

Final Evaluation of Project Adventure's CO-OP Program for court referred, drug involved youth

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CO-OP reflects the cooperation between the State of Georgia's Department of Children and Youth Services (DCYS) and Project Adventure, Inc. of Covington, Georgia for the residential treatment for court referred, drug involved adolescents. It encompasses adventurebased counseling for court referred adolescents with sufficient alcohol or other drug problems that they meet criteria for Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.

Project Choices was the original name of the drug and alcohol treatment program that began in 1990 as a follow-up to the successful six week Challenge program that Project Adventure has conducted since 1981 with court referred youth (Gillis & Simpson, 1991). In January 1992, the name of the program changed when funding was provided under a joint and relationship between government and a non-profit service provider.

Previous studies conducted at the end of year one and year three demonstrated the effectiveness in Choices and then CO-OP in reducing recidivism rates for the young people who completed the 16 week program. The three year review also demonstrated an impressive record with regards to relapse prevention with client-reported and (court service worker) CSW reported use of alcohol or other drugs. The program was found to reduce reported depression during the first eight week phase. An initial evaluation of the program (Gillis & Simpson, 1991) revealed increases in self esteem along with decreases in depression and other 'negative' personality variables. Negative behavior was observed to decrease over the 8 week second phase and recidivism on the 27 clients in that sample was reported to be 13% (or a success rate of 87%). This report concluded that "maintenance of these positive changes following discharge... and throughout the client's lifetime is the conclusive test of our work" (p.25).

This final evaluation report will briefly describe the CO-OP program and then report results of how well the project has satisfied the original goals.

Treatment Goal: _ To provide a comprehensive, coordinated program to youth which enables court adjudicated youth involved with substance abuse to successfully integrate into community settings.

The residential CO-OP program is coed and lasts for a total of sixteen weeks. To be considered for the program, the client must be recommended by the staff of the Youth Development Campus (YDC) or their CSW, interviewed by Project Adventure staff, meet the criteria for a DSM diagnosis of substance abuse, and the client must have committed a minimum of one drug (use)related crime. In addition to having a DSM diagnosis of substance abuse, most of CO-OP's clients also meet DSM criteria for conduct disorder. Approximately twelve clients are accepted into the 16 week closed program at any one time. This group of clients will stay together throughout the residential portion of the program.

The client actually enters Project Adventure's portion of the program to begin Phase II where individual and group goals are established and carried out through adventure initiatives. These initiatives consist of tasks such as challenge ropes course, group therapy, individual assignments, and personal disclosure. Various activities are employed which incorporate concepts from the 12 step model of recovery, videotapes, and lectures informing clients about the effects of drug usage. The youth are also expected to complete chores and attend Narcotics Anonymous meetings. Upon entry into Phase II, each client completes an initial evaluation which includes the MMPI-A, Tennessee Self-Concept Scale, Beck Depression Inventory, and Sensation-seeking Scale. Scores on these tests are used as a baseline for each client. Scores on the WISC-R, WISC III, or WAIS-R are also obtained. Upon completion of Phase II, the client competes the same series of tests to be used as post scores. These are the psychometric results reported in this evaluation

An integral part of Phase II is 'calling group.' Each group member is able to "call group" at any time he/she feels the established goals are not being met or rule infractions are taking place. Primary counselors assigned to each group

teach members the procedure for calling and conducting the groups. Groups have the power to assess the guilt or innocence of a client's actions and assign a series of 'logical consequences' that fit the behavior desired and the rule that was broken. Such groups last throughout Phase II and Phase III. In addition, topic specific groups on issues such as diversity, gender, and safe sexual behavior are conducted weekly. The clients also work under a 'point system' whereby they may earn enough points to participate in a weekend group activity. Failure to 'make points' results in the consequence of a work day during the weekend. Family connections are maintained through regular telephone contact during Phase II and two family weekends are held during this time. The family contact is continued in Phase II when clients can earn enough points to participate in a home pass.

During Phase II clients also alternate between camping out on Project Adventure's Covington, GA site during the first and third weeks. During the fifth week a short term expedition (backpacking trip) serves as an opportunity for putting the client's outdoor skills to the test of backcountry. During the remaining weeks and throughout Phase III, clients live in placement homes staffed by Project Adventure. In these homes, clients cook, clean, recreate, relax and sleep while maintaining their behavior at a level consistent with the remainder of the program. Home counselors meet regularly with primary counselors, program director and psychologist to discuss the consistency of treatment as well as each individual client's treatment goals and progress toward meeting those goals.

Phase III of CO-OP consists eight weeks of transitional care. The clients remain at Project Adventure's placement homes, but gradually earn visits to their own homes on weekends. the primary focus of Phase III is academic. Most clients will earn the ability to take the GED prior to finishing Phase III. In addition, clients are assessed as to their readiness for going home as they earn and successfully complete two home passes.

At the end of eight weeks in Phase III, clients generally return home or to other residential placement if the home environment is not conducive to recovery. This process of aftercare establishes that recovery continues, relapse is prevented, and families are coping at a healthier level. According to Gillis and Simpson (1991), the weekend family visits by the clients establish a generalization from the therapeutic environment to the adolescent's actual world.

Phase IV consists of a six month aftercare program during which Project Adventure's staff continue to follow each client with home visits and telephone contact. Clients in Phase IV are expected to be actively pursuing educational goals, working, and attending 12-step support groups frequently. They are encouraged to call their primary counselors regularly to check in or just to talk.

Grant Goals And Outcome Objectives

Goals:

_ To improve the decision making, educational, work related and social skills and self image court adjudicated youth with substance abuse problems in order that they may become productive members of their communities.

_ To monitor, revise, and evaluate on an on-going basis the treatment process for court adjudicated youth with substance abuse problems.

_ To significantly increase the psychological well being of court adjudicated youth involved in substance abuse as measured by a repeated measure comparison on the following variables: self esteem, depression, anxiety, disorganized thinking, obsessive-compulsive behavior, control and ego strength.

Demographics

The 170 clients can be described as follows: The average age was 15 years and ranged from 13 to 17 years. As the following tables show, the group is primarily male, split evenly between the primary races in Georgia,

Gender	Number	Percentage
Female	39	23.1%
Male	130	76.9%

Race	Number	Percentage
African American	85	50.3%
White	82	48.5%

Regarding home life, most clients had only one natural parent in the home prior or admission and had two siblings.

Number of biological parents in the home	Number	Percentage
None	20	12.8%
One	105	67.3%
Two	31	19.9%

Number of siblings in the home	Number	Percentage
None	26	16.5%
One	34	21.5%
Two	43	27.2%
Three	42	26.6%
Four or more	13	8.2%

Most of the clients had not previously been hospitalized for either psychiatric or alcohol and drug treatment. All of the clients did meet DSM-III-R criteria for substance abuse or dependence. Each client was also given an individual intelligence test (WISC-R, WISC-III, or WAIS-R). The average verbal IQ was measured as 87.4; performance IQ was 92.6, and full scale IQ of 88.8

Number of previous hospitalizations	Number	Percentage
None	64	38.6%
One	46	27.7%
Two	32	19.3%
Three or more	24	14.5%

As can be easily seen from the following table, the majority (54.1%) of CO-OP clients had been involved in four or more offenses prior to their commitment to the YDC. Thus this program dealt with adolescents who were chronic offenders and who additionally carried diagnoses of drug and alcohol abuse. However, due to the open nature of the Rainbow Lake property (it is not a locked facility) YDC clients who had Designated felons (DFs) for whom the committing judge also were not allowed placement.

Number of offenses prior to admission	Number	Percentage
One	19	11.7%
Two	16	9.8%
Three	22	13.5%
Four - Five	30	18.4%
Six - Seven	20	12.3%
Eight	18	11.0%

Nine	24	14.7%
Ten or more	13	7.9%

Recidivism

Program outcome objective: To significantly reduce the **recidivism rate** of court adjudicated youth involved in substance abuse as measured by a post test only comparison of experimental and control group youth one year after program separation.

Follow-up data was collected on each client who successfully completed the 16 week program at the Project Adventure site. Data coded by Project Adventure for relapse and recidivism was based solely on reports from Project Adventure's aftercare counselor, court service workers parents, and the clients themselves. Project Adventure chose to classify clients with a '0' if they had no reported involvement with juvenile authorities. Clients were classified with a '1' if they were reported to have some contact with juvenile authorities or law enforcement but were not locked up or otherwise involved with DCYS. A '2' was used to signify that the client was locked up or was convicted of some violation of the law. This information is presented in the following table.

Recidivism rates	Number	Percentage
No reported contact with authorities	111	73.0%
Some activity; no incarceration	20	13.2%
Reported to be incarcerated	21	13.8%

Confirmation of this data was obtained recently by submitting the names of the 80 completers to the Department of Children and Youth Services data files. Their records did not classify a level of involvement with juvenile authorities as reported by court service workers or parents to Project Adventure. Thus there are only two categories for evaluating these same 80 clients. The data from DCYS confirm the tremendous success of CO-OP in helping clients change from dysfunctional ways of behavior to more functional ones. DCYS success for CO-OP is listed in the table below:

Recidivism rates as reported by DCYS	Number	Percentage
Not in the DCYS system for criminal activity		
In the DCYS system for criminal activity		

Project Adventure is now even more confident in internal reported follow-up data since the 68.75% found by Project Adventure was within 3% of that found by the State of Georgia (72.15%). The 3% difference between Project Adventure's success rate and the State of Georgia is well within an acceptable error rate for measurement data. The CO-OP program conducted by Project Adventure is thus very successful in controlling antisocial behaviors one year following the client's release. The recidivism rate for the CO-OP program of 27.85% (100%-72.15%) is even more impressive when compared with overall data from the State of Georgia which finds that 55% of youth who have left state custody since 1989 have committed another offense within three years.

Disturbing data from DCYS figures do reveal that 7 months is average time that passed before the 22 'unsuccessful' clients became a recidivist; one month after active follow-up by Project Adventure's aftercare counselor ceases. Such data would suggest that CO-OP might have even greater success if funding were available to support an aftercare counselor's contact with the client for at least one year. With clients currently coming from all parts of Georgia, and

one-on-one contact so vitally important in preventing relapse and maximizing recovery, money might be well invested by lengthening the existing aftercare program without decreasing funding for the intensive or transitional phases of treatment.

Relapse

Program outcome objective: To significantly reduce the **incidence of drug/alcohol use** by program participants after one year of program participation as measured by randomly administered urinalysis tests.

Relapse rates were not collected by the State of Georgia nor any other agency that would allow for comparison with numbers collected by Project Adventure. However since our recidivism rates were within 3% points of the State of Georgia we feel confident in sharing these findings for reported relapse. Project Adventure chose to classify clients with a '0' if they had no reported involvement with drugs or alcohol Clients were classified with a '1' if they were reported to have some use of drugs or alcohol but were not actively using. A '2' was used to signify that the client was actively using drugs or alcohol. From our records, only 5% of students who completed the CO-OP program are actively using drugs one year after release. Our records indicate the following successes:

Relapse rates	Number	Percentage
None	107	70.9%
Lapse (some activity reported)	33	21.9%
Relapse	11	7.3%

Personality variables

By investigating the pre-post changes in personality variables on the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A), Beck's Depression Inventory, and Sensation Seeking Scale, some insight into the success of the CO-OP program is possible.

Depression. Self-reported depression was assessed during the first and last weeks of Phase 2 for all clients using the MMPI-A and Beck's Depression Inventory. In both cases a t-test attest to statistically significant decreases in depression during that time indicate the clients reported feeling better about themselves and their environment following Phase 2 of CO-OP. The Beck's Depression was added to the pre-post protocol after the first group completed the program (explaining the lower number in the sample). The results are reported in the following two tables.

t-tests for Paired Samples

Beck's	Number of pairs	Mean	SD	t-value	df	2-tail Sig
PRE		33.70	11.966			
	134			3.95	133	.000
POST		30.19	12.836			

Family Self Esteem (TSCS)	Number of pairs	Mean	SD	t-value	df	2-tail Sig
PRE		55.90	8.29			
	114			-2.32	113	.022
POST		57.62	8.06			

MMPI-0 Social	Number of pairs	Mean	SD	t-value	df	2-tail Sig
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Introversion

PRE	52.1280	9.777			
125			2.03	124	.045
POST	50.4800	10.197			

MMPI-1

	Number of pairs	Mean	SD	t-value	df	2-tail Sig
Hypochondriasis						
PRE		54.9040	11.874			
125				3.23	124	.002
POST		52.3280	12.174			

MMPI-2 Depression

	Number of pairs	Mean	SD	t-value	df	2-tail Sig
PRE		55.7440	10.561			
125				3.80	124	.000
POST		52.2240	10.052			

MMPI-3 Hysteria

	Number of pairs	Mean	SD	t-value	df	2-tail Sig
PRE		51.7680	11.493			
125				2.76	124	.007
POST		49.0960	10.534			

Sensation seeking. Finally, sensation seeking has been assessed between pre and post sessions of Phase 2 using Zuckerman's Sensation Scale (Form V). This scale has several subscales, most notably, disinhibition. A statistically significant decrease in disinhibition was found between weeks one to weeks eight. This finding is presented in the following table:

The resulting decrease in disinhibition may account for a replacement of unhealthy sensation seeking that might be found in drug use and criminal activity with more healthy sensation seeking behaviors that can be found in adventure-based activities. While theoretical and speculative, this explanation presents a logical reason for why the intensive nature of Phase 2 has such positive impact on these adolescents' behavior.

Insights offered about why CO-OP is successful are based on changes in widely recognized personality variables consistent with positive adolescent behavior change. The implications might be there from this brief sharing of data for further success by CO-OP.

Summary and Discussion

Using reduced involvement with the juvenile authorities, court service workers, and police as an indicator of success, the CO-OP program run jointly by the Department of Children and Youth Services and Project Adventure, Inc. is a tremendous success. Nearly three quarters (72%) of those who complete the 16 week program are not costing the taxpayers of Georgia money that they would be costing if they were locked up or otherwise involved with personnel of DCYS or law enforcement. Based on cost projections for institutionalization and drug and alcohol treatment in the State of Georgia, Project Adventure is saving the taxpayers money. Based on a per diem cost of \$109 per client in Project Adventure's alcohol and drug treatment program for clients who would otherwise be incarcerated, Project Adventure cost \$4500 less per client than the estimated cost of incarcerating and treating that same client (with a much higher success rate in the CO-OP program). Project Adventure's more conservative success rate (69%) compared to the 72% DCYS success rate for the same clients, point to a program that is working well.

For preventing relapse, CO-OP also appears to be very successful in helping adjudicated adolescents get off and stay

off drugs and alcohol (95% success rate) by helping them learn social skills and life skills that enable success back in their home communities. This report can only speculate the reasons for such success, but reliable personality data would indicate that changes are being made in how the clients feel about themselves and how they subsequently behave once back in their home community. No matter how the numbers are computed, the CO-OP program is a wise investment of state and federal dollars in court referred youth with histories of drug and alcohol abuse.

It is critical that funding be maintained for the intensive and transitional portions of the current Adolescent Substance Abuse/Juvenile Justice Initiative funding. In addition and perhaps more importantly, the data clearly show the average recidivist gets into trouble one month after one-on-one follow-up contact stops. This strongly suggests that increased funding for additional aftercare counselors plus increased funding for longer aftercare follow-up would be an investment in the long term success of CO-OP. This long term reduction of costs to the taxpayers of Georgia could also benefit from increased funding to understand how and why 28% of the clients become recidivist. Based on past performance, such an investment is of low risk to taxpayers and has tremendous potential for high gain to youth of Georgia who are most at risk for being a heavy burden on the adult correctional, mental health, and substance abuse systems of the State.

The conclusive test of Project Adventure's cooperative effort with the Georgia Department of Children and Youth Services will continue to be measured by the maintenance of these positive changes following discharge. Thus far, the vast majority of the 80 clients who have successfully completed the program are well along the way to passing this test and becoming productive adult members of their communities and their State.

DSM-III-R Code	Value	Frequency	Percent	Valid Percent	Cum Percent
	303.90	3	2.2	3.4	3.4
	304.20	3	2.2	3.4	6.8
	304.80	4	2.9	4.5	11.4
	304.90	1	.7	1.1	12.5
	305.00	18	12.9	20.5	33.0
	305.20	20	14.4	22.7	55.7
	305.90	23	16.5	26.1	81.8
	312.00	2	1.4	2.3	84.1
	312.20	2	1.4	2.3	86.4
	312.80	12	8.6	13.6	100.0
		51	36.7	Missing	
	Total	139	100.0	100.0	

GENDER	Value	Frequency	Percent	Valid Percent	Cum Percent
	1	33	23.7	23.7	23.7
	2	106	76.3	76.3	100.0
	Total	139	100.0	100.0	

HOSPITAL	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	38	27.3	27.9	27.9
	1	43	30.9	31.6	59.6
	2	32	23.0	23.5	83.1
	3	22	15.8	16.2	99.3
	4	1	.7	.7	100.0
	.	3	2.2	Missing	

	Total	139	100.0	100.0	
Months until recidivism	Value	Frequency	Percent	Valid Percent	Cum Percent
.97	1	.7	2.7	2.7	
1.10	1	.7	2.7	5.4	
1.23	1	.7	2.7	8.1	
2.23	1	.7	2.7	10.8	
2.40	1	.7	2.7	13.5	
2.73	1	.7	2.7	16.2	
3.17	1	.7	2.7	18.9	
3.40	1	.7	2.7	21.6	
3.43	1	.7	2.7	24.3	
4.90	1	.7	2.7	27.0	
5.03	1	.7	2.7	29.7	
5.13	1	.7	2.7	32.4	
5.20	1	.7	2.7	35.1	
5.27	1	.7	2.7	37.8	
5.53	1	.7	2.7	40.5	
5.80	2	1.4	5.4	45.9	
7.17	1	.7	2.7	48.6	
7.67	1	.7	2.7	51.4	
7.87	1	.7	2.7	54.1	
8.53	1	.7	2.7	56.8	
10.27	1	.7	2.7	59.5	
10.50	1	.7	2.7	62.2	
10.67	1	.7	2.7	64.9	
10.83	1	.7	2.7	67.6	
12.30	1	.7	2.7	70.3	
12.47	1	.7	2.7	73.0	
13.93	1	.7	2.7	75.7	
15.90	1	.7	2.7	78.4	
17.07	1	.7	2.7	81.1	
18.60	1	.7	2.7	83.8	
18.93	1	.7	2.7	86.5	
19.47	1	.7	2.7	89.2	
21.40	1	.7	2.7	91.9	
21.63	1	.7	2.7	94.6	
22.67	1	.7	2.7	97.3	
28.47	1	.7	2.7	100.0	
Missing	102	73.4			
Total	139	100.0	100.0		

Number of **Valid** **Cum**

Criminal Offenses	Value	Frequency	Percent	Percent	Percent
	0	1	.7	.7	.7
	1	15	10.8	11.0	11.8
	2	8	5.8	5.9	17.6
	3	21	15.1	15.4	33.1
	4	6	4.3	4.4	37.5
	5	20	14.4	14.7	52.2
	6	12	8.6	8.8	61.0
	7	4	2.9	2.9	64.0
	8	17	12.2	12.5	76.5
	9	23	16.5	16.9	93.4
	10	4	2.9	2.9	96.3
	11	1	.7	.7	97.1
	13	1	.7	.7	97.8
	15	2	1.4	1.5	99.3
	19	1	.7	.7	100.0
	.	3	2.2	Missing	
	Total	139	100.0	100.0	

Number of Biological Parents in the Home	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	18	12.9	14.1	14.1
	1	85	61.2	66.4	80.5
	2	25	18.0	19.5	100.0
	.	11	7.9	Missing	
	Total	139	100.0	100.0	

Number of Siblings in the Home	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	20	14.4	15.6	15.6
	1	29	20.9	22.7	38.3
	2	32	23.0	25.0	63.3
	3	39	28.1	30.5	93.8
	4	5	3.6	3.9	97.7
	5	2	1.4	1.6	99.2
	8	1	.7	.8	100.0
	.	11	7.9	Missing	
	Total	139	100.0	100.0	

Race	Value	Frequency	Percent	Valid Percent	Cum Percent
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1	71	51.1	51.1	51.1
2	66	47.5	47.5	98.6
3	2	1.4	1.4	100.0
Total	139	100.0	100.0	

Rate of Recidivism	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	110	79.1	79.1	79.1
	1	11	7.9	7.9	87.1
	2	18	12.9	12.9	100.0
	Total	139	100.0	100.0	

Rate of Relapse	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	105	75.5	75.5	75.5
	1	23	16.5	16.5	92.1
	2	11	7.9	7.9	100.0
	Total	139	100.0	100.0	

DCYS recidivism Rate	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	83	59.7	69.2	69.2
	2	37	26.6	30.8	100.0
	.	19	13.7	Missing	
	Total	139	100.0	100.0	

Variable	Mean	StdDev	N
AGE	14.52	2.20	139
NO.PAREN	1.05	.58	128
HOSPITAL	1.30	1.07	136
NO.SIBS	1.94	1.32	128
NO.OFFNS	5.69	3.34	136
DAYS_IN	122.14	26.50	139
WEEKS_IN	17.45	3.79	

WISC Scores	Mean	StdDev	Minimum	Maximum	Number
IN	6.74	2.55	1	13	114
VOC	6.63	2.51	1	13	114
AR	8.17	2.91	2	16	109
SIM	8.73	3.13	1	18	114
DS	9.29	3.51	0	18	83
COD	7.86	3.52	1	18	98
COM	8.05	3.36	1	18	114
PA	8.36	2.78	1	14	113

OA	8.53	3.48	1	17	112
BD	8.53	3.00	1	19	113
PC	9.12	2.92	1	17	113
VIQ	89.55	14.67	58	135	116
PIQ	90.51	15.02	55	135	116
FSIQ	89.16	14.01	60	128	116