

STUDY OF
Teen Challenge Training Center
REHRERSBURG, PENNSYLVANIA



By Catherine B. Hess
MD, MPH

DEPARTMENT OF HEALTH, EDUCATION & WELFARE

Preface

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

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

It was hoped that two new types of treatment, instituted in the past 18 years, would have significant impact on the drug problem. The first new concept was that of the therapeutic community as introduced by Synanon in 1958 on the West Coast, soaring to national prominence through two books, "So Fair A House" and "The Tunnel Back." The second therapeutic community got its focus from the book by David Wilkerson, "The Cross and the Switchblade." Until very recently, neither group permitted nor sought government funds to validate their claim to higher success rates than any other treatment.

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

progressed.

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

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

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

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

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

Methodology

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

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

Identification of Populations

Throughout the presentation, three populations will be referred to:

P1 - (Population One). 335 individuals entered the first treatment phase - Phase 1 - at the Brooklyn Induction Center, Brooklyn, New York. This number included 37 who came from Puerto Rico to the Brooklyn Center, leaving 113 of the 335 who went to the farm. 222 in the P1 identified as true "dropouts."

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

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

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

The task was to locate most of the Farm population (144) and as many of 222 dropouts from the Brooklyn Induction Center as possible. See Table 1.

Final Population Located for Study and Analysis.

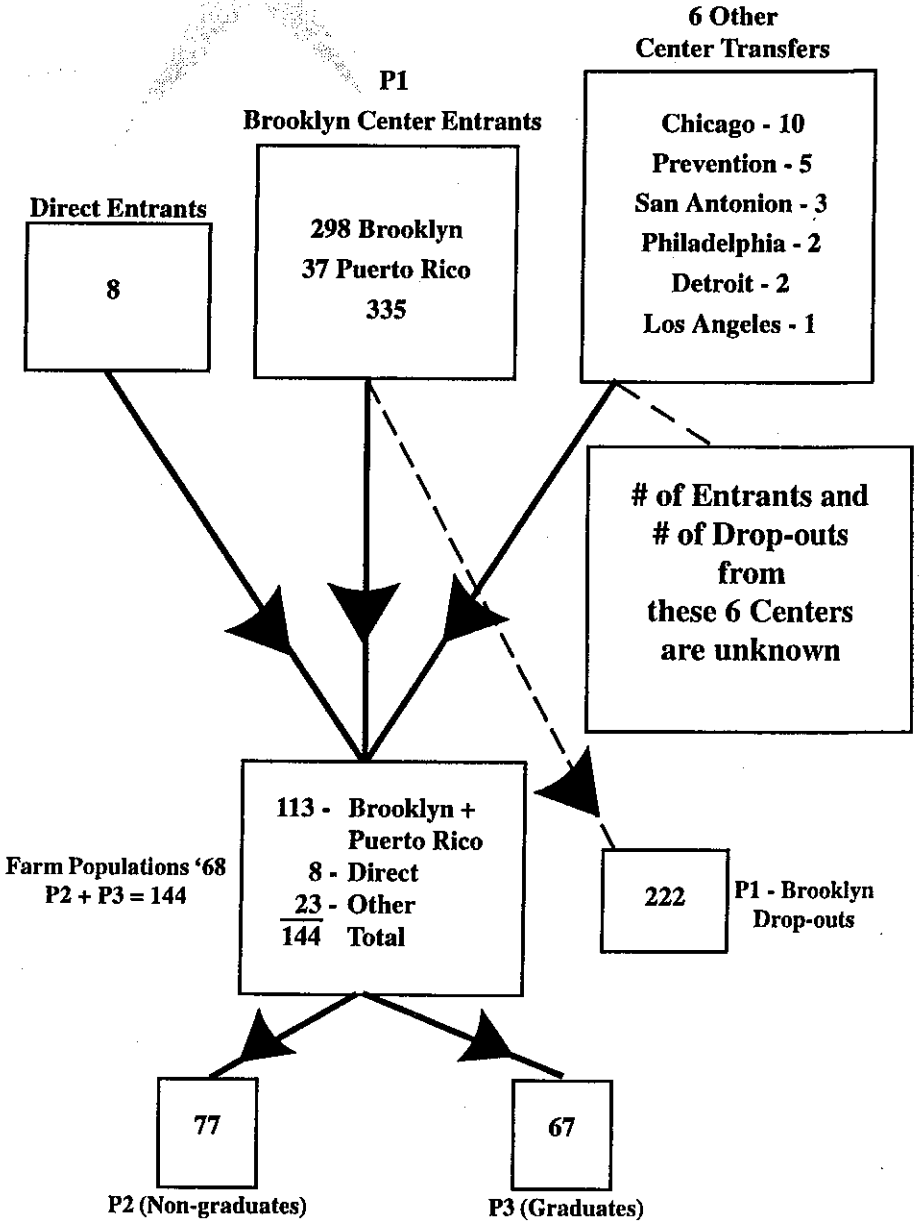
The Teen Challenge Training Center (The Farm) population consisted of 113 out of 335 from Brooklyn, 23 from 6 other induction centers, and 8 admitted directly for a total of 144.

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

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

Distribution of the Three Populations in the '68 Study

TABLE 1



*10 of this number claimed no heroin use 1 month to admission because of incarceration, etc.

Identifying a Possible Cause of the Drug and Alcohol Problem

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

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

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

Western civilization (particularly the U.S.) has tended to place the spiritual side of man in an inferior light. Participation in this aspect of daily living tended to denote weakness instead of strength and was readily and quickly eliminated as a significant part of family living.

Families participated in churchgoing, in prayer meetings, in helping the poor, in supporting missions, but failed to elevate the spiritual aspect in their own homes to a meaningful level. We have taken specific steps in our schools to eliminate any religious tie-up with interpersonal relationships in the classroom. We no longer speak of Christian principals or Christian morals but have to substitute words like "value teaching" and "value clarification." We insist that the needs of each child be identified and fulfilled; that frustration and anxiety be eliminated; that freedom of choice and early decision-making be easily available and that by following this pattern, the child will emerge as a self-esteeming individual capable of coping with all problems in an acceptable fashion. It does work for some but for others, who seem to have lost their identity, there exists an existential void, a boredom, because life has no meaning or purpose. For this group several survival factors of the day have vanished: trust, faith, respect, meaningful personal relationships, intuition, common sense and affection.

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

***Rising into prominence are:
Faith in himself,
Faith in his God,
Faith in mankind,
Faith make the difference.***

Background of Teen Challenge

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

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

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

Research Summation

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

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

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

Financial support to run the Center comes principally from contributions from individuals and churches. Other forms of support include: donations of food, equipment, building supplies and even investments of time to do various jobs for the Center. Many items are

purchased at cost and some are gotten from government surplus. The Teen Challenge Training Center and all of the 50 Induction Centers throughout the United States get no federal, state, or local support. This Research Project is the only federal support ever accepted by Teen Challenge and was in effect for one year.

DESCRIPTION: The Teen Challenge Program

1. PHILOSOPHY-PURPOSE-GOALS

A. Philosophy

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

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

1. There is hope.
2. Drugs are not the major root problem.
3. Sin is the major root problem.
 - a. Drugs are not sin; they are a symptom of the problem
 - b. The only cure for sin is Jesus Christ.
 - c. Jesus Christ died on the cross to save a man from his sin.
 - d. Through faith in Jesus Christ you can be forgiven and cleansed from the power of sin.

- e. The knowledge that your sins have been forgiven and you no longer have to be controlled by them becomes the motivation to change your lifestyle. Christ within you gives you the power to overcome the loneliness and the nothingness that has filled your life. You take sin out of your life and put Christ in. When sin is taken out, you take the symptoms out; drugs, alcohol, hate, jealousy, pride, selfishness, etc.

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

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

B. Purpose (It can be said that the Teen Challenge program):

1. Provides a structured environment that requires the addict to break away from the street life and whole lifestyle to a country farm atmosphere 150 miles from New York City.
2. Requires him to give up all addictions and habits simultaneously; heroin, drugs, alcohol, cigarettes and girls.
3. Requires him to accept rules of behavior imposed by others.
4. Requires him to accept Jesus Christ as his Savior and to place his life in the hands of God.
5. Demonstrates to the individual concern for him as a human being.

6. Provides religious and vocational training to equip with survival tools for use back in his community.

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

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

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

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

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

C. Program Goals

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

To produce a definition of acceptable behavior is perhaps not realistic because what is viewed by staff of a program or researchers as being acceptable will fall short of the addicts' concept. Administrators tend to be more idealistic and operate at the top norm level while the participant must be very pragmatic. Teen Challenge provides a tough and difficult goal, specific protocol of what is right and wrong, within which context he must live. No longer is it a loose concept of desires to give up drugs, he automatically desires to work.

The goals of functional involvement include the areas of:

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

Employment

Specific Goals of the Teen Challenge Treatment Program

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

THE PROGRAM

A. Admissions

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

through the program voluntarily, give up drugs "cold turkey" without medication, give up cigarettes and pot smoking, accept the rules and penalties established, be able to speak and understand English, be sincere in his desire to change his life, have his interview when not high and wait for a bed (at the Brooklyn Center, there was a waiting list in 1968 of 2-3 weeks at a times). He would have to call in at 10 a.m. each day; if he failed in this task it was used against him in selection.

This is an entirely free program. No charge is made to any individual. It is general policy that all individuals must come through an Induction Center. In 1968, however, eight came directly to the Training Center.

RECRUITMENT

1. STREET MEETINGS OR CONTACT

The street may be a public gathering or rally platform and a sound system, using music as a message and/or personal testimony of a student in the program, or another person telling about his changed life. It may be literature distribution, or one-on-one talking, or a combination of these. The literature was always designed for the area, and the type of people being dealt with "Positive Cure for Drug Addiction" is an example. The language was current and relevant to the one's being sought. This has made it difficult to create wholesale literature for the whole country. Something for the ghetto may not be appropriate for Berkeley's campus for example. Some books were used, such as "The Cross and the Switchblade", "Run Baby Run", and "Carmen" and others, mostly involving life experiences.

Coffee houses and drop-in centers were used to make contact. These were usually located in areas of known drug traffic or where young people gathered. Some Teen Challenge centers have used a "floating" Coffee House. A bus is set up with a sound system, rugs, and pillows, then it is driven to an area where youth can be invited in from the street, using some of the techniques of the street meeting to

get attention, literature and “rapping” were used to interest youth in entering the program, if necessary. This pattern had to be modified in recent years because of new laws prohibiting street gatherings and loitering.

2. FORMAL SETTINGS

Programs are presented in schools, youth groups in churches and youth centers, civic clubs and almost any kind of public forum to let people know there is a program that offers help to troubled youth. These presentations may include education on drug abuse, explanation that is usually symptomatic, testimony that a changed life is possible, or information on the Teen Challenge program.

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

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

3. JAILS, PRISONS, DETENTION AND JUDGES

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

4. FAMILY, SOCIAL AGENCIES AND TEACHERS

Probation officers and social workers as well as parents, teachers

and counselors may refer people to an outreach ministry.

5. OPEN DOOR

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

6. ONLY A SMALL NUMBER CAME THROUGH ON PROBATION OR PAROLE

TABLE 2

	P1	P2	P3	Total
State Probation	3	2	4	9
State parole	1	0	0	1
County probation	2	1	2	5
County parole	0	1	0	1
On bail	5	4	4	13
Held for Trial	0	0	2	2
In lieu of Sentence	3	3	1	7
Work Release	1	0	0	1
Juvenile Court	1	1	1	3
Total	16	16	21	22
	(27%)	(16%)	(21%)	(22%)

Management of Conflicts

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

There has been some comment in writing about the suppression, repression, or capping that is done at Teen Challenge. There is an appropriate time for release of emotion. There is an appropriate time for release of certain types of behavior. There is an appropriate time for alienation or breaking of relationships between people who are called there to God’s Mountain for the same purpose. Occasionally, it was necessary to help someone learn how to control the particular impulse that was present. Occasionally, this meant someone wanted to take up his normal street methods and pull a knife or try and knock someone out. Staff would have to intervene and allow his cognitive processes to catch up with his emotional rampage. But, as for encouraging the fellows to suppress material, or to cap material for a long period of time, that’s not where it was. Even in the cases when staff helped a person restrain himself from unhealthy behavior, they knew and he knew that the emotion would have to be dealt with. This was handled in many ways; getting the person to look at the alternatives for that same type of impulsive behavior, such as direct confrontation, verbal confrontation, beginning to understand some of his own make-up and the other fellow’s makeup that sets him off, etc. Much of this understanding took place in classrooms, in rapping with other staff, or in the infamous English class.

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

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

Education Background

The percent of those who didn’t finish the 12th grade (High School) are as follows: P1-82%; P2-87%; P3-75%. The reason for leaving school was identified as not principally due to drug abuse, but for other reasons which were not specifically asked on the questionnaire. Twenty-two (31%) of the P1 group said they left school because of drug use; 15(30%) of the P2’s and 29(45%) of the P3’s.

Highest Level of Education Attained Before entering Teen Challenge

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

Religious Background of Teen Challenge Clients

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

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

TABLE 4

	P1 N-70%	P2 N-52%	P3 N-64%	Total (N=186)
Religious Activity				
Reporting Self as:				
very or somewhat religious	59	31	27	40
not religious	41	69	73	60
Reporting Mother as:				
very or somewhat religious	89	82	77	83
not religious	11	18	23	17
Reporting Father as:				
very or somewhat religious	66	71	45	60
not religious	34	29	55	40
At time of admission:				
Baptized	87	77	61	75
Confirmed	43	45	46	38
Church member	63	29	33	43
"Filled with Holy Spirit"	2	1	6	13

TABLE 5

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

Drug Use

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

Heavy, 3 or more times a day	114
Moderate, 2 times a day	29
Mild, 1 time a day	11
Use, 1 to 2 times per week or less	5
Total	161

Thus, we note 154 (95%) out of 161 heroin users were using heroin one time daily or more often with 114(70%) being heavily addicted. No significant differences were noted in the three populations. Ten individuals are classified as chronic alcoholics, although heavy drinking was an additional problem with the other drug abuses. Four individuals are classified as multiple drug users exclusive of heroin use.

TABLE 6

Severity of Addiction by Population

Severity of Heroin addition at time of admission

	P1	P2	P3
Heavy	44 (70%)	26 (63%)	44 (73%)
Moderate	12 (20%)	10 (24%)	7 (12%)
Light	5 (8%)	4 (10%)	2 (3%)
Total	61 (97%)	40 (97%)	53 (93%)
Abuse	2	1	4

Ten individuals are classified as chronic alcoholics, although heavy drinking was an additional problem with other drug abuses. Four individuals are classified as multiple drug users exclusive of heroin use.

Results and Conclusions of the Teen Challenge Study as it Relates to:

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

RESULTS OF THE SURVEY

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

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

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

Moreover, the use of non-opiate drugs including alcohol is markedly lower for the Training Center graduates than for Training Center dropouts; while graduates are more likely to obtain further schooling and report fewer arrests than do the dropouts. Finally, in terms of Teen Challenge goals with regard to increased religious activity, marked difference was shown in Training Center graduates, reporting far larger religious involvement.

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