to their month in the program (i.e., first, second ...) and are the reason the program exists.

The trainees are former students who have completed the program of eight months, who wish to continue with the vocational areas. They have been recommended and approved by the staff and work for a maintenance salary. They take no major responsibility and live in the dormitories with the students. The trainees number approximately four at any one time.

The interns are former trainees who have shown the interest and responsibility in their selected vocational area so as to have gained the recommendation of a staff member to be given some major responsibility in some part of the Teen Challenge Training Center program. There is an increase in salary and the intern is permitted residence in the single staff building. There are approximately six interns at any one time.

There are two divisions of the staff classification: Staff I and Staff II.

Staff I — persons with some profession (vocational, teaching, ministerial, administrative, counselling, or clerical) training beyond or outside Teen Challenge. They are responsible to provide the guidance and direction necessary for the students to gain the most from their experiences while at Teen Challenge Training Center. There are nine persons classified, Staff II; and forty-one classified Staff I.

Staff II — persons are former interns who have been given major responsibility in the total operation of the program. They have become part of a departmental program and they work, play and counsel with the students, plus take a major staff duty and responsibility. This is the highest that a former student can go without further outside training and education.

Another area of the community that is important is that of the staff families. The staff families are encouraged to take part in the activities of Teen Challenge Training Center. There are regular staff-student days when the families take part in meals and organized meetings and recreation with the community. They also invite students into their homes.

### **Management of Conflict**

As one will note in the admission instructions, talk about the old life, about the drug life, about drugs, and about "highs" they had, or purchases they made, was not permitted. So talking had to deal with each other now; what they were experiencing, and some of the new things they had been learning. Occasionally, of course, conversations did go back to the old life. But again, this type of conversation was understood as being harmful.

There has been some comment in writing about the suppression, repression, or capping that is done at Teen Challenge. There is an appropriate time for release of emotion. There is an appropriate time for release of certain types of behavior. There is no appropriate time for alienation or breaking of relationships between two people who are called there to God's Mountain for the same purpose. Occasionally, it was necessary to help someone learn how to control whatever particular impulse was present. Occasionally, this meant someone wanted to take up his normal street methods and pull a knife or try and knock someone out. Staff would have to intervene and allow his cognitive processes to catch up with his emotional rampage. But, as for encouraging the fellows to suppress material, or to cap material for any long length of time, that's not where it was. Even in the cases when staff helped a person restrain himself from unhealthy behavior, they knew and he knew that the emotion would have to be dealt with. This was handled in many ways: getting the person to look at alternatives for that same type of impulsive behavior, such as direct confrontation, verbal confrontation, beginning to understand some of his own make-up and the other fellow's make-up that sets him off, etc. Much of this understanding took place in classrooms, in rapping with other staff, or in the infamous English class.

**Non-Acceptable Behavior. (Discipline & Dismissal)**

**1. No work — no eat**

It was strict policy that if the student would not work, he would not eat. Of course, there were exceptions for illness, etc. But out of pure rebellion or stubbornness, if the student didn't work, he didn't eat that meal.

**2. Possession or Use of Drugs**

One of the most difficult habits to break was smoking. If the individual was caught doing it he was reprimanded. Punishment only occurred after several occasions of rule breaking. Disciplinary action was prompt and severe, however, for possession or use of marihuana, heroin or other non-prescribed drugs. Periodic searches went on in the rooms and rather routinely after returning from a weekend pass.

**3. Promptness in the Dining Room**

All students and staff who were eating that meal had to be in the dining room for the singing of a chorus and that meal's group prayer. Any student or staff who was not in the dining room at the time of the prayer could not eat that meal. Occasionally, if there was crowding in line or if the fellow would attempt to get in place beside his friend who was at the head of the line, that individual was either sent to the end of the line or he was dismissed from the dining room without food.

#### 4. Other Methods of Discipline

It was normal procedure to ask a student to leave a class or to leave a vocational area for a day or for a period of time if that student was having a bad day in relationships. Either this was because the fellow was lazy, goofing off, rebellious in attitude, or purposely making errors. What would occur was, the staff, teacher, supervisor or whoever, would ask him to leave the classroom or leave the job; and then at the teacher's first free hour, that teacher would go look the fellow up and talk with him about it and attempt to resolve that relationship and to understand what was going on. Usually the student would be in the class the next day. In some instances this became a game. If the student wanted out of a particular class, he could act out and then be transferred. This especially happened when the student didn't care for a particular teacher, for a particular language, or for a particular class. However, this was usually dealt with forthright.

Other diversive methods, corrective methods, or disciplinary action was loss of visits. In other words, if a fellow normally had visitors coming in on a weekend, or was expecting a visit from his family and he was on discipline, he would lose the privilege of that visit. There was also possible loss of telephone privileges. Fellows were allowed one call out a month and two calls in a week. And if on discipline, he would lose the privilege of using the telephone.

There was also the possibility of loss of pass and loss of privilege of going out with others to homes of staff or homes of visitors to the Center. There was also the possibility of losing the privilege of sending or receiving mail. For instance, on occasion, it was determined that one of the students was receiving questionable material in the mail and he was receiving mail from several different females that he had exchanged addresses with at a meeting. Therefore, the disciplinary action was to write the persons involved and ask them not to send letters and not to allow the fellow to send mail to those particular individuals.

During the time of discipline, which varied in length of time from a few days to one or two months, another possibility was loss of participation at meetings. In other words, a fellow could not go out and sing with groups that wanted to sing for churches or meetings. He could not go out and tell of his experiences while on drugs or growing up before Teen Challenge, during Teen Challenge, and what his plans were after Teen Challenge.

There was also the possibility of loss of privilege of purchase snacks from the commissary. The purchase of snacks included potato chips, all types of ice cream, candy bars and other candies, plus a

series of sandwiches.

There was also the possibility, as a disciplinary measure, of assigning extra work. It might be classroom work or it might be in the vocational area. For instance, besides their regular work, they would to work an hour or two hours a week extra in either their vocational area or else some maintenance areas that had to be done. If it were in the classwork area of extra assigned work, it might be reading a book or a section of the Bible and doing a report on it.

#### 5. Mandatory Dismissal

Dismissal would take place for several reasons. First of all, lack of desire on the fellow's part to remain in the program. In other words, perhaps he was only here for bed and some meals. He had no wish to conform or attempt to take part in the program. There was a total lack of motivation. Other reasons for dismissal consisted of continually acting out behavior, use of drugs, homosexual behavior, or repeated disregard and rebellion to authority. In 1968, there were several (7) such dismissals. In all cases the decision was that of the Director and was on a personal basis rather than a review committee's decision.

#### F. Graduation

The culmination of the student's training to live within structure and with others plus his Biblical education and religious experience at some time made him ready to graduate. Prior to this event he probably had received some passes to enter society back home for one or two weekends (never on holidays).

The event itself now is planned by the graduating class and is looked forward to with great enthusiasm. In 1968, one graduated without participating in any exercise. The time in the program was very flexible and left to the discretion of the Director.

#### V. Re-Entry — Phase III

In 1968, several things were used to get the fellows back into society. Occasionally, the fellows would stay on as a junior staff at Teen Challenge Training Center, usually assisting in one of the vocational areas. Another possibility was that of going to the re-entry program at the Brooklyn Center in New York. It was sort of a live-in, work-out situation. Another possibility was sending a fellow to one of the other Teen Challenge Centers to work as a junior staff member, therefore, get his experience, plus get his feet back on the ground. Usually then, after working at other centers, the fellow would go on and find a job in the area or find something that was to his interest for his vocation.

Another possibility was continuing the fellow's education in colleges, in Bible Schools, or at the Teen Challenge Institute of Missions. The TCIM especially was for training the students in the Bible and in working with others as an area of ministry.

The usual procedure was that the graduate would leave here and go immediately into a job. Occasionally, the center would find a job for him or else someone would write and say they could use someone as a carpenter's apprentice and we would have someone who would be interested and who was skilled or who at least could learn and so there would be a placement made. Occasionally, the fellows themselves would find jobs, or else the families would find jobs for them in a particular area. This entire phase was weak and little follow-up occurred and one assumed his new found strength would carry him through.

## **METHODOLOGY**

This study was funded as a demonstration project - to demonstrate that the introduction of a religious component into a therapeutic community for drug abusers is the one aspect which produces the large success rate. The three objectives of the study were to determine:

1. What proportion of the program participants are drug free 6 to 7 years after entering the program.
2. What proportion of the participants have achieved adequate adjustment to society.
3. Which parts of the program were perceived by the participants as being effective or ineffective.

### **1. Background**

#### **A. Funding**

Funding was obtained from the Alcohol, Drug Abuse and Mental Health Administration, the National Institute on Drug Abuse, Rockville, Maryland. The first grant proposal, submitted December 14, 1972, was not approved. A second grant was submitted the next year, and on December 25, 1973, approval without funding was received. Six months later, June 30, 1974, at the end of the federal fiscal year, a notice was received that the grant was funded for one year for \$172,996 from September 1, 1974. Request for years 2 and 3 were "to be determined". The grant was classified as a "Drug Abuse Demonstration Project, P.L. 92-255, Sec. 410" Notification came from the Chief of the Services Research Branch, Division of Resource Development. The project proceeded satisfactorily for that year. A request to fund year 2 and 3 was denied, but on October 22, 1975, notice was received that a 3-month extension of the grant had been approved to utilize unexpended funds, plus an additional \$5,861.00. The grant would terminate November 30, 1975, with the final report being due 90 days hence, namely, February 29, 1976. Because of difficulty in securing computer time, the date was moved to April 1, 1976, at which time the final report was mailed to Washington.

This latter funding for the computer time and for the evaluation of the project was provided by the Teen Challenge Training Center.

B. Sub-Contracts for the Project

1. National Opinion Research Center of the University of Chicago with a satellite office in New York City

The responsibilities of NORC were:

- to develop the final instrument.
  - to pre-test the instrument.
  - to set up a code system to insure total confidentiality.
  - to locate as many of the respondents as possible in the prescribed time, six months.
  - to print the questionnaire.
  - to select and train the interviewers who would administer the questionnaire in person,
  - obtain all the needed release signatures and
  - to obtain and mail a urine sample to the lab.
  - to pay each respondent ten dollars for his time.
  - to proof read the instruments as they came in and to forward them to the Teen Challenge Training Center.
2. National Medical Services Inc., Philadelphia, Pennsylvania

Eight laboratories were evaluated as candidates to do the drug screening detection for this population. Proficiency testing results by state laboratories as well as by the federal control unit at Contagious Disease Center in Atlanta, Georgia, were reviewed. Items such as adequate containers, short turnaround time, interest, volume of work done in the field, and charges were all considered before the above choice was made. Confidentiality was maintained by use of a control number, a lab access number and a code number instead of any names.

All urine results which were at variance with answers to three questions in the instrument concerning participants use of drugs were repeated.

The study is primarily based on those individuals attending the rehabilitation program at the Farm in Rehrersburg, Pennsylvania, called the Teen Challenge Training Center, plus those going through the Brooklyn Induction Center (Phase I).

II. Population Selection

A. The Year 1968

The year 1968 was chosen for several reasons. At the time the grant was originally written, 1968 represented a 5-year post-treatment interval which was desirable for a longevity measurement (actually it was a 7-year follow-up). Also in this year several previous independent testing procedures had taken place with a segment of this population and it was felt that these possibly could be helpful in the evaluation phase. Lastly, it was felt that the program, run all these years by one director, would offer a more unified and controlled setting as opposed to two years later when a new director was appointed. Program content, disciplinary procedures, intake procedures and qualifications for graduation were under one person's guidance and interpretation.



B. Identification of Populations

Throughout the presentation, three populations will be referred to:

P1 — (population one). 335 individuals entered the first treatment phase — Phase I — at the Brooklyn induction Center, Brooklyn, New York. This number included 37 who came from Puerto Rico to the Brooklyn Center leaving 113 of the 335 who went to the farm. 222 in the P1 identified as true "drop-outs"

P2 — (population two). Those individuals who entered the Teen Challenge Training Center at Rehrersburg, Pennsylvania, after going through an induction center. (8 individuals entered direct.) This is the rehabilitative phase or Phase II. This P2 population did not graduate but are *drop-outs* for various reasons prior to completion of this phase. Total 77.

P3 — (population three). The same as P2 except that they finished the program and graduated. They are referred to as "graduates" of the program. Total 67.

The Teen Challenge Training Center (the Farm) population in 1968 consisted of 113 out of 335 from Brooklyn, 23 from 6 other induction centers, and 8 admitted directly for a total of 144.

The task was to locate most of the farm population (144) and as many of the 222 drop-outs from the Brooklyn Induction Center as possible. See Table.

C. Final Population Located for Study and Analysis

The total number of persons located in the United States and Puerto Rico in a six-month search period was 199 of the 336 (222 Brooklyn drop-out plus 144 at farm) or 54%. Distribution as follows:

	<u>Living</u>	<u>Dead</u>	<u>Percent</u>	
P1	70	4	33	out of 222
P2	52	8	78	out of 77
P3	64	1	97	out of 67
	<u>186</u>	<u>13</u>		<u>366</u>

In other words 33% were located of those who dropped out before going to the Rehabilitative Phase on the Farm. 87% were located of those going to the Farm, while 97% of the graduates were located.

We believe this locatability rate is most satisfactory when one realizes it was confined to a six-month period and covered the entire United States and Puerto Rico. It also involved a free-living population and not one attached to a hospital setting like The Bernstein Institute in New York City or to a tightly knit group of federal prisoners from Lexington, Kentucky. Such places have extensive admission information with more means of recall than this type of voluntary

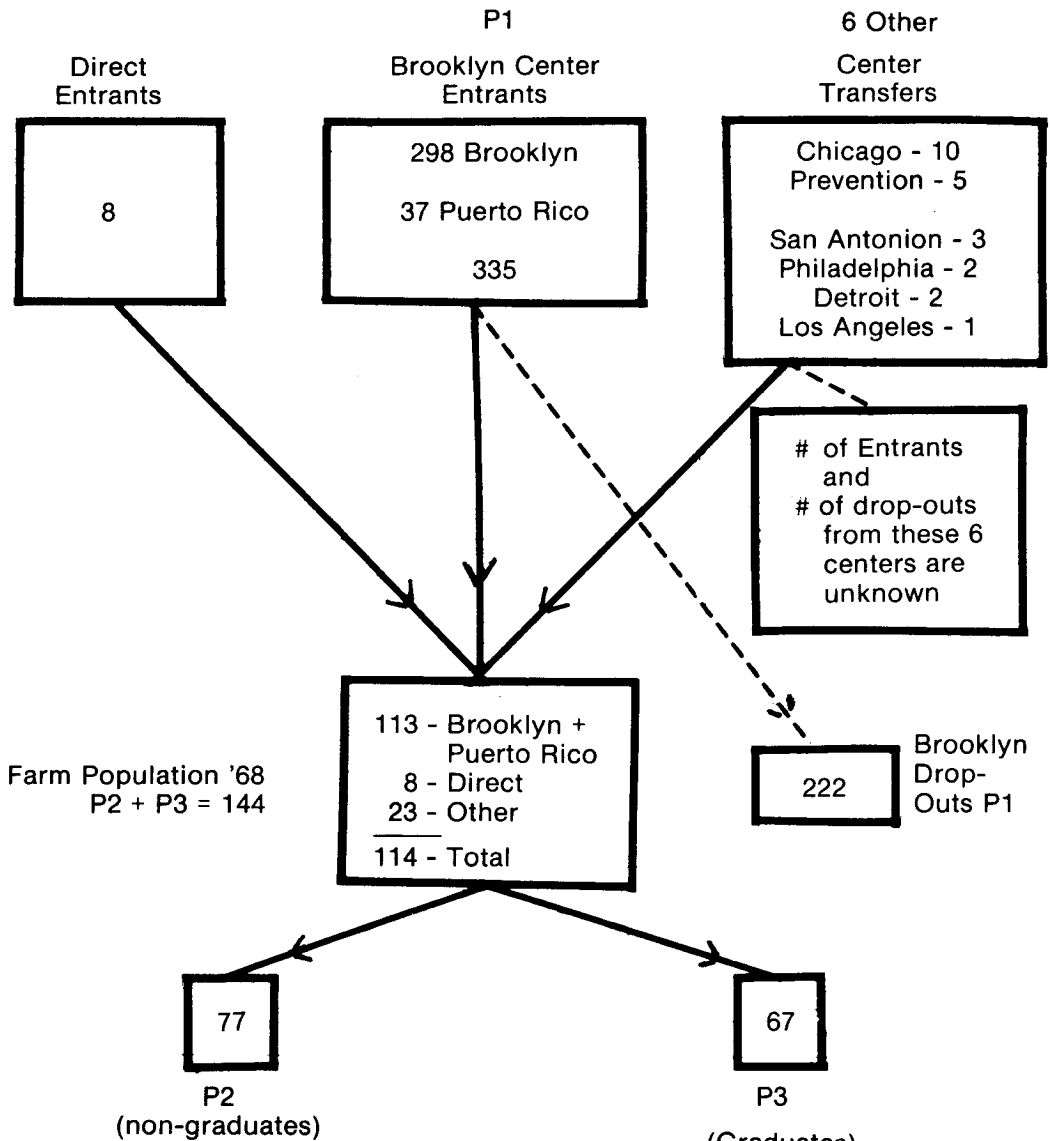
program which at this time has had little follow-up or contact of any kind with their clients after leaving the program, because of lack of funds.

Of the 186 in the study, 171\* were heroin addicts, 10 were alcoholics, and 5 were multiple drug abusers.

\*10 of this number claimed no H use 1M prior to admission because of incarceration etc.

**TABLE 1**

**DISTRIBUTION OF THE THREE POPULATIONS  
IN THE '68 STUDY**



### III. Phase I & II of the Program

#### A. Brooklyn Induction Center - Phase I

An admission to the Center is defined as any person who expressed more than a passing interest in the desire to shake drugs. It was one who desired to come into the program through contact with the Lord. Admission was decided upon by the Director of the Center. It could have taken place on the first day he presented himself or it could have taken several weeks. Admission was directly dependent on available beds at the Farm and at the Induction Center since detoxification went on only at the Induction Center. If admission was deferred, the individual had to call the Center at a specific time every day. Failure to do so jeopardized his admission potential. Refusals of admission included the mentally disturbed and the active homosexual.

Records were searched and evaluated for name duplication, difference between a visit of inquiry and a visit resulting in admission for treatment. Of 411 records as possible candidates for the class of '68, 366 were identified as meeting requirements of drug users desiring treatment. Length of stay varied from 1 day to 245 days. The drop-out rate was a precipitous one in the first 4 weeks. In the respondent data 32% (60 out of 186) dropped out in those first 4 weeks. This population is referred to as P1. The reasons given in order of dominance for the group are:

couldn't relate to concept	urge to use too great
violated rules	too much religion
too sick	family needs

Records do not indicate those who left of their own free will versus those who were asked to leave because of continued drug use, profanity, nonconformity to program. It is recalled that approximately 5% were asked by the administration to leave.

Therefore, from the potential candidates for treatment, 113 from the Brooklyn Center survived the Induction Center orientation known as Phase I and went on to the Farm.

The final technical problem which had to be cleared was a specific date of entry and exit for those from Puerto Rico who had to go through Brooklyn to get to the Farm. These problems were resolved by careful analysis of all pieces of information, plus a visit to Puerto Rico to check their files.

The majority of admissions were voluntary. Nine persons (5%) claimed they had court charges facing them at time of entry and this was their reason for admission. Other current involvement with the law was as follows:

**TABLE 2**

	P1	P2	P3	Total
State probation	3	2	4	9
State parole	1	0	0	1
County probation	2	1	2	5
County parole	0	1	0	1
On bail	5	4	4	13
Held for trial	0	0	2	2

In lieu of sentence	3	3	1	7
Work release	1	0	0	1
Juvenile court	1	1	1	3
TOTAL	16	12	14	42
	(27%)	(16%)	(21%)	(22%)

**B. Teen Challenge Training Center - The Farm - Phase II**

The strict definition of this farm population was as follows:

1. The individual had to enter the Farm program between January 1, 1968 and December 31, 1968.
2. The individual had to be a male drug or alcohol user.
3. Multiple admission dates had to be defined to fit the '68 class definition to qualify.
4. Non-admissions had to be eliminated. These included spending time at the Farm for a vacation, waiting for a trip back to New York City, etc. There was also one record-keeping error noted.

A list of 157 possible farm candidates were checked and verified to the point where 144 were considered to meet all the requirements. This population of 144 is herein known as P2 and P3. Population two (P2) represents 77 individuals who came to the Farm and subsequently, at various periods of time, dropped out and did not graduate. Population three (P3) consists of those individuals who, for an average stay of 7.5 months, completed the program and graduated.

**IV. Procedure of Location and Administration of Questionnaire**

After selection of the population, the basic work began. We felt it was necessary to choose a well established Research group who had the facility to cover the United States but could focus principally on New York where the majority of cases came from. The National Opinion Research Center was headquartered in Chicago, and an affiliate office in New York seemed ideal. In addition, they had worked previously with the DARP Study\* and were aware of the difficulties in trying to locate narcotic addicts who didn't want to be found.

In no way did Teen Challenge see itself being involved because of the problem of confidentiality and the possibility of using any favorable interpretative responses to questions because of their familiarity with the religious terms and concepts. This type of bias could be eliminated only by using impartial interviewers who recorded just what they heard.

An unfortunate decision by NORC in this writer's opinion was to use the same interviewers for their current DARP program and the Teen Challenge program. This meant the interviewer had to master two questionnaires and understand the ground rules of two different programs. It also became evident that finding the DARP population was totally different from finding Teen Challenge people.

Some difficulty was encountered with NORC because of the religious nature of the program. It was not viewed as a serious conflict of operation, however.

---

\*DARP Study - Drug Abuse Reporting Program

#### **A. Development of the Instrument**

The Teen Challenge Team had developed an instrument prior to selecting the subcontractor for interviewing. With this selection of NORC came another total revision of the instrument. It was felt that this agency's previous exposure to the DARP program influenced the input. In hindsight, several areas were inadequately explored, principally because of the correlation between length of time to do an interview and money assigned to that activity.

From the initial instrument, there were three revisions that resulted in the pretest interview instrument. The first contained both open and closed questions so that we could determine the type of responses, thereby limiting the volume and the time of the interview. Ten revisions of the instrument occurred as well as two pretests. The pretests did not evaluate the problem of time and difficulty to locate but dealt only with the instrument, language, and comprehension of the religious questions.

#### **B. Problems Encountered**

##### **1. Original inaccurate and incomplete information**

The information at the original time of intake into the Induction Centers proved to be:

stale (nothing current)

purposefully inaccurate (alais, etc.)

inadequate

no back-up information such as name and address of parents or friends

##### **2. Non-cooperation of family**

Another problem encountered was that of getting the informant (whether it was mother, cousin, or friend) to give the information to us or to the respondent that we were attempting to locate and interview him. We also had a problem with the respondents breaking appointments and simply saying that it was too much of a hassle or else there was too much cost to leave his job or pay a train or taxi fare. Therefore, during the pretest, we determined to offer the respondent a payment of \$10.00 for the interview. As a result there was a reduction of broken appointments and breakoffs, and the respondent was more interested in completing the interview.

##### **3. Breakoff**

Another major consideration was the length of the interview and breakoffs during the interview. We found that on the pretest, the interview took nearly two hours to complete. We also found that there were certain parts of the interview where breakoffs occurred.

There was reluctance to answer some types of questions. We found that breakoffs occurred immediately after the religious questions and during the period they were asking about arrests and drugs because of the tedious sorting out of dates. We attempted several question orderings and finally determined that it was best to start the interview with the program and the religious questions, followed by questions on family background, education, employment, health, arrests, and drugs and drug treatment. This proved

to be by far the superior order, and the flow of the questions was much more easily handled by the interviewers and the respondents.

#### 4. Release Forms

During the first pretest, the interviewer handed the respondent about eight releases that he had to complete with names and addresses, signed and dated. We found that this was a clumsy, awkward and frustrating method. Therefore, it was changed so that only two (with a maximum of three) release forms had to be signed — a general, a urinalysis, and an employer release form.

The option was given to the respondent not to sign the total release, or not to sign certain parts. For instance, on one of the employer forms, the respondent said you may contact this one and this one but not this one. This was written on the form and was respected.

#### 5. Reluctance to Give a Urine Specimen

It was anticipated there would be a reluctance for the respondents to give a urine specimen. During the pretest, we found one individual who refused to give it. In training the interviewers, we made sure that they understood the sample was completely separated from his name or any information that could identify him. In the entire sample, nine refused (3 in P1, 1 in P2, 5 in P3) to give of the sample, and the length of time out of the room. NORC refused to ask their people to observe the procedure.

#### 6. Accuracy of Recall

Of concern was the question of respondents being able to recall entering a program six or seven years ago and remembering facts associated with that entry. During the recall entering Teen Challenge and could recall their experiences at that time. Specific dates, specific detailed information (for instance, hospital admissions, arrest records, etc.) were recalled within a few days after that information was made available to us on administrative intake forms taken in 1968.

#### 7. Language Problems

There was some difficulty in communication; i.e., respondents not being able to read the English lists, understanding Spanish, or the interviewer having to comprehend both English and Spanish. During the pretest, one respondent could not read; so every card, letter and release had to be read to him. There were several interviews that had to be completed in Spanish. Considering the fact of the high ratio of Spanish-speaking admissions, it was decided that the instrument must be translated into Spanish. Therefore, after the second pretest, the Spanish instrument was developed.

### C. Observations by the Interviewers

Realizing the availability of input from the interviewers, we attempted to collect the observation of the interviewer concerning: observable intoxication, behaviors such as smoking or drinking, feeling high or agitated, plus the general attitude of the respondent toward the interview (eager, bored,

cooperative, somewhat hostile, hostile, accepted easily or reluctantly the urine specimen). So, after revising the categories, this was placed as part of the interviewer remarks at the end and after the completion of the interview.

D. PIL Test (Purpose in Life)

The PIL test (and like attitude/personality tests) were considered, but then deleted after results of the pretest. Major concerns and problems were language level and clarity, time to administer, and poor acceptance in the pretest.

E. Interviewers' Selection and Training

1. Selection

Teen Challenge had nothing to do with this selection. It was handled by NORC. Fourteen interviewers were selected with the following characteristics:

**TABLE 3  
INTERVIEWERS**

First Assignment with NORC		Sex		Race			Bi-Lingual		Age					
									Yes	No	NR	20-24	25-29	30-34
8	6	12	2	1	8	5	10	4	2	3	4	4	0	1

2. Training

Since the interviewers would also be working on the DARP study, it was decided that during the first week new interviewers would be trained in interviewing techniques in New York City and Puerto Rico. The following week all the interviewers would be in Chicago to attend a training session for a very similar drug study that was near the same stage of development. Included in the Chicago training was the psychological profile of the addict, location methods of treatment including drug information-training that would be identical to that required by the Teen Challenge Research. These lectures were given by highly qualified people in the drug field and were recorded and later transcribed.

Following the Chicago training, the interviewers spent two days in New York City where they were oriented to the Teen Challenge Research Project: its specific purposes, goals, aims, and to the Teen Challenge Program. Included was the Teen Challenge "Program Description", a listing of all the Teen Challenge Centers and general treatment process in 1968.

To facilitate maximum use of the two days, a training package of necessary information was developed. The majority of the time for the two days was spent in learning how to use the TCE instrument. This was accomplished by detailed instructions, both the Question by Question and Administrative Specifications, plus the use of mock interviews. As problems were encountered (usually presented by the highly trained, motivated and qualified interviewers) they were noted and decisions or clarifications made.

Lists of respondents were prepared at the NORC office and given to the interviewers at the end of the New York session. Follow-up began March 7, 1975, and was concluded August 31, 1975.

### 3. Debriefing

After the entire project had been completed, there was a debriefing session to document the difficult areas of the questionnaire and their general reaction.

#### Location Techniques:

1. Case sheets arranged by geographic addresses
2. Mailing of an introductory letter concerning the study
3. Telephone search
4. Reverse directory search
5. For refusals, a direct letter from Rev. David Wilkerson, the founder of Teen Challenge
6. Coroner's office and Medical Examiner's office
7. City and State Correction
8. New York City Methadone Study of Dr. Frances Gearing
9. Beth Israel Hospital search
10. State Treatment Programs - Dr. Harold Meiselas
11. Voluntary Agencies
12. Street search - cluster technique
13. Alumni meetings of Teen Challenge groups
14. A personal visit to Puerto Rico and 8 Induction Centers
15. Spreading the word with current people at the Training Center

It is unfortunate that the New York City Narcotics Registry is a totally ineffectual aid because of so-called "confidentiality". More assistance may have been forthcoming except that the New York City's financial situation had cut back personnel and service was limited.

The one difficulty which developed in the study was the realization that those of the P1 population being found were those who were completely off drugs and had negative urine and were easy to find. At that point, it was elected to turn all efforts to locating a 20% (44) random sample. The first drop-out group was designated TP1, the random sample was RP1. It was found in the final analysis that no significant differences existed between these two groups except in age and therefore, length of addiction. It was elected to lump them together to be known as P1. This number, therefore, was 74 (70 living, 4 dead) located out of 222, or 33%. It was physically impossible to locate such a large, difficult population in a six-month period. In these results with other long term follow-ups who had had no previous investigation for updated location data, the results equaled the majority of these studies.

### 4. Interviewer Time Per Case

The average interviewer time per completed case was 17.5 hours for cases completed by August 31. Not counted in these figures is NORC central staff time spent in locating or time spent by Teen Challenge staff, friends, and acquaintances. Thus, interviewing time is a very important component; but there are other time components that do not lend themselves to a per-case analysis.



**TABLE 4**  
**NUMBER OF CONTACTS**

POP	NO.	P*	T**	TOTAL
P1	70	255	262	517
P2	52	294	185	429
P3	64	189	167	356

*\*Personal visits*

*\*\*Telephone contacts*

**DEMOGRAPHIC VARIABLES OF  
186 MALE DRUG ADDICTS  
ADMITTED TO TEEN CHALLENGE TRAINING CENTER  
Rehrersburg, Pennsylvania  
1968**

Variables include:

1. Age — Race — Ethnic Background
2. Early childhood environment
3. School attendance
4. Religious component
5. Drug History
6. Involvement with the Law

Several questions must be answered concerning the Teen Challenge population before any deduction or evaluation can be made:

1. What kinds of individuals entered the Teen Challenge program?
2. Did the success population have any significant differences from the unsuccessful population?
3. Were these differences due to selection, locatability, length of drug use, amount of drug use, previous involvement with the law, early family life, drop out from school, or religious background and practice?
4. What is the impact of the Teen Challenge program on the client's overall behavior including drug use, education, family solidity, freedom from arrest and religious participation?

**Characteristics of the Entrants to Teen Challenge**

The characteristics of persons voluntarily (95% are thus considered) entering the Teen Challenge program are shown in Table 5. The 6-7 year recall was found to be surprisingly accurate when compared to the original administrative data collected at the actual time of admission in 1968.

As is apparent from Table 5, the population admitted to the Teen Challenge program was weighed with a greater number of Catholic and of Hispanic (Puerto Rican) clients than the entrants to other treatment programs. In terms of the other usual demographic variables they are quite similar to other programs.

**TABLE 5**  
**SUMMARY OF EPIDEMIOLOGIC FINDINGS OF CLASS 1968**  
**Interviewed In 1975**

	P1 Induction Center Dropouts	P2 Training Center Dropouts	P3 Training Center Grad.	Total
Potential Population	88 (222) <sup>1</sup>	77	67	232 (366)
Located Population	74 <sup>70-L</sup> 4-D	60 <sup>52-L</sup> 8-D	65 <sup>64-L</sup> 1-D	199
Percent Located <sup>1</sup>	80% (33%)	78%	97%	86% (54%) <sup>1</sup>
Refused Urine Sample	3	1	5	
Mean Age <sup>2</sup>	23	25	24	
Race: Hispanic <sup>2</sup>	49%	79%	69%	64%
Black	33%	8%	17%	20%
White	19%	13%	14%	15%
Religion: Catholic	4%	50%	36%	44%
Protestant	39%	21%	23%	28%
Muslim	6%	2%	0%	23%
Other	10%	4%	0%	5%
None	9%	23%	39%	23%
Religiosity:				
Very	4%	4%	3%	4%
Somewhat	54%	27%	23%	36%
Not at all	41%	69%	73%	60%
Regular Church Attendance age 12	Yes 80%	56%	53%	64%
	No 20%	44%	47%	36%
Arrests prior to Teen Challenge	Yes 93%	90%	88%	90%
	No 7%	10%	12%	10%
School Drop-Outs thru 16th Year	57%	60%	60%	59%
Didn't finish High School	87%	87%	75%	83%
Drug Use:				
H	90%	79%	89%	86%
A	33%	37%	52%	7%
Poly Drugs	0%	6%	2%	2%
Cigarettes	91%	90%	83%	96%
Marijuana	44%	27%	38%	36%

<sup>1</sup>When it became clear that the 222 induction center dropouts could not be located with the time and funds available, the design was revised such that effort was made to locate a 40% random sample, i.e. 88 clients. The 70 clients described represent the portion of that sample able to be located and interviewed.

<sup>2</sup>All figures in this section are percentages.

**TABLE 6**  
**AGE OF THE TOTAL POPULATION AT ENTRANCE**  
**By Type of Drug Abuse**

Age:	14-17	18-20	21-25	26-30	31-35	36-40	40-	Total
Total Population	23	29	73	36	18	5	2	186
Alcohol	1	0	4	4	4	0	0	13
Multiple Drugs	0	0	3	1	0	0	0	4
Heroin	22	29	66	31	14	5	2	169

Early childhood environment and family life was also investigated. Nothing unusual was noted except a surprise factor that most addicts were raised in intact families with few one-parent situations and few on welfare. The majority were raised in urban settings, principally New York City. An interesting fact is that the majority declared they went to church regularly in early childhood. (See Table 13).

**TABLE 7**  
**WITH WHOM WERE YOU LIVING AT AGE 12**

	Living with Mother and Father	Living with Mother	Living with Father	Living in Another Arrangement	Total
P1	49	15	1	5	70
P2	32	12	3	5	52
P3	48	12	3	1	64
	129	39	7	11	186

The cohesiveness of family unity at age 12 is similar in all three populations. The P1 population had 70% living with both parents, P2 - 60%, and P3 - 75%.

Eleven males (5 in P1, 5 in P2 and 1 in P3) were not living with their parents at 12 years of age.

**TABLE 8**  
**CHARACTERISTICS OF ENTRANTS INTO TEEN CHALLENGE PROGRAM AT AGE 12**

Characteristic	% (N = 186)
<b>Type of residential community:</b>	
City of 250,000 or more .....	59.1
City of 50,000 to 200,000 .....	10.2
City of less than 50,000 .....	15.6
Suburb .....	10.2
Farm or country .....	4.3
Don't know .....	0.5

Living with:	
Both father and mother .....	69.4
Mother .....	21.0
Father .....	3.8
Other Person .....	5.9
In School .....	97.3
Attending religious services regularly* .....	64.0

\*The term "regularly" is not defined.

### EDUCATION BACKGROUND

The percent of those who didn't finish 12th grade (High School) are as follows: P1 - 82%; P2 - 87%; P3 - 75%.

The reason for leaving school was identified as not principally due to drug use but for other reasons which were not specifically asked on the questionnaire. Twenty-two (31%) of the P1 group said they left school because of drug use; 15 (30%) of the P2's; and 29 (45%) of the P3's.

**TABLE 9  
REASONS FOR LEAVING SCHOOL**

Population	Graduated	Using Drugs	Something Else	Total
P1	8	22	40	70
P2	4	15	33	52
P3	11	29	24	64
Total	23	66	97	186

**TABLE 10  
AGE WHEN LEFT SCHOOL**

	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	Total
P1			1	1	2	14	22	14	10	2		1	1	1					1	70
P2	1		2	2	4	6	16	13	6	1						1				52
P3			1	5	2	11	19	14	7	3					1		1			64
Total	1		4	8	8	31	57	41	23	6		1	1	1	1	1	1		1	186

In all 3 groups, age 16 showed the highest number of drop-outs. The number of drop-outs through 16 years of age is as follows: P1 - 40 (57%); P2 - 31 (60%); P3 - 38 (60%). The drop-out rate after 16 years was: P1 - 30 (43%); P2 - 21 (40%); P3 - 26 (40%).

**TABLE 11**  
**HIGHEST LEVEL OF EDUCATION ATTAINED**  
**Before Entering Teen Challenge**

Grade Level	P1	P2	P3	total
Less than 9th	15	15	12	42
9th, 10th, 11th	43	30	36	109
12th	8	6	14	28
Some College	3	0	1	4
Graduated College	0	1	1	2
Completed Grad. School	1	0	0	1
<b>Total</b>	<b>70</b>	<b>52</b>	<b>64</b>	<b>186</b>

**RELIGIOUS BACKGROUND OF TEEN CHALLENGE CLIENTS**

The Teen Challenge program is rehabilitative approach deeply rooted in a use of religious concepts and practices, a large segment of data was gathered regarding the religious life and church participation of the clients prior to entrance. It is interesting to note that most did not view themselves as religiously active at the time of admission.

The religious component for entering the program was given as 29% in P1, 27% in P2, and 30% in P3. The major source (almost half) was from family or friends. Only 5% of the entire population entered because they were facing court charges.

**TABLE 12**  
**RELIGIOUS BACKGROUND OF TEEN CHALLENGE CLIENTS**

Religious Activity	P1 N-70-%	P2 N-52-%	P3 N-64-%	Total (N=186)
Reporting self as:				
very or somewhat religious	59	31	27	40
not religious	41	69	73	60
Reporting mother as:				
very or somewhat religious	89	82	77	83
not religious	11	18	23	17
Reporting father as:				
very or somewhat religious	66	71	45	60
not religious	34	29	55	40
At time of admission:				
Baptized	87	77	61	75
Confirmed	43	35	36	38
Church member	63	29	33	43
"Filled with Holy Spirit"	2	1	0.6	13

**TABLE 13**

	P1 Induction Center Drop-Outs	P2 Training Center Drop-Outs	P3 Training Center Graduates	Total
<b>Religion:</b>				
Catholic	4%	50%	36%	44%
Protestant	39%	21%	23%	28%
Muslim	6%	2%	0%	23%
Other	10%	4%	0%	5%
None	9%	23%	39%	23%
<b>Religiosity:</b>				
Very	4%	4%	3%	4%
Somewhat	54%	27%	23%	36%
Not at all	41%	69%	73%	60%
<b>Regular Church Attendance Age 12</b>				
Yes	80%	56%	53%	64%
No	20%	44%	47%	36%

**Drug Use**

At the time of admission to Teen Challenge, 161 (87%) were classified as using heroin on a regular basis in the following frequency:

Heavy - 3 or more times a day	=	114
Moderate - 2 times a day	=	29
Mild - 1 time a day	=	11
Abuse - almost every day	=	2
Use - 1 to 2 times per week or less	=	5
		161

Thus, we note that 154 (95%) out of 161 heroin users were using heroin 1 time daily or more often with 114

Thus, we note that 154 (95%) out of 161 heroin users were using heroin 1 time daily or more often with 114 (70%) being heavily addicted. No significant differences were noted in the three populations.

**TABLE 14**  
**SEVERITY OF ADDICTION BY POPULATION**

		P1	P2	P3
<b>Severity of Heroin Addiction at Time of Admission</b>	Heavy	44 (70%)	26 (63%)	44 (73%)
	Moderate	12 (20%)	10 (24%)	7 (12%)
	Light	5 ( 8%)	4 (10%)	2 ( 3%)
	Total			
	Addiction	61 (97%)	40 (97%)	53 (93%)
	Abuse	2	1	4

Ten individuals are classified as chronic alcoholics, although heavy drinking was an additional problem with the other drug abuses.

Four individuals are classified as multiple drug users exclusive of heroin use.

**Summary**

161 Heroin Addicts

11 Heroin Users but were not using in the month prior to admission due to incarceration.

10 Alcoholics

4 Multiple Drug Users

---

186

The drop-out population — P1 — had the greatest number of short addiction; 20% had been using heroin one year or less compared to 8 and 9% in P2 and P3.

P2 population had more individuals (31%) addicted for two to five years, while P3's highest population was addicted 5 to 10 years (38%).

**TABLE 15**  
**NUMBER OF YEARS OF ADDICTION BY THREE POPULATION**

	P1 N-70-%	P2 N-52-%	P3 N-34-%	Total N-186-100%
One year or less	20%	8%	9%	13%
2 to 5 years	29%	31%	29%	26%
5 to 10 years	23%	21%	38%	27%
10 years and over	14%	15%	17%	16%
Abuse only or D.K.	14%	25%	17%	18%

**TABLE 16**  
**DRUG USE IN THE MONTH PRIOR TO ADMISSION**  
**(Cigarettes, Alcohol, Heroin, Marijuana)**

	P1-70	P2-52	P3-64	Total
Cigarettes	91%	90%	83%	98%
Alcohol	33%	37%	48%	39%
Heroin	90%	79%	89%	87%
Marijuana	44%	25%	38%	37%
Other Drugs	43%	44%	45%	44%
Methadone	1.4%	2%	3%*	2%**

\*Only Occasionally

\*\*Illegal



**TABLE 17**  
**AGE OF FIRST HEROIN USE AND**  
**AGE OF FIRST HEROIN ADDICTION**

Years	Age of First Used			Total	Age of First Addiction			Total
	P1	P2	P3		P1	P2	P3	
12	2	1	0	3	0	0	0	0
13	2	2	5	9	2	2	2	6
14	11	3	7	21	8	0	3	11
15	6	7	8	21	6	7	10	23
16	16	5	12	33	11	5	8	24
17	10	10	12	32	10	8	13	31
18	5	4	6	15	8	3	8	19
19	4	6	1	11	3	7	5	15
20	4	3	2	9	9	1	1	11
21	2	2	0	4	4	4	1	9
22	0	0	3	3		2	2	4
23	1	2	0	3		2		2
24	0	1	2	3	1	3	1	5
25	1	1	2	4	1	3	2	6
26	1			1				
27	1			1	1		1	2
31							1	1
32			1	1			1	1
Over 32							1	1

**Previous Involvement with the Law**

Although only 5% of the entrants came into Teen Challenge in lieu of sentencing in the courts (see Table 19), a high percentage in all three populations had been previously arrested.

**TABLE 18**  
**ARRESTS PRIOR TO ENTRANCE TO TEEN CHALLENGE**

	P1 N-70-%	P2 N-52-%	P3 N-64-%	Total N-186-
<b>Arrest Record</b>				
Prior to T.C.				
Yes	93	90	88	90
No	7	10	12	10
<b>Frequency of Total Arrests Prior to T.C.</b>	56 people arrested 348x's	38 people arrested 256x's	53 people arrested 416x's	147 people arrested 1020x's
<b>Frequency of Drug or Drug Arrests Prior to T.C.</b>	372	144	258	774

Although the P-3 group had the lowest number (88%) of people with previous arrest record, these individuals had more arrests per person than the other two populations. Most of these arrests were for crimes unrelated to the drug scene.

Legal (police, guilt, etc.) reasons for entering Teen Challenge.

**TABLE 19**  
**IN TROUBLE WITH THE LAW AT**  
**TIME OF ADMISSION TO TEEN CHALLENGE**

	Respondents			Total
	P1 — %	P2 — %	P3 — %	No. — %
Under legal pressure at entrance	13 (18)	13 (25)	16 (25)	42 (22.5)
Not under legal pressure at entrance	57	39	48	144
				186 (Total)

	P1	P2	P3	Total
1. State probation	3	4	4	11
2. State parole	1	0	0	1
3. County probation	1	1	2	4
4. County parole	0	1	0	1
5. Bail	5	3	5	13
6. Hold for trial	2	1	2	5
7. Work release	0	1	0	1
8. In lieu of prosecution	2	2	0	4
9. Juvenile court1	1	0	0	1
10. Prison rehabilitation	0	1	0	1
11. Other	5	1	2	7

Although 42 (22.5%) were in some way involved with the law at the time of admission only 10 (5%) could be classified as having to do treatment in lieu of sentence.

# **RESULTS AND CONCLUSIONS OF THE TEEN CHALLENGE STUDY AS IT RELATES TO:**

1. Education
2. Employment
3. Religiosity
4. Freedom from drugs
5. Less involvement with the law

## **Results of the Survey**

It will be recalled that the main objective of this study was to determine:

1. The drug use in 1975 in the sample of those located from the 1968 year of entrance.
2. Adjustment to society as measured by ability to work for sustained periods, ability to avoid entanglements with the law, the ability to become actively involved with community and church activities, and to have a fairly central life.
3. What the participants liked and disliked about the Teen Challenge program.

This study was therefore to validate facts by questionnaire and urinalysis. A second year was to validate the facts given in the questionnaire. This phase was not carried out. In no way was the study geared to note any significant personality and attitudinal changes nor to identify the range of personality types seeking help in the program. The studies of Ridgway, Cato, Lombards, Kaplan, and Meyerowitz relate well to this aspect.

### **Pursuit of Further Education**

At the time of admission to Teen Challenge, 151 (80%) were school drop-outs (P1 - 58, P2 - 45, P3 - 48).

After the Teen Challenge exposure there was the following pursuit of further education by the three groups. P1 - 28, P2 - 22, P3 - 46. Nineteen people got their High School Graduate Equivalency Diploma, 8 in P1, 5 in P2 and 6 in P3. Two in P3 went on and received college degrees. (See Table 20).

**TABLE 20****EDUCATION AFTER LEAVING TEEN CHALLENGE**

Highest Level Attained	P1	P2	P3	Total
8th grade	2	0	0	2
9th grade	1	1	0	2
12th grade	3	2	4	9
G.E.D.	8	5	6	19
Vocational Tech.	5	2	2	9
T.C.I.M. Diploma	0	0	3	3
Bible College	8	11	29	48
Other Degree	0	0	0	0
Bach. or Master of Arts	1	1	2	4
D.D.	0	0	0	0
	28 (40%)	22 (42%)	46 (72%)	96 (52%)

Ninety-six (52%) of the 186 pursued more education after leaving Teen Challenge. Nineteen got their Graduate Equivalency Diplomas, 2 received college degrees, 48 attended Bible School. Twenty-five completed their Bible School courses and 14 became ministers (1 from P1, 3 from P2 and 10 from P3).

**TABLE 21****ATTENDED BIBLE COLLEGE AFTER TEEN CHALLENGE**

	P1	P2	P3	Total
YES	8 (4%)	11 (6%)	29 (16%)	48 (26%)
NO	62	41	35	138

**Adjustment To Society****Employment**

In our society employment is one of the most important dimensions of a well-adjusted member of society. If one wants to and can hold a job without continued welfare assistance or deriving an income of illegal sources, he is considered as acceptable. If our participants were going to school, they would be considered as being employed in an educational occupation. The only dimension of employment handled in the success category is whether the respondent was able to get and keep a job after his Teen Challenge experience. No effort was made to consider job satisfaction, upward attainment, prestige, etc.

The first inquiry was made into how he was currently supported at the time of the interview. Fifty percent (35) of P1 was self-supporting by earning their own salary. Sixty percent (31) of P2 and 73 percent of the graduates were self-supporting. A total of 113 were earning a salary. Those on welfare were 17 percent of P1 population, 21 percent of P2 and 10 percent of P3. Other support included family, wife and insurance. In P2 and P3, 17 cases supported themselves by hustling and numbers, 15 were in jail and not earning a living.

At the time of the interviews, 104 (56%) of the 186 were working; 47% of P1, 52% of P2, and 70% of P3. Only 10 of the group claimed illness or on vacation as reasons for not working at the moment. Two were just staying at home and not working, 8 were institutionalized and unable to work. (See Table 22.)

Of the 58 not employed, the principle reason given was the fact they could not find a job or one that they liked. One person in each population said the reason they weren't working was because of drugs. (See Table 22.)

**TABLE 22**  
**EMPLOYEE STATUS '75**

	P1	P2	P3	Total
Working	33	27	44	104 (56%)
Temporary illness or vacation	4	2	4	10
Unemployed	16	11	9	36
Retired	0	0	1	1
In School	3	3	0	6
Staying home	11	7	3	21
Institutionalized	3	2	3	8

**Living Expenses Paid for at Time of Interview**

Thirty-five (50%) of P1 is self-supporting by earning their own salary as is 31 (60%) of P2 and 73% of P3. One hundred-thirteen out of 168 were earning their own salary. Those receiving welfare support were 17% of P1, 21% of P2 and 10% of P3. Fifteen were in jail and not earning any support. Of the 58 not employed the reason given was they could not find a job or one that they liked. Only 3 people, one in each population group, said they weren't working because of drug use.

It is interesting to note that of those who are currently employed there is no difference between populations and the length of current employment.

**Length of Current Employment**

Length (yrs.)	P1	P2	P3
Not currently employed	33	23	16
Less than 1 yr.	19	12	20
1-4 yrs.	14	12	22
Greater than 4 yrs.	4	3	6

**Family Life**

There is still the accepted norm that an individual's adjustment is best met when he can enter and effectively participate in the marital scene. Likewise, having children is a part of the expected marital behavior in our society.

Ninety-six marriages occurred after Teen Challenge, compared with 20 before Teen Challenge. (See Table 23.) The current marital status shows that the P3 group has a significantly higher marriage figure with 40 currently being married, while P2 has 27 and P1 has 29. In addition

5 in P3 are living as married, 5 in P2 and 11 in P1. The group of currently separated or divorced includes those who are still attempting to accomplish this step into adjustment. These include 3 in P3, 7 in P2, and 11 in P1. In the entire group of 186, those who have never been married in P3 are 16, P2 - 13, and P1 - 19.

**TABLE 23  
CURRENT MARRIAGE**

	P1	P2	P3
Married Before T.C.	8	7	5
Married After T.C.	21	20	35
<b>Total</b>	<b>29</b>	<b>27</b>	<b>40</b>

**TABLE 24  
CHURCH INVOLVEMENT AT TIME OF INTERVIEW**

	Attend church	Attend Church 2 or More X's/m	Involved in church work	Total
P1 (70)	28%	18%	8%	19%
P2 (52)	29%	29%	35%	30%
P3 (64)	46%	53%	57%	51%
<b>Total (144)</b>	<b>41%</b>	<b>31%</b>	<b>28%</b>	<b>100% (229)</b>

Religious training and education after leaving Teen Challenge:

11 in the P2 group went on to Bible School; 3 became ministers.

29 in the P3 group went on to Bible School; 14 became ministers.

	P1 Induction Center Drop-Outs	P2 Training Center Drop-Outs	P3 Training Center Graduates	Total
<b>Religion:</b>				
Catholic	4%	50%	36%	44%
Protestant	39%	21%	23%	28%
Muslim	6%	2%	0%	23%
Other	10%	4%	0%	5%
None	9%	23%	39%	23%
<b>Religiosity:</b>				
Very	4%	4%	3%	4%
Somewhat	54%	27%	23%	36%
Not at all	41%	69%	73%	60%

### Personal Health

We have no idea about the health status of the respondents at the time of admission to Teen Challenge since no physical exam was performed and no laboratory tests done. The record on his health while in the program is non-existent. The Director at that time felt that the introduction of a lot of pill taking was a trigger mechanism that made them revert to their thinking to the illegal drug scene.

Since Teen Challenge, the respondents listed their health generally as good or excellent. Twenty-nine in P1 said their health was poor or fair, 13 in P2 and 5 in P3. (See Table 25.)

Fifteen in the P1 group said they had had a venereal disease since Teen Challenge. The next most common physical complaint (besides colds) was backache. Seventeen said they had hepatitis since Teen Challenge with 2 still having it in 1975.

**TABLE 25  
HEALTH SINCE TEEN CHALLENGE**

	P1	P2	P3	Total
Excellent	16	19	34	69
Good	25	20	25	70
Fair	21	8	3	32
Poor	8	5	2	15

**TABLE 26  
HEALTH**

	P1		P2		P3	
	Had Since T.C.	Have Today '75	Had Since T.C.	Have Today '75	Had Since T.C.	Have Today '75
Colds	39	16	27	9	23	10
Nose Ulcers	0	0	3	2	0	0
Chest Cough	6	3	1	1	2	1
Heart Problems	4	2	2	1	1	1
B/P Problems	5	2	5	4	2	2
G.I.	6	3	5	3	6	2
Bladder	2	1	4	1	4	0
Nervous/Emotional	18	13	12	7	13	8
Skin Ulcers	7	2	4	1	5	0
Malaria	0	0	0	0	0	0
V.D.	15	0	6	0	3	0
Anemia	1	0	1	0	1	1
Hepatitis	8	1	7	0	2	1
Cancer	1	0	0	0	0	0

Diabetes	1	1	2	0	1	1
Back Trouble	16	11	8	4	4	2
Gall Bladder	1	0	1	0	1	0
Other	9	34	12	32	24	43

**TABLE 27**  
**DRUG USE DURING THE MONTH**  
**BEFORE TEEN CHALLENGE IN 161 MALES**

	P1	P2	P3	Total
1. Narcotic addiction	63	41	57	161
2. Using narcotics but not the month before	3	4	4	11
3. Alcohol addiction	4	4	2	10
4. Poly-drug use addiction	0	3	1	4
Total not using narcotics (3 + 4)	4	7	3	14
Total located for the study	70	52	64	186

**TABLE 28**  
**NARCOTIC USE OF 161 AT TIME OF INTERVIEW — 1975**

	P1	P2	P3	Total
Using narcotics	29 (46%)	10 (24%)	8 (14%)	47 (29%)
Not using narcotics	34 (54%)	31 (76%)	49 (86%)	114 (71%)
Increase of non-users from 1968 to 1975	34 (54%)	22 (54%)	19 (33%)	75

In the total narcotic addiction population of 161, 39 (24%) never used narcotics after Teen Challenge, while 122 (76%) went back to shooting heroin.

The 1975 recorded success rate is the result of the effect of other treatment programs plus other intervening factors. At the time of the interview in the Spring or Summer of 1975, it was 6 to 7 years past treatment for the participants. During this period some interesting changes had taken place. Some had given up heroin "cold turkey" on the street or in jail; some had joined other therapeutic community programs, and a significant number were on methadone but heroin-free.

Of those who were using narcotics (heroin, methadone, other opiates) in 1975, it is interesting to note that only 8 people (6 in P1 and 2 in P3) are using only heroin. Nine are using heroin with other narcotics, mostly methadone. Three are using other opiates with no methadone, and 26 (16%) people (13 in P1, 8 in P2, 5 in P3) are currently in methadone programs. Therefore, at the time of interview 17 (29%) are still using narcotics of which 26 (16%) are on methadone in approved clinics, 114 (71%) are narcotic drug-free in all three populations. In the graduate group there are 49 or 86% drug-free.



**"Cured" by Teen challenge Standards**

All of the above statistics are recorded from answers to the questionnaire and relate to narcotic drug use. If we validate the reporting with the strict definition of drug-free and utilize the fact that all positive urines and all refusals to give a urine sample are considered a positive the *not using narcotic* category drops considerably.

**TABLE 29  
NOT USING A NARCOTIC OR OTHER DRUG  
AT TIME OF INTERVIEW**

	P1	P2	P3	Total
	63	41	57	161
By Questionnaire	34 (54%)	31 (76%)	49 (86%)	114 (71%)
By Questionnaire & Urine	11 (17%)	16 (39%)	38 (67%)	65 (40%)

*\*Teen Challenge "drug-free" means no alcohol, cigarettes, narcotics, marijuana or other illegal drugs.*

**TABLE 30  
TREATMENT PROGRAMS AFTER TEEN CHALLENGE  
(excluding jail and/or prison)**

	P1	P2	P3	Total
Number of persons	54	17	8	79 (47%)
Total Number Rx Programs	137	40	14	191
1	15	6	5	26
2	17	6	1	24
3	8	2	1	11
4	8	1	1	10
5	4			4
6	2	2		4

P1 6 out of 54 became drug-free after subsequent treatment programs.

P2 7 out of 17 became drug-free; 5 were repeat admissions to Teen Challenge.

P3 4 of the 8 became drug-free following another treatment program.

**TABLE 31****THINGS THEY DID NOT LIKE AT TEEN CHALLENGE**

	P1 N-187-%	P2 N-80-%	P3 N-107-%	Total N-374-%
Expected too much	3	1	8	4
Drugs easy to get	6	3	3	4
Detox with medication too hard	16	6	7	11
Forced to go to church	6	5	3	4
Program too religious	13	8	12	11
Too much discipline	4	11	4	6
Too far from home	2	5	4	3
No radio, T.V., outside	7	11	15	10
To hard to stop drugs and cigarettes same time	17	11	10	14
Bible classes too heavy	6	3	1	4
Needed more than spiritual help	14	13	9	13
Other	4	6	5	5
Liked everything	1	18	21	10
<b>TOTAL</b>	<b>50</b>	<b>21</b>	<b>29</b>	<b>100</b>

**TABLE 32****MAIN REASON FOR LEAVING TEEN CHALLENGE**

	P1 N-70-%	P2 N-52-%	P3 N-64-%	Total N-186-%
Graduated	1	17	81	33
Violated rules	13	17	0	10
Couldn't relate to concept	23	0	0	9
Too sick	11	0	0	4
Family needs at home	10	10	8	9
To get married	1	15	2	5
Too much religion	10	0	0	4
Urge to use drugs	11	2	0	5
Job offer	1	2	0	1
Ready to leave	1	17	6	8
Other	18	19	3	12
<b>TOTAL</b>	<b>38</b>	<b>28</b>	<b>34</b>	<b>100</b>

Findings from this Teen Challenge study raise several questions. Data was gathered at a point seven years after admission to program. Consequently, there can be expected to be problems not simply with clients' memories, but also with the accuracy of clients' views of aspects of their own functioning. Thus, one's perception of his own religious investment pre-Teen Challenge may be substantially colored by his perception of his own post-Teen Challenge religious concern. Even more pointedly, over a period of seven years, many factors may intervene to influence client performance. The intervention of a treatment program is only one of the many significant events that may have occurred to clients. Other considerations are availability of drugs, popularity of a new program such as methadone, new laws, and activity of good follow-up.

Nonetheless, the data suggests that those individuals who, on the one hand were admitted to the Teen Challenge Training Center, and those individuals who, on the other hand, graduated from that Center, did show significant behavioral change over the seven-year period. Amongst all persons admitted to the Training Center there is a striking drop in reported opiate use and arrest status consequent to treatment. In addition, admissions to the Training Center show lesser tendency to make use of illicit means of support than do induction center dropouts. Moreover, the use of non-opiate drugs including alcohol is markedly lower for Training Center graduates than for Training Center dropouts, while graduates are more likely to obtain further schooling and report fewer arrests than do dropouts. Finally, in terms of Teen Challenge goals with regard to increased religious activity marked difference between Training Center graduates and non-graduates such that Training Center graduates reporting far larger religious involvement.

Moreover, it must be noted that like other therapeutic community programs, the Teen Challenge program considers relatively few of its admitted clients as having graduated from the program, i.e., as having derived full benefit from the treatment experience. Only 18.3% were viewed as having taken the full course. It is very impressive, however, that 53% of those entering the Training Center never used a narcotic again and that the program produced eleven ministers for their rehabilitation which differs significantly from other programs which send such a high percentage back into the drug scene as therapists.

One of the unanswered questions is how many would stop using drugs spontaneously at some point in their lives without expensive programming. It is interesting to note that some of the methadone patients are still using methadone five years later. No methadone patients are recorded as graduating from that type treatment program.

A last focus is directed to the point that basically the Training Center might be considered an effective educational humanitarian center instead of a drug treatment center.

The Teen Challenge Program appears to have had its greatest impact. It is useful to compare Teen Challenge data with data from other studies describing clients' performance in therapeutic community programs. In contrast with Teen Challenge's rate of 18.3% graduation from program, CODAP\* reporting for 7,724 clients leaving

residential treatment settings during the period January-March, 1976 shows a rate of 14% discharged as completing treatment (NIDA, 1976). Data from the Drug Abuse Reporting Program (DARP) shows 19% of 1,513 clients admitted to therapeutic communities in the period 1969-1971, reported as having completed treatment (Simpson et al, 1976). Smart (1976) in a review of outcome studies notes that therapeutic communities frequently report no more than 15% of their clients becoming graduates.

The Teen Challenge Program appears to have had its greatest impact on youth who had experienced legal difficulty around the issue of drug use, youth of Hispanic background and youth without a prior marital history. Black youth appear to have fared particularly poorly in the Teen Challenge environment. Support for the finding that Puerto Rican youth particularly do well in similar therapeutic community programs is available from Sells and Simpson (1976).

If one accepts at face value the Teen Challenge graduate's assertion of lesser religious activity and interest prior to his involvement in a Teen Challenge Program, one might conclude that Teen Challenge is most successful with youngsters who are seeking some meaningful anchor or support system in their lives and are able to find it in religious experience. At this point one can only hypothesize regarding the factors that could have occurred in the lives of Teen Challenge graduates, and indeed in the lives of Teen Challenge admissions generally, to cause the large changes in behavior that occurred with persons admitted to that program. Again, one cannot separate the impact of Teen Challenge from that of participation in other programs before and after Teen Challenge or indeed from the impact of extra-treatment events occurring in the course of the seven-year study period. Nonetheless, it appears reasonable to conclude that involvement with Teen Challenge is associated with dramatic changes in behavior for a substantial number of heroin users.

---

*\*Reporting through the Client Oriented Data Acquisition Process (CODAP) is a national effort involving all drug abuse treatment programs funded by NIDA, the Veterans Administration and the Bureau of Prisons.*