Project Choices: Adventure-Based Residential Drug Treatment for Court-Referred Youth

H. L. (LEE) GILLIS
CINDY SIMPSON

Project Choices is a residential treatment program for drug-abusing adjudicated adolescents that employs the adventure-based counseling model to instill change. Its goals have been to reduce conduct-disordered behavior associated with delinquency and drug use. Thus far, the program has proved effective.

In a recent overview of substance abuse counseling in community corrections, Haddock (1990) noted options for outpatient programs wanting to initiate effective treatment programs. Many of his suggestions have been incorporated into Project Choices, an adventure-based residential treatment program for court-involved youth who display alcohol and other drug abuse issues significant enough to have them come into contact with the State of Georgia's juvenile court system. Project Choices is a program of Project Adventure, Inc., and uses the adventure-based approach to counseling to attack the problem of substance abuse.

PROJECT ADVENTURE

Project Adventure began in 1971 and offers action-oriented experiences on what are commonly referred to as "challenge ropes courses" (Rohnke, 1989). A typical challenge ropes course may bring to mind an obstacle course associated with military training. Most adventure-based counselors, however, have adapted these obstacles to physical challenges that are both individually and group focused. These activities enable clients to achieve specific educational or therapeutic goals (Gass, 1991). When offered as opportunities for personal growth, these activities form a process called adventure-based counseling (Schoel, Prouty, & Radcliffe, 1988).

Adventure-based counseling experiences often begin with warm-ups, structured exercises that allow a group to encounter one another, to feel more comfortable interacting as a group, and to begin experiencing the spontaneity of the adventure process (Gillis & Bonney, 1986, 1989). Initial warm-up activities are sequenced to become more physically and psychologically risky, while also communicating a sense of fun and adventure.

The choice to participate when encountering these challenges is seen by most adventure-based counselors to rest with the client. Adventure-based counselors generally follow Rohnke's (1984, 1989) attitude of "challenge by choice." This attitude provides clients with the opportunity to withdraw from an activity at any time. Implicit in the challenge by choice philosophy is the guideline that counselors provide the information necessary for clients to make informed choices before an activity begins.

A concept related to challenge by choice is the "full value" contract (Schoel, Prouty, & Radcliffe, 1988). The full value contract is an adaptation of a therapeutic contract associated with approaches found in Gestalt Therapy, Transactional Analysis, and Reality Therapy (Corey, 1990). With the full value contract, clients are asked to agree to work together and to work toward their individual as well as group goals. They also agree to adhere to safety guidelines and to a willingness to give as well as receive positive and constructive feedback. Relating these powerful adventure experiences to real-life situations is a primary concern of adventure counselors.

Project Choices attempts to combine effective adventure-based counseling techniques with factors related to effective treatment of drug-abusing adolescents. Prior to developing the program, counselors consulted the research literature to see what elements were necessary to build an effective program for drug-abusing adolescents.

ADOLESCENT ABUSE FACTORS AND SUCCESSFUL TREATMENT

Haddock (1990) noted that the number of individuals in treatment almost equals the number of research articles on substance abuse treatment. From the sheer number of research articles available, it has been necessary to rely on reviews of literature in the field to make sense of what is state of the art. Several issues raised by reviews of effective programming in substance abuse treatment are especially relevant to the treatment methods used by Project Choices.

H. L. (Lee) Gillis is an associate professor of psychology at Georgia College, Milledgeville, Georgia, and a psychologist at Project Adventure, Covington, Georgia. Cindy Simpson is the director of Project Adventure. *Project Choices is administered by Project Adventure, and funding is provided by a grant from the Division of Youth Services, State of Georgia, Atlanta. This article was originally presented at the 1991 convention of the American Association for Counseling and Development in Reno, Nevada. Portions of this article were also presented at the Southeastern regional conference of the Association for Experiential Education in Charleston, and an earlier version appeared in Project Adventure's newsletter* Ziplines.

Addiction Characteristics of Adolescents

Newcomb and Bentler (1989), in a review of issues related to adolescent drug use and abuse, noted that the etiology of involvement with addictive substances is related to peer-group drug involvement. Wills and Vaughn (1989) have researched the same issue and found that if the peer group values drug using and abusing and the adolescent has poor relationships with adults (especially family members) he or she is more likely to become involved in abusing substances. A supportive relationship with the family was found to be inversely related to drug use.

Adolescents who use alcohol as a coping mechanism for negative feelings (i.e., anger) and who have positive expectations of alcohol's effects were more likely to follow the path toward alcohol abuse (Cooper, Russell, & George, 1988). Sensation seeking (Zuckerman, 1979) is also seen as a personality variable related to substance abuse. Here the willingness to risk and need for excitement have been directed toward uninhibited activities such as excessive drug use. This latter variable is thought to be especially relevant to clients in an adventure-based drug treatment program, because adventure experience is related to positive thrill seeking and risk taking.

The literature suggests the need for treatment programs to (a) teach positive coping skills, (b) foster a peer group that does not value drug abuse but does acknowledge positive sensation seeking activities, and (c) build a positive relationship with family members that includes positive support and open communication. Haddock (1990) noted that self-help methods like those of Alcoholics Anonymous (1981), and psychotherapeutic methods such as bibliotherapy; social skills training; coping skills training; and individual, group, or family therapy all contribute to effective substance abuse programs in corrections. The combination of these approaches has also been augmented by alternative programs such as adventure-based treatments similar to what is offered through Project Adventure.

Alternative Programs for Treatment

Tobler's (1986) meta-analysis of drug prevention programs noted that alternative programs focused on physical adventure (e.g., camping and wilderness activities) were most effective for drug-abusing adolescents. Furthermore, Price, Cowen, Lorion, and Ramos-McKay (1989) described several features of effective prevention programs. Successful programs were found to do the following: (a) focus on a specific target group; (b) aim to promote long-range change by setting clients on a new developmental course; (c) provide an opportunity to learn new coping skills; (d) attempt to strengthen existing support from family, community, or school settings; and (e) collect rigorous research evidence to document their success.

Gass and McPhee (1990) specifically addressed the use of adventure-based therapy for substance abusers. They conducted a survey of existing treatment programs and had recommendations very similar to those above. They advocated, among other things, that programs develop specific treatment approaches that use adventure programming for a particular population (adolescents or adults) and document their ability to help clients achieve and maintain sobriety (i.e., follow up). Their research also found that the majority of programs responding to their survey only used adventure-based programming in conjunction with an existing drug and alcohol treatment program and that the most frequent use of such programming was only 1 day, although multiple 1-day use was not accounted for in the survey. The 1-day use of adventure programming is perhaps indicative of substance abuse treatment programs responding to the survey, but not normative for all adventure programming with adolescents as demonstrated by two recent articles.

A Sampling of Adventure Programs for At-Risk Youth

Although not specifically addressing substance-abusing populations, several authors have recently described therapeutic programs for delinquent youth. Clagett (1989), noted the effectiveness of a wilderness experience that lasts from 8 to 18 months. An 85% success rate regarding recidivism after 6 months is cited as one positive evaluation of this program for adjudicated youth. Successful elements cited in the program include intensive screening for appropriate adolescents, family involvement, and an aftercare component. Similar to other adventure-based (Schoel et al., 1988) and substance abuse treatment programs (Haddock, 1990), group counseling is used as a primary therapeutic tool.

A program very similar to Clagett's is Marx's (1988) outdoor adventure program for adolescents in the state child welfare system, called Teen Adventure. This 4-month program with an 8-month follow-up consists of wilderness trips and community service projects. Goal-oriented behavioral contracts and home visits are an integral part of the Teen Adventure program. The author reports participants' and program success, measured by positive self-report assessment from participants and their parents. Additionally, the renewed funding by the state for the program contracts was cited as evidence of positive external evaluation.

Project Choices has attempted to design a program that matches the elements of successful programs for substance abusers and adjudicated adolescents, while extending the length and the depth of traditional adventure-based counseling programming to focus on specific needs of adjudicated adolescent drug abusers.

PROJECT CHOICES

The philosophy of Project Choices uses adventure-based counseling techniques, including challenge by choice and the full value contract, to encourage young people to develop positive social behaviors and decrease drug-abuse behaviors. This goal is achieved through positive interactions with a firm but understanding staff, along with caring confrontation and consequences given by a group of peers who suffer from similar addictive problems.

Trust in self and others is fostered through participation in adventure activities that parallel recovery concepts. Development of this trust is accomplished through designing activities that promote cooperative behaviors among clients. Given a supportive, structured environment where adventure activities are used to therapeutically create positive stress, clients in Project Choices are encouraged to develop increased self-esteem, learn positive coping skills, improve relationships with their families, and value their ability to live drug free when returning to their home environments.

The incorporation of family dynamics is primary in the Project Choices treatment and transition program. A family atmosphere is created through the use of placement homes and placement home counselors who serve as "house parents" throughout the treatment and transitional aftercare program. More importantly, clients' family members are included in special weekend programming during the treatment phase of the program and are involved throughout the transitional aftercare program.

Admissions Criteria

The criteria for drug abuse that most Project Choices clients meet come from the *Diagnostic Statistical Manual–Revised* (*DSM-III-R*) and include a maladaptive pattern of substance use that includes either (a) continued use despite knowledge of having social, occupational, psychological, or social problems or (b) recurrent use in situations that are physically hazardous (American Psychiatric Association, 1987).

Most clients are interviewed while in custody at a Regional Youth Development Center (RYDC). During the interview process, background social and psychological information is gathered to (a) determine if the potential client meets admission criteria and (b) assist in the design of an individualized treatment program. Once accepted into the program, clients live under the supervision of three treatment counselors (two primary and one secondary) assigned to the 8-week treatment phase of the program. The clients reside in Project Adventure placement homes during the 8-week treatment and 8-week transition program. Each placement home and each transitional aftercare home houses up to six clients and is staffed by a placement home counselor.

Phase I: Treatment

Each treatment day begins with a morning meditation along with individual and group (behavioral) goal setting and ends with a Narcotics Anonymous (NA) (1988) meeting and a "debrief." The debrief is a discussion of the processes by which individual and group goals have been met or not met and strategies to improve performances.

Through the use of adventure activities, the group is guided sequentially through simple group and individual tasks to more creative and complex problem solving. The group activities and debriefs are a major therapeutic aspect of the program. Negative behavioral consequences are determined by the group and treatment staff and range from a behavioral contract to removal from the program.

The first week of the program is spent camping outdoors. During the first week, pretests are given and clients meet individually with a physician and licensed psychologist for diagnosis. Initial individual treatment plans are written by the treatment staff at the end of the first week, based on background information and diagnostic impressions.

During the second week, the clients participate in numerous drug-education lectures. These lectures include the following topics: (a) the disease concept of addiction, (c) denial, (c) family dynamics and chemical dependency, (d) effects of different drugs, (e) drug abuse and AIDS, and (f) the 12-step model for recovery (NA, 1988). The lectures are complemented by videotapes and adventure activities. Adventure activities related to substance abuse and recovery topics help clients visually, actively, and concretely experience their education on addiction issues. For example, an initial adventure activity would ask clients to put on a blindfold to help them understand the concepts of powerlessness and lack of control. Clients are asked to line up in a designated order while blindfolded (Rohnke, 1988). In the group discussion (debrief) that follows, clients are asked to talk of times in their life when they have felt powerless (similar to when they were blindfolded) and times when they have felt powerful (similar to when they found their place in the lineup). The counselors parallel these expressed feelings directly with the drug education topics of powerlessness and lack of control. The use of adventure activities to parallel addiction concepts is a primary way adventure-based treatment differs from traditional treatment of addictions.

The third week is spent camping again. During this period, clients are given increased responsibilities for camp setup, meal preparation and cleanup, and they participate in more challenging group activities, which

demand increased amounts of cooperative behaviors, increased levels of trust, and more reliance on individual strengths within the group.

The fourth week introduces the first three steps in the 12-step model for recovery and helps clients begin to look back on their patterns of abuse and how their lives have become unmanageable. Individually, clients are responsible for writing their own life story and sharing it with their peers. This ordeal can be a painful look at how their lives have become unmanageable because of their drug abuse.

During the fifth week, the group participates in a week-long backpacking trip. Clients are responsible for planning the menu for the week, organizing the equipment, packing their gear, cooking their own food, setting up their own tents, and generally caring for all elements of the camping experience. The cooperative skills learned during the third week prove to be useful to the group as they deal with backcountry challenges. The attempt here is to teach clients that learning new skills can prove helpful in dealing with later stresses.

In the sixth week, clients are introduced to nonchemical coping skills to prevent relapse. This week is spent developing a specific, individualized plan for dealing with problems once clients are out of treatment and back in their home community. Each client is responsible for identifying his or her triggers that lead to the drug abuse and for developing a checklist of positive actions to replace drug use as a way for coping effectively with their problems.

The end of the sixth week is the family weekend. Clients' family members participate in activities, lectures, and planning sessions designed to promote improved cooperation and communication. The goals for this weekend are to develop strategies for developing a family team. Activities are designed to help families see their function in their son or daughter's recovery. In individual meetings with counselors, both parents and clients communicate their personal goals following treatment, as well as determining who will be responsible for carrying them out. Educational options for the clients are also discussed, and tentative plans are made for the transitional aftercare phase of the program.

Week 7 is spent developing and implementing two community service projects intended to demonstrate the need for clients to become responsible members of their community. The first group of clients role-played a drama to elementary school students on the recurrence of addiction in families. After they presented the drama, clients shared some personal life experiences and stressed the need for the young people not to start using drugs or alcohol.

The eighth week involves posttreatment evaluation, testing, and planning for transition to the aftercare program. The transition ceremony includes a brief slide show of activities clients were involved in throughout

the program, awards for the most improved group member, dinner, and progress reports from the staff to the parents and court service workers in attendance.

Phase II: Transitional Aftercare

Clients completing the 8-week residential treatment program move into the transitional aftercare phase for a minimum of 2 months to a maximum of 1 year. The focus of transitional aftercare is continued recovery through increasing family involvement, practicing relapse prevention skills, exercising independent living skills, and participating in traditional school, GED preparation, or employment.

While residing in transitional care, clients are involved in the following activities: (a) attending group therapy twice a week, (b) attending a relapse prevention group once a week, and (c) attending a focus group with members of their own sex. The transitional care program integrates the 12-step model of Alcoholics Anonymous and Narcotics Anonymous on a daily basis. The clients are responsible for facilitating a weekly community NA meeting at the Project Adventure site, which was initially developed by the first Project Choices treatment group.

Family participation is encouraged through visits by the family to the placement home and through clients' weekend passes home. On completion of transitional care, clients return home or are placed in an independent living situation. Completion and placement are decided jointly by the client, a transitional care counselor, a consulting psychologist, the referring personnel, a family member, and an alcohol and drug counselor from the treatment program.

EVALUATION RESULTS

Participant Characteristics

In the first three groups, 29 clients completed the 8-week treatment program, and 27 of the 29 (93%) clients completed (at least) an 8-week transitional aftercare program. Of the total number of clients, 17% were women, and 83% were men; 38% were Black, and 62% were White. Project Choice's clients mirror available national figures, which indicate that 93% of juveniles in correctional facilities are boys, 52.5% are White and 41.4% are Black (Bureau of Justice Statistics [BJS], 1990). The average age of the Project Choice client was 15.76 years old, with ages ranging from 14 to 17 years.

The average number of biological parents in the homes of these clients was 1.18 and the average number of siblings was 1.93. A total of 67% of the clients had only one biological parent in their home, which also mirrors

the national average (BJS, 1990). Clients had committed an average of 5.27 offenses, including the admitting offense(s) and violations of probation, with over 50% having committed more than five offenses. This number of previous offenses is slightly higher than the 43% of incarcerated juveniles who have been arrested more than five times (BJS, 1990). The average number of previous hospitalizations for clients was .45, ranging from no admissions for 69% of the clients to 2 to 3 admissions for 10% of the clients.

Of the original 29 clients, 79% met criteria for drug abuse, and 21% met multiple drug-abuse criteria. Of the first group, 31% were identified as dealers; the remaining 69% were primarily abusers of drugs. Note that the original admissions criteria included *at least one drug offense*, and this criteria resulted in the inclusion of drug dealers who did not meet criteria for drug abuse or drug dependence. A total of 61% also met criteria for conduct disorder; other diagnostic disorders included dysthymia, academic problems, and borderline intellectual functioning.

Regarding intelligence levels as measured by the Wechsler Intelligence Scale for Children-Revised (WISC-R, 1979), scores were generally in the average range on the overall verbal, performance, and full-scale intelligence quotient and nearly all subscales. As a group, the clients scored lower on two measures of overall verbal intelligence: *information* (M = 7.00) and *vocabulary* (M = 6.78). Each of these subscale scores is one standard deviation unit (3 points) below the average score of 10 on a subscale, but they are in line with the difficulties the majority of these clients have had with public schools.

The clients who were not enrolled in school at the time of their admittance to Project Choices accounted for 22% of the total number of clients, and 33% of the total number of clients were below grade level. Currently (either in transitional aftercare or placed back in their home environments) 89% of the original 29 clients are attending the local school system, the alternative school at Rainbow Lake (located at Project Adventure's Covington, Georgia site), or are involved in GED preparation.

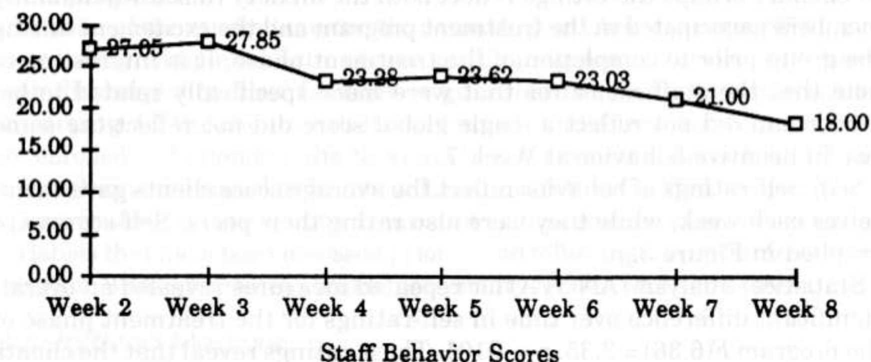
As is generally the case among youth who have been adjudicated, these clients scored much higher on performance measures of intelligence than on verbal measures (Sattler, 1982), specifically scoring lower on the comprehension subtest of the WISC-R (hf = 6.78). Some authors have speculated that active (less verbal) treatment programs may be more effective than traditional therapies with clients who have higher performance skills due to their inability to have insight into their problems (Hollis & Williams, 1990). This hypothesis deserves further testing. Our current evaluation, supported by Tobler's research (1986) suggests that this hypothesis is correct. One of the ways in which these positive changes are measured is through changes in behavior.

Behavioral Measures

Staff. The Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1987) was used by counselors as a weekly measure of each client's behavior during the treatment phase of the program. The conduct disorder scale of the RBPC was used for evaluation of each client's behavior as it was thought to be indicative of the primary problem, which leads many of the clients to begin using drugs in the first place. Sample items on this scale included: (a) "Disruptive; annoys and bothers others;" (b) "Selfish; won't share; always takes the biggest piece;" and (c) "Blames others; denies own mistakes." Average conduct disorder scores measured by staff are graphed in Figure 1.

Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference in the scores on the staff's behavioral ratings over time, $F(6,96) = 2.38$, $p = .03$. Significant differences were found to exist between Week 2 and Week 8, demonstrating that the counselors noticed specific behavioral changes in the clients over the course of the treatment program. Mean scores for staff ratings as well as peer and self are presented in the figures.

FIGURE 1
Staff Behavior Ratings of Week 2 Through Week 8

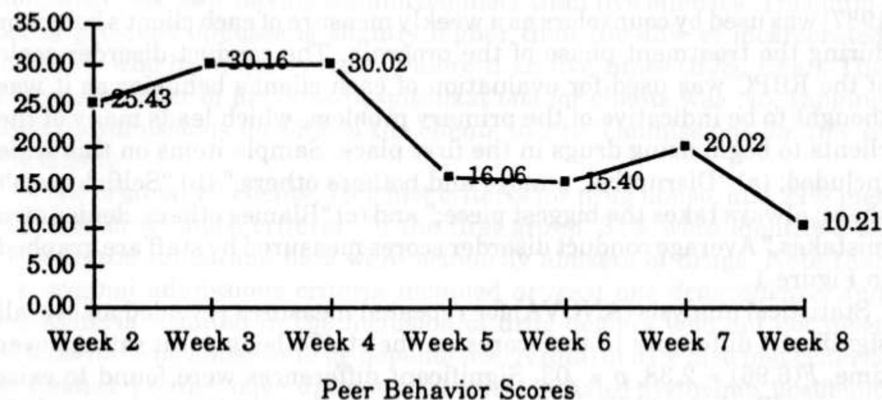


Peer. A peer behavioral rating was also used as a method of measuring the global behavioral change taking place among clients in the program. Each client was asked to rate every group member on a scale of 1 to 100, with the higher score indicating more negative behavior. Average scores for peer ratings are graphed in Figure 2.

Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference over time in peer ratings for the treatment phase of the program $F(6,36) = 5.66$, $p = .0003$. These ratings reveal that the

FIGURE 2

Peer Behavior Ratings of Week 2 Through Week 8



Peer Behavior Scores

clients noted a difference in the behavior of their peers from week to week. There was a significant difference between Week 2 and Week 8, indicating that clients' behavior had improved from the first to the last assessment.

Peer ratings at Week 7 increased from their level at Week 6 and then decreased significantly during the final week. Week 7 followed the family weekend. Perhaps the ratings reflect both the anxiety raised when family members participated in the treatment program and the excitement among the group prior to completion of the treatment phase. It is interesting to note that the staff measures that were more specifically related to behavior and did not reflect a single global score did not reflect the same rise in negative behavior at Week 7.

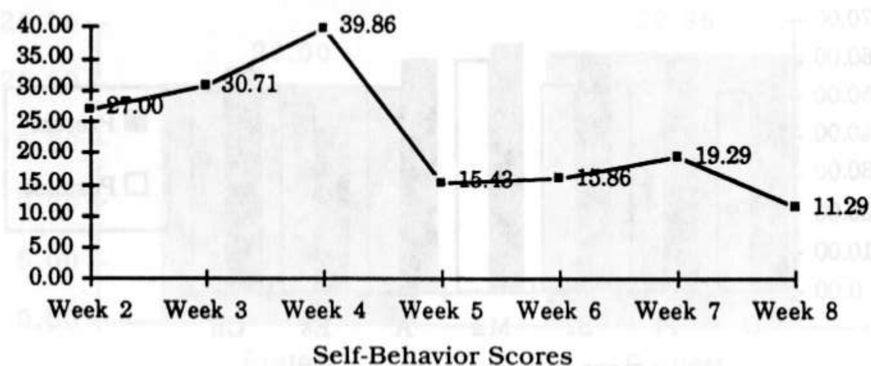
Self. Self-ratings of behavior reflect the average score clients gave themselves each week, while they were also rating their peers. Self-scores are graphed in Figure 3.

Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference over time in self-ratings for the treatment phase of the program $F(6,36) = 3.35, p = .0101$. These ratings reveal that the clients noted a difference in their own behavior from week to week.

The same increase in behavior rating occurred following Week 6 (family weekend) in the self-scores that occurred in peer scores. Again, in consultation with staff (despite their average behavioral rating) these scores were thought to reflect the anxiety many clients felt after having their parents involved in treatment (or in some cases, after not having their parents attend the weekend session). The self-rating score may also reflect clients' anxiety about the transition to the relatively less structured aftercare program that would come at the end of Week 8.

FIGURE 3

Self-Behavior Ratings of Week 2 Through Week 8



Self-Behavior Scores

Drug screens and recidivism. Random urine screens for drug use are used during the treatment and transitional phases of the program. At this writing, 99% (112 of 113 total drug screens) of the drug screenings have shown no detection of chemicals. The clients' choice not to abuse drugs and not to enter into conduct-disordered behavior that would lead them back into the jurisdiction of the Division of Youth Services or Department of Correction system is the ultimate behavioral proof of the efficacy of the program.

To date, of the students in the first two Project Choice groups, 87% have successfully completed both phases of the program. A total of 44% have been discharged to their families or guardians and are attending school or working. Of the clients still in the transitional aftercare program, 33% are enrolled and attending the Newton County, Georgia public school, 5% are in the alternative school at Rainbow Lake, and 5% are in GED preparation.

Contributing to the client's treatment and academic success are other variables that have been assessed prior to and following the initial treatment program. These variables include personality factors and self-esteem.

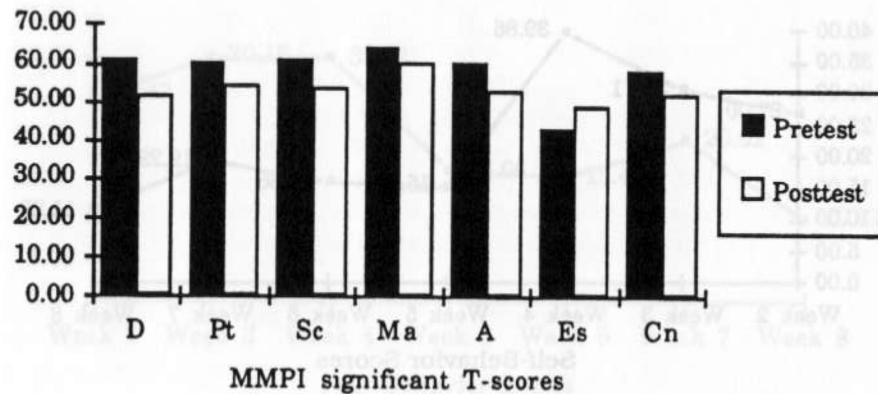
Standardized Measures

Personality measures. The Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1982) was used as both a treatment planning instrument and a pretest-posttest indicator of treatment effectiveness. The significantly different pretest and posttest subscale scores are included in Figure 4.

The decreases in scales of (a) depression (Scale 2: D; pre M = 60.76, post M = 51.83, $t = 4.34$, $p = .0001$), (b) obsessive-compulsive behavior (Scale 7: Pt; pre M = 60.48, post M = 54.34, $t = 3.13$, $p = .002$), (c) disorganized thinking (Scale 8: Sc, pre M = 60.86, post M = 53.55, $t = 3.62$, $p = .0006$),

FIGURE 4

MMPI Pre-Post Subscale Scores From the Treatment Phase



(d) manic excitement (Scale 9: Ma, pre M = 64.31, post M = 60.48, $t = 2.49$, $p = .009$), (e) anxiety (A; pre M = 60.48, post M = 53.24, $t = 4.33$, $p = .0001$), and (f) control (Cn; pre M = 58.38, post M = 52.41, $t = 3.37$, $p = .001$) could be interpreted that the clients are learning some skills to handle their sad feelings related to alienation from their families and their past failures in school and with DYS.

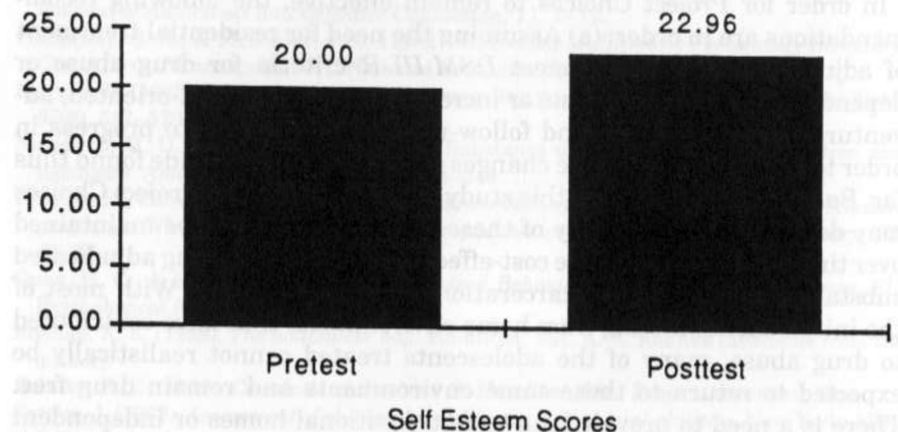
Note that all of the scores decreased with the exception of *ego strength* (Es; Pre M = 42.9, Post M = 48.97, $t = 4.19$, $p = .0001$), which increased from pretest to posttest. This increase in ego strength can be interpreted as the clients gaining skills at benefitting from more insight-oriented, traditional psychotherapy (Archer, 1987). This finding lends credence to the hypothesis that action-oriented, adventure-based therapy may be helpful in allowing adolescents to become more insightful and to benefit from more traditional forms of treatment (Hollis & Williams, 1909).

Self-esteem measures. The Battle (1981) Culture-Free Self-Esteem Inventory was used prior to (pretest) and following (posttest) the treatment phase of the program. As with many adventure programs, self-esteem was shown to increase significantly after participation in activities that encouraged clients to challenge themselves and achieve physically as they had not done in the past. The average scores on the self-esteem inventory are graphed in Figure 5.

Note that the two scores were significantly different ($t = 4.19$, $p = .0001$) and did increase when measured prior to and following the treatment phase of the program. These scores indicate that clients perceived themselves in a more favorable light following participation in the treatment program than they did when they arrived.

FIGURE 5

Self-Esteem Pre-Post Subscale Scores From the Treatment Phase



Limitations

As an evaluation of behavioral and self-reported personality and self-concept changes, this program seems to have had a positive effect on the 29 clients who have participated thus far. Nevertheless, from a research standpoint, these findings lack many of the qualities that could underscore the reliability of the program evaluation. These limitations include the following points: (a) There was no randomization of treatment, because clients were screened for meeting criteria for drug abuse or drug dependence from a population of incarcerated youth in the juvenile system of the State of Georgia; (b) no control group was used with which to compare the behavioral or self-report measures included in this evaluation; (c) using multiple scores from the same test (MMPI) and evaluating them separately with t tests can produce changes by chance, which might not exist in reality; and (d) because this evaluation was conducted on the first three groups in treatment, small changes in format and content of the programming that took place from the first through the third sessions may have contributed to history effects that influenced the outcome. The programs, though very similar in content, did contain slight differences. Despite these limitations, evaluation of the program will continue in an attempt to maximize treatment effectiveness.

SUMMARY AND RECOMMENDATIONS

Project Choices is designed to use the best that adventure education and traditional drug treatment have to offer. Both the observed behavior and self-reported attitudes related to change resulting from participation in

this action-oriented, residential treatment program have been evaluated. The data suggest that we are on the right track.

In order for Project Choices to remain effective, the following recommendations are in order: (a) Assuming the need for residential treatment of adjudicated youth who meet *DSM-III-R* criteria for drug abuse or dependence remains the same or increases, effective, action-oriented, adventure-based treatment and follow-up must be allowed to progress in order to continue the positive changes in behavior and attitude found thus far. Based on the findings in this study, the continuation of Project Choices may demonstrate the ability of these positive changes to be maintained over time and serve as a more cost-effective means for treating adjudicated substance abusers than incarceration and recidivism. (b) With most of the initial clients coming from home environments that have contributed to drug abuse, many of the adolescents treated cannot realistically be expected to return to those same environments and remain drug free. There is a need to provide long-term transitional homes or independent living situations based on a model similar to what is described here.

Maintenance of these positive changes following discharge from Project Choices and throughout the client's lifetime is the conclusive test of our work. We plan to continue sharing our results in hopes of benefitting from the scrutiny and profiting from the feedback we receive.

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