



Project Adventure, Inc.

# Zip Lines

Summer 1991, Number 19

## Youth at Risk

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## Project Choices

### An Adventure Based Counseling Program for Drug-Abusing Adolescents

by H. L. (Lee) Gillis, Ph.D.

**P**roject Choices is Project Adventure's innovative, Adventure-based residential treatment program for court-referred youth who display alcohol- and/or drug-abuse issues. Project Choices believes that adolescents who experience personal success and positive interactions with peers and adult models are capable of developing positive social and decreased drug-abuse behaviors. The program helps youth develop trust in themselves and others. Adventure experiences allow individuals and families to change group and family dynamics by experiencing support and practicing newly-formed trusting behaviors. The supportive, structured environment in which positive risk-taking is embraced helps the Choices youth develop the self-esteem needed to value themselves in a drug-free environment.



#### A Brief Overview

Project Choices' first eight-week session began in September, 1990. The developing structure of the Choices program has been based on our knowledge of Adventure programming as well as an in-depth study of those elements research has shown to be necessary for effective adolescent treatment programs. In studying the research, we were not surprised to find that alternative programs which focused on physical activities were most effective for drug-abusing youth.

**Choices**

continued from front cover

NEGATIVE  
BEHAVIORAL  
CONSEQUENCES  
ARE DETERMINED  
BY THE GROUP  
(INCLUDING  
PROGRAM STAFF)  
AND, IF BEHAVIORS  
ARE SEVERE  
ENOUGH, CAN  
INCLUDE REMOVAL  
FROM THE  
PROGRAM.

We also found that the most effective programs focus on the specific needs of individual youth — emphasizing the need for personal goal setting.

Lastly, research has shown the importance of sensation-seeking to youth who abuse alcohol and other drugs. Appropriate and healthy risk-taking and excitement thus become critical components of any program.

Using all the research information together with our own base of knowledge, we designed a program to match the elements of successful approaches while extending the length and depth of Adventure-based programming.

**The Choices Approach**

Project Choices has two eight-week phases: treatment and transitional aftercare. Youth are referred to the program by their court service workers who are employed by the Division of Youth Services (DYS) of the State of Georgia. Each potential client has had at least one drug-related offense and meets criteria for drug abuse or drug dependence from the American Psychiatric Association. In most cases, clients are currently in custody and residing in a Regional Youth Development Center (RYDC).

Once accepted into the program, the youth live under the overall supervision of three counselors (two primary and one secondary) assigned to the eight-week treatment phase of the program. The students live in Project Adventure-sponsored placement homes during the non-campout weeks (see *The Week-by-Week Schedule*) of the eight-week treatment program. Each placement home houses up to six students.

The placement homes provide the youth with an opportunity to live with a couple in a local community. Since the homes are not designed for incarceration, students can “run” at any time. We feel that the elements of temptation combined with “family” responsibilities and chores have the potential to make group members’ transition back into the real world more successful.

**Phase I: Treatment**

For an eight-week period, a group of 12 coed adolescents participates in an intensive Adventure-based treatment experience designed to enhance self-image, develop academic and social skills, and provide a framework for developing social interactions which reinforce wellness, personal empowerment and prosocial behaviors. Each day begins with morning meditation and group and individual goal setting. Program days are scheduled from 7:15 am breakfast until 6:00 pm (or later if the group has difficulty working cooperatively) with evening activities. Every day ends with a NA (Narcotics Anonymous) meeting and a debrief. The debrief is a discussion of the processes by which group and individual goals have been met or not met, and strategies to improve performance. The youth are responsible for preparing and cleaning up of breakfast and dinner as well as carrying out household chores.

Through the use of Initiatives, the group is guided sequentially through simple group and individual tasks to more creative and complex problem solving. Risk-taking behaviors vary from the use of perceived physical risks on the high ropes course elements to psychological risks of revealing oneself verbally to staff and other group members involved in the program.

An integral component of the processing of the Adventure programming is the power each student is given to “call group.” Group is that time when personal and group behaviors and goals can be addressed and confrontation can safely and effectively occur. Negative behavioral consequences are determined by the group (including program staff) and, if behaviors are severe enough, can include removal from the program. It is through practicing and using these group process skills that the youth gain the confidence needed to address issues that may arise when they make the transition back to the real world.

**Phase II: Transitional Aftercare**

Youth completing the eight-week residential treatment program are moved into transitional care for a minimum of two months. The transitional aftercare program is staffed by two substance abuse counselors who live in the homes with the youth and a transitional aftercare coordinator who is also a Certified Alcohol Counselor. The focus of transitional care is continued recovery, family intervention, relapse prevention, and independent living skills. Depending on individual needs, the youth are involved in a traditional school setting (in the local county school), a GED (General Equivalency Degree) program or the Rainbow Lake school at the Covington Project Adventure facility.

The transitional care program integrates the 12-step model of AA/NA on a daily basis. Family interaction is encouraged through weekly phone contact, weekend home visits and several family visits at the transitional site. The primary purpose of the week-

end home visits is to increase the chances of success in the program. One way future success is fostered is by locating the AA/NA meeting in the youth's own community and obtaining a local sponsor. Being able to return home for a weekend and not use drugs, however, is the greatest challenge of the home pass. Drug screens following every weekend home pass are used to evaluate the youth's ability to handle the pressures of home.

Upon completion of transitional care, the youth may return home or be placed in an independent living situation. Completion of the program and placement are decided jointly by the student, transitional care counselor, licensed psychologist, referring personnel, and alcohol and drug counselor from the treatment program. Ultimate follow-up at home and/or in an independent living situation is the responsibility of the referring personnel.

### Growing Pains

When Project Choices began hiring staff, we faced the issue of finding qualified cross-trained counselors who understood both mental health/drug and alcohol treatment and Adventure programming. We dealt with this issue by hiring people with treatment experience, some of whom were also recovering

themselves, and people with wilderness/Adventure experience. While we spent two of the initial six weeks of training on the Adventure Based Counseling model, we had not anticipated the tension between traditional treatment ideas and those of Adventure-based training.

What occurred was a conflict of differing cultures. This tension has been fertile. We have wrestled with being less verbal and more active in our counseling approach and have stressed the need to have a therapeutic activity related to alcohol and drug treatment at least once per day. With a staff composed of people with different backgrounds — urban vs. rural, recovering vs. non-recovering, previous Adventure training vs. none, formal education in counseling vs. having gone through therapy oneself — conflict has arisen over how counseling should be done.

We have attempted to make our treatment program different from traditional ones by linking Adventure activities to traditional 12-step and recovery issues. This linkage has not come smoothly, however, as staff members debate over essential concepts of recovery and the



## Games, Initiatives and Elements which Complement Lectures and Study of AA Steps

### Disease Concept/Issues of Adolescent Drug Abuse

**Blindfold Line-Up** — This activity can be used to show the progression of the disease. Begin by lining up with no blindfold. Progress to lining up with a blindfold, allow talking. Finally, end with lining up with a blindfold but no talking.

**Quail Shooter's Delight** — This game can be used to show the helplessness of the addict.

**Islands** — This activity can also be used to illustrate the progression of the addict's disease. As the group progresses from island to island, they gain more and more restrictions.

**Swinging Log** — In this activity, as well as in the TP Shuffle, each move affects everyone. Use this to illustrate the idea that chemical dependency affects everyone in the family.

### Co-dependency

**Wild Woosy** — This activity can be used to explore the concept of co-dependency and relationships. Do the element on the ground first. Examine the idea that in a relationship, the addict upsets the balance. Also, a recovering person will change the dynamics which have been adapted for the addiction. Explain that the pair has to work together to succeed. The stakes can be raised by moving to the element on the low course.

Tie two people together. While tied together, each person has to ask the other for permission to do anything. Another variation is to have one person play the role of a co-dependent and the other the role of the addict. Explore the observations made by the participants and make the connections to their own behavior.

**Dangle Duo** — This high ropes activity can be used to illustrate the need for positive support from others.

### Step One

**Minefield** — Use this activity to emphasize the many stumbling blocks an addict has to recovery. Also use the activity to explore feelings that arise when participants do not make it through. Emphasize the powerlessness felt when participants have to navigate through alone.

**Heebie Jeebie** — This high ropes activity can illustrate unmanageability. Wires get crossed. One has to constantly switch directions.

### Step Two

Any team or group activity can be used to point out that there is something greater than oneself. The debrief of these activities should focus on the times when the group has accomplished anything well as a whole group. It is important to recognize consensus decisions and accomplishments that have been made by the group. A ritual can be established to acknowledge these accomplishments to relate to the second step rituals.

**Trust Fall Circle** — Present this activity with the emphasis on "staying straight." The participant stays straight in the circle as she or he is passed around. Discuss how participants must do the same in recovery. Discuss the important role the group also plays in keeping the participant safe.

### Other

To show tunnel vision or lack of options, give each client a long cardboard tube at the beginning of the program. Cut off sections as weeks progress, indicating growth or change. To illustrate relapse, tape pieces back onto the tube.



best method to teach them. Being experiential educators and counselors, we have favored an active approach. What is emerging from Project Choices' treatment program is a set of Adventure activities that actively help to communicate the often amorphous concepts of recovery — powerlessness, control, higher power, etc. For example, using the Blindfold Line-Up as an initial Adventure activity presents clients with a chance to experience feelings related to powerlessness and lack of control. In the debrief, clients are asked to talk of times when they

have felt powerless in their own lives (similar to when they were blindfolded) and times when they have felt powerful (similar to when they found their place in the line-up). The counselors parallel these expressed feelings directly with the drug education topics of powerlessness and lack of control.

Our emphasis on the curative therapeutic power of group dynamics, which allowed group clients to call group any time they felt a need to deal with an issue, has also created some unanticipated problems. We found ourselves unable to move through the

## **The Week-by-Week Schedule**

### **Week One**

Pre-tests are given and clients meet individually with a physician and licensed psychologist for diagnosis and assessment. Each student is given an individualized treatment plan which he or she reads and signs.

There is no mail delivered to clients nor are they allowed to telephone family members or friends. Youth who are removed from the program during this time are unwilling to follow the rules and accept group and staff support. Removal can be voluntary (with the approval of the court service worker) or the client may be voted out by the remaining group.

A week of camping is used to develop group cohesion. Many conflicts that occur during the first week appear because the youth are easily frustrated with this new and challenging situation. Some students begin to confront personal and group issues appropriately, others act out, indicating to the staff that they are in need of more group support and consequences.

### **Weeks Two and Three**

Clients learn about the effects of drugs through lectures, video tapes, and Adventure activities. The staff design Adventure activities to parallel many of the concepts being taught. (Blindfold activities are used to help clients understand the concept of helplessness or powerlessness.)

The third week is spent camping out at the Rainbow Lake site. Clients are given increased responsibilities for camp set-up, meal preparation and clean-up. Debriefing sessions focus on transferring the behaviors within the intervention setting to the home, community, and school.

### **Week Four**

The group concentrates on more difficult Adventure activities which require a higher level of communication to complete. Students are introduced to the first three steps in the 12-step model for recovery. Clients write their own life stories and share them with their peers. This psychologically challenging activity can be a painful one. However, the experience is in the context of a supporting group and can inspire clients to identify some meaningful goals.

### **Week Five**

The group participates in a week-long backpacking trip. Group members are responsible for all planning and implementation. Each evening, there is a group meeting to process the day and reflect on both the positive and negative. The group holds their NA meeting and continues to work through individual issues of recovery. These meetings, coupled with the secluded setting, provide an environment in which the group can become even closer.

### **Week Six**

The youth participate in a ropes course or other team building activity related to recovery. For example, the Dangle Duo is presented as related to Step 2: "We have come to believe that a Power greater than ourselves could restore us to sanity." (Alcoholics Anonymous, 1981) Clients experience the need for support and look for support from others and powers greater than themselves. With Step 8, "Made a list of all persons we had harmed, and became willing to make amends to them all," (Alcoholics Anonymous, 1981), clients experience their weaknesses and are encouraged to identify people they have harmed due to their weaknesses.

At the end of the sixth week, we hold the Family Weekend. During this weekend, families participate in briefing sessions, Initiatives, and activities designed to promote cooperation and communication. The goals are to develop strategies for positive family development, improve intra-family communication, and introduce and support the family team concept. Both parents and children communicate their personal expectations for post-treatment and identify the individual responsibilities that go along with expectations. Individual family-staff conferences plan for the transitional aftercare phase of the program.

### **Week Seven**

Week seven is spent working on a community service project. The project encourages clients to become responsible members of their home communities. The first group presented a play to elementary school students on the cyclic recurrence of addiction in families. After they presented the play, our clients self-disclosed some of their life experiences related to drug abuse and stressed the need for the students to not start using drugs or alcohol.

### **Week Eight**

Post-treatment evaluation, testing, and planning for the transition to the second phase takes place. Initially called a "graduation ceremony," the staff later changed it to a "celebration," since clients were saying they had "finished" the program when actually they were only beginning the difficult road of living a drug-free lifestyle. The celebration, attended by family members, includes a brief slide show, awards for the most improved client, a dinner, and progress reports from the staff to the parents and court service workers.

planned sequence of activities on schedule. So we have adapted the program, cutting out some lectures, combining lecture material with an appropriate Adventure activity, and allowing more time for group process. We are also taking note of when and how the group is calling for their process time. We attempt to monitor if they are calling group to deal with a necessary issue, to "narc" on someone unnecessarily, or to avoid the next Adventure activity. We have found that some group members see calling group as a way to not deal with their own issues but to focus attention on others. Others have used group as a way of seeking revenge on another group member. These incidents are confronted as an improper use of the Full Value Contract (FVC) and counselors attempt to model to the group the proper use of FVC in giving and receiving feedback.

The group's ability to terminate a member's participation in the program has also been a growing pain. During the first two weeks of each of the three programs, clients have been asked to leave while other clients ran from the program. All were returned to their respective court service workers for another placement. During the first two weeks we take new referrals, but after two weeks, we close the group for the remainder of the eight-week session. One advantage of the group's ability to govern itself (as well as members' ability to run) is that the group goes through an initiation phase and forms an observable bond. The use of ropes course activities in the third week helps to further that bonding process and leads to a more therapeutic experience in the wilderness setting during the fifth week.

These problems have ultimately been healthy. We have worked hard to devise solutions that can help us achieve our ultimate goal: graduates who can deal with life successfully without relying on alcohol and other drugs. To that end, we hope that sharing some of our ideas, as well as our outcomes, can be useful to others using Adventure-based counseling to provide therapeutic experiences which can lead to life change.

### Initial Evaluation Results

Students are administered a variety of standard assessment measures, and treatment, planning and program objectives have been evaluated on the basis of these. Information from the assessments is used both in treatment and in academic planning. As a whole, clients score in the average range on nearly all subtests as well as scoring in the average range on the overall verbal, performance and full-scale intelligence quotient scales. Most of our clients are below their appropriate grade level, due primarily to being absent a substantial number of classroom days. As is also indicative of youth who have been adjudicated, these clients scored much higher on performance

measures. Other pre-, post-, and follow-up measures of outcome include the Battle (1981) Culture-Free Self-Esteem Inventory, and the inner-oriented values subscale of the Values Scale (Super & Nevill, 1985). Scores on the self-esteem and values scales are moving in the expected direction, although none of them have thus far reached significance, due perhaps to the relatively small sample size available.

Each participant's choice not to abuse drugs is the bottom line measure of success for this program. To that end, we use random urine screens for drugs during the treatment program and during the transitional phase of the program. At this writing, all of those drug screenings have been negative. We do know that the proof of our program is this ultimate behavioral test. We are conducting follow-up with the court service workers and parents/guardians of all clients who completed the 16-week program to evaluate the rate of recidivism and level of drug use following their discharge.

### Summary

Project Choices is designed to link the best that Adventure Based Counseling and traditional drug treatment have to offer. Our program has included both treatment- and Adventure-trained staff. We have been willing to modify our original program to accommodate what is working and discard what is not. We have been willing to question traditional ways of treating adolescents with chemical addiction problems and augment that process with Adventure activities. We have evaluated both the process and outcome of participation in this experiential program. The data so far suggest that we are on the right track. Maintenance of these changes, both self-report and behavioral at the 16-week follow-up for each participant, is the definitive test of our work.

Lee Gillis has been involved with PA since 1978. Lee holds a Ph.D. in Counseling Psychology from the University of Georgia. He is a licensed psychiatric counselor and consultant. Lee has been consulting for Project Choices since August, 1990.

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