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The Teen Challenge Drug Treatment Program in Comparative Perspective

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Aaron Todd Bicknese

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Please call or write
w/ any questions.

Todd Bicknese
Aaron
319 352-6144
b.bicknese@uwm.edu

ABSTRACT

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Aaron Todd Bicknese

Dissertation Chairman: Dr. H. Paul Friesema

The project is a comparative evaluation of the Christian drug treatment program Teen Challenge. The history and procedure of Teen Challenge is described, and its moral understanding of addiction is contrasted with the disease model of addiction found in other programs such as Alcoholics Anonymous (AA). In order to assess the effectiveness of Teen Challenge according to several outcome measures, a nonequivalent control group pretest-posttest design is employed using self-report telephone interview data. Outcomes considered are freedom from addictive substances, return to treatment, employment, and precipitants of drug use such as depression and cravings. The control group is composed of clients in short-term inpatient (STI) programs who are funded by Medicare or Medicaid. Post hoc matching, multiple regression, and analysis of variance (ANOVA) are statistical techniques used for control in comparing the Teen Challenge group: with the STI group, and with the subset of the STI group who went on to attend AA (the STI/AA group).

The starkest program outcomes to emerge from the comparison were employment and return to treatment. Far more Teen Challenge graduates were employed full time than either those in the STI group or the STI/AA group. Far fewer Teen Challenge graduates had returned to treatment than had those in either comparison group.

Teen Challenge appeared to be especially successful for "special social capital populations," i.e., those who registered low on measures of social connectedness prior to the program. On some outcome measures, the comparison programs showed no positive effect for these groups, such as absent fathers and minorities having been severely addicted prior to the program. In the Teen Challenge sample, however, these groups emerged stronger than their STI or their STI/AA counterparts on the outcomes of employment, addictive substance usage, severity of relapse, and severity of depression.

Responses given by the Teen Challenge sample to open-ended interview items are extensively analyzed. The preponderance of acknowledgments were of Jesus and of friends and advisers within the program. It is concluded that Teen Challenge is successful because it fills a void in the lives of addicts, it dispels their loneliness by building social capital within the year-long program and by equipping them to find and utilize social capital once they graduate, and it provides for them a new reference group.

Acknowledgments

This dissertation speaks of freeing people from addiction. One of its themes is that you can't do it by yourself. "Social capital" is the academic word in use nowadays for this phenomenon,[1] which I would paraphrase as "productive connectedness."

A dissertation can be a lonely project, but were it not for lots of people with whom I have been "productively connected," I would simply not have had the requisite tenacity to get the thing done. May that long list of people be blessed beyond my capacity to repay.

Let me start with my committee.

My chairman, Professor Paul Friesema, was an encouragement from the beginning in that he saw not only merit, but relevance to political science, in my interest and ideas regarding urban ministry. In my independent studies with him, and in my fieldwork for my Second Year Paper on street gangs, he sent me all over town (Chicago) to get to know a wide array of endeavors to aid the urban poor. I am richer for that experience. Furthermore, his encouragement toward the end of this project propelled me to the finish line. (Yes, Paul, you were a terrific encouragement even though you recommended that I purge this document of Iowa colloquialisms!) Professor Wes Skogan was another from whom I greatly benefited–in part because he, too, sent me all over our beloved Chicago when I had the honor of working for him at Northwestern's Institute for Policy Research. Wes has played an important role for me as a teacher (not only were the quantitative methods in this project molded by his Political Science D02, but my own teaching style today contains certain Skoganisms), as a researcher (my fascination with his work dates back to the department function where we met–when, in introducing his work to me, he

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[1] Credit to James Coleman and Robert Putnam for the development of this idea.

said, "I do cops and robbers"), and as a generous human being in his provision of materials essential for this work. Likewise, his project director at the Institute, Susan Hartnett, is worthy of special gratitude. This project and I owe a great deal to Professor Charles Ragin: whose Sociology D01 also unraveled for me the riddles of statistical methodology, whose wisdom suggested several open-ended items for my questionnaire (without which my data would have been impoverished!), and whose intense intellect is clothed in a relaxed and comfortable personality. I would also like to express my debt to my other committee member, the late Professor Herbert Jacob. Though he did not live to see this dissertation completed, his approval of the proposal for this project was just one of the ways he helped me early in my career as a Northwestern University graduate student.

Christine Hofler at New Standards, Inc. (NSI) in St. Paul, MN played a most critical role in making this project possible. Because of the gracious permission of the New Standards firm , NSI-copyrighted questions formed part of my survey of Teen Challenge graduates, and NSI data formed the comparison group for this study. In addition to Christine, special thanks go to Norman Hoffman, Paul Bergmann, and Jeremy Porter, all of NSI.

David Batty was my primary contact at Teen Challenge, and, from the perspective of this project, he was definitely "at the right place at the right time." I am grateful for his interest in and appreciation for empirical methods, for his pivotal role in seeing that this study obtained the response rate it did in spite of adverse circumstances (human subjects review requirements–see pages 76-77), and for his patience in awaiting this final product. Ardee Kowalski of Teen Challenge of Southern California (Riverside, CA), Jack Smart of Mid-America Teen Challenge (Cape Girardeau, MO), and Rob McSurdy of Teen Challenge Training Center (Rehrersburg, PA), as well as other staff members at each location, deserve credit for their many hours of work opening old files, mailing consent

forms, and following up on the phone to obtain respondent consent before the survey could begin. I am grateful to Steve Janes and Larry Hauman of Chicago Teen Challenge for their interest in this project, for their time and enlightened answers to my many questions, and for helping me understand how Teen Challenge works.

Many thanks to the public library staff in Decorah, Iowa, for having an efficient interlibrary loan system in place.

Several people have been a source of incredible encouragement and support to me. My debt continues to Marc Seeger, Edna Harris, Sheila Ramsey, Lorna Garbutt, Paul Staebler, and others at Abundant Life Assembly in Evanston, IL; to Jerry and Jill Carlson; to Wuyi Wang; to Barry & Viane Eichelberger, Ken & Loyce Oelrich, Steve & Ellen Cohenour, Andy & Melanie Carpenter, Kara Schute, Brandon Thomas, and others at Abundant Life Christian Fellowship in Fayette, IA; and to Principal Wayne O'Brien and the staff and students of North Fayette Schools in West Union, IA.

Social capital begins, of course, with the family, and, in healthy circumstances, continues to reside there. Mine has been a particularly healthy circumstance. The completion of this task is as much my family's success as it is my own, for their involvement and sacrifice has been unremittingly present throughout. To my parents, Wayne and Marlene Bicknese, my sister, Faith Bicknese, and my parents-in-law, Charles and Dee Davis and Luman and Sharon Colton, what can I say but thank you? Thank you for watching the kids while my wife substitute taught for me, for picking up library books, for praying, believing, and patiently waiting and encouraging over the course of these past years. Dad, thanks for telling me to go for it. Yes, that was from the Lord.

Joshua Aaron and Emily Charis, you may celebrate now because you finally have your daddy back. It is done. Thank you for being patient and waiting. Now, Joshua, we will have time together for the bridge-building set, and now, Emily, I can put those mug

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hooks up in your play kitchen. Thank you both for bringing me drawings, flowers, and Lego creations to adorn my desk as I worked. Thank you for helping me write some of this (by sitting on my lap and hitting the space bar between words as I typed).

Karla, you have been an astonishing helpmate. Astonishing because of the myriad ways you assisted with this, too numerous to mention (although I will mention your running manuscripts to Chicago, your subbing for me, your library work, and your chocolate oaties). Astonishing because you resisted discouragement when I didn't. Astonishing because of your patience. But now you won't have to go without dates for so long. And now we can move on, together, to the next project.

Foreword

One of the motivating factors which propels one through to the completion of a larger-than-average task such as a dissertation is the assurance that one's work will benefit someone else--or, at least, will allay the sincere curiosity of an otherwise disinterested party. Even if I cannot be assured of the former, I can definitely be assured of the latter. During the long course of this project, I was contacted at least ten different times by disparate parties across the country who had got wind of my undertaking, including staffers for two U.S. Congressmen, a researcher at the General Accounting Office, three journalists (representing a newspaper, a newsweekly, and a television station), other academics who are eager to cite my findings in their work, as well as Teen Challenge itself for obvious reasons. I am grateful for the interest all these parties had in this project: while I deeply regretted being unable to answer most of them (since their inquiries came before my findings were ready to cite), their requests made me aware of my position as a custodian of information valuable to the broader society, and of my duty and responsibility to that broader society not only to carry this project through, but to do so with as much integrity as possible. Part of that is to be humble and realistic about the immediate implications of this research: it may be capable of doing little more than to whet the appetites of the observers for more extended and conclusive findings than I at this point am able to provide. At the same time, I trust it will act as a guide for future

evaluations of Teen Challenge and of similar programs. If future investigators can learn not only from my findings, but also from my mistakes and omissions, this project will not have been conducted in vain.

to Karla, Joshua, and Emily

and to the One Who binds us together

List of Tables and Figures

Chapter One

Introduction

With renewed vigor, recent politics has demanded academic answers to the inquiry, "How effective are social welfare programs?" One set of social welfare expenditures whose efficacy has repeatedly been called into question is that devoted to the treatment of drug and alcohol abuse.[1] The number of federal dollars appropriated for drug treatment has steadily and rapidly mounted over the past quarter-century ($120 million in 1969; $1.1 billion in 1974; $3 billion today[2]--even though the illicit drug-using population in 1996 was no more than *half* the size of that population in 1979![3]), so asking questions about the return on the public's investment is not unreasonable.

Indeed, this question has been asked before, and it has not always been met with answers satisfactory to the custodians of the public's investment. Accordingly, objections to the uncritical disbursement of drug treatment funding have arisen--and not only among

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"Executive Summary," *Congressional Quarterly Researcher*, January 6, 1995; Editorial, *Wall Street Journal* July 18, 1994, p. A12.

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These figures are given in constant 1996 dollars to adjust for inflation. Source: United States Executive Office of the President, Office of National Drug Control Policy, *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation* (Washington DC: Government Printing Office, 1996), p. 319; David J. Bellis, *Heroin and Politicians: The Failure of Public Policy to Control Addiction in America* (Westport, CT: Greenwood Press, 1981), p. 181.

3

United States Bureau of the Census, *Statistical Abstract of the United States: 1998*, 118th edition (Washington DC: Government Printing Office, 1998), p. 151; United States Office of National Drug Control Policy, *ibid.*, p. 9.

those who view society through libertarian lenses. Kweisi Mfume, for instance, voiced a memorable complaint during his days in Congress: "I just get a little pain thinking about the lack of success rates for many of these drug treatment programs and the fact that there are a lot of people, quite frankly, who are in that business to make money and they make their money and they make it off of us."[4]

Academics, too, on observing the drug treatment sector, have expressed disgruntlement at the dissonant coupling of languid success rates with unflagging conduits of funding. The most prominent and among the sharpest of such voices is Stanton Peele of Mathematica Policy Research in Princeton, who documents how alcohol treatment lobbyists' assessments of the social costs of alcoholism magnify unrealistically each year but serve to create "a costly and ineffective alcoholism bureaucracy" which channels billows of public funding into "the addiction treatment industry."[5] Some from the legalization community have also emerged to make such criticisms. David J. Bellis asserts that while "factors like love, opportunity, and brains account more for abstinence than the interventions of treatment programs," lobbying groups of mental health and drug treatment professionals dependent on government funding have created a "social pork

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U.S. House of Representatives, Select Committee on Narcotics Abuse and Control, *Efficacy of Drug Abuse Treatment Programs, Part II* (Washington D.C.: U.S. Government Printing Office, 1990), pp. 36-37.

5

Stanton Peele, *Diseasing of America* (Lexington, MA: D.C. Heath, 1989), pp. 238-239, 268, 115ff.

barrel" which, through "labor-intensive federal programs," assures the continuation of their livelihood.[6]

All this concern about the low cure rates of treatment programs funded by public dollars begs the question as to whether such rates are all one can or should expect of any method of drug treatment--whether or not the program receives public funding. If so, i.e., if such "low" rates are uniform across all modalities, irrespective of funding source (and if the maturation threat can be overcome!), then it is unwarranted to be concerned about low cure rates, because they will then be shown not to *be* comparatively low. However, if significantly higher rates of success do in fact exist somewhere in the entire universe of drug treatment programs, then perhaps one has the right to talk about "low" cure rates. It thus becomes a question relevant to political science to evaluate not only publicly funded programs, but also, for the sake of comparison, programs outside the reach of public funding.

For these reasons, I decided to further explore a set of drug treatment programs funded by the private nonprofit sector which, according to a bit of twenty-year-old evidence, enjoyed out-of-the-ordinary rates of effectiveness. This set of programs was Teen Challenge, a Christian nonprofit addiction treatment ministry with 130 centers (2885 beds) nationwide. This dissertation was born of a desire to determine whether this

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David J. Bellis, *Heroin and Politicians: The Failure of Public Policy to Control Addiction in America* (Westport, CT: Greenwood Press, 1981), pp. 208, 177.

set of treatment centers, funded primarily by nonprofit contributions, was truly more effective than organizations funded by public dollars or insurers' dollars.

The present project, then, is an evaluation of Teen Challenge effectiveness. The treatment outcomes it considers are freedom from addictive substances (drugs as well as alcohol), employment, and precipitants of abuse. Drug abuse treatment evaluations consider outcomes broader than simply whether the subjects abstained from drugs; other outcomes--employment, for instance--are measured as well to assess whether the subjects changed their way of life. Outcomes based on survey data are statistically compared between a sample of Teen Challenge graduates and a sample of publicly funded clients of another modality, the Short-Term Inpatient (STI) program.[7] As the newest type of treatment to capture the attention of national evaluators, 30- to 60-day hospital stays for drug treatment (STIs) funded by private or public insurers have become more common ever since the early 1980s.[8]

Relevance of the Study

The comparison of Teen Challenge and STIs is a politically relevant one for eight reasons:

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While STIs are generally owned and operated by private entities, the inpatient stays for the clients in this sample were all funded by Medicare (disability clause) or Medicaid.

8

Rose M. Etheridge et al., "Treatment Structure and Program Services in the Drug Abuse Treatment Outcome Study (DATOS)," in *Psychology of Addictive Behaviors* 11:4 (December 1997), p. 244.

1. *It may confirm the existence of higher rates of effectiveness.* The findings suggest that the abovementioned concern about low cure rates in publicly funded programs might indeed be warranted, because in the universe of drug treatment, higher rates of effectiveness than those lamented above by Kweisi Mfume may in fact exist. A finding such as this one, then, raises expectations and provides accountability for all drug treatment programs, private or public.

2. *The comparison may raise expectations for addicted populations.* The present study may also raise expectations (which in turn open opportunities) for the drug-addicted and alcoholic populations themselves--whose potential is oftentimes written off by many social service providers, many researchers, and by the society at large. It may demonstrate that the drug treatment sector *need not resign itself* to such gloomy assessments as the following:

> "Given the multiple determinants of a complex physio-psycho-social behavior such as addiction, the generally poor premorbid characteristics of those who become addicted, and the lengthy time course of the addiction, ... *[cures] should not even necessarily be expected."*[9]

9

M. Douglas Anglin and William H. McGlothlin, "Outcome of Narcotic Addict Treatment in California," in Frank Tims and Jacqueline Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), pp. 106-107 (emphasis mine).

"Just as substance abuse tends to become a career, so does substance abuse treatment. ... Steps should be taken to orient people to the fact that, while treatment does not need to be applied forever, *repeated episodes of treatment are probably necessary for most.* ... People in Alcoholics Anonymous are *forever 'recovering,' not recovered.* This concept applies to the treatment of most intoxicant-related problems."[10]

"It seems important to recognize that the goal of *complete elimination of criminal behavior* among patients in methadone maintenance programs *is unrealistic.* Such an absolute goal is *utopian for this population.*"[11]

3. *The study may legitimize referrals.* A third reason for the political relevance of the comparison offered by this project is that it may be useful at the implementation level. Judicial and administrative agencies already involved in the referral of cases to drug treatment may find legitimacy here for offering options of various

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Edward C. Senay, "Clinical Implications of Drug Abuse Treatment Outcome Research," in Frank Tims and Jacqueline Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 143 (emphasis mine).

11

John C. Ball and Alan Ross, *The Effectiveness of Methadone Maintenance Treatment: Patients, Programs, Services, and Outcome* (New York: Springer-Verlag, 1991), pp. 241-242 (emphasis mine).

faith-based programs--Teen Challenge among them--to a criminal defendant or a welfare client seeking (or needing) drug treatment.

4. *The project may demonstrate a cheaper, nonpublic treatment alternative.* A fourth reason this study is politically relevant arises from a comparison of the public's share of the treatment cost at a nonprofit ministry such as Teen Challenge versus its share of the cost of a hospital stay. An individual's yearlong stay at Teen Challenge costs the organization about $11,000, the source of these funds being, for the most part, voluntary charitable contributions.[12] By contrast, one thirty-day STI stay costs between $7500 and $35,000.[13] This cost is borne either by the general public (if the client is funded by Medicaid or Medicare, as is the case for those in this sample) or by a segment of the broader public even if the client is privately insured. In either case, the public at large, as the source of third-party payment, is affected by the costs of treating a few.

5. *The project may demonstrate the rebuilding of social capital.* A fifth reason for this study's political relevance is that, in an age when "the vibrancy of

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12 The three exceptions to Teen Challenge funding coming from voluntary contributions of others are (1) a one-time "initiation fee," generally around $200, charged to the student, (2) income the center receives from work done by the students (for instance, the strawberry harvest in a Missouri center and roofing and painting done by crews at a Pennsylvania center), and (3) food stamps on behalf of the students that 10 to 12 of the 117 American centers do accept.

13 Stanton Peele, *Diseasing of America* (Lexington, MA: D.C. Heath, 1989), pp. 126-128.

American civil society has notably declined,"[14] organizations such as Teen Challenge may play a key role in the formation of "social capital," or productive connectedness among individuals in society, in populations where little or none previously existed. For those who have used drugs or abused alcohol, anomie, disorientation, and isolation tend to be standard.

6. *The moral deficiency model of drug addiction may find some legitimacy vis-à-vis the physical illness model.* As certain questions are not conclusively answerable by the present findings, the sixth, seventh, and eighth reasons for relevance given here are less conclusions than suggestions. For instance, it calls into question a trend in modern social services (including publicly funded drug abuse treatment) to "medicalize deviance"[15]: drug abuse is viewed less as a pattern of poor moral choices than as a "disease" over which the "patient" has little control. (This trend is discussed further in Chapter Three.) In the present study, Teen Challenge represents the view of drug abuse as a pattern of poor moral choices; STIs (short term inpatient programs) along with Alcoholics Anonymous, the set of comparison programs, represent the physical illness view of drug addiction.

14

Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), p. 65.

15

For the term "medicalization of deviance" I am indebted to Paul M. Roman, "Medicalization and Social Control in the Workplace: Prospects for the 1980s," pp. 407-422 in *Journal of Applied Behavioral Science* 16 (1980), pp. 408-409.

7. *Long-term treatment may find greater legitimacy vis-à-vis short-term treatment.* While findings here on the question can again not be conclusive, this project may provoke further investigation of the question of long-term vs. short-term treatment, both from the standpoint of effectiveness and from the standpoint of funding. If short-term treatment clients must undergo repeated (costly) episodes of treatment, as findings here do suggest (at least in comparison with Teen Challenge clients), the attractiveness of a "quick-and-dirty" 30-day drug treatment diminishes.

8. *Faith-based drug treatment may find some legitimacy vis-à-vis secular treatment.* This project also opens discussion on another dimension of drug treatment: the "faith-based" component. If above-average effectiveness can be attributed to the Teen Challenge program, is this because of faith-based factors? Would effectiveness be due primarily to the program's unabashed application of Christian principles, or to the longer length of stay, to the nonprofit funding source and attendant program structure, or to the way in which addiction is understood by program staff? While Chapter Seven will outline these dimensions of program attributes, conclusively answering these questions would take several dissertations. I will presume no more here than to open the discussion and suggest directions of inquiry. It is very important, however, that this project *not* be interpreted as a rationale for the public funding of nonprofit ministries such as Teen Challenge. While well-intended, such a move may have unintended negative consequences, as Chapter Six will explain.

Previous Teen Challenge Evaluation

The last statistically significant evaluation of Teen Challenge was undertaken over two decades ago.[16] Of a sample of 1968 Pennsylvania Teen Challenge graduates, 87.5% of former abusers were abstaining from the use of marijuana seven years after completing the program and 95.3% of former abusers were abstaining from the use of heroin seven years after completing the program, according to a study commissioned by the National Institute on Drug Abuse (hereafter "the NIDA study"). These figures "accorded closely with urinalysis findings."[17] For at least four reasons, another evaluation is appropriate now.

First, the subjects of the NIDA study were 1968 graduates of Teen Challenge, and it has not been known whether the program has had a similar effect in more recent years.

Second, the fourteen-page NIDA study provided no rigorous analysis of results. While the effect size was provided, the report lacked a calculation of statistical significance as well as a thorough explanation of variance between the treatment group

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United States, Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, "An Evaluation of the Teen Challenge Treatment Program," Services Research Report (Washington, D.C.: Government Printing Office, 1977). [Hereinafter, this report will be cited as NIDA, "Evaluation of Teen Challenge."] Since NIDA's report and before the current project, another quantitative study of Teen Challenge was undertaken. The investigator was Dr. Roger Thompson, criminologist at the University of Tennessee at Chattanooga (Roger Thompson, "Teen Challenge of Chattanooga Survey of Alumni: Final Report," unpublished report, 1994). This project, a mail survey, ran into response rate problems, as Dr. Thompson confirmed on the phone. Forty-four subjects out of 213 responded, yielding a response rate of 21%. I am very grateful to Dr. Thompson for his advice to me on the phone and for the ideas I gleaned from his survey instrument.

17 NIDA, "Evaluation of Teen Challenge," 1977, pp. 10-11.

and control group (in that study, early dropouts). This project does endeavor to analyze variance and show statistical significance.

Third, the NIDA study did not explicitly compare the Teen Challenge results with those of publicly funded programs. The comparison group for this study is a sample of publicly funded program graduates. Hitherto, there has been to my knowledge no data available which *uniformly* compares Teen Challenge with another drug treatment modality. By "uniformly" I mean part of the same investigation, with the same instrument and method applied to both groups. The present project appears, then, to be the first such effort.

Fourth, the control group design in this project diminishes the threat of selection bias when compared with the NIDA study. While the NIDA study used Teen Challenge dropouts as a control group, the comparison group here, as stated, consists of graduates of publicly funded treatment programs. Although the threat of selection bias is not eliminated by this mere aspect of design, it is at least hypothetically diminished, because it does not contain the nonequivalencies of a quitting group on the one hand and a persistent group on the other. While the control group in this quasi-experimental design remains, of course, nonequivalent, it is nonetheless a group of *persistent subjects* in the publicly funded programs which are compared with a group of *persistent subjects* in Teen Challenge, once legal coercion is controlled for in each group. (As is the case with most treatment populations, both samples included clients who were referred to the program by

a court, as an alternative to incarceration. These subjects, in treatment for coercive reasons, cannot be called "persistent" in the pure sense.)

Chapter Two of this document examines the Teen Challenge program philosophy and modus operandi as compared with other types of treatment programs. It explains distinctive features of the Teen Challenge program which are possible reasons as to why twenty-year-old evidence suggested that Teen Challenge had a higher success rate then than other types of programs. These reasons are the foundation for the hypothesis of this study, that Teen Challenge is still more effective than other types of drug treatment programs. Chapter Three observes the existence of two competing definitions of drug abuse which are to be found in the universe of drug treatment programs: (1) the predominant, established *disease definition* accepted by many practitioners of drug treatment and by executive branch agencies charged with implementing public funds, and (2) the *inculcation-of-values definition* held by Teen Challenge and other groups. To test the hypothesis of greater Teen Challenge effectiveness, a nonequivalent control group pretest-posttest design using telephone surveys is employed. The outcome measures for assessing program success will also be explained more fully in Chapter Four. This chapter also discusses how statistical threats to the study's validity have been minimized. Chapter Five presents the results of the quantitative comparison of Teen Challenge and the comparison sample. It also explains dimensions of Teen Challenge drug treatment which were quantitatively uncontrolled. Insight into them, however, is gained from comments made by Teen Challenge respondents, whose responses to open-ended survey

items are then analyzed. Chapter Six is included as a caveat, to thwart the temptation of directing public treatment dollars to a private sector, nonprofit charity such as Teen Challenge, which may be shown to be more effective than current public alternatives. That chapter speaks to consequences of public funding of charities which are unintended and adverse. Chapter Seven then addresses the broader relevance of this study as it offers conclusions. In particular, the project is set in the context of a discussion on reconstructing American "social capital."

Chapter Two

Distinctives of the Teen Challenge Program

The religiosity of Teen Challenge is relevant in two ways to the displacement of drug use: first for its own sake in imparting meaning-in-life, and second, for the reason that it occurs in a social context. Using terms which correspond exactly to these two points of relevance, a report published by the National Institute on Drug Abuse characterized the theology of Teen Challenge: "Christ within you gives the power to overcome the *loneliness* and *nothingness* that previously filled your life."[1] The overcoming of "nothingness" refers to the impartation of meaning-in-life by Christian conversion, and the overcoming of "loneliness" refers to the social context of treatment and attendant rebuilding of social capital. These two features are distinctive of the Teen Challenge program and, if the program is found to be more effective than comparison programs, may offer reasons for the difference.

Overcoming Nothingness: Conversion, Fulfillment, and Meaning-in-Life

The "nothingness" to be overcome in one's life is reminiscent of the "existential vacuum" theorized by Viktor Frankl, founder of the psychological school of logotherapy. According to his ideas, humans are motivated neither by the Freudian pleasure principle

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1 As qtd. in United States, Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse (NIDA), "An Evaluation of the Teen Challenge Treatment Program," p. 1 (emphasis mine).

nor by the Adlerian will-to-power, but by a need to satisfy one's "deep-seated striving and struggling for a higher and ultimate meaning to his existence."[2] When this will-to-meaning goes unfulfilled, an "existential vacuum" results, and it is precisely this, asserts Frankl, which drives the unfulfilled to proxy attempts at escaping from meaninglessness. (Teen Challenge defines these as "life-controlling problems.") One such proxy attempt is drug abuse, the root of which is, according to logotherapy, "not in psychological complexes and traumata, but in spiritual problems and moral conflicts."[3]

If Frankl is correct in defining drug abuse as an attempt to escape from meaninglessness, and if Albert Einstein is correct in asserting that "to be religious is to have found an answer to the question, 'What is the meaning of life?'"[4] one might expect an inverse correlation between religiosity and drug abuse. Indeed, an avalanche of studies have documented such a relationship, with religiosity represented either multidimensionally by affiliation, attendance, and belief[5] or unidimensionally as a

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2 Viktor E. Frankl, *From Death Camp to Existentialism: A Psychiatrist's Path to a New Therapy,* Ilse Lasch, trans. (Boston: Beacon Press, 1959), p. 97.

3 Frankl, *ibid.,* p. 102.

4 As qtd. in Viktor Frankl, *The Unconscious God* (New York: Simon and Schuster, 1975), p. 13.

5 Stephen J. Bahr et al., "Family and Religious Influences on Adolescent Substance Abuse," *Youth and Society* 24 (June 1993), p. 446.

"cognitive attribute of personality."[6] Drug use is consistently shown to be highest among the religiously unaffiliated.[7]

How is the overcoming of nothingness through religiosity operationalized in Teen Challenge? The theological roots of Teen Challenge (affiliated with the Assemblies of God denomination) in Pentecostal Protestantism emphasize the individual's need to be "born again." Scientific religionist Jerald Brauer has analyzed the stages leading up to and following this experience of becoming born again. For a given individual, stage (1) is "a period of inattentiveness or indifference [or] hostility to religious matters." In stage (2), one becomes dissatisfied, "aware of his shortcomings, failures, and perhaps sinfulness." Stages (3) and (4) involve "a course of critical self-examination" marked by

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6 John Rohrbaugh and Richard Jessor, "Religiosity in Youth: A Personal Control Against Deviant Behavior," *Journal of Personality* 43 (March 1975), p. 153.

7 Stephen J. Bahr et al., "Family and Religious Influences on Adolescent Substance Abuse," *Youth and Society* 24 (June 1993): 443-465; Acheampong Yaw Amoateng and Stephen J. Bahr, "Religion, Family, and Adolescent Drug Use," *Sociological Perspectives* 29 (Jan. 1986): 53-76; Hart M. Nelsen and James F. Rooney, "Fire and Brimstone, Lager and Pot: Religious Involvement and Substance Use," *Sociological Analysis* 43 (1982): 247-256; Lee H. Bowker, "College Student Drug Use: An Examination and Application of the Epidemiological Literature," *Journal of College Student Personnel* 16 (March 1975): 137-144; John Rohrbaugh and Richard Jessor (1975), *ibid.*; Donald A. Biggs, James B. Orcutt, and Neil Bakkenkist, "Correlates of Marijuana and Alcohol Use among College Students," *Journal of College Student Personnel* 15 (Jan. 1974): 22-30; Donald A. Chipman II and Clyde A. Parker, "Characteristics of Liberal Arts College Student Marijuana Users," *Journal of College Student Personnel* 13 (Nov. 1972): 511-517; Beatrice A. Rouse and John A. Ewing, "Marijuana and Other Drug Use by Graduate and Professional Students," *American Journal of Psychiatry* 129 (Oct. 1972): 415-420; Mary K. Gergen, Kenneth J. Gergen, and Stanley J. Morse, "Correlates of Marijuana Use Among College Students," *Journal of Applied Social Psychology* 2 (1972): 1-16.

interest in Scripture, sermons, and conversation with converted believers. Some attitudinal and behavioral change occurs, yet there is heightened anxiety and tension as well. The actual conversion experience takes place in stage (5), in which "the person sees the full depth of his alienation from God and enmity toward him, toward his fellow human beings, and toward himself. Original sin is exposed as the base of all uncertainties. He experiences God's mercy and forgiveness as intervening to pluck him from death and transport him to the new life." Stages (6) and (7) of conversion involve "a sense of fulfillment and release which compels him to a new life-style," embarking on a "path of transformation of both self and society."[8]

The converted individual is marked thereafter by a different *Weltanschauung*, which leads one to renounce those elements of the former lifestyle which are now regarded as sinful. Sociologist Emilio Willems confirms in one context that the "path of transformation" observed by Brauer leads an individual to overcome not only personal sinfulness but environmental disadvantages as well. His research on the Pentecostal and evangelical movements among urban poor in Chile and Brazil during the 1960s concluded that for those populations, conversion to evangelical Christianity was the most important single factor in individual and family reorientation and in upward social

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8 Jerald C. Brauer, "Conversion: From Puritanism to Revivalism," *The Journal of Religion* 58 (1978), p. 233.

mobility. The typical convert "refrains from alcohol, his attitudes toward his family change, and instead of violence there is now patience and the 'desire to forgive.'"[9]

The formulations of Brauer and Willems are quite consistent with the accounts of David Wilkerson, the founder of Teen Challenge. Wilkerson was an Assemblies of God country preacher in Pennsylvania when he began making weekly ministry visits to "the roughest, most brutal neighborhoods in all New York" in 1958. These visits were originally exploratory, and with time their purpose became street evangelism and youth crusades[10] (à la Billy Graham, though on a far smaller, more intimate scale). By 1960 Wilkerson had moved to New York to be "a full-time worker among the gangs."[11] Likening the "new life" after conversion to a snake's shedding of skin, David Wilkerson writes, "The heart of Christ's message is extremely simple: an encounter with God--a real one--means change."[12] He goes on to describe the conversion process, or "touch of God," as a dramatic transformation which "almost [as] a rule ... is marked by tears. When finally we let the Holy Spirit into our innermost sanctuary, the reaction is to cry. I have seen it happen again and again. Deep soul-shaking tears, weeping rather than crying. It

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9 Emilio Willems, *Followers of the New Faith: Culture Change and the Rise of Protestantism in Brazil and Chile* (Nashville: Vanderbilt University Press, 1967), pp. 130-1.

10 David Wilkerson, *The Cross and the Switchblade* (n.p.: Jove Publications, 1986 [1963]), pp. 45, 65. It is this book that records the founding and early history of Teen Challenge.

11 Wilkerson, *ibid.* p. 97.

12 Wilkerson, *ibid.* p. 42.

comes when that last barrier is down and you surrender yourself to health and to wholeness. And when it does come, it ushers forth such a new personality that, from the days of Christ on, the experience has been spoken of as a birth."[13] Describing a young man who had "cried out" his bitterness, hatred, doubts, and fears (and hostility, anxiety, and tension, to use Brauer's language from his Stages 1 through 4), we are told that "when he was all through there was room for the kind of love the Christian knows, which doesn't depend on parents or preachers or even upon prayers being answered in the way we think."[14] This is then reminiscent of the "fulfillment and release" spoken of by Brauer in Stage 6 outlined above.

This fulfillment, or overcoming of nothingness, must then lead to an outward focus in order for the individual to experience a new sense of meaning-in-life, as Frankl, Brauer, and Teen Challenge respondents in the present study would agree. Note that Brauer's Stage 7 of conversion is "a path of transformation" not just of self, but "of society" as well. One respondent in the present study contrasted his pre-conversion lifestyle with his present life accordingly, that he found fulfillment and meaning not in material things but in mission: "I tried all kinds of things--I thought, if I can just make more money, or if I can go date this girl, or have this kind of car, then I'll be happy. But Teen Challenge basically guides you to a peace and joy that lasts your whole life, because right now I have so much happiness; I have a joy I never had before. You know, I'm not

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[13] Wilkerson, *ibid.* p. 67.

[14] Wilkerson, *ibid.* p. 74.

making a lot of money--I was making a lot more money than I am now, but the work I'm doing is for people out there who will come after me. Without this program, those people wouldn't have an opportunity."[15] Another agreed: "If I'd stayed out there, I could be making $40-$50,000 living a non-Christian life, but an unhappy, very depressing life. You can have all the things you want, but you can't take it with you."[16] Yet another also describes the post-conversion meaning-in-life he has found in the outward mission-oriented path of societal transformation: "I grew up ... in a white neighborhood in San Diego. What I'm doing now is working in the South Gate projects where the white man's the enemy. We do children's church on wheels, we've done ministry on skid row in Los Angeles, went on a mission trip to New York ...."[17]

Overcoming Loneliness: Community, Reference Group, and Social Capital

In the fledgling days of the Teen Challenge ministry, Wilkerson readily learned that administering conversions and nothing more was in many cases tantamount to leaving these new Christians without an anchor. A need for "follow-up," or spiritual nurturing, mentorship, and guidance in day-to-day matters was deemed necessary. This was to be done in the context of community, which most of the young people lacked.

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[15] Teen Challenge Respondent #10, telephone interview, October 20, 1995.

[16] Teen Challenge Respondent #13, telephone interview, October 21, 1995.

[17] Teen Challenge Respondent #25, telephone interview, October 25, 1995.

In one of David Wilkerson's early interviews with a gang member, he asked the boy what he considered the greatest problem boys in New York had. "'Lonesomeness,' said Angelo quickly." It appears that this was key in the formation of Wilkerson's paradigm: "The more I came to know New York, the more I grew certain that Angelo was right."[18] He writes that fighting, sex, and drug addiction were "dramatic manifestations of the needs of New York's teen-age gang members": they are "outward symbols of a deep inner need: loneliness. A hunger for some kind of significance in life." Furthermore, "there isn't much these boys can do with their time."[19] Bemoaning the "pathetically low sights" of the typical street boy, Wilkerson notes such life hopes and goals as getting a new hat or crossing the Brooklyn Bridge into Manhattan.

This lack of meaning or direction among the boys was concomitant, in Wilkerson's mind, with their *lostness* (in a salvation sense). While himself spurning the use of such hackneyed religious phrases, he noted that "some of our professional vocabulary is wonderfully descriptive if you think about its real meaning," observing the literal "lost" behavior of gang members: "They wandered around scared and they looked furtively over their shoulders. They carried weapons against unknown dangers, ready at a moment's notice to run or to fight for their lives. These lost boys group together for protection, and there you have the making of a gang."[20]

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[18] Wilkerson, *ibid.* p. 48.

[19] Wilkerson, *ibid.* pp. 50, 122.

[20] Wilkerson, *ibid.* p. 120.

One "all-important fact" that Wilkerson observed was the street boys' lack of a real home "virtually without exception." The homes they did have the boys termed "prisons" and "horror houses." Taking fresh young seminarians on eye-opening tours of tenements and public housing projects, Wilkerson pointed out the physical and moral deprivation of slum families: "Lump a thousand tortured families together in a single neighborhood and you have a floating population of teen-agers who are hostile and afraid, who flock together looking for security and a sense of belonging. They will create a home for themselves by fighting for a "turf" which is ... their fortress."[21]

In early cases, the Teen Challenge organization usually referred the newly "reborn" street youth to a pastor near his home and worked through that local church. "We would keep careful records and follow up regularly until it was clear these youngsters could stand on their own."[22] Many cases, however, warranted special attention beyond the capacity of this method to solve. Acknowledging the moral and material poverty of many young individuals' home lives, Wilkerson on one of his early trips to New York envisioned a surrogate home for them that was later to become reality: "They've got to start all over again, and they've got to be surrounded by love. The idea came to mind as a complete thought ... the picture of a house where these new kids could come. A really nice house, all their own, where they would be welcomed--welcomed and loved. They could live in their house any time they wanted to. The door would always be

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[21] Wilkerson, *ibid.* pp. 120, 122.

[22] Wilkerson, *ibid.* p. 116.

open; there would always be lots and lots of beds, and clothes to wear, and a great big kitchen."[23]

This house, Wilkerson writes, provided "an atmosphere of discipline and affection" in which new Christians could participate in worship and study, where they could "watch Christians living together, working together; and they would be put to work themselves. It would be an induction center, where they were prepared for the life [of fulfillment]."[24]

The approach of Wilkerson and Teen Challenge, then, was not crassly simplistic regarding conversions but endeavored to be holistic with respect to human need: "Teams of two or three workers would start walking over a prescribed route, keeping an eye out for signs of trouble. They would be trained to spot the symptoms of narcotics addiction; they would be on the lookout for the teen-age alcoholic, or for the girl prostitute. They would talk to gang members, especially the members of fighting gangs. And they would go not with an eye to gaining converts but with an eye to meeting need. The conversions would take care of themselves. If we really met a human need, the world would beat a path to our door."[25]

Although Wilkerson presents a constellation of aggravating factors of inner-city youth problems, and although he describes drug abuse as "one depravity which surpasses

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[23] Wilkerson, *ibid.* p. 51.

[24] Wilkerson, *ibid.*, p. 105.

[25] Wilkerson, *ibid.*, p. 116.

them all,"[26] the central issue for him remains that of loneliness, which often prompts a "shell" of pride, arrogance, or complacency "to hide the real, scared, lonely" individual.[27] Drug abuse, then, is but a symptom of the deeper problem "loneliness," which can only be addressed adequately at the spiritual level by a "personal relationship with God," and at the social level by a close-knit Christian community for material and morale-building needs which the new believer may face.

It is not merely for its own sake, then, that religiosity is an inverse correlate of drug use. Religiosity is not simply an individual phenomenon; it occurs in groups. The uncomplicated principles of reference group theory state that one's actions are at least partially explained by the reference group to which one adheres. In his pioneering work on differential association, criminologist and reference group theorist Edwin Sutherland stated that one becomes delinquent when "definitions of legal codes favorable to violations of the law outweigh definitions of legal codes unfavorable to violations of the law."[28] In a religious community, one is usually surrounded by definitions of the law unfavorable to violation. Not surprisingly, the reference group literature demonstrates a low incidence of drug and alcohol abuse among church members for whom proscriptive denominations (those which take a strong stand against drug and alcohol use) are a

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[26] Wilkerson, *ibid.*, pp. 48-50.

[27] Wilkerson, *ibid.* pp. 59, 50.

[28] Edwin H. Sutherland, *Principles of Criminology* (Chicago: J.B. Lippincott, 1947), pp. 5-8.

reference group.[29] Chapter Five of this document will demonstrate that, in general, the Teen Challenge respondents in this study unequivocally changed their reference groups from the period before to the period after the program. This evidence, in turn, will speak to the efficacy of Teen Challenge in rebuilding social capital, or productive connectedness among individuals, in a population for whom this resource was previously a scarce commodity.

The Current Teen Challenge Program

The nationwide Teen Challenge organization has built on David Wilkerson's original vision of a "really nice house where they would be welcomed and loved" by establishing as of early 1999 130 centers in the United States with 2885 beds, and approximately 60 centers in 54 countries worldwide.[30] Teen Challenge maintains a relationship with the Pentecostal/charismatic Assemblies of God denomination, Wilkerson's original affiliation. As David Batty, a current officer of Teen Challenge, put

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E. Wilbur Bock et al., "Moral Messages: The Relative Influence of Denomination on the Religiosity-Alcohol Relationship," *Sociological Quarterly* 28 (1987): 89-103; Marvin D. Krohn et al., "Norm Qualities and Adolescent Drinking and Drug Behavior: The Effects of Norm Quality and Reference Group on Using Alcohol and Marijuana," *Journal of Drug Issues* 12 (1982): 343-359; Ephraim H. Mizruchi and Robert Perrucci, "Norm Qualities and Differential Effects of Deviant Behavior: An Exploratory Analysis," *American Sociological Review* 27 (1962), p 398.

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The list of countries where Teen Challenge is found includes Canada, Australia, 13 countries in Latin America, 6 in the Caribbean, 2 in Africa (South Africa and Swaziland), 15 in Western Europe, 9 in Eastern Europe, and 7 in Asia (India, Bangladesh, Pakistan, Kazakhstan, Singapore, the Philippines, and Macau).

it, "We chose to establish a relationship of accountability with an organization that would provide spiritual and moral oversight--although that relationship doesn't necessarily carry with it financial underwriting." Some individual centers, he said, receive less than 10% of their monetary support from Assemblies of God churches, and of a national Teen Challenge budget of $25-30 million, grants from the national Assemblies of God do not number over $200,000. Rather, individual centers are free to pursue relationships with any churches in the community. Brooklyn (NY) Teen Challenge, for instance, receives funding from Presbyterian, Catholic, Lutheran, Baptist, and Methodist churches in addition to Pentecostal churches.[31] While the Supreme Court would likely brand Teen Challenge as "pervasively sectarian," its constituency within the Christian community is quite a broad one.

Beyond referrals and crisis intervention (emergency housing for up to 14 days), the Teen Challenge program is 12 to 14 months in duration and consists of four levels. The *induction phase* is the first, lasting three to four months. The individual in this phase has come directly "off the street, with no understanding of Christianity, or at least is certainly not walking with Christ, and is still coming down off drugs." The goal of the induction phase is to "bring the student off drugs and clean up his system so he can be strong physically." He learns to "respect rules and authority and hopefully will receive enough information on the Lord that he will want to give his heart to Christ." The second

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David Batty, telephone interview, February 1, 1999. Mr. Batty is the former national curriculum coordinator for Teen Challenge and is currently executive director of the Teen Challenge center in Brooklyn, NY.

level, a *training phase*, lasts eight to ten months. The student in this phase is "assumed a Christian, who has mastered his classes and knows how to study the Bible and can then develop good work skills and habits." The third (optional) level is a halfway house for alumni, who are permitted to stay another three months if they so choose. They are given more freedoms and some counseling/oversight and may have a full time job. The fourth level is reentry, for graduates who have relapsed. It consists of a thirty-day dry-up period, after which the student is treated as an alumnus.[32]

Two unique features of Teen Challenge are noteworthy here. First, clients are called "students," not "patients," as clients are called in those programs based on a medical understanding of drug addiction. Second, the eight-to-ten month training phase, the second level outlined above, usually takes place in a rural area. While induction centers tend to be in urban settings, the student moves to the rural training center after three months or so in induction. These two unique features of Teen Challenge correspond to the two major activities of students in the program: (1) taking classes and (2) working. The classes are usually on various aspects of character according to the Bible. (For those without a high school diploma, time is generally provided for finishing a GED.) In addition to routine chores around the center such as housekeeping and kitchen duties, the work that is done in the rural training centers is often of an agricultural nature. At Cape Girardeau, MO, for instance, there are several acres of berries to be picked and tended. Work teams are also formed in various specialties, such as roofing

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32 Steve Janes, director of Chicago Teen Challenge, personal interview, December 6, 1993.

and carpentry, and these teams are hired in the surrounding communities, as is especially the case at the Rehrersburg, PA center.

In these ways--that is, through Christian conversion, through classes on character-building, and through the practical development of work skills and discipline, all with the constant fellowship and support of the community--Teen Challenge endeavors to impart meaning in life to the individual seeking freedom from substance addiction.

Characteristics of Current Teen Challenge Students

The passages cited above from David Wilkerson's *Cross and the Switchblade*, the book that tells the story of the early years of Teen Challenge (1950s and 1960s), refer several times to "children," "youth," or "teenagers." Indeed, the primary focus of the Teen Challenge program in those days (hence its name) was in fact teenagers, since the drug problem which was emerging at that time was more or less a teen phenomenon. Today, however, the name Teen Challenge is somewhat misleading: as the mean age of the drug-using population has become older, the clientele of the program has shifted as well. Thus, there are currently even more Teen Challenge centers for adults than there are for adolescents. This study, therefore, focuses on a sample of adult male graduates of the three largest Teen Challenge centers: Rehrersburg, PA, Cape Girardeau, MO, and Riverside, CA. (Although Teen Challenge also has treatment centers for women and for adolescents, these sampling populations are not as large and are beyond the purview of this study.)

The set of programs used for comparison in this study, short-term inpatient treatments (STIs) will be described in Chapter Three. Chapter Four will demonstrate that the general STI population appears to be considerably older, whiter, less urban, more educated, less criminal, and less severely addicted pretreatment than the Teen Challenge sample as a whole (see Table 4.3, pages 106 to 109). (This general STI population is the "aggregate STI pool" referred to below--from it, the matched comparison sample is drawn.) Chapter Four will also detail the matching process used to eliminate many of these nonequivalencies in forming a control group for statistical comparison with Teen Challenge (this is the "matched comparison group" referred to below).

Characteristics of the sample of 59 Teen Challenge graduates included in this study are provided in Tables 4.3 (pages 106 to 109) and 5.2 (pages 145 to 146), where they are given alongside the figures for the matched comparison group and aggregate STI pool. The average Teen Challenge respondent was 31 years of age at intake and was just as likely to be an ethnic minority as not. (31% of respondents were African American, and 18% were Latino, Native American, or East Indian.) Eighty-one percent had lived most of their lives in an urban area. Upon entering the program, 56% had never married, 25% were married, and the remainder (19%) were divorced, separated, or widowed--yet 56% were fathers. A third had not earned a high school diploma before Teen Challenge, 52% had a diploma only, and 14% had education beyond high school. The average Teen Challenge respondent had been arrested for nontraffic offenses at least three times in the year before entering treatment, while in the same period, the average comparison group

respondent had been arrested only twice, and the average member of the aggregate STI pool had been arrested less than once.

Before the program, 86% of Teen Challenge respondents used drugs other than alcohol at least weekly, yet only 47% of the aggregate STI pool used nonalcoholic drugs that often. (As severity of pretreatment addiction was one of the matching variables, 86% was also the proportion of the matched comparison group who used nonalcoholic drugs at least weekly.) Table 2.1 below displays the specific drugs used by Teen Challenge respondents and the matched comparison group pretreatment. (See Table 5.2 for before-after comparisons.)

Table 2.1. Prevalence of Pretreatment Frequent Drug Usage in Teen Challenge Sample and Matched Comparison Group

(For alcohol, percent **daily** use during year before program; for other drugs, percent **weekly** use during year before program)

Drug	Teen Challenge (N=59) %	Matched Comparison Group (N=118) %
Cocaine	57.6	45.9
Alcohol	55.9	30.1
Marijuana	49.1	37.1
Stimulants	15.3	4.8
Hallucinogens	15.3	5.6
Opiates	10.2	5.6
Tranquilizers	10.2	13.0
Painkillers	6.8	12.8
Barbiturates	3.4	10.5
Other Drugs	5.1	0.0

It is evident from Table 2.1 that far more polydrug users are found in the Teen Challenge sample than in the comparison group. The Teen Challenge column sums to 229 while the comparison group column sums to 165. This indicates that the average Teen Challenge respondent used 2.29 drugs frequently, but the comparison group respondents used, on the average, only 1.65 drugs frequently. Furthermore, in all of the *illicit* drug categories plus alcohol, more Teen Challenge respondents were found to have used frequently pretreatment. However, the three drug categories in which higher numbers of frequent users were found in the comparison group were tranquilizers, painkillers, and barbiturates (such as sleeping pills), all three of which are categories of *licit* drugs, either prescription or over-the-counter.

To summarize these differences with regard to drug usage:

1. More polydrug users were found in the Teen Challenge sample than in the matched comparison sample.

2. More frequent users of illicit drugs and alcohol were found in the Teen Challenge sample than in the matched comparison sample.

3. More frequent abusers of over-the-counter drugs were found in the matched comparison sample than in the Teen Challenge sample.

Why might these three differences persist in spite of matching? Even after matching on four variables (ethnicity, age, severity of addiction, and court referral status), some telling nonequivalencies remain. The Teen Challenge sample is 81% urban, while only 67% of the comparison group lived in an urban area; in spite of matching on

ethnicity, the Teen Challenge sample still has a few more minorities--49%, as opposed to 41.5% in the comparison group; and in spite of matching on age, the Teen Challenge sample is slightly younger--at intake, the average Teen Challenge respondent was 31 while the average comparison group respondent was 33. The standard deviation of the age of the Teen Challenge sample was lower as well: it was 7.6 years, while that of the comparison sample was 9.9 years, skewed more in a right-hand (older) direction. Moreover, fewer of the Teen Challenge sample had attained a diploma: 66.1% of the Teen Challenge sample had received at least a high school education, but 77.7% of the comparison group had done so. The matched comparison group, then, remains less urban, whiter, a bit older, and more educated pretreatment than the Teen Challenge sample. We might assume that such a population may be somewhat less likely to avail themselves of cocaine and other illicit drugs than would a population composed of more urbanites and more minorities who are younger and less educated. Reasons for this difference include both availability and status. For nonurban dwellers represented in greater numbers by the comparison group, it may be harder to find dealers of some illicit drugs (such as cocaine, PCP, or heroin). Rather, it is far easier to walk into any drugstore to find sleeping pills or painkillers and then to use them in a manner inconsistent with their labeling. The status reason for the usage difference is also a rather clear scenario: for certain older, whiter, more educated individuals, also represented in greater numbers by the comparison group, "street drugs" carry status connotations much more shocking

and undesirable than do drugs packaged professionally and available in the clean-swept aisles of the local Walgreen's.

Another interesting nonequivalency which remains even after matching is source of referral to treatment. Table 2.2 summarizes the between-group comparison on source of referral.

Table 2.2. Source of Referral to Treatment in Teen Challenge Sample and Matched Comparison Group (Respondents could cite more than one source)

Referral Source	Teen Challenge (N=59) %	Matched Comparison Group (N=118) %
Family	43.9	16.9
Court	22.8	22.9
Friends	21.1	11.0
"Institutions"	7.0	29.7
thereof Social Worker	3.5	7.6
thereof Physician	1.8	11.9
thereof Mental Health Worker	1.8	10.2
Employer	3.6	1.8
Self (unique[33])	1.8	22.9

Equivalent proportions (nearly a fourth) of both the Teen Challenge group and the STI group, before or after matching, were court-referred. Yet this is where the similarities on the referral variable end. Of the 27 comparison group respondents who were court-referred to treatment, six, or less than a fourth, cited "family" as an additional referral source. Of the 13 Teen Challenge respondents who where court-referred, seven, or about half, also cited "family." While larger samples would be necessary to confirm this finding, it is not out of line to suppose that the following scenario is not a rarity among Teen Challenge court referrals. The offender is told by the judge that he is at a

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For this category only, percentages given in the chart are those of respondents who cited "self" alone, supplemented by no other category. The reason I recalculated these figures in this fashion is that "self" is practically unhelpful when supplemented by another category.

crossroads: it is either incarceration or successful completion of drug treatment with probation. The offender's mother petitions the bench to allow Teen Challenge, a program she heard about in church, to be the treatment to which her son is referred. The judge agrees, and the referral is made. Similar family/friend/word of mouth connections appear to be responsible for the bulk of noncourt referrals to Teen Challenge as well. A figure excluded in the chart above because no comparison data are available is the fact that 28% of Teen Challenge respondents cited "church" as a referral source. Although we do not know how many STI clients were referred to those programs by churches, we do see a fairly solid picture emerging of individuals being referred to Teen Challenge largely through informal channels.

On the other hand, those who enter STIs are much more likely to have been referred by what I would call an "institutional" figure such as a doctor, social worker, or mental health worker. Three possible reasons emerge for this difference. One is that STIs are fairly ubiquitous; a second is that they are well accepted in the professional circles of the human service delivery establishment. (A corollary of the first and second reasons is that, because of the established presence and acceptance of treatments other than Teen Challenge, the only way to hear about Teen Challenge, let alone enter the program, is through informal, noninstitutional channels.) A third possible reason for the prevalence of institutional referrals among the STI sample and not the Teen Challenge sample is that most of the Teen Challenge sample had tried that route already. While just over half of the comparison group had been in treatment before, around 70% of the Teen

Challenge respondents had been in at least one other treatment before Teen Challenge. In turn, most of these cases involved at least one STI, and it is very plausible that many of these individuals treated by STIs landed there through an institutional referral. In other words, many of the Teen Challenge respondents who were treatment veterans had tried the "institutional route" before, and, leading up to their referral to Teen Challenge, they were perhaps desperate enough for a cure from their addiction to either seek out or to resort to another treatment option outside the purview of established institutional channels.

Another aspect of Table 2.2 deserves comment: the between-group disparity on citation of oneself as the only referral source is considerable. Only one of the 59 Teen Challenge respondents, but nearly a fourth of the 118 comparison group respondents, were self-referred. Two possible reasons exist for this difference. First, this question occurred on the intake form for the comparison group, and many of those respondents filled out this form themselves and saw all the possible answers printed on the form, including "self." For the Teen Challenge sample, on the other hand, I asked this as an open-ended question in the telephone interview; in this circumstance, a respondent is probably less likely to volunteer "self" as an answer. A second reason to account for some of the disparity in self-referrals is that, to the minds of most, the first place to go if one wishes to check oneself in to drug abuse treatment is a hospital, not a church. Hence that self-referred fourth of the STI sample recognized their need for help, simply went to a hospital, checked in, and began treatment. This state of affairs is an artifact of the

ascendancy in the public mind of what will be referred to in Chapter Three as the "medicalization of deviance."

Chapter Three

Teen Challenge in the Context of the Drug Treatment Universe

Treatment modalities for drug abuse treatment are many, but in the typical pre-1997 evaluation literature they fell into four main groupings: (1) methadone maintenance, (2) detoxification, (3) drug-free outpatient programs, and (4) long-term residential communities.[1] Teen Challenge is a subset of the fourth grouping. The change that occurred in 1997 was the publication of the findings of the large scale federally funded evaluation known as the Drug Abuse Treatment Outcome Study (DATOS). In these findings, a new up-and-coming modality was introduced to mainstream drug treatment evaluation, the short-term inpatient program (STI)[2] (which forms the comparison group for the present study). STI's took over the slot formerly held by detoxification programs,

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See, for instance: D. Dwayne Simpson, "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Followup Research," in Frank M. Tims and Jacqueline P. Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), pp. 29-41; George DeLeon, "Treatment Strategies," in James A. Inciardi, ed., *Handbook of Drug Control in the United States* (New York: Greenwood Press, 1990), pp. 115-138; and Elaine B. Sharp, *The Dilemma of Drug Policy in the United States* (New York: HarperCollins, 1994), pp. 69ff.

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Robert L. Hubbard, et al., "Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)," pp. 261-278 in *Psychology of Addictive Behaviors* 11:4 (December 1997), p. 263.

whose success rates were never shown to be noteworthy. STI's as well as each of the other categories will briefly be described below along with evaluation findings for each.

Before doing so, however, an important caveat must be issued: the citation of different programs' effectiveness rates from nonuniform data is *very broad brush painting*: as methodologies between studies vary, so do the strength and the generalizability of the conclusions. Even with rigorous metaanalytic techniques, nonuniform data can not be compared without caution. One who wishes to compare findings across studies is usually beset with a multitude of obstacles. Some of these include between-study differences in definition of a favorable outcome, in sample size, in instrumentation, in location/consent/response rates, in coding of responses, and in retention rates within the evaluated program itself. Not only do these differences exist in the methodologies, but many of their details are not provided in the final report.

This nonuniformity of data collection is the unfortunate and persistent reality in the world of drug treatment evalution, however. The following exchange in 1992 between Mark V. Nadel, the GAO's Associate Director for National and Public Health Issues, and Charles B. Rangel, then Chairman of the Select Committee on Narcotics Abuse and Control in the House of Representatives, is a testimony to this very problem,

which has persisted in the subsequent years.[3] Rangel asks Nadel how many programs have proven to be successful:

> *Nadel:* As we found in our report, because uniform information is not being collected, we are unable to provide you with that information. ...
>
> *Rangel*: How can we compare the success of one modality to another?
>
> *Nadel*: If you had good uniform data and outcome data on a continuing basis, you would be able to do so. We don't have such data now.
>
> *Rangel*: So, you haven't the slightest idea as to whether any of these [Federal] treatments are working.
>
> *Nadel*: We are unable to determine that. That's right, Mr. Chairman.[4]

That favorable outcomes are defined in different ways by different programs is one reason for nonuniform data collection. For instance, certain programs without abstinence as a primary program goal (such as methadone maintenance programs, as described below) are often evaluated not by determining a drug-abstinence percentage among ex-clients, but by using a tool of outcome measurement known as the Addiction

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3 See, for instance, United States Executive Office of the President, Office of National Drug Control Policy, *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation* (Washington, DC: GPO, 1996), pp. 38-39.

4 United States House of Representatives, Select Committee on Narcotics Abuse and Control, *Drug Abuse Treatment: a Review of Current Federal Programs and Policies: Hearing*, 102nd Congress, 1st session (Washington, DC: GPO, 1992), pp. 73-74.

Severity Index (ASI). The ASI forms a composite score between 0.0 and 1.0 for each client, based on responses to a battery of questions. Outcomes are then reported exclusively in terms of ASI scores. Such an evaluation thus becomes impossible to compare to any study that does not use the ASI.[5]

Another interesting technique of outcome evaluation which does little to facilitate comparability is to report posttreatment drug usage measurements only for the client's "primary drug," or "drug of choice." One learns, then, from reading the report, how much cocaine is used posttreatment by those in the sample whose *primary pretreatment* drug was cocaine, but one does not know, for instance, how much marijuana or alcohol these same subjects consume, or how many are now using cocaine whose previous primary drug was something else.[6]

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For an example of such an evaluation, comparable to few other studies except others which use the ASI, see A. Thomas McLellan and Constance Weisner, "Achieving the Public Health and Safety Potential of Substance Abuse Treatments: Implications for Patient Referral, Treatment 'Matching,' and Outcome Evaluation," in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse* (New York: Plenum Press, 1996), pp. 142-145.

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For an example of a study using this technique, see George DeLeon, *The Therapeutic Community: Study of Effectiveness,* U.S. Dept. of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse (Washington, DC: GPO, 1984), pp. 24-26.

Another reporting technique that tends not only to complicate comparison but may mislead the reader is to report not abstinence from particular drugs, but only certain frequencies of usage of particular drugs. For instance, we might learn from a report that 16% of respondents used cocaine weekly or more often, but we have no idea how many used it less often than weekly. Abstinent respondents are thus grouped together with those who indulge in a cocaine binge after every biweekly paycheck, for instance.[7] Indeed, the perniciously addictive nature of cocaine has led many to suggest that "decreases in cocaine use *other than total abstinence* are not clinically important, since the user remains in the cocaine-using environment and is likely to return to pretreatment levels of use once drug administration resumes."[8]

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For examples of this reporting practice, see Robert L. Hubbard et al., "Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)," in *Psychology of Addictive Behaviors* 11:4 (December 1997), pp. 266-267ff.; Ward S. Condelli and Robert L. Hubbard, "Client Outcomes from Therapeutic Communities," in Frank M. Tims et al., *Therapeutic Community: Advances in Research and Application* (Rockville, MD: National Institute on Drug Abuse, 1994), p. 85; Robert L. Hubbard et al., "Treatment Outcome Prospective Study (TOPS): Client Characteristics and Behaviors Before, During, and After Treatment," in Frank Tims and Jacqueline Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 58; and Robert L. Hubbard et al., *Drug Abuse Treatment: A National Study of Effectiveness* (Chapel Hill, NC: University of North Carolina Press, 1989), pp. 107-109. In this last source only, abstinence rates are indeed present but are in anything but bold relief in the discussion.

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Sharon M. Hall, H. Westley Clark, and Karen Lea Sees, "Drug Abuse, Drug Treatment, and Public Policy," in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and*

(continued...)

Yet another problematic practice is to report before/after differences in the percent of the sample who are *nonusers of a particular drug*. For instance, 56% of the sample may be reported as nonusers of marijuana before treatment, and 65% nonusers after treatment, and figures like these are cited for each drug. Yet one does not know how many of the posttreatment nonusers of each drug were pretreatment users of that same drug, and how many may have just switched drugs between the pretreatment and posttreatment observations. In other words, while one hopes that the list of nonusers of marijuana was simply *augmented* by previous users of marijuana becoming free of drug addiction, an alternative plausible explanation of the data *as reported* is that the subjects *displaced* the previous drug of choice with another. For all one can tell from the reported figures, the previous users of marijuana may be current nonusers of that drug, but might all be abusing alcohol instead, and the former smokers of crack might all have displaced their previous addiction by smoking pot.[9] Indeed, the use of alcohol as a substitute drug

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[8](...continued)
Treatment of Illicit Drug Abuse (New York: Plenum Press, 1996), p. 93.

[9] For a report threatened with this problem, see George DeLeon, *The Therapeutic Community: Study of Effectiveness,* United States Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse (Washington, DC: Government Printing Office, 1984), pp. 11-13, 21-22.

for one's "drug of choice" has been acknowledged in the literature,[10] if not always acknowledged in the reporting of data.

A consequence of these various reporting techniques is the maximization of favorable outcome appearance. While it is not the purpose of this paper to judge whether this consequence is intended by the evaluators, it is hard to ignore the fact that this state of affairs does not hurt the appearance of one's program in the eyes of those appropriating the funding on which the program depends.

As flawed or impossible as between-study comparisons may be, then, the best that can be done at the present time is to give a *general overview* of the "lay of the land" of drug treatment evaluations. While it would be tempting and more visually and cognitively appealing to present such information in a synthesized tabular format, a table or chart would appear conclusive, lending itself to premature comparisons. What follows instead, therefore, is a discussion.

10

Jerome F. X. Carroll, "Clinical Issues in Therapeutic Communities," in Frank M. Tims et al., eds., *Therapeutic Community: Advances in Research and Application* (Rockville, MD: National Institute on Drug Abuse, 1994), p. 272.

Methadone Maintenance

Methadone maintenance emerged in the 1960s as a pharmacological treatment to block the specific craving for heroin, generally regarded as the most nefarious of the illicit drugs available at that time. Methadone, itself an opiate (opium derivative) like heroin, does not provide the euphoric high that heroin does, but it is also addictive, and the methadone client must return for a dose of it every 24 hours in order for the heroin craving to be kept at bay. The vast majority of methadone treatment centers do not have as their objective total abstinence from all chemical dependency. Rather, the clinics and the clients assume that for the duration of the client's life, he will never stray away from a methadone clinic for more than a day's time. In rare cases, a client may be entrusted with a week's worth of methadone doses, but the reason this is rare is to stem the development of a methadone black market. A form of methadone maintenance arose in the 1980s that was "change-oriented," i.e., was combined with psychotherapeutic counseling with the goal of eventually weaning the client from methadone entirely. However, the change-oriented type of methadone clinic seems to be exceedingly rare.[11]

Given that the objective of most methadone maintenance programs is not abstinence, it may not be surprising that, when success is defined in terms of abstinence from heroin and methadone, success rates are lower than 10 percent ten years after

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Elaine B. Sharp, *The Dilemma of Drug Policy in the United States* (New York: HarperCollins, 1994), p. 71.

treatment.[12] However, when success is defined as (1) no use of *illicit* drugs (neither alcohol nor prescribed methadone is illicit) *with the exception of less-than-daily marijuana use* and (2) no arrests or incarcerations during the past year, the rate of success becomes 27 percent.[13] To the credit of methadone programs, however, it should be noted that they maintain a retention rate higher than that found in other modalities.[14]

Though cocaine has eclipsed heroin as the most widespread illicit drug of choice of the 1980s and 1990s, no widely accepted *pharmacological* treatment for dependence upon it has emerged, "despite a concerted and organized effort."[15]

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Vincent P. Dole and Herman Joseph, "Long-term Outcome of Patients Treated with Methadone Maintenance," *Annals of the New York Academy of Science* 311 (1978): 181-189.

13

D. Dwayne Simpson, "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Followup Research," in Frank M. Tims and Jacqueline P. Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), pp. 31-32.

14

Joseph V. Brady, "Drug Policy and the Enhancement of Access to Treatment," in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse* (New York: Plenum Press, 1996), pp. 167-170.

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Sharon M. Hall, et al., "Drug Abuse, Drug Treatment, and Public Policy," in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse* (New York: Plenum Press, 1996), p. 92; Office of National Drug Control Policy, Executive Office of the President, *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation* (Washington, DC: GPO, 1996), pp. 41-42.

Detoxification

Detoxification occurs primarily in hospitals, with inpatients, and is typically one to three weeks in duration. The goal of detoxification programs tends to be a simple one: to provide a safe and comfortable environment (the hospital, with available painkilling medications including methadone) until the body adjusts to independence from drugs. While detoxification is effective in the short term, relapse occurs in all but 5% of cases. While referral to other treatment modalities is frequently made from detoxification programs, individuals appear to successfully complete the treatment to which they were referred less than 15% of the time.[16]

Outpatient Drug-Free Programs

A third category of drug treatment modality found in the literature is "Outpatient Drug-Free" treatment (ODF). This label tends to be an umbrella category for a diversity of programs whose only commonality is that they fit the label: i.e., they are both nonpharmacological and nonresidential.

However, the most famous, and most numerous, group within this category is Alcoholics Anonymous, or AA (its analogues for users of illicit drugs are Narcotics Anonymous, or NA, and Cocaine Anonymous, or CA). Ever since the founding of AA in

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George DeLeon, "Treatment Strategies," in James A. Inciardi, ed., *Handbook of Drug Control in the United States* (New York: Greenwood Press, 1990), pp. 116-117.

the 1930s, its pattern has been for groups of past and recovering abusers to gather in groups to counsel and support one another through "Twelve Steps," ranging from step one, an admission of powerlessness over alcohol, to step twelve, a spiritual awakening.[17] Two AA distinctives (perhaps not intuitively compatible) are (1) the reliance on a higher power, the definition of whom varies among individual members ("God as we understand him" appears in six of the twelve steps), and (2) the doctrine that alcoholism/drug addiction is an incurable *disease*: hence the oft-quoted dictum from the AA "Big Book": "once an alcoholic, always an alcoholic."[18] The second distinctive causes AA to mandate total abstinence for its members: it is taught that a single drink is enough to initiate the inexorable downward and barely recoverable spiral once again into drunkenness: "We are ... positive that once [the alcoholic] takes any alcohol whatever into his system, something happens, both in the bodily and mental sense, which makes it virtually impossible for him to stop."[19] The disease cannot be *cured*, but only *controlled*.

Note that AA methodology relies on a "higher power" and that it is generally regarded (by itself and by others) as a spiritual *program*, but that it does not define alcoholism/drug addiction as a spiritual *problem*. Rather, it is defined as a disease. *A*

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[17] *Alcoholics Anonymous* (New York: Alcoholics Anonymous, 1955), pp. 59-60.

[18] *Alcoholics Anonymous* (New York: Alcoholics Anonymous, 1955), p. 33.

[19] *Alcoholics Anonymous* (New York: Alcoholics Anonymous, 1955), pp. 22-23.

spiritual definition of the program often comes in the same breath as *the disease definition of the problem*:

> To miss the spiritual angle was to have missed the thrust of the entire program. ... Their philosophy [that of the doctor and the nun] assured alcoholics that they had a sickness for which the program of Alcoholics Anonymous was the only known medicine. ... "There wasn't even any reason to be ashamed that we were in that ward, anymore [sic] than if we'd had a heart problem, or diabetes, or something else. [Sister Ignatia] said, 'You are sick people; you have an illness; alcoholism is an illness.'" Precisely because Sister Ignatia viewed the alcoholic as a sick person who was also spiritually orphaned, she created ... a spiritual home in which the patients could retreat ... .[20]

Probably the original reason for the disease definition of alcoholism is that it removed the social stigma associated with addiction.[21] One has less to be ashamed of if one is but the victim of a particular "sensitivity or allergy" to a substance and, once having begun to use it, simply loses control and craves it "without bounds."[22] This

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[20] Mary C. Darrah, *Sister Ignatia: Angel of Alcoholics Anonymous* (Chicago: Loyola University Press, 1992), pp. 97, 99.

[21] *Alcoholics Anonymous* (New York: Alcoholics Anonymous, 1955), p. 573.

[22] Stanton Peele, *The Meaning of Addiction: Compulsive Experience and Its Interpretation*

(continued...)

representation of the addiction problem is far more comfortable not only for the addict himself, but also for his family and circle of acquaintances, as well as for those in the public, private, or nonprofit social service sector who work with him to help him deal with his problem, than the alternative characterization of addiction which says he is the perpetrator of a selfish and destructive habit. Perhaps this feature of AA partly explains the favor it has earned in the eyes of so many over the past several decades.

How effective are AA-style programs? The published findings from the recent DATOS study do not show how many were abstinent from particular drugs; rather, the reduction reported is in weekly or more frequent use. For DATOS clients of outpatient drug-free treatment, we are simply told that weekly or more frequent use of cocaine, for instance, decreased from 41.7% of respondents in the preadmission year to 18.3% in the year following treatment.[23] While this decline seems impressive, it is difficult to interpret. The figures omit those who use cocaine less than weekly and leave the finding vulnerable to the charge of Hall et al., who, as cited on page 42 above, disregard the importance of "decreases in cocaine use other than total abstinence."[24] Data from the

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[22](...continued)
(Lexington, MA: D.C. Heath, 1985), p. 31.

[23] Robert L. Hubbard et al., "Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)," *Psychology of Addictive Behaviors* 11.4 (1997), p. 267.

[24] Sharon M. Hall, H. Westley Clark, and Karen Lea Sees, "Drug Abuse, Drug Treatment, (continued...)

earlier Treatment Outcome Prospective Study (TOPS) of 1979-1981 admission cohorts indicate that *among regular cocaine users* entering Outpatient Drug-Free programs such as AA/NA/CA, 42% were abstinent *from cocaine* in the year after treatment.[25]

Short-Term Inpatient Programs

Short-Term Inpatient programs (STI's) are, as noted earlier, the newest among the modality categories considered in major evaluations. Sometimes referred to as the "Minnesota Model" of chemical abuse treatment,[26] they form the comparison group for the present study of Teen Challenge. Having arisen to prominence in the 1980s, STI's were designed to intensively jumpstart the abovementioned Twelve Steps of Alcoholics Anonymous in the recovering addict's life during a two- to four-week inpatient stay. Their goal, like that of nonresidential AA, is total abstinence. At least the first four steps

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[24](...continued)
and Public Policy," in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse* (New York: Plenum Press, 1996), p. 93.

[25] Robert L. Hubbard et al., *Drug Abuse Treatment: A National Study of Effectiveness* (Chapel Hill, NC: University of North Carolina Press, 1989), p. 109.

[26] Rose M. Etheridge, et al., "Treatment Structure and Program Services in the Drug Abuse Treatment Outcome Study (DATOS)," in *Psychology of Addictive Behaviors* 11.4 (December 1997), p. 253.

of the 12-step model are to be achieved during the program, and attainment of the rest is expected after treatment through the client's independent involvement with AA or NA.[27]

Indeed, aside from the programmatic difference of making the first few steps residential, STI's are philosophically indistinguishable from AA itself--these programs, too, subscribe to the disease model of addiction (and therefore to the disease-controlling model of addiction treatment) described in the Outpatient Drug-Free section above. Yet because STI's are frequently conducted under the auspices of a hospital, one of their other major characteristics is the fact that they are notoriously expensive, tending to cost between $7500 and $35,000. Most of this cost, of course, is borne by third parties, either by the government through Medicare or Medicaid or by insurers.[28]

Long-Term Residential Communities

The fourth major substance abuse treatment modality is that of long-term residential communities (LTR), which tend to have a planned duration of stay for the client of at least 12 months. Teen Challenge falls under the LTR category, and will be discussed below. Another subset of LTR is that array of programs known as "therapeutic communities," typified by such programs as Phoenix House, Daytop Village, and the

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[27] United States Executive Office of the President, Office of National Drug Control Policy, *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation* (Washington, DC: GPO, 1996), p. 45.

[28] Stanton Peele, *Diseasing of America* (Lexington, MA: D.C. Heath, 1989), pp. 126-128.

Delancey Street Foundation. (These are descendants of Synanon, the first therapeutic community of note in the United States, which was founded in 1959.[29]) For therapeutic communities, the primary agent involved in drug addiction is not the drug itself, as implied by the disease view of AA and most STI's, but the user. Drug use is viewed as "a symptom of profound problems of personality, social maladjustment, inadequate interpersonal skills, little or no education, and few (if any) marketable job skills. In other words, the problem is the person, not the drug."[30] Hence clients, not doctors, exert control over their own recoveries, as the recovering drug abusers participate in both supportive and confrontational "encounter groups," learn to adhere to rules of the community, endure their enforcement, and develop, often for the first time, vocational skills as they perform assigned work duties and reap the associated rewards. One of the conscious purposes of the original therapeutic communities as they were developed in the 1950s was to replace the traditional hierarchy of doctors with "open communication, information sharing, decisionmaking by consensus and problem solving sharing, as far as possible, with all patients and staff."[31]

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29 David J. Bellis, *Heroin and Politicians: The Failure of Public Policy to Control Addiction in America* (Westport, CT: Greenwood Press, 1981), pp. 151-152.

30 Office of National Drug Control Policy, *ibid.*, p. 39.

31 George DeLeon and James T. Ziegenfuss, "Introduction," in George DeLeon and James T. Ziegenfuss, eds., *Therapeutic Communities for Addictions: Readings in Theory, Research, and Practice* (Springfield, IL: Charles C. Thomas, 1986), p. 6.

In order to accomplish these holistic goals of rehabilitating the character/global lifestyle of the individual (broader than mere chemical detoxification!), therapeutic communities require "multi-dimensional influence and training which for most can only occur in a 24-hour residential setting."[32] Not only are such treatments "deep," i.e., 24-hour, they are also long. The expected length of stay is at least a year, and some therapeutic community treatments last up to 24 months.[33] George DeLeon, the most well-known researcher of (and an advocate of) therapeutic communities, emphasizes that lengths of stay even *longer* than two years may be necessary for some individuals.[34]

How effective are therapeutic communities? On one measure in the federally funded Drug Abuse Reporting Program (DARP), a study of 1970s drug treatment admission cohorts, no statistically significant difference in outcome was found between therapeutic communities (28% "highly favorable"), methadone maintenance programs (27% "highly favorable"), and drug-free outpatient programs (24% "highly favorable"). The measure used (to define "highly favorable") was "no use of illicit drugs (except for less-than-daily marijuana use) and no arrests or incarcerations during the past year."[35] It

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[32] DeLeon and Ziegenfuss, *ibid.*, p. 5.

[33] DeLeon and Ziegenfuss, *ibid.*, p. 6.

[34] George DeLeon, "The Therapeutic Community: Toward a General Theory and Model," in Frank M. Tims et al., eds., *Therapeutic Community: Advances in Research and Application* (Rockville, MD: National Institute on Drug Abuse, 1994), p. 48.

[35]

(continued...)

will be remembered that an outcome measure such as this tends to inflate the success rate of methadone maintenance programs, as it does not take into account the fact that one can be judged successful on that measure but still be addicted to an opiate drug (methadone). Removing this inflation peculiar to methadone programs will then yield outcomes of 24% to 28% "highly favorable" for the two remaining drug-free modalities, therapeutic communities and drug-free outpatient programs such as AA.

Comparison of Therapeutic Communities with Teen Challenge

How does the foregoing discussion of both the structure and the effectiveness of therapeutic communities relate to Teen Challenge?

Aside from the fact that therapeutic communities are not "pervasively religious" like other LTRs such as Teen Challenge, there are broad swaths of both philosophical agreement and structural similarity between these two sets of residential communities. Compare the following quotations on the etiology of drug abuse from a representative of each group. Both groups agree that the main problem is not the addiction itself, and that the addiction is certainly not a "disease" to be couched in medical terms:

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[35](...continued)
D. Dwayne Simpson, "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Followup Research," in Frank M. Tims and Jacqueline P. Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 31.

Therapeutic Community Perspective: "The therapeutic community views drug abuse as a deviant behavior, reflecting impeded personality development and/or chronic deficits in social, educational, and economic skills. Its antecedents lie in socio-economic disadvantage, poor family effectiveness and in psychological factors. Thus, the principal aim of the therapeutic community is a global change in lifestyle. ... Drug abuse is viewed as a disorder of the whole person ... . Physical addiction or dependency must be seen in the wider context of the individual's life. Thus, the problem is the person, not the drug. Addiction is a symptom, not the essence of disorder."[36]

Teen Challenge Perspective: "It's not drugs or alcohol; it's moral training. Mark 7 says it's not what *enters* a man that makes him unclean, it's what *comes out* that destroys him; it's what's in a person's heart that's the problem. Drugs and alcohol can destroy the body, but not the character. They don't make you lie, steal, and cheat. We talk very little about drugs and alcohol here. We talk about character."[37]

This philosophical similarity manifests itself, then, in structural similarities. For both sets of programs, a 24-hour, year-long experience is necessary to accomplish the purpose. Within the programs' environments, the community of ex-addicts is vital to the

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George DeLeon and James T. Ziegenfuss, "Introduction," in George DeLeon and James T. Ziegenfuss, eds., *Therapeutic Communities for Addictions: Readings in Theory, Research, and Practice* (Springfield, IL: Charles C. Thomas, 1986), pp. 5, 7.

37

Steve Janes, director of Chicago Teen Challenge, telephone interview, November 1993.

recovery of each, rules are stringently enforced, and much effort is devoted to the honing of work skills.

Comparison of Teen Challenge with STIs

As has been stated, the present undertaking is likely the first to make an explicit uniform comparison between Teen Challenge programs and another treatment modality. The modality selected here for comparison with Teen Challenge is that of the abovementioned AA-type Short Term Inpatient programs (STIs). The rationale for this particular comparison is (1) the proliferation of STIs within the last decade and a half; (2) the cost of STI's to the public (tens of thousands of dollars per treatment episode, paid by both public and private insurers); and (3) the stark contrast between STIs and Teen Challenge in their definitions of the addiction problem.

I have already alluded to the contrast between *the disease-controlling model* of addiction treatment (embodied in STIs, where clients are called *"patients"*) and *the character-building model* on the other (embodied in Teen Challenge, where addiction is understood as a matter of values or morality and clients are called *"students"*). Notice that in the student model, where the ex-addict is responsible for building his own character and deciding himself to overcome a destructive habit, he is the agent. In the medical model, however, the drug, not the user, is the agent, and the user is a passive host. Assuming as I do that Viktor Frankl's view of drug addiction is correct, i.e., that drug addiction is a symptom of an "existential vacuum," or lack of meaning-in-life, a

statistical investigation of the comparative effectiveness of Teen Challenge vs. STI's may help to determine whether the patient model or the student model imputes a greater degree of meaning-in-life to the abuser.

Why such a great concern with the disease/patient model of addiction and recovery? This definition has a myriad of unintended, or at least, collateral, consequences, both individual and macro-political:

(1) Most of the Teen Challenge graduates of the present survey who had also had AA experience testified to being psychologically demoralized by the "once an addict, always an addict" doctrine of AA. The present survey included the open-ended question, "How would you compare the various programs you have been in?" A typical example of their opinion regarding AA in response to this item is asserted by one respondent: "If I keep saying, 'I'm an addict,' I'm an addict, and I'm going to be in bondage and enslaved to that same thought. So whatever you think you are, that's what you will become. Like what you eat, that's what you are."[38] Parallel thoughts were voiced by another: "I don't care what AA says, 'Once an alcoholic, always an alcoholic,' I don't believe that. I don't choose to be an alcoholic. You know, you go down there and you sit around them little tables and you say, 'My name's Danny, and I'm an alcoholic,' that depresses me, and it

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[38] Teen Challenge Respondent #14, telephone interview, October 21, 1995.

gives me an excuse to go drink, and I don't want no excuses to drink, so I choose not to believe that once you are, you always are."[39]

(2) The fact that the disease definition shifts responsibility for the drug user's behavior while under the influence *from* the user *to* the drug itself, absolves the user of guilt for acts so committed. This absolution of guilt is in the first sense psychological, but it becomes a quite literal, legal statement of innocence as well. Six years after the American Medical Association formally endorsed the disease model,[40] the Supreme Court began to view addiction as a disease in 1962, when *Robinson v. California* tested a California statute which stated, "No person shall use, be under the influence, or be addicted to the use of narcotics ... ." The majority opinion ruled that "status offenses" such as being "addicted to the use of narcotics" were unconstitutional, and it was a violation of the Eighth Amendment to *imprison* someone for that reason.[41] Stanton Peele catalogues several instances in which defendants in criminal cases have had sentences reduced because of the "addiction-as-disease" defense.[42]

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[39] Teen Challenge Respondent #7, telephone interview, October 10, 1995.

[40] Stanton Peele, *The Meaning of Addiction: Compulsive Experience and Its Interpretation* (Lexington, MA: D.C. Heath, 1985), p. 31.

[41] For a discussion of this case, see Beth A. Weinman, "Treatment Alternatives to Street Crime (TASC)," in James A. Inciardi, ed., *Handbook of Drug Control in the United States* (New York: Greenwood Press, 1990), p. 139.

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(continued...)

(3) The emergence of such "medical problems" as addiction has caused an "addiction treatment industry" to emerge, and the treatment costs charged by this industry have increased geometrically over time.[43] When health insurers, both public and private, begin to pick up the tab for treatment of these medicalized problems, the pocketbook consequences for the society at large are evident.

(4) The disease definition tends to reproduce itself, i.e., to cause even more addictions (gambling, overeating, etc.) to be defined as blameless illnesses, for which an expensive treatment and an AA-type support group is proclaimed as the only known cure.[44] This factor, then, augments factor (3), that of geometrically rising health care costs for public entities, private and semi-private insurers, and individuals.

An analysis of the various drug treatment modalities on two program/process questions helps to underscore the rationale for comparing Teen Challenge with STI's. These questions are the axes defining the two-dimensional Cartesian space in Figure 3.1, whose X-axis represents the question whether the program views addiction as a disease,

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[42](...continued)
Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control* (Lexington, MA: D.C. Heath, 1989), pp. 203ff.

[43] Peele, *ibid.*, pp. 115-143.

[44] Peele, *ibid.*, pp. 2-29 for an overview.

and whose Y-axis represents the question whether drug and alcohol abstinence is a program goal for the client.

Figure 3.1. Treatment Modalities Compared on Two Axes:

Disease View and Abstinence

Y-axis:
Strict-Abstinence Teaching?
(including abstinence from alcohol)

Yes	Teen Challenge	Short-Term Inpatient (STI) and most Drug-Free Outpatient programs (such as AA)
No	mainstream Therapeutic Communities (such as Synanon, Phoenix House, Daytop Village)	Methadone Maintenance programs

No
(Moral view instead)

Yes
(Disease view)

X-axis: Disease View of Addiction?

The question of drug abstinence, represented in Figure 3.1 by the Y-axis, deserves a word of explanation. Some programs, like Teen Challenge and STI's, mandate drug and alcohol abstinence for their clients, albeit for different reasons. Since STI's and AA consider addiction a physiological sensitivity which certain individuals have, for instance, to alcohol, those individuals must never so much as touch alcohol, for in so doing, it is thought, they will set off their particular sensitivity which will propel them down the slippery slope to uncontrolled binging. Teen Challenge also mandates abstinence, but for a different reason: alcohol is considered an unnecessary temptation for the soul and a pollutant of the "temple" of the body.

Therapeutic communities and methadone maintenance programs share the lower end of the Y-axis because they do not mandate abstinence from all addictive substances as a program goal. Methadone maintenance programs obviously do not do so by definition, since they use one opiate (methadone) to control the craving for another (heroin). Furthermore, neither methadone programs nor most therapeutic communities mandate abstinence from alcohol for their clients. In fact, "controlled drinking therapy" is the label applied to the practice in some therapeutic communities.[45]

The X-axis defines where the programs stand with regard to the definition of drug treatment as disease control. While their modus operandi is not at all like that of AA,

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Stanton Peele, *The Meaning of Addiction: Compulsive Experience and Its Interpretation* (Lexington, MA: D.C. Heath, 1985), p. 37.

methadone programs would share the disease-control view, as the focus of their work toward "harm-reduction" through the administration of methadone is in the physiological sphere. It was noted earlier that Teen Challenge and therapeutic communities have much in common philosophically and programmatically, including their view of drug use as a question of character and morality.

Figure 3.1 shows that a comparison between Teen Challenge and STIs is logical for the following reasons. Such a comparison would automatically control for one factor: the promulgation of abstinence as a program goal. Teen Challenge can thus be evaluated with many of the items found on survey instruments used in STI evaluations, and that is, in part, precisely what this project does. A comparison with methadone maintenance programs, while not impossible, would be considerably more problematic because the process, goals, and retention rates of the two sets of programs would be quite dissimilar. A comparison with mainstream therapeutic communities may be interesting and warranted at some point, but it would not be an opportunity to examine a contrast between the disease-controlling model and the character-building model of drug treatment.

What follows, then, lays the groundwork for a contest of those definitions.

Chapter Four

The Method and the Sample

Measures of Treatment Outcome

Follow-up outcomes of interest include the following:

1. Freedom from addictive substances: the reduction or elimination of drug and alcohol usage. This, in some form, is the obvious goal of all drug treatment programs and hence the chief dependent variable in all outcome evaluations of such programs. It was noted in Chapter Three that modalities differ in whether they hold to abstinence as a desired outcome of treatment. Yet since both Teen Challenge and STIs, the two groups of programs evaluated here, have abstinence as a program goal, it is a parameter measured in this study. The dichotomous variable representing it, however, is not conducive to regression analytic techniques. Two other measures will be considered instead for the regression tests: one is *sustained abstinence*, operationalized by its converse, the number of months out of the last six prior to the interview during which the respondent used drugs or alcohol; and the other is *intensity of relapse*, which assesses the severity of the effects of the respondent's posttreatment substance use. The latter measure is a summary index of four possible concomitants of relapse, measured by the following questions: "(1) Has your family or friends objected to your drinking or drug use? (2) Have you neglected some of your usual responsibilities because of drinking or drug use? (3) Have you drank [sic] or used enough so that you couldn't remember what

you had said or done? (4) Have you had the shakes or other withdrawal symptoms?"[1] If the respondent had relapsed and answered two of the questions affirmatively, he would score a two on the severity of relapse measure. If he had relapsed and said "no" to all four questions, he would score a zero. If the respondent had not relapsed, a zero was also entered for this variable.

2. *Improved likelihood of employment.* Public assistance cases in recent years have reflected increased rates of drug and alcohol use, evidence of the confounding of unemployment with addiction. Referrals by welfare caseworkers of substance abusers to treatment indicate that the unemployability of the abuser is a societal cost of drug addiction.[2] The present study measures *sustained full-time employment*, i.e., the number of months out of the last six prior to the interview during which the respondent held a full-time job. For the purposes of this analysis, "full-time employment" is defined to mean not only (1) the obvious but also (2) being a full-time student and (3) being a part-time student while holding a part-time job.

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The four items comprising this scale, developed by Dr. Norman G. Hoffman et al. at CATOR/New Standards, Inc., of St. Paul, MN, are used on the followup questionnaires used by CATOR/NSI. For a discussion of these items from the Substance Use Disorder Diagnostic Schedule (SUDDS), see Norman G. Hoffman, "Appropriate Treatment Evaluation Improves Treatment Outcome," *The Addiction Letter* (March 1992), p. 7.

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A. Thomas McLellan and Constance Weisner, "Achieving the Public Health and Safety Potential of Substance Abuse Treatments," pp. 127-154 in Warren K. Bickel and Richard J. DeGrandpre, eds., *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse* (New York: Plenum Press, 1996), pp. 130-131.

3. The elimination of criminality. Reducing the threat to public safety posed by crimes committed while the offender is under the influence of alcohol or drugs is often given as the primary rationale for drug treatment.[3] Respondents in this study were asked how many times in the 6 months prior to the interview they were arrested for various categories of offenses. A summation of all nontraffic offenses[4] is one of the dependent variables to be considered; yet because of low base incidence rates on this variable in a sample size this small, no firm conclusions can be made.

4. The reduction of precipitants of drug use. Treatment outcome research "often involves assessment of a range of factors that, taken together, help to provide a profile of the overall biopsychosocial health of patients receiving addiction treatment." One of these factors is "improved psychological functioning."[5] Accordingly, this study measures some "precipitants of drug use" which aim at a more holistic assessment of the respondent's welfare. Precipitants measured here include (1) a scale of obstacles to recovery and stressors, (2) severe depressive episodes, and (3) smoking. The scale of "Obstacles to Recovery and Stressors" measures whether the respondent has experienced

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3 See, for instance, M. Douglas Anglin and Yih-Ing Hser, "Treatment of Drug Abuse," pp. 393-460 in Michael Tonry and James Q. Wilson, eds., *Drugs and Crime* (Chicago: University of Chicago Press, 1990), p. 393.

4 Driving Under the Influence is considered a nontraffic offense and is therefore included in this summary index. Speeding and parking tickets, etc. are not counted.

5 Mim J. Landry, *Overview of Addiction Treatment Effectiveness* (Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1995), pp. 12-13.

problems with (a) boredom, (b) stress, (c) loneliness, (d) having substance-using peers, (e) having alcohol cravings, and (f) having drug cravings.[6] Depression is assessed both by a dichotomous variable, indicating whether the respondent had had a period of depression in the last six months lasting two weeks straight, and by an interval scale variable measuring the severity of such a period. The latter is a six-point composite score using items from the *Diagnostic and Statistical Manual* (DSM III-R) of the American Psychiatric Association and is the generally accepted measure of depression severity both in the psychiatric field and in the drug treatment evaluation field. The six items in this scale are appetite change, sleep problems, fatigue, loss of joy, problems thinking or concentrating, and thoughts of suicide.[7]

The "precipitants of use" may help determine the point at which the programs have intervened to thwart drug addiction in their clients. Assuming statistically

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CATOR/New Standards, Inc. (NSI) of St. Paul, MN, which furnished the STI data, constructs an "Obstacles to Recovery/Stressors" scale using the same six items cited here plus another "obstacle": "The belief that you're really not chemically dependent." As this item stems from a distinctive tenet of the AA school of thought and is not universally regarded as an "obstacle," I have not included it in the scale of Obstacles to Recovery used in this study. For an example of reporting the "Obstacles to Recovery/Stressors" as an outcome, see Norman G. Hoffman, "Substance Abuse Treatment Outcome," paper prepared for presentation at Steps to Success: Management of Psychiatric and Substance Abuse Services, American Hospital Association Conference, Seattle, WA, June 12, 1992, Slides 3-5.

7

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised (Washington, DC: American Psychiatric Association, 1987). NSI/CATOR, providers of the comparison group, also use this depression severity index in their research.

significant between-group differences in posttreatment substance use, a lack of between-group difference after the program in these measures of "precipitants" may be an indication of treatment effectiveness only at the level of the respondents' willpower: the factors tending to precipitate use are all present, but the only thing missing is the choice to go ahead and use. However, if a proportionately larger group of drug-free respondents is found in one group *and* those respondents register significantly fewer precipitant-of-use measures as well, this may be an indication that their program was more holistic in its efficacy, effecting a more complete change of lifestyle and thought pattern in the respondents' psyches which transcends the level of mere choice immediately before indulging in an addictive substance. (Of course, I do not wish to denigrate the importance of that decision not to use; but in and of itself it simply does not seem adequate or holistic enough, *ceteris paribus*, to thwart the strength of other factors which pressure the ex-addict to use again. Some of these pressures are environment, peer group, psychological cravings, physiological cravings, and the ingrained habit of attempting to escape from, instead of dealing with, everyday problems. Hence the choice must be augmented by a lifestyle change, which is what the precipitant variables purport to measure.)

Besides the obstacles scale and the depression scale, the other dependent variable included in the drug use precipitants category is posttreatment smoking. As it is perhaps unfair to make the reduction of smoking a major finding of this study, since STIs and AA do not necessarily include it as a program goal, it is included as an observation for reasons of interest. While it is challenging to make the case for smoking as a precipitant

of use on "gateway drug" grounds, given the fact that one can look around and see scores of nicotine addicts who never seem to progress to harder drugs, the machinery of the addiction itself is the same, as the pioneer methadone researcher and methadone treatment evaluator Vincent P. Dole testifies: "Cigarette smoking is a true addiction. The confirmed smoker acts under a compulsion which is quite comparable to that of the heroin user."[8] A respondent who was a smoker before treatment but who is a current nonsmoker (and is abstaining from other addictive substances as well) therefore seems to be free from the compulsion spoken of by Dole. A significant number of such respondents may therefore be one measurable demonstration of the latent construct of program outcome referred to above, the holistic "lifestyle change."

To test the hypothesis, then, that one outcome of the Teen Challenge modality is not only drug abstinence among its graduates, but a holistic lifestyle change as well, these quantitative measures of precipitants of drug use are included among the dependent variables. Besides these measures, another manifestation of this lifestyle change is a change in the respondent's reference group. Chapter Two (pages 24-25) cited the accumulation of studies which demonstrate the impact of reference group on drug use or abstinence. To assess the degree to which Teen Challenge respondents changed their reference groups from the pre-program to the post-program period, open-ended questionnaire data on this subject are also considered. Since the collectors of the

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[8] Vincent P. Dole, as qtd. in Edward M. Brecher, *Licit and Illicit Drugs* (Boston: Little, Brown, 1972), p. 216.

comparison group data did not ask such questions, variables from open-ended reference group items are not included in the regression tests, and suggestions based on this portion of the analysis must for the time being remain uncontrolled. Yet the role of this discussion will be to provide depth of insight into conclusions suggested by the quantitative analysis.

Sampling and Data Collection

The above outcome variables were assessed through telephone interviews conducted with both an experimental group--clients of Teen Challenge--and a comparison group, clients of STIs. Pretest and posttest comparison group data were collected by CATOR/New Standards, Inc. (NSI) of St. Paul, MN. Borrowing many survey items and procedures from NSI,[9] I collected pretest and posttest Teen Challenge data to make the Teen Challenge dataset and the CATOR/NSI dataset as comparable as possible.

To approximate the parameters of the "grand" experimental population, i.e., the outcome measures of all Teen Challenge (TC) graduates nationwide, the sampling population is comprised of *adult* (nonadolescent) male graduates of the three largest TC programs: Rehrersburg, PA, Cape Girardeau, MO, and Riverside, CA. (Although TC has centers for women and centers for adolescents, these sampling populations are not as large and are therefore beyond the purview of this study.) While there is certainly some

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[9] NSI kindly gave me permission to use their copyrighted questions.

variation between these three centers, the curriculum, rules, and general program structure between the sites are uniform. The national curriculum coordinator for TC states, "Although each Teen Challenge has its own variations, the points of common ground are much greater than the differences."[10] It is assumed, then, for the purposes of this study, that the degree of confounding between the nature of TC itself and other variables such as individual site or staff characteristics is minimal. The three largest centers were selected not only so that such intra-sample variation would be minimized, but also to ease data collection: obtaining the same number of respondent names from three centers was certainly easier than obtaining them from fifteen, for instance.

The comparison group consists of publicly funded[11] clients of Short Term Inpatient programs (STIs) who have been interviewed by CATOR/New Standards, Inc. (NSI), a treatment evaluation firm in St. Paul, MN. NSI has been generous in granting me access to their CATOR database for purposes of this project.[12] The posttreatment data

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10 Dave Batty, Teen Challenge National Curriculum Coordinator, telephone interview, January 19, 1995.

11 While STIs are generally owned and operated by private entities, the inpatient stays for the clients in this sample were all funded by Medicare (disability clause) or Medicaid.

12 CATOR stands alternately for Comprehensive Assessment and Treatment Outcome Research (the undertaking), and for Chemical Abuse/Addiction Treatment Outcome Registry (the database itself). The database originated with the Ramsey Clinic in St. Paul, MN and was collected by and has been under the auspices of the research firm New Standards, Inc. (NSI), 1080 Montreal Ave., Suite 300, St. Paul, MN. I am most grateful to NSI for having kindly permitted me not only to use CATOR data for the comparison group, but also to use items from their copyrighted survey instruments for my

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in the CATOR registry is collected solely from self-reports given to telephone interviewers by program clients. NSI conducts followup telephone surveys 6, 12, 18, and 24 months after treatment to provide a picture of "contiguous abstinence." The firm has staked its reputation on substance abusers' self-reports on the telephone. It is not alone, however, in relying on self-reports. The large federal treatment evaluation DATOS, for instance, used self-reports as well--albeit in personal interviews with a random 25% urine substudy.[13] Yet a prolific body of research corroborates the validity of this technique even without confirmatory urinalysis.[14] Validity testing of respondents' reports through

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[12](...continued)
questionnaires of the experimental group. Without their cooperation, this project in its final form would not have been possible.

[13] Bennett W. Fletcher et al., "Drug Abuse Treatment Outcome Study (DATOS): Treatment Evaluation Research in the United States," in *Psychology of Addictive Behaviors* 11.4 (December 1997), p. 223; Patrick M. Flynn et al., "Methodological Overview and Research Design for the Drug Abuse Treatment Outcome Study (DATOS)," in *Psychology of Addictive Behaviors* 11.4 (December 1997), pp. 235-236.

[14] Norman G. Hoffman and Fred G. Ninonuevo, "Concurrent Validation of Substance Abusers' Self-Reports," *Alcoholism: Clinical and Experimental Research* 18.2 (April 1994): 231-237; Yih-Ing Hser, M. Douglas Anglin, and Chih-Ping Chou, "Reliability of Retrospective Self-Report by Narcotics Addicts," *Psychological Assessments* 4 (1992): 207-213; S. A. Maisto and T. J. O'Farrell, "Comment on the Validity of Watson et al.'s 'Do Alcoholics Give Valid Self-Reports?'" *Journal of Studies on Alcohol* 46 (1985): 447-450; T. J. O'Farrell et al., "Correspondence Between One-Year Retrospective Reports of Pretreatment Drinking by Alcoholics and Their Wives," *Behavioral Assessment* 6 (1984): 263-274; J. S. Verinis, "Agreement Between Alcoholics and Relatives When Reporting Follow-Up Status," *The International Journal of the Addictions* 18 (1983): 891-894; J. M. Polich, "The Validity of Self-Reports in Alcoholism Research," *Addictive Behaviors* 7 (1982): 123-132; L. C. Sobell and M. B. Sobell, "Outpatient Alcoholics Give Valid Self-Reports," *The Journal of Nervous and Mental Disease* 161 (1975): 32-42.

both urinalysis and confirmation by significant others has shown that any trend toward overreporting of substance use is no more consistent than any trend due to *under*reporting.[15] An error term arising from the self-report method of data collection would appear, then, to be homoscedastic, or evenly distributed.

The Questionnaire

The median length of the interviews conducted of the Teen Challenge graduates was 57 minutes (see appendix for the text of the questionnaire). For at least five reasons, this was a much longer instrument than any of the followup surveys administered by NSI (whose followup interviews averaged 10 to 12 minutes in length). First, besides including the regular followup questionnaire items on the NSI surveys, the Teen Challenge survey needed to include those pretest items already elicited by NSI's history and intake forms (e.g., demographic variables and drug use patterns before the program). (See pages 97-100 below for a discussion of issues related to recall bias.) Second, it was necessary to include several items that could be used to control for any validity threat from selection bias, i.e., the notion that certain religiously oriented individuals may self-select into a program like Teen Challenge. A section on the respondent's religious history was therefore included in the questionnaire. Third, in order to discuss the hypothesis mentioned earlier that one of the most potent effects of Teen Challenge is to change the

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[15] Hoffman and Ninonuevo, *ibid.*

respondent's reference group, several open-ended reference group items were included. Fourth, I inserted a couple of questions as a favor to Teen Challenge: they requested, for instance, that I include an item asking, "How often do you tithe?" Fifth, for the sake of a more in-depth qualitative picture of what the Teen Challenge program is and does, additional open-ended items were included such as "When you think back to the Teen Challenge program, what stands out, either positive or negative?" and "Was there anything particularly helpful or unhelpful for you during the program?"

Sample Size and Response Rate

Resources for this project did not permit the interviewing of Teen Challenge graduates at all four followup testing points used by NSI, so the sampling population was stratified on the basis of date of graduation from Teen Challenge. As the bulk of the interviews were conducted during October 1995, the Teen Challenge graduation cohorts of October 1993, April 1994, and October 1994 were sampled in order to provide three interview cohorts of 12, 18, and 24 months posttreatment. The respondents sampled from the aggregate CATOR dataset matched for comparison with the Teen Challenge data were likewise stratified into 12-month, 18-month, and 24-month followup cohorts.

The size of the CATOR database assured me that I could determine appropriate sample size for the Teen Challenge sample first and then comfortably match on four variables with the comparison group (details on matching follow). Appropriate sample

size was decided by considering the relative variation among statistical power (1-β),[16] level of significance (alpha),[17] effect size (*d*),[18] and sample size (N). Power and sample size vary directly when alpha and effect size are fixed.[19] The conventional alpha of 0.05 and a conservative medium-sized *d* of 0.50 were assumed. Thus, in order for the test to have power at the 0.80 level, 65 subjects in each group (treatment and comparison) were needed.[20] While the project did not meet this goal precisely, it came close. Fifty-five Teen Challenge interviews were completed, and four partial interviews are usable: i.e., they are at least half complete, with the critical questions about current drug use answered. This yields a total N of 59 in the experimental group.

While it is customary to speak of a single "response rate," meaning the number of usable interviews divided by the number sampled, it is not quite so simple in this project, primarily because of a high threshold erected by the Institutional Review Board at Northwestern University. Before I was permitted to see the names of any Teen Challenge

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16 Statistical power: the probability of accepting the alternative hypothesis when it is indeed true.

17 Statistical significance: the probability of Type I error; i.e., of rejecting a true null hypothesis.

18 Effect size: the absolute difference between group means divided by the standard deviation.

19 Harold O. Kiess, *Statistical Concepts for the Behavioral Sciences* (Boston: Allyn and Bacon, 1989), pp. 492, 503-505.

20 Kiess, *ibid.*, Table A-5, p. 626.

graduates, let alone interview them, I was required to obtain a consent form for each respondent, signed by the potential respondent and by a witness. Since this form was required before I could see the names, the burden was obviously on Teen Challenge to locate the graduates, mail them the forms, and see that they mail them back. Immediately, then, this project faced the response rate difficulties of a mail survey, even though the method was telephone interviewing. Furthermore, follow-up mailings and callings to enhance the return rate were out of the hands of the principal investigator! The return rate I did receive--and am grateful for--was due to the willingness of Teen Challenge personnel not only to cooperate with an outside academic, but to follow up on unreturned consent forms.

This was a clear contrast with the data collection for the comparison group. First, needless to say, the NSI evaluators do not (1) depend upon the programs themselves to hunt down program clients (potential respondents) one to two years after graduation; (2) wait: (a) for the clients to find witnesses in whose presence to sign the consent forms, (b) for the clients and witnesses to sign them, (c) for the clients to find the return envelopes, and (d) for the clients to mail them back to the treatment program; and (3) wait for the program to forward these consent forms on to the research team at NSI so the interviewing can begin. Rather, the research design of the CATOR registry is prospectively longitudinal, so consent forms are signed by the treatment client immediately upon program intake. (One consequence of this study of Teen Challenge--and of my consent form woes in particular--is that henceforth, Teen Challenge centers

nationwide will also have their students sign consent forms immediately upon intake. Future evaluators will therefore have far fewer headaches!)

Thus the first of three severe shavings of the potential N, in which each numerator becomes the denominator in a successively smaller fraction of the whole, was the ***location rate***:

$$\frac{\textit{Number located by Teen Challenge}}{\textit{Number of former Teen Challenge students in targeted graduation cohorts}}$$

The second shaving was the ***return rate*** of the blank consent forms mailed out to the graduates:

$$\frac{\textit{Number of forms mailed back to Teen Challenge, and forwarded to investigator}}{\textit{Number located by Teen Challenge}}$$

The ***completion rate*** of the telephone interviews was a smaller fraction yet:

$$\frac{\textit{Number of respondents who completed telephone interviews}}{\textit{Number of forms mailed back to Teen Challenge, and forwarded to investigator}}$$

Finally, I will designate as the ***grand response rate*** the final numerator over the original denominator:

$$\frac{\textit{Number of respondents who completed telephone interviews}}{\textit{Number of former Teen Challenge students in targeted graduation cohorts}}$$

Of 150 eligible Teen Challenge students in the original denominator--i.e., the targeted graduation cohorts--70 eligible respondents,[21] or 47%, mailed back consent forms, not an

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Note the word "eligible." There were 154 in the targeted graduation cohorts, and 74 actually mailed back consent forms. Of these 74, however, one spoke no English and three had no phone. I was therefore unable to interview them according to the survey methodology, which relied on a telephone interview in English. Therefore, these four

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unacceptable figure for a mail survey.[22] Yet superimposed on this mail survey response rate (location rate times return rate) is the telephone response rate, or completion rate. Of these 70 returners of the form, 59 interviews, or 84.3% of the available names, are complete enough for data tabulation.[23] Thus the "grand" response rate for Teen Challenge data, i.e., the number of usable interviews divided by the total number of individuals in the targeted graduation cohorts, is 59/150, or 39.3%.

At first blush, this two-tiered "shaving" of the response rate in the Teen Challenge sample and the consequently unimpressive response rate would appear to be a problem not only for ensuring the representativeness of this sample and the generalizability of its parameters, but also for facilitating reliable comparison with the group drawn from NSI/CATOR data. Yet the "grand" response rate for the aggregate dataset of Medicare/Medicaid-funded STI clients is only 30.7%, and next to this, the Teen Challenge response rate no longer appears so unimpressive. Reliable internal comparison (within the study) is therefore possible, as the representativeness of followup

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[21](...continued)
ineligible respondents are deleted both from the numerator and the denominator of the response rate.

[22] "Fifty percent is considered acceptable for mail surveys, and a rate of 70 percent is considered very good." Jarol B. Manheim and Richard C. Rich, *Empirical Political Analysis: Research Methods in Political Science* (New York: Longman, 1991), p. 127.

[23] Fifty-five respondents were interviewed completely. Four additional respondents were interviewed partially but could not be located to finish the questions. Their interviews are useable, however, since they were over half complete and the crucial questions dealing with current drug usage were answered.

data in the two groups is parallel. It is external validity that is called into question. One has no guarantee that the ~40% of Teen Challenge graduates interviewed or the ~30% of STI completers interviewed are representative of their respective populations, and response rates should be examined carefully before comparing any findings presented here to those of another study.

Eleven, then, of those who returned consent forms are not among the final completed interviews. A "mail quest" was developed for those potential respondents unlocatable over the phone. It contained a cover letter from me which explained the project and included the toll-free 800 number to my home which I had set up specifically for this project.[24] It also included a stamped return postcard on which they were to fill in the blank with their current phone number and a good time to reach them. The mail quests did bear some fruit--9 of the eventual completers had been recipients of mail quests. But for the remaining 11, hope of interviewing them was abandoned after up to 21 attempts at reaching them by phone and by mail. Their various final dispositions are as follows:

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[24] During the interviewing phase, I relied heavily on this 800 number for leaving messages with respondents and asking for callbacks. Because over 40 of the respondents--not just mail quest recipients--did so use my 800 number, I considered it well worth the cost.

N	Final Disposition:
4	Moved, left no address
2	Phone disconnected
2	Never home (including 1 partially completed but unusable interview)
1	Refused (in spite of having originally mailed back the consent form)
1	In jail
1	Back in Teen Challenge but suicidal; interview may not be the best idea

One could reasonably infer with circumstantial evidence that two to three of the above uninterviewed graduates (possibly more, of course, but there is no evidence) could be counted as relapses (i.e., have gone back to using substances). That would be (1) the one in jail, (2) the suicidal individual back in Teen Challenge, and (3) one of the Moved/Left No Address persons whose employer said he left mysteriously "without saying goodbye." However, as stated, all this evidence is circumstantial: I did not talk to any of these three individuals in order to ask them whether they had relapsed; nor did anyone I spoke with on their behalf know whether or tell me that they had relapsed within the past six months (the time frame of abstinence used in the study). Furthermore, it is not customary in the discipline to count such inferences among one's findings; NSI does not, and as they are providing the comparison group, neither shall I.

The Quasi-Experiment and Threats to Validity

As subjects in this study could not, of course, be selected randomly beforehand to determine whether they would participate in Teen Challenge or in an STI program, the

Teen Challenge (treatment) group and the STI (comparison) group are nonequivalent sets in a quasi-experiment. The quasi-experimenter must acknowledge and rule out a number of threats to the internal (and hence external) validity of his study before any finding of causality can be concluded.[25] A listing of such threats follows,[26] each designated as components of ζ (zeta), the conventional term for errors in prediction of the dependent variable. Each will then be dealt with in turn.

Threats to Validity:

ζ_1 History Effect
ζ_2 Maturation Effect
ζ_3 Testing Effect
ζ_4 Instrumentation Effect
ζ_5 Regression to Mean Effect
ζ_6 Mortality Effect
ζ_7 Nonequivalence Effect (Selection Bias)

ζ_1 : History Effect. One plausible rival hypothesis of program effect is that posed by history, i.e., the possibility that, between pretest and posttest measurements,

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Internal validity: the extent to which causal (not just correlational) connections can be inferred. *External validity:* the comparability of a study's findings to other studies and hence its generalizability to the world at large.

26

For a systematic discussion of each of the threats to validity numbered here as ζ_1 through ζ_7, I am indebted to Thomas D. Cook and Donald T. Campbell, *Quasi-Experimentation: Design and Analysis Issues for Field Settings* (Boston: Houghton Mifflin, 1979), pp. 50-59; and Mary Lee Smith and Gene V. Glass, *Research and Evaluation in Education and the Social Sciences* (Englewood Cliffs, NJ: Prentice Hall, 1987), pp. 127-135.

occurrences external to the treatment were responsible for impact on the dependent variable. In this study, comparison group (STI) discharge from treatment occurred largely between 1988 and 1995 (with seven outliers in adjacent years, either 1987 or 1996), the median date being 1991. Experimental group (Teen Challenge) discharge from treatment occurred between 1993 and 1995. For both groups, posttest (followup) measurements were taken 12, 18, or 24 months after treatment. While treatment for both groups occurred within the same seven-year span, the range of STI discharge dates is about three times longer. For three reasons, it is worth considering quantitatively whether societal forces exclusively affecting dischargees of one subspan of dates may have had a significant impact on any of the treatment outcomes.

First, the most noteworthy political occurrences on a nationwide scale during this period were (1) the end of the Cold War ca. 1990, (2) the Gulf War of 1991 and (3) the election of President Clinton in 1992. As roughly half the comparison sample were clients before 1991, it is not implausible that these events may have had some effect on subjects tested later.

Second, as employment is one of the measured outcomes, one should keep in mind that unemployment rates during the years represented by the comparison data were not uniform:

1988 5.5% unemployment nationwide
1990 5.6%
1992 7.5%
1994 6.1%
1996 5.4%[27]

Interestingly, national unemployment peaked at roughly the median of the comparison group intake dates (1991), and by the end of the STI treatment period it returned to about the same level it was when the period began. Therefore, both the earlier half of STI respondents (historically unmatched with the Teen Challenge group) and the later half (historically matched with the Teen Challenge group, whose intakes began in 1992) experienced more or less equivalent rates of national unemployment.

A third plausible explanation of any difference discovered between earlier and later clients is heterogeneity of the CATOR dataset. The programs with whom NSI/CATOR had contracts to evaluate in earlier years may very well be composed of clients who differ in certain respects from those evaluated later. Furthermore, response rates or instrumentation may have changed over time due to staffing or procedural changes at NSI. (These threats of nonequivalency are not, strictly speaking, history threats in the plain definition, but are interactions of history with other factors. It is convenient, however, to consider them here as well.)

Performing t-tests for means comparison is useful to assess the effects of the abovementioned and/or any other sources of nonequivalency due to history when

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27 United States Bureau of the Census, *Statistical Abstract of the United States: 1997* (Washington DC: 1997), p. 397, table 619.

comparing clients discharged earlier against those discharged later (see Table 4.1). Two outcome variables do indeed reveal statistically significant ($p \leq 0.05$) differences. (These will be discussed below.) The rest, however, show no significant differences.

Table 4.1. Assessing the Threat of Nonequivalency Due to History

Outcome Measure	STI Group Means 1987-90 N=62	1991-96 N=56	Difference	Significant?	
1. % Abstinent from Drugs or Alcohol	48.4	62.5	14.1	p=0.125	**no**
2. # Months (of 6) Used Drugs or Alcohol	2.42±2.7	1.64±2.4	-0.78	p=0.098	**no**
3. Severity of Relapse (4 pt. scale, 4 being the most severe)	1.52±1.4	1.85±1.2	0.33	p=0.396	**no**
4. % Holding Full-Time Job	53.3	28.6	-24.7	p=0.006	**yes**
5. # Months (of 6) Worked Full Time	3.03±2.9	1.48±2.5	-1.55	p=0.003	**yes**
6. % Arrested (non-traffic offenses) in Past 6 Months	16.7	18.2	1.5	p=0.832	**no**
7. # of Nontraffic Arrests	0.13±0.4	0.18±0.6	0.05	p=0.583	**no**
8. # Obstacles to Recovery (6 pt. scale, 6 being the most obstacles)	2.15±2.0	2.09±2.1	-0.06	p=0.884	**no**

Table 4.1. Assessing the Threat of Nonequivalency Due to History, continued

Outcome Measure	STI Group Means 1987-90 N=62	1991-96 N=56	Difference	Significant?	
9. % Having Had Two-Week Depression in Past 6 Months	22.4	27.3	4.9	p=0.554	**no**
10. Severity of Depression (6 pt. scale, 6 being the most severe)	0.93±1.9	1.22±2.1	0.29	p=0.443	**no**
11. % Nonsmokers	17.8	24.1	6.3	p=0.405	**no**

The only variables to demonstrate a significant difference between the earlier and later subgroups of the comparison sample were those numbered 4 and 5 above, the two employment variables. However, the subgroup scoring much higher (more employment) was the one historically *unmatched* with Teen Challenge. Including them in the control group for statistical comparison with Teen Challenge, then, will bring the average employment figures of the *comparison group* up. Thus, as far as the history threat is concerned, the likelihood of Type I error, that is, of reaching a false conclusion in favor of Teen Challenge, is reduced.

ζ_2 : *Maturation Effect.* The argument from maturation states that a purported demonstration of program effect is due instead to the fact that subjects "matured out" of the behavior being tested. The maturation effect holds great plausibility in an evaluation which assesses addictive behavior, and it must therefore be taken seriously here. However, as is the case in this study, it can be dealt with easily by including a control group which is subject to the same effect. Both the Teen Challenge group and the STI comparison group include respondents who could plausibly mature out of substance use, and if they do, it is assumed they do so at an equivalent rate. Thus a dataset is not subject to this potential nonequivalency, all other things being equal.

They are not, however. A quirk arises when considering the difference in the two groups with respect to length of stay. The fact that Teen Challenge is a year-long program while STI programs tend to be thirty days long adds extra time for potential maturing among the Teen Challenge subjects, as follows. Suppose that some factor drives both Subject A and Subject B to enter a drug treatment program in October 1993. Subject A goes to an STI; Subject B goes to Teen Challenge. Subject A is finished with the program in November 1993, and his one-year evaluation is a year later. However, Subject B is not finished with the Teen Challenge program until October 1994, and his one-year evaluation is not until a year *after that*, in October 1995. This is two years after intake, giving Subject B a year more to mature before his one-year followup than Subject A had. This potential nonequivalency can be dealt with here by comparing the outcomes (again t-testing means) of the 12-month Teen Challenge followup cohort (N=20) with the

24-month STI followup cohort (N=26). The clients in both these cohorts would have had two years to mature since intake.

Table 4.2. Assessing the Threat of Nonequivalency Due to Maturation

CG 24: 24-month STI Followup Cohort **(N=26)**
TC 12: 12-month Teen Challenge Followup Cohort **(N=20)**
CG E: Entire STI Comparison Group **(N=118)**
TC E: Entire Teen Challenge Group **(N=59)**

Outcome Measure	Group Mean Differences: *1st line:* **CG 24 - TC 12** *2nd line:* **CG E - TC E**	Significant?	Do Findings Match?
1. % Abstinent from Drugs or Alcohol	61.5 - 75.0 = -13.5% 55.1 - 71.2 = -16.1%	no: p=0.345 yes: p=0.034	NO
2. Mean # Months (of 6) Used Drugs or Alcohol	1.9 - 0.3 = 1.6 2.1 - 0.6 = 1.5	yes: p=0.008 yes: p=0.000	YES
3. Severity of Relapse (4 pt. scale, 4 being the most severe)	1.7 - 0.3 = 1.4 1.7 - 0.3 = 1.4	yes: p=0.035 yes: p=0.000	YES
4. % Holding Full-Time Job	50.0 - 85.0 = -35.0% 41.4 - 89.8 = -48.4%	yes: p=0.010 yes: p=0.000	YES
5. Mean # Months (of 6) Worked Full Time	2.92 - 5.60 = -2.68 2.29 - 5.51 = -3.22	yes: p=0.000 yes: p=0.000	YES
6. % Arrested (non-traffic offenses) in Past 6 Months	15.4 - 0.0 = 15.4% 17.4 - 7.0 = 10.4%	yes: p=0.043 yes: p=0.037	YES
7. Mean # of Nontraffic Arrests	0.08 - 0.00 = 0.08 0.16 - 0.02 = 0.14	no: p=0.161 yes: p=0.004	NO

Table 4.2. Assessing the Threat of Nonequivalency Due to Maturation, continued

CG 24: 24-month STI Followup Cohort (N=26)
TC 12: 12-month Teen Challenge Followup Cohort (N=20)
CG E: Entire STI Comparison Group (N=118)
TC E: Entire Teen Challenge Group (N=59)

Outcome Measure	Group Mean Differences: *1st line:* **CG 24 - TC 12** *2nd line:* **CG E - TC E**	Significant?	Do Findings Match?
8. Mean # Obstacles to Recovery (6 pt. scale, 6 being the most obstacles)	1.46 - 1.65 = -0.19 2.12 - 1.71 = 0.41	no: p=0.737 no: p=0.159	YES
9. % Having Had Two-Week Depression in Past 6 Months	20.0 - 20.0 = 0.0% 24.8 - 15.3 = 9.5%	no: p=1.000 no: p=0.129	YES
10. Severity of Depression (6 pt. scale, 6 being the most severe)	0.80 - 0.75 = 0.05 1.07 - 0.56 = 0.51	no: p=0.925 no: p=0.059	YES
11. % Nonsmokers	20.0 - 90.0 = -70% 20.7 - 84.7 = -64%	yes: p=0.000 yes: p=0.000	YES

The second line for each variable shows the mean differences and significance results when the complete groups (Teen Challenge and Comparison) are tested. The top line for each variable shows those figures which result from the subgroups paired to test

maturation--the two groups being measured at two years after intake. Assuming random sampling, the two t-tests for each variable should show similar results if there is no serious maturation threat. Some caution is warranted, however, in interpreting this table. Low Ns (see heading) in the pair of subgroups denote a risk of sampling error in these measurements.

For two variables, those numbered 1 and 7 in the table, the findings of the t-tests do not match. This would indicate either a risk of maturation in the complete Teen Challenge (TC) group or sampling error in the subgroups. Variable number one, the first such case, is a dichotomous measure representing abstinence from addictive substances. The TC mean is about the same for both the complete group and the subgroup, and the magnitude of the mean difference in either case (-13.5 vs. -16.1) is in the same ballpark. The Comparison Group (CG) mean did jump more than the TC mean did from the complete group to the 24-month subgroup, indicating that a greater proportion of CG than TC clients may indeed have become abstinent by the 24-month mark. However, when the small Ns (26 and 20) as well as the finding of no statistical significance between the subgroup means reiterate the likelihood of sampling error in this particular test of maturation.

Variable number 1, the dichotomous measure representing abstinence, is not, however, the only variable in the set to measure freedom from addictive substances. Variable 2, sustained abstinence, and Variable 3, intensity of relapse, together offer a more holistic picture of this construct. They both pass the test of the maturation threat, as

the t-test findings for subgroup and complete group match in both cases, and this dissipates any worry due to unmatched findings in the case of Variable 1.

Variable 7, average number of arrests in the past six months, is the other case of unmatched t-tests. Once again, both the magnitude and the direction of the difference between subgroup means is about the same as that between the complete groups. The problem, however, is one of statistical significance due not only to the small Ns but also to the diminutive base rates (and attendant chronic right-hand skewness) this variable has at its disposal in this study. Indeed, while the dichotomous version of this same construct, percent arrested in last six months (Variable 6 above), passes the maturation test, its between-group difference achieves statistical significance by the skin of its teeth each time, and the complete-group sample size is too small and the base incidence rates of arrest too low for any predictions of this dependent variable to be a major finding of this study.

The other variables in Table 4.2 above tended quite comfortably to pass this test of any potential maturation threat.

ζ_3 : Testing Effect. This threat to validity only occurs if the same items are measured at two separate times, as in the case of a pretest and a posttest. Respondents may become familiar with the items being asked and therefore give a "correct" response. In this project, the testing effect would more likely bias results toward Type II error than

Type I error.[28] The pretest for the Teen Challenge sample was retrospective: during the same telephone call, subjects were asked both posttest questions about their current situation and pretest questions (more on this problem later). For the comparison group data, on the other hand, CATOR/NSI employs a time series design. Not only are the four followup surveys conducted (at 6-, 12-, 18-, and 24-month posttreatment junctures), but a "Discharge Survey" immediately upon completion of the program and an "Intake Survey" and a "History Survey" upon program intake are conducted as well--seven measurement instruments in all. Furthermore, many of the questions asked are exactly the same each time, enhancing the "practice effect" of taking the same test over and over. (Granted, they had to make them the same each time; otherwise we would complain about nonuniform instrumentation.) These repeated survey administrations would almost certainly tend to habituate the respondent to giving certain responses or patterns of responses and perhaps to presenting a favorable impression for the interviews. Such is the potential of the testing effect to bias in a Type II direction.

In theory, however, the very same testing circumstances may bias the study in the opposite direction--toward Type I error, for the following reason. The time-series design employed by CATOR/NSI allows the evaluators to keep closer track of the respondents. At the discharge interview, the respondent gives not only his own address and phone

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Type I error: the case of claiming a program effect based on one's study when there was actually none. (In this study, a program effect would be a Teen Challenge effect.) Type II error: the case of declaring no program effect based on one's study when there actually was.

number, but also that of a "Significant Other (SO)" and that of an "Emergency Other (EO)," two separate parties whom NSI may contact in the event the respondent himself cannot be reached. When NSI calls every six months thereafter (at the 6, 12, 18, and 24-month followup points), the SO and EO questions are repeated, so the respondent is much less likely to disappear unbeknownst to the evaluators. Assuming that respondents tending to relapse are more difficult to reach by telephone, this technique employed by NSI would theoretically enhance the response rate of such persons, either directly or through SOs and EOs. With more such respondents, of course, one's response rate is increased but the average socially desirable outcome measures of the program being evaluated are not. Such is the potential bias here of the testing effect toward Type I error. However, the degree of this bias is probably quite small, and may be nonexistent, since the Teen Challenge sample actually embodies a higher response rate than does the comparison group sample (see above discussion under "Sample Size and Response Rate").

ζ_4 : *Instrumentation Effect.* This threat stems from the possibility that different methods of measuring sample parameters cause differences in how subjects respond or in how responses are recorded. It is a possibility in this study for three reasons.

First, comparison group data and Teen Challenge data were collected by different personnel: I conducted the interviews of the Teen Challenge sample while the New Standards firm conducted surveys of the STI comparison group clients. I attempted to

minimize this problem: (a) by using the exact scripted wording used by NSI for quantitative comparison questions[29] and (b) by following the same telephone followup procedure used by NSI interviewers.[30]

Second, the Teen Challenge interview was different (longer) than comparison group interviews for reasons discussed in the "Questionnaire" section above. In particular, it included open-ended questions as well as the closed-ended items used for quantitative comparison with the STI sample. Adding such items to the survey instrument (making the interview 30-60 minutes instead of 10-12) could potentially change the nature of the interview by creating a greater degree of rapport between interviewer and respondent. In turn, this could influence the type or validity of responses given. However, the Type I risk of this state of affairs is not great; in fact, if anything, I would argue that it could be minimized by creating an atmosphere of trust in which the respondent feels freer to give valid answers. A more brisk and impersonal interview could be regarded by some respondents as reminiscent of a police interrogation, in which the subject feels inclined to give as little revelation of personal wrongdoing as possible. If this is the case, then, the validity of responses among the Teen Challenge sample could

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Thanks to New Standards, Inc. of St. Paul, MN for permission to use these copyrighted questions.

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Thanks to Jeremy Porter, Director of Followup at NSI, for his consultation with me in these matters through several phone calls and e-mail communications in September and October 1995.

be greater than that among the comparison sample, thus generating a possibility of Type II error more comfortable for the social scientist than Type I error.

The third reason this study may run the risk of instrumentation bias is that the form of the pretests was different. NSI's prospective research design permitted comparison pretesting at the point of treatment intake. The pretest component of the Teen Challenge data is retrospective. I was not there at treatment intake to conduct a pretest with history items; I therefore had to ask these items during the posttest interview. This, of course, meant that for 12-month graduates I was asking them to remember aspects of their lives two years prior, the point at which they entered the program; and 24-month graduates had to exercise three-year recall. On the one hand, this seems alarming: who can remember three-year old details? On the other hand, it is not *details* that are requested: it is broad patterns of lifestyle which, in most cases, are hard to forget: the most crucial pretest questions for the quantitative comparison deal (a) with severity of addiction and (b) with living circumstances before the program.

Yet some recall bias may present in items which make up the pretreatment severity of addiction variable (one of the four variables used for matching of Teen Challenge respondents with STI respondents in order to compose a matched comparison group). This bias in many cases could manifest itself in the direction of exaggeration, or overreporting of drug use. The abstinent respondent may contrast his present drug-free lifestyle with the lifestyle he had while addicted, and in so doing, make his pretreatment condition out to be worse than it really was. For each drug, the questionnaire asks, "How

often did you use [*fill in the name of each substance category*] during the year before you entered Teen Challenge?" The prompt, if necessary, is "Never, once a month, several times a month, every week, every day, or what?" A respondent may likely say "every day" when it was really every week. Or he may say "several times a month" when it was really less than once a month. In both these cases, however, variable value grouping performed later erases the error. That is, to construct the composite variable "Severity of Addiction," frequency of drug use was grouped into "weekly or more" on the one hand, and "several times a month or less" on the other.[31] This grouping does not resolve the case of a "several times a month" versus "weekly" disparity: if the true frequency was one of these and the reponse the other, grouping would separate the response from the true frequency. To allay this concern, one might say that "weekly" is a good approximation of "several times a month," anyway.

The instance of a subject responding with nonadjacent categories, i.e. saying "daily" instead of "once a month" is less likely a figment of unintended recall bias than purposeful exaggeration. There is not much I can do about this risk except (1) to refer the reader to the literature on validity of retrospective self-reports cited on pages 73-74 under the "Sampling and Data Collection" section above, (2) to assume that the incidence of

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This is the conventional watershed in the literature. See, for example, Office of National Drug Control Policy, Executive Office of the President, *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation* (Washington, DC: GPO, 1996), pp. 8-9.

such cases is minimal, and (3) to note that the client's addiction must have been severe enough anyway to prompt him to enter a drug treatment program.

Besides severity of pretreatment addiction, the other retrospective pretest item crucial for quantitative comparison is living circumstances (whom the respondent lived with during the year before the program: e.g., alone, with a wife, parents, children, etc.). Other "pretest," or recall, items in the questionnaire were not used for between-group quantitative comparison (because comparison group data does not exist). These items have mainly to do (1) with religious affiliation and attendance before Teen Challenge, to approximate the degree of selection bias on the religious dimension, and (2) with reference group before the program, to compare with posttreatment reference group and to approximate program impact in this regard. It is assumed that in most cases, any of these facts which the recall questions ask for are especially difficult to forget even two or three years later.

The one exception may be the items about pretreatment reference group. (For instance, "Can you think of two people you tried most to please or to be accepted by before you entered Teen Challenge?" and "Can you think of two people in all of history you admired most before you entered Teen Challenge?") On the one hand, these items are placed in the questionnaire in an order conducive to maximizing recall:

-->Pretreatment drug usage questions
-->"How old were you when you started drinking?"
-->"How old were you when you started smoking pot or using other drugs?"
-->"Did drinking or drug use by any family member repeatedly cause family, health, job, or legal problems?"
-->(If yes, who?)
-->Reference group questions

On the other hand, an exaggeration effect is possible in the reference group responses similar to that described in the case of pretreatment usage above, particularly in the case of those presently leading a drug-free lifestyle. That is, the pretreatment reference group could, in theory, be presented as more undesirable than it necessarily was. Yet if the exaggeration arises out of a pretreatment-posttreatment contrast, the data will indeed capture that contrast. It will simply be noted that the contrast reflected by the data, though existent, may not in actuality have the demonstrated magnitude.

In the end, I will trust that sufficient care has been taken to minimize recall bias, the threat of which is an acceptable cost, given the tradeoff: "One reason for the rarity of true longitudinal studies is their expense, and the fact that ad hoc surveys which collect retrospective data can, if sufficient care is taken, provide good substitutes at far less cost (in time as well as money), at least for some topics."[32] "Some topics" should include the topics of retrospective questions in the Teen Challenge survey, as was shown above.

ζ_5 : Regression to Mean Effect. Because of the matched comparison group, it is assumed that regression to the statistical mean is not a threat to this project. Even

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Catherine Hakim, *Research Design: Strategies and Choices in the Design of Social Research* (Boston: Allen & Unwin, 1987), p. 122.

though the subjects are included in the study because of their extreme characteristics (addiction severe enough to need treatment). both the experimental group and the control group should equivalently "regress" toward the mean between treatment and posttest. Chapter Five discusses a set of effects Teen Challenge seems to have for what I will call "special social capital populations" which at first blush may appear to be regression to the mean effects, but since they are not present in a parallel fashion among the comparison sample, any regression effect is minimal (see pages 153-156).

ζ_6 : *Mortality Effect.* This threat to validity occurs when one group or the other has a higher rate of dropout. The aggregate retention rate (converse of the dropout rate) in the three Teen Challenge centers studied was 66.7%,[33] in the ballpark of that of the STI comparison group, which was 74.7%.[34] Multiplying each retention rate by the interview response rate for each sample will produce the number of interviewees divided by the number admitted to each program. For Teen Challenge, this figure is 26.2% (=39.3% interview response rate times 66.7% program retention). For the comparison group, it is 22.9% (=30.7% interview response rate times 74.7% program retention). However, this Teen Challenge retention rate applies only to the three centers in this study, which are "training centers" and represent only the second ("training") phase of the Teen Challenge

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[33] The three Teen Challenge centers represented in this project were Rehrersburg, PA, Cape Girardeau, MO, and Riverside, CA. Source for retention rates: telephone conversation with Penny Warford, Teen Challenge USA headquarters, Springfield, MO, December 3, 1998.

[34] Source for STI retention rate: CATOR database, which includes all intakes.

program. Students come to the large (usually rural) training centers from numerous (usually urban) "induction centers," the first phase of the program. An estimate of most induction centers' retention rate is 70%.[35] The grand Teen Challenge retention rate, then, for both induction centers and the training centers considered in this study, is 46.7% (=70% times 66.7%). A concern immediately and legitimately arises that the Teen Challenge retention rate is much lower than the STI retention rate of 74.7% and therefore more subject to "creaming." Yet it is also beneficial at this point to apply the interview response rates to these rates of program retention. Multiplying the two rates will produce an overall rate of number of interviewees divided by the number initially admitted to each program, a percentage we might call the "intake followup" rate. For Teen Challenge, this figure is **18.4%** (=39.3% interview response rate times 46.7% program retention rate). For the comparison group, the figure is **22.9%** (=30.7% interview response rate times 74.7% program retention rate). These figures should serve as a backdrop of caution in interpreting any of the findings offered by this study. As discussed earlier under "Sample Size and Response Rate," these parallel low response rates are a threat to the external validity (generalizability) of this project. Because the rates are rather parallel, however, internal validity is not threatened enough to keep us from comparing the two groups comfortably and reliably within this study. Furthermore, in Chapter Five we will impose additional mortality on the comparison sample by selecting only that half of that sample

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35 Carl Chrisner, Teen Challenge USA headquarters, Springfield, MO, telephone conversation, January 8, 1999.

which left the STI program to continue frequent AA attendance. It is this subset, **11.5%** of the comparison intake (a figure we get by dividing the intake followup rate by two) that is compared with the **18.4%** of the Teen Challenge sample to ascertain which of this study's outcomes are the "stark outcomes" of Table 5.8, as the text leading up to that table explains.

ζ_7: Nonequivalence Effect (Selection Bias). The threat of selection bias is a peril in any program evaluation, the present undertaking not excepted. To minimize this problem, Teen Challenge subjects were matched with subjects from the aggregate dataset of Medicaid- or Medicare-funded STI clients on five variables: (1) gender (males only), (2) ethnicity, (3) age,[36] (4) severity of addiction,[37] and (5) whether the individual was court-referred to substance abuse treatment.

First, only male subjects were included in the Teen Challenge study. This was not just because of the larger male N available in the general drug treatment population, but also for the sake of within-group and between-group equivalency. (A study of limited resources such as this one could not afford to deal with too many confounding variables.) We therefore selected from the master NSI/CATOR database the subset of those 2228 STI (short-term inpatient) clients who were male and publicly funded (i.e., by Medicaid

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36 Grouped for matching according to the following sets: (1) 20 and younger, (2) 21-40, and (3) 41-60.

37 Grouped for matching according to the following sets: (1) alcohol only, (2) illicit drugs used less often than once a week, and (3) illicit drugs used once a week or more.

or Medicare). To match on the other four variables listed above, an SPSS post hoc matching program was used to select from this aggregate set of 2228 STI clients two matches for every Teen Challenge respondent.[38] This produced, therefore, 118 cases for the comparison group, which, when pooled with the 59 Teen Challenge cases, created a matched database of 177 cases. This is the database to be used for quantitative comparison, the specifics of which are explained later.

Many of the potential between-group nonequivalencies are resolved after matching. Table 4.3 compares the Teen Challenge group, the STI comparison group matched with Teen Challenge respondents, and the unmatched aggregate STI file on selected pretreatment measures which could feasibly contribute to program outcome (presented in the chart as "potential independent variable characteristics"). The matching procedure was certainly not perfect (even in the matching variables there are some gaps, albeit statistically insignificant). Yet it will be noted that matching accomplished a great deal in bringing the parameters of comparison group STI clients closer to Teen Challenge parameters than the aggregate STI figures would have been. The comparison group of STI clients matched with Teen Challenge graduates and the larger STI population are indeed two different sets of people. The three most striking differences are ethnicity, age, and addiction severity, which are (therefore) three of the four matching variables. The

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Paul E. Bergmann and Christine A.G. Hofler, "mtch0797.sps," SPSS syntax file (© Paul E. Bergmann, 1997). I edited this program slightly to tailor it to my matching variables. The mechanics of the program, however, were left intact.

general STI population appears to be considerably older, whiter, less addicted, less urban, less criminal, and more educated pretreatment than Teen Challenge respondents. The matched comparison group thus controls for variables that are indeed important, and an attempt to compare Teen Challenge data with the aggregate group instead would not have been advantageous. In only five instances out of 35 is there a statistically significant difference between the parameters of the Teen Challenge group and the comparison group which is greater than that between Teen Challenge and the aggregate sample. These are family drug problems (at X_5), treatment history before and after the program (at X_6 and X_7), family referral (at X_9), and pretreatment alcohol usage (at X_{11}). Multiple regression will control, among other things, for these and the seven other confounds in Table 4.3 which display statistically significant differences between groups.

Table 4.3, page 1 of 4. Comparison of Teen Challenge and Short-Term Inpatient (STI) Samples on Potential Independent Variable Characteristics

Characteristic	Teen Challenge (TC) (with signif. of difference with Comparison Group) N=59	STI Comparison Group (Matched on five variables[1] with TC Sample) N=118	Aggregate STI Pool N=2228[2]
→ From X_2, X_{11}, X_{18}: Four Matching Variables[3]:			
Ethnicity: % minority	49.2% (n.s.)	41.5%	26.8%
Age at discharge: % 21-40	78.0%	73.7%	48.6%
% 41+	15.3%	18.6%	45.5%
mean age	31.8 ± 7.6 (n.s.)	33.5 ± 9.9	43.1 ± 16.9
Addiction Severity:			
% Wkly/Daily illicit drug users (not alcohol)	86.4% (n.s.)	86.4%	46.5%
Court: % Referred to treatment by court	22.4% (n.s.)	22.9%	25.6%
→ X_2: Demographics (see also ethnicity, age among matching variables above):			
Urban: % Lived most of life in city	81.4% *	67.3%	60.8%
→ X_3: Religious Factors Before Treatment:			
Church attendance:			
% At least several times/month	29.3% (n.s.)	22.2%	28.6%
Likelihood of praying:			
% At least several times/month	56.9% (n.s.)	66.4%	67.1%

-- TABLE CONTINUES ON FOLLOWING PAGE --

p-levels of significance when Teen Challenge data is compared with Matched STI Comparison Group:
n.s.: not significant at $p = 0.05$
* $p < 0.05$
** $p < 0.01$
*** $p \leq 0.001$

[1] Gender, ethnicity, age, severity of pretreatment addiction, and court referral status (whether the respondent was referred to treatment by a court).

[2] For pretreatment measures, the N of nonmissing data varies in this column between 1400 and 2200, depending on the variable. For the three posttreatment measures in this table (in treatment since program, AA attendance, and living circumstances since program), the data for the aggregate column comes from the twelve month followup point and has an N of 887.

[3] The other matching variable was gender. All respondents in both samples were male.

Table 4.3, page 2 of 4. Comparison of Teen Challenge and Short-Term Inpatient (STI) Samples on Potential Independent Variable Characteristics

Characteristic		Teen Challenge (TC) (with signif. of difference with Comparison Group) N=59	STI Comparison Group (Matched on five variables[4] with TC Sample) N=118	Aggregate STI Pool N=2228[5]
→ X_5: Family Circumstances Growing Up:				
Problems when growing up because of family member's substance use: % yes		46.6% *	62.5%	50.3%
Age started drinking: mean age		13.8 ± 2.9 (n.s.)	14.7 ± 4.7	16.3 ± 7.2
Age started other drugs: mean age		15.2 ± 4.9 *	17.1 ± 7.6	16.9 ± 7.9
→ X_6, X_7: Treatment History:				
Number of prior drug treatments:	0	28.8% *	45.4%	19.9%
	1	22.0%	25.8%	32.0%
	2+	49.2% *	28.9%	48.1%
In treatment again since program:	% yes	0.0% ***	31.4%	15.3%
→ X_8: Frequent Alcoholics Anonymous Attendance Since Program (at least several times/month):				
during 6 months before interview		6.9% ***	50.4%	

-- TABLE CONTINUES ON FOLLOWING PAGE --

p-levels of significance when Teen Challenge data is compared with Matched STI Comparison Group:

n.s.: not significant at p = 0.05
* $p < 0.05$
** $p < 0.01$
*** $p \leq 0.001$

[4] Gender, ethnicity, age, severity of pretreatment addiction, and court referral status (whether the respondent was referred to treatment by a court).

[5] For pretreatment measures, the N of nonmissing data varies in this column between 1400 and 2200, depending on the variable. For the three posttreatment measures in this table (in treatment since program, AA attendance, and living circumstances since program), the data for the aggregate column comes from the twelve month followup point and has an N of 887.

Table 4.3, page 3 of 4. Comparison of Teen Challenge and Short-Term Inpatient (STI) Samples on Potential Independent Variable Characteristics

Characteristic	Teen Challenge (TC) (with signif. of difference with Comparison Group) N=59	STI Comparison Group (Matched on five variables[6] with TC Sample) N=118	Aggregate STI Pool N=2228[7]
→ X_9: Living Circumstances/Reference Group Before Program:			
Lived with wife and/or children	36.2% (n.s.)	38.1%	39.7%
Referred to program by family member	43.9% ***	16.9%	22.5%
Referred to program by doctor/social worker	7.0% ***	29.7%	31.3%
Have had children	55.9% (n.s.)	66.1%	65.4%
Marital status: Married	25.4% (n.s.)	27.8%	27.4%
Divorced/Separated/Widowed	18.6% (n.s.)	27.0%	36.3%
Never Married	55.9% (n.s.)	45.2%	36.2%
→ X_{10}: Living Circumstances Since Program:			
Lived with spouse and/or children	37.7% (n.s.)	34.5%	39.0%
→ X_{11}: Severity of Addiction (see also % Weekly/Daily Illicit Drug Users among matching variables above; see also Table 5.2 for usage of specific drugs):			
Alcohol usage pretreatment: % Daily	55.9% **	30.1%	39.4%
Smoker pretreatment: % yes	79.7% (n.s.)	85.2%	75.3%

-- TABLE CONTINUES ON FOLLOWING PAGE --

p-levels of significance when Teen Challenge data is compared with Matched STI Comparison Group:
n.s.: not significant at $p = 0.05$
* $p < 0.05$
** $p < 0.01$
*** $p \leq 0.001$

[6] Gender, ethnicity, age, severity of pretreatment addiction, and court referral status (whether the respondent was referred to treatment by a court).

[7] For pretreatment measures, the N of nonmissing data varies in this column between 1400 and 2200, depending on the variable. For the three posttreatment measures in this table (in treatment since program, AA attendance, and living circumstances since program), the data for the aggregate column comes from the twelve month followup point and has an N of 887.

Table 4.3, page 4 of 4. Comparison of Teen Challenge and Short-Term Inpatient (STI) Samples on Potential Independent Variable Characteristics

Characteristic	Teen Challenge (TC) (with signif. of difference with Comparison Group) N=59	STI Comparison Group (Matched on five variables[8] with TC Sample) N=118	Aggregate STI Pool N=2228[9]
→ X_{12}, X_{13}, X_{14}: Employment/Education/Income Before Program:			
Employment before treatment:			
Full time job	32.2% *	17.7%	15.6%
Part time job	8.5% (n.s.)	8.0%	7.9%
Unemployed	59.3% (n.s.)	74.1%	54.7%
Retired			21.8%
Education: No high school diploma	33.9% (n.s.)	22.3%	24.9%
High school diploma	51.8% (n.s.)	59.2%	52.5%
Education beyond high school	14.3% (n.s.)	18.4%	22.6%
Income before treatment: < $10,000	60.0% (n.s.)	68.7%	62.6%
< $20,000	78.2% (n.s.)	87.9%	83.7%
→ X_{17}: Criminality Before Program (see also "court referral" under four matching variables above):			
Mean # of nontraffic arrests year before	3.1 ± 2.3 *	2.2 ± 2.1	0.9 ± 1.5
Jailed overnight previous year	53.6% (n.s.)	54.6%	47.4%

p-levels of significance when Teen Challenge data is compared with Matched STI Comparison Group:

n.s.: not significant at p = 0.05
* p < 0.05
** p < 0.01
*** p ≤ 0.001

[8] Gender, ethnicity, age, severity of pretreatment addiction, and court referral status (whether the respondent was referred to treatment by a court).

[9] For pretreatment measures, the N of nonmissing data varies in this column between 1400 and 2200, depending on the variable. For the three posttreatment measures in this table (in treatment since program, AA attendance, and living circumstances since program), the data for the aggregate column comes from the twelve month followup point and has an N of 887.

One potential confound of particular interest in this study is the religious predisposition of the Teen Challenge sample as compared with the control group. Since TC is an evangelical Christian program, one might reason that it attracts individuals who are more evangelically, or at least, religiously, inclined to begin with (in their background and their personal theology) than those in the comparison group. One might then reason that any finding of Teen Challenge program effect might therefore be attributable to such a predisposition among its clients.

Four tests of this hypothesis are possible with the available data. First, on two generic religious scores, a t-test of mean differences showed no significant difference between the program and comparison groups. These two scores were (a) pretreatment church attendance and (b) likelihood of praying before the program (see Table 4.3, at X_3). This indicates that STI clients were not less *religiously* inclined than Teen Challenge respondents, but it says nothing about how the groups compare in *evangelical* inclination. The next two tests address this concern.

Because comparison data lacks the specificity of client religious affiliation, the best we can do from this point is to perform a set of within-group tests with the Teen Challenge sample. The second of our tests of religious selection bias is relatively weak compared to the third and fourth, which will follow. It is simply to examine the religious background of the Teen Challenge sample in a univariate fashion. Figure 4.4 presents the various religious backgrounds represented in the Teen Challenge sample. These backgrounds are then grouped into three nonmissing categories in Figure 4.5: evangelical

Christian,[39] mainline Christian,[40] and non-Christian.[41] While evangelicals by background certainly comprise the modal category, at nearly half the sample, I was struck by the fact that they comprise *only* half rather than more, given the strongly evangelical nature of the Teen Challenge program. Furthermore, the proportion of Teen Challenge graduates from non-Christian backgrounds, at 12% of the sample, is nearly equivalent to the national percentage of non-Christian Americans (13.5%[42]). This glance at the sample, though achieving no more than univariate sophistication, hints at greater diversity, and thus a lesser degree of selection by religion, than one might expect.

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39 Baptists, charismatics, and nondenominational evangelicals are all grouped into the "evangelical" category.

40 Catholics, Lutherans, Presbyterians, adherents of the United Church of Christ, Methodists, and Disciples of Christ are all grouped into the "mainline denominational" category.

41 Jews, Mormons, Hindus, Muslims, and those claiming no religion are all grouped into the "non-Christian" category.

42 Patrick Johnstone, *Operation World* (Grand Rapids, MI: Zondervan, 1993), p. 563.

Figure 4.4

Religious Background of Teen Challenge Sample

(N=59)

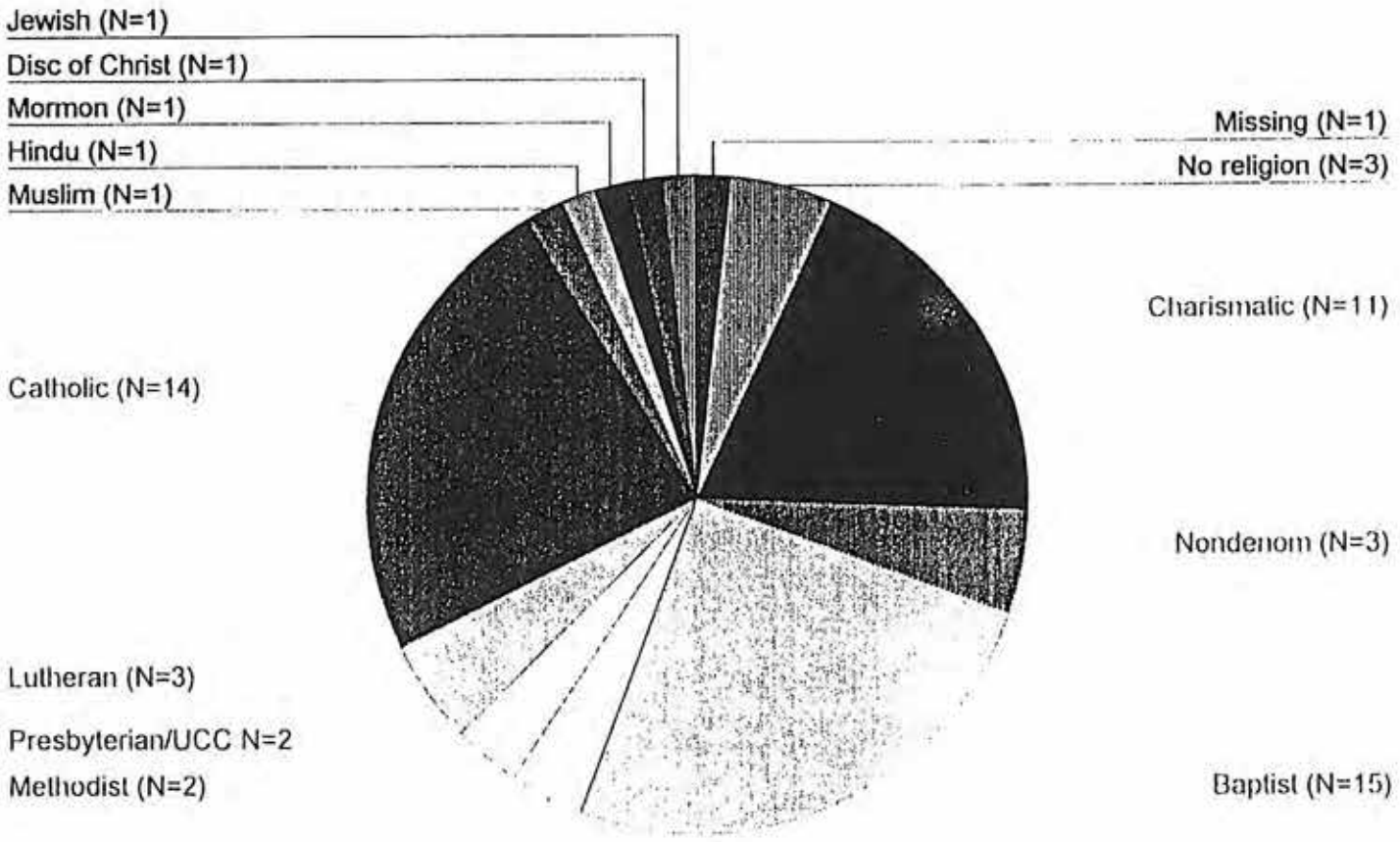
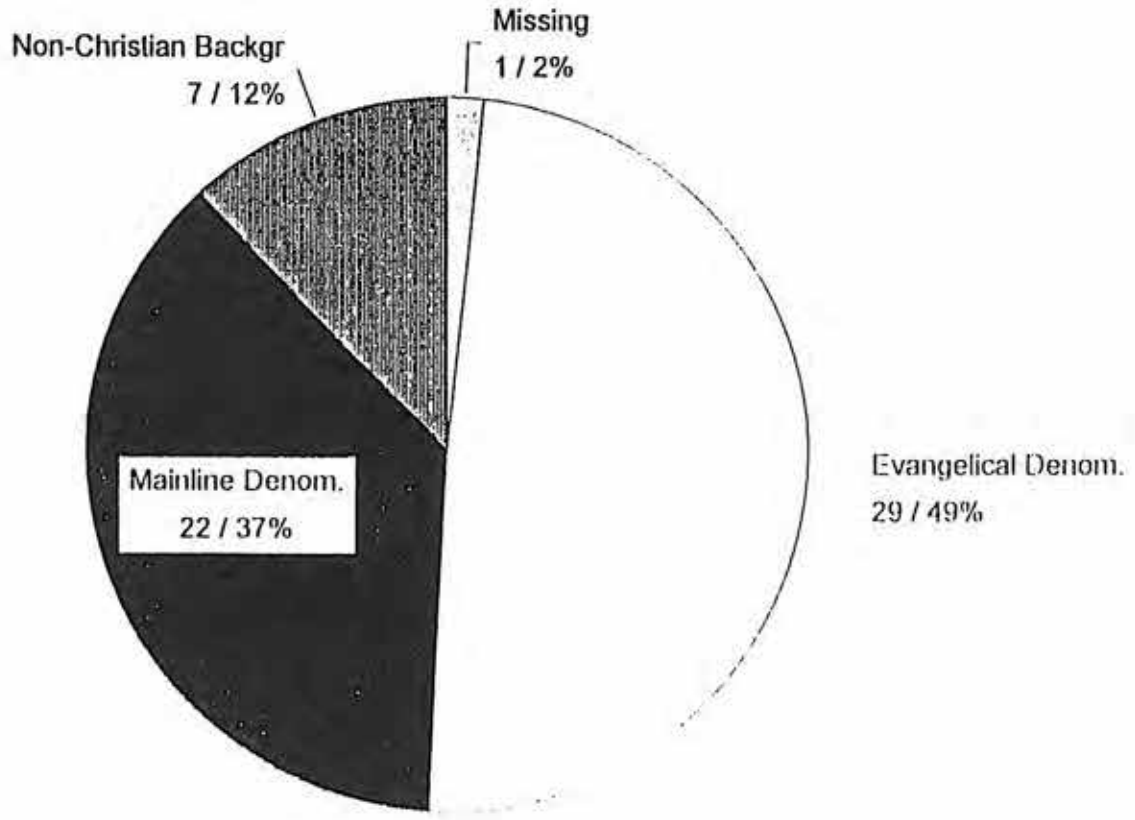


Figure 4.5

Religious Background of Teen Challenge Sample, Grouped

(N/Percent) (Total N=59)



The third test for the presence of selection bias according to religion is to compare the outcomes of those in the Teen Challenge sample with prior evangelical denominational affiliations against the outcomes of those without such affiliations. The fourth is similar: to compare the outcomes of those coming into Teen Challenge with evangelical knowledge from their upbringing[43] or with a church referral against the outcomes of those without.[44] Crosstabulations of 11 dependent variables on these two dichotomous variables showed no significant relationships between the outcome measures on the one hand, and evangelical background, evangelical knowledge from upbringing, or church referral to Teen Challenge, on the other. Table 4.6 shows that none of the p-levels of the chi-square values yielded from these crosstabulations are close to being significant at the 0.05 level.

43

The following questions were asked to determine the experience of the respondent with two key elements of Teen Challenge doctrine: "Would you say that you have been 'born again' or have had a 'born-again' experience--that is, a turning point in your life when you committed yourself to Christ?" (Wording: George H. Gallup, *The Gallup Poll: Public Opinion 1980* [Wilmington, DE: Scholarly Resources, Inc., 1981], p. 188) and (if so) "When?"; and "Have you ever been baptized in the Holy Spirit, as evidenced by speaking in tongues?" and (if so) "When?" Prompting was done, if necessary, to determine whether the respondent's upbringing included knowledge of either one of these phenomena.

44

This dummy variable was coded "yes" if the respondent had *either* some knowledge from his upbringing about the two elements of Teen Challenge doctrine described in the previous footnote *or* was referred to Teen Challenge by a church.

Table 4.6

Significance Levels of Measures of Selection by Religiosity

Outcome Measure	*p-levels when crosstabulated with*	
	Evang'l Affil.	*Evang'l Knowl. or Chur. Referral*
Abstinent from Drugs and Alcohol	0.51	0.20
Abstinent from Drugs only	0.56	0.20
Mean # of Mos. Used (of 6)	0.94	0.53
Severity of Relapse	0.70	0.73
% Holding Full-Time Job	0.21	0.52
Mean # of Mos. Worked Full Time (of 6)	0.73	0.40
Mean # of Nontraffic Arrests	0.61	0.37
Mean # of Obstacles to Recovery	0.98	0.57
% Smokers Posttreatment	0.91	0.52
% Having Had Two-Week Depression	0.94	0.52
Mean Severity of Depression	0.40	0.77

We can safely conclude, then, that the strength of any causal arrow between religious factors in a respondent's life prior to the program and effect of the Teen Challenge program itself must, if at all existent, be a rather weak one.

Alternative Rival Hypotheses of Program Effect

In addition to the threats to validity detailed above, a host of confounds are also rival hypotheses of program effect. Table 4.3 introduced these various "independent variable characteristics," reproduced along with the program variable in the following list:

(X_1 Program: Teen Challenge vs. Short-Term Inpatient)
X_2 Demographics: ethnicity, age, % urban
X_3 Religious Factors Before Program
X_4 Religious Factors Since Program
X_5 Family Circumstances Growing Up
X_6 Other Treatments Before Program
X_7 Other Treatments Since Program
X_8 Alcoholics Anonymous Attendance
X_9 Living Circumstances/Reference Group Before Program
X_{10} Living Circumstances/Reference Group Since Program
X_{11} Severity of Addiction Before Program
X_{12} Employment Before Program
X_{13} Education Before Program
X_{14} Income Before Program
X_{15} Education Since Program
X_{16} Income Since Program
X_{17} Criminality Before Program
X_{18} Court Referral to Program

Not included in this list of potential independent and mediating variables are the dependent variables themselves, which certainly have causal interrelationships among themselves. However, they are most likely confounded beyond the capacity of this dataset to provide answers. For instance, postprogram employment and postprogram drug and alcohol usage are certainly interrelated past hope of distillation: is an individual unemployed because he uses addictive substances, or does he use addictive substances because he is unemployed? Inversely, one can ask the parallel question: is an individual

employed because he is not using, or is he not using because he is employed? Certainly the causal arrow is double-headed, but to extract the strength of the one effect from the other is not within the scope of this project. Regarding outcomes from the category "Precipitants of Drug Use," one might ask, "Does one resort to addictive substances because he is depressed, or is he depressed because he is addicted?" The pattern is most likely a vicious circle, but again, answering this is beyond this study. Instead, the postprogram measures of drug and alcohol usage, of employment, of criminality, and of precipitants of use will each be considered as separate dependent variables in separate analyses. Table 4.7 presents a comparison of the Teen Challenge group, the matched STI comparison group, and the aggregate STI group on these *dependent variables* (which operationalize the three outcome categories).

Table 4.7. Fifth-Order Comparison[1] of Teen Challenge and Short-Term Inpatient (STI) Followup Samples on Ten Outcome Measures

(ALL MEASURES PERTAIN TO THE LAST 6 MONTHS BEFORE INTERVIEW)

Outcome Measure	Teen Challenge (TC) (with signif. of difference with Comparison Group) N=59 *39.3% response rate*	STI Comparison Group (Matched on five variables with TC Sample) N=118 *28.7% response rate*	Aggregate STI Pool at 12-month followup[2] N=877 *39.4% response rate*
→ *Y_1: Freedom from Addictive Substances:*			
Mean # Mos. (of 6) Used Drugs or Alcohol	0.59 ± 1.29 ****	2.05 ± 2.55	1.63 ± 2.32
% Abstinent from Drugs and Alcohol	71.2**	55.1	59.3
% Abstinent from Drugs Only	86.4 (n.s.)*	74.6	85.7
Mean Severity of Relapse (4 pt. scale)	0.28 ± 0.62 ****	0.71 ± 1.20	0.64 ± 1.18
→ *Y_2: Employment:*			
Mean # Mos. (of 6) Worked Full Time	5.51 ± 1.33 ****	2.29 ± 2.79	1.99 ± 2.53
% Holding Full Time Job	89.8****	41.4	38.0
→ *Y_3: Precipitants of Drug and Alcohol Abuse:*			
% Current Nonsmokers	84.7****	20.7	31.8
Mean # Obstacles to Recovery (Of 6)[3]	1.71 ± 1.65 (n.s.)	2.12 ± 2.07	1.60 ± 1.82
% Having Had Two-Week Depression	15.3 (n.s.)	24.8	23.2
Mean Severity of Depression (6 pt. scale)[4]	0.56 ± 1.49 (n.s.)	1.07 ± 1.98	0.91 ± 1.85
→ *Y_4: Criminality:*			
% of Respondents Arrested Last 6 Months	7.0**	17.0	9.1
Mean # Nontraff. Arrests/Respdt. Last 6 Mos.	0.018 ± 0.13***	0.16 ± 0.47	0.065 ± 0.29

p-levels of significance when Teen Challenge data is compared with Matched STI Comparison Group:

n.s.: not significant at p = 0.05

* p = 0.07

** p < 0.05

*** p < 0.01

**** p ≤ 0.001

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1 Teen Challenge respondents are matched with those from the STI Comparison Group on the five variables gender, ethnicity, age, severity of pretreatment addiction, and court referral status (whether a court referred the respondent to treatment). See Chapter Five and data presented in Table 5.1 for regressions, which control for other variables beyond these five.

2 The 12-month followup point for aggregate data on STIs was selected for this chart because the 18 month and 24 month aggregate comparison data have only 25% and 21% response rates, respectively.

3 These Obstacles to Recovery/Stressors were boredom, stress, loneliness, having drug using peers, alcohol cravings, and drug cravings

4 The six indicators for this scale were appetite change, sleep problems, fatigue, loss of joy, problems thinking or concentrating, and thoughts of suicide.

One might say that Table 4.7 is a fifth-order presentation of the data: the matching procedure which created the comparison group for Teen Challenge controlled for five confounds: *gender, age, ethnicity, severity of pretreatment addiction,* and *court referral status*.

It should be noted that other potential independent and mediating variables are not controlled for in this chart. There are two reasons that the data presented in Table 4.7 cannot yet be conclusive: relationships among variables (1) may not be thoroughly controlled and may therefore be *weaker* in actuality than what is shown, or (2) may conceal other "suppressor" relationships and may therefore be *stronger* in actuality than what is shown. Such corrections are the task of multiple regression, to which we now turn.

Multiple Regression

Four outcome categories were described in the first section of this chapter: Freedom from Addictive Substances, Employment, Criminality, and Precipitants of Substance Abuse.

In the limited scope of this project, measures of criminality after the program do not lend themselves to the multiple regression technique for analysis, as base incidence rates of posttreatment nontraffic arrests are too small. Even after logging, for instance, the skewness (3.4) of the followup variable labeled "Arrests in the last six months" is far

too high to conform to the assumptions of regression. Program impact on this variable, therefore, cannot thoroughly be assessed here.

Three outcome categories then remain. The first, Freedom from Addictive Substances, contains two regressable[45] dependent variables: (a) USGLAST6, the number of months the respondent used substances out of the last six prior to the interview, and (b) SEVREL, the severity of relapse, using the scale described in the "Measures of Treatment Outcome" section above. For the Employment outcome category, the dependent variable is WKDFTLA6, the number of months out of the last six prior to the interview during which the respondent held a full-time job. Two regressable dependent variables are included in the Precipitants of Use category: (a) OBSTACLS, a six-point scale of obstacles to recovery, and (b) DEPRSEV, a six-point scale of depression severity. Thus there were five dependent variables which represented five regression tests of program effect. For each, the following procedure was undertaken.[46]

Backward regressions and a check for high bivariate correlation coefficients (between the potential independent variable and the dependent variable) determined which were the strongest correlates with the dependent variable and thus filtered out those from the long list of potential confounds which were insignificant. (Potential confounds, or independent variables, are represented in the list of "Alternative Rival Hypotheses"

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[45] Dichotomous measures (yes/no questions) cannot be regressed as dependent variables.

[46] To make the calculations in this quantitative analysis, I used SPSS Base for Windows, Version 6.1.4 (Copyright 1996 by SPSS Inc.).

given in the previous section). Yet before a variable was excluded entirely as being insignificant, it was necessary to check for interactive effects it may have had. (This was also necessary to do, of course, for variables which *were* significant on their own.) A good check for interaction was to examine crosstabulation charts of each potential confound by the dichotomous program variable, with outcome values in each cell. Figure 4.8, an example of such a chart, illustrates the need for one of the interaction terms used in this project:

Figure 4.8. An Illustration of the Need for Interaction Terms

% in each cell is percent abstinent from drugs and alcohol

AFTWIFKI

(Respondent lived with wife and/or children after program)

	No	Yes
Teen Challenge	75.8% N=25	65% N=13
Comparison Group	43.4% N=33	75% N=30

In Figure 4.8, we see that, at least in this dataset, there must be interaction between being in the comparison group and living with one's wife and/or children after the program: those in this cell had a significantly higher rate of abstinence than did the comparison group clients who did not have such living circumstances after the program, and this drastic difference was not paralleled among the Teen Challenge graduates. On the basis of this observation, then, the variable CGAFWFKI was calculated, which registers a "1" only if one is in the comparison group and lived with his wife and/or children after the program.

Over twenty-five such interaction terms were calculated using the process illustrated above, both between the Teen Challenge variable and other independent variables, and between the ethnicity variable and other independent variables. Not all, of course, proved to have any significant effect on an outcome variable, but this could not be determined until the interaction terms were created and entered into regressions.

Even though the backward regression technique filters out statistically insignificant variables in producing an equation, it was usually necessary to trim this equation further, both for the sake of parsimony and for the sake of multicollinearity. Often, for instance, backward regression would produce an equation which may have had an acceptable F-level and R^2, but which had seven to nine independent variables, some of which showed low tolerance levels.[47] To correct the multicollinearity of which the low

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Tolerance for a particular variable: $1-R^2$, when that variable is the dependent variable

(continued...)

tolerances were a symptom, I took out all the culprit variables and jackknifed them in one at a time, all the while being cognizant of several things, including (1) any correlations among the independent variables that may have been higher than correlations with the dependent variable; (2) the sum of the squared beta coefficients, which should equal R^2 when there is no multicollinearity (and in a messy world, come as close to R^2 as possible); and (3) the degree to which the unstandardized slope coefficients remained stable when variables were taken out and removed (such stability is an assurance of a nonmulticollinear equation). In a "jackknife test," where variables are successively removed and returned, several statistics must be watched closely to determine which combination of variables produces the optimum equation--given the data one has to work with.

Before, during, and after the search for the "optimum" equation, it was necessary to analyze the residual, or unexplained variation in the equation. One assumption of multiple regression is that the residual, or error, term must be distributed evenly (homoscedastically) across all levels of the other variables in the equation. The opposite of this even distribution is heteroscedasticity, a much less desirable state of affairs, because it shows that something is *systematically* unexplained. This is evidence of a missing variable.

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[47](...continued)
regressed on the other independent variables in the equation.

The project at hand is not free from heteroscedasticity. It tends to overpredict at the low end of most dependent variables, and underpredict at the high end. I suspect that a missing set of variables which would correct much of this systematic unexplained variation is that set of interaction terms which includes ethnicity. These terms appeared to correlate significantly with some of the dependent variables, but were not included in the final equations due to multicollinearity. Including them, therefore, would only have *artificially* increased the R^2 and would not have increased the true explanatory power of the findings.

The chapter which follows presents the results of each of the five regression tests of program effect whose procedure was outlined above. It presents the metric effects, significance levels, and explained variation from equations both with and without the dichotomous variable representing Teen Challenge. An examination of responses from the open-ended items as well as an analysis of responses to the reference group questions are provided to add depth of insight into the quantitative findings.

The findings to be presented here represent flaws which the present study cannot correct. One such flaw, as has been explained, is limited external validity due to low response rates in both the Teen Challenge dataset and and the comparison group (39.3% and 30.7%, respectively). We can compare the two datasets with one another reliably enough, but much caution is in order before extending these results to compare with other studies. Furthermore, much variation in outcome variables remains yet to be

explained. The best solution to this problem is to compile a bigger dataset, a task I leave to those who will address this question in the future.

Chapter Five

Results

Metric effects[1] of the Teen Challenge program on the five outcome variables are presented in Table 5.1. Effects of other predictors, tolerance (a multicollinearity diagnostic[2]), statistical significance,[3] and percent of variation explained[4] are also given for each equation.

For each outcome measure, the table shows up to four regression equations. Equations [1] and [2] under each outcome variable include the full samples, 177 in all: the 59 Teen Challenge respondents and the 118 comparison group respondents--the

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[1] Metric effect=the unit change in the dependent variable, or thing predicted, for one unit change in the independent variable, or predictor.

[2] Tolerance=1-R^2, when the independent variable in question is made the dependent variable in a hypothetical equation with the other predictors as independent variables. If tolerance is low, this means the other independent variables can explain a lot of the variation in the particular variable in question. If this is the case, it becomes uncertain whether it is really the desired dependent variable that is being explained, or the variable with low tolerance (such a situation is called multicollinearity). Thus the higher (closer to 1) the level of tolerance is, the better.

[3] Statistical significance is often stated in terms of probability levels, i.e., the probability of making a mistaken decision that the program or variable being evaluated has an effect, in the event it truly does not. In the chart, these probability levels show up as "sig T" and "sig F." A finding is generally regarded as suspect if either of these levels exceeds 0.05. The "F" statistic, another expression of significance, is the ratio of variance explained to variance unexplained: the larger, the better. Double digits of F are especially desirable.

[4] Of all the variation in the dependent variable, R^2 is the percent of that variation that is explained by the equation.

equations include as many, that is, of these 177 cases as remain after cases with missing data are deleted (pairwise). Equations [3] and [4] under each outcome variable also include all 59 Teen Challenge respondents, but include only those 58 comparison group respondents who attended AA at least several times per month after exiting their STI (short-term inpatient) program.[5] (Table 5.1 designates these equations as "TC vs. CGAAFQLY.") The rationale for this comparison in addition to the full-sample comparison is that STI programs intend for clients to attend AA meetings regularly after exiting the hospital. Thus, in a sense, those clients who do not continue with AA after their STI stay do not receive the designed "full treatment." Furthermore, since one objective of the present study is to test the AA "disease model" of drug treatment against the Teen Challenge "character-building" model, a comparison of Teen Challenge respondents with those who receive the full dosage of AA treatment is fitting. (The suitability of this comparison is further enhanced, given that having been in Teen Challenge and attending AA frequently after treatment are nearly mutually exclusive categories.)

Equations [1] and [3] under each outcome measure include the program variable Teen Challenge or associated interaction terms[6] if such variables were found to be

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5 In the AA literature, "several times per month" is the conventional watershed defining "frequency of attendance." See, for instance, Norman G. Hoffmann et al., "Alcoholics Anonymous after Treatment: Attendance and Abstinence," *The International Journal of the Addictions* 18.3 (1983), p. 315.

6 An example from Table 5.1 of an "associated interaction term" which represents a desirable effect of Teen Challenge is CGKDSELS (coded 1 if the respondent was in the

(continued...)

statistically significant. If the program variable was present in Equation [1] or [3], it is dropped for Equation [2] or [4]. If an associated interaction term[7] is present in [1] or [3], it is replaced with its additive (noninteractive) counterpart in [2] or [4].[8] This "jackknife" test of the Teen Challenge program variable is a convenient test of its significance and explanatory power.

Predictive equations based on the data in this project can be constructed from Table 5.1. For a given individual whose measures on the independent variables (I.V.'s) are known, an outcome measure can be predicted by beginning with the constant beside that outcome measure, and then adding or subtracting each I.V. coefficient times the given individual's value for that variable.

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[6](...continued)
comparison group and had kids living elsewhere after his treatment). It has a positive coefficient in the equation predicting USGLAST6 (number of months out of 6 that substances were used). In other words, absent fathers *in the comparison group only* are predicted to have used substances more months out of six than are absent fathers in Teen Challenge. This can be construed as a positive effect of Teen Challenge for this subset of respondents.

[7] That is, one which implies a desirable program effect for Teen Challenge. See previous footnote.

[8] In the case described in footnote 5, CGKDSELS is replaced by KDSELSWH, coded 1 for *all* respondents (irrespective of program) who have children living elsewhere after their treatment.

Table 5.1. Multiple Regression Findings, page 1 of 10

PREFACE to Table 5.1: A Layman's Guide to Multiple Regression

This page is meant to help you interpret Table 5.1. Every numbered row on that table is an equation. What you use it for is to make predictions, based on the data in this study.

Take Line 1 under "WKDFTLA6," for instance (page 136). It predicts the number of months out of the last 6 that someone was employed full time. Take the numbers in that row, look at the column headings, and you put them into an equation form that looks like this.

WKDFTLA6 = 5.0 + 2.8 (teenchal) – 1.9 (mncafalo) – 0.1 (age) + 1.0 (jobbefor)

(Remember that there's an invisible multiplication sign between a number and a parenthesis.)

(See the key on pages 138-139 for what all those variable names mean.)

Here's what this equation means. To figure out the number of months out of 6 that somebody worked full time, add up the numbers in that equation like this:

5.0 (Everybody starts with 5 months; it's like the money you start out with in Monopoly. Table 5.1 calls this the "Constant")

+ 2.8 times 1 only if you were in Teen Challenge; otherwise take it times zero (notice that if you weren't in Teen Challenge, you don't get to add anything here, since 2.8 times zero is zero)

- 1.9 times 1 only if you were a minority in the comparison group living alone after the program; otherwise take it times zero (notice that if you don't fit that description, you subtract nothing in this step)

- 0.1 times your age (so that means if you're 30 years old, you subtract in this step 3 months from the number of months worked; and if you're 40, you subtract 4 months)

+ 1.0 times 1 if you had a job before the program; if you were unemployed before the program, take it times zero (so if you were unemployed beforehand, you don't get to add anything in this step)

———

TOTAL number of months out of 6 you're predicted to have worked

Table 5.1. Multiple Regression Findings, page 2 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	constant A {sig T}	teenchal B (β) {sig T}	aafreqly B (β) {sig T}	aftwifki B (β) {sig T}	cgkdsels B (β) {sig T}	kdselswh B (β) {sig T}	instnrfr B (β) {sig T}	pretrtx B (β) {sig T}	age B (β) {sig T}	min Tol	max sig T	R^2	F	sig F
USGLAST6 (Number of months out of last 6 that respondent used addictive substances)														
Full sample comparisons:														
[1] with TC[1]	3.4	-2.4	-2.1	-0.8						0.80	0.02	0.29	21.7	.0000
		(-0.5)	(-0.4)	(-0.2)										
	{.0000}	{.0000}	{.0000}	{.0218}										
[2] w/o TC[2]	2.3		-1.1	-1.0						0.98	0.01	0.10	9.3	.0002
			(-0.2)	(-0.2)										
	{.0000}		{.0029}	{.0087}										
Full Teen Challenge sample compared with frequent AA attenders only:														
[3] with TC[3]	1.4				1.2		-1.1	0.2	-0.03	0.80	0.04	0.16	4.9	.0012
					(0.3)		(-0.3)	(0.2)	(-0.3)					
	{.0047}				{.0030}		{.0010}	{.0162}	{.0384}					
[4] w/o TC[4]	1.2					0.6	-0.9	0.1	-0.02	0.93	0.12	0.12	3.1	.0178
						(0.2)	(-0.3)	(0.2)	(-0.2)					
	{.0210}					{.0746}	{.0098}	{.0590}	{.1227}					

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 Minimum pairwise N of cases = 164 (Total N=177).

2 Minimum pairwise N of cases = 166 (Total N=177).

3 Minimum pairwise N of cases = 105 (Total N=117). This equation is considered to be "with Teen Challenge" because Teen Challenge has a desirable effect and the comparison programs do not for the portion of the sample represented by the interaction term CGKDSELS (see key).

4 Minimum pairwise N of cases = 100 (Total N=117). This equation is considered to be "without Teen Challenge" because the interaction term mentioned in the previous footnote is replaced by its noninteractive counterpart KDSELSWH (see key).

Table 5.1. Multiple Regression Findings, page 3 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	constant A {sig T}	cgkdsels B (β) {sig T}	kdselswh B (β) {sig T}	cgaafqly B (β) {sig T}	cgcourt B (β) {sig T}	court B (β) {sig T}	cgmnsvad B (β) {sig T}	mnsevad B (β) {sig T}	tcpretmt B (β) {sig T}	mnjobbef B (β) {sig T}	mnaftalo B (β) {sig T}	instnrfr B (β) {sig T}	min Tol	max sig T	R^2	F	sig F
LSEVREL (Severity of any relapse during last 6 months—base 10 log of 4 pt. scale)																	
Full sample comparisons:																	
[1] with TC[1]:	0.1 {.0000}	0.2 (0.3) {.0001}		-0.2 (-0.4) {.0000}	0.1 (0.2) {.0059}		0.03 (0.2) {.0034}						0.87	0.01	0.23	12.2	.0000
[2] w/o TC[2]:	0.1 {.0006}		0.1 (0.2) {.0037}	-0.1 (-0.2) {.0037}		0.06 (0.1) {.1151}		0.01 (0.07) {.3997}					0.93	0.40	0.11	4.8	.0010
Full Teen Challenge sample compared with frequent AA attenders only:																	
[3] with TC[3]:	0.04 {.0296}	0.2 (0.3) {.0004}							0.02 (0.2) {.0186}	0.1 (0.2) {.0103}	-0.1 (-0.2) {.0594}	-0.1 (-0.3) {.0050}	0.85	0.06	0.20	5.3	.0002
[4] w/o TC[4]:	0.04 {.0371}		0.08 (0.2) {.0157}						0.01 (0.2) {.1004}	0.1 (0.2) {.0327}	-0.1 (-0.2) {.0736}	-0.1 (-0.2) {.0354}	0.93	0.10	0.15	3.6	.0049

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 Minimum pairwise N of cases = 170 (Total N=177). This equation is considered to be "with Teen Challenge" because Teen Challenge has a desirable effect and the comparison programs do not for the portion of the sample represented by the interaction terms CGKDSELS, CGMNSVAD, and CGCOURT (see key).

2 Minimum pairwise N of cases = 163 (Total N=177). This equation is considered to be "without Teen Challenge" because the interaction terms mentioned in the previous footnote are replaced by their noninteractive counterparts KDSELSWH, MNSEVAD, and COURT (see key).

3 Minimum pairwise N of cases = 112 (Total N=117). This equation is considered to be "with Teen Challenge" because Teen Challenge has a desirable effect and the comparison programs do not for the portion of the sample represented by the interaction term CGKDSELS (see key).

4 Minimum pairwise N of cases = 108 (Total N=117). This equation is considered to be "without Teen Challenge" because the interaction term mentioned in the previous footnote is replaced by its noninteractive counterpart KDSELSWH (see key).

Table 5.1. Multiple Regression (and ANOVA) Findings, page 4 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	grand mean	COEFFICIENTS OF PREDICTORS: teenchal Deviation (β) {sig F}	cgcourt Deviation (β) {sig F}	court Deviation (β) {sig F}	pretrtx[1] Deviation {sig F}	cggt20k Deviation (β) {sig F}	cgkids Deviation (β) {sig F}	cgjobbef Deviation (β) {sig F}	ANALYSIS DIAGNOSTICS: max sig F	R^2	F	sig F
TRMTSNCE (Percent of respondents who entered another treatment after program)[2]:												
Full Sample Comparisons:												
[1] with TC[3]	0.15	-0.17 (0.39) {.000}	0.14 (0.18) {.030}		0.04 {.011}	-0.26 (0.22) {.005}			0.03	0.25	11.2	.000
[2] w/o TC[4]	0.16			0.09 (0.15) {.083}	0.02 {.181}	-0.14 (0.12) {.161}			0.18	0.05	2.0	.101
Full Teen Challenge sample compared with frequent AA attenders only:												
[3] with TC[5]	0.12	-0.25 (0.85) {.000}			0.04 {.003}		-0.22 (0.47) {.000}	-0.29 (0.24) {.005}	0.01	0.37	15.1	.000
[4] w/o TC[6]	0.12				0.03 {.030}		0.07 (0.15) {0.128}	-0.16 (0.13) {.191}	0.19	0.07	2.1	.080

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 PRETRTX is a interval covariate, not a nominal factor. Therefore, in the ANOVA, no Beta is calculated for it.

2 This dependent variable is dichotomous (coded "1" if the respondent entered another treatment and "0" otherwise) and hence does not lend itself to multiple regression. Results of an analysis of variance are presented here instead.

3 N of cases after listwise deletion = 142 (Total N=177).

4 N of cases after listwise deletion = 141 (Total N=177).

5 N of cases after listwise deletion = 107 (Total N=117).

6 N of cases after listwise deletion = 107 (Total N=117).

Table 5.1. Multiple Regression Findings, page 5 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	constant A	teenchal B (β) {sig T}	cgafwfki B (β) {sig T}	mnsevadd B (β) {sig T}	mncafalo B (β) {sig T}	pretrtx B (β) {sig T}	incombef B (β) {sig T}	min Tol	max sig T	R^2	F	sig F
OBSTACLS (Number of obstacles to recovery out of 6 during last 6 months):												
Full sample comparisons:												
[1] with TC[1]:	2.3	-0.9	-1.2	0.1				0.84	0.05	0.09	5.1	.0020
		(-0.2)	(-0.3)	(0.1)								
	{.0000}	{.0105}	{.0023}	{.0518}								
[2] w/o TC[2]	1.9		-0.8	0.1					0.08	0.05	4.5	.0125
			(-0.2)	(0.1)								
	{.0000}		{.0218}	{.0792}								
Full Teen Challenge sample compared with frequent AA attenders only: No significant regressions produced.												

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 Minimum pairwise N of cases = 175 (Total N=177).

2 Minimum pairwise N of cases = 175 (Total N=177).

Table 5.1. Multiple Regression Findings, page 6 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	COEFFICIENTS OF PREDICTORS: constant A {sig T}	mncafalo B (β) {sig T}	mnaftalo B (β) {sig T}	ftjobnow B (β) {sig T}	pretrtx B (β) {sig T}	age B (β) {sig T}	EQUATION DIAGNOSTICS: min Tol	max sig T	R^2	F	sig F
LDEPRSEV (base 10 log of 6-pt. severity scale for any depression last 6 months)											
Full sample comparisons:											
[1] with TC[1]:	0.22	0.20		-0.20	0.02		0.94	0.05	0.18	10.7	.0000
		(0.16)		(-0.33)	(0.05)						
	{.0000}	{.0357}		{.0000}	{.0518}						
[2] w/o TC[2]:	0.23		0.11	-0.21	0.02		0.99	0.17	0.16	9.5	.0000
			(0.10)	(-0.36)	(0.14)						
	{.0000}		{.1715}	{.0000}	{.0729}						
Full Teen Challenge sample compared with frequent AA attenders only:											
[4] w/o TC[3]:	0.39			-0.21	0.03	-0.01	0.83	0.03	0.20	8.8	.0000
				(-0.39)	(0.27)	(-0.21)					
	{.0008}			{.0001}	{.0033}	{.0326}					

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 Minimum pairwise N of cases = 154 (Total N=177). This equation is considered to be "with Teen Challenge" because Teen Challenge has a desirable effect and the comparison programs do not for the portion of the sample represented by the interaction term MNCAFALO (see key).

2 Minimum pairwise N of cases = 152 (Total N=177). This equation is considered to be "without Teen Challenge" because the interaction term mentioned in the previous footnote is replaced by its noninteractive counterpart MNAFTALO (see key).

3 Minimum pairwise N of cases = 107 (Total N=117). There was no equation [3] produced in this analysis: on the comparison of the Teen Challenge with the frequent AA-attending sample, no variables representing a Teen Challenge effect emerged.

Table 5.1. Multiple Regression Findings, page 7 of 10

(Key on pages 137-139; Layman's Guide on page 130)

OUTCOME VARIABLE:	COEFFICIENTS OF PREDICTORS: constant A {sig T}	teenchal B (β) {sig T}	mncafalo B (β) {sig T}	mnaftalo B (β) {sig T}	age B (β) {sig T}	jobbefor B (β) {sig T}	EQUATION DIAGNOSTICS: min Tol	max sig T	R^2	F	sig F
WKDFTLA6 (Number of months out of last 6 that respondent worked full time)											
Full sample comparisons:											
[1] with TC[1]:	5.0	2.8	-1.9		-0.1	1.0	0.93	0.02	0.41	29.0	.0000
		(0.5)	(-0.2)		(-0.3)	(0.1)					
	{.0000}	{.0000}	{.0102}		{.0000}	{.0185}					
[2] w/o TC[2]:	6.1			-1.5	-0.1	1.5	0.98	0.04	0.18	11.7	.0000
				(-0.1)	(-0.3)	(0.2)					
	{.0000}			{.0444}	{.0001}	{.0012}					
Full Teen Challenge sample compared with frequent AA attenders only:											
[3] with TC[3]:	5.6	2.6	-2.3		-0.1		0.95	0.03	0.44	29.0	.0000
		(0.5)	(-0.2)		(-0.3)						
	{.0000}	{.0000}	{.0288}		{.0001}						
[4] w/o TC[4]:	7.8			-0.9	-0.1		0.99	0.33	0.16	10.6	.0001
				(-0.1)	(-0.4)						
	{.0000}			{.3286}	{.0000}						

-- TABLE CONTINUES ON FOLLOWING PAGE --

1 Minimum pairwise N of cases = 171 (Total N=177). Teen Challenge has an effect here not only through the program variable, but also through the "special subgroup" interaction term MNCAFALO (see key).

2 Minimum pairwise N of cases = 169 (Total N=177). In this "without Teen Challenge" equation, the effect of the program is removed both by removing the program variable and by replacing MNCAFALO with its noninteractive counterpart MNAFTALO (see key).

3 Minimum pairwise N of cases = 114 (Total N=118). Teen Challenge has an effect here not only through the program variable, but also through the "special subgroup" interaction term MNCAFALO (see key).

4 Minimum pairwise N of cases = 112 (Total N=118). In this "without Teen Challenge" equation, the effect of the program is removed both by removing the program variable and by replacing MNCAFALO with its noninteractive counterpart MNAFTALO (see key).

Table 5.1. Multiple Regression Findings, page 8 of 10

Key

A coefficient for constant term, or intercept, of the equation

B unstandardized slope coefficient for a particular variable

β standardized beta coefficient for a particular variable

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min Tol	lowest tolerance for any variable in the equation
max sig T	highest probability of Type I error for any single variable in the equation
R^2	percentage of variation in the dependent variable explained by the equation
F	ratio of explained variance to error variance
sig F	probability of Type I error for the equation

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with TC	means the dichotomous (yes/no) Teen Challenge variable was included in the equation
w/o TC	means the dichotomous Teen Challenge variable was not included in the equation

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--KEY CONTINUES ON FOLLOWING PAGE--

Table 5.1. Multiple Regression Findings, page 9 of 10

Key, continued

aafreqly	dichotomous variable: 1=attended AA at least several times a month in 6 months before interview; 0 otherwise
aftwifki	dichotomous variable: 1=lived with wife and/or children after the program; 0 otherwise
age	interval variable: respondent's age at discharge from program
cgaafqly	dichotomous variable: 1=in comparison group and attended AA at least several times a month in 6 months before interview; 0 otherwise
cgafwfki	dichotomous variable: 1=in comparison group and lived with wife and/or children after the program; 0 otherwise
cgcourt	dichotomous variable: 1=in comparison group and was court-referred to program; 0 otherwise
cggt20k	dichotomous variable: 1=in comparison group and the year before the program had an income of at least $20,000; 0 otherwise
cgjobbef	dichotomous variable: 1=in comparison group and had a full time job before the program; 0 otherwise
cgkdsels	dichotomous variable: 1=in comparison group and after the program had children who lived elsewhere; 0 otherwise
cgkids	dichotomous variable: 1=in comparison group and had had children; 0 otherwise

--KEY CONTINUES ON FOLLOWING PAGE--

Table 5.1. Multiple Regression Findings, page 10 of 10

Key, continued

cgmnsvad	interaction interval variable: for minorities in the comparison group only, a 5 point scale for severity of addiction with 5 being the most severe; 0 otherwise
court	dichotomous variable: 1=was referred by a court to the program; 0 otherwise
ftjobnow	dichotomous variable: 1=in comparison group and held a full time job at time of posttreatment interview; 0 otherwise
instnrfr	dichotomous variable: 1=in comparison group and was referred to treatment by a doctor or social worker; 0 otherwise
jobbefor	dichotomous variable: 1=respondent had a job before program; 0 otherwise
kdselswh	dichotomous variable: 1=after the program had children who lived elsewhere; 0 otherwise
mnaftalo	dichotomous variable: 1=minority and lived alone after the program; 0 otherwise
mncafalo	dichotomous variable: 1=minority in comparison group and lived alone after the program; 0 otherwise
mnjobbef	dichotomous variable: 1=minority and had a job before the program; 0 otherwise
mnsevad	interaction interval variable: for minorities only, a 5 point scale for severity of addiction with 5 being the most severe; 0 otherwise
pretrtx	interval variable: number of times in drug treatment prior to program
tcpretmt	interaction interval variable: for Teen Challenge only, number of times in drug treatment prior to program; 0 otherwise
teenchal	dichotomous variable representing Teen Challenge: 1=in Teen Challenge; 0 otherwise

The Table 5.1 data indicate that Teen Challenge seemed to have a significant and desirable effect on several outcome variables. Its greatest proportional impact was on return to treatment (or lack thereof) and postprogram employment. A discussion of each outcome category follows.

Freedom from Addictive Substances

Usage of Drugs and Alcohol. The continuous variable representing the number of months out of the last six (prior to the interview) during which the respondent used drugs or alcohol is designated as USGLAST6. In the previous chapter, the fifth-order comparison (controlling for five variables) in Table 4.7 demonstrated that while STI respondents tended to use substances slightly over two months out of six on the average, Teen Challenge respondents were found to use drugs or alcohol on an average of 0.59 months out of six, a difference of about 1.4 months. The regression equation presented in Table 5.1, controlling for an additional two variables, says that this difference of 1.4 months holds only if the comparison group respondent did not attend AA frequently (at least several times per month) or live after the program with his wife and/or children. If both of these hold true (subtracting 2.1 and 0.8 from the constant 3.4), the comparison group respondent is predicted to have used even fewer months than the Teen Challenge graduate. This equation follows:

USGLAST6 = 3.4 - 2.4 (TEENCHAL) - 2.1 (AAFREQLY) - 0.8 (AFTWIFKI).

The original version of the USGLAST6 equation produced by the SPSS backward regression procedure (before it was purged of its multicollinear terms), was the following:

USGLAST6=5.30 - 3.80 (TEENCHAL) + 1.85 (AAFREQLY)

- 4.44 (CGAAFQLY) - 1.13 (CGAFWFKI) - 0.04 (AGE),

where CGAAFQLY was an interaction term for being in the comparison group *and* attending AA frequently, and CGAFWFKI was an interaction term for being in the comparison group and living after the program with one's wife and children. (The multicollinearity here which prevented this equation from being a finding was clearly the fact that both interaction terms were mutually exclusive categories with the Teen Challenge variable.) Yet what is interesting about this original equation is the bidirectional effects of AA and CGAAFQLY. Postprogram attendance at AA meetings appears only to have a desirable effect if one was in the comparison group (represented by CGAAFQLY). By itself, the variable AAFREQLY appears to *add* 1.85 months of use to the intercept. Based on this, of course, one can not jump to the conclusion that going to AA will actually cause a Teen Challenge graduate to drink or use drugs more. This figure is simply an artifact of the situation that in this dataset, those Teen Challenge members who did attend AA meetings also tended to be nonabstinent. Perhaps the fact that they were struggling with addictive temptations drove them to attend AA meetings.

However, one can not ignore the fact that AA attendance has a starkly disparate correlation for graduates of the different programs.[9] Postprogram involvement in AA--

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[9] Even though the variable AA represents only six of the Teen Challenge respondents, its t-statistic in the regression carries a significance of 0.04, meaning that there is only a 4% chance that an effect this strong is due to sampling error. The strength of this finding in spite of the small number of respondents it represents is due to the fact that this small slice of the dataset is homogeneous: all six had relapsed.

predicting as it does in this latter equation a net **effect** of 2.59 fewer months using drugs or alcohol for comparison group members--appears to be an integral part of the recovery of STI clients (which it is explicitly intended to be, as discussed in Chapter Two). For Teen Challenge graduates, on the other hand, it appears to lack any positive effect at all.

It is possible that self-fulfilling prophecies are at work to explain this difference at least partially, as the following scenario hypothesizes. The STI graduate, after having been led through the first three or four of the AA Twelve Steps as an inpatient, *was* told during treatment that in order for him to experience a successful recovery, he absolutely must become involved in AA after the program. Therefore, with hopes held high, the STI graduate enrolls automatically in an AA group right after discharge. The Teen Challenge graduate, on the other hand, does not leave the program with *the expectation that* AA will be instrumental in his recovery. Those 15 to 30 percent of Teen Challenge respondents (see Table 4.7) who are severely enough beset by temptation to relapse are aware of their need for help, and, in this sample, just six of these did decide to attend AA meetings. Thus certain features of the data do betray a definite contrast between the two sets of programs being compared in this project, the AA-based STI and Teen Challenge.

The significance of Teen Challenge program effect on USGLAST6 diminishes greatly when Teen Challenge respondents are compared with frequent AA attenders only (Equations [3] and [4]). The program variable was not found to be significant at all; the only expression of desirable Teen Challenge effect is through an interaction term, CGKDSELS, coded 1 if the respondent was in the comparison group and after the program had children living elsewhere, and coded 0 otherwise. It has a positive

coefficient in Equation [3] predicting USGLAST6 (number of months out of 6 that substances were used). In other words, absent fathers *in the comparison group only* are predicted to have used substances more months out of six than are absent fathers in Teen Challenge. This can be construed as a positive effect of Teen Challenge for this subset of respondents. In Equation [4], CGKDSELS is replaced with KDSELSWH, its noninteractive counterpart, which is coded 1 for *all* respondents (irrespective of program) who have children living elsewhere after their treatment. Both the statistical significance and percent of explained variation drop when this program effect is removed, as the figures for Equations [3] and [4] demonstrate. (The set of equations for the severity of relapse outcome also show that Teen Challenge has a positive impact on the absent father population and other special subgroups. Possible reasons for this are discussed below, under "Severity of Relapse.")

Yet before sweeping conclusions are drawn from the metric effects of any of the variables on USGLAST6, which measures the usage of *both drugs and alcohol* in the past 6 months, it pays to remember limitations inherent in this variable: namely, it does not tell us which substances the respondent was using. Table 4.7 in the previous chapter showed that, according to data from both groups, the legal substance alcohol is, as expected, used with greater frequency posttreatment than are illicit drugs. While STI respondents tended to use alcohol more than Teen Challenge respondents, causing a significant gulf in drug *and alcohol* abstinence figures, the statistical significance (at p=0.05) of this difference evaporated when the respondents were compared in abstinence from illicit drugs only. While there may yet be a statistically significant difference in the

population on illicit drugs-only abstinence (since the STI abstinence figures might be inflated to a larger degree because of the lower STI response rate, and since the significance of the difference is 0.07, not far from the conventional watershed of p=0.05), the data in the fifth-order comparison represented by Table 4.7 do not indicate it.

Table 5.2 provides a comparative glance at the various types of drugs used both before and after treatment by the Teen Challenge, by the STI sample, and by the STI/AA subsample.

Table 5.2, page 1 of 2.
Usage of Individual Drugs
for the Teen Challenge Sample, Frequent-AA-Attending Subsample, and Full Comparison Sample

	Teen Challenge (N=59)		Frequent AA Attenders (N=58)		Full Comparison Sample (N=118)	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**
Drug	% frequent use[1]	% any use[2]	% frequent use[1]	% any use[2]	% frequent use[1]	% any use[2]
Alcohol	55.9	23.7	32.1	19.0	30.1	41.5
Marijuana	49.1	3.4	41.5	8.6	37.1	15.4
Cocaine	57.6	10.2	48.2	12.1	45.9	16.4
Stimulants	15.3	1.7	1.9	0.0	4.8	0.9
Barbiturates	3.4	0.0	13.2	0.0	10.5	0.0
Opiates	10.2	0.0	7.6	1.7	5.6	2.6
Tranquilizers	10.2	0.0	14.6	0.0	13.0	0.0

--TABLE CONTINUES ON FOLLOWING PAGE—

[1] For alcohol, "frequent use" is considered daily use during year before program; for other drugs, "frequent use" is weekly or more often during year before program.
[2] Percent of respondents in sample who used any of that drug in the six months prior to interview.

Table 5.2, page 2 of 2.
Usage of Individual Drugs
for the Teen Challenge Sample, Frequent-AA-Attending Subsample, and Full Comparison Sample

	Teen Challenge (N=59)		Frequent AA Attenders (N=58)		Full Comparison Sample (N=118)	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**
Drug	% frequent use[1]	% any use[2]	% frequent use[1]	% any use[2]	% frequent use[1]	% any use[2]
Hallucinogens, any	15.3	0.0	3.6	1.7	5.6	0.9
thereof LSD	11.9	0.0	*	*	*	*
thereof PCP	3.6	0.0	*	*	*	*
Painkillers	6.8	0.0	18.6	1.7	12.8	1.7
Other Drugs	5.1	0.0	0.0	3.4	0.0	1.7

[1] For alcohol, "frequent use" is considered daily use during year before program; for other drugs, "frequent use" is weekly or more often during year before program.

[2] Percent of respondents in sample who used any of that drug in the six months prior to interview.

* No information for the comparison group is available here. The survey for the comparison sample did not ask respondents which hallucinogens they had used.

Severity of Relapse. The largest difference between Teen Challenge and comparison group usage, then, appears to be in alcohol. Yet according only to the variable USGLAST6 (number of months during which substances were used), a respondent who has one drink per month could register the same as one who has five drinks every day for 6 months. The variable SEVREL is therefore necessary to assess the severity of the subject's posttreatment usage, if any. It is a four-point scale which asks whether the respondent's usage was enough (1) to cause objection by family or friends, (2) to cause neglect of usual responsibilities, (3) to cause blackouts, or (4) to cause withdrawal symptoms such as shakes. If a respondent was abstinent or if he used but had none of the above symptoms, a "0" was entered. Because of the consequent right-hand skewness (1.8), a log transformation was necessary to make this variable conform more closely to the assumptions of multiple regression (skewness after logging for "LSEVREL" was 1.4).

The most significant variables in the severity of relapse equation did not include the Teen Challenge dummy variable itself, but only interaction terms. These interaction terms reveal for which subgroups of respondents the STI comparison programs did and did not seem to be effective.

$$\text{LSEVREL} = 0.10 - 0.17\,(\text{CGAAFQLY}) + 0.12\,(\text{CGCOURT}) + 0.15\,(\text{CGKDSELS}) + 0.03\,(\text{CGMNSVAD}),$$

where CGAAFQLY is coded "1" for comparison group respondents who attended AA frequently (i.e., at least several times a month) after the program and coded "0" otherwise; CGCOURT is coded "1" for the comparison group respondent who had been court-

referred to the program and coded "0" otherwise; CGKDSELS is coded "1" for comparison group respondents who had children living elsewhere after the program and coded "0" otherwise; and CGMNSVAD is a five-point severity of pretreatment addiction scale only for minority respondents in the comparison group: for them, it is coded "1" through "5" (with 5 being the most severe), and for other respondents, it is coded "0." For that half (N=58) of the comparison group who did attend AA meetings frequently after exiting the treatment program, relapses were not severe at all: the variable representing these respondents, CGAAFQLY, is the only one in the equation with a negative coefficient (which subtracts points from the severity index). The rest of the variables added points to the severity index. This suggests that if one is in the comparison group and: (a) is court-referred, (b) has kids living elsewhere, or (c) is a minority who was addicted more severely before the program, a relapse will be more severe.

Interestingly, these latter situations (lettered a, b, and c) add points to relapse severity only for comparison group, as opposed to Teen Challenge, respondents. (When the comparison group interactive terms for these three situations of Equation [1] are replaced in Equation [2] with additive terms which do not express a difference between Teen Challenge and the comparison group, the percentage of variation explained is halved and the significance of the equation falls by nearly two thirds.) Either (a) we can generalize at this point that these three situations[10] are indeed more stressful for

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The court referred, severely addicted minority, and absent father subpopulations collectively represent 73% of the Teen Challenge sample and 66% of the comparison sample.

comparison group respondents, and that Teen Challenge does a better job of preparing its court-referred, severely addicted minorities who begat children for whom they are absent fathers than do STIs, or (b) we can attribute the difference to sampling error. Due to small Ns in some of the subcategories represented by the interaction terms, it is wise to examine more closely the question of this equation's numerical base. A series of t-tests was therefore performed on each subcategory represented by the above regression equation. The results of these are shown in Table 5.3.

Table 5.3. Severity of Relapse Comparison, Full Samples

Index variable ranges from 0 (not severe or no relapse) to 4 (severe relapse)

	Group and Subgroup Means	
	Teen Challenge	Comparison Group
Full sample relapse severity scores	0.28***	0.71
	N=58	N=114
Relapse severity scores for those who:		
Attended AA frequently	0.50 (n.s.)	0.25
	N=2	N=57
Were court-referred to treatment	0.31 (n.s.)*	0.96
	N=13	N=27
Had fathered children who live elsewhere	0.27***	1.07
	N=15	N=41
Were minorities and severely addicted before treatment	0.30 (n.s.)*	0.83
	N=20	N=29

p-levels of significance of between-group differences:

n.s.: not significant at $p = 0.05$
* $p < 0.08$
** $p < 0.05$
*** $p < 0.005$

While Teen Challenge graduates had significantly lower severity scores than the comparison group as a whole, the severity scores are about equal when the entire Teen Challenge sample is compared with that half of the STI comparison sample who frequently attended AA meetings after the program (0.28 vs. 0.25). As the regression coefficients given earlier suggested, the Teen Challenge graduates in the other three categories did not have the same difficulty with severe relapses as compared with STI

respondents in those categories. We learn that there is less than a 0.005 chance of the between-group relapse severity difference being due to sampling error among those with children living elsewhere. The chance of sampling error for the differences among those who were court-referred and among those who were minorities and had been severely addicted was slightly less than 0.08 (narrowly escaping the conventional 0.05 threshold, possibly because of small Ns). For the "court-referred" and "minority severely addicted" categories, then, we might warrant the guess, and for the "kids elsewhere" category we can safely assume, that Teen Challenge somehow prepares these sets of individuals to prevent severe relapses more effectively.

Could the reason be due to Teen Challenge providing a sort of reconstructed "family" for these populations who otherwise experience anomie and isolation? Could this year spent in Teen Challenge as part of a community, learning to exercise trust in a "network of organized reciprocity and civic solidarity"--in other words, to exercise *"social capital"*[11]--habituate the erstwhile drug user to productive community life which he is then able to practice upon exiting the program without resorting to substance use? Church attendance, one measure of this "social connectedness," indeed reveals that there may be a significant difference from before to after Teen Challenge. (No comparison data are available for church attendance after treatment; there is no significant difference between Teen Challenge and comparison group pretreatment attendance.) Twenty-nine percent of Teen Challenge respondents (N=17) attended church weekly before the

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Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), p. 65.

program, and 89.5% (N=51) attended at least weekly afterward. This difference was significant at $p<0.0005$.

Furthermore, the extent of Teen Challenge graduates' church involvement appears to be more than clocking in on a pew for an hour and then rushing home. Fully 79% (N=46) of Teen Challenge respondents are involved in a church small group of some sort; 67% (N=39) attend at least several times a month. This seems particularly noteworthy, given that only 50% of the comparison group in this study went on to attend AA several times a month (the difference with the 67% Teen Challenge figure is significant at $p=0.03$), and according to a recent study, the national average for membership in a small group of any kind is 40%.[12] Of those involved in a church small group, 89% (N=41) say they feel free to talk about any challenge they are facing. (Neither pretest data nor comparison data are available for these measures.)

For two of the special subgroups discussed above for whom Teen Challenge prevented severe relapses--severely addicted minorities and absent fathers--these full-sample church involvement figures are quite comparable, with some interesting exceptions. Previously severely addicted minorities' church attendance after Teen Challenge was 100% (N=19), while the remainder of the sample attended at a rate of 84% (N=38) (this difference is significant at $p=0.01$). While it is tempting to conclude that the minorities were more acculturated to regular church attendance anyway, their attendance figures growing up were *below* the Teen Challenge mean of 64%, at 55% (N=11). A

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Robert Wuthnow, *Sharing the Journey: Support Groups and America's New Quest for Community* (New York: The Free Press, 1994), p. 342.

second exception is the fact that absent fathers in the sample were more likely to attend small groups frequently: 80% (N=15) attended at least several times per month while 57% of the remainder of the Teen Challenge sample (N=37) attended that often (this small-sample difference is significant, but only at p=0.1). While these groups were thus above average in the social capital they demonstrated *after* Teen Challenge, they were below average on measures of social capital beforehand. Seventy-one percent of minorities severely addicted before Teen Challenge, as opposed to 40% of the remainder of the Teen Challenge sample, were raised in single-parent homes. On a measure of anomie while growing up,[13] 93% of absent fathers in the Teen Challenge sample, as opposed to 82% of the whole Teen Challenge sample, qualified as having experienced anomie. (No comparison data were available for these measures.)

Among Teen Challenge students, absent fathers and minorities having been severely addicted thus may earn the title *"special social capital subgroups,"* given the fact that their pretreatment background exhibits a deprivation of social capital, but that after treatment, they go on to excel in the exercise of this newly found resource. As children, they experienced more than the usual anomie--and absent fathers have the added current burden of isolation from their own children. However, the special social capital

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A respondent was rated as having experienced anomie if he was raised in a single parent home OR if drinking or drug use by any family member caused problems growing up OR if his family knowingly offered a weak objection or none at all to his substance abuse before the program OR if he rated his relationship with either of his parents growing up as a 1 or 2 on a 5-point scale (with 5 being great and 1 being awful) OR if he dropped out of high school OR if he and his family moved three or more times between the ages of 3 and 18 OR if he left home at age 15 or younger.

subgroups seem to go through the program, experience family-like community which they lacked growing up. and leave Teen Challenge to seek this community in church, particularly in small groups (Bible studies, Promise Keepers, and the like). Accordingly, it will be noted in Table 5.10 below (page 181) that when Teen Challenge respondents were asked about what was positive, helpful, or what worked in the program, the two categories tying for third place in frequency of citation had to do with community, fellowship, friends, and advisers. Adding these two social capital-building categories together, however, yields a higher number of responses than any other single category.

If social connectedness, then, is something that Teen Challenge graduates (particularly absent fathers and severely addicted minorities) learn to exercise during their treatment (since the program emphasizes fellowship, community, and trust-building in small groups) and take with them after the program to keep them far enough away from the drug culture to prevent severe relapses, would not frequent attendance at AA meetings after an STI treatment provide something similar? Perhaps it would indeed, as indicated by a comparison of (a) the three abovementioned subgroups in the Teen Challenge sample with (b) the same three subgroups among those STI clients who went on to attend AA meetings frequently after their hospital stay.[14] We see in Table 5.4 that the three differences which were significant or almost so in Table 5.3 evaporate when this comparison is made:

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[14] "Frequent posttreatment AA attendance" is operationalized by having attended the meetings at least several times per month in the 6-month period prior to the interview.

Table 5.4. Severity of Relapse Comparison,
Teen Challenge (TC)
vs.
Frequent AA Attenders in Comparison Group (CGAAFQLY)

Index variable ranges from 0 (not severe or no relapse) to 4 (severe relapse)

	Group and Subgroup Means	
	TC	CGAAFQLY
Full sample relapse severity scores	0.28 (n.s.) N=58	0.25 N=57
Relapse severity scores for those who:		
Were court-referred to treatment	0.31 (n.s.) N=13	0.14 N=14
Had fathered children who live elsewhere	0.27 (n.s.) N=15	0.59 N=17
Were minorities and severely addicted before treatment	0.30 (n.s.) N=20	0.22 N=18

p-levels of significance of between-group differences:

n.s.: not significant at p = 0.05

While no significant differences exist in this chart of t-test results, regression controls serve to reintroduce the significance of the difference between these samples for absent fathers only, as Table 5.1 (LSEVREL, at Equations [3] and [4]) indicates. When LSEVREL, the severity of relapse variable, is regressed on the mix of independent variables found to be significant predictors, CGKDSELS (being in the comparison group and having kids living elsewhere) adds 0.15 point to the severity of relapse score. This is

the largest magnitude of any of the slope coefficients, and it also has the strongest beta weight. Replacing it with its noninteractive counterpart KDSELSWH, which does not distinguish between programs, takes a considerable toll on both R^2 and the equation's significance, as the figures for Equation [4] under LSEVREL indicate.

The effect of Teen Challenge on relapse severity is demonstrable, then, when compared with the entire STI sample but insignificant for all except absent fathers when compared with STI clients who go on to attend AA frequently. The social capital thesis still holds true, then, at least for absent fathers, on the relapse severity outcome (and its robustness for this particular subgroup indicates that it is not a regression to the mean effect). However. it pays to consider other outcome variables which may more effectively assess a subject's freedom from addictive substances and return to normal living. The variable indicating Return to Treatment is such a measure.

Return to Treatment. As Table 4.3 at X_7 points out, nearly a third--31.4%--of the comparison group had gone back to treatment (not including support groups such as AA or Bible studies) in the six month period prior to the interview. None of the Teen Challenge respondents, however, had returned to treatment during that same period. This difference was significant at $p = 0.001$. For this 31.4% of the comparison group which had returned to treatment, it becomes impossible, then, to determine whether and how much treatment success can be attributed to the initial STI program.

One could say that this stark contrast on return to treatment between the samples occurs in spite of the fact that the Teen Challenge sample includes more "career treatment

clients": nearly half (49.2%) had been in treatment 2 or more times before entering Teen Challenge, while less than 30% of the STI respondents had been treated as often (see Table 4.3 at X_6). These figures can almost be inverted for first-time treatment: nearly half the STI respondents, yet just under 30% of Teen Challenge respondents, had never been in treatment before.

On the other hand, in face of these figures, one could also make a "regression to the mean" argument and say that a multiple number of treatments is necessary in any case to achieve freedom from addiction. Perhaps we caught the Teen Challenge respondents toward the end of their treatment careers anyhow, while the less veteran STI sample is just getting acclimated to the revolving door phenomenon which is par for the drug treatment course.[15] Perhaps the STI group simply hadn't attained the mean yet, while the Teen Challenge group had.

This argument between the "career treatment junkie was cured" position and the "regression to the mean" position can be resolved by looking at the data, which seem to vindicate the former position more than the latter. More of the comparison group "career treatment" respondents returned to treatment after their index program (i.e., the STI program that made them a part of the comparison sample to begin with) than did the comparison group respondents for whom the index program was the first treatment (see one-way ANOVA results on Table 5.5). Furthermore, it was this subgroup ("career

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Edward C. Senay writes of the tendency for substance abuse treatment to become a career. See his "Clinical Implications of Drug Abuse Treatment Outcome Research," in *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 143.

treatment" clients) for whom the contrast between Teen Challenge and comparison samples explained the most variation and was the most significant (note R^2 and significance levels).

Table 5.5. Comparison of the Teen Challenge and Comparison Samples on Treatment History, Before and After Index Program

Of Respondents with:	% Returned to Treatment		R^2	signif. of diff.
	Teen Challenge (N)	Comparison Group (N)		
No prior treatments	0% (N=17)	20% (N=44)	0.07	0.04
One prior treatment	0% (N=13)	24% (N=25)	0.10	0.06
Two prior treatments	0% (N=29)	39% (N=28)	0.25	0.0001

The strong impact of the Teen Challenge program on keeping its graduates out of additional treatment programs can be further assessed by the multivariate ANOVA results on Table 5.1. Since the difference in return to treatment percentage between the general STI population (31%) and the subpopulation which frequently attended posttreatment AA meetings (27%) is relatively scant, the impact of the Teen Challenge variable is no less weighty in Analysis [3] as it is in Analysis [1] (moreover, the R^2 and F for the overall analysis are actually greater in [3] than in [1]). Not only is the beta coefficient of the program variable relatively strong compared to that of the other variables, but removing it from the equation takes a serious toll on both explained variation and significance (note R^2 and F in Analyses [2] and [4] as compared to [1] and [3]).

"Return to Treatment" is the third measure we have considered under the general category "Freedom From Addictive Substances." Interestingly, the first two, Usage of

Drugs or Alcohol (in the last six months) and Severity of Relapse, showed that, compared to the entire STI population, the Teen Challenge variable had some effect, but compared to frequent AA attenders, its only significant effect was for absent fathers. However, Return to Treatment, the third outcome variable for this category, indicates that the Teen Challenge program has an unequivocally strong effect in the desired direction whether compared with either the general STI population or its frequent-AA-attending subset.

Why might this disparity in outcome findings exist for these three different measures of Freedom from Addictive Substances? At least four reasons emerge. First, the overall weakness of the usage variable (USGLAST6) in assessing intensity of use was mentioned in that section above. One can have a glass of wine with dinner once a month and register the maximum value (6 months used out of 6), no less than the extreme case of the individual who has a cocaine fix every other day for six months straight. (This variable was designed by those subscribing to an AA/strict abstinence school of thought.) Second, the relapse severity index is based on items which can be somewhat subjective. Two of its four component questions ask, "Have you neglected any of your usual responsibilities due to drinking or drug use?" and "Has your family or friends objected to your drinking or drug use?" One's answer to the first question clearly depends on the sensitivity of one's conscience--as well as whether one even has responsibilities, such as a job! (and it will be remembered here that 90% of the Teen Challenge sample are employed full time compared with 41% of the comparison group!); and one's answer to the second depends on what type of people one hangs around. If one has a sensitive conscience, lots of responsibilities, and friends and family who are teetotalers, one would

likely register higher on the relapse severity index than someone else who used exactly as much but whose conscience is dulled, has no responsibilities, and hangs around unabashed druggies. Another reason for the weakness of the relapse severity variable is that it says nothing about *how often* the respondent relapsed. One might have had one severe relapse in the past six months, or one might have had ten, and in either case would register the same on that outcome variable. A fourth possible reason for the disparity in outcomes measured by the three variables is that the first two do not reflect at all the strength of one's *craving* for addictive substances. An individual could relapse once during the six month period, detest the experience, and have no substantial desire whatever to return to drug or alcohol abuse. Another individual could have continual, all but intolerable cravings during the same six month period, and relapse. Both cases would register the same on the usage variable and the relapse severity variable, but only the latter individual with the unbearable cravings would likely readmit himself to treatment.

Indeed, there may be an association between cravings and return to treatment in the broader population, but if such an association exists, the size of the present sample is not large enough to reflect its significance. What Table 5.6 demonstrates is that although the p-levels of differences are all far too high to warrant any decisive conclusion, it is noteworthy that those who did experience cravings returned to treatment in *consistently higher* proportions in all four of the instances shown. Thus we can warrant a suspicion that experiencing cravings is one factor leading to return to treatment.

Table 5.6. Relationship between Cravings and Return to Treatment for the Comparison Group

	Percent Returning to Treatment Whose Answer to the Craving Question Was ...		
	No	Yes	One-tailed Signif. of Diff.
Full Comparison Sample			
Alcohol Craving Question	31% (N=81)	33% (N=33)	p=0.40
Drug Craving Question	28% (N=74)	36% (N=39)	p=0.21
Frequent AA Attenders			
Alcohol Craving Question	30% (N=46)	45% (N=11)	p=0.18
Drug Craving Question	31% (N=42)	38% (N=16)	p=0.32

Why all this attention to the relationship between cravings and return to treatment in the comparison group (especially since such a comparison is moot for the Teen Challenge sample, as none of them returned to treatment)? The reason for this is that as Table 5.7 shows, a marked and significant difference in rate of cravings exists between the Teen Challenge sample and the comparison sample, and this may partly explain why none of the Teen Challenge respondents returned to treatment. The difference shrinks and loses its significance when Teen Challenge is compared with frequent AA attenders (but the hint of a difference remains which could be present in the larger population).

Table 5.7. Posttreatment Cravings of Alcohol or Drugs

Percent Answering Yes to Question:
"During the last 6 months have you had problems with craving alcohol/drugs?"

	Teen Challenge (N=59)	Comparison Group (N=113)	One-tailed Signif. of Diff.
Alcohol	14%	29%	p=0.007
Drugs	19%	35%	p=0.011

	Teen Challenge (N=59)	Frequent AA Attenders (N=57)	
Alcohol	14%	19%	p=0.204
Drugs	19%	28%	p=0.128

Another reason for paying attention to the level of cravings in the respective groups is that it is one "precipitant of substance use," itself a dependent variable category, to which we now turn.

Precipitants of Drug and Alcohol Abuse

The rationale (discussed in Chapter Four) for including precipitants of use in the study as dependent variables is to test whether a Teen Challenge respondent has undergone a lifestyle change more holistic than simply "saying no." The four precipitants of use considered here are (1) cravings for addictive substances, (2) obstacles to recovery/stressors (an index variable), (3) severity of depression (an index variable), and

(4) smoking. Between-group differences in (1) and (4) are particularly noteworthy; in (2) and (3), they are less so.

Obstacles to Recovery. The impact of Teen Challenge on cravings was discussed in the previous section. The program had a greater impact on cravings alone than it did on the other obstacles of which cravings was one: a scale of "Obstacles to Recovery, Stressors, and Precipitants of Addiction"[16] measures whether the respondent has experienced problems with (1) boredom, (2) stress, (3) loneliness, (4) having substance-using peers, (5) having alcohol cravings, and (6) having drug cravings. If a respondent indicated that any one of those six categories applied to his life in the past six months, a value of "1" was entered for that category. The variable OBSTACLS is the sum of the 1's across all six categories for each respondent. The potential value for this variable, then, ranges from zero to six. The fifth-order comparison in Table 4.7 indicated no significant difference between the samples on this "obstacles" measure. While the groups thus appear to experience roughly similar levels of "temptations," or social and emotional pressures (items 1 through 6 in the OBSTACLS composite) that could lead to drug and alcohol abuse, a small difference, suppressed otherwise, emerges under regression controls (see Table 5.1). Both programs showed up as having significant effects, but the comparison group effect was for a specific subgroup (i.e., through an interaction term), and larger:

OBSTACLS = 2.3 - 1.2 (CGAFWFKI) - 0.9 (TEENCHAL) + 0.14 (MNSEVADD),

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New Standards, Inc. (NSI) of St. Paul, MN, which furnished the STI data, uses these terms to construct a similar scale for their data analyses.

where CGAFWFKI is an interaction term coded 1 if the respondent was in the comparison group *and* lived after the program with his wife and children, and MNSEVADD is an interaction term between ethnic minority and severity of addiction. The model, then, predicts that a Teen Challenge graduate faces fewer obstacles than a comparison group graduate who does not live with his wife and/or children after the program. Otherwise the comparison group graduate faces 0.3 fewer obstacles than does the Teen Challenge graduate. The severity of addiction scale represented in the MNSEVADD interaction term is a five-point index based on frequency, number, and type of addictive substances used pretreatment. Minorities having been addicted more severely prior to treatment are predicted by the model to face 0.1 additional posttreatment obstacle than others, perhaps because they face added burdens of anomie and isolation when returning to the broader society after treatment.

The significance and explanatory power of the Teen Challenge variable, albeit small, is shown when dropping it from the equation and noting a concomitant, somewhat perceptible drop in R^2 and F between Equations [1] and [2] (Table 5.1, at OBSTACLS).

Yet when the Teen Challenge sample is compared in multiple regression with only that portion of the STI sample who attended posttreatment AA meetings at least several times per month, no significant equation emerges. The backward regression technique selected a handful of variables from the pool of potential factors, but after deleting two severely multicollinear variables (one at a time), no factors remained which were found to be significant at p=0.05. The absence of an equation here serves to

underscore the fact that no unequivocally strong program effect can be concluded for the obstacle index as an outcome variable.

Severity of Depression. Depression is assessed by two different variables. One is a dichotomous variable, which indicates whether the respondent had had a period of depression in the last six months lasting two weeks straight. The other, DEPRSEV, is a 6-point scale measuring the severity of such a period. It is a composite variable using items from the *Diagnostic and Statistical Manual* (DSM III-R) of the American Psychiatric Association.[17] This measure of depression severity is the generally accepted one in the psychiatric field and in the drug treatment evaluation field. The six items in this scale are appetite change, sleep problems, fatigue, loss of joy, problems thinking or concentrating, and thoughts of suicide. The variable DEPRSEV, then, has a range of 0 to 6, depending on the number of such symptoms experienced by the respondent during a two week depression. (A respondent's value on this variable was 0 if he had not had a period of depression lasting for two weeks straight.) While a gap exists between the groups on both depression variables, the difference is not statistically significant in either case in the fifth-order relationship. Further controls through regression, however, demonstrated that there may yet be a program effect. Because of the preponderance of respondents registering "0" on the depression scale, and the consequent skewed, or nonnormal, distribution of its values (regression assumes normally distributed variables),

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American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised (Washington, DC: American Psychiatric Association, 1987).

a logarithmic transformation (base 10) was performed on this variable. Yet even after logging, the skewness of the LDEPRSEV distribution was still an uncomfortable 1.5 (one hopes for skewness of less than one).

$$\text{LDEPRSEV} = 0.22 + 0.20\ (\text{MNCAFALO}) + 0.02\ (\text{PRETRTX}) - 0.20\ (\text{FTJOBNOW}),$$

where MNCAFALO is a dichotomous interaction term coded "1" for minorities in the comparison group who lived alone after the program; PRETRTX is the number of times the respondent was in treatment before the program, and FTJOBNOW is a dummy variable coded "1" if the respondent is currently employed full time and "0" otherwise.

One factor adding to the severity of one's depression, then, was being a non-Teen Challenge minority living alone after the program. Note that this variable MNCAFALO expresses an indirect effect of Teen Challenge. This may be a bit of evidence for the effectiveness of that program in addressing the psychological needs of a population otherwise experiencing anomie (as discussed above in the "Freedom from Addictive Substances" section, under "Severity of Relapse," and as will also be seen in the Employment equations to be considered in a following section). When MNCAFALO is replaced in Equation [2] with its additive counterpart MNAFTALO which does not discriminate between programs, the variable loses its individual significance (the p-level of the t statistic jumps from 0.04 to 0.17). This is reflected in the diagnostics for the full equation by a slight drop in F, and in R^2 as well (although by less than two points for each statistic).

Career treatment clients also tended to have severer depressions, as the variable PRETRTX indicates. This link, however, is more likely correlative than causal: it is most likely a longstanding tendency toward depression that drove the clients to numerous successive treatment programs (and probably to drugs in the first place). The regression procedure simply picked out the high correlation between PRETRTX and current depression, while we can assume that current depression is the continuation of a longstanding tendency.

Predictably, the equation indicates that respondents currently employed full time are much less likely to be depressed. As Table 5.1 (at LDEPRSEV) shows, this variable has the strongest beta weight of any not only in Equation [1] and [2] (the full sample equations), but also in Equation [4] (the comparison of the Teen Challenge sample with frequent AA attenders only). It is also the most significant variable in any of these equations (sig $t < 0.00005$ for all).

From Table 5.1 it will be noted that, when multiple regression is performed on only frequent AA attenders from the STI set along with the Teen Challenge sample, MNCAFALO drops out. In fact, no variable expressing an effect of the Teen Challenge program appears as a significant predictor (this is why there is no Equation [3] under LDEPRSEV on the table). Yet it will be shown later that Teen Challenge does have a substantial impact on current employment.

What can be concluded, then, regarding the Depression outcome variable? Among STI clients, only minorities living alone are more depressed than Teen Challenge graduates. This difference disappears, however, for those who regularly attend

Alcoholics Anonymous. Yet we can further infer (with results discussed under "Employment" below) that, while Teen Challenge may have no demonstrable direct effect on preventing depression, it has an indirect effect doing so through employment.

Smoking. The final measure of "Precipitants of Use" to be considered here is the respondent's current smoking status. The contrast between the groups in smoking is, for three statistical reasons, very striking. First, the percentage spread is considerable: 84.7% of the Teen Challenge respondents were nonsmokers as compared with 20.7% of the comparison group (see Table 4.7). Second, as Table 4.3 indicated, there was no statistically significant difference between the same two groups in *pretreatment* levels of smoking. Third, there is no meaningful difference in levels of nicotine abstinence between the comparison group as a whole (20.7% were nonsmokers) and the subset thereof who attended AA frequently (21.4% were nonsmokers). The reasons for this massive change among Teen Challenge graduates and consequent stark contrast between the samples are probably at least twofold. First, Teen Challenge gives explicit attention to the smoking issue, describing tobacco, like alcohol and other drugs, as a pollutant of the body, God's temple. For Teen Challenge, tobacco is a "gateway drug" which, for the recovering abuser, could lead down the path to addiction. Second, Teen Challenge is, of course, a yearlong residential program, and one of the rules at the centers is no smoking. This is plenty of time for the Teen Challenge students to habituate themselves to life free from tobacco. Short term inpatients, on the other hand, with no more than a 30-day length of stay in most cases, do not have this long time period living under a strict no-

smoking policy. They would not generally have during this time the degree of proscriptive instruction regarding tobacco, either.

Comments on Precipitants of Use. On the four precipitant measures considered here, the effect of Teen Challenge was demonstrable for Cravings and Smoking, but comparatively weak for Obstacles to Recovery and Depression. Yet it is only fair to mention here that in the comparison sample, Obstacles to Recovery and Depression are especially subject to a "practice effect." The reason for this arises from two circumstances. First, as was mentioned in Chapter Four under "Testing," the comparison group get lots of practice with similar survey instruments: the history form and four followup surveys all include the depression questions, and all four followups include the obstacles questions. (Teen Challenge respondents, by contrast, were only interviewed once.) The second circumstance stems from the nature of these questions: asking whether a person has been bored, lonely, depressed, or even whether he has had appetite or sleep changes are much more subjective than asking about his current job status, whether he has used drugs, or whether he smokes. Such questions, for which the truth is the truth, are relatively immune from the testing effect. Subjective questions, however, are not. The possibility exists, then, that the STI respondent has quite naturally learned to expect this particular battery of questions. He knows from his STI and AA training that each of these items are things to be avoided in order to, in turn, avoid the temptation to use addictive substances. He knows, therefore, from practice, why the

interviewer is asking these questions. By no intention whatever on his part to mislead, he is quite naturally more likely to answer with the "desired" response.

The finding regarding current smoking is less equivocal, especially when considered in conjunction with the finding regarding current cravings for addictive substances. While it is certainly not a perfect measure of a holistic lifestyle change, the smoking figures do demonstrate, at the very least, the effect of Teen Challenge *qua* yearlong program without tobacco. Yet there is very likely more meaning to this finding. Since, as the methadone researcher and evaluator Vincent P. Dole observes, the smoker's compulsion is comparable to that of the heroin user,[18] the preponderance of Teen Challenge nonsmokers, coupled with the finding that most Teen Challenge respondents were not only abstinent but bereft of cravings for what they were formerly addicted to, it can be suggested that the machinery of addiction has been broken in those respondents' lives.

Criminality

Even though it is an interval variable, the number of posttreatment arrests is not conducive to regression techniques. Even after logging, it is too skewed (3.4). A comparison of the sample means and the significance of their differences was presented in Table 4.7. While the differences between (a) the number of posttreatment arrests and (b) the percentage of respondents in each sample arrested after the program (7% Teen

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Vincent P. Dole, as qtd. in Edward M. Brecher, *Licit and Illicit Drugs* (Boston: Little, Brown, 1972), p. 216.

Challenge vs. 17% comparison group) are both significant at 0.05 or less, there is still a risk in making too broad an interpretation based on these figures, because the base incidence rate is so small (only 15, or 8.8%, of a total N of 172 were arrested after the program).

Employment

Probably the most striking finding of this study is the contrast between Teen Challenge and the STI comparison group on both dichotomous and continuous measures of current employment. Table 4.7 in the previous chapter showed that, controlling only for the five matching variables, Teen Challenge graduates were found to have worked full time on an average of 5 ½ months out of the last six prior to the interview, while STI respondents had worked about 2 1/3 of the previous six months; and nearly 90% of Teen Challenge respondents held a full time job, as opposed to about 41% of the comparison group. (Both differences were significant at $p = 0.0001$.) Yet in this comparison, several variables remain uncontrolled, most notably the between-group difference in pretreatment employment. As seen in Table 4.3 at variable X_{12}, Teen Challenge respondents were significantly more likely to have been employed full time before the program.

Yet even when controlling for previous full-time employment (the dichotomous variable JOBBEFOR, where a "1" means the respondent held a full time job before entering the program), the Teen Challenge variable retains a very strong effect on current continuous full-time employment (operationalized here as WKDFTLA6, the number of months worked full time out of the last 6) in the regression analysis. Indeed, JOBBEFOR

had the weakest standardized metric coefficient (β, or "beta weight") of the four independent variables in the equation (see Table 5.1).

WKDFTLA6 = 5.0 + 2.8 (TEENCHAL) - 0.08 (AGE) - 1.9 (MNCAFALO)
+ 1.0 (JOBBEFOR),

where AGE is the respondent's age at discharge from the program; and MNCAFALO is the interaction term which also appeared earlier for minorities in the comparison group living alone after the program. The beta weight of AGE (-0.3) is just over half that of TEENCHAL (0.5), but the slope coefficient (B) of AGE is nearly as large for the average respondent, and in the opposite direction. For instance, taking the STI respondent's mean age of 33 and imputing it into the equation (multiplying it by the slope of 0.08 and subtracting the product from 5.0), the number of predicted months worked out of 6 falls to 2.36, and the only factor to potentially raise it again (by one month) is JOBBEFOR, if the respondent held a full-time job before the program--yet over 80% did not. The Teen Challenge variable, however, with a slope of 2.8, more than cancels out this deleterious metric effect of AGE on employment.

The true strength of the Teen Challenge variable in positively predicting employment is seen when running the regression on only the frequent-AA-attending subset of the STI sample along with the Teen Challenge sample. In parallel comparisons discussed earlier, the effect of the Teen Challenge variable diminished, indicating that for certain outcomes, attending AA frequently and graduating from Teen Challenge had a similar effect. In the case of current employment, however, the Teen Challenge variable remained the strongest predictor (having the heaviest beta weight) of any factors in the

equation (see Table 5.1, at WKDFTLA6, Equation [3]). Furthermore, no toll was taken on its metric effect: while the slope coefficient fell by just two tenths of a month from Equation [1] (where it added 2.8 months to predicted full-time employment in the six-month period) to [3] (where it added 2.6 months to predicted months worked), the constant in Equation [3] is higher.

The equations predict that Teen Challenge has not only an additive effect through the program variable itself, but also an interactive effect for minorities living alone after the program. In both Equations [1] and [3], the term MNCAFALO (comparison group minorities living alone) subtracts around two months from the constant. For minority Teen Challenge graduates living alone, however, nothing is subtracted from the constant. This can be viewed as a unique effect Teen Challenge has on this special social capital subgroup, as was seen in similar situations above for other groups in the severity of relapse, return to treatment, and depression outcomes.

Discussion of Quantitative Outcomes

Variables representing Teen Challenge have been shown to exert significant effects on several outcomes. The varying types of effects they have are summarized in Table 5.8, and are discussed below.

Table 5.8. Types of Outcomes Shown by this Study To Have Been Produced by Teen Challenge

Outcome (TABLE 5.1 VARIABLE)	"Stark Outcome"	"Special Population Social Capital Outcome"	Significant Against Full Comparison Sample Only
Reduced . . .			
Addictive Substance Usage (USGLAST6)[19]		yes	
Severity of Relapse (LSEVREL)		yes	
Return to Treatment (TRMTSNCE)	yes		
Cravings (CRAVINGS)			yes
Obstacles to Recovery (OBSTACLS)			yes
Severity of Depression (LDEPRSEV)		yes	
Smoking (SMOKENOW)	yes		
Increased . . .			
Employment (WKDFTLA6)	yes	yes	

[19] In the case of USGLAST6, the Teen Challenge variable, when compared with the frequent-AA-attending subset, lost the significance it otherwise had. This much would have qualified this particular outcome for the "Significant against full sample only" classification. However, as seen on Table 5.1 and as was discussed in the text, a "special population social capital" variable emerged in comparison with the subset.

On three outcome variables, the impact of the Teen Challenge variable is striking and unshaken by the stiffer competition of comparison with frequent AA attenders instead of with the comparison group as a whole. These three "stark outcomes" of Teen Challenge are (1) prompting full-time employment, (2) preventing return to treatment, and (3) causing cessation of smoking (but for reasons mentioned on p. 75, this should not be a major outcome of this study).

On four outcomes, the impact of Teen Challenge appears no stronger than does that of STI programs *except for special social capital populations who have experienced anomie, or a lack of social connectedness, in their lives*. For these special populations--minorities living alone, minorities having been severely addicted, and absent fathers--Teen Challenge is shown to produce a desirable, significant effect that is not matched by comparison programs. It is hypothesized that Teen Challenge, a yearlong program during which the student (ex-addict) builds close relationships built on trust and cooperation with his staff advisor and with other students, imparts (a) social capital, and (b) knowledge and experience in where to find it and how to use it once he leaves the program, to the student. These four "special population social capital" outcomes of Teen Challenge are (1) higher abstinence from drugs and alcohol, (2) less severe relapses, (3) less severe periods of depression, and (4) increased full-time employment.

Finally, on three outcome variables, a desirable and demonstrable impact of Teen Challenge exists when comparing respondents with the entire STI comparison group, but disappears with the stiffer competition of comparison with the STI subset of frequent AA

attenders only. These outcomes are (1) usage of addictive substances, (2) cravings, and (3) obstacles to recovery.

When considering the "special population social capital" outcomes, the question naturally arises, "If Teen Challenge is so good at allegedly reconstructing, or constructing for the first time, this 'social capital' phenomenon in ex-addicts' lives, why wouldn't it do so for everyone, and not just for these 'special populations' whose samples scored higher on a few outcomes?" The answer is probably a case of "he who has been forgiven much loves much": these populations likely learned social capital and other lessons best because they were the most desperate for a change, and because they had little else to draw on (social capital-wise and perhaps otherwise) from their lives previous to Teen Challenge. This made them more dependent on the people in the program and on what they learned from them. Furthermore, the lifestyle contrast from the period before treatment to the yearlong period of treatment was probably the most extreme for these groups. Upon exiting the program, having noticed this contrast in their own lives, they probably had a far greater resolve to maintain the Teen Challenge lifestyle posttreatment than did those for whom the pre-to-during contrast was not so great. As one minority graduate who had been severely addicted stated, "[The program] helped me develop my own little Teen Challenge program. I needed a schedule of keeping God first."[20] These special populations likely inferred that the consequence of not maintaining the Teen Challenge lifestyle would be to slip back into their manner of existence before the program--for them it was a question of one, or the other, with no alternatives. Significant

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[20] Teen Challenge Respondent #58, telephone interview, January 18, 1996.

quantitative evidence for this hypothesis was shown above under "Severity of Relapse" in the "Freedom From Addictive Substances" section: absent fathers were more likely to attend church small groups after treatment than were the general sample of Teen Challenge graduates. Moreover, every one of the 19 minority graduates having been severely addicted prior to treatment was attending church weekly, and this difference from the general Teen Challenge sample (who attended weekly at a rate of 84%) was statistically quite significant.[21]

Reasons for Quantitative Outcomes, According to Open-Ended Responses

If the outcomes of Table 5.8 are indeed significant, how might Teen Challenge go about accomplishing them? One place to look for answers is in direct answers by the respondents themselves to similar questions. For instance, to the question, "Why do you use drugs less often now than you did before entering Teen Challenge?"[22] the clearly modal response (34) was Jesus Christ or God (see Table 5.9 for tally and Appendix B for texts of responses). The second highest number of citations (11) went to responses having to do with maturation: "It's old; I've got to move on"; "I don't need it anymore"; "I realized I wasn't heading anywhere," etc.; followed by attributions to Teen Challenge (7) and to families (4). (For those 73% [N=43] of respondents comprising the "special social capital subpopulations,"--minorities either previously addicted severely or currently living

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[21] At p=0.01.

[22] For abstinent respondents, this was phrased, "Why do you not use now, while you did before entering Teen Challenge?"

alone, and absent fathers--the proportions citing these various response categories are practically identical.)

Table 5.9. Reasons the Teen Challenge Respondents Gave for Their Not Using Drugs

(For full text of responses see Appendix B)

N=59 respondents

	Number of citations of each category (some respondents cited more than one category):
Jesus Christ/God	34
Maturation-type response	11
Teaching Received at Teen Challenge	7
Family	4
Learned about harm caused to my body	2
Length of stay at Teen Challenge	1
My current environment	1

Several mentioned a "void" or an "emptiness" in their lives that they were attempting to fill with drugs and alcohol: "It was an attempt to satisfy an area in my life that couldn't be satisfied until that emptiness was filled with Christ."[23] Some explicitly

[23] Teen Challenge Respondent #23, telephone interview, October 24, 1995.

tell where the emptiness originated: "I grew up in a single mother home and I was using drugs to fill that void. Jesus Christ filled it."[24]

Another set of four open-ended questions in the interview permit us to look a bit deeper, perhaps, and to unpack "Jesus Christ" in particular, the modal response of Table 5.9. The intent of this other set of questions is to determine what it was in the Teen Challenge program that worked for each individual. These questions asked the respondents to recall what was positive, negative, helpful, and unhelpful, and what, if anything, worked for them during their Teen Challenge experience. (These responses and questions in their entirety are listed in Appendix A.) Once again, the modal response was "Jesus Christ," but asking those three or four different varieties of this general question[25] elicited several other responses as well, perhaps giving us insight into how Jesus Christ was operationalized for these respondents. Table 5.10 presents the tallies of responses to this set of questions.

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[24] Teen Challenge Respondent #30, telephone interview, October 31, 1995.

[25] The "three or four" questions were (1) "What was positive or negative ...," (2) "What was helpful or unhelpful ...," (3) "Did Teen Challenge work for you, or not/If so, why?" and (4) "Is there something really significant about the Teen Challenge experience you haven't yet had a chance to talk about?" I say "three *or four*" questions because the fourth one is very general and rather optional.

Table 5.10. What the Teen Challenge Respondents Said About Their Program: What Was Positive, What Was Helpful, What Worked

(For full texts of questions and responses see Appendix A)

N=59 respondents

	Number of citations of each category (most respondents cited more than one category):
Jesus Christ/God	35
"Schooling," "Teaching," or "Bible"	31
Advisor, Staff, Love, Encouragement	24
Fellowship, Unity, Friends, Love, Living with Others	24
Discipline, Structure, Work	23
"Seeing lives changed"	11
"You [make it work]"	11
Time to Pray	10
Outings, Outreach, Helping Others	7
Learning to Forgive Yourself	5
Chapels	4
"Changed my thinking," "Gave me hope"	4
Length of Stay	2
Good Food	2

Modal Citation: Jesus Christ or God. Those who cited "Jesus Christ" or "God" usually did so this time with a bit more explanation than in answers to the Table 5.9 question. Of the four questions, the typical Jesus citation appeared in response to "What makes Teen Challenge work?"--and the respondent often gave the caveat that "it's not the program--it's the Lord through the program."[26] One respondent quoted John Castellani, the director of the Rehrersburg program, who said, "It's not Teen Challenge, but Who runs it [that makes the difference--referring to Jesus]."[27] Seven respondents explicitly stated (and many more implied) that the program itself will not work without one's committing oneself to Jesus: "Unless you make a commitment to Him, it's not gonna work"[28]; "It was a tool for me to meet Jesus Christ. If you don't accept him, it won't work"[29]; "It worked for me because I know who my Lord and Savior is"[30]; "Stressing a personal relationship with Jesus Christ is the only thing that'll make Teen Challenge work. Anybody can run a program and get guys out of jail sets or whatever; but head knowledge without a personal relationship--you're gonna be back in the same junk."[31] Comparisons were sometimes made to other programs, as in one respondent's answer to "what worked": "One thing: Christ. He's the center, the only help. Almost everyone here has tried other programs. Since they weren't Christ-centered, they don't

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[26] Teen Challenge Respondent #27, telephone interview, October 25, 1995.

[27] Teen Challenge Respondent #48, telephone interview, November 11, 1995.

[28] Teen Challenge Respondent #49, telephone interview, November 14, 1995.

[29] Teen Challenge Respondent #51, telephone interview, November 14, 1995.

[30] Teen Challenge Respondent #21, telephone interview, October 24, 1995.

[31] Teen Challenge Respondent #13, telephone interview, October 21, 1995.

help."[32] One graduate seemed to imply that the reason accepting Jesus was necessary was as much to withstand the difficulty of the program itself as to experience a successful outcome: "Jesus is the key to the program. It's a very hard program, real strict; I wouldn't have made it without accepting God first. So many hours a day you have study hall; you're not allowed to get up and go to the bathroom. It's a very good program; I've tried to get people in it. I highly recommend it. You don't plant just a casual drinker in there, but only those who really wanna quit and change, because it's such a hard program."[33]

On the one hand, many indeed testified to the program being hard (more such quotes will appear separately below, where the work/discipline aspect of the program is considered); yet from the words of others we sense a certain gentleness Teen Challenge apparently has with regard to the religious aspect: "They put Jesus Christ first, but they don't force it on you."[34] "They were patient with me. I saw love."[35] "It's the best program I ever tried. It has a different foundation. It's longer and gives Christian tools like the Bible. But they don't rush or push you--they're real calm. At Teen Challenge I felt love."[36]

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[32] Teen Challenge Respondent #39, telephone interview, November 2, 1995.

[33] Teen Challenge Respondent #4, telephone interview, October 19, 1995.

[34] Teen Challenge Respondent #22 , telephone interview, October 24, 1995.

[35] Teen Challenge Respondent #18, telephone interview, October 23, 1995.

[36] Teen Challenge Respondent #60, telephone interview, January 10, 1996. (This quote, unlike most of those in this section, will not be found in Appendix A, the responses to the "What Works?" series, but in Appendix C, comments about other programs.)

Admittedly, I am not certain whether to categorize the next amusing quote with the above remarks about gentleness or not: [What works?] "God's first. You can go to Teen Challenge not wanting to change, but if you stay around long enough, He'll get you."[37]

Several respondents provided concrete reasons for giving "God" or "Jesus" as one of their answers to the set of "what works" questions, either by seeing lives changed or by observing racial unity: [What works?] "The Lord working in the program; I've seen lives changed right before my eyes. There's the presence of God in Teen Challenge, it's something different--God is here."[38] "There's a definite presence of God wanting to change lives. He is there, changing lives on a second by second basis. There's so much good, it's obvious to me that God's involved."[39] [What works?] "Jesus Christ--He gave my dignity and life back."[40] "The way God works in there, I know the racial thing that happens, but you wouldn't see unity anywhere like you'd see in Teen Challenge. It has to be a work of God."[41]

Fulfillment Thesis. A graduate of the program who went on to become a Teen Challenge staff member describes what appears to be a quest for fulfillment of the "existential vacuum" Viktor Frankl wrote of when he theorized that the basic human

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[37] Teen Challenge Respondent #30, telephone interview, October 31, 1995.

[38] Teen Challenge Respondent #24, telephone interview, October 24, 1995.

[39] Teen Challenge Respondent #30, telephone interview, October 31, 1995.

[40] Teen Challenge Respondent #37, telephone interview, November 1, 1995.

[41] Teen Challenge Respondent #23, telephone interview, October 24, 1995.

motivation is a struggle for meaning:[42] "It provides what people really need to solve life-controlling problems. I personally believe that life-controlling problems can only be solved through a personal relationship with Jesus Christ and through the reading of his Word. Because I tried all kinds of things--I thought, if I can just make more money, or if I can go date this girl, or have this kind of car, then I'll be happy. But Teen Challenge basically guides you to a peace and joy that lasts your whole life, because right now I have so much happiness; I have a joy I never had before. You know, I'm not making a lot of money--I was making a lot more money than I am now, but the work I'm doing is for people out there who will come after me. Without this program, those people wouldn't have an opportunity."[43]

We might call this the "fulfillment thesis," that is, one which accords with Viktor Frankl's theory of logotherapy. Such a thesis would state that Teen Challenge provides for a filling of the existential vacuum in one's mind, will, or emotions, and it is this aspect of the program which yields the desirable outcomes quantified earlier. Terms used by the respondents when they refer to their present "new life," to having been "reborn," and to "living life for Christ" lend credence to the fulfillment thesis.

Other evidence for the fulfillment thesis is a set of remarks some respondents made about helping others now as opposed to just being helped. "[Teen Challenge] helped me with obtaining things I needed. I want to help other people now; that's one of

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[42] Viktor Frankl, *From Death Camp to Existentialism: A Psychiatrist's Path to a New Therapy*, Ilse Lasch, trans. (Boston: Beacon Press, 1959), p. 97.

[43] Teen Challenge Respondent #10, telephone interview, October 20, 1995.

the gifts God has given me."[44] "It's like a mission field. We're not there just to get cleaned up and sober; we're already sober; the belief is that God has already healed us of our diseases and our problems, and now we're going to go out there and help others. We're going to go out to the parks and what not, to the bad neighborhoods, they can go anywhere, they don't care; they know that the Lord's with them, the guardian angels and everything else. Did you read that story about Nicky Cruz and Teen Challenge, *The Cross and the Switchblade*? They're still doing the same thing. Out here they've got bad areas like Compton and Jordan-Downs, Watts, and they go there. TCMI [Teen Challenge Ministry Institute] I think is in Compton. They also have a big thrift shop over there, and during the riots it got burned down, and we just built it back up. There was another place they found that was bigger and better, and a lot of donations came in, and during my last couple months there I was there almost every day helping rebuild the thrift shop store. And while we were doing that, other people were going out to the inner city witnessing...."[45]

Helping others once one has oneself been helped appears to be a striking feature of the Teen Challenge program, not only from the remarks cited above, but also, as displayed in Table 5.11, from the number of respondents who graduated from the program to become themselves either full-time staff workers at Teen Challenge or similar

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[44] Teen Challenge Respondent #30, telephone interview, October 31, 1995.

[45] Teen Challenge Respondent #3, telephone interview, October 18, 1995. See also comments by Respondents #1 and #30 in Appendix A for other remarks about the importance they found in helping others as opposed to just being helped.

programs, volunteers at their local Teen Challenge treatment centers, or students at Bible colleges with the intent of going on to full-time ministry work.

Table 5.11. Teen Challenge Respondents

Entering Ministry After Graduating

Nonmissing N=55

	N	%
Works for Teen Challenge[46] full time	11	20%
Works or volunteers for Teen Challenge[46] part time	7	13%
Plans to enter ministry and currently works for Teen Challenge[46]	4	7%
Plans to enter ministry	4	7%
Total of above	26	47%

Granted, the overall response rate of 39.3% (explained in Chapter Four) reminds us that the sample of 59 Teen Challenge graduates in this study is not the most representative of samples. But even if none of the graduates in the targeted sample were to fall into any of the Table 5.11 categories, the counts there comprise 17% of the targeted graduation cohorts. That in itself is a remarkable number; few institutions in our society are able (due either to structure, expectations, or the winning of loyalty) to attract such a proportion of graduates/erstwhile clients to go on to sit, as it were, "on the other side of the desk" of the very same or a similar institution. This state of affairs works favorably for Teen Challenge, which thus always has an automatic pool of recruits for staff members in its graduates.

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[46] or similar program

Displacement Thesis. Another thesis for Teen Challenge effectiveness which is somewhat different than, but not incompatible with, the fulfillment thesis discussed above, is one we might call the "displacement thesis." According to it, the program provides the student with something to displace the culture of addiction to which he had been accustomed. Comments from a number of respondents add evidence to this thesis: [What works?] "Christ. [Why does Christ work?] Like our program here, it's named after II Corinthians 5:17: 'If anyone is in Christ, he is a new creation. The old is gone and the new has come.' And that's--you know, if you have Christ in your heart, you're going to be turned around into a different person than you were before, and your *whole mode of thinking's gonna be different*, you know, you're a new creation."[47] [What works?] "God. That's all they give you. Most secular rehabilitation programs give you dope to get you off of dope, whereas Teen Challenge takes alcohol, drugs completely away and gives you a spiritual life. They work on all of the man, whereas secular programs only work on the physical, the emotional. More than any, they focus on the spirit man, so that when having completed Teen Challenge, he's at a level where this world won't be able to sway him a whole lot. They give me God a lot different than I'd ever had it offered before. ... Before, I'd been saved, but never baptized in the Holy Spirit; and people would come around, friends or what have you, and they would ask me to drink, and before long I would give in to it. But since God filled me with the Holy Spirit, I don't crave it, there's a boldness I have , there's a freedom of worship that I have, a determination to serve Him in spite of

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Teen Challenge Respondent #2, telephone interview, October 18, 1995 (italics mine; will be referred to below).

rough times, no matter what comes."[48] "Teen Challenge put *structure* back in my life. I learned to depend on God to get through as opposed to trying to do everything myself."[49] "It's *well-structured--keeps your mind busy*. ... [What works?] "The Jesus factor. Drugs and alcohol are surface problems to a problem--sin. I relapsed after the program, but I had the tools--namely, humility--to get me out of there."[50] "Teen Challenge *changed my whole way of thinking*; I don't have to go back on drugs. They gave me hope--I tried getting off drugs myself; could never do it. God gave me hope and strength; He helped me get through the program. I lived with 110 guys at Riverside and some can really get on your nerves, but it gave me patience, to learn how to deal with people. Teen Challenge and their Christian morals and *teaching* have done a lot for me. It doesn't just get you off drugs, but teaches you to have *discipline* and lead a normal life once you get out."[51] The latter three quotes are examples of several respondents' referral to the agent of displacement not only as God, but also as a quality, such as structure or discipline (see italics above).

Second Most Frequent Citation: Schooling, Teaching, or the Bible.

The first and last respondents cited in the above displacement thesis paragraph referred to

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[48] Teen Challenge Respondent #7, telephone interview, October 19, 1995.

[49] Teen Challenge Respondent #11, telephone interview, October 21, 1995 (italics mine; will be referred to below).

[50] Teen Challenge Respondent #19, telephone interview, October 23, 1995 (italics mine; will be referred to below).

[51] Teen Challenge Respondent #4, telephone interview, October 19, 1995 (italics mine; will be referred to below).

a changed "mode of thinking" (see italics above). The second-to-last respondent also mentioned that Teen Challenge "keeps your mind busy" (see italics above). This was not accomplished without design by the implementers of the program: as explained in Chapter II, those who come to Teen Challenge seeking to overcome their addictions are called "students" rather than "patients" or "clients." A treatment center resembles, in a way, a medieval monastery (even to the extent of calling one another "brothers"!): a student's productive hours, when not in chapel or at (often agricultural) work, are spent in classes or in study. Most respondents would probably agree with the assessment: "The teaching, the classes we had every day--they were very intense."[52] This "student" model of Teen Challenge is reflected in the second response category of Table 5.10: what worked/was positive or helpful was "schooling," "teaching," or "the Bible."

Some mentioned benefits they received from their classes on Christian concepts: [What was helpful?] "Christian teaching, Christian morals they taught me. The first three months are drug rehabilitation; the last nine are discipleship. The classes and study time are helpful, the good teaching on Christian life, the Bible, on how to witness."[53]

Others mentioned benefits from very practical academic courses: "They helped me get the GED--I got *encouragement from the brothers, being tutored in math especially for the GED test.*"[54]

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[52] Teen Challenge Respondent #33, telephone interview, October 31, 1995.

[53] Teen Challenge Respondent #4, telephone interview, October 19, 1995.

[54] Teen Challenge Respondent #22, telephone interview, October 24, 1995.

Still others mentioned benefits from very practical social-capital-building lifestyle courses: "At Broadway Teen Challenge, there's a sign that says, 'Where Lives are Changed.' That says it all. Not only is it a place where people with life-controlling problems are set free; it's like a Bible college. *We were taught how to be a husband and a father.*"[55] Along this line, another respondent says, "There was one staff member I'd always go to and talk to him about anything, I could be that open. Nothing I could say would phase him. He would give me Biblical experience-type wisdom. To this day I call him up and *ask his advice on stuff like parenting.*"[56]

Still others did not specify the type of benefit they received from the teaching: "All the classes were excellent, the chapels were excellent, there was benefit in everything that happened to me."[57]

Fourth Most Frequent Citation: Discipline, Structure, Work.[58] In the responses already given, several references to these concepts, which comprise the fourth most popular category of Table 5.10, have appeared. It was shown earlier in the quantitative section that one of the most dynamic findings of this study is the contrast on current employment between the sample of Teen Challenge graduates and the comparison group. It is therefore no accident that so many Teen Challenge respondents cited

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[55] Teen Challenge Respondent #8, telephone interview, October 20, 1995.

[56] Teen Challenge Respondent #47, telephone interview, November 11, 1995.

[57] Teen Challenge Respondent #31, telephone interview, October 31, 1995.

[58] The two categories tying for third place will be considered after this.

discipline, structure, or their work experience during the program as what made it work for them. From their answers, then, the reasons for Teen Challenge effectiveness in preparing its graduates for full-time employment will be further illuminated.

Other voices join the chorus begun by Respondent #4 who was cited in the "Modal Response: Jesus" subsection above and told of the program's difficulty (the example he cited was not being able to get up during study hall). "It was the hardest thing I'd ever done in terms of submitting to authority."[59] [What was positive?] "The suffering and hard times I had to go through to prepare me."[60]

We hear from others both descriptions of these hard times during the program and reiterations of the message of Respondent #4, who spoke of the hardness and the goodness of Teen Challenge in the same breath, that these short-run difficulties were positive in the long run: "The work part of it helped me. I worked in the kitchen and had to be up at 4:00."[61] [What was negative or positive?] "The work detail, the chores we had to do, were negative then, but positive now." [What was helpful or unhelpful?] "Everything was helpful." [Does Teen Challenge work, or not?] "Definitely. It's the long period of time you're there. I compared it to a penitentiary a couple of times, but it's 100 times better than a penitentiary. I didn't notice it [the fact that it was better] during, but after. I'm thankful for it."[62] [What was positive or negative?] "The discipline, the

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[59] Teen Challenge Respondent #19, telephone interview, October 23, 1995.

[60] Teen Challenge Respondent #51, telephone interview, November 14, 1995.

[61] Teen Challenge Respondent #57, telephone interview, December 1, 1995.

[62] Teen Challenge Respondent #28, telephone interview, October 30, 1995.

strictness was both positive and negative ... . [Things that made the program work were] the teaching, church, discipline, the strictness, the rules. A lot of drug addicts, they don't have that, they don't have discipline, or strict rules to go by. They wake up and they do what they wanna do, but here you had a program to follow: they made you work or you were out. Every day you have church--that was a good thing. You're in depth in the Bible, you get a lot of milk. It's a very hard program; not everyone likes to go through it; it's like a Christian boot camp."[63] [What works?] "What they teach; the structure, the discipline. [What was the discipline like?] There were half-hour rule readings before bed every Tuesday. After so many writeups, you're sent to the office for disciplinary action, either an academic discipline (an essay with Scripture to back it up), a 'motivation' (not talking to anyone for a day or two), or a work-related discipline. They have to retrain you, because guys come in there off the street, they've never made their beds, they don't shower." [Anything else?] "I want to go into ministry."[64] [What works?] "It wasn't strong discipline, but enough discipline to agitate the mess out of you. It was a totally life-changing experience. The difference is God."[65] [What works?] "It restricts you--you're like a loose cannon otherwise."[66]

Several attest to specific work training that benefited them. [What works?] "The openness that people have, they always help you. If I had to recommend to anybody to

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[63] Teen Challenge Respondent #6, telephone interview, October 19, 1995.

[64] Teen Challenge Respondent #20, telephone interview, October 24, 1995.

[65] Teen Challenge Respondent #16, telephone interview, October 23, 1995.

[66] Teen Challenge Respondent #35, telephone interview, October 31, 1995.

start a new life, Teen Challenge is the place to go--*they train you in any field you want, like welding, driving a forklift, body work, anything.* They put your life back into focus, to find yourself."[67] Another respondent includes "work" in a list of several things that made Teen Challenge work for him and then continues: "And then I was maintenance there. I painted the castle. ["Painted the what?"] The castle. ["Oh really, there's a castle there?"] You never been there? ["Not to that one, no."] Oh, you gotta go. Yeah, I painted a LOT of it. [*R's emphasis*] And then there's a ravine down in there, I cleared all the bushes out, made a trail there like a little park. [*The respondent, who has been very reluctant, or at least slow, to speak up until this point in the interview, speaks quicker, more excitedly and proudly, describing the work he did.*] I did a lot of maintenance work for Mr. Smith [the dean of men] in his apartment, I painted his apartment, I did a lot of painting. ["Sounds like you had a productive year there."] Oh, yeah. I loved it. ["So would you say that having the guys work is something that's important, or not?"] Yes. Very."[68]

I was particularly taken with this last respondent's excitement when enjoining me to go, that I might see the castle and park he had a part in creating. In reading his own description of his work experience, it becomes clear that he takes proud ownership of the products of his labor.

We might conclude that in giving their students work to do, Teen Challenge staff may in fact be giving them one of the greatest gifts possible. "They gave you work," one

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[67] Teen Challenge Respondent #12, telephone interview, October 21, 1995.

[68] Teen Challenge Respondent #1, telephone interview, October 17, 1995.

respondent says, when asked what was helpful.[69] "I learned how to work," another says.[70] "They helped me to show responsibility."[71] "The work program--it'll help anybody. Most people don't know how to work really effectively; and that place shows you how to work...."[72]

Third Most Frequent Response Categories: Others in Teen Challenge.

Two categories actually tied for third place in Table 5.10, receiving 24 citations apiece. On the one hand were responses having to do with peers in the program: ("Fellowship, Unity, Friends, Love, Living with Others"), and on the other hand were responses citing Teen Challenge staff and advisors, and/or the love and encouragement received from them. Yet considering the fact that many Teen Challenge staff members live at the treatment center with students, that friendships between students and staff often quite naturally develop, and that the "Fellowship" and "Unity" referred to in the "peer" response category could indeed encompass staff as well as student peers, the line between these two categories begins to blur, as one respondent remembers as one of the program's positive features: "The peace, the love from the brothers, the staff, we were all part of a family." (We can consider this quote from the same respondent another realistic feature

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[69] Teen Challenge Respondent #12, telephone interview, October 21, 1995.

[70] Teen Challenge Respondent #23, telephone interview, October 24, 1995.

[71] Teen Challenge Respondent #34, telephone interview, October 31, 1995.

[72] Teen Challenge Respondent #5, telephone interview, October 19, 1995.

of families: [What was negative?] "Strife between individual students.")[73] If in fact peer responses and staff responses are considered together as one and the same category, this set of answers catapults into first place with 48 citations, even outpacing the "Jesus" response.

And the fact that it is so is not without good reason. As many investigators have shown, the typical drug user comes "from a broken home and received inadequate parental control, ... is attracted to deviant peer groups, ... and exhibits a history of antisocial behavior."[74] The drug user's longstanding quest to fulfill an unmet social need could very likely end if he becomes a part of the close-knit familial environment of the Teen Challenge community. Part of one respondent's answer to "What works" is "available, caring, loving people willing to put forth the effort to help people. ... No one else wanted to reach down to me."[75] Aspects of this family-like community included not only the camaraderie with peers--other "brothers"--and with staff (also "brothers"), but also the parental-type relationship that developed between a student and a staff member. Such a parent relationship included guidance of two kinds: negative reinforcement (discipline) and positive reinforcement (encouragement).

It is so, then, that the disciplinary features described in that section above meld together with familial features. For instance, a fuller quote from the Louisianan

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[73] Teen Challenge Respondent #24, telephone interview, October 24, 1995.

[74] See, for instance, James V. Spotts and Franklin C. Shontz, *Cocaine Users: A Representative Case Approach* (New York: Free Press, 1980), p. 25.

[75] Teen Challenge Respondent #58, telephone interview, January 18, 1996.

respondent quoted in part the previous section speaks of care and discipline in the same breath: [What works?] "It's just a vessel ordained straight from throne room of God--people that care, the love of God. It wasn't strong discipline, but enough discipline to agitate the mess out of you. It was a totally life-changing experience.."[76] In similar fashion, a Californian appreciates discipline that appears parent-like according to his description: [What was helpful?] "It would be the discipline [that was] helpful. I really needed it in my life to guide me, the guidance I had. I had a black advisor, and me and him really got along good. I didn't really like blacks when I went in there. He changed my whole focus on them. He was my advisor, and he was the person I'd look up to. You know, but I really looked up to him. There's a lot of guys that didn't like him because he was hard, and I couldn't stand him at first. And now I look back and I can't help but love the man because I know what he was doing for me, you know, he was guiding me in the right way."[77] Another agrees, likewise attesting to both the hardness and the goodness at once: [What was positive?] "The love the brothers had for all of us. You had to stick it out and spend time with hard-headed people. It was the most positive thing I'd ever seen, period." Later, from the same respondent: [What was helpful?] "The love my roommates had for me during the time my brother passed away. It was the Lord sending the Holy Spirit as Comforter to us in a time of need, using those brothers as vessels."[78] From another, we again hear parent-sounding language: [What was helpful?] "Probably the

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[76] Teen Challenge Respondent #16, telephone interview, October 23, 1995.

[77] Teen Challenge Respondent #2, telephone interview, October 18, 1995.

[78] Teen Challenge Respondent #29, telephone interview, October 30, 1995.

positive attitude that the staff took towards each individual, knowing that you make your own decisions, but if you make the wrong decisions, you're going to have consequences."[79]

A consistent theme in several of the graduates' appreciation of Teen Challenge staff was that they were "always there." [What was positive?] "How willing people are to help you. They kept you busy, stretched you, but they were always there. It was centered around Christ. ... Counselors were always there to help, the other brothers were there to relate to."[80] [What was positive?] "Enough staff. If you need to talk, there are people there to talk to."[81] [What was positive?] "There was always somebody there who was willing to answer my questions, willing to help me find the answer; their love to help you."[82] One respondent (whose quote also appeared earlier under "schooling") even indicated that the availability of his advisor extended beyond his graduation from the program: "There was one staff member I'd always go to and talk to him about anything, I could be that open. Nothing I could say would phase him. He would give me Biblical experience-type wisdom. To this day I call him up and ask his advice on stuff like parenting."[83] Bonds between students extended beyond graduation as well: [What was

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[79] Teen Challenge Respondent #3, telephone interview, October 18, 1995.

[80] Teen Challenge Respondent #25, telephone interview, October 25, 1995.

[81] Teen Challenge Respondent #57, telephone interview, December 1, 1995.

[82] Teen Challenge Respondent #31, telephone interview, October 31, 1995.

[83] Teen Challenge Respondent #47, telephone interview, November 11, 1995.

positive?] "Friends I met there; I miss them. I call them once a month to keep in touch."[84]

Other key words which repeatedly surfaced as former Teen Challenge students recalled their experiences were "unity," "love," and "encouragement." [What was positive?] "As far as positive goes, probably for sure the unity, the bond in Jesus Christ that we all lived by..."[85] [What was positive?] "The spirit that was there. I made a lot of friends there. The overall tranquility of the place. I never understood what serenity and peace was; I saw a lot of that."[86] [What was positive?] "Seeing men bonding, through the power of the Holy Spirit you really develop some friendships. We cry together on our knees for hours. There's no place like it on earth."[87] [What was positive?] "The encouragement they give you. I remember John Castellani [director of the Rehrersburg program] saying, 'You can make it; you can be free.' The positive vibes they give--God used that assuredness to put a faith in me."[88] [What was positive?] "The love they showed -- they really cared about how I felt." [What works?] "The love they showed people in the program; the fact that they gave me a second chance."[89] [What was

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[84] Teen Challenge Respondent #4, telephone interview, October 19, 1995.

[85] Teen Challenge Respondent #3, telephone interview, October 18, 1995.

[86] Teen Challenge Respondent #11, telephone interview, October 21, 1995.

[87] Teen Challenge Respondent #58, telephone interview, January 18, 1996.

[88] Teen Challenge Respondent #48, telephone interview, November 11, 1995.

[89] Teen Challenge Respondent #34, telephone interview, October 31, 1995.

positive?] "The way each brother encourages another--they all came from different backgrounds but been through the same mud."[90]

That this communal atmosphere of unity developed under unlikely circumstances was noted by several. Some were astonished that violence did not erupt among so many men in so little space: "What really stuck out with me was livin' with 100 other guys, still being able to get along, living in tight quarters; still have something in common with everybody; whereas in prison or jail you're going to have physical fights. In jail there's not a way to get that person back on track."[91] "I never saw a fight when I was there. If God ever moves his Holy Spirit off that mountain, I hope he gives a one-hour notice."[92]

A striking number of others. black, white, and Hispanic, brought up their amazement at the unity/community in Teen Challenge that transcends racial and ethnic boundaries. One respondent in his discourse explicitly mentioned surprise at not having witnessed physical fights that were race-inspired: [What works?] "The Spirit of God's direction; the truths, the teaching, the unity, the love of staff, prayer, the building of new lives, Wilkerson's founding, the work that's orchestrated among white, black, Spanish, Chinese, over 200-300 men from different parts of the world, but not a physical fight. That was just marvelous. I marvel at how the Holy Spirit orchestrated it. Even though it wasn't perfect, it made me realize I could grow up all over again."[93] Another's comments

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[90] Teen Challenge Respondent #22, telephone interview, October 24, 1995.

[91] Teen Challenge Respondent #5, telephone interview, October 19, 1995.

[92] Teen Challenge Respondent #48, telephone interview, November 11, 1995.

[93] Teen Challenge Respondent #14, telephone interview, October 21, 1995.

are especially interesting in light of the fact that he had cited the KKK and Ozzy Osbourne as pre-Teen Challenge reference group figures that he identified with because they were also "racist rebels": "Teen Challenge teaches you all men are created equal: God loves every one of us the same--If He loves everyone regardless of what they'd done, we should too. And it's true--I've had white people do the same things to me that black people--I found it was just stupid."[94] Another (previously cited) respondent also confessed his pre-Teen Challenge racism: "I had a black advisor, and me and him really got along good. I didn't really like blacks when I went in there. He changed my whole focus on them. He was my advisor, and he was the person I'd look up to. You know, but I really looked up to him. There's a lot of guys that didn't like him because he was hard, and I couldn't stand him at first. And now I look back and I can't help but love the man because I know what he was doing for me, you know, he was guiding me in the right way."[95] [What works?] "The Spirit of God--His love. I grew up going to a United Methodist church in a white neighborhood in San Diego. What I'm doing now is working in the South Gate projects where the white man's the enemy. We do children's church on wheels, we've done ministry on skid row in LA; went on a mission trip to New York...."[96]

"They're no respecter of persons," another says. "They'll take anyone who's willing to change."[97] "The way God works in there, I know the racial thing that happens, but you

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[94] Teen Challenge Respondent #5, telephone interview, October 19, 1995.

[95] Teen Challenge Respondent #2, telephone interview, October 18, 1995.

[96] Teen Challenge Respondent #25, telephone interview, October 25, 1995.

[97] Teen Challenge Respondent #10, telephone interview, October 20, 1995.

wouldn't see unity anywhere like you'd see in Teen Challenge. It has to be a work of God."[98] "Very seldom do you get multicultural--all walks to get together with a sense of harmony as brothers. That's something I haven't seen before. [Why did that happen there?] The love of Jesus."[99] "I loved to be around people from different places; I wished I would have got their numbers--it was a beautiful thing, living with them with no prejudice or racism. We loved one another. It was a beautiful thing. We all learn something from each other--I learn from them today. I think today, how do I handle that situation, and I apply knowledge today that I learned while I was with them."[100]

It becomes apparent that the Teen Challenge community facilitated a kind of revolution not only within these respondents' individual psyches, but also in their patterns of relating to groups in the broader society. Evidence beyond the foregoing testimonies is found in the following section.

Reference Groups Before and After Teen Challenge

Another way to measure whether Teen Challenge respondents underwent a holistic lifestyle change was to determine the degree of any shift in their pretreatment vs. posttreatment reference group. As these data are unavailable for the comparison group, we have no quantitative way of knowing that parallel changes did not occur in the reference groups held by members of the comparison sample. This uncontrolled pretest-

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[98] Teen Challenge Respondent #23, telephone interview, October 24, 1995.

[99] Teen Challenge Respondent #29, telephone interview, October 30, 1995.

[100] Teen Challenge Respondent #52, telephone interview, November 25, 1995.

posttest comparison must therefore be used only to make suggestions rather than to draw conclusions.

The Teen Challenge questionnaire included four reference group questions to represent the three types of reference groups outlined in Shibutani's seminal work.[101] The questions which follow are the posttest versions of these, asking about the respondents' current reference group. (Given the research design of this project, pretest versions of these questions were not exactly pretest, but were retrospective, since the Teen Challenge respondents were only contacted once, *after* the program. The "pretest versions" of the reference group questions were placed earlier in the questionnaire among other recall items, and were worded, for instance, as "Can you think of two people you tried most to please or to be accepted by before you entered Teen Challenge?")

Status Reference Group (into which one seeks acceptance):

"Can you think of two people whom you now try most to please or be accepted by?"

"If you could spend time with anyone on a weekend, who would it be?"

Normative Reference Group (whose values and attitudes one follows):

"Can you think of two people in all of history you now admire most?"

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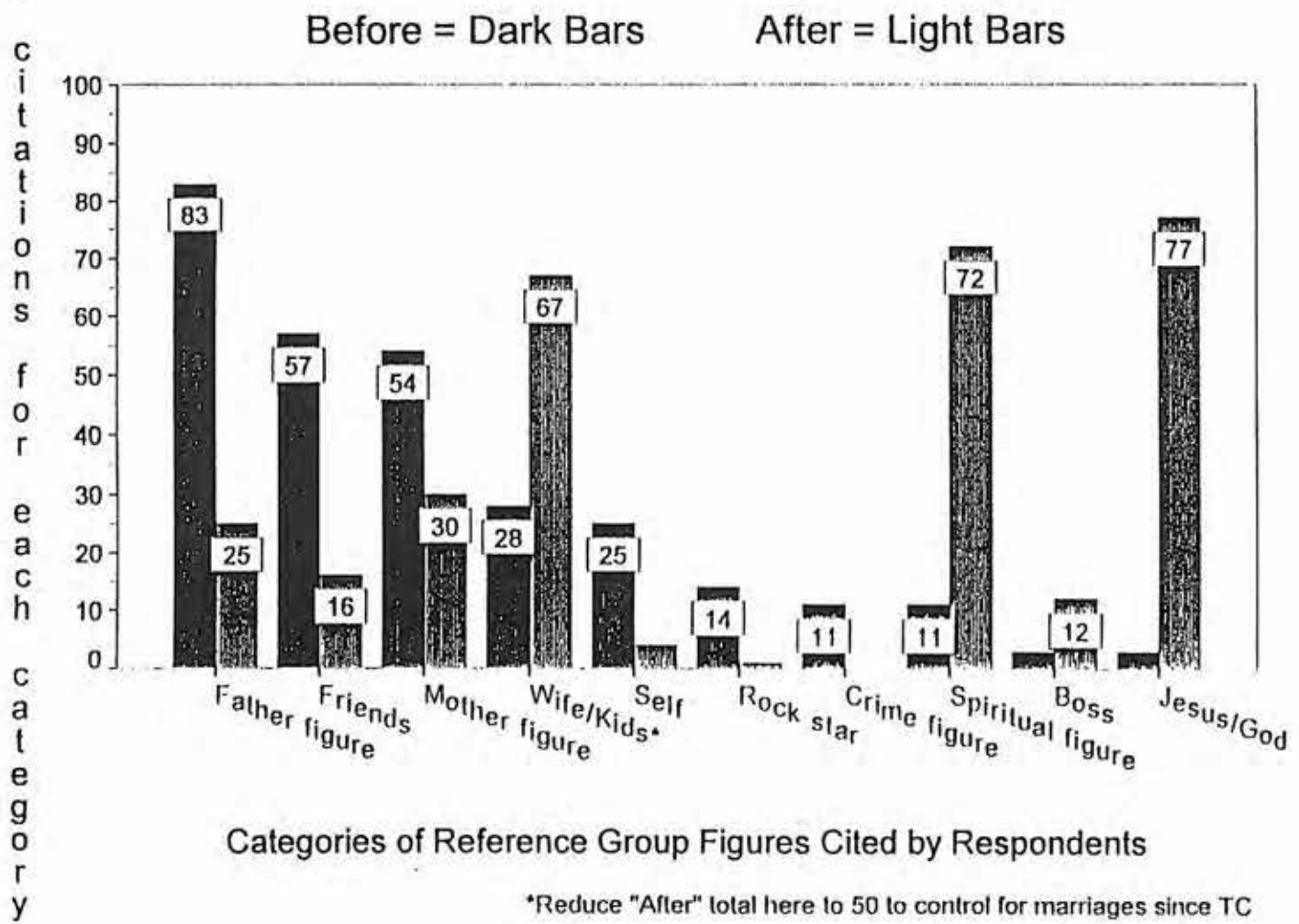
Tamotsu Shibutani, "Reference Groups as Perspectives," *American Journal of Sociology* 60 (May 1955), p. 563.

Comparative Reference Group (by which one judges the adequacy of one's performance):

"Can you think of two people you now compare yourself with--in wanting to be like them in a certain way or in having what they have?"

Answers to all these questions were categorized, pooled, and tallied for both "posttest" and retrospective "pretest." Tallies are presented in Figure 5.12 as "Before and After" differences in reference group. All differences are significant at $p \leq 0.05$ with the exception of Rock Stars (14 citations before, 1 after), Political Figures (10 before, 8 after), and Athletic/Business Success Figures (8 before, 5 after).

Figure 5.12. Reference Group Comparison Before and After Teen Challenge



*Reduce "After" total here to 50 to control for marriages since TC

Noteworthy on Figure 5.12 are the modal "before" categories, all of which lost a substantial number of adherents for the posttest. The prevalence of "father figure" as a response (in which category any older male relative was included) betrays the fact that over half of Teen Challenge respondents grew up in father-absent households. Of respondents with father-absent backgrounds or who got along poorly with their fathers growing up, even more cited "father figure" as a pretreatment reference group response than did those whose fathers were not absent. For example, one respondent eloquently eulogizes his father, whom he clearly admired but with whom he never had the relationship he dreamed of having: "He was a genius: a musician, printer, and electrician; but got blinded by alcohol. I looked past the faults and saw my father; maybe he didn't have the chance to express his love. When he died, I decayed; it was a soul tie; it was like my arm went with him."[102] Of the 18 respondents from father-absent backgrounds who cited a father figure pretreatment, only four did so after treatment. If we assume that many of these pretreatment "father figure" citations were expressions of a felt father-vacuum in respondents' psyches, these statistics may be some evidence for a healing role played by Teen Challenge.

Many of those who cited a mother figure seemed to do so for two reasons: one, because of shame they felt for not having lived up to their mothers' expectations; and two, because of an absent father. One respondent gives both these reasons in answering that, before the program, it was his mother and grandparents he tried to please or to be accepted by: "I had been a failure in their eyes; because of my drug abuse I couldn' t hold

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[102] Teen Challenge Respondent #14, telephone interview, October 21, 1995.

a job. I'd never got fired, but I wanted that acceptance. I was looking for a father figure, but he wasn't there. I was looking for that approval only a dad could give you."[103] Another says it was because his mother and wife "were suffering a lot" (due to his addiction problem) that he wanted to please them before the program.[104]

The significant declines in father figures and mother figures cited for posttreatment reference groups were matched by significant gains in the Jesus/God, Spiritual Figure, and Wife/Children categories. A rationale that was typical of those given by respondents citing Jesus or God is: "I know that if I'm in a right standing with God, then everything else will fall into place. I find my identity in Christ, so I don't have to look for approval from anybody else."[105] Those referred to in the "spiritual figures" category included three types of people: Biblical figures such as the Apostle Paul, King David, or Moses; famous pastors such as Billy Graham or David Wilkerson (founder of Teen Challenge and author of *Cross and the Switchblade*); or more intimate spiritual peers such as a local pastor, a Teen Challenge counselor who was understanding and helpful, Teen Challenge peers in general, or currently supportive peers in a church group. Noah Webster was even included among the spiritual figures because of the following statement in response to the "admire" question: "Besides writing the first dictionary, he

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[103] Teen Challenge Respondent #13, telephone interview, October 21, 1995.

[104] Teen Challenge Respondent #56, telephone interview, November 30, 1995.

[105] Teen Challenge Respondent #13, telephone interview, October 21, 1995.

was a godly man and could quote just about any verse out of the Bible at any given time."[106]

If the prevalence of father and mother citations for the preprogram period, then, was a reflection of (a) *anomie* resulting from an absent or distant father and/or (b) shame at having failed one's parents' expectations, these conditions appear to have been significantly ameliorated in the Teen Challenge sample at large by the time of the followup interview. Displacement of the father figure/mother figure citations by references to Jesus or other spiritual figures are usually attributable, most likely, to the intervention of the Teen Challenge program, because it was probably at Teen Challenge, for instance, that Respondent #13 heard what he cited above about Noah Webster. Some remarks more directly, if simplistically, address the father question, implying that Teen Challenge had a hand in restoring a relationship. For instance, in answering "awful" to the question, "How did you get along with your dad growing up?" a respondent volunteered, "I never lived with him--I hated him. But after Teen Challenge, I realized he's still my dad, and I went to meet him. My relationship with my father is pretty much good now. We are pals now."[107] There is no proof of causality here, of course, although the respondent does seem to imply a connection.

The third modal reference group category before the program was friends. This tally included both friends in general (N=30) and drug-using friends (N=27). It, too, lost adherents for the posttreatment question. One poignant example of a shift away from this

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[106] Teen Challenge Respondent #13, telephone interview, October 21, 1995.

[107] Teen Challenge Respondent #56, telephone interview, November 30, 1995.

type of reference group is given in response to the weekend question ("Who would you like to spend time with on a weekend?"). The "Before" answer was "my friends playing golf and watching football games in bars." The same individual's "After" response was "my son."[108]

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[108] Teen Challenge Respondent #11, telephone interview, October 21, 1995.

Chapter Six

Unintended Consequences of Public Funding

Someone may be tempted, upon discovering an outcome-effective and cost-effective treatment such as Teen Challenge, to think it unfortunate that Teen Challenge does not receive government funding (except for a few food stamps here and there), and that this ought to be redressed by redirecting the flow of public treatment dollars toward organizations such as Teen Challenge. I believe that both such a conclusion and such an action are unsound, because government funding to the charitable nonprofit sector, while well-intended, often has unintended adverse consequences. Six of these follow.

1. Public funding may effect a change in staff mentality. When asked the set of "What works?" questions reported in Table 5.10, the third category (after "Jesus" and "the teaching/the Bible") most frequently cited by Teen Challenge respondents was "Advisor/Staff/Love/Encouragement." One spoke of the "determination of the staff. It takes a lot of patience, a lot of time, a lot of courage and sacrifice to work there. As a worker you put out a lot."[1] Another observed, "Staff members live there. Their commitment stands out. If I ever found myself in the past situation again, Teen Challenge is the first place I would turn to. A dedicated group of people work there who

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[1] Teen Challenge Respondent #47, telephone interview, November 11, 1995.

have committed their lives."[2] With much gratitude, many respondents remembered the staff with such words as: "available, caring, loving people willing to put forth the effort to help people."[3]

There appears, then, to be a sense of mission that the Teen Challenge staff feel regarding their job. They take pride in the uncommon dedication they need to have to stick it out day after day, with returns more otherworldly than material. A Teen Challenge graduate who went on to work for the program provides us with such a picture as he contrasts his life before Teen Challenge to his current satisfaction: "I tried all kinds of things--I thought, if I can just make more money, or if I can go date this girl, or have this kind of car, then I'll be happy. But Teen Challenge basically guides you to a peace and joy that lasts your whole life, because right now I have so much happiness; I have a joy I never had before. You know, I'm not making a lot of money--I was making a lot more money than I am now, but the work I'm doing is for people out there who will come after me. Without this program, those people wouldn't have an opportunity."[4]

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[2] Teen Challenge Respondent #59, telephone interview, January 23, 1996.

[3] Teen Challenge Respondent #58, telephone interview, January 18, 1996.

[4] Teen Challenge Respondent #10, telephone interview, October 20, 1995.

I would argue that the relationship between (a) the sense of mission and dedication exemplified by this Teen Challenge staff member and (b) affluence can oftentimes be best expressed by a sort of "inverse continuum": as one increases, the other decreases.

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heightened sense of mission, uncommon dedication

affluence

What would happen to Teen Challenge, if, for instance, an infusion of regular and predictable bureaucratic income were to displace the program's dependence upon the voluntary gifts of its donors? It would then become less necessary for the program as a whole and for the individual agency workers to, as it were, "live by faith." Their work, ever so subtly, would become less mission-minded. They would begin to view their work less as ministry which extends unilaterally from their desire to "love one's neighbor" and more as part of a two-way contract with the government: they are to meet their obligations in providing a certain welfare service; in turn, the government is obligated to them in paying for this service. Inevitably, a certain "rights-consciousness" would arise. Agency workers would then become newly aware of their rights vis-à-vis the government (which may send a detailed reminder of these in the form of Department of Labor

bulletins) and they may even seek to expand their rights and benefits as agency personnel. Thus a different blend of worker motives, less purely ministry, would begin to emerge.

Once an organization were to depend on the regular infusion of resources newly available through grants of public money, a growth spurt would almost inevitably result, one for which the organization would not necessarily be prepared. Even growth which does not happen suddenly is not *ipso facto* good, and may even be counterproductive: "Such large organizations of the private sector as the United Way, Catholic Charities, the Red Cross . . . seem every bit as large and bureaucratic as . . . entire branches of government."[5] Some objectives are best accomplished by smaller institutions. An example is provided by Marvin Olasky: according to a story he tells, the sudden growth of the HOBO organization for the homeless in San Antonio appears to have been one of the unfortunate developments that obscured that organization's mission.[6]

2. Public funding may effect a change in the mentality of the beneficiary. Taking public money would effect another change in the ministry which elects to receive it. Before the advent of public funding, the whole of the organization's money had been freely given by donors. Afterward, however, it is coerced through

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Michael Novak, "Seven Tangled Questions" in Michael Novak, ed., Peter L. Berger and Richard John Neuhaus, *To Empower People: From State to Civil Society*, 2nd edition (Washington, DC: American Enterprise Institute Press, 1996), p. 136.

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Marvin Olasky, "The Corruption of Religious Charities" in Michael Novak, ed., Peter L. Berger and Richard John Neuhaus, *To Empower People: From State to Civil Society*, 2nd edition (Washington, DC: American Enterprise Institute Press, 1996), pp. 95-104.

taxation. The beneficiary who knows that it is the personal, willing sacrifices of people (donors *and* staffers, both of whose human faces he encounters[7]) which make it possible for him to receive the ministry's services will more likely reciprocate with sacrifices of his own, most notably the personal sacrifices of submitting to the structure and discipline of the program, which, while unpleasant at the time, result in long-term benefit. The respondents themselves testify to this short-term difficulty/long-term benefit in the "Discipline, Structure, and Work" section of the previous chapter. However, the beneficiary who is part of a program which receives funding exacted by law from the anonymous and impersonal general public, most of whom did not decide to channel the funding toward that program, is less likely to have the living example of sacrificial giving and incentive to do likewise before his eyes.

3. Public funding may effect a change in the mentality of charitable donors and of the general public. When a charitable organization's donors see the government stepping in to help, their contributions and ability to contribute, both quite humble in comparison, may come to appear superfluous. This realization could likely spell the end of their assistance. Marvin Olasky asserts this principle quite bluntly: "Bad charity

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One way that Teen Challenge students encounter donors is through choir tours. Students perform in church services, at which freewill offerings are taken for Teen Challenge. Some of these are overnight trips, and students stay in the homes of host church parishioners. These dual-purpose outings--for both fundraising and for "ministry"--seem to be quite popular with Teen Challenge students. See, for instance, comments by Respondents #1, #3, #5, #7, #20, and #49 in Appendix One.

drives out good charity."[8] Furthermore, for taxpayers, who also comprise the complete set of the society's potential charitable givers, the temptation to believe that one is relieved of some, most, or all charitable obligation becomes ever stronger as increasing numbers of religious charities become vassals of the welfare state. As someone has said, "Why should I give anything to the needy? The government has appropriated millions of dollars for this purpose."

4. Public funding may cause a litigation-defensiveness to arise within the organization. With public funding come directives as to how they are to be administered. When a host of regulations must be adhered to, the vulnerability to litigation increases. With this vulnerability comes an alteration in the service provider-beneficiary relationship that is less built on trust and more built on paperwork. Two examples of the sort of regulations that would ensue with public funding follow, as items (5) and (6).

5. A "nondiscrimination against beneficiaries" clause regulating public funding may cause unintended consequences for the program. The goal of the "Charitable Choice" provision (Section 104) of the 1996 Welfare Reform Act is to encourage states to cooperate (monetarily) with religious organizations in the provision of welfare services, including drug treatment. It reads, "The purpose of this section is to allow States to contract with religious organizations, or to allow religious

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Marvin Olasky, *The Tragedy of American Compassion* (Washington, DC: Regnery Gateway, 1992), p. 127.

organizations to accept certificates, vouchers, or other forms of disbursement ... on the same basis as any other nongovernmental provider without impairing the religious character of such organizations, and without diminishing the religious freedom of beneficiaries ... ."[9] The law includes a nondiscrimination clause, which, from the perspective of an organization such as Teen Challenge, if it were to receive Section 104 funds, could prove to be the source of constraint. This clause states that "a religious organization shall not discriminate against an individual in regard to rendering assistance . . . on the basis of religion, a religious belief, or refusal to actively participate in a religious practice."[10] This provision could easily tie the hands of Teen Challenge vis-à-vis a Section 104 beneficiary. As described in chapters II and IV of this paper, religious beliefs and practices are fundamental to the *modus operandi* of Teen Challenge. Suppose a Section 104 beneficiary declared he wasn't coming to worship today, or wasn't coming to the classes (which teach a Biblical understanding of good character). While the usual course of action is a disciplinary measure of some sort, the Teen Challenge staff would be entirely bereft of means to enforce house rules for this particular individual to whom the nondiscrimination regulations are attached. It is not hard to imagine the consequent

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United States Public Law 104-193 (House of Representatives Bill 3734), The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104th Congress, 2nd session (enacted August 22, 1996), Section 104(b).

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United States Public Law 104-193 (House of Representatives Bill 3734), The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104th Congress, 2nd session (enacted August 22, 1996), Section 104(g).

deleterious effect even one such case (let alone more) would have on the other students' morale as well as the general climate of the ministry.

The foregoing scenario is feasible even in spite of Section 104(e)(1), which states, "If [a beneficiary] has an objection to the religious character of the [provider organization], the State . . . shall provide [the beneficiary] with assistance from an alternative provider."[11] A beneficiary (with or without crafty intent) could insist on having no problems with the religious character of the organization and receiving services from it, but at the same time insist on his right to do so without being coerced to participate in a religious practice. Confirming in a different context that nonpractitioners of religion can nonetheless feel comfortable in a religious environment, Charles Glenn writes, "For many parents, the religious character of a school continues to be a positive factor even if their own level of belief and practice is very limited."[12]

6. A "limitations on use of funds" clause regulating public funding may cause unintended consequences for the program. Section 104 also states that "No funds provided directly to institutions or organizations . . . shall be expended for sectarian worship, instruction, or proselytization."[13] If the nondiscrimination clause

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[11] *ibid.*, Section 104(e)(1).

[12] Charles L. Glenn, *Choice of Schools in Six Nations: France, Netherlands, Belgium, Britain, Canada, West Germany* (Washington, DC: United States Department of Education, Office of Educational Research and Improvement, Programs for the Improvement of Practice, 1989), p. 215.

[13]

(continued...)

described above were not sufficiently swift to emasculate the essence of the Teen Challenge ministry, this funding restriction clause would finish the job in short order. Were a Section 104 beneficiary to attend Teen Challenge, how could he participate in any of these three activities, since Section 104 funds were what brought him to Teen Challenge in the first place? Further, from many of the comments voiced in the previous chapter by respondents in this study, these three factors appear to be, from their perspective, exactly that which made Teen Challenge work.

Assurances of the Constitutionality of Referrals

Since these several reasons indicate the potential adverse effects of public funding to an organization such as Teen Challenge, how should the relationship between Teen Challenge and the government appear? Rather than as a custodian of funding, the state's role as a custodian of information is most appropriate here.

The state, through its judges and social service workers, dispenses information on which certain individuals depend. The drug-addicted criminal offender, facing a sentence of either jail time or drug treatment, knows he prefers the drug treatment, but does not, in most cases, have the information resources to counsel him as to which drug treatment program he ought to patronize. For this, he is usually fully dependent on the court.

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[13](...continued)
United States Public Law 104-193 (House of Representatives Bill 3734), Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (became law August 22, 1996), Section 104(j).

Others go to social service offices for resources of two kinds: financial--to receive benefits arising from their un- or underemployed status--and informational--to find out who is hiring. Yet the social worker observes why the client is not holding down a job: his addicted status leaves him incapable of doing so. At this juncture, the state can again exercise its role as a custodian of information--this time, of substance treatment options for the client.

In the case of both the criminal defendant and of the social service client, there exist many such individuals afflicted by a dearth of social capital,[14] and therefore of information resources. These limitations leave them dependent on the state for information pertaining to drug treatment.

The concern may then arise that because Teen Challenge is "pervasively sectarian,"[15] a referral to it made by a government agency must be a violation of the Establishment Clause. Such a conclusion, however, would cause the Establishment Clause to overreach at the expense of the Free Exercise Clause. Provided the beneficiary is informed ahead of time about the evangelically Christian nature of Teen Challenge, and provided a choice is involved on the beneficiary's part, such a referral has constitutional protection. The reason for this is that the referral advances a secular purpose. Examples of this jurisprudential principle operating in other contexts include Zobrest v. Catalina

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14

By "social capital," I refer here to a network of trust and reciprocity of which the individual may or may not be a part. This network would be the circle of acquaintances from whom the individual acquires information.

15 Tilton v. Richardson, 403 *U.S. Reports* at 672 (United States Supreme Court, 1971).

Foothills School District, in which the public school's provision of special education services to a parochial school student was not prohibited by the Establishment Clause,[16] and Witters v. Washington Department of Services for the Blind, in which a disabled student was permitted to use his state vocational rehabilitation grant for clerical training.[17] Both of these cases proceed from the precedent established by the more famous Everson case, where a state law which reimbursed parents for transporting children to school, whether parochial or public, was upheld.[18] As University of Missouri law professor Carl Esbeck states, "Government may confer a benefit on individuals, who exercise personal choice in the use of their benefit at similarly situated institutions, whether public, private nonsectarian, or religious, even if the benefit indirectly advances religion."[19]

The benefits referred to both by the court decisions cited above and by Esbeck include monetary benefits. If a monetary benefit is thus allowed by church-state jurisprudence to be granted to pervasively sectarian institutions which advance a secular purpose, surely a mere referral is also constitutional.

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[16] 113 *Supreme Court Reporter* at 2462 (United States Supreme Court, 1993).

[17] 474 *U. S. Reports* at 481 (United States Supreme Court, 1986).

[18] Everson v. Board of Education, 330 *U.S. Reports* at 1 (United States Supreme Court, 1947).

[19] Carl Esbeck, "Restatement of the Law of Religious Freedom," p. 16. This is a reprint and revision of "A Restatement of the Supreme Court's Law of Religious Freedom: Coherence, Conflict, or Chaos?" *Notre Dame Law Review* 70 (1995), pp. 581ff.

Chapter Seven

Conclusions

Summary of Quantitative Outcomes

A "return to normalcy" among Teen Challenge graduates has been demonstrated by the contrasts between the Teen Challenge sample and the comparison sample, in particular on variables measuring employment and return to substance abuse treatment. In spite of temporary relapses, ex-abusers seem to lead normal lives after Teen Challenge, holding down full-time jobs and apparently very rarely needing to return to treatment. Many individual respondents testify to changes having taken place in their lives in revolutionary-sounding language, as Chapter Five demonstrated (see pages 178-203). The form which these revolutionary changes take is the overcoming of nothingness and the overcoming of loneliness, as discussed in Chapter Two (see pages 14-25). Responses given by most Teen Challenge students in the survey confirmed these ideas. When asked (1) why they currently use drugs less often or not at all and (2) what worked for them in the program, a response about Jesus filling a void in their lives was given more frequently than any other response category (see Tables 5.9 and 5.10, pages 179 and 181, and ensuing discussions). Table 5.10 responses to the "What worked" question also indicated the overcoming of loneliness: the third and fourth most frequently cited categories had to with Teen Challenge staff and friends made at the program. When added together, these citations outnumbered even the most frequently cited category.

An outgrowth of the overcoming of loneliness appeared to be a dramatic change in reference group from before the program to afterward (pages 203-210, especially Figure 5.12). Referents cited before the program included father figure and mother figure (which many times were manifestations of emptiness--see pages 207-209), drug-using friends, self, and criminal figures. These references were largely or entirely displaced in the posttreatment period by Jesus, spiritual figures, employers, and wife, children, and family members.

In turn, changes in reference group are indications of the building of social capital, which, to paraphrase Robert Putnam, we might define as a network of mutual trust, "organized reciprocity, and civic solidarity."[1] Lonely individuals attempting to fill an emptiness in their lives are not likely to either possess social capital or the ability to exercise it. Teen Challenge appears to provide both: every individual who completes the program experiences an atmosphere of strong social capital which lasts a year. This in turn is practice and habituation for that individual in exercising trust so that, once out of the program, he can find a social capital network (at first a church in most cases) and operate productively within it. Equipped with such a network, his functioning in the broader society is more positive and efficient.

What are some of the specific posttreatment behaviors, then, which indicate a more positive functioning in the broader society? These were shown on Table 5.8 (page

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Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), especially page 66.

175), which is also reproduced here. The outcome variables shown are those found on Table 5.1 (pages 130-139), where the multiple regression findings are presented.

Table 7.1. Types of Outcomes Shown by this Study To Have Been Produced by Teen Challenge

Outcome (TABLE 5.1 VARIABLE)	"Stark Outcome"	"Special Population Social Capital Outcome"	Significant Against Full Comparison Sample Only
Reduced . . .			
Addictive Substance Usage (USGLAST6)[2]		yes	
Severity of Relapse (LSEVREL)		yes	
Return to Treatment (TRMTSNCE)	yes		
Cravings (CRAVINGS)			yes
Obstacles to Recovery (OBSTACLS)			yes
Severity of Depression (LDEPRSEV)		yes	
Smoking (SMOKENOW)	yes		
Increased . . .			
Employment (WKDFTLA6)	yes	yes	

The comparison group as a whole consists of 118 publicly funded clients who completed short-term inpatient treatment (STI). About half of these continued with the

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In the case of USGLAST6, the Teen Challenge variable, when compared with the frequent-AA-attending subset, lost the significance it otherwise had. This much would have qualified this particular outcome for the "Significant against full sample only" classification. However, as seen on Table 5.1 and as was discussed in the text, a "special population social capital" variable emerged in comparison with the subset.

strong recommendation they received in the STI to attend weekly AA meetings. For some outcomes, the significance of the Teen Challenge variable disappeared when comparison with the latter group was made, but for those designated in Table 7.1 as "stark outcomes," the impact of the Teen Challenge variable is striking and unshaken by the stiffer competition of comparison with frequent AA attenders. These three outcomes are (1) prompting full-time employment, (2) preventing return to treatment, and--(3) is a bracketed outcome--causing cessation of smoking. This particular outcome is in brackets on Table 7.1 because it is not customary to assess smoking as an outcome of drug abuse treatment programs, nor is it a goal of most programs. Most STIs and AA, for instance, do not devote the concern toward this outcome that Teen Challenge would. I include it, however, because it is interesting: the between-group contrast is striking--see Table 4.7, page 118, and discussion on pages 169-171. Furthermore, tobacco addiction has become a subject of heightened political interest in the 1990s.

On four outcomes, the impact of Teen Challenge appears no stronger than does that of STI programs *except for special "social capital populations" who have experienced anomie, or a lack of social connectedness, in their lives.* For these special populations in this study -- minorities living alone, minorities having been severely addicted, and absent fathers --Teen Challenge is shown to produce a desirable, significant effect that is not matched by comparison programs. As mentioned above, it is hypothesized that Teen Challenge, a yearlong program during which the student (ex-addict) builds close relationships built on trust and cooperation with his staff advisor and

with other students, imparts (a) social capital, and (b) knowledge and experience in where to find it and how to use it once he leaves the program, to the student. These four "special population social capital" outcomes of Teen Challenge are (1) higher abstinence from drugs and alcohol, (2) less severe relapses, (3) less severe periods of depression, and (4) increased full-time employment.

Finally, on three outcome variables, a desirable and demonstrable impact of Teen Challenge was found only when comparing respondents with the entire STI comparison group, but disappeared with the stiffer competition of comparison with the STI subset of frequent AA attenders only. These outcomes are (1) usage of addictive substances, (2) cravings, and (3) obstacles to recovery.

When considering the "special population social capital" outcomes, the question naturally arises, "If Teen Challenge is so good at allegedly reconstructing, or constructing for the first time, this 'social capital' phenomenon in ex-addicts' lives, why wouldn't it do so for everyone, and not just for these 'special populations' whose samples scored higher on a few outcomes?" The answer is probably a case of "he who has been forgiven much loves much": these populations likely learned social capital and other lessons best because they were the most desperate for a change, and because they had little else to draw on (social capital-wise and perhaps otherwise) from their lives previous to Teen Challenge. This made them more dependent on the people in the program and on what they learned from them. Furthermore, the lifestyle contrast from the period before treatment to the yearlong period of treatment was probably the most extreme for these

groups. Upon exiting the program, having noticed this contrast in their own lives, they probably had a far greater resolve to maintain the Teen Challenge lifestyle posttreatment than did those for whom the pre-to-during contrast was not so great. As one minority graduate who had been severely addicted stated, "[The program] helped me develop my own little Teen Challenge program. I needed a schedule of keeping God first."[3] These special populations likely inferred that the consequence of not maintaining the Teen Challenge lifestyle would be to slip back into their manner of existence before the program--for them it was a question of one, or the other, with no alternatives. Significant quantitative evidence for this hypothesis was shown above under "Severity of Relapse" in the "Freedom From Addictive Substances" section: absent fathers were more likely to attend church small groups after treatment than were the general sample of Teen Challenge graduates. Moreover, every one of the 19 minority graduates having been severely addicted prior to treatment was attending church weekly, and this difference from the general Teen Challenge sample (who attended weekly at a rate of 84%) was statistically quite significant.[4]

Relevance of the Study

Eight reasons for the political relevance of a comparative study such as this were listed in the introduction.

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[3] Teen Challenge Respondent #58, telephone interview, January 18, 1996.

[4] At $p=0.01$.

1. *The study may confirm the existence of higher rates of effectiveness.*
2. *The comparison may raise expectations for addicted populations.*
3. *The study may legitimize court and social service referrals to organizations such as Teen Challenge.*
4. *The project may demonstrate a cheaper, nonpublic treatment alternative.*
5. *The project may demonstrate the rebuilding of social capital.*
6. *The moral deficiency model of drug addiction may find some legitimacy vis-à-vis the disease model.*
7. *Long-term treatment may find greater legitimacy vis-à-vis short-term treatment.*
8. *Faith-based drug treatment may find some legitimacy vis-à-vis secular treatment.*

Each will be revisited in turn.

1. Higher rates of effectiveness

The much lower-than-standard rates of posttreatment employment and of return-to-treatment reflected by the Teen Challenge sample are probably the most remarkable figures of this study and call for confirmatory research.[5] Until such an investigation is forthcoming, however, we can safely assume it likely that--of the interviewed 39%--nearly 90% of the graduates of Teen Challenge are employed full time one to two years after treatment, and nearly all have escaped the "revolving door phenomenon" of

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These within-study comparisons are immune from concerns arising from a difference in program retention rates, as retention rates are around 50% for both the Teen Challenge sample and the frequent AA-attending subsample (these issues are detailed in Chapter Four under "Mortality Effect," pages 101-103). Yet before generalizing the quantitative findings reported in Chapter Five, the reader should once again be cautioned that neither the comparison group nor the Teen Challenge response rate is remarkable: the Teen Challenge sample reflected an interview response rate of 39.3% and the comparison sample one of 30.7%.

substance abuse treatment. By comparison, of the interviewed 75% in the 1997 DATOS study, 36% of STI respondents,[6] 24% of outpatient drug-free respondents, 18% of methadone maintenance respondents, and 23% of therapeutic community/long-term residential respondents were employed full time a year after treatment.[7] We can make the highly unlikely assumption that all the Teen Challenge graduates who were not interviewed were unemployed: the 39% Teen Challenge response rate times 90% employment equals *35%* of entire graduation cohort who we know were employed full time. The parallel step for the DATOS samples yields 27% for STIs (12% for the publicly funded STI respondents in the current survey[8]), 18% for outpatient drug-free respondents, 14% for methadone maintenance respondents, and 17% for therapeutic community/long-term residential respondents. The higher Teen Challenge employment figure weathers this robust comparison. A finding such as this one, then, raises expectations and provides accountability for all drug treatment programs, private or public.

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6 The present study (with a 30% response rate for the comparison group) found a full-time employment rate of 41% for STI patients. See Table 4.7, page 125.

7 Robert L. Hubbard et al., "Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)," *Psychology of Addictive Behaviors* 11.4 (December 1997), p. 267.

8 30% response rate times 41% full-time employment.

2. *Higher Expectations for Addicted Populations*

Not only can we conclude that outcomes such as the abovementioned are possible in the universe of drug treatment *programs*, but also that such outcomes are possible for the *ex-addicts themselves*. This is relevant lest an individual, organization, faction, or society be tempted to write off such populations as composed of hopeless cases: contrary to the statements quoted herein in Chapter 1, on pages 5-6, cures *can* be expected; revolving-door drug treatment *need not* be a way of life; productive participation in society by former addicts is *not* unrealistic or utopian.

3. *Legitimization of Referrals*

Armed with the assurances provided by points (1) and (2) above, the judge or social service worker may with good conscience add Teen Challenge to his referral list of drug treatment providers, knowing that it will be *beneficial*. Armed with the assurances provided in Chapter Six, pages 219-221, he may do so knowing that it is *legal*, as long as the individual has a choice of treatment program.

4. *A Cheaper, Nonpublic Treatment Alternative*

As this phrase suggests, two characteristics of Teen Challenge emerge to define this point of relevance: (1) the fact that its cost is cheap (for the public as well as for the

student) and (2) the fact that its funding is nonpublic.[9] While third-party payers (Medicare, Medicaid, and insurance firms) must pay in five-digit figures for each STI hospital stay[10] (and in many cases, more than one is needed), Teen Challenge expenses are met by voluntary charitable contributions. It is legitimate to question, however, whether Teen Challenge does not cost in other ways -- for instance, in requiring one year of the ex-addict's life. It certainly must be a more attractive, logical alternative for an abuser to look at a potential cure lasting one month instead of a year. Indeed, this consideration was paramount in the design of the "Minnesota Model"–i.e., STIs: short-term programs were to allow the abuser to return home after an abbreviated inpatient stay and presumably support his family by going back to work, but continuing his AA involvement after-hours. In this fashion, the strain on the public budget would, in theory, be reduced by a shorter-term hospital bill and by the client's, rather than welfare programs', support of his family. Accordingly, the Teen Challenge student is unable to support his family for an entire year while in the program. While the one-month option certainly appears to work for some, the majority (58.6% of this sample) of publicly funded STI clients are not employed full time one to two years after treatment (see Table 3.7)–and 90% of the Teen Challenge sample was employed full time -- and it was

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Teen Challenge is funded by nonpublic monies with the exception of those 10% of the 117 treatment centers which do accept food stamps on behalf of the graduates.

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A thirty-day STI stay costs between $7500 and $35,000, as reported by Stanton Peele, *Diseasing of America* (Lexington, MA: D.C. Heath, 1989), p. 126.

necessary for 31.4% of the STI sample to return to treatment anyhow (in the six months prior to the interview), while none of the Teen Challenge graduates did (in the six months prior to the interview). Both of these factors present in the group of publicly funded STI clients--continued unemployment or underemployment, and return to treatment, represent further costs to the public, assuming that the unemployment benefits received by the individual and that the treatment to which the individual returns are both funded at least in part by the public. Thus the theoretical advantages of the STI/AA design do not appear to be realized, at least for most.

5. The Rebuilding of Social Capital

An important reason for this study's political relevance is that, in an age when "the vibrancy of American civil society has notably declined,"[11] organizations such as Teen Challenge may play a key role in the formation of "social capital," or productive connectedness among individuals in society. It does so where little or none previously existed--that is, among those who have used drugs or abused alcohol, a population for whom anomie, disorientation, and isolation have been the standard.

The present findings may be a confirmation of Robert Putnam's statement that researchers in several fields, including drug abuse, "have discovered that successful

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Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), p. 65.

outcomes are more likely in civically engaged communities."[12] By "civically engaged," Putnam implies the opposite of "passive reliance on the state"; another term for civic engagement is "social capital," that is, the "networks, norms, and social trust that facilitate coordination and cooperation for [society's] mutual benefit."[13]

For the present study, how might Teen Challenge be more likely to build social capital than a short-term inpatient (STI) hospital program or Alcoholics Anonymous (AA)? I would propose five reasons.

(a.) *The social contract at Teen Challenge is conducive to social capital.* An important element of social capital is the "social contract," which may be more loose in STI/AA than in Teen Chalenge. An observation made by Robert Wuthnow, who documents a recent "small group" trend in American society, may apply to AA-style support groups. He writes that "small groups may not be fostering community as effectively as many of their proponents would like. Some small groups merely provide occasions for individuals to focus on themselves in the presence of others. The social contract binding members together asserts only the weakest of obligations. Come if you have time. Talk if you feel like it. Respect everyone's opinion. Never

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Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), p. 66.

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Putnam, ibid., pp. 65 and 67. He credits James S. Coleman for the development of the theoretical framework underlying the concept social capital: see "Social Capital in the Creation of Human Capital," *American Journal of Sociology* (Supplement) 94 (1988): S95-S120.

criticize. ... Families would never survive by following these operating norms. Close-knit communities in the past did not, either. ... We can imagine that they substitute for families, neighborhoods, and broader community attachments that may demand lifelong commitments, when, in fact, they do not."[14] If post-STI-program AA groups are understood as a part of the treatment along with the hospital stay itself, the less-binding nature of the social contract involved arises from the fact that one lives comfortably at home and carries on one's life quite independently except for the AA meetings one hour per week. One Teen Challenge respondent (of several) tells of such an experience: "I went to a Twelve-Step program, but I knew that wouldn't work; I knew I had to get out of the environment. You go to meetings and you come home and you're still the same. I knew I needed Teen Challenge."[15] While these factors hold true as well for the Teen Challenge graduate and for his choice of support group once he is out of the program, the following quote emphasizes that *during the program*, certain discomforts may result in a sense of community imparted to the student: "You need a change in yourself right away. It helps you cope with daily problems once you do get out. What really stuck out with me was livin' with 100 other guys, still being able to get along, living in tight quarters. You still have something in common with everybody; whereas in prison or jail you're going to

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[14] Robert Wuthnow, *Sharing the Journey: Support Groups and America's New Quest for Community* (New York: Free Press, 1994), p. 6.

[15] Teen Challenge Respondent #10, telephone interview, October 20, 1995.

have physical fights. In jail there's not a way to get that person back on track."[16] It appears, then, that while one can participate to a medium degree in STI/AA, one's participation in Teen Challenge cannot be medium. You're either in or you're out. If you're in, you have no choice to learn community life and partake of the social contract there--both unwritten and written in the form of rules--attendant with its hardships, benefits, and lessons in the exercise of social capital.

(b.) *The purpose, environment, and staff of Teen Challenge are conducive to social capital.* The hospital environment of an STI, while usually a nonprofit organization, is not generally understood as an artifact of civil society. Those doing treatment are professionals; credentials are necessary to carry out the treatment of the addicted. The hospital institution exists for other reasons, anyway; its mission is not specifically devoted to drug treatment. Teen Challenge appears to be more "organic" in the sense that it grew up out of the civil society to specifically address a need in the drug treatment sphere. It is staffed largely by erstwhile students, sending to students the message with living proof that the cure is accessible. A doctor in a hospital generally has a disadvantage here: his automatic presence doesn't necessarily send the same message to the patient that the doctor was once in the patient's shoes and that the patient can get out of his current rut and become like the doctor. Some doctors may, of course, have been in the addicted patient's shoes at one time. But even in this exceptional case, let alone in

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[16] Teen Challenge Respondent #5, telephone interview, October 19, 1995.

normal cases, their role as doctor in the doctor-client relationship is probably a stronger one psychologically for the patient than any role they may play as ex-addict.

On the other hand, the ex-addict-as-counselor feature coupled with the live-in-staff feature of Teen Challenge bode well for the construction of social capital. These features automatically facilitate the construction of a network with closure, which James Coleman asserts is a precondition for the formation of social capital.[17] A network with closure is one in which the actors all have important relationships with one another. In a network without closure, such interrelationships are limited. For instance, the doctor-patient relationship in the hospital environment is a network without closure. The doctor and the patient do not share meals. The doctor would not, in usual cases, consider the patient as "family" or a "brother" or have much to do with him beyond the interest he is required by duty to take. The doctor then goes home to a family and carries on a set of social relationships with other groups (clubs, professional organizations) in which the patient is not included. The patient, likewise, has his own network which does not include the doctor. At Teen Challenge, by contrast, the staff live at the treatment center and become "like family" along with the students. A tight social network, one characterized by closure, then develops. Norms are made, sanctions are effective, obligations are owed and met, trust and trustworthiness are nurtured, reputations arise. In short, social capital is built.

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James S. Coleman, "Social Capital in the Creation of Human Capital," *American Journal of Sociology* (Supplement) 94 (1988), pp. S105-S108.

(c.) *The funding structure of Teen Challenge is conducive to social capital.* The funding structure of Teen Challenge as compared with STIs also impinges on a consideration of social capital in the two types of organizations. Putnam writes of "passive reliance on state" as a defining characteristic of societies weak in social capital.[18] The STI sample in this study appears "passively reliant" on the provision of Medicaid and Medicare for treatment payment. (And are we not all similarly "passively reliant" on our insurers as sources of third party payment: "private" insurance is not "private" in the pure sense, as everyone is affected by higher rates. The same forces of passive reliance hold true, then, for either private or public third party coercive payment.) But the protest may arise: in Teen Challenge, is someone else not also paying for one's stay? That case is somewhat different because one considers it less one's right to have one's treatment paid for than one would if it were a government benefit or even private insurance. Teen Challenge students know that the program is funded by voluntary donations of regular people: they see this happening as the collection plate is passed when their choirs go out and perform concerts in churches.[19] The mentality that "I am privileged to be here" remains ascendant over "I have a right to be here."

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Robert D. Putnam, "Bowling Alone: America's Declining Social Capital," *Journal of Democracy* 6.1 (1995), p. 65.

19

The choir tour fundraising/ministry outings seemed to be especially meaningful experiences for many Teen Challenge respondents. See, for instance, comments by Respondents #1, #3, #5, #7, #20, and #49 in Appendix One.

Social capital among donors is also strengthened by the voluntary charitable funding structure. Organically forming and maintaining (through contributions) a voluntary association to address a trenchant societal problem is one of the highest forms of civic engagement. Granted, for many of its donors, Teen Challenge is, like Sierra Club, what Putnam would classify as a "tertiary" organization, involvement in which for many is little more than the writing of an occasional check after the reading of an occasional newsletter. Yet Teen Challenge most likely depends more, proportionately, on volunteers from the community coming to donate their time than does a tertiary organization like Environmental Defense Fund or American Cancer Society.

(d.) *The community aspect of Teen Challenge is conducive to social capital.* Graduates' responses to open-ended questions indicate that the yearlong Teen Challenge experience is revolutionary for most. It builds community, in the sense of Ferdinand Toennies' *Gemeinschaft* (as opposed to *Gesellschaft*, the modern society devoid of organic links). When asked what in the program worked for them, more *Gemeinschaft* responses (48) were cited than any other (see Table 5.10: sum of "Advisor, Staff, Love, Encouragement" and "Fellowship, Unity, Friends, Love, Living with Others"). The previous chapter (beginning on page 205) provided lengthy evidence for the reconstruction of familial bonds at Teen Challenge among a population otherwise, in most cases, bereft of a strong sense of family. Particularly memorable are quotes which speak of the goodness of "sticking it out and spending time with hard-headed people"

(which "was the most positive thing I'd ever seen, period")[20] and the transcending of racial barriers ("I loved to be around people from different places; I wished I would have got their numbers--it was a beautiful thing, living with them with no prejudice or racism. We loved one another. It was a beautiful thing. We all learn something from each other--I learn from them today").[21]

(e.) *The creation of human capital at Teen Challenge stems from social capital.* In introducing to the world a theoretical framework for understanding the concept of "social capital," James S. Coleman chooses as a vehicle for doing so the demonstration of its effect on another concept, "human capital."[22] For his research, he operationalizes human capital as the attainment of a high school diploma. In this study, if we operationalize human capital as the ability to hold down a full-time job, Teen Challenge plays an unquestionable role in its creation. The data from this study, both quantitative (see Tables 4.7 and 5.1) and open-ended responses (see Table 5.10, page 181, and discussion beginning on page 192) make it plain that one of the most powerful features of Teen Challenge is the work training and attendant discipline. It is unlikely that the discipline imposed by Teen Challenge, taming, as it were, virgin wilderness ("They have to retrain you, because guys come in there off the street, they've never made their

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[20] Teen Challenge Respondent #29, telephone interview, October 30, 1995.

[21] Teen Challenge Respondent #52, telephone interview, November 25, 1995.

[22] James S. Coleman, "Social Capital in the Creation of Human Capital," *American Journal of Sociology* (Supplement) 94 (1988), pp. S109-S119.

beds, they don't shower"[23]) could be as effective absent the community environment. Without community (social capital), the discipline could still be imposed, but the dropout rate (about 50%) would be much higher. Without a sense of community between advisors and students, the following quote about a Teen Challenge advisor would have been far less likely: "I really looked up to him. There's a lot of guys that didn't like him because he was hard, and I couldn't stand him at first. And now I look back and I can't help but love the man because I know what he was doing for me, you know, he was guiding me in the right way."[24]

6, 7, and 8. The Raising of Three Questions

Three additional reasons for the relevance of this study are questions. Their relevance has to do not with the fact that the project conclusively answers them, but with the fact that it raises them. The three questions raised are

--Is long-term treatment more effective than short-term treatment?

--Is a moral model of understanding addiction more effective than a disease model?

--Is faith-based, or spiritual, treatment more effective than treatment which has a secular orientation?

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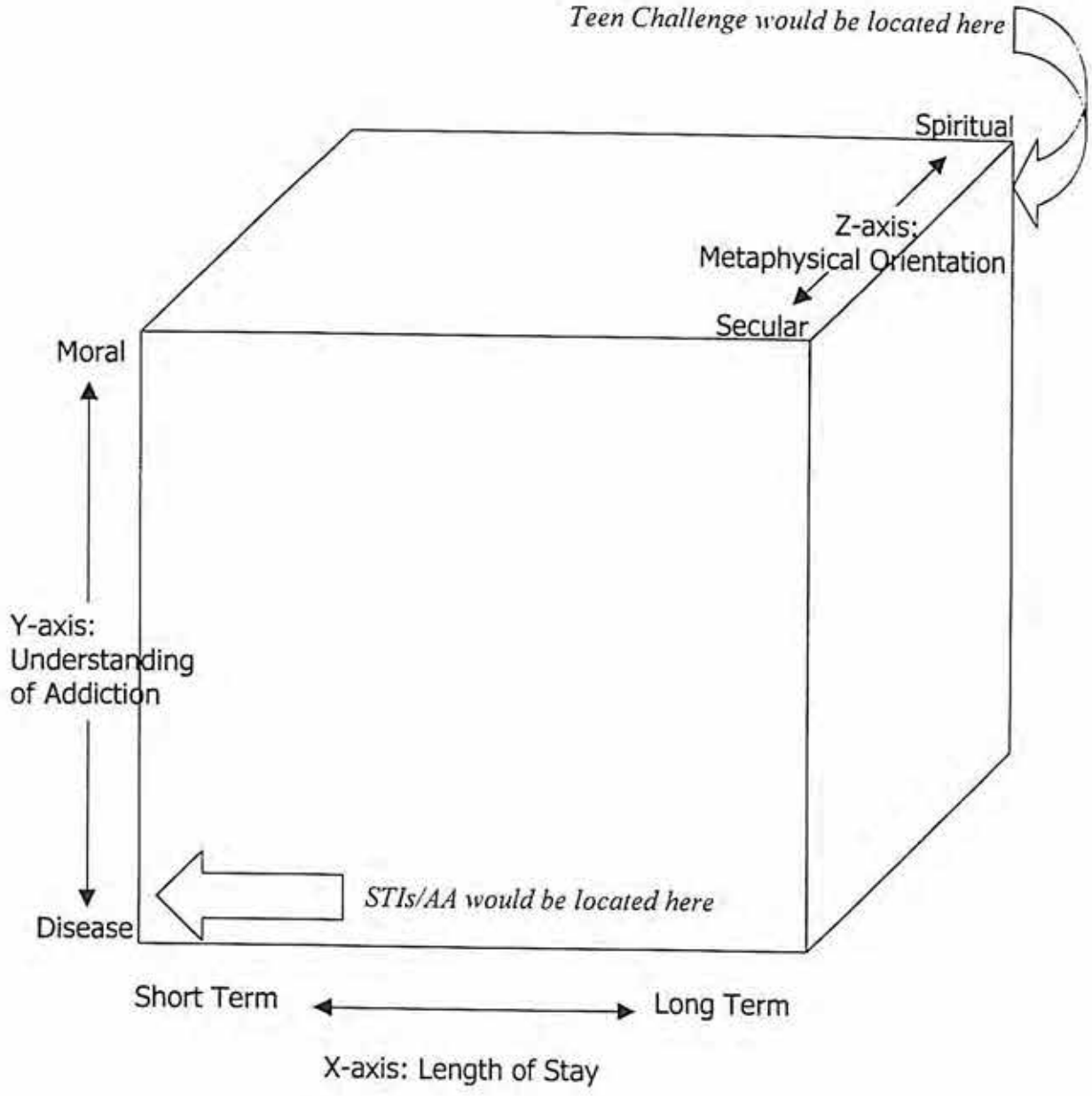
[23] Teen Challenge Respondent #20, telephone interview, October 24, 1995.

[24] Teen Challenge Respondent #2, telephone interview, October 18, 1995.

Figure 7.2 helps in conceptualizing these three questions in relation to one another by placing them as axes on a three-dimensional continuum.

Figure 7.2. Three Axes of Program Characteristics



The second and third questions (representing the Y and Z axes on Figure 7.2), the "disease vs. moral" understanding of addiction, and "spiritual vs. secular" treatment, may appear at first blush to overlap somewhat in the "moral" and "spiritual" poles, rather than to represent entirely separate axes. Yet therapeutic communities of the sort mentioned in Chapter Three (on pages 52-57) tend to be secular as opposed to spiritual, and at the same time have a moral, as opposed to a disease, understanding of addiction. However, I know of no programs which are both spiritual (in the "pervasive" sense of Teen Challenge) in their metaphysical orientation and disease-oriented in their understanding of addiction. The bottom rear of the box in Figure 7.2 is therefore most likely empty. STI/AA/NA programs may protest, saying they are both disease-oriented and spiritual. I would grant that they are not entirely secular, since they do emphasize a "higher power." Yet their position on the secular-spiritual continuum must be a middle one, because the extent to which they are religious is up to the patient and generally not imposed by the program itself. In the AA Twelve Steps, God is described with the relativistic phrase "as we understand Him."[25] The relativism of this phrase is clarified for AA members by James Wiley in his modern-day guidebook supplement to the AA "Big Book": "The ancient religious writers tell us that God made man in God's own image. Maybe, instead, man made God in man's own image .... Now it may be time to do an overhaul of this idea and

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Alcoholics Anonymous (New York: Alcoholics Anonymous World Services, 1955), p. 59.

discover a new perception of a loving, caring Spiritual Parent that many of us longed for. ... 'This is the only spiritual program in the world in which you can invent your own God -- really invent Him! Man, you can make him any way you like!' said Tony C. Yes, you can do what Tony said: Make God any way you want. In inventing a God you can live with, you are taking a long stride toward making your decision to turn your will and your life over to God's care."[26] The contrast of this advice with that offered by Teen Challenge stands in bold relief. As one Teen Challenge respondent who had been involved in twelve step programs drily commented, "Your 'higher power' could be a chair."[27]

As Figure 7.2 demonstrates, Teen Challenge and STIs/AA, the two sets of programs compared by this project, occupy distinct locations on all three axes. Even though Teen Challenge was found to be more effective than STIs/AA on certain outcomes (see Table 7.1), we do not know, quantitatively, to which axis to attribute the success, as the questions represented by the axes are statistically uncontrolled.

Importance of the Z-Axis of Figure 7.2: Spiritual Orientation

Some generalizations might be made on other bases, however. As seen in Chapter Five, the respondents themselves volunteered the most information about the Z-axis: the spiritual orientation of Teen Challenge. As Tables 5.9, 5.10 (pages 179-181), and 7.3

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26 James Wiley, *Power Recovery: The Twelve Steps for a New Generation* (New York: Paulist Press, 1995), p. 42.

27 Teen Challenge Respondent #32, telephone interview, October 31, 1995.

display, the modal response to the questions "Why don't you use drugs?" "What makes the program work?" and "How would you compare the various programs you have been in?" was "Jesus Christ."

Table 7.3. What Teen Challenge Respondents Said About Other Treatment Programs They Had Been In

71.2% (N=42) of Teen Challenge Respondents were veteran treatment clients

All spoke favorably of Teen Challenge vis-à-vis other programs.
They were asked, "How would you compare the various programs you have been in?"

Number of times each category was cited as a distinctive feature of Teen Challenge:

God/Jesus	13
Whole man/foundation/what's inside/Biblical teaching	12
Length of stay	3
Residential/in-house	2

These three tables indicate, then, that according to most respondents' subjective descriptions, the Z-axis is most important, if we assume "Jesus" to be a move toward "spiritual" on the secular-spiritual continuum. It certainly emerges as more important than the X-axis, which represents length of stay. This factor was also mentioned in response to all three questions, but never more than two or three times.

An objective way to assess the importance of the Table 7.2 Z-axis, spiritual orientation, in drug treatment success, is by undertaking a statistical comparison of Teen Challenge with other long-term residential programs, or "therapeutic communities"

(described in Chapter Three, pages 52-57). Such a comparison would automatically control for the X-axis and the Y-axis: therapeutic communities are also long-term (one *to two* years) and subscribe to a moral view of addiction as opposed to a disease view. A comparison of Teen Challenge with therapeutic communities could thus determine more decisively whether quantity of treatment hours has any effect independent of spiritual content. An outcome of particular interest in that study would be Return to Treatment. It was shown earlier (pages 156-160) that "career drug treatment clients" are more likely to end their drug treatment careers after Teen Challenge than they are after STIs/AA. While in the present study, STI graduates with three prior treatments may have logged fewer treatment hours than Teen Challenge graduates with three prior treatments, treatment hours would be a constant in the study using therapeutic communities as a control group. A further advantage of such a comparison is that mortality effects would be more reliably controlled: both Teen Challenge and therapeutic communities sustain retention rates of approximately 50%, most of which leave in the first six to twelve weeks.[28] I would also recommend that a future comparison of Teen Challenge with therapeutic communities isolate an "aftercare" variable. This measure could determine to what extent post-program institutional supports such as church and family wielded an effect independent of the program itself.

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For therapeutic community retention figures, see Ward S. Condelli, "Predictors of Retention in Therapeutic Communities," in Frank M. Tims, et al., *Therapeutic Community: Advances in Research and Application* (Rockville, MD: National Institute on Drug Abuse, 1994), p. 117; and Mathea Falco, *The Making of a Drug-Free America* (New York: Times Books, 1992), p. 110.

While I will leave the exhaustive performance of that task to others, we can at this point warrant the hypothesis that Teen Challenge may fare rather favorably in comparison with therapeutic communities. The 1997 DATOS data regarding employment of therapeutic community graduates was compared with Teen Challenge on pages 229-230 above. Data is not available from the DATOS reports on return to treatment, and that available on drug usage is not conducive to comparison with the Teen Challenge data from the present study. DATOS reported only weekly or more frequent levels of drug usage, whereas Teen Challenge and STI data from the present study are dichotomous: we only know whether or not the subject used posttreatment; we do not know how often. An earlier study reported that 28% of therapeutic community clients registered outcomes of "highly favorable," meaning "no use of illicit drugs (except for less-than-daily marijuana use) and no arrests or incarcerations during the past year."[29] The comparable figure for such "highly favorable" Teen Challenge outcomes from the present study is 85%. In a uniform comparison, it is likely, then, that Teen Challenge would be shown to have higher rates of effectiveness. Such a finding would be strong evidence for the importance of the spiritual factor in substance abuse treatment, since the X and Y axes of Figure 7.2 would be held constant.

29

D. Dwayne Simpson, "National Treatment Systems Evaluation Based on the Drug Abuse Reporting Program (DARP) Followup Research," in Frank M. Tims and Jacqueline P Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 31.

Importance of the Y-Axis of Figure 7.2:

A Moral Understanding of Addiction

The second most frequently cited response to "What makes the program work?" as shown in Table 5.10, page 181, was the set of answers having to do with the Bible or with teaching. Furthermore, Table 7.3 above shows that, when asked to compare Teen Challenge to other programs, nearly as many said that Teen Challenge stood out because of its emphasis on "the whole man," a "foundation," "what's inside," as well as Biblical teaching. These responses directly indicate the presence of a Y-axis effect (a moral understanding of addiction as opposed to a disease view), in addition to the Z-axis effect having to do with spirituality.

Indeed, there is some confounding between the moral end of the Y-axis and the spiritual end of the Z-axis. Since the bottom rear of the box in Figure 7.2 is most likely empty, any answer having to do with pervasive spirituality is not only a move toward the back on the Z-axis, but must also necessarily be a move toward the top of the Y-axis. We can envision the box as having a slanted floor, from the bottom front to the top rear. It would appear that a program with the level of spirituality exhibited by Teen Challenge would also be moral in nature; whereas not all programs with moral understandings of addiction are necessarily spiritual. Once again, a reason emerges to test therapeutic communities with Teen Challenge: this comparison would weigh the secular morality of the former against the spiritual morality of the latter.

Conclusions Regarding the Moral Understanding of Addiction and the Spiritual Orientation of Treatment

1. The discussion and empirical findings offered here regarding social capital underscore the holistic nature of Teen Challenge treatment, that what is "treated" at Teen Challenge is more than drug addiction as a physical disease. An ex-abuser's ability to function socially and productively is repaired in a family-like environment.

2. The quantitative comparisons between frequent AA attenders only and Teen Challenge respondents were an effort to isolate those in the STI comparison sample who went on to receive the "full dose" of the addiction-as-disease treatment. When this comparison was made, certain outcomes remained "stark," as shown in Table 7.1 and detailed in Table 5.1. Two of these in particular, reduced return-to-treatment and increased full-time employment, indicated a return to normal life on the part of Teen Challenge students.

Appendix A.

What the Teen Challenge Respondents Said About Their Program

(See Table 5.10, page 181, for an overview of these responses)

A series of open-ended items at the end of each Teen Challenge interview was as follows:

--When you think back to the Teen Challenge program, what stands out, either positive or negative? *This question is abbreviated below as* "Positive" *and/or* "Negative." *If no negative points are included here for a particular respondent, none were mentioned.*

--Was there anything particularly helpful or unhelpful for you during the program? *This question is abbreviated below as* "Helpful" *and/or* "Unhelpful." *If no unhelpful points are included here for a particular respondent, none were mentioned.*

--Would you say that Teen Challenge works, or not? (If so, why?) *This question is abbreviated below as* "What works?"

--We've talked about a lot of things, but is there something really significant about the Teen Challenge experience you haven't yet had a chance to talk about? *This question is abbreviated below as* "Anything else?"

Each response is labeled below with the respondent's number, the Teen Challenge program he attended (Rehrersburg, PA, Cape Girardeau, MO, or Riverside, CA), and the date of the interview.

Respondent #1 (Riverside, CA) 10/17/95

[Positive:] "The schooling was positive."

[Helpful:] "The counselors, teachers, rabbis, they were great men."

[What works?] "A lot of things, the fellowship, the choir outings, the good food, the work, the schooling. The choir outings I loved, going places. Helping others just coming in, you know, to Teen Challenge, help them get a grip to the program. That was fun. And then I was maintenance there. I painted the castle. ["Painted the what?"] The castle. ["Oh really, there's a castle there?"] You never been there? ["Not to that one, no."] Oh, you gotta go. Yeah, I painted a LOT of it. [*R's emphasis*] And then there's a ravine down in there, I cleared all the bushes out, made a trail there like a little park. [*R, who has been very reluctant, or at*

least slow, to speak up until this point in the interview, speaks quicker, more excitedly and proudly, describing the work he did.] I did a lot of maintenance work for Mr. Smith [the dean of men] in his apartment, I painted his apartment, I did a lot of painting. ["Sounds like you had a productive year there."] Oh, yeah. I loved it. ["So would you say that having the guys work is something that's important, or not?"] Yes. Very."

[Anything else?] "Yeah. Got me a closer walk with the Lord, to show me the Biblical way of, the right and wrong way to live, and what God wants me to do. It's either I choose or I don't choose on how to live that way. But if I choose wrong, if I go down the wrong path, oh well, it's just my choice, but I gotta choose."

Respondent #2 (Riverside, CA) 10/18/95

[Helpful:] "It would be the discipline [that was] helpful. I really needed it in my life to guide me, the guidance I had. I had a black advisor, and me and him really got along good. I didn't really like blacks when I went in there. He changed my whole focus on them. He was my advisor, and he was the person I'd look up to. You know, but I really looked up to him. There's a lot of guys that didn't like him because he was hard, and I couldn't stand him at first. And now I look back and I can't help but love the man because I know what he was doing for me, you know, he was guiding me in the right way."

[What works?] "Christ. [Why does Christ work?] Like our program here, it's named after II Corinthians 5:17: 'If anyone is in Christ, he is a new creation. The old is gone and the new has come.' And that's--you know, if you have Christ in your heart, you're going to be turned around into a different person than you were before, and your whole mode of thinking's gonna be different, you know, you're a new creation."

Respondent #3 (Riverside, CA) 10/18/95

[Positive:] "As far as positive goes, probably for sure the unity, the bond in Jesus Christ that we all lived by and also the time that we had to pray. When I first entered there, it was required: for thirty minutes after breakfast, we all got into a quiet space on our knees and [were to] just bow our head and try to pray for 30 minutes. You know, in 30 minutes you can think of a lot of things to talk about to the Lord, which I don't do it hardly at all anymore, or enough. I might get on my knees once in a while, once every blue moon or something like that, but I don't think about it or force myself or whatever to get on my knees and pray. But I saw a lot of things happening--a lot of good things happening when I did that, as far as

praying. So the--every day we had chapel services; it was an everyday event. chapel. We did that for a year and a half. So it was all about God, Jesus Christ. So now hopefully that foundation right there pretty much has stimulated me to live my life normally. They're more charismatic than anything there, too, and I'm not too, too charismatic. I'm more conservative. But I know that the Holy Spirit works miracles when He needs to and gets our attention in many ways, with gifts. But I'm not one to jump around with a tambourine and yell and scream in the air, things like that, or even put my arms up in the air when I'm singing or whatever. You know, that's all fine, nothing wrong with that, but I don't really do that. And I got into doing that a little bit at Teen Challenge, but after I left Teen Challenge, I really haven't--that's not my person. But I love the Lord, and He--I know I was meant to go there. Probably all the quality things, the discipline that I had there far outweigh any of the negative things I went through. Like I made good friends there and they ended up not making it always in the program. You know, that kind of hurt a bit--good friends, they kind of attach to each other, hung around each other a lot, and all of a sudden, something would happen to him and he'd get mad or whatever and leave the program or something wouldn't work out, and so here I'd have to fight those same feelings. Probably once a day, for about half an hour at a time, I'd have these thoughts about just leaving the program, you know, I'd come so close, I felt like I was on the end of a string, a thread, of just packing my bags and going home, but I ended up just, I guess by the grace of God, staying."

[What works?] "Because each and every person makes things happen, makes it work. It's run by the students, by the people that are there. And it just keeps evolving like that, and putting the Lord first, I guess, that's the main thing. The discipline that we went through, and just living that. Now that I'm gone, there's other people that are there right now doing what I did, that make it happen, to work, and to reach others. And I think the Lord blesses it, too, I know for sure, God being a living spirit and person. He miraculously is probably widening it and expanding it. It's like a mission field. We're not there just to get cleaned up and sober; we're already sober; the belief is that God has already healed us of our diseases and our problems, and now we're going to go out there and help others. We're going to go out to the parks and what not, to the bad neighborhoods, they can go anywhere, they don't care; they know that the Lord's with them, the guardian angels and everything else. Did you read that story about Nicky Cruz and Teen Challenge, *The Cross and the Switchblade*? They're still doing the same thing. Out here they've got bad areas like Compton and Jordan-Downs, Watts, and they go there. TCMI [Teen Challenge Ministry Institute] I think is in Compton. They also have a big thrift shop over there, and during the riots it got burned down, and we just built it back up. There was another place they found that was bigger and better, and a lot of donations came in, and during my last couple months there I was there

almost every day helping rebuild the thrift shop store. And while we were doing that, other people were going out to the inner city witnessing, and other people were going out trying to get donations from stores and what not. Most stores won't let you do that, but TC is so well respected that they don't have a problem with that in a lot of areas. So it brought them a lot of money too."

[Helpful:] "Probably the positive attitude that the staff took towards each individual, knowing that you make your own decisions, but if you make the wrong decisions, you're going to have consequences. Also having a lot of these chapels and guest speakers and music and what not, evenings or mornings or whatever, having classes. Bible classes, what not. There were a lot of things that were helpful, being out there. getting donations. talking to people about what I was doing and what I believed in, whatever, that was really rewarding."

[Unhelpful:] "But sometimes I would get really upset at thinking about how much money is coming in, and how I've heard stories about people, staff members and stuff that would use it for their advantage, donations and stuff like that, but I think that was probably very minor, a minority of the time; I don't think that goes on too much. There's a lot more money that comes in there than meets the eye. I don't know, I've heard stories, and this and that, but just thinking, I was there, bringing them all that income, working hard, doing this, and seeing, hearing about staff members being hypocrites kind of bothered me. For the most part, I can't really think of anybody, or anything, I can't remember any circumstances or instances. Okay, for instance, mostly what bothered me the most about everything there, forget about the money, would be the students: once they've graduated they become counselors. They're in charge to make sure everything's run well and giving writeups--things you shouldn't be doing: if you're late--one minute late for breakfast. You had to be in the dining room not one minute late, or two seconds late. You had to be up at six in the morning, for the wakeup call. If your feet weren't touching the ground about one minute after the six-o-clock wakeup call, you'd get a writeup. If you got two writeups in a week, something like that, you'd have to do some kind of discipline, disciplinary action. I just felt like these students would get out of hand, giving writeups left and right. I'd feel very uncomfortable with that. I guess that's all part of it, but it's like treating people like children, in a way, and I didn't like that part. That's why I couldn't wait to get off the campus, to go out and get donations or whatever. If you're on campus, you might get a writeup."

Respondent #4 (Riverside, CA) 10/19/95

[Positive:] "Friends I met there; I miss them. I call them once a month to keep in touch."

[Helpful:] "Christian teaching, Christian morals they taught me. The first three months are drug rehabilitation; the last nine are discipleship. The classes and study time are helpful, the good teaching on Christian life, the Bible, on how to witness."

[What works?] "God; Jesus is the key to the program. It's a very hard program, real strict; I wouldn't have made it without accepting God first. So many hours a day you have study hall; you're not allowed to get up and go to the bathroom. It's a very good program; I've tried to get people in it. I highly recommend it. You don't plant just a casual drinker in there, but only those who really wanna quit and change, because it's such a hard program."

[Anything else?] "Teen Challenge changed my whole way of thinking; I don't have to go back on drugs. They gave me hope--I tried getting off drugs myself; could never do it. God gave me hope and strength; He helped me get through the program. I lived with 110 guys at Riverside and some can really get on your nerves, but it gave me patience, to learn how to deal with people. Teen Challenge and their Christian morals and teaching have done a lot for me. It doesn't just get you off drugs, but teaches you to have discipline and lead a normal life once you get out."

Respondent #5 (Cape Girardeau, MO) 10/19/95

[Helpful:] "The work program- it'll help anybody. Most people don't know how to work really effectively; and that place shows you how to work. ...
And their outreach programs--I was on choir, went on trips...."

[Does Teen Challenge work, or not?] "Yes, definitely- they use the Bible very effectively in every form of life. You need a change in yourself right away. It helps you cope with daily problems once you do get out. What really stuck out with me was livin' with 100 other guys, still being able to get along, living in tight quarters; still have something in common with everybody; whereas in prison or jail you're going to have physical fights. In jail there's not a way to get that person back on track."

[Anything else?] *[This comes from a respondent who had cited the KKK and Ozzy Osbourne as pre-Teen Challenge reference group figures because they were "racist rebels" that he identified with.]* "They teach you all men are created equal: God loves everyone of us the same--If He loves everyone regardless of what they'd done, we should too. And it's true--I've had white people do the same things to me that black people--I found it was just stupid."

Respondent #6 (Riverside, CA) 10/19/95

[Positive or negative:] "The discipline, the strictness was both positive and negative."

[Unhelpful:] "You're assigned an advisor, and some never even did their job. Mine was a 2 (lousy) on a scale of 1-5. He wasn't good at it."

[Would you say that Teen Challenge works, or not?] "Yes. The teachers teach you godly things from the Bible; how to solve problems. [Things that made the program work were] the teaching, church, discipline, the strictness, the rules. A lot of drug addicts, they don't have that, they don't have discipline, or strict rules to go by. They wake up and they do what they wanna do, but here you had a program to follow: they made you work or you were out. Every day you have church--that was a good thing. You're in depth in the Bible, you get a lot of milk. It's a very hard program; not everyone likes to go through it; it's like a Christian boot camp."

Respondent #7 (Cape Girardeau, MO) 10/19/95

[Positive:] "The choir ministry. You traveled every weekend to minister in different churches. The choir director was a very faithful man."

[Helpful:] "The whole thing."

[What works?] "God. That's all they give you. Most secular rehabilitation programs give you dope to get you off of dope, whereas Teen Challenge takes alcohol, drugs completely away and gives you a spiritual life. They work on all of the man, whereas secular programs only work on the physical, the emotional. More than any, they focus on the spirit man, so that when having completed Teen Challenge, he's at a level where this world won't be able to sway him a whole lot. They give me God a lot different than I'd ever had it offered before. ... During that last year [before Teen Challenge], I struggled, I tried, I'd get down and I'd get up. I'd get down and I'd get up. One day, a door opened at Teen Challenge. I thought, why not try it, I've tried everything else. I'll give this one a shot, too. Probably the last year I went [to church] more than I'm giving myself credit for. 'Cause I was trying to get out of that rut; the enemy was determined to beat me down; but until I was determined to get up, stick to my guns, that's when God stepped in and helped me. After I made a decision that I was gonna make it, then God stepped in and helped me. Without Him, I'd a never made it. Before, I'd been saved, but never baptized in the Holy Spirit; and people would come around, friends or what have you, and they would ask me to drink, and before long I would give in to it. But since God filled me with the Holy Spirit, I don't crave it, there's a boldness I have , there's a

freedom of worship that I have, a determination to serve Him in spite of rough times, no matter what comes."

Respondent #8 (Rehrersburg, PA) 10/20/95

[Positive:] "It was positive to see 250 men worshiping the Lord, knowing that God is touching them and changing their lives. No negatives."

[Helpful:] "The counselor I had was helpful. He helped me to know my life is much better with the Lord."

[Would you say Teen Challenge works, or not?] "Yes. 100%. 110%."

[What works?] "The Jesus Factor. It's God-based. That right there is the number one key to recovery. At Broadway Teen Challenge, there's a sign that says, 'Where Lives are Changed.' That says it all. Not only is it a place where people with life-controlling problems are set free; it's like a Bible college. We were taught how to be a husband and a father."

Respondent #9 (Cape Girardeau, MO) 10/20/95

[Positive:] "The fact that they help you to form a relationship with Jesus Christ and show you the importance of that--how it can change your life."

[Helpful:] "What was helpful was the fact that I got to see myself for what I was."

[Unhelpful:] "Unhelpful, really nothing, because I learned how to make everything that would seem unhelpful, helpful."

[What works?] "You--you have to be committed. ... Sin is a choice--like my pastor said, life is choice-driven. My life has changed drastically. I went from a drug-dealing, drug-using womanizer to a person who now tries to adapt to the lifestyle of Jesus Christ and the teachings of Jesus Christ and present the Gospel to others who were in need like I was."

Respondent #10 (Riverside, CA) 10/20/95

[Positive:] "They're no respecter of persons--they'll take anyone who's willing to change."

[Helpful or unhelpful:] "The counselors cared about people, but on the other hand, they didn't always have time. If you can't find a counselor, you have to work it out yourself, but that teaches you to pray through your problems."

[What works?] "It provides what people really need to solve life-controlling problems. I personally believe that life-controlling problems can only be solved through a personal relationship with Jesus Christ and through the reading of his word. Because I tried all kinds of things--I thought, if I can just make more money, or if I can go date this girl, or have this kind of car, then I'll be happy. But Teen Challenge basically guides you to a peace and joy that lasts your whole life, because right now I have so much happiness; I have a joy I never had before. You know, I'm not making a lot of money--I was making a lot more money than I am now, but the work I'm doing is for people out there who will come after me. Without this program, those people wouldn't have an opportunity."

Respondent #11 (Rehrersburg, PA) 10/21/95

[Positive:] "The spirit that was there. I made a lot of friends there. The overall tranquility of the place. I never understood what serenity and peace was; I saw a lot of that."

[Helpful:] "It put structure back in my life. I learned to depend on God to get through as opposed to trying to do everything myself."

[Does Teen Challenge work?] "No question--you learn to forgive yourself. A lot of times, the past haunts people, particularly me. The program, if you use it properly, shows you are truly forgiven, you can just go on with your life."

Respondent #12 (Rehrersburg, PA) 10/21/95

[Positive:] "The confidence people had in you, the people there to support you. If you felt you wanted to leave, you could talk to somebody, they would make you stronger. Plus the time you had to pray and talk to God."

[Helpful:] "The studying, the training, the reading you did with the Bible; they gave you work."

[What works?] "The openness that people have, they always help you. If I had to recommend to anybody to start a new life, Teen Challenge is the place to go--they train you in any field you want, like welding, driving a forklift, body work, anything. They put your life back into focus, to find yourself."

Respondent #13 (Cape Girardeau, MO) 10/21/95

[Positive:] "Positive: it was a very disciplined program."

[Negative:] "There's a certain aspect that was negative: you get the Word and get taught how to use it, but you don't get an opportunity to apply it while in the program. They need to give guys more responsibility. The training phase [the eight-month, usually rural phase of the program after the four-month 'induction phase'] has become very institutionalized over the years. It has changed quite a bit from the scriptural approach: now, they're work-based, they have to raise money. When work season comes around, you work first, and your study comes next--work, for example, like picking berries, scraping bricks, chaining wood, lawn service, cattle, hay, apples. I don't think they do that intentionally, but in order to survive, the money has to come in. [My question: 'You say that guys are needing to have more responsibility. What do you mean by that? Isn't their having to work giving them responsibility?'] The guys were held accountable to a crew chief, or group leader, who was a student just like everyone else. This crew chief ought to be a rotating position so that leaders are held accountable, too."

[Helpful:] "Support from the counseling. I received excellent counsel from the staff."

[What works?] "Jesus Christ. Stressing a personal relationship with Jesus Christ is the only thing that'll make Teen Challenge work. Anybody can run a program and get guys out of jail sets or whatever; but head knowledge without a personal relationship--you're gonna be back in the same junk."

[Anything else?] "Everybody falls. I fell, because I re-entered, but the success rate of Teen Challenge is after 5 years. ... You know, working in Teen Challenge, I see guys fall. Big deal, they wipe out, I did the same thing. A guy is gonna make some mistakes, he's gonna skin his knees, but if he lives in the grace, he's gonna get back up and learn from his mistakes; he's gonna say, 'I'm movin' on.' If I'd stayed out there, I could be making $40-$50,000 living a non-Christian life, but an unhappy, very depressing life. You can have all the things you want, but you can't take it with you."

Respondent #14 (Rehrersburg, PA) 10/21/95

[Positive:] "I have nothing negative to say about it. Positive things were the teachings, the love, the zeal, the work of God, the mighty anointing that was the foundation of God's mountain [nickname for the Rehrersburg center]; I'm lost for words."

[Helpful:] "Everything was helpful."

[What works?] "The Spirit of God's direction; the truths, the teaching, the unity, the love of staff, prayer, the building of new lives, Wilkerson's founding, the work that's orchestrated among white, black, Spanish, Chinese, over 200-300 men from different parts of the world, but not a physical fight. That was just marvelous. I marvel at how the Holy Spirit orchestrated it. Even though it wasn't perfect, it made me realize I could grow up all over again."

Respondent #16 (Cape Girardeau, MO) 10/23/95

[Positive:] "I'm a changed person, more considerate and caring. God is more real to me than ever."

[Helpful:] "It was all helpful."

[What works?] "It's just a vessel ordained straight from throne room of God- people that care - the love of God. It wasn't strong discipline, but enough discipline to agitate the mess out of you. It was a totally life-changing experience. The difference is God."

[Anything else?] "I'm not very smart in bookworks. But God uses the foolish things of the world to confound the wise. I was a foolish thing of the world from south Louisiana."

Respondent #17 (Rehrersburg, PA) 10/23/95

[What works?] "The idea of living your life for Christ, living life for the Bible."

Respondent #18 (Rehrersburg, PA) 10/23/95

[Positive?] "I was reborn there. It's a good program; I recommend it."

[Helpful?] "They were patient with me. I saw love. It's different from outside."

Respondent #19 (Rehrersburg, PA) 10/23/95

[Positive] "It was the hardest thing I'd ever done in terms of submitting to authority. It's well-structured--keeps your mind busy."

[Helpful:] "Being able to pray at the prayer times: 30 or 45 minutes a night. It helped me develop the prayer life I have now."

[What works?] "The Jesus factor. Drugs and alcohol are surface problems to a problem--sin. I relapsed after the program, but I had the tools--namely, humility--to get me out of there."

Respondent #20 (Riverside, CA) 10/24/95

[Positive:] "The counselors, the places I've been with the choir. Plus the change."

[Helpful:] "It was 100% benefit- I'd not be alive today otherwise."

[What works?] "What they teach; the structure, the discipline. [What was the discipline like?] There were half-hour rule readings before bed every Tuesday. After so many writeups, you're sent to the office for disciplinary action, either an academic discipline (an essay with Scripture to back it up), a 'motivation' (not talking to anyone for a day or two), or a work-related discipline. They have to retrain you, because guys come in there off the street, they've never made their beds, they don't shower."

[Anything else?] "I want to go into ministry."

Respondent #21 (Rehrersburg, PA) 10/24/95

[Positive:] "They want to see a person changed."

[Negative:] "They need to let a person not depend on others, but rather on themselves."

[Helpful:] "There were several people I could go and talk with."

[Unhelpful:] "My counselor and I didn't see eye to eye."

[What works?] "Yes, if you go in there with right frame of mind--it worked for me because I know who my Lord and Savior is."

Respondent #22 (Rehrersburg, PA) 10/24/95

[Positive:] "The way each brother encourages another--they all came from different backgrounds but been through the same mud."

[Helpful:] "They helped me get the GED--I got encouragement from the brothers, being tutored in math especially for the GED test."

[What works?] "They put Jesus Christ first, but they don't force it on you."

Respondent #23 (Riverside, CA) 10/24/95

[Positive;] "The way God works in there, I know the racial thing that happens, but you wouldn't see unity anywhere like you'd see in Teen Challenge. It has to be a work of God."

[Helpful:] "God used everything to be helpful. I learned how to work."

[What works:] "Jesus."

Respondent #24 (Riverside, CA) 10/24/95

[Positive:] "The peace, the love from the brothers, the staff, we were all part of a family."

[Negative:] "Strife between individual students."

[Helpful:] "Learning how to pray, the classes, the Holy Spirit, the food was good, the recreation, the entertainment, the teachers were excellent, the church services were great."

[Unhelpful:] "Some rules, like only getting to go home one weekend a month."

[What works?] "The Lord working in the program; I've seen lives changed right before my eyes. There's the presence of God in Teen Challenge, it's something different--God is here."

Respondent #25 (Riverside, CA) 10/25/95

[Positive:] "How willing people are to help you. They kept you busy, stretched you, but they were always there. It was centered around Christ."

[Helpful:] "Counselors were always there to help, the other brothers were there to relate to."

[What works?] "The Spirit of God - His love. I grew up going to a United Methodist church in a white neighborhood in San Diego. What I'm doing now is working in the South Gate projects where the white man's the enemy. We do children's church on wheels, we've done ministry on skid row in LA; went on a mission trip to New York ...."

Respondent #26 (Rehrersburg, PA) 10/25/95

[Negative:] "Working at Rehrersburg. There was an emphasis on work over classes. We were pulled out of class to go work. They were contradicting themselves--they did that on the one hand, but on the other hand. they were telling us to learn to trust God to make ends meet. We felt it was becoming a business."

[Helpful:] "Learning how to meditate and pray. It was so easy to do there."

[What works?] "The emphasis they put on letting God forgive. It was so important to me to feel I wasn't dirty anymore."

Respondent #27 (Rehrersburg, PA) 10/25/95

[Positive:] "The induction centers were all good; they showed they cared."

[Negative:] "At Rehrersburg they need to treat students with a lot more respect. They treated me like I was dirt. It's really a messed-up place. I'm not happy with my experience there. I was influenced in a good way towards working and studying, but the program itself, the way it was structured, affected us in a negative way. It was a lack of consideration; they overlooked our needs, desires, failings. We deserve some time off. It was too hard. There was no recreation, no radios; the place is jam-packed. You can't find a place to study, you can't go to bed when you want to. You have to study on Sunday because there's so much work."

[Helpful:] "Everything--the new life, everything was helpful."

[What works?] "It's not the program, it's the Lord through the program, the Lord using his people. If the Lord has good people there, then they will benefit."

Respondent #28 (Cape Girardeau, MO) 10/30/95

[Positive:] "The work detail, the chores we had to do, were negative then, but positive now."

[Negative:] "The food wasn't that great."

[Helpful:] "Everything was helpful."

[Teen Challenge works?] "Definitely. It's the long period of time you're there. I compared it to a penitentiary a couple of times, but it's 100 times better than a

penitentiary. I didn't notice it [the fact that it was better] during, but after. I'm thankful for it."

Respondent #29 (Cape Girardeau, MO) 10/30/95

[Positive:] "The love the brothers had for all of us. You had to stick it out and spend time with hard-headed people. It was the most positive thing I'd ever seen, period."

[Helpful:] "The love my roommates had for me during the time my brother passed away. It was the Lord sending the Holy Spirit as Comforter to us in a time of need, using those brothers as vessels."

[What works?] "The Jesus factor--the truth being preached of Jesus Christ being crucified, being sin for us. ... Very seldom do you get multicultural--all walks to get together with a sense of harmony as brothers. That's something I haven't seen before. [Why did that happen there?] The love of Jesus."

Respondent #30 (Rehrersburg, PA) 10/31/95

[Positive:] "There's a definite presence of God wanting to change lives. He is there, changing lives on a second by second basis. There's so much good, it's obvious to me that God's involved."

[Helpful:] "It helped me with obtaining things I needed. I want to help other people now; that's one of the gifts God has given me."

[What works?] "God's first. You can go to Teen Challenge not wanting to change, but if you stay around long enough, He'll get you."

Respondent #31 (Rehrersburg, PA) 10/31/95

[Positive:] "There was always somebody there who was willing to answer my questions, willing to help me find the answer; their love to help you."

[Negative:] "One thing: some of the staff--the junior staff, in my opinion there should be more accountability. They should have been pushed a little more to be accountable."

[Helpful:] "All the classes were excellent, the chapels were excellent, there was benefit in everything that happened to me."

[What works?] "Sincerity, the determination to want to be as close in line with the Word of God as possible; to make it palatable for as many people as possible."

Respondent #32 (Rehrersburg, PA) 10/31/95

[Positive:] "Developing a relationship with God; working on that relationship with classes and with the men I met; feeding the spiritual man within me."

[Helpful:] "The whole program was helpful. The classes, the teachers, the workers ...."

[What works?] "The way God is moving in my life, and in other spiritual programs."

Respondent #33 (Riverside, CA) 10/31/95

[Positive:] "The teaching, the classes we had every day--they were very intense."

[Helpful:] "The counselors, their emphasis on the Lord as healer."

[What works?] "Jesus Christ and the teaching."

Respondent #34 (Rehrersburg, PA) 10/31/95

[Positive:] "The love they showed -- they really cared about how I felt."

[Helpful:] "The teaching."

[What works?] "The love they showed people in the program; the fact that they gave me a second chance. They helped me to show responsibility."

Respondent #35 (Rehrersburg, PA) 10/31/95

[Negative:] "Infighting among the officials and the racial discrimination. Punishment seemed more severe for Blacks and Hispanics than for Whites. Also, how staff could afford things with the salary they were on."

[Helpful:] "Salvation is for me."

[What works:] "It restricts you--you're like a loose cannon otherwise."

Respondent #36 (Rehrersburg, PA) 10/31/95

[Positive:] "Seeing guys at chapel praising God."

[Helpful:] "Classes, pastors, teachers."

[What works?] "Jesus; people wanting to change."

Respondent #37 (Rehrersburg, PA) 11/1/95

[Positive:] Seeing guys that have been through 15 different drug treatment programs that didn't work, and then at Teen Challenge they're teaching nothing but the foundation of Christianity."

[What works?] "Jesus Christ--He gave my dignity and life back."

Respondent #38 (Cape Girardeau, MO) 11/1/95

[Positive:] "Lives being changed. Now, as a staff member, I get to deal with gentlemen who were once in my shoes."

[Helpful:] "Everything was helpful."

Respondent #39 (Rehrersburg, PA) 11/2/95

[Positive:] "Their role as in you are a sinner but everything is clean. They're good on followups."

[Negative:] "They don't prepare you for failure--everyone stumbles."

[Helpful:] "Everything was helpful."

[Unhelpful?] "No, it was a well-balanced program."

[What works?] "One thing: Christ. He's the center, the only help. Almost everyone here has tried other programs. Since they weren't Christ-centered, they don't help."

Respondent #41 (Riverside, CA) 11/6/95

[Positive:] "The way they take care of you."

[Helpful:] "The 'motivations.' When you do something really wrong, you can't talk to anyone for a day."

[What works?] "It puts Christ in your life. All the other treatment centers I've been at didn't."

Respondent #42 (Rehrersburg, PA) 11/8/95

[Positive:] "The Lord have his hand in Teen Challenge."

[Helpful:] "The Lord, the classes; learning how to deal with situations with different people."

[What works?] "The Lord puts a desire in your heart."

Respondent #43 (Rehrersburg, PA) 11/7/95

[Positive:] "I saw so many people change, turn their lives around."

[Negative:] "Four out of five of my friends from Teen Challenge relapsed, and so did I. But I don't look at us as failures of the program. I look at us as temporary setbacks."

[Helpful:] "The amount of Bible studies and mandatory prayer sessions were good."

[Unhelpful:] "The lack of discipline--nonexistent at Teen Challenge compared to the therapeutic community. In a way, that's good, though, because you get to choose your own way. There's less discipline at Rehrersburg."

[What works?] "The fact that it's Christ-centered; it's not about self or a higher power."

Respondent #44 (Cape Girardeau, MO) 11/7/95

[Positive:] "You're in an environment off the street, in an environment of Christian friends. Also, it takes no money to get in."

[Negative:] "It's an all-men program. I wish they had said that it's not bad to have a relationship with a girl. Also, the lack of followup bothers me. The accountability is great in the program, but once you get out, they really don't follow up on you."

[What works?] "The uniqueness of it--it brings a man to face his problems head-on. The Biblical principles they teach; Word of God will have an effect on everyone who goes through. God is in it."

Respondent #46 (Riverside, CA) 11/10/95

[Positive:] "The structure, the discipline."

[Helpful:] "They teach you to be disciplined in small areas like keeping your room clean."

[What works?] "The longer you live it, the more you believe it. Going through Teen Challenge was a turning point in my life. If I hadn't gone through Teen Challenge, ..."

Respondent #47 (Cape Girardeau, MO) 11/11/95

[Positive:] "The determination of the staff. It takes a lot of patience, a lot of time, a lot of courage and sacrifice to work there. As a worker you put out a lot."

[Helpful:] "There was one staff member I'd always go to and talk to him about anything, I could be that open. Nothing I could say would phase him. He would give me Biblical experience-type wisdom. To this day I call him up and ask his advice on stuff like parenting."

[What works?] "They teach you they can't do nothing for you unless you want it--we can choose our own destiny. It was powerful."

Respondent #48 (Rehrersburg, PA) 11/11/95

[Positive:] "The encouragement they give you. I remember John Castellani [director of the Rehrersburg program] saying, 'You can make it; you can be free.' The positive vibes they give. God used that assuredness to put a faith in me."

[What works?] "Jesus works through Teen Challenge. As John Castellani says, 'It's not Teen Challenge, but Who runs it.' I never saw a fight when I was there. If God ever moves his Holy Spirit off that mountain, I hope he gives a one-hour notice."

Respondent #49 (Rehrersburg, PA) 11/14/95

[Positive:] "The time on choir tours was very positive: the togetherness, being able to go out and minister to the unsaved, see them saved--also the self-discipline that was

imposed on you. For example, during the time in host homes on those tours, it was left up to us to be in bed at the proper time and obey the rules."

[What works?] "Unless you make a commitment to Him, it's not gonna work."

Respondent #50 (Riverside, CA) 11/14/95

[Anything else?] "It showed me the way of life--Jesus Christ's way is better than my ways--it's like darkness and light. I learned how to love myself again. When I get into depression, I pray or talk to somebody. I don't hold it in."

Respondent #51 (Cape Girardeau, MO) 11/14/95

[Positive:] "The suffering and hard times I had to go through to prepare me."

[Helpful:] "The main thing was that it introduced me to Jesus Christ, and the intense Bible studies."

[What works?] "It was a tool for me to meet Jesus Christ. If you don't accept him, it won't work."

Respondent #52 (Rehrersburg, PA) 11/25/95

[Positive:] "The teaching. Also, I loved to be around people from different places; I wished I would have got their numbers--it was a beautiful thing, living with them with no prejudice or racism. We loved one another. It was a beautiful thing. We all learn something from each other--I learn from them today. I think today, how do I handle that situation, and I apply knowledge today that I learned while I was with them."

[Negative:] "Sometimes you felt looked down upon by staff members who've 'arrived.' It was work, work, work. You knew they was making money off you. But it was all for the better. It helps you control yourself. It was for a short season."

[Helpful:] "Everything was helpful. You might didn't like it, but it was all helpful."

[What works?] "It's up to the individual to either seek personal application or go through motions."

Respondent #53 (Rehrersburg, PA) 11/25/95

[Positive:] "The emphasis they put on God; the chance you get to get your life together."

[Negative:] "They didn't let us work with women. There should be more emphasis on learning how to act around them. I've fallen in that area a few times."

[Helpful:] "The studies. The curriculum in general was helpful."

[What works?] "It's a good program. As long as we apply what they teach, it'll work."

Respondent #54 (Cape Girardeau, MO) 11/25/95

[Positive:] "That it's a strong program, it reaches a lot of souls."

[Unhelpful:] "They don't tell you that it's one doctrine (Assembly of God). I thought it was all different doctrines."

[What works?] "Seeing that you could do it not on your own, but through Christ. It's a good program. I highly recommend it."

Respondent #55 (Rehrersburg, PA) 11/26/95

[What works?] "Every person has to do their part. You have to have the will. I think Teen Challenge is an excellent program."

Respondent #56 (Rehrersburg, PA) 11/30/95

[Positive:] "Faith."

[What works?] "You have problems--let them teach you."

Respondent #57 (Rehrersburg, PA) 12/1/95

[Positive:] "Enough staff. If you need to talk, there are people there to talk to."

[Negative:] "They allow us too much time on our own on the mountain. We need more rigidity--a lot of guys forget why they're there."

[Helpful:] "Knowing why I was doing it--I was only doing it for myself, for no one else. People who are given ultimatums don't take everything in. I wanted to learn."

[What works?] "It's you--you have to allow it to work, allow Him to work in your life. Work with Him: read the Bible, pray, fellowship with other Christians. The work part of it helped me. I worked in the kitchen and had to be up at 4:00."

Respondent #58 (Cape Girardeau, MO) 1/18/96

[Positive:] "Seeing men bonding, through the power of the Holy Spirit you really develop some friendships. We cry together on our knees for hours. There's no place like it on earth."

[Helpful:] "It helped me develop my own little Teen Challenge program. I needed a schedule of keeping God first."

[Unhelpful:] "From a student's perspective, I wish we could be more prepared to come back into the world. We need some kind of re-entry program that would slowly enter us back into the world. Sadly, it kind of spits us out. With more followup, we could have someone to pray with. Oftentimes brothers leave, and we don't hear from them again."

[What works?] "The power of God, the moving of the Holy Spirit; available, caring, loving people willing to put forth the effort to help people. I owe my life to Christ. Teen Challenge was Christ's hand reaching down to me--no one else wanted to reach down to me."

Respondent #59 (Cape Girardeau, MO) 1/23/96

[Positive:] "Their desire to see a life change in men. Staff members live there. Their commitment stands out. If I ever found myself in the past situation again, Teen Challenge is the first place I would turn to. A dedicated group of people work there who have committed their lives. It's a worthwhile, Bible-based program. If it wasn't for Teen Challenge and me being in their environment, I wouldn't be here today. It's excellent for not just men, but for anyone with life-controlling problems. It helped me realize I can live without those things. It gave me stability and made me responsible."

[Helpful:] "Accountability--you have to tell someone how you're doing."

[What works?] "They don't make you stay--it's your choice. The challenge is, are you man enough to see it through?"

Appendix B.

Reasons the Teen Challenge Respondents Gave for Their Not Using Drugs

(See Table 5.9, page 179, for an overview of these responses)

After questions about Teen Challenge respondents' current and former drug use, the open-ended question was asked:

--Why do you use drugs (or alcohol) less often now than you did before entering Teen Challenge? (Or, if the respondent was currently abstinent, the question was "Why do you not use now, while you did before entering Teen Challenge?")

Each response is labeled below with the respondent's number, the Teen Challenge program he attended (Rehrersburg, PA, Cape Girardeau, MO, or Riverside, CA), and the date of the interview.

Respondent #1 (Riverside, CA) 10/17/95

"To tell you the truth, I've done it all, and I've got to go on. It's old, it's a dead end road to use drugs."

Respondent #2 (Riverside, CA) 10/18/95

"I have no desires, really. You know, there's once in a while you think, like earlier you said the cravings. There's times I think about it and yeah, I used to do this stuff and it was great. But I just don't get the urge to do it--the pit it puts you into, you know. If you think about that, dwell on that more than the high that you got, it's not worth it. And I haven't used any at all."

Respondent #3 (Riverside, CA) 10/18/95

"That's a good question. Well, for one thing, I don't feel like I need it anymore; another thing is that it's expensive. I realize now that I'm sober I wasted a lot of money. It was stupid, it's illegal, I was getting myself into more and more trouble, and I'm not in trouble anymore now. I feel like I'm making progress in my life. I feel like I just don't need it because I'm exercising every day, I feel much better that way, you know, three times a week, you know, I just don't have time. You know, the people that I work with, my supervisor, they go out quite often to a bar, and they drink, and I don't really go out with them, I just tell them I have other things to do, I want to go exercise and this and that, so they understand."

Respondent #4 (Riverside, CA) 10/19/95

"Before, it was a way of life for me. I thought I was stuck in it for life. I was 27 and thought I could never quit. I did speed constantly; I had no energy when I didn't do it. It seemed hopeless, I'd done it so heavily for so many years. I got to where I was doing bad things I didn't want to do, like stealing from people. Then Teen Challenge when I got saved showed me I could get off of it, that there was a better life out there than what I was doing to my parents and friends."

Respondent #5 (Cape Girardeau, MO) 10/19/95

"I have responsibilities now; I have a wife and a child and I have to support my family. I know it's not right; it's against everything the Bible teaches. I was raised that way, but I've been brought back that way by Teen Challenge to straighten my life out. It keeps me in line, knowing that I have a family; I need to take care of my body."

Respondent #6 (Riverside, CA) 10/19/95

"The realization of what was happening in my life. I had no goals, not heading anywhere."

Respondent #7 (Cape Girardeau, MO) 10/19/95

"Conviction through Jesus Christ. I knew all this before Teen Challenge, but I didn't know it, if you understand what I mean. I was born and raised Assembly of God. I wanted to make it to Heaven, and my personal conviction is that if I drank or did dope, I ain't going to Heaven. It's a sin; I know I'm human and I will fall, but I don't use that as no excuse, neither. It's a sin, and I don't do it."

Respondent #8 (Rehrersburg, PA) 10/20/95

"Before, it was something to help me get over depression. But God is greater than my problems. He'll take care of my problems; any care or worry I have I can give to Him; I don't need to turn to drugs and alcohol. The Lord put in my heart that I don't need to make that a part of my life; He has something better for me."

Respondent #9 (Cape Girardeau, MO) 10/20/95

"The power of Jesus is working in my life. Also, I've learned a new design. I have a brighter outlook because of what Jesus has done in my life."

Respondent #10 (Riverside, CA) 10/20/95

"I had a lot of hurts growing up; I thought I could do it on my own. Now, the hurts are healed."

Respondent #11 (Rehrersburg, PA) 10/21/95

"It gave me the longest time I ever was away from it; my body got used to not having it."

Respondent #12 (Rehrersburg, PA) 10/21/95

"Before I would drink if I had a problem with my wife or if I was depressed. Now I think about my daughter; I want a good life. Plus, God is always there."

Respondent #13 (Cape Girardeau, MO) 10/21/95

"I have constant fellowship now, and personal devotional time. I am a disciple."

Respondent #14 (Rehrersburg, PA) 10/21/95

"Because I know the truth. I've seen the ravages of drug use, I've seen the decay, the facade, what it took away. It didn't aid my emotional hurts. The whole time I was drinking, I was searching for my father. Drugs and alcohol are just a symptom; I can't blame the drugs. It's something wrong with me, going back to my childhood."

Respondent #15 (Rehrersburg, PA) 10/22/95

"Because of where God has brought me."

Respondent #17 (Rehrersburg, PA) 10/23/95

"I turned my life over to the Lord."

Respondent #18 (Rehrersburg, PA) 10/23/95

"Because Jesus lives in me."

Respondent #19 (Rehrersburg, PA) 10/23/95

"Because of Jesus in my life. I want to do the Father's will and not destroy the temple, my body. That's sin. I want to live like I've been reborn."

Respondent #20 (Riverside, CA) 10/24/95

"Because of what I was taught. It wasn't really for fun. It was to get away from my problems."

Respondent #21 (Rehrersburg, PA) 10/24/95

"Even though I was raised in a Christian family, a Baptist family, we'd be on the golf course Sunday morning with beer, and I had never read the Bible. Now, I know the Word because of Teen Challenge. He spared me for a reason. He can turn out the lights if he wants to."

Respondent #22 (Rehrersburg, PA) 10/24/95

"I was saved by the grace and blood of Jesus Christ."

Respondent #23 (Riverside, CA) 10/24/95

"It was an attempt to satisfy an area in my life that couldn't be satisfied until that emptiness was filled with Christ. It was a false comfort, a false peace."

Respondent #24 (Riverside, CA) 10/24/95

"God has changed my life and taken that away from me."

Respondent #25 (Riverside, CA) 10/25/95

"Because of the Lord Jesus Christ in my life. I used to have these problems; now, I have the strength I need to get through them."

Respondent #26 (Rehrersburg, PA) 10/25/95

"I am more conscious of myself now. My conscience is awake. I've got a conscience now. Now, I do things and I feel like God is watching me."

Respondent #27 (Rehrersburg, PA) 10/25/95

"Because one day I gave my life to the Lord, and ever since then, my life has changed."

Respondent #28 (Cape Girardeau, MO) 10/30/95

"By the grace of God: his love, tenderness, and compassion."

Respondent #29 (Cape Girardeau, MO) 10/30/95

"I found my purpose, why I was created, what I was created to be."

Respondent #30 (Rehrersburg, PA) 10/31/95

"I grew up in a single mother home and I was using drugs to fill that void. Jesus Christ filled it."

Respondent #31 (Rehrersburg, PA) 10/31/95

"Before Teen Challenge I was depressed and had no purpose. Now, I have no desire or need to use drugs. I love myself now; I didn't then."

Respondent #32 (Rehrersburg, PA) 10/31/95

"My relationship with God and the way the Lord is using me now."

Respondent #33 (Riverside, CA) 10/31/95

"Jesus Christ. He showed me a new life."

Respondent #34 (Rehrersburg, PA) 10/31/95

"I have no craving whatsoever. I attribute it to my lifestyle and environment."

Respondent #35 (Rehrersburg, PA) 10/31/95

"I follow my leader: the Lord."

Respondent #36 (Rehrersburg, PA) 10/31/95

"I don't like 'em. I like my new life."

Respondent #37 (Rehrersburg, PA) 11/1/95

"Jesus Christ is my main source of my life. That's what really made the difference. Then, too, I didn't really know what drugs do to your body. My eyes really opened up to what drugs do to a person."

Respondent #38 (Cape Girardeau, MO) 11/1/95

"The Lord Jesus Christ is in my heart. He set me free. I have a whole new pattern of thinking. Jesus took the place of drugs and alcohol."

Respondent #39 (Rehrersburg, PA) 11/2/95

"Because of only one factor: Christ. He fills every void in your life."

Respondent #40 (Rehrersburg, PA) 11/4/95

"God changed me."

Respondent #41 (Riverside, CA) 11/6/95

"Teen Challenge made me more responsible for my actions."

Respondent #42 (Rehrersburg, PA) 11/7/95

"The power of God made a difference in my heart."

Respondent #43 (Rehrersburg, PA) 11/7/95

"I feel better about myself. I don't have to use to feel good about myself."

Respondent #44 (Cape Girardeau, MO) 11/7/95

"I want to be healthy and strong with the fear of God. It's mainly because of me--God and I don't want to live like that."

Respondent #47 (Cape Girardeau, MO) 11/11/95

"When I did drugs, I felt I couldn't function without it or face people without it. Basically, drugs and alcohol gave me my identity--I could be anything I wanted to be. When people saw me, they saw me under the influence of something; that was my

identity; I could be anything I wanted to be. But now I have much more to live for; I have an identity; I don't need a false character."

Respondent #48 (Rehrersburg, PA) 11/11/95

"Because I'm delivered from the addiction by the word and power of Jesus Christ."

Respondent #49 (Rehrersburg, PA) 11/14/95

"While in prison I turned my life over to Jesus Christ. That ended my desires. The year in Teen Challenge gave me a foundation, a foothold."

Respondent #50 (Riverside, CA) 11/14/95

"I've lost the craving; the void has been filled. Teen Challenge made me realize there's more to life; it saved my life."

Respondent #51 (Cape Girardeau, MO) 11/14/95

"Because of Jesus Christ coming in to my heart to take the place of cravings. The old lifestyle is replaced by the power of God."

Respondent #52 (Rehrersburg, PA) 11/25/95

"With my uncles growing up, I thought this was a way of life, until Teen Challenge, where I found something else: the true meaning of life, Jesus Christ. He's given me life again. He's let me know what in life I need to be doing. Christ has given me a love for myself; I wouldn't harm myself or others."

Respondent #53 (Rehrersburg, PA) 11/25/95

"God."

Respondent #54 (Cape Girardeau, MO) 11/25/95

"I was weak over drugs and alcohol. Through the power of God I was delivered from them."

Respondent #55 (Rehrersburg, PA) 11/26/95

"I've been touched by Jesus Christ. Now I realize how harmful it is for me to use that; I'm aware of the consequences."

Respondent #56 (Rehrersburg, PA) 11/30/95

"My kids and wife are against it. Before Teen Challenge, the problem was I couldn't sleep."

Respondent #57 (Rehrersburg, PA) 12/1/95

"I feel better about myself now; I only have to be me. I have a reason for living. Before, I felt nobody cared, and I wanted to feel a part of the crowd."

Respondent #58 (Cape Girardeau, MO) 1/18/96

"Whenever I've used since Teen Challenge, I've literally had to tell the Holy Spirit to be quiet. I praise God for it--when you do good, it's easier to continue doing good. I know it's wrong; God would not have me do it. I rely more on the power of God to abstain. I think about the consequences: how would my wife and kids feel."

Respondent #59 (Cape Girardeau, MO) 1/23/96

"I know now there's a power that lives within me. I don't need this stuff. You can live your life without it. I can be a productive citizen without the influence of drugs."

Appendix C.

What the Teen Challenge Respondents Said About Other Treatment Programs They Had Been In

(See Table 7.3, page 246, for an overview of these responses)

Teen Challenge respondents who had had experience with other drug treatment programs were asked:

--How would you compare the [NUMBER] programs you have been in?

Each response is labeled below with the respondent's number, the Teen Challenge program he attended (Rehrersburg, PA, Cape Girardeau, MO, or Riverside, CA), and the date of the interview.

Respondent #1 (Riverside, CA) 10/17/95

"Oh, it's [Teen Challenge is] way better; it's a lot better. I can't describe it; it's just great; I think it's a lot better."

Respondent #3 (Riverside, CA) 10/19/95

"Teen Challenge is an inhouse program, so you're there all the time. By giving it a chance--I was there all the time, so I was in a positive environment already, I was in Christian Life School. It was a lot of activities, always kept us busy. We didn't really--you know, it was very, very disciplined, it was probably more disciplined than anything that I've come across. I've never spent any jail time at all, that type of discipline, but as far as being very structured, it was very structured, very organized, you know, they don't put up with a whole lot of stuff, a whole lot of nonsense. You know, either you do it, you're told there, or else you might as well get out."

Respondent #7 (Cape Girardeau, MO) 10/19/95

"Church is all I do now. Ain't no competition to the two 30-days, where Teen Challenge was 14 months. They don't offer you God, where Teen Challenge offers you God ... they replace the drugs and alcohol with Jesus Christ."

Respondent #10 (Riverside, CA) 10/20/95

"I went to a 12-step but I knew that wouldn't work; I knew I had to get out of the enviroment. You go to meetings and you come home and you're still the same. I knew I needed Teen Challenge. [How did you know you needed Teen Challenge?] Because I knew I couldn't do it on my own. I knew a higher power, like they were saying, wasn't what I needed. I knew I needed a personal relationship with Jesus Christ, like so many people are missing."

Respondent #11 (Rehrersburg, PA) 10/21/95

That's a tough one--the biggest difference is that the secular type stuff tends to make you look good on the outside without truly making a difference on the inside--that's the biggest difference."

Respondent #14 (Rehrersburg, PA) 10/21/95

"No secular program can touch it--there's no way. Secular programs didn't have any foundations. I'm currently in AA: I don't like it. In order for something to accomplish its fullness, it has to have the whole entirety, and it just didn't have the whole entirety; it just wasn't for me. I found my first love, which was Christ, and nothing else sufficed. I'd been through all this already. There are three parts, the physical, the mental, and the spiritual, and the secular programs just feed the mental, the knowledgeable part, and they didn't put too much emphasis on the spiritual part which was the whole part, which just covers everything, you know, it covers the whole man, and without that you have nothing. For me personally, my experience is like a dry drunk, I'm still acting like the same old person that I was, I don't want to reinforce the losing side, that dark side, because it can attach on to things that took me out before, but as much as I would love to, I have this other nature that clings on to these things, but I know through the Holy Spirit it has taken me away from that. We were born in iniquity, this flesh we have to deal with, and other people, they don't know that. The Bible says, my people perish for lack of knowledge. The only way I've came to know this is through Christ, and through a foundation like Teen Challenge. If not, I would be the same way, and it's not for me to judge these people, but I can pray for them, that they would be found by the light, too, and they can know these things, and they don't have to be in the bondage to sin, "I'm an addict." But I'm a new creature, the old things have passed, but if I keep saying, "I'm an addict," I'm an addict, and I'm going to be in bondage and enslaved to that same thought. So whatever you think you are, that's what you will become. Like what you eat, that's what you are. You know, there's so much to know, and if you don't know it, like the Bible says, you will perish for lack of knowledge. But that doesn't give me a right to put these people down; I

will pray for them. Believe it or not, they have a Christian 12-step program. It's dynamite. We don't go there saying we're addicts. We say that we have a sinful nature, though. The 12 steps originally came from church, from the Oxford group; they couldn't abide by certain things, which I don't blame them for. But they didn't have the Holy Spirit; without the Holy Spirit you don't have power to do nothing. You're just a shell full of knowledge, and that will not hold you."

Respondent #15 (Rehrersburg, PA) 10/22/95

"None of them places can't touch that [Teen Challenge]. At Eagleville, you spend $5000."

[To the question, "Since completing Teen Challenge, have you gone through any drug treatment program?"] "No--Christ cured me."

Respondent #16 (Cape Girardeau, MO) 10/23/95

"I liked them, but it wasn't what I needed. They didn't lay a foundation for me to stand on. It was okay for a while, but it wasn't a permanent change. It was $23,000 for 30 days. But with Teen Challenge, the difference is God."

[To question, "Since completing Teen Challenge, have you gone through any drug treatment program?"] "Teen Challenge strengthened me in who I am; I didn't go into any more drugs."

Respondent #17 (Rehrersburg, PA) 10/23/95

"The other one was an intensive outpatient program--90 meetings in 90 days. It was unsuccessful. There's no comparison, to be totally honest with you. The two programs focus at opposite ends. The one treated my addiction as a disease, but Teen Challenge doesn't even mention drugs or alcohol."

Respondent #18 (Rehrersburg, PA) 10/23/95

"I used to be on methadone. That was a waste. It was off one drug habit onto another. I used to watch guys doin' glue- they say they saw the devil comin' out of the bag. I took 'em to Catholic Church to do confession to the priest, but the next day I saw 'em again with bags on their nose."

Respondent #19 (Rehrersburg, PA) 10/23/95

"Teen Challenge is well-developed, geared toward meeting needs."

Respondent #21 (Rehrersburg, PA) 10/24/95

"Teen Challenge is all spiritual. A detox center I was at put me on other drugs. A 30-day 12-step program cost $2000 a day."

Respondent #23 (Riverside, CA) 10/24/95

"I tried NA [Narcotics Anonymous] and quitting cold turkey. But the NA clean folks are still depressed."

Respondent #24 (Riverside, CA) 10 24 95

"I tried three hospital 30-day programs. There's no comparison. They're very shallow, expensive--one was $40,000--they allowed smoking and sex. They're just a few months off drugs and alcohol, but Teen Challenge gives you a foundation, something to stand on."

Respondent #25 (Riverside, CA) 10/25/95

"I've been to a 60-day, a 90-day, and a one-year residential program. (One was called Crash Institute). Afterward, though, your lifestyle is the same except for drugs. They all follow the same pattern except Teen Challenge applies the Word of God."

Respondent #26 (Rehrersburg, PA) 10/25/95

"I was at four programs before. Teen Challenge is different because it isn't man who's healing you."

Respondent #27 (Rehrersburg, PA) 10/25/95

"They all have different opinions about drug addictions."

Respondent #28 (Cape Girardeau, MO) 10/30/95

"The others just scratched the surface--thirty days is not long enough."

Respondent #30 (Rehrersburg, PA) 10/31/95

"Before Teen Challenge, I went to NA every day. Ever since, I go less than five times a month. Anymore, I don't lean towards that as necessary."

Respondent #31 (Rehrersburg, PA) 10/31/95

"I went to a 28-day residential program. It was 12-step AA. It didn't work. It was extremely expensive and extremely ineffective. It only taught about addiction. It was scientifically informative, but it didn't teach you how to overcome."

Respondent #32 (Rehrersburg, PA) 10/31/95

"I tried 4 other programs: one was in the military, and three were 28-day secular programs, 12-step programs. Teen Challenge was where I really developed a relationship with God. At the secular programs, your 'higher power' could be a chair. You see, a chair can't save me; a chair didn't die for me or destroy the yokes of bondage and set me free. And Jesus is what set me free and broke the bondage and delivered me. They spoke about a 'spiritual awakening,' but an awakening to a tree or a cup or another person can't save you."

Respondent #33 (Riverside, CA) 10/31/95

"I tried three AA-related programs. One was when I was in the service. One was a 30-day residential program. [How would you compare them?] Teen Challenge would outweigh all of them. Teen Challenge uses Jesus Christ as central figure, where the others would go away from that to a degree."

Respondent #36 (Rehrersburg, PA) 10/31/95

[Describes 5-day detox meetings and a 60-day hospital inpatient stay, both NA/AA-based.] "They didn't work for me because I wasn't ready. [How would you compare them?] I guess I'm prejudiced now; Teen Challenge is best because it's working. Hampton Hospital was a real good program though. It worked for some people. ["If you had entered Hampton Hospital later instead of Teen Challenge, at the same time you ended up entering Teen Challenge, would it have worked for you?"] I don't know--I can't really say for sure."

Respondent #39 (Rehrersburg, PA) 11/2/95

"I tried three other programs but none of them were successful. NA and AA are good programs except they believe that once you're an addict, you're always an addict."

Respondent #41 (Riverside, CA) 11/6/95

"Teen Challenge is not about money. They work with you, and it's longer."

Respondent #42 (Rehrersburg, PA) 11/7/95

"Methadone is no good. It kills you."

Respondent #43 (Rehrersburg, PA) 11/7/95

"I was at an AA-based 6-month program at South Oaks Hospital and at Aurora Concept, a three-year therapeutic community. I was there one year. It was not at all like AA--at Aurora, they believe you can kick the drug habit on your own. But Teen Challenge is best because it's not based on your own doing. The other two didn't help me at all."

Respondent #45 (Rehrersburg, PA) 11/10/95

"When I was in jail, I went through this shock program, military-style boot camp. It was good because I realized my potential. But Teen Challenge was a conduit to a relationship with the Lord, and who I am in him."

Respondent #46 (Riverside, CA) 11/10/95

"I went to an AA 30-day live-in program. The day I got out, I drank and did drugs. It's hard to compare the programs because Teen Challenge has a different foundation--it's all Biblical teaching."

Respondent #47 (Cape Girardeau, MO) 11/11/95

"I tried 5 or 6 other programs. You sit there with a psychiatrist or psychologist and they ask you to meditate and find your own inner peace and look back to your childhood. Teen Challenge, on the other hand, was the best thing that ever happened to me."

Respondent #48 (Rehrersburg, PA) 11/11/95

"The other program was a 14-day detox program run by the city. They didn't do anything. There's no comparison. Teen Challenge had double the effectiveness, they had much more ability to deal with the problem. They had a better understanding of how the drug worked; they knew the spiritual aspect of a man; they knew God can deliver you--there's power in the Word of God."

Respondent #49 (Rehrersburg, PA) 11/14/95

"I had tried AA, NA, and a detox program before. Teen Challenge far exceeds all of them by dealing with the whole person, body, mind, and soul."

Respondent #50 (Riverside, CA) 11/14/95

"I had tried six others before: Salvation Army, Cedar House, ABC House; most all revolved around AA, but Teen Challenge was #1."

Respondent #51 (Cape Girardeau, MO) 11/14/95

"The other two were 30-day AA/NA programs. They weren't that effective."

Respondent #53 (Rehrersburg, PA) 11/25/95

"I had tried several: Salvation Army, detox, 30-day inpatient, outpatient, 12-step programs. But they don't compare at all. But Twelve Step will also help you."

Respondent #56 (Rehrersburg, PA) 11/30/95

"I had weekly meetings with a psychologist, but it didn't work."

Respondent #58 (Cape Girardeau, MO) 1/18/96

"I was in three other programs. There was an outpatient group therapy. That lasted a week. Also United Way and Odyssey House, a 24-month residential program. Those programs were all secular and blamed my parents and grandparents, but Teen Challenge was a mirror through the Word of God. It was a tough program, very hard, but fantastic. The power of Christ through Teen Challenge helped me be responsible. This conversation is blessing me. Some day I'd like to go back to help others."

Respondent #60 (Cape Girardeau, MO) 1/10/96 (an unuseable [for quantitative analysis] partial interview)

"I was in 8-10 programs before Teen Challenge. Counseling one-on-one, 30-day programs, 3-month, 6-month, but those were not Christian programs. Teen Challenge is a whole lot different--it's the best program I ever tried. It has a different foundation. It's longer and gives Christian tools like the Bible. But they don't rush or push you--they're real calm. At Teen Challenge I felt love."

Appendix D.

Telephone Interview Questions[1] used with Teen Challenge Sample

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RESPONDENT NUMBER_____

Date of interview:_____/_____/_____

Hello, _____, this is Aaron Bicknese. I'm a researcher at Northwestern University studying Teen Challenge. A few months ago you received a letter telling you about my project. Would now be a good time for you to complete a questionnaire, _____? It'll take about 25 or 30 minutes.

I want you to know that the answers you give will remain completely confidential, so neither Teen Challenge nor anyone else will be able to connect your answers to your name.

There's a way you can help speed up this call, _____. So that you won't need to wait for me to write down your answers, would it be all right with you if I use a tape recorder?

1. When did you complete your stay at Teen Challenge?

2. When did you enter the program?

3. Which Teen Challenge center or centers have you been at? (ask which induction center, which training center)

4. How would you rate the Teen Challenge program overall?

Poor	Fair	Good
1	2	3

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5. Since completing Teen Challenge, have you gone through any drug treatment program (including TC re-entry)? [mark on timeline]

___ (1) No
___ (2) Yes, completed
___ (3) Yes, but did not complete
___ (4) Yes, still in treatment
___ (5) Halfway House

6. [if yes:] What type of program?

___ (1) Inpatient
___ (2) Outpatient
___ (3) Both
___ (4) Teen Challenge Re-entry

7. [if yes to #5:] When did you enter?

8. Before entering Teen Challenge, had you tried any other drug treatment programs?

___ (1) No
___ (2) Yes

9. [if yes:] How many times?

10. [if yes to #8] Which programs? (Do you remember the names of that/any of those program[s]?)

10a. [if yes to #8] How would you compare the ___ [enter number] programs you have been in?

11. [if yes to #8] How long before you entered Teen Challenge had it been since your last treatment?

___ (0) No previous treatment
___ (1) Within a month
___ (2) Within six months
___ (3) Within a year
___ (4) Within two years
___ (5) Over two years prior

12. Have you attended AA or any other support group in the PAST 6 MONTHS?

___ (1) No
___ (2) Yes

13. [if yes:] What group?

14. [if yes to #12:] How often?

a. Stopped going
b. 1x/month or less
c. Several x/month
d. 1x/wk or more

[mark on timeline]

15. [if church small groups are not mentioned:] Have you attended any small groups through a church in the past 6 months?

___ (1) No
___ (2) Yes

16. [if yes:] What group? [to control for their possible misunderstanding that an AA group that meets at a church is not under the auspices of that church]

17. [if yes to #15:] How often?

a. Stopped going
b. 1x/month or less
c. Several x/month
d. 1x/wk or more

[mark on timeline]

18. [if church small groups are mentioned, in response to either #13 or #15:] In this group, are you free to talk about any challenge you are facing?

___ (1) No
___ (2) Yes

19. During the PAST 6 MONTHS have you had problems with

N	Y	Being bored?
N	Y	Being under stress?
N	Y	Being lonely?
N	Y	Being around others who drink or use drugs?
N	Y	Craving alcohol?
N	Y	Craving drugs?

BACKGROUND INFORMATION

20. Birthdate? ____/____/____

21. Ethnic Origin:

____(1) Asian
____(2) African-American
____(3) Hispanic
____(4) Native American
____(5) White

____(6) Other (fill in:)_____

22. Native Language

____(1) English
____(2) Spanish
____(3) Other

23. Where were you born and raised?

24. How long did you live there? etc. [establish timeline for respondent's (r's) place of residence until present]

25. [if unclear from timeline:] So would you say you have lived most of your life in a city, a town, or a rural area?

___ (1) City
___ (2) Town
___ (3) Rural Area

26. Who raised you?

27. Until when? etc. [establish timeline for family status to parallel above to the point of TC entry]

28. [as they fill in timeline, make sure they say whom they lived with during year before teen challenge--check all that apply:]

___ Alone
___ With parents
___ With spouse
___ With children
___ With roommates
___ With a sexual partner
___ Have no home
___ Other

29. When you left Teen Challenge, who did you live with?

___ Alone
___ With parents
___ With spouse
___ With children
___ With roommates
___ With a sexual partner
___ Have no home
___ Other

30. For how long? etc. [on timeline, outline R's roommate situation since leaving teen challenge until present.]

31. What is your current marital status?

___(1) Never married
___(2) Divorced
___(3) Separated
___(4) Widowed
___(5) Married

32. Has your marital status changed in the PAST 6 MONTHS?

___ (1) No
___ (2) Yes

33. [if yes:] How?

34. Have you had any children?

___ (1) No
___ (2) Yes

35. [if yes:] How old are they?

36. [if not clear from timeline whether children under 18 were living with R at time of admission to teen challenge, ask:] Were children under 18 living with you when you entered Teen Challenge?

___ (1) No
___ (2) Yes

37. Do any of the following describe you? [check all that apply]

___Part-time student
___Full-time student
___Disabled person
___NONE

38. Do you have a job?

___(1) Yes, full-time
___(2) Yes, part-time
___(3) No, unemployed

39. During the PAST 6 MONTHS, how many MONTHS have you worked?

___Months full-time
___Months part-time
___Months not worked

40. What was your employment status when you entered Teen Challenge?

___(1) Full-time employment (including student status)
___(2) Part-time employment (including student status)
___(3) Unemployed
___(4) Retired
___(5) Disabled
___(6) Homemaker

41. After leaving Teen Challenge, how long did it take to find your first job?

42. Would you say Teen Challenge made any difference in helping you get a job, or not?

___ (1) No
___ (2) Yes

42a. [if yes:] How?

[if no employment in past 6 months, skip to substance abuse (question #46)]

43. During the PAST 6 MONTHS, did you have problems:

(1)	(2)	
No	Yes	With a supervisor or boss?
No	Yes	Getting your job done?
No	Yes	Making mistakes?
No	Yes	Missing work?
No	Yes	Being late?
No	Yes	Getting injured?

44. In the LAST MONTH, how many DAYS were you absent from work?____

45. During the PAST 6 MONTHS were you ever under the influence of alcohol or drugs while working?

____(1) Never
____(2) Less than once a month
____(3) 1 to 3 times a month
____(4) 1 to 3 times a week

____(5) Almost every day

SUBSTANCE ABUSE

46. Have you used alcohol/drugs during the PAST 6 MONTHS?

[for those drug groups marked with an asterisk, legitimate uses exist. if the respondent indicates that he has been using any of these drugs for a medical problem, ask "has that been under the direction of a doctor?"]

		No	Yes
a.	ALCOHOL	_____	_____
b.	MARIJUANA (Hashish)	_____	_____
c.	COCAINE (Crack)	_____	_____
d.	STIMULANTS (Amphetamines/Speed/Crystal/Meth)	_____	_____
e.	*BARBITURATES, SEDATIVES (Sleeping pills)	_____	_____
f.	*OPIATES (Heroin/Dilaudid/Morphine)	_____	_____
g.	*TRANQUILIZERS (Valium/Librium/Ativan/Xanax)	_____	_____
h1.	HALLUCINOGENS (LSD/Acid)	_____	_____
h2.	HALLUCINOGENS (PCP/Dust)	_____	_____
i.	*PAINKILLERS (Percodan/Talwin/Codeine/Demerol)	_____	_____
j.	*OTHER (Glue/Sprays/Paint/over-the-counter)	_____	_____

47. [if respondent has relapsed:] In the PAST 6 MONTHS, what was your longest period of abstinence from all drugs and alcohol? [answer 0 if less than 2 weeks and 1 if 2 weeks to a month]

____months

48. How long since last use of drugs or alcohol? [answer 0 if less than 2 weeks and 1 if 2 weeks to a month]

____months

[if respondent is abstinent, skip to question #54.]
[if respondent has relapsed, and if answer to above is less than 6 months:

49. During how many of the PAST 6 MONTHS did you use any drugs or alcohol?

____months [enter this number on timeline]

[make sure answers to the above three questions are mathematically consistent.

sum of answers to 47 + 49 must not exceed 6 months.

answer to 48 must not exceed answer to 47.

If there are inconsistencies, gently clarify with respondent: e.g., "let's see, i'm missing something here, . . ."]

[if R has relapsed, ask:]

During the PAST 6 MONTHS:

50. Has your family or friends objected to your drinking (or drug use)?

___ (1) No
___ (2) Yes

51. Have you neglected some of your usual responsibilities because of drinking (or drug use)?

___ (1) No
___ (2) Yes

52. Have you drank [sic] (or used) enough so that the next day you couldn't remember what you had said or done?

___ (1) No
___ (2) Yes

53. Have you had the shakes or other withdrawal symptoms?

___ (1) No
___ (2) Yes

54. Do you now smoke cigarettes, cigars, or a pipe?

___ (1) No
___ (2) Yes

55. Had you ever smoked daily before entering Teen Challenge?

56. In the PAST 6 MONTHS, was there a time that lasted at least two weeks when you felt depressed?

___ (1) No
___ (2) Yes

[if no, skip to question #58]

57. During such a time, which of the following did you also experience? [check all that apply]

____Loss of appetite
____Increased appetite
____Sleep problems
____Loss of energy, fatigue
____Loss of enjoyment in usual activities
____Trouble thinking or concentrating
____Thoughts of suicide

How often did you use _____ during the year before you entered Teen Challenge? [if R has relapsed, use name of specific drug as opposed to name of broad category.]

	NONE	RARELY (less than once/mo)	MONTHLY (1-3 times/mo)	WEEKLY (1-5 days/wk)	DAILY (6-7 days/wk)
58a. ALCOHOL	_____	_____	_____	_____	_____

58b. [if none:] Had you ever used alcohol before entering Teen Challenge? Y N

58c. [if yes:] How often?

	_____	_____	_____	_____	_____
59a. MARIJUANA (Hashish)	_____	_____	_____	_____	_____

	NONE	RARELY (less than once/mo)	MONTHLY (1-3 times/mo)	WEEKLY (1-5 days/wk)	DAILY (6-7 days/wk)
59b. [if none:] Had you ever used marijuana before entering Teen Challenge? Y N					
59c. [if yes:] How often?					
60a. COCAINE (Crack)					
60b. [if none:] Had you ever used cocaine before entering Teen Challenge? Y N					
60c. [if yes:] How often?					
61a. STIMULANTS (Amphetamines/Speed/Crystal)					
61b. [if none:] Had you ever used stimulants before entering Teen Challenge? Y N					
61c. [if yes:] How often?					
62a. *BARBITURATES, SEDATIVES (Sleeping pills)					
62b. [if none:] Had you ever used barbiturates or sedatives to get high before entering Teen Challenge? Y N					
62c. [if yes:] How often?					
63a. *OPIATES (Heroin/Dilaudid/Morphine)					
63b. [if none:] Had you ever used opiates to get high before entering Teen Challenge? Y N					
63c. [if yes:] How often?					

	NONE	RARELY (less than once/mo)	MONTHLY (1-3 times/mo)	WEEKLY (1-5 days/wk)	DAILY (6-7 days/wk)
64a. *TRANQUILIZERS (Valium/Librium/Ativan/Xanax)	_____	_____	_____	_____	_____
64c. [if yes:] How often?	_____	_____	_____	_____	_____
65a. HALLUCINOGENS (LSD/Acid)	_____	_____	_____	_____	_____
65c. [if yes:] How often?	_____	_____	_____	_____	_____
66a. HALLUCINOGENS (PCP/Dust)	_____	_____	_____	_____	_____
66c. [if yes:] How often?	_____	_____	_____	_____	_____
67a. *PAINKILLERS (Percodan/Talwin/Codeine/Demerol)	_____	_____	_____	_____	_____
67c. [if yes:] How often?	_____	_____	_____	_____	_____
68a. *OTHER (Glue/Sprays/Paint/over-the-counter)	_____	_____	_____	_____	_____
68c. [if yes:] How often?	_____	_____	_____	_____	_____

64b. [if none:] Had you ever used tranquilizers to get high before entering Teen Challenge? Y N

65b. [if none:] Had you ever used LSD or acid before entering Teen Challenge? Y N

66b. [if none:] Had you ever used PCP or dust before entering Teen Challenge? Y N

67b. [if none:] Had you ever used painkillers to get high before entering Teen Challenge? Y N

68b. [if none:] Had you ever used any other drugs to get high before entering Teen Challenge? Y N

69. [if respondent's drug use is lighter now:] Why do you use drugs less often now than you did before entering Teen Challenge?

70. How old were you when you started drinking?

Age __ __

71. How old were you when you started smoking pot or using other drugs?

Age __ __

72. Did drinking or drug use by any family member repeatedly cause family, health, job, or legal problems?

___ (1) No
___ (2) Yes

73. [if yes:] Who?

___ Father
___ Stepfather
___ Mother
___ Stepmother
___ Brother
___ Sister
___ Spouse
___ Son
___ Daughter
___ Grandfather
___ Grandmother
___ Other male relative
___ Other female relative

74. Can you think of two people you tried most to please or to be accepted by before you entered Teen Challenge?

75. What was it about _____ that made you want to be accepted By them?

76. Can you think of two people in all of history you admired most before you entered Teen Challenge?

77. What was it about _____ that you admired?

78. Can you think of two people you compared yourself with before you entered Teen Challenge--in wanting to be like them in a certain way or in having what they had?

79. What was it about _____ that you compared yourself with?

80. Before you entered Teen Challenge, how many hours of TV did you watch on an average day?

81. Before you entered Teen Challenge, if you could have spent time with anyone on a weekend, who would it have been?

EDUCATION

82. What was the highest grade in school you completed before entering Teen Challenge?

Grade School	1	2	3	4	5	6	7	8
High School	9	10	11	12				
College/Postgrad	13	14	15	16	17	18	19	20+

83. What is the highest degree you had earned before entering Teen Challenge?

___(1) High School Diploma/GED
___(2) Vocational/Technical/Business School
___(3) Associate Degree
___(4) Bachelor's Degree
___(5) Master's Degree
___(6) MD/JD/Doctorate
___ None

84. Have you added to your education since leaving Teen Challenge?

___ (1) No
___ (2) Yes

85. [if yes:] How?

___(1) High School Diploma/GED
___(2) Vocational/Technical/Business School
___(3) Associate Degree
___(4) Bachelor's Degree
___(5) Master's Degree
___(6) MD/JD/Doctorate

RELIGIOUS HISTORY

[The following set of questions will elicit R's history of religious affiliation, attendance, and belief, which will be recorded on additional columns on the demographic timeline begun at question #23.]

86. Did you grow up going to religious services?

___ (1) No
___ (2) Yes

87. [if no:] Did you ever, before entering Teen Challenge?

___ (1) No
___ (2) Yes

88. [if yes to either of the above questions:] Where to? [some probing may be necessary to determine the denomination or at least an approximation thereof] [enter under appropriate column on timeline]

89. How often?

____(0) Never
____(1) Less than once a month
____(2) Once a month
____(3) Several times a month
____(4) Every week
____(5) Every day

[enter under appropriate column on timeline]

90. Until when? etc. [enter on timeline R's attendance and affiliation until present, making sure to note how soon after TC graduation R became involved in this church]

91. At the time you entered Teen Challenge, how often did you meditate or pray?

____(0) Never
____(1) Less than once a month
____(2) Once a month
____(3) Several times a month
____(4) Every week
____(5) Every day

92. When you were growing up, did your mom, dad, or both go with you to religious services?

____(1) Mom
____(2) Dad
____(3) Both
____(4) Neither

93. [if neither:] Did they go to any services at all or did they go to different services?

____(1) None
____(2) Different

94. [if different:] Where to?

[enter under appropriate column on timeline]
[again, some probing may be necessary to determine the denomination or at least an approximation thereof]

95. How often did they attend?

____(0) Never
____(1) Less than once a month
____(2) Once a month
____(3) Several times a month
____(4) Every week
____(5) Every day

[enter under appropriate column on timeline]

96. Can you tell me what you believe tithing means?

97. Is that something you do, or not?

98. "Would you say that you have been 'born again' or have had a 'born-again' experience--that is, a turning point in your life when you committed yourself to Christ?"[2]

___ (1) No
___ (2) Yes

99. [if yes:] When?

100. [if during stay at Teen Challenge:] Had anyone ever told you before that about being born again?

___ (1) No
___ (2) Yes

101. [if yes:] When? [prompt to determine whether R's upbringing included knowledge of this phenomenon, either at home or at church he attended growing up]

102. [fill this in after R gives answer:] (Did R's upbringing include such knowledge?)

___ (1) No
___ (2) Yes

---

[2] Wording of this question: George H. Gallup, The Gallup Poll: Public Opinion 1980 (Wilmington, DE: Scholarly Resources, Inc., 1981), p. 188.

Regarding questions 98-102 and 103-108: Clients of Teen Challenge are encouraged to become born again and to be baptized in the Holy Spirit, as evidenced by speaking in tongues. Hence, in controlling for selection bias, it is important to determine whether these experiences were part of the client's background.

103. Can you tell me what you believe it means to be baptized in the Holy Spirit, as evidenced by speaking in tongues?[3]

104. Have you ever been baptized in the Holy Spirit, as evidenced by speaking in tongues?

___ (1) No
___ (2) Yes

105. [if yes:] When?

106. [if during stay at Teen Challenge:] Had anyone ever told you before that about being baptized in the Holy Spirit, as evidenced by speaking in tongues?

___ (1) No
___ (2) Yes

107. [if yes:] When? [prompt to determine whether R's upbringing included knowledge of this phenomenon, either at home or at church he attended growing up]

108. [fill this in after R gives answer:] (Did R's upbringing include such knowledge?)

___ (1) No
___ (2) Yes

[3] Regarding questions 98-102 and 103-108: Clients of Teen Challenge are encouraged to become born again and to be baptized in the Holy Spirit, as evidenced by speaking in tongues. Hence, in controlling for selection bias, it is important to determine whether these experiences were part of the client's background.

109. Would you say Teen Challenge did something for you in your religious life, or not? (to test strength of any relationship between TC as a fundamental religious experience & the degree to which they recover) If so, what?

110. Now, think about the times when you have a serious personal problem. During those times, how often do you use Christian teaching to solve that problem, on a scale of 1 to 5? Five is always and 1 is never.

111. We all make decisions every day. How much does Christianity influence the decisions you make each day, on a scale of 1 to 5? Five is the most and 1 is the least.

Earlier you said that since graduation from TC, you have lived with _____ [fill in answer from question #29 and #30].

[ask questions #112 and #113 separately for each roommate]

112. Does _____ use drugs or alcohol?

Roommate 1

___ (1) No
___ (2) Yes

Roommate 2

___ (1) No
___ (2) Yes

Roommate 3

___ (1) No
___ (2) Yes

113. How often does _____ attend church?

Roommate 1

____(0) Never
____(1) Less than once a month
____(2) Several times a month
____(3) Every week
____(4) Every day

Roommate 2

____(0) Never
____(1) Less than once a month
____(2) Several times a month
____(3) Every week
____(4) Every day

Roommate 3

____(0) Never
____(1) Less than once a month
____(2) Several times a month
____(3) Every week
____(4) Every day

114. _____, how did you get along with your parents growing up, on a scale of 1 to 5? Five is great and 1 is awful.

_____ Mom

_____ Dad

LEGAL STATUS

115. During the PAST 6 MONTHS, how many times as a driver were you involved in a motor vehicle accident (car, truck, motorcycle, boat, snowmobile)?

NUMBER OF ACCIDENTS: 0 1 2 3+

116. Including moving traffic violations, have you been arrested in the PAST 6 MONTHS?

___ (1) No
___ (2) Yes

[if not arrested for any reason during the past 6 months, skip to question #119]

117. During the PAST 6 MONTHS, how many times were you arrested for

DWI or DUI?	0	1	2	3+
Speeding or other moving traffic violation?	0	1	2	3+
Disorderly conduct?	0	1	2	3+
Assault or battery?	0	1	2	3+

Theft, robbery, burglary?	0	1	2	3+
Vandalism or destruction of property?	0	1	2	3+
Possession of drugs or drug paraphernalia?	0	1	2	3+
Sale of drugs?	0	1	2	3+
Other?	0	1	2	3+

118. Have you been in jail overnight in the PAST 6 MONTHS?

___ (1) No
___ (2) Yes

Now I want you to think back to the year before you entered Teen Challenge for the following questions:

119. Had your family or friends ever objected to your drinking or drug use during the year before you entered Teen Challenge?

___ No
___ Alcohol
___ Marijuana
___ Cocaine
___ Other drugs

120. Typically, when you used drugs or alcohol, did you:

___ (1) Always use with other people?
___ (2) Usually use with other people?
___ (3) Use alone about half the time?
___ (4) Usually use alone?

120a. [if relapsed:] How about since Teen Challenge?

___ (1) Always use with other people?
___ (2) Usually use with other people?
___ (3) Use alone about half the time?
___ (4) Usually use alone?

121. During the year before you entered Teen Challenge, how many times as a driver were you involved in a motor vehicle accident (car, truck, motorcycle, boat, snowmobile)?

0 1 2 3+

122. During the year before you entered Teen Challenge, how many times were you arrested? (including moving traffic violations)

a. DWI or DUI?	0	1	2	3+
b. Speeding or other moving traffic violation?	0	1	2	3+
c. Disorderly conduct?	0	1	2	3+
d. Assault or battery?	0	1	2	3+
e. Theft, robbery, burglary?	0	1	2	3+
f. Vandalism or destruction of property?	0	1	2	3+
g. Possession of drugs or drug paraphernalia?	0	1	2	3+
h. Sale of drugs?	0	1	2	3+
i. Other?	0	1	2	3+

[if no arrests, skip to #124.]

123. During the year before you entered Teen Challenge, were you ever jailed overnight?

___ (1) No
___ (2) Yes

124. Of the twelve months before you entered Teen Challenge, how many months were you on welfare?

_____

125. How were you referred to Teen Challenge? [check all that apply]

___ Court
___ Detox Center
___ Employer/EAP
___ Family
___ Friends
___ Mental Health Worker
___ Physician
___ School
___ Self
___ Social Worker
___ Church
___ Other (what?)

126. Did you enter Teen Challenge as a direct result of . . .

No	Yes	
___	___	DWI or DUI arrest
___	___	Other court action
___	___	In lieu of incarceration
___	___	Ultimatum from employer
___	___	Ultimatum from mate

[for 24-month graduates only, continue. 18-month graduates, skip to #131:]

NOW I AM GOING TO ASK YOU A FEW MORE QUESTIONS. FOR THESE I WANT YOU TO CONSIDER THE PAST YEAR, OCTOBER 1994 TO OCTOBER 1995.

127. During the year October 1994 - October 1995, did you go back to treatment? [do not count halfway house, extended care, or aftercare]

___ (1) No
___ (2) Yes

[if timeline for #5 is marked yes, and they say no to #127, there's a problem. gently clarify with respondent: e.g., "let's see, i'm missing something here . . ."]

128. During how many of the 12 months did you drink any alcohol?

_____

[answer may not exceed 6 + number entered on timeline blank for #49.]

129. During how many of the 12 months did you use any mood-altering drugs? [do not count prescribed or OTC drugs]

_____

[answer may not exceed 6 + number entered on timeline blank for #49.]

[sum of answers to #128 and #129 must be ≥ number entered on timeline blank for #49.]

130. During how many of the 12 months did you attend AA or other support group at least 3 times a month?

_____

[if answer to #14,17 on timeline is NA, a, or b, then answer here must be ≤ 6 months.]

Now I am going to read a brief list of things that . . .

[for relapsed patients] may have contributed to your drinking (or drug use).

[for abstinent patients] may have made your recovery difficult.

Please respond yes or no to each to indicate whether it . . .

[for relapsed patients] contributed to your starting to drink (or use drugs).

[for abstinent patients] made it hard to avoid drinking (or drug use).

131. Marital or relationship problems? __No __Yes __Unsure

132. Stress from family problems? __No __Yes __Unsure

133. Financial problems? __No __Yes __Unsure

134. Boredom, loneliness, anger, or depression? __No __Yes __Unsure

135. Craving alcohol or drugs? __No __Yes __Unsure

136. Not really wanting to quit? __No __Yes __Unsure

137. Within the first six months after completing the Teen Challenge program, how strong was your desire to drink or use drugs?

____(1) very strong
____(2) moderate
____(3) weak
____(4) no desire

138. Within the last six months, how strong has your desire been to drink or use drugs?

____(1) very strong
____(2) moderate
____(3) weak
____(4) no desire

139. Can you think of two people whom you now try most to please or to be accepted by?

140. What is it about _____ that makes you want to be accepted by them?

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