

Philosophy of Teen Challenge

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In 1958 David Wilkerson went to New York City to begin working with young people involved in gangs. As he began to establish rapport with the gang members, he found that many other problems were present in the youth with whom he was working. A whole gamut ranging from homosexuality and prostitution to hard core drug addiction was present as well as the gang wars. Dave felt compassion for human need. He felt a need to offer a way out of these problems and to offer a different way of life. The first Teen Challenge Center was established in New York City working with youth of the slums who wanted a different kind of life other than gangs and drugs.

Since 1958 Teen Challenge centers have been opened around the world on all six continents. The success of the Teen Challenge approach to helping men and women trapped by addictions has been seen in many cultures around the world.

In 1993 the 120 Teen Challenge centers in the USA provided residential care for over 6,300 young men and women seeking freedom from life-controlling problems. Over 82,000 telephone counseling sessions were conducted and over 16,900 outpatient counseling sessions were conducted by Teen Challenge staff.

Teen Challenge centers in the USA are privately funded, and receive very little government financial assistance. In the early 1970s the United States Federal Government became interested in the claims that Teen Challenge had a 70% cure rate for drug addicts completing the Teen Challenge residential program. They doubted the accuracy of those claims since the average success rate of government sponsored drug programs was usually less than 5%.

The US government commissioned a study of those who had been students in the largest Teen Challenge center (at Rehrersburg, PA). They found that 86% of those who had graduated from this program were still living drug free lives seven years after graduating from Teen Challenge.

Motivating the addict to change

What has enabled Teen Challenge to be so successful over the past 36+ years?

To understand the secret of Teen Challenge's success, one must begin with the original goals and purposes of this non-profit organization.

David Wilkerson, a Pentecostal minister, did not go to New York City to start a drug rehabilitation program. His goal was to help young people find a better way of life that was not filled with gang violence and hatred. What he discovered was that many of the

young people he was attempting to help were addicted to drugs. Their life-controlling problems went far beyond drugs and involved broken family relationships, poor work habits, eating disorders, and a history of personal and academic failures. Many were victims of child abuse.

What started as a three week residential program was extended to several months and eventually became a one year program. The length and structure of the program is based on the needs of the students in the program, not what will qualify to get government financial assistance or insurance payments.

Therapeutically, the Teen Challenge effort may be summarized as, "Providing the most conducive environment possible for the healing of the student with life-controlling problems." Teen Challenge endeavors to help people become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive. This broad approach to helping addicted persons involves addressing the needs within the whole person, not simply the drug addiction problem.

When one begins to compare the Teen Challenge approach to methods used by other drug and alcohol rehabilitation programs, one will find a great number of differences. Clearly the major difference is the basic belief that an addict must establish a personal relationship with Jesus Christ if he or she wishes to find permanent freedom from addictions in his or her life. This central spiritual dynamic is the foundation on which all aspects of the Teen Challenge program is built.

Teen Challenge believes that drugs are not the root problem of the addict, but a symptom of a deeper internal problem. The primary internal problem is the sin nature of people which causes them to focus on self-centered attempts to find personal meaning and fulfillment in life. When one does not have a personal relationship with Jesus Christ, that person has a great emptiness inside. Drugs are only one of many things a person may turn to in search of true happiness. But these efforts are futile and only lead to addictions.

Until one deals with the sin nature of man, he or she will not have the *motivation* to change. The only cure for sin is Jesus Christ, not a religious order or membership. Through faith in Jesus Christ you can be forgiven and cleansed from the power of sin. The knowledge that your sins have been forgiven and you no longer have to be controlled by it becomes the motivation to change your lifestyle.

The process of therapy in Teen Challenge

Teen Challenge functions from a Christian love and support environment, employing an educational model within which pastoral counseling facilitates the internalization of the educational content in both residential and non-residential ministries.

The educational content is information from the Bible, written for the purpose of Christian discipleship. The materials instruct individuals on how to live as Christians. Pastoral counseling is employed to assist individuals in relating educational content to their individual life situation. The primary goal of this counseling is not simply to stop the addiction and related deviant behavior, but to develop a whole new way of living--one free from compulsive destructive behavior. It is the premise of Teen Challenge that this new way of living can only be achieved and maintained for life when built on a personal relationship with Jesus Christ.

The therapeutic program of Teen Challenge is basically a living experience. The total environment (milieu) is developed to offer a therapeutic setting. One of the first things a student learns after he stops using drugs is that he will begin to experience the emotional part of himself that has been capped through the use of drugs. Drives, fears and pain strike at full force and at any time. The environment must at times be one of support, protection and warmth, and at times one of specific confrontation.

The pain that previously allowed drugs to be so satisfying is now used as motivation. The direction this motivation takes (either back to drugs, lashing out, or confrontation with self in reality) depends, to a large extent, upon those persons in the immediate environment and their inter-actions and relationships with the individual student who is going through this experience. To offer help during this experience, five therapies are available to be used.

1. Work therapy

For several weeks after arriving at Teen Challenge, the student is assigned to work for three or more hours each day in general work detail. This consists of useful physical output that yields tangible, concrete results that can be appreciated. After the initial assignment to the general work detail, the student is allowed to enter the vocational department with the possibility of choosing one of the particular vocational fields available where he will experience physical work, plus training in some vocational area at the same time. The work therapy offers the opportunity for concrete results of physical out-put that can be viewed as accomplishment by the individual student.

The primary goal of work therapy is to teach the student proper attitudes toward work. The vocational training is not as extensive as what would typically be offered in a vocational training school.

2. Group therapy

Group therapy, the second to be discussed, occurs in several situations. Each student in the Teen Challenge program lives with others that are going through and have gone through the same things. The camaraderie and peer identification is very influential at this point. The room assignments are usually four students to each room which is a formation of a small group. The four students living together must take responsibility for the cleaning and upkeep of their room. This means that a schedule for sweeping, mopping, dusting, bed making, and such tasks, must be agreed upon and adhered to among the roommates, or the entire room receives the consequences of a poor room inspection. Dormitory rooms are not locked and there are specific times of getting up in the morning and lights out and quiet at night, which add other dimensions to the room living unit.

Often group therapy sessions on a more formal basis are incorporated into the weekly schedule of the Teen Challenge program. Each group session may be structured around specific issues relevant to the needs of the students. The Turning Point model and curriculum for support groups is often employed in this setting. (The Turning Point model was developed by Jimmy Lee after many years of experience with Teen Challenge. This model can also be used in the non-residential setting.)

The regular daily classes can also be viewed as another form of group therapy. The classes deal with different life-related issues and involve lecture plus significant discussion by the students regarding means of applying these teachings to their personal lives.

3. Individual therapy

As the individual is involved with drugs, he denies part of reality (that part consisting of pain). In essence there is a separation between head (cognitive process) and body (effective process). Parts of the body are denied (cut off), parts of emotion are denied (cut off), parts of past experience are denied (cut off). The goal of individual therapy is to join head and body. To do this, there is a process of reality therapy and psycho-synthesis that allows the individual to become aware of his body, of his emotions, and of his past experience; to be able to "look", "touch" and live with them, and then go on from that point. A process of physical (and emotional and past experiential) awareness, re-evaluation and acceptance must take place to allow the individual to articulate position, attitude, and questions of Self. Upon this, growth begins and development continues.

4. Music therapy

The fourth to be discussed is music therapy. In many Teen Challenge centers, the music tends to be loud and exciting. There is much involvement, both emotional and physical, in keeping time and following the notes and words of various musical arrangements. Each individual adds his own unique contribution as he feels like it, but there is constant rhythm. The sum of these individual contributions explodes as a

masterpiece of human joy and an indicator of human cooperation that draws one into the total process and then lingers on after the music has stopped.

Music is included as a regular part of daily chapel services. Many students also participate in the Teen Challenge choir. The choir sings at activities in the program, and also visits area churches and schools. Students sing, make drama presentations, and tell their story of being trapped by addictions and how they found freedom.

5. Recreational therapy

Several recreational activities are provided to help in relaxation and fun. Learning how to enjoy one's leisure time without using drugs is considered a vital part of the restoration process. Other therapeutic benefits include limited competition. Some of the recreation available includes baseball, weightlifting, basketball, ping pong, running and swimming. Students have a period of unstructured time each day and some use recreation during that period.

In summary, the whole program provides a setting for therapy. Much of this therapy occurs on an informal basis rather than through formal daily individual therapy sessions. The goal is to nurture a personal relationship with Jesus Christ as the source of insight for personal growth, rather than looking to the staff as the only one who can help them.

Long range goals for the Teen Challenge student

The long range goal is to enable each student to function in society as a responsible person, able to apply Biblical principles in relationships with family, community, local church, and in the vocational setting. The basic assumption that starts an addict toward this goal is "There is real hope for every addict." No one is viewed as beyond help, given the condition that the addict is ready and willing to change.

The long range transformation that is projected for each addict is in three stages--addict, ex-addict, non-addict. When the person first comes to Teen Challenge, he or she is usually at the "addict" stage--still engaging in addictive behavior and thinking. Upon entry into the program, they are required to stop addictive behavior--drugs, smoking, alcohol, etc. Some students will go through a detox program in a local hospital before entering Teen Challenge.

To participate in the residential Teen Challenge program, one must immediately enter the "ex-addict" stage and withdraw from addictive behavior. However, this person still thinks like an addict, and often has great temptations to return to past addictions, especially when pain and stress come into his or her life. One major goal of the Teen Challenge therapeutic process is to begin to change this way of thinking, so the students no longer think about turning to drugs as their source of comfort and pleasure, but replace that old way of responding with a whole new way of thinking and living.

The focus of the daily activities from classes to work to recreation is to give time and attention to not only learning about a new way of living, but putting this new way of life into action over a period of time. This is the major reason Teen Challenge is a 12 month program, not a 30 day program.

But the ex-addict stage is potentially risky in that the person may revert to his or her old ways of responding to pressure and problems. The third stage in this process is to move to the non-addict stage. At this point the person no longer thinks like an addict, but has developed a completely different way of thinking. His whole world-view has changed. He no longer wakes up in the morning thinking like an addict. His self identity is not based on using drugs, but on his new identity in personal relationship with Jesus Christ.

Achieving the non-addict stage may not occur until after the student has completed the twelve month program. Some graduates have stated that it took them over five years to fully achieve this non-addict stage. When one achieves this stage, their old lifestyle of being an addict no longer holds any attraction.

With the realization that many will not achieve the non-addict stage until several years after completing the Teen Challenge program, a plan for continued support and encouragement is vital for every graduate. Teen Challenge believes the local church provides the best setting for on-going relationships and role models for the graduate. Some Teen Challenge centers offer a re-entry program to assist students in the transition from the residential program to life on their own in society. The primary focus of the re-entry program is to establish healthy personal relationships with non-addicts in society and assist them in getting a job.

In summary, Teen Challenge is structured to allow flexibility in meeting the needs of those whose lives have been damaged by addictions. Where residential care is needed, Teen Challenge offers a well developed multi-phased discipleship training program. Teen Challenge also provides extensive non-residential assistance through personal and group counseling. Prevention training is also provided to thousands each year through public school assemblies and workshops.

Bibliography

Special appreciation is acknowledged for the work of the following three men. Significant parts of this paper are taken from their two articles listed below.

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