

Adult and Teen Challenge Outcome Study Report

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Part I: Preliminaries

This research project was created and executed at the request of Gary Blackard the President and CEO of the Adult and Teen Challenge (ATC). This is the first study to date wherein ATC commissioned an outside organization to conduct a national outcome study to evaluate the impact of programing on the lives of ATC graduates. Faculty from Evangel University's Behavioral and Social Science Department with experience in empirical social science research were contracted for this study, in addition to hiring a part-time research intern. Researchers submitted a research proposal and design beginning in June 2019 and launched the study in July 2019. Data was collected during the summer of 2019 and evaluated in September 2019. The following report describes the project and results.

EXECUTIVE SUMMARY

This report was commissioned by ATC leadership to examine the long-term impact of programming on the lives of ATC graduates. Results indicate that 78% of the 340 sample respondents are sober and substance abuse free, after participating in the ATC program. While the entire sample indicated high levels of sobriety, those who remained at ATC as staff or interns were less likely to use the legal substances of alcohol and marijuana than graduates who were not at ATC. Further, on average ATC graduates self-report that they are engaging in spiritual practices such as praying, reading the Bible and attending church, at least on a weekly basis. However, individuals who were sober were far more engaged in spiritual practices, experienced a greater connection to God, higher levels of self-acceptance and love of others. Overall, sample respondents reported increased holistic health indicators in multiple dimensions, following their graduation from an ATC program. Finally the data indicates overwhelming satisfaction in the ATC program.

PURPOSE OF THE STUDY

The purpose of this descriptive study was to gather information on the current functioning of individuals completing a long term recovery and Christian discipleship program at Adult/Teen Challenge Centers across the United States. Of specific interest was the impact of the program on sobriety, religion/spirituality, and relationship outcomes. Additionally, participants provided information on their current state of wellbeing (occupational, civic, psychological, relational, and spiritual) as well as their overall level of satisfaction with the program.

UNDERSTANDING THE REPORT

This report describes responses to a digital survey sent to a sample of former students from the Adult/Teen Challenge (ATC) program. Results are presented in percentages and

mean (average) scores, based on the sample response. For a portion of the questions, inferential statistics were utilized to determine if there were statistically significant differences between groups of respondents. Specifically researchers compared those who stayed on at ATC in a staff position with those who returned to the community. They also compared those who met ATC's definition of sobriety with those who did not. While researchers identified statistical differences between the two groups, researchers conducted additional analyses to determine if the differences indicated practical (clinical) significance as indicated by Cohen's *d* and Cramer's V (Φ). Clinical significance refers the magnitude of the treatment effect and reported in terms of very small (<.2) to very large (>.8). Two software programs were utilized for all data collection and analysis: Qualtrics and IBM's SPSS. Interpretation and use of this data should only be done after reading the report in its entirety.

Part II: Foundations

SAMPLE CHARACTERISTICS

Former students of the Adult/Teen Challenge (ATC) program were contacted through email, text messages, or in a few isolated occasions through social media, with requests to participate in the study. Participants were incentivized with a \$20.00 Amazon gift card for completing the survey. Requirements for participation included having successfully completed a residential adult program. Successful completion required a minimum length of stay of 12 months. Former students were contacted if they had graduated from an ATC center between December 2017 and February 2019. Respondents to the survey were between 8 and 20 months post completion from an ATC program. Seventy-four centers (39.7% of the 186 adult ATC centers in the US) participated in the study, and their staff contacted 968 former graduates. After eliminating responses that were either incomplete or did not meet the inclusion criteria, 340 participants were retained in the study, resulting in a response rate of 35%.

The following table illustrates the response rate based on the number of months post ATC completion.

Months post completion at ATC	% of Sample (n = 340)	
7-11 months	31.2%	
12-16 months	40.5%	
17-21 months	28.3 %	

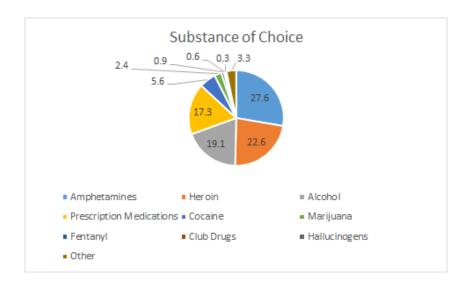
ATC Center Locations



Of the total sample (n=340), survey respondents represented 74 centers in 23 states.

Primary Drug at Entry

Survey respondents originally sought help for the following primary substances: amphetamines (27.6%), heroin (22.6%), alcohol (19.1%), prescription pain/anxiety/sleep medications (17.3%), cocaine (5.6%), marijuana (2.4%), fentanyl (.9%), club drugs (.6%), hallucinogens (.3%), and other (3.3%). Approximately 78% of respondents (*n*=266) reported seeking help from ATC for abuse of multiple substances.



Sex and Race/Ethnicity

Survey respondents were 43.8% female (n=149) and 56.2% male (n=191). Most respondents were Caucasian (85.3%, n=290). Remaining respondents were Hispanic (8.2%, n=28), African American (3.5%, n=12), Native American (.9%, n=3) and Hawaiian (n=3), Asian (.6%, n=2) and one multiracial and one other race/ethnicity.

Current Marital Status

The current marital status of respondents included 41 currently married (12.1%), 2 engaged (.6%), and 23 cohabiting (6.8%). Remaining respondents reported their status as single (n=164, 48.2%), divorced (n=77, 22.6%), separated (n=24, 7.1%), and widowed (n=9, 2.6%).

Current Educational Level

The current education level of respondents included 21 with less than high school education (6.2%), 119 with a high school diploma or GED (35%), 113 with some college education (33.2%), 37 with a trade certificate (10.9%), 24 with an Associate's degree (7.1%), 20 with a Bachelor's degree (20%), 5 with a Master's degree (1.5%), and 1 "other" education level (.3%).

Current Employment

The current employment status of respondents included 234 full time employed (68.8%), 48 part time or self-employed (14.1%), 26 interning at ATC (7.6%), 25 unemployed (7.4%), 5 disabled (1.5%), and 2 other employment status (.6%). In addition, we asked respondents whether they are, or have been ATC staff since graduating; 189 respondents said yes (55.6%) while 150 stated no (44.1%).

Current Housing

The current housing status of respondents included 107 living in ATC housing (31.5%), 82 renting (24.2%), 75 living with family or friends (22.1%), 62 leasing or buying a home (18.3%), 10 living in temporary housing (2.9%), 3 living at a ministry school (.9%), and 1 homeless (.3%).

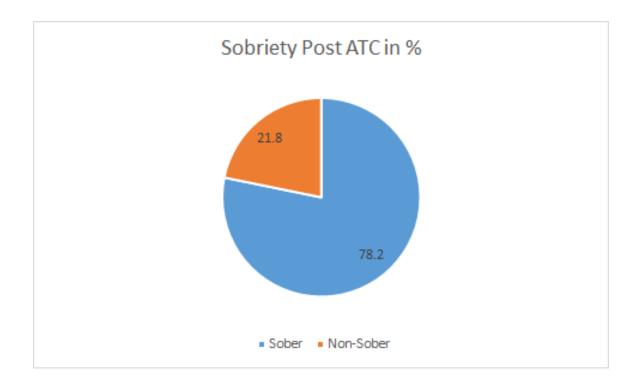
Current Household Income Level

The current household income of respondents was reported as follows: 195 earned \$20K per year or less (57.4%), 89 earned \$20-40K per year (26.2%), 30 earned \$40-60K per year (8.8%), 15 earned \$60-80K per year (4.4%), and 11 earned \$80K per year or more (3.3%).

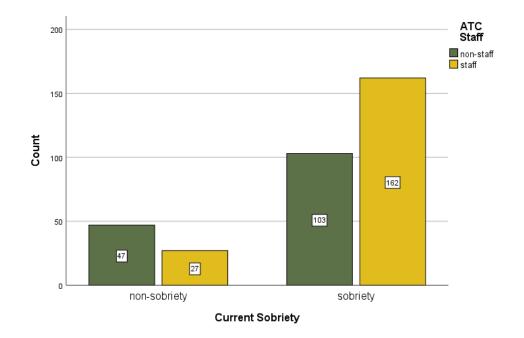
Part III: Program Outcomes

SOBRIETY

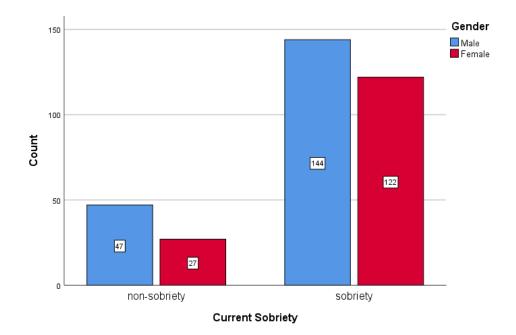
Adult and Teen Challenge defines sobriety as 100% abstinence from the use of substance (alcohol, street or prescription drugs used for non-medical reasons and legalized marijuana), excluding the use of nicotine. When asked, "Since leaving ATC, which of the following are current addictions in your life: alcohol, marijuana, street drugs, prescription medications, other substance?" respondents indicated the frequency of usage (none, rarely, monthly, weekly, daily). Respondents' answers were cross checked with their qualitative response to the question, "In your own words, how would you describe the current state of your addiction recovery?" If a respondent endorsed "none" in the frequency question but gave qualitative information that indicated usage no matter how small or infrequent, the respondent was categorized as non-sober. Of the total sample (n=340), 266 participants (78.2%) reported being sober since leaving ATC as compared to 74 participants (21.8%) who reported substance use since their completion of the program.



Of those who were categorized as sober since graduating from ATC (n=265), 162 sober respondents are still serving at ATC as an intern or staff member (61.1%), and 103 are back in their own community settings (38.9%). Of those who were categorized as non-sober since graduating from ATC (n=74), 27 non-sober respondents are still serving at ATC as an intern or staff member (36.5%), and 47 are back in their own community settings (63.5%). Thus, 85.7% of graduates who are ATC interns/staff have maintained sobriety since graduating, and 68.7% of graduates who are non-staff residing in their own community settings have maintained sobriety since graduating from ATC interns/staff and non-staff is statistically significant (χ 2=14.25, *p*=.00). The clinical significance of this difference is small (Φ =.21).



Of those who were categorized as sober since graduating from ATC (n=266), 144 sober respondents are male (54.1%), and 122 are female (45.9%). Of those categorized as non-sober since graduating from ATC (n=74), 27 non-sober respondents are male (63.5%), and 47 are female (36.5%). Thus, 75.4% of male graduates have maintained sobriety since graduating, and 81.9% of female graduates have maintained sobriety since graduating from ATC. This difference in sobriety between males and females is not statistically significant (χ 2=2.07, p=.15).



The following table illustrates the frequency of substance use since graduating from ATC reported by survey respondents.

Frequency Since Leaving ATC Program	Alcohol Use	Marijuana Use	Street Drug Use	Prescription Medication Use	Other Substance Use
None	285 (83.8%)	314 (92.4%)	328 (96.5%)	331 (97.4%)	331 (97.4%)
Rarely	35	10	8	5	5
Monthly	3	1	0	0	1
Weekly	11	4	1	1	1
Daily	6	11	3	3	2

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Respondents who stayed on at ATC as interns or staff members reported lower frequency of alcohol (M=1.19) and marijuana (M=1.11) use than graduates who returned to the community (M=1.41, M=1.31 respectively). The differences between the groups were statistically significant for alcohol (t=2.585, p=.01, d=.28) and marijuana (t=2.349, p=.02, d=.25). The clinical significance of the difference is small. These scores should be interpreted in light of the following frequency scale: None = 0, Rarely = 1, Monthly = 2, Weekly = 3, and Daily = 4. While the difference is statistically significant, the mean scores of both groups are between "rarely" and "monthly" indicating low overall frequency of alcohol and marijuana.

CIVIC AND OCCUPATIONAL WELL-BEING

In order to assess ATC graduates' civic and occupational well-being at 12 months postgraduation, survey respondents were asked to report on the following.

Voting in an Election

Since leaving Adult and Teen Challenge, 17.6% of respondents voted in an election (n=60).

Driver's License

Since leaving Adult and Teen Challenge, 82.4% of respondents maintained a driver's license (n=280).

New Problems with the Law

Since leaving Adult and Teen Challenge, 92.9% of respondents reported no new legal problems (n=316); 6.8% reported new minor problems such as a traffic violation (n=23). One person reported new legal charges (.3%).

Enrolled in New Schooling

Since leaving Adult and Teen Challenge, 25.9% of respondents have enrolled in new education or training (n=88); an additional 7.9% have entered ministry training specifically (n=27).

PSYCHOLOGICAL WELL BEING

In order to assess ATC graduates' psychological well-being at 12 months post-graduation, survey respondents were asked to report on the following.

Mental Health Counseling

Since leaving Adult and Teen Challenge, 14.7% of respondents have sought additional professional treatment or addiction counseling (n=50); an additional 15.6% sought help

from a pastor or pastoral counselor (n=53). Most respondents 57.9% reported that further counseling was not needed (n=197), while 9.7% of respondents felt that further counseling was needed or desired but had not been obtained (n=33).

Participation in Recovery Group

Since leaving Adult and Teen Challenge, 40.9% of respondents participated regularly (at least monthly) in a church based recovery group (n=139), an outpatient recovery group (4.7%, n=16), or a community based recovery group (17.7%, n=60).

Love of Self

To capture level of self-acceptance, survey respondents were asked to respond to 7 items measuring various aspects of self-worth. Five of these items form a subscale of the Theistic Spiritual Outcomes Scale (Richards et al., 2005) which is a valid and reliable measure of "spiritual outcomes of psychotherapy" (p.457). Items include "I felt peaceful," "I felt morally good about my behavior," and "I felt worthy" rated on a scale of *i* = *never* to *5* = *almost always*. Authors of the original scale report a Cronbach's α =.80 which indicates an acceptable level of reliability for this scale. In this study, two additional items were added: "I felt forgiveness toward myself," and "I thought about my future goals." The average score for the nine item Love of Self scale among survey respondents was *M*=28.74 (*sd*=5.06, range of scores = 7 to 35 with higher scores indicating more self-worth).

Respondents who stayed on as ATC interns or staff members reported higher levels of selfacceptance compared to those who returned to a community outside of ATC. The average scores for the two groups were 29.44 and 27.84 respectively. The difference between the groups was statistically significant (t=-2.84, p=.01, d=.32). The clinical significance of this difference is small.

Respondents who met ATC's definition of sobriety reported higher levels of selfacceptance compared to those who met the criteria for non-sobriety. The average scores for the two groups were 29.77 and 25.03 respectively. The difference between the groups was statistically significant (t=-6.55, p=.00, d=.93). The clinical significance of this difference is very large.

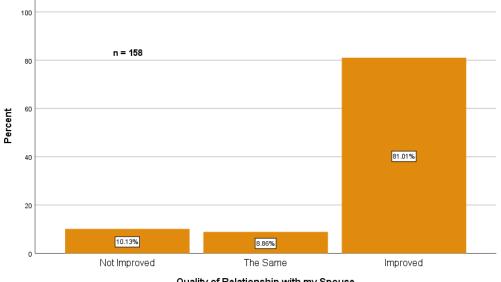
Female respondents reported higher self-acceptance on average compared to males (M=29.3 and M=28.3 respectively) however the difference between the groups was not statistically significant (t=-1.75, p=.08).

RELATIONAL WELL-BEING

In order to assess ATC graduates' relational well-being at 12 months post-graduation, survey respondents were asked to report on the following.

Quality of Relationship with Spouse or Significant Other

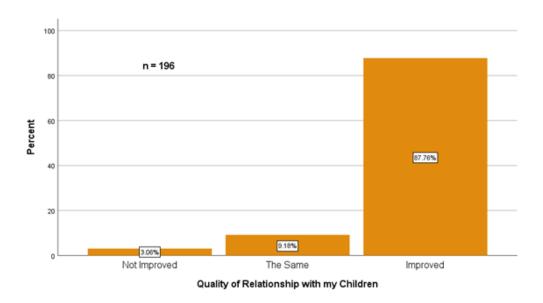
Since leaving Adult and Teen Challenge, $8_{1.0}$ % of respondents who are married or in a significant relationship reported improved quality of the relationship (*n*=128). Of the same group, 19.0% reported the relationship is the same or not improved (*n*=30).



Quality of Relationship with my Spouse

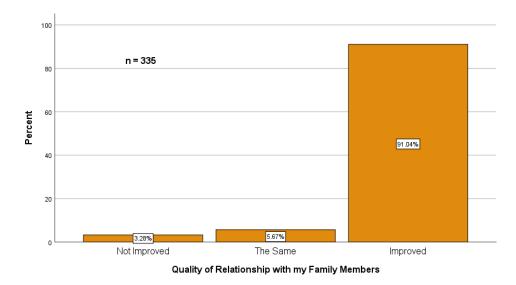
Quality of Relationship with Children

Since leaving Adult and Teen Challenge, 87.8% of respondents who have children reported improved quality of these relationships (n=172). Of the same group, 12.3% reported these relationships are the same or not improved (n=24).



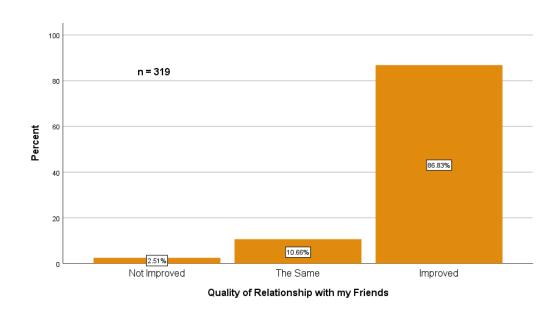
Quality of Relationship Family Members

Since leaving Adult and Teen Challenge, 91% of respondents who have family members reported improved quality of these relationships (n=305). Of the same group, 9.0% reported these relationships are the same or not improved (n=30).



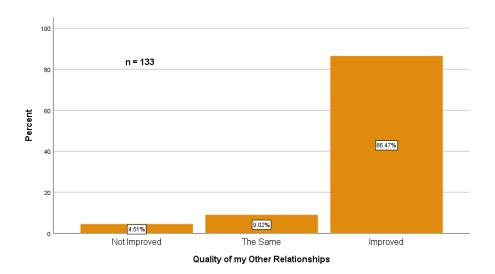
Quality of Relationship with Friends

Since leaving Adult and Teen Challenge, 86.8% of respondents who have friends reported improved quality of these relationships (n=277). Of the same group, 13.2% reported these relationships are the same or not improved (n=42).



Quality of Relationship with Others

The two most commonly reported relationships in this category were relationships at work and relationships at church (n=133). Since leaving Adult and Teen Challenge, 86.5% of respondents in this category reported improved quality of these relationships (n=115). Of the same group, 13.5% reported these relationships are the same or not improved (n=18).



Love of Others

To capture level of good will toward others, survey respondents were asked to respond to 6 items measuring various aspects of humanitarianism which form a subscale of the Theistic Spiritual Outcomes Scale (Richards et al., 2005). Items include "I had feelings of love toward others," "I wanted to make the world a better place," and "I felt forgiveness toward others" rated on a scale of i = never to 5 = almost always. Authors of the scale report a Cronbach's α =.80 indicating acceptable reliability of the scale. The average score for Love of Others among survey respondents was M=25.87 (sd=3.70, range of scores = 6 to 30, with higher scores indicating more good will toward others).

Respondents who identified as current interns or staff members reported higher levels of good will toward others. The average scores for the two groups were 26.29 and 24.65 respectively. The difference between the groups was statistically significant (t=-2.21, p=.03, d=.25). However, the clinical significance of this difference is small.

Respondents who met ATC's definition of sobriety reported higher levels of good will toward others as compared to those who met the criteria for non-sobriety. The average scores for the two groups were 26.30 and 24.36 respectively. The difference between the groups was statistically significant (t=-3.19, p=.00, d=.47). The clinical significance of this difference is moderate.

Female respondents reported higher good will toward others compared to males (M=25.5 and M=26.4 respectively). The difference between males and females was statistically significant (t=-2.14, p=.03, d=.24). The clinical significance of this difference is small.

SPIRITUAL WELL-BEING

In order to assess ATC graduates' spiritual well-being at 12 months post-graduation, survey respondents were asked to report on the following.

Religious and Spiritual Practices

Since ATC is a Christian faith recovery program, respondents were asked to provide information about their current engagement with spiritual practices as measured by the Christian Practices Index (CPI) (Sutton, Arnzen, & Kelly, 2016). The six items include "I read the Bible," "I pray," "I attend church," "I support Christian ministry," "I participate in religious activities or groups," and "I share my faith with others" rated on a scale of i =*never* to 5 = daily. Authors of the scale report a Cronbach's alpha of .86 (Kelly, Sutton, Hicks Godfrey, & Gilihan, 2018) which indicates high reliability of the scale. In this study, the average total score for the CPI was M=23.50 (sd=4.77, range of scores = 6 to 30, with higher scores indicating higher frequency of Christian spiritual practices).

Respondents who stayed on at ATC as interns or staff members reported higher frequencies of spiritual practices compared to those who did not. The average scores for the two groups were 25.09 and 21.51 respectively. The difference between the groups was statistically significant (t=-7.09, p=.00, d=.79). The clinical significance of this difference is large.

Respondents who met ATC's definition of sobriety reported higher frequencies of spiritual practices compared to those categorized as non-sober. The average scores for the two groups were 24.66 and 19.32 respectively. The difference between the groups was statistically significant (t=-7.50, p=.00, d=1.11). The clinical significance of this difference was extremely large.

Love of God

To capture level of connection with God, survey respondents were asked to respond to 6 items measuring various aspects of one's relationship with God which form a subscale of the Theistic Spiritual Outcomes Scale (Richards et al., 2005). Items include "I felt God's love," "I had faith in God's will," and "I felt there is a spiritual purpose for my life" rated on a scale of i = never to 5 = almost always. Authors of the scale report a Cronbach's α =.93 indicating high reliability of the scale. The average score for "Love of God" among survey respondents was M=25.67 (sd=4.47, range of scores = 3 to 15, with higher scores indicating a greater connection with God).

Respondents who stayed at ATC as interns or staff members endorsed a greater connection with God as compared to those who did not remain in direct service to ATC. The average scores for the two groups were 26.46 and 24.65 respectively. The difference between the mean scores was statistically significant (t=-3.60, p=.00, d=.32). The clinical significance of this difference is small.

Respondents who met ATC's definition of sobriety reported a greater connection with God as compared to those who were categorized as non-sober. The average scores for the two groups were 26.58 and 22.42 respectively. The difference between the mean scores was statistically significant (t=-5.99, p=.00, d=.88). The clinical significance of this difference is large.

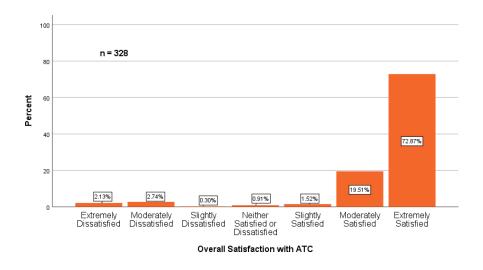
Female respondents reported higher connection with God on average compared to males (M=26.0 and M=25.4 respectively) however the difference between the groups was not statistically significant (t=-1.34, p=.18).

Part IV: Program Satisfaction

In order to assess ATC graduates' satisfaction with the recovery services they received, and to elicit suggestions for program improvement, survey respondents were asked to report on the following.

OVERALL SATISFACTION

Survey respondents were asked to rate their overall satisfaction with Adult and Teen Challenge on a scale of *i* = *Extremely Dissatisfied* to *7* = *Extremely Satisfied*. Of the 328 respondents, who answered this question, 92.4% are highly satisfied with ATC overall. The average rating for overall satisfaction was M=6.47 (sd=1.25) on the 1 to 7 scale, indicating a very high level of satisfaction.



There was no significant difference in overall satisfaction with ATC between respondents who stayed at ATC as interns or staff (M=6.49) and those who did not remain in direct service to ATC (M=6.44, p=.67).

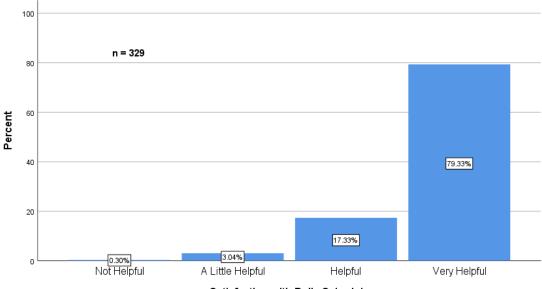
There was no significant difference in overall satisfaction with ATC between respondents categorized as sober (M=6.50) and those categorized as non-sober (M=6.36, p=.39).

There was no significant difference in overall satisfaction with ATC between male and female respondents (M=6.45 and M=6.49 respectively, p=.80).

SATISFACTION BY TYPES OF PROGRAM ACTIVITIES

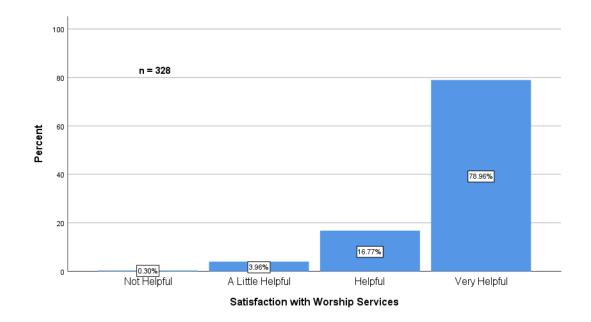
Survey respondents were asked to rate the helpfulness of 13 possible program components on a scale of *i* = *Not Helpful* to *4* = *Very Helpful*. Respondents could also select *Does Not Apply*.

Of 329 responses, the majority (96.6%, n=318) of graduates found the daily schedule of ATC helpful or very helpful.

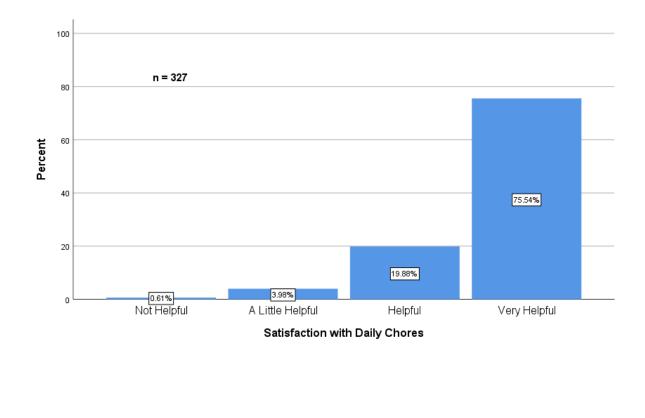


Satisfaction with Daily Schedule

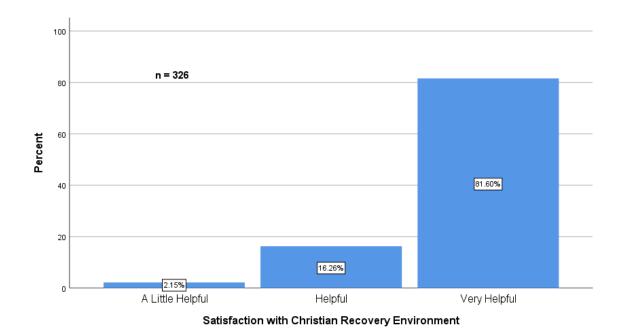
Of 328 responses, the majority (95.8%, n=314) of graduates found the worship services of ATC helpful or very helpful.



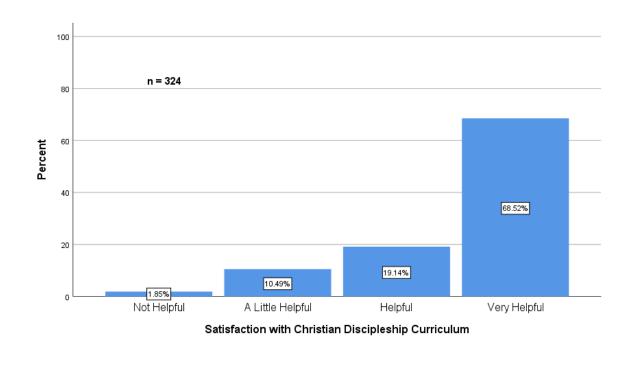
Of 327 responses, the majority (95.4%, n=312) of graduates found the daily chores at ATC helpful or very helpful.



Of 326 responses, the majority (97.9%, n=319) of graduates found the Christian recovery environment of ATC helpful or very helpful.

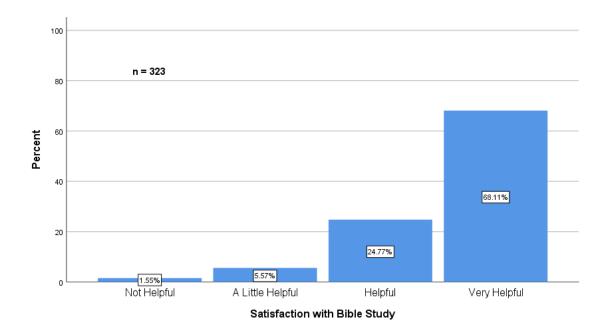


Of 324 responses, the majority (87.6%, n=284) of graduates found the Christian discipleship curriculum of ATC helpful or very helpful.

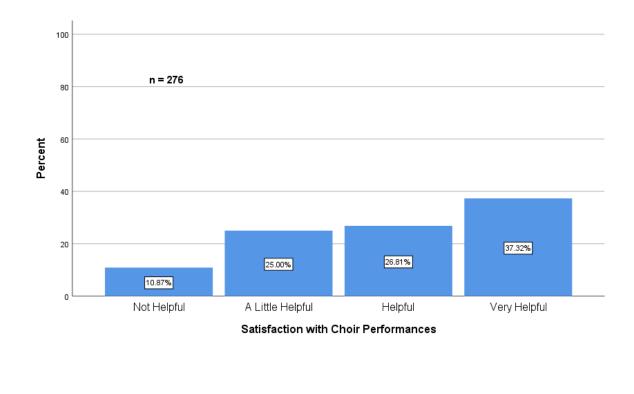


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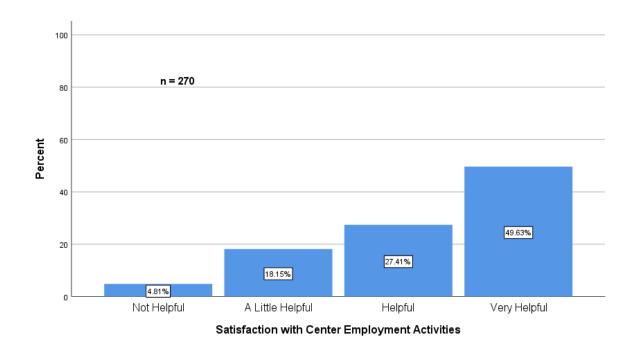
Of the 323 responses, the majority (92.9%, n=300) of graduates found the Bible studies of ATC helpful or very helpful.



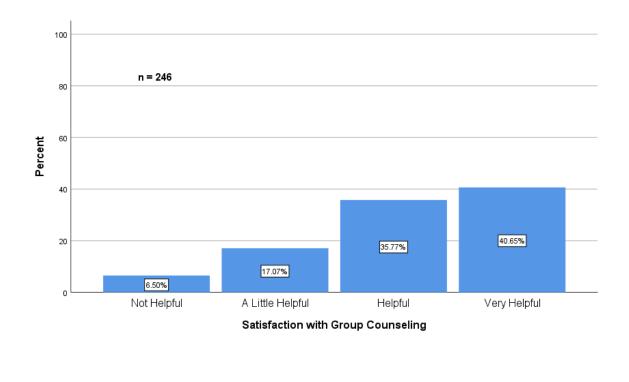
Of 276 responses, the majority (64.1%, n=177) of graduates found the choir performances of ATC helpful or very helpful.



Of 270 responses, the majority (77%, n=208) of graduates found the employment activities (crafts, farming, etc.) of ATC helpful or very helpful.

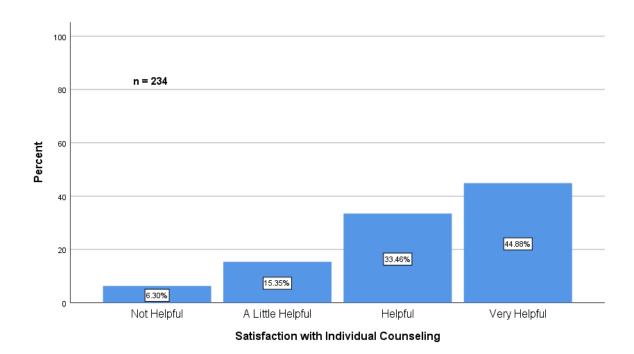


Of 246 responses, the majority (76.5%, n=188) of graduates found the group counseling at ATC helpful or very helpful.



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Of 234 responses, the majority (78.4%, n=199) of graduates found the individual counseling at ATC helpful or very helpful.



Qualitative Statements

Respondents to the survey provided over 1000 qualitative statements regarding their satisfaction and suggestions for improvements with ATC. The following three areas were assessed and feedback was provided by respondents:

When asked what was *most* helpful with the ATC program, respondents provided positives statements centered on specific themes to include: the ATC staff; the structured living environment; peers with similar experiences; and Christian curriculum and opportunities to grow spiritually.

"God and the people He placed around me showed me the love I had been lacking"; "The love staff had for you when you are there and after you leave."

"Safe environment, strong leadership, solid structure, loving environment, sober and healthy activities. This place saved my life."

Additionally, respondents were asked which aspects of the ATC program were *least* helpful. Qualitative statements elicited responses around specific themes such as dislike for: The choir programs and other perceived fundraising activities; Staff issues and policies and; Lack of planning for discharge (lack of aftercare).

"I felt like TC was ALWAYS after money. I understand there is not government funding but, I also feel as if they could have focused on the money less."

"... There was no transition out phase. I believe we should offer a work program similar to Re-Entry but for the last two months of your program where your still in a very structured environment and are taught how to have a phone and to have money."

"The only thing I would say is that once the program is over and you decide to try and go forward with your life outside of the program there is very little support. No help was provided in finding employment or in finding somewhere to go."

"Inconsistencies with disciplining different students."

"The availability of mature Christian leadership. I didn't feel like the advice and counsel I was able to receive was totally sufficient."

Finally, respondents were asked to provide any suggestions for growing or improvement of ATC programs. These qualitative statements provided information around the following themes: changing or improving the curriculum; training staff or having more qualified staff; better planning for independent living after graduation.

"Providing more support in final months for preparing to enter back into world. Housing, jobs etc. A proper exit strategy for the final 2-3 months if the student is not planning to enter an internship."

"Add more individual, psychological-based counseling to the program."

"The focus should stay on the spiritual, but more practical counseling would be helpful."

"...developing a more supportive and robust after-care program. It seemed that once I graduated, I was left to my own devices literally minutes later."

"Require people in positions of authority and leadership to hold credentials and certifications that are applicable to recovery/mental health. Too many people are hired on as staff with no formal education or training and are expected to give quality recovery and emotional/mental help."

"An addiction-based class like Living Free could be added. I would suggest less time working and more in-class time, with an actual teacher presenting material. There was a lot of selfstudy on your own time and I saw some women struggle because of comprehension, inability to read well, lack of motivation... more engagement in this area would be beneficial for the students."

"More curriculum to find the underlying issue for the separation from God."

Part V: Conclusions

SUMMARY

In summary, these outcome data are drawn from a modestly sized, nationwide sample of 340 graduates of Adult/Teen Challenge. Graduates were contacted by center staff at 8-20 months post-graduation and asked to respond to the online survey. Roughly half of the sample are graduates who have remained at ATC as staff or interns. The sample represents those who enrolled in an ATC program addicted to amphetamines, heroin, alcohol, and other chemical substances.

In regards to the outcome of sobriety, 78% of graduates remained completely abstinent of substance use post-graduation from ATC. Those who remained at ATC as staff or interns were less likely to use the legal substances of alcohol and marijuana than graduates who were not at ATC as post graduate interns or staff.

In terms of occupational and civic wellbeing, approximately 9 out of 10 graduates had no additional problems with the law, and 1 in 4 were pursuing new education and training.

Similarly, in terms of psychological wellbeing, more than half of graduates continued to participate in a recovery group of some type, and only 1 out 10 desired further counseling but have not pursued it. In addition, ATC graduates on average "frequently" experience self-acceptance, self-forgiveness, and self-worth. Significantly, the graduates who maintained sobriety also experience more self-worth than non-sober graduates.

Regarding the outcome of relational wellbeing, nearly 9 out of 10 graduates reported improvement in the quality of their relationships with their spouse/significant other, children, family members, friends, church members, and coworkers. In addition, ATC graduates on average "frequently" experience love toward others, forgiveness of others, and a desire to help others. Significantly, the graduates who maintained sobriety also experience more good will toward others than non-sober graduates.

In terms of the religious/spiritual outcomes, ATC graduates on average were practicing their faith on a monthly, weekly, and daily basis. In addition, ATC graduates on average "frequently" experience God's love, faith in God, and a spiritual purpose for their lives. Significantly, the graduates who maintained sobriety also experience more intimacy with God than non-sober graduates.

Finally, graduates report very high levels of satisfaction with ATC, whether they were current interns/staff or not, and whether they maintained sobriety or not. Of all the components offered at ATC, most graduates reported experiencing the following as a helpful aspect of their recovery: being engaged in Christian recovery environment, following a daily schedule, participating in worship services, engaging in discipleship curriculum and Bible studies. Less commonly offered experiences such as individual and group counseling were likewise rated as helpful. Moreover, qualitative comments

indicated a desire by respondents to have access to additional mental health and addiction services. Components less likely to be rated as helpful include choir performances and center employment activities.

LIMITATIONS

As with any survey research, data is self-report. Issues of social desirability and acquiescence bias may have played a role in the high rates of positive outcomes. With a response rate of 35%, it is possible that the majority of responses came from former students who are doing well and are happy to share that information. Additionally, former students who are not doing well, may have been hesitant to respond to the survey, or are not healthy enough to do so. Further, it should be noted that this study only assessed former students who had successfully completed the entire 12 or 18 month ATC program. No assessment can be made regarding students who may have left at any time prior to a full year. Finally, 189 respondents (56%) are current staff at ATC. Further, 107 (31%) of the respondents currently utilize ATC housing. With over half of the sample currently employed by ATC, and one-third of them living in ATC housing, the results are likely skewed towards success due to roles, responsibilities, and values of those individuals, as well as the rules associated with ATC housing.

When grouping the data based on those who are no longer connected to ATC and those who are employed/housed by ATC, there is a statistically significant difference with the health and wellness of the two groups, including sobriety indicators. It is clear that remaining a part of the sober living community of ATC has a positive impact on former students. Those who do not remain connected to ATC post-graduation, were slightly more likely to respond that they had used alcohol or marijuana either monthly or rarely, when compared to the group who are current staff members at ATC. Finally, with a sample response rate of 35% and with only 74 of 186 centers (39.7%) participating, the ability to generalize the results to all ATC centers is not recommended.

SUGGESTIONS FOR FUTURE RESEARCH

As described initially, this study was the first of its kind for ATC. Efforts were made to garner a representative sample to then generalize nationally to all ATC program sites. However, low center participation rates makes that assertion difficult. Additional efforts should be made to engage a larger percent of ATC centers in a follow-up outcome study. Further, it may be helpful to assess students who leave prior to the full program length of stay. ATC has a minimum length of stay of 12 months, and some programs continue on for up to 18-months. Researchers are interested in learning about outcomes of students who leave a program at the six or nine-month mark. Additionally, ATC may want to explore specific program elements, and what correlation they may or may not

have on outcomes. Finally, one of ATC's hallmarks is the deep integration of faith throughout their curriculum, program values, policies and day-to-day functions. A comparative study to other substance abuse treatment centers where faith is not so deeply utilized as a treatment modality, may be useful for identifying the impact of spirituality in the healing process.

AUTHORS

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