

National Institute on Drug Abuse

**SERVICES
RESEARCH
REPORT**



**An Evaluation of the
Teen Challenge
Treatment Program**

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

The NIDA Services Research Reports and Monograph Series is prepared by the staff of the Services Research Branch, Division of Resource Development. Its primary purpose is to provide reports to the drug abuse treatment community on the service delivery and policy-oriented findings from Branch-sponsored studies. These will include state-of-the-art studies, innovative service delivery models for different client populations, innovative treatment management and financing techniques, and treatment outcome studies.

PREFACE

The Teen Challenge is a national program that has been providing assistance and support to youthful drug abuse clients for nearly two decades. In 1973, staff associated with that program elected to request funding from the National Institute on Drug Abuse to make a study of the effectiveness with which their program was functioning. The proposal, and subsequent grant, was for the support of evaluative activities only and in no way supported treatment activities or program. The grant, prepared and initially directed by Steven L. Tuttle, was awarded in September 1974. The project operated from September 1974-November 1975. This report is based on the analysis and the reporting of data from that project as supplied by Catherine B. Hess, M.D., M.P.H., and her colleague Daniel E. Reynolds. Responsibility for interpretations of that data as contained in these pages belong entirely to NIDA.

INTRODUCTION

The Teen Challenge Program for drug and alcohol abuse was initiated in 1958 in New York City. The program philosophy is based in Pentecostal Protestantism emphasizing the client's need to become a "Born Again" Christian. The program sets forth the conviction that "Christ within you gives the power to overcome the loneliness and nothingness that previously filled your life."

The program is divided into two phases of unequal length. At any of the eight induction centers in use in 1968 when the clients described below were admitted, the individual was detoxified "cold turkey." In rare instances individuals were admitted to hospitals for detoxification prior to entry into the induction center. Once at the induction center each individual was given both support and spiritual guidance. After completion of the induction phase, the client was transferred to the Training Center. That center provided a therapeutic community framework emphasizing spiritual support, vocational and educational assistance and strict supervision over the course of an 8 month to 1 year period.

Reentry consisted of having the individual return to society in an employed state or enrolled in school. During this time, the individual could live temporarily at a center in a junior staff position.

Admissions to the induction centers have been heavily, but not exclusively, male. Now, as in 1968, to enter the induction center the individual must be heterosexual; show an absence of marked emotional disturbance; be willing to give up all drugs including alcohol and tobacco; be willing to give up the use of radio, TV and recordings; be able to speak and understand English; be able to place himself on a waiting list for whatever time is necessary to obtain a bed (2-3 weeks during the study period); and be accepted by program staff after initial interview.

Having been accepted at the induction center, the individual advances to the Training Center based on availability of beds and acceptable behavior as seen by religious participation, general conduct and class work. The individual may leave treatment while in the induction or training (rehabilitation) phase or be dismissed for sufficient instances of inappropriate behavior, e.g., use of drugs, rule breaking, etc. Training Center activities emphasize education of both a religious and a secular nature (the

latter stressing English classes particularly), worship, work assignments, vocational rehabilitation and interaction between staff and client with regard to day-to-day living and individual concerns and interests.

As of today, the Teen Challenge Program has expanded, but its philosophy and basic process remain intact. In 1974, the Teen Challenge Program consisted of 88 programs in 24 states, the District of Columbia and Puerto Rico. Teen Challenge had a total 49 residential homes with a combined residential capacity of 960. The average number of persons in weekly residence was 662 and a total 2,793 were inducted into residential settings throughout 1974. An additional 19,213 persons are reported as having been counselled in Teen Challenge Centers and 14,000 persons contacted weekly in schools, jails, prisons, coffee houses, streets, etc. in 1974. In addition, Teen Challenge maintains 27 centers overseas. Thus, Teen Challenge is engaged in national and international efforts with young people with drug-related problems (including alcohol and non-opiate drugs) in terms of both treatment and prevention.

In 1973, Teen Challenge staff, having become concerned with understanding the effectiveness of their program, requested and received a grant from the National Institute on Drug Abuse to study a sample of clients and describe their response to treatment. This report is based on materials collected by Teen Challenge staff and made available to NIDA by them.

Using 1968 as the year of admission to Teen Challenge programs, a 7 year follow-up study was initiated. Data were collected from March, 1975 - August, 1975 and a report issued in April, 1976.

METHOD

Subjects: The Training Center to which clients in this study were referred makes use of a 225 acre farm located in Rehrersburg, Pennsylvania. The largest number of entrants to the Training Center Program (90%) came through the Brooklyn, New York Induction Center. Training Center entrants also came from six other induction centers and directly from the community. Emphasis is placed on Brooklyn Induction Center admissions because of their obvious significance for the Training Center Program. Three populations were addressed: (a) Brooklyn Induction Center dropouts (N=222); (b) induction center graduates who later dropped out of the Training Center (N=77); and (c) graduates of the Training Center (N=67). Only male clients were sampled. Over the course of a 6 month period, a total of 199 persons (54.4%) of the 366 sought were located; including 13 clients who were deceased. The samples derived were as follows:

- a. induction center dropouts (N=70, with an additional 4 deceased) -- a 33.3 percent location rate;¹
- b. induction center graduates who later dropped out of the Training Center (N=52, with an additional 8 deceased) -- a 77.9 percent location rate; and
- c. graduates of the Training Center (N=64, with an additional 1 deceased) -- a 97.0 percent location rate.

Procedure: A structured interview schedule was administered to all subjects located and urine samples were collected. Each subject was paid \$10 for his participation in the study. In accord with the goals and activities of the Teen Challenge Program, questioning dealt with usual demographic issues, subjects' drug use, criminal justice history, vocational and educational activities, early relationships with parents, medical/psychiatric concerns and -- very significantly -- with subjects' religious activity before and after the Teen Challenge experience. In each instance, it was necessary to interview subjects about life experiences occurring both prior to the initiation of the treatment experience and at varying points earlier in the subject's life. There were no refusals to the interview schedule although nine persons refused to give urine specimens.

RESULTS

There are two major questions to be answered by the data from the evaluation of Teen Challenge:

1. what kinds of individuals enter the Teen Challenge program; and
2. what is the impact of the Teen Challenge program on client behavior?

As a part of the latter it can also be asked:

3. what kinds of clients are more likely than others to change behaviors in association with Teen Challenge programming?

¹When 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 percent random sample, i.e., 88 clients. The 70 clients described represent the portion of that sample able to be located and interviewed.

A. Individuals Entering the Teen Challenge Program

The characteristics of persons entering the Teen Challenge program are depicted in Table 1. Again, it must be emphasized that data reported here is drawn from clients' recall and judgment regarding events 6-7 years earlier.

As is apparent from Table 1, in terms of the usual demographic variables, the population admitted to Teen Challenge programs differs from admission to other opiate treatment populations only in terms of its relatively greater number of Catholic and of Hispanic clients.

Research staff were also concerned with investigating the life circumstances of Teen Challenge clients in early adolescence.

Findings from this portion of the study are presented in Table 2. The vast majority of clients were raised in urban settings, typically in intact families, the majority attending religious services "regularly."

Since the Teen Challenge program is, of course, a rehabilitative program rooted in the use of religious concepts, data were also gathered regarding the religious life of its clients prior to admission to Teen Challenge. Those data are shown in Table 3. As noted above, most Teen Challenge clients have a background of religious membership and activity.

B. Impact of the Teen Challenge Program

Of the total 335 entrants into the Teen Challenge Induction Center (Brooklyn, New York), 113 (33.7%) graduated to the Teen Challenge Training Center. The planned length of stay at the Induction Center was approximately 2 months. The average stay among dropouts was 13.5 days.

A total of 144 persons were treated at the Training Center. In addition to the 113 persons admitted from the Brooklyn Center, 23 came from 6 other induction centers and 8 entered the program directly. There were 67 graduated (46.5%) from that group. Length of stay at the Training Center varied among graduates between 3 and 15 months with a mean of 7.6 months. The mean length of stay by Training Center dropouts was 3 months.

Thus, of 566 persons admitted into the Teen Challenge Program (either through the induction centers or directly to the Training Center), 67 or 18.3 percent were viewed by program staff as having graduated.

TABLE 1
Characteristics of Entrants into Teen Challenge Program

Characteristic	% or \bar{X} (N=186)
\bar{X} Age	24
Ethnicity:	
% Hispanic	64.0
% Black	20.4
% White	15.6
Education:	
% 9th grade	23.5
% 9-11 grades	60.9
% 12 or more grades	15.6
% Married	29.6
% Admitted under legal pressure	22.5
% Ever arrested	79.0
% Arrested for drugs	47.9
Religion:	
% Catholic	43.6
% Protestant	29.5
% Jewish	1.6
% Muslim	2.7
% Other	0.5
% None	23.1
Heroin Use:	
% Heroin use at admission	87
% Using heroin at least daily	83
\bar{X} Age of first heroin use	17
% Reporting hospitalization for overdose	31
Other drug use at admission:	
% Tobacco	88
% Alcohol	39
% Marihuana	37
% Other drugs	44

TABLE 2

Characteristics of Entrants into Teen Challenge Program at Age 12

Characteristic	% (N=186)
Type of residential community:	
City of 250,000 or more	59.1
City of 50,000 - 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 ¹	64.0

¹The term "regularly" is not defined.

TABLE 3
 Religious Background of Teen Challenge Clients

Religious Activity	% (N=186)
Reporting self as:	
very or somewhat religious	40
not religious	60
Reporting mother as:	
very or somewhat religious	83
not religious	17
Reporting father as:	
very or somewhat religious	60
not religious	40
At time of admission:	
Baptized	75
Confirmed	38
Church member	43
"Born again"	22
"Filled with Holy Spirit"	13

As described above three groups were selected for comparison on outcome measures:

- a. a sample of induction center dropouts (N=70);
- b. dropouts from the Training Center (N=52);
- c. graduates of the Training Center (N=64).

Table 4 depicts client functioning on each of the several outcome criteria at time of interview 7 years post-treatment.

Unless otherwise specified, data from post-Teen Challenge are for behavior at time of interview only. All data were obtained by self-report.

At time of interview Teen Challenge graduates appear to be functioning more effectively than dropouts in terms of changes in arrest and educational status as well as employment. In addition, graduates report making less use of alcohol and tobacco and are more optimistic regarding their state of health. Both Training Center dropouts and graduates have greatly decreased their heroin use as indeed have induction center dropouts -- although the latter group less strikingly. Data for all three groups accorded closely with urinalysis findings. It should be noted that graduates exceed both dropout groups in numbers admitted to other treatment programs prior to entry into Teen Challenge, and have correspondingly lower rates of entry into treatment programs post-Teen Challenge. Also, it is of interest that all groups report rather high rates of nervous/emotional difficulty at time of interview.

Teen Challenge staff was also concerned with charting religious activities over all three groups. Those comparisons are also depicted in Table 4. Program graduates alone profess both greater religious interest and greater church attendance. In addition to the above, 14 of the 64 Center graduates (21.9%) became ministers while 22 (34.4%) completed Bible College. Interestingly, three of the Training Center dropouts and one of the induction center dropouts also became ministers, with correspondingly smaller numbers of these groups completing Bible College.

C. Comparison of Graduates and Dropouts on Demographic and Other Variables

In that context it is interesting that Training Center graduates and Training Center dropouts are less likely to describe themselves as having been religious before involvement with Teen Challenge than are induction center dropouts. Clearly, the Training Center clients may see themselves as having so changed in religious activity that earlier (pre-Teen Challenge) activity is de-

Client Outcome - 1975

Outcome Data	Induction Center Dropouts (N=70)		Training Center Dropouts (N=52)		Training Center Graduates (N=64)	
	Pre-Teen Challenge %	Post-Teen Challenge %	Pre-Teen Challenge %	Post-Teen Challenge %	Pre-Teen Challenge %	Post-Teen Challenge %
Heroin Use ¹	90.0	18.6	78.9	1.9	89.1	4.7
Alcohol Use	32.9	51.4	36.5	30.8	51.6	17.2
Tobacco Use	91.4	82.9	90.4	63.5	82.8	21.9
Marihuana Use	44.3	48.6	26.9	15.4	37.5	12.5
Obtaining money through illegal means	-	20.0	-	3.9	-	1.6
Employed/in school	-	57.1	-	61.5	-	75.0
Arrests	80.0	78.6	73.1	55.8	82.8	29.7
Any schooling post-Teen Challenge	-	28.6	-	21.2	-	40.6
Married/Living with	41.4	57.1	30.8	61.5	23.4	70.3
Health since Teen Challenge reported as good-excellent	-	58.6	-	75.0	-	92.2
Current nervous/emotional problems	-	18.6	-	13.5	-	12.5
Any treatment other than Teen Challenge	40.0	80.0	38.5	63.5	54.7	26.5
Reporting self as:						
Very/somewhat religious	58.6	88.6	30.8	75.0	26.6	87.5
Not religious	41.4	11.4	69.2	25.0	73.4	12.5
Attending religious services ²	62.9	37.1	28.9	48.0	32.8	67.2

¹An additional 18.6% of Induction Center dropouts, 15.4% of Training Center dropouts and 7.8% of Training Center graduates were using methadone, but it is unclear whether or not this was licitly obtained.

²For Pre-Teen Challenge recorded as "church member."

nigrated. However, it is noteworthy that both groups also cite lesser church attendance prior to admission than do induction center dropouts.

Comparison over all demographic variables depicted in Table 5 suggests that Training Center admissions differ from induction center dropouts in ethnicity with Center admissions more largely Hispanic, in marital status with Center admissions less likely to have been married pre-treatment, in drug arrests with more frequent arrests pre-treatment among Center admissions, and in size of residential community with Center admissions more likely to come from smaller urban settings. Training Center graduates and dropouts do not differ markedly and/or consistently from induction center dropouts on other demographic characteristics.

When all former clients were asked specifically what they did not like about Teen Challenge, all emphasized an excess of religion (34.3% of induction center dropouts and 20.3% of Training Center graduates) and giving up all drugs including cigarettes at once (45.7% of induction center dropouts and 17.2% of graduates). Induction center dropouts also emphasized the lack of medication (42.9%) while Training Center graduates emphasized the lack of outside contacts (25.0%).

DISCUSSION

Findings from the Teen Challenge study raise many questions. Data were gathered at a point 7 years after admission to program. Consequently, problems can be expected to result not simply with clients' memories, but also with the accuracy of clients' views of many aspects of their own functioning. Thus, one's perception of one's religious investment pre-Teen Challenge may be substantially colored by the individual's perception of his post-Teen Challenge religious concern. In addition, over a period of 7 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.

Nonetheless, the data suggest 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 7-year period. Among 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, and graduates are more likely to obtain further schooling and report fewer arrests than drop-

TABLE 5
Comparison of Characteristics of Teen Challenge
Graduates and Dropouts on Admission

Characteristics	Induction Center Dropouts (N=70)	Training Center Dropouts (N=52)	Training Center Graduates (N=64)
\bar{X} Age	23	25	24
Ethnicity:			
% Hispanic	48.6	78.9	68.8
% Black	32.9	7.7	17.2
% White	18.6	13.5	14.1
Education:			
% 9th grade	22.7	28.9	19.1
% 9-11 grades	65.2	57.7	57.1
% 12 or more grades	12.1	13.5	23.8
% Married	41.4	30.8	23.4
% Admitted under legal pressure	18.6	25.0	25.0
% Ever arrested	80.0	73.1	82.8
% Arrested for drugs	37.1	48.1	59.4
Religion ¹			
% Catholic	45.7	50.0	35.9
% Protestant	38.6	21.2	23.4
% Jewish	1.4	1.9	1.6
% Muslim	5.7	1.9	0.0
% None	8.6	23.1	39.1

¹One "other" not recorded.

outs. Finally, in terms of religious activity among persons referred, there is a marked difference between Training Center graduates and non-graduates, with the graduates reporting far greater religious involvement.

It is noteworthy also that Teen Challenge graduates, while somewhat more likely than either of the dropout groups to have been involved in treatment prior to entry into Teen Challenge, were considerably less likely than other groups to have been involved in treatment after Teen Challenge.

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. Thus, 18.3 percent were viewed by program staff as having completed the Teen Challenge Program.

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 percent graduation from program, CODAP² reporting for 7,724 clients leaving residential treatment settings during the period January-March, 1976 shows a rate of 14 percent discharged as completing treatment (NIDA, 1976). Data from the Drug Abuse Reporting Program (DARP) shows 19 percent 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 percent 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 therapeutic community programs of like time frames 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

²Reporting 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.

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.

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**NATIONAL INSTITUTE ON DRUG ABUSE
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