

Echoes

by Clark He



The drawing showed a stick figure overwhelmed by a chaotic mosaic of reds and blacks. The caption read, "Can this please help me?"

Billy¹ is a sex offender. At six, he was molested by a relative. At 12, as he began to come of age sexually, he did what he had learned to do. Before too long several victims, frustrated case workers and finally criminal charges came to Project Adventure's Learning Program on a charge of sexual molestation. Here he would have a chance to learn empathy, gain acceptance and change himself.

Juvenile males are said to account for 20% to 30% of all child molesters and between 30% and 60% of child molestations committed each year. Some studies suggest that the ratio of offenses to arrests for juvenile sex offenders may be as high as 25:1. Some debate exists as to whether the problem is larger in the past or whether we are more aware. The recognition that a large portion of all sexual offenses are attributable to adolescents, that many adult sexual perpetrators began as adolescents, has led researchers and practitioners to investigate effective ways of working with these youths (Barbaree, Hudson, & Seto, 1993).

¹Billy is a fictitious name—Legacy has no current or past client named Billy. The characterization of Billy represents a composite of several clients who have been seen in the program since it began in October.

of Group

Jindy Simpson and Lee Gillis

Both society in general and the mental health community have a particularly difficult time with adolescents like Billy. On the criminal hierarchy, there is nothing lower than a child molester and that attitude has carried over to the mental health field. Twenty years ago, the professional opinion on this group was, "Don't waste your time with them. There's nothing you can do, and you could be sued." Unfortunately, this still remains the conventional professional wisdom. Why?

If Billy's abuse comes to light when he is still a child, our feelings for him are compassionate: "That poor boy!" If, ten years later, Billy engages in that same behavior, our response is likely to be a call to castrate this monster.

Despite the prevalence of sex in our lives, we remain prudish when it comes to frank discussion on the topic. Until recently, the idea that children could be sexually abused by their caretakers was hardly imaginable, much less discussible. We have become more comfortable dealing with the victims, but what about the perpetrators? Gene Abel views treating sexual perpetrators as one of the most pressing issues in the mental health field (Abel, Osborne & Twigg, 1993). If, as it is reported, the average adult pedophile has 55 different victims, then successful treatment of that offender significantly impacts the

sexual abuse epidemic.

In 1995, Project Adventure was asked by the Department of Children and Youth Services of the State of Georgia to develop a longer-term program for juvenile sex offenders. Legacy began as a 12-bed, 10-month (minimum) residential program for juvenile sex offenders in October, 1995.

Leave Them Before They Leave You

Billy may have a difficult time in Legacy. To be successful, he will have to acknowledge all his offenses (he has committed many more than have been acknowledged). He feels considerable shame and embarrassment. His self-esteem is already rock bottom, although if you were to see him during the day at Project Adventure you might only see the bravado that tries to convey the attitude, "I've got it all under control."

It is hard for Billy to understand the role of atonement in the healing process. Billy has always been a loner and now he must learn to get along with a group of strangers, not only strangers but sex offenders. He lives with five other boys and a counselor. They have a kitchen, a living room and a large bedroom. A motion detector is a constant reminder that this new home is more than just a house.

To be successful, Billy must bond with his primary and home counselor. However, his urgent desire to be accepted by adults is in conflict with his deep distrust. He's learned that adults won't accept him if they know his history, so he'll drive them away when they get too close. This way he can control the hurt. "Leave them before they leave you." It's one of a series of errors in thinking that guide his life.

"About three years before we started Legacy, the state asked if we would develop a sex offender treatment program. At the time I said no."

"Why did you say no? Were you afraid?"

Are You Afraid?

by Cindy Simpson

We were driving around buying new furniture and getting ready for licensing when Billy asked me why we started the Legacy program. It was an interesting question coming from Billy. I wondered how I should honestly respond without going into too much depth about the concerns of many of our staff about working with sex offenders. I decided to answer the question from my personal point of view.

"We believe that locking up kids is not effective. We started the Challenge program in 1981 and the Choice program in 1989. Both programs were an alternative to lock-up. About three years before we started Legacy, the state asked if we would develop a sex offender treatment program. At the time I said no."

"Why did you say no? Were you afraid?"

"No, I wasn't afraid. We had sex offenders in the Choices program and they were successful. I said no because we weren't ready to start another program. We didn't have the space, time, staffing or energy to start a new program." I paused for a minute and looked at Billy. "Do you think staff at PA are afraid of you?"

"No, but I was at YDC and RYDC and a group home where other kids and staff were afraid because of my charges." Billy went on to say that he was afraid to go home because his family, old friends and neighbors would treat him differently. "My mother doesn't trust me at all now and I'm afraid everyone will always pick at me about what I did, and I don't know if I can handle it. But I know if I were in their shoes I would pick at them."

Billy had a valid point about the feelings of some PA staff members towards adolescent sex offenders. The feelings displayed by non-Legacy staff members include fear, anger, hate and pity. These feelings have been displayed through a range of behaviors from inappropriate sexual statements and jokes to completely ignoring their existence.

The incident that has stayed with me most involved a non-Legacy staff member who had a master's degree in social work and was asked to do some individual crisis work with several of our youngest clients, ages 10 to 12. After meeting the individual clients, the staff member was excited about working with them. Then the staff member read the clients' criminal records and the boys verbally explained their criminal activities. The staff member became repulsed and opted not to work with them. Because he had a small child at home and could not forget clients' criminal records, the staff member was unable to move past his feelings of fear and anger.

Billy's errors in thinking and emotional binds make him a tough candidate for therapy, especially traditional therapy. Conventional talk therapy is helpful, but it cannot provide the emotional components he needs. His fragile self-esteem has resisted any "feel good" attempts from past teachers and counselors.

How Do We Help a Billy?

An adolescent's knowledge of sex is based on a hodgepodge of information from sources as varied and unreliable as the movies, peer groups and individual experience. Someone like Billy, whose first sexual experience was with an older uncle, is very likely to repeat the pattern but this time with himself in

the role of the perpetrator. In a victim/perpetrator split, the victim may wish to "graduate" to the perpetrator role. This provides an opportunity to "master" the experience. Billy may be vaguely aware that there is something morally wrong with this, but who can he talk with? Sex is a landscape of secrets, and in many of these families there is an intergenerational factor that discourages honest information.

Unless this inappropriate sexual behavior is stopped and addressed therapeutically, there is a good chance that it will become Billy's dominant arousal pattern. The very nature of the sexual experience makes the orgasm one of the most powerful reinforcers. At the same time, the more that deviant arousal

patterns are paired with orgasm, more established the pattern becomes. Concurrently Billy is experiencing considerable shame and low self-esteem. To move into an age-appropriate courting ritual may be beyond his capabilities.

The good news is that, with adolescents, these arousal patterns have not become so imprinted that they cannot be erased, or at least redirected to more appropriate outlets. While this is a time-consuming process, it is doable, and the adventure-based counseling setting that Legacy provides is particularly suited for it.

In many ways, sexual abusers are similar to alcohol and drug users. In fact, a national 12-step program—Sexual Addicts—meets in many

cities. The dynamics of sex abuse also respond well to relapse prevention, a model for focusing on what triggers in one's life are most likely to cause one to reoffend. In treating sex offenders, relapse prevention is the number one priority. Sexual perpetrators differ from substance abusers in that a sexual relapse does not hurt just the offender, but creates another victim.

Trauma Recovery

The Legacy program must begin by addressing the prevalence of early sexual trauma in the lives of the offenders. Someone like Billy was probably controlled and at the mercy of an older and possibly dangerous abuser. In all likelihood, Billy's family was not supportive, and quite possibly sexual abuse was part of the family's secrets and shame. The trauma experienced in these families is insidious. Children who are abused may not have had time to develop a sufficiently strong sense of who they are to respond with the resilience needed for successful healing.

Trauma recovery work is a familiar model for many mental health professionals, and this part of Billy's case can be treated from a victim's perspective. Such treatment is not to excuse the behavior for which he has been committed to Legacy. But

if Legacy does not address the victim issue—the hurt, the shame and the ability to push what happened into deep dark places within the mind—Billy will have difficulty developing as a healthy individual, and will have to rely solely on his relapse prevention plan to be successful.

The long and sordid abuse history of many of Legacy's clients tends to retard healthy development of a sense of self. One of the immediate observations Legacy staff make is the lack of emotional maturity among clients. From the trauma perspective, we understand this as "the child within"—a fragment of personality frozen before the impact of the trauma of being sexually abused themselves.

Research indicates that the trauma experience is processed by the mind differently from our normal range of experiences. This is certainly understandable, since the very nature of trauma as a primal emotional response gives it biological precedence over other learn-

ing. Consequently expressive therapies and those that incorporate the entire mind/body offer the most promise. Adventure-based counseling, with its emphasis on the total mind-body experience, is especially suited for treating juvenile sex offenders and is a main component of Legacy's treatment plan.

Family Involvement and Therapy

Family therapy is an important but often difficult adjunct to Legacy's

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treatment. Part of the Legacy program is to empower clients to disclose their offenses. Honesty is an important component, but one that is often in conflict with the family's need to keep secrets—especially secrets that, if revealed, can be prosecuted under Georgia law. Disclosure of offenses to families may place Legacy clients in conflict with their families and is handled on a case-by-case basis.

Awkward Silence

by Clark Heindel

When I tell people that I work with sex offenders, there's a guaranteed moment of awkward silence. We struggle to maintain the conversation. Even bona-fide liberal-humanist-new-age-optimists have a hard time with this one. The inability to change sex offenders is one of the old sacred cows. "Is there really anything you can do for those...people?" "You mean short of castration or execution?" Actually, I reply kindly and try to provide some educational facts, but it's often a case of "My mind is made up, so don't confuse me with the facts."

I have spoken at several victim awareness seminars teeming with budding young therapists who initially view me as the enemy. Usually the best I can do is to challenge the precepts. "Where and how did this person become such a monster?" "Where were his parents when he needed help?" "Is a parent who allows his/her child to be abused guilty of child abuse?" and "Just why is it that these individuals are not worthy of the same compassion that we so readily advocate for all others?" The traditional dichotomy of "victims equal good" and "offenders equal bad" is seriously flawed. It's never that simple.

What makes this work worthwhile are the successes. Seeing those who have been consigned to society's junk pile emerge transformed with a good chance of not reoffending gives a warm feeling.

Of course, I've always been a bit of a radical and proving conventional wisdom wrong is one of the joys of life; after all, sacred cows make the best hamburger.

Sex Education

Another powerful component of Legacy is sex education. Such education is not limited to concrete physical information, but also emphasizes the morals and ethics of sexual behavior. Separating appropriate sexual responses, which are confusing enough for nontraumatized adolescents, is a major part of treatment as the adolescent males in Legacy begin to come of age. Some programs report good success with masculinity groups, by learning about "what it means to be a man."

Developing Empathy and Planning for Relapse

A major event for clients is to show some empathy for their own victim(s). Ideally, Legacy clients would be able to meet with their victim(s) and express remorse for their behavior. Such a meeting is rare because the rights and privacy of the past victim are more important than a Legacy client's need to express remorse. If Legacy clients are able to express their feelings to a group of victims other than their own, it is felt that such an expression of empathy is very therapeutic and can play a strong part in preventing the behavior from occurring again.

All Legacy clients develop a plan to deal with triggers that may lead them to relapse. For each trigger there is a preventive behavior. The client's plan is followed through phone calls and visits by Legacy staff. Often Legacy clients have returned for a weekend visit or to take part in a week's backpacking trip. Such "booster shots" of follow-up are seen as the best ways known of preventing the creation of another victim.

The Legacy Program

Legacy's goals can be summed up simply by breaking the name into the following acronym: Learning Empathy, Gaining Aceptance and Changing Yourself. The belief of

Project Adventure, supported by research literature, is that a key to ultimately changing sexual acting out behavior is developing empathy for their victim. Attacking the themes that the juvenile sex offender brings to the program—power and control of others and secrecy (Goocher, 1994)—are initial issues that must be addressed if lasting change is to be possible. The goals of Legacy are as follows:

- To change sexually inappropriate behavior
- To foster sexually appropriate behavior
- To become responsible for one's behavior
- To develop equal relationships rather than ones based on power and control over others
- To foster the development of self-control
- To develop healthy and appropriate roles and socialization skills

Levels

Like many correctional programs for juveniles, Legacy developed a system of levels for clients to pass through in order to successfully complete the program. In order to pass to a higher level, clients must present themselves to the treatment team and make a request to move higher. The move to the next level has several contingencies, not the least of which is the client's ability to keep their behavior in check by following the Full Value Contract.

The adaptation of Project Adventure's Full Value Contract (FVC) (see sidebar, Legacy's Full Value Contract) is at the core of Legacy's work (Schoel et al., 1988). The contract has been put into operation as a set of behavioral norms that are summarized in the following way: Be Here, Be Safe, Commit to Goals, Be Honest and Respectful, and Let Go and Move On. These five behavioral norms are incorporated into the level system that all Legacy clients pass through in order

to transition successfully from the residential program to the eight-month aftercare program.

Billy is rated on each point of FVC each week by both his home counselor and his primary (treatment) counselor. The treatment team, consisting of Lisa Galm, Legacy's director, the primary counselors and the home counselors, along with the school teacher and the consulting psychologists, meet and review Billy's progress from the previous week. Billy is given a score between one and four by his primary and his home counselor. The scores are averaged and determined over time whether Billy is eligible to move to the next level. If he is able to score above a three for three consecutive weeks and the treatment team believes he is eligible, he can present his case to the treatment team and, if approved, move up to the next higher level. Notice (see sidebar, Legacy's Full Value Contract) that the behavioral requirements related to the FVC change as Billy moves to a higher level. He can drop a level if his behavior does not stay consistently at the level he has achieved.

Bringing the Contract and Levels to Life—The Daily Schedule

After Billy wakes up at around 6:30 AM, he eats his breakfast and does his chores in the home where he lives with other Legacy clients. Once fed, he will ride to PA with his home counselor. The beginning of the day will involve taking care of any "groups" that need to be "called" in order to resolve leftover business from the day before or deal, as a team, with issues that have opened overnight. Generally home issues are dealt with in the home unless the seriousness of the issue is one in which all clients need to be involved.

"Group" is a major part of all PA's direct service programs. Clients can "call" information groups to

cuss how they will solve a particular adventure initiative. They may "call" feelings groups to express to the group how they are feeling. Billy might, for example, share his recognition that he is "in his cycle" and feels at risk for reoffending. In this feelings group, Billy may receive some empathy from his peers and some support for speaking out about being in his cycle. Staff feel that such groups show Billy's progress in recognizing his thoughts and feelings related to being a sexual perpetrator.

Billy might also "call" or have called on him a confrontation or consequence group. This group would result from one or more group members noticing a rule being broken by a peer. In "calling group," the client who perhaps noticed Billy devaluing another client may speak about what they saw, ask for feedback from other group members and then decide, with the help of a majority-rules vote, whether to just confront Billy or to give him a consequence for his actions. If a consequence is voted to happen, the group will explore actions such as running laps, writing sentences, carrying a sign or wearing a thinking cap—a concrete consequence that fits logically with the rule broken.

Groups can be called at almost any time of day. Learning to "call group" and how to facilitate the group as a leader is one task Billy had to master. In learning to do so, he breaks many of the codes of behavior he learned on the streets or while incarcerated—for instance, not to "tell on his peers." Breaking out of this thinking and "calling" his peers on behavior that is counter to the treatment process is a key learning in Billy's treatment plan.

After catching up on any initial groups from the night before, Billy and his colleagues devote some time to aerobic activity. Sometimes the group does adventure warm-ups;

sometimes the group engages in traditional exercises such as jumping jacks and pushups. This will be followed by time in school. All clients are in school while in Legacy. The teacher adapts curriculum to the various grade levels and abilities among the clients. Many of the older clients, like Billy, work towards taking their GED. Some of Billy's Legacy peers who have reached Level 4 attend public school in Newton County, Georgia. Others have gone to a local technical school in order to receive vocational training. Most of Billy's colleagues, however, are in school with him during the day at PA.

We hope that the call of "group" echoes in their heads any time they think of behaving in a way that violates the Full Value Contract...

After the school day comes lunch and "workbook." Each client has a workbook in which they answer questions about their past, about their victims and about their recovery. The workbook can, in and of itself, result in "calling" a feelings group as issues from the past are remembered.

Sex education is part of a typical day for Billy and his peers. He may also be part of a men's group where discussion focuses on what it is like to be a male in today's society. Following sex education or one of the weekly groups, Billy and his peers review the goals they have set for the week. After that, the Legacy clients clean up their classroom and return to their home.

At home, they eat supper and complete their chores. Like most homes with teenagers, there are baths to be had and laundry to do. Several nights a week, Billy goes to

a 12-step meeting. He attends a Sex and Love Addicts Anonymous meeting in the Atlanta community, where he is in the company of adults and other juveniles for whom sexual behavior has caused difficulty.

Following a treatment group, watching television, playing computer game or lifting weights, if Billy has such privileges, he will go to bed around 10:00 PM since he is over 12 years old—those younger go to bed at 9:00.

If Billy earns enough points for the week, as determined by his behavior at home and at PA, he may make a trip to a movie or to a mall.

If he does not earn all his points, he will be on work detail at the PA office—doing such activities as trail maintenance or spreading wood chips under the ropes course elements.

Once a month, Billy spends a week camping. Most often he camps with his peers on the Project Adventure site in the Adirondacks and engages in treatment during the day just as he does when staying in the home. The difference is that the primary counselors are camping out with him. Once a quarter, the Legacy group and primary counselors go backpacking in North Georgia or along the South Georgia Coast. These camp-outs, along with the time in the more traditional "homes," allow legacy clients to learn the skills of homemaking such as doing laundry, making beds, sweeping and mopping, cooking and cleaning. The combination of learning both camping-out skills and home-living skills provides a better transfer into their future living situation. Clients learn to trust in their abilities to care for themselves in- and out-of-doors, as well as care for their living environment.

While he may be involved in an initiative or problem-solving activity every day, at least once a week Billy has opportunities to take part in the

high and low ropes course elements. The ropes course has been a place where Billy has confronted many of his fears. His mask of bravado slips off when he becomes scared while climbing up to the Cat Walk and begins to cry. After climbing down from the tree, he is able to talk with the group about his fears. Several of Billy's peers empathize with him, saying that they felt the same way when they first came to Legacy. They assure Billy that he will become more confident and able to do the elements. Billy has found such confidence now and is able to climb the high elements without as much fear. He has also gained confidence in being able to trust himself with the group in order to disclose more of his victims. These are victims that he has not told anyone about before and events that no one other than the victim is aware of.

Such trust in the group and ability to share his secrets are strong signs of Billy's progress in Legacy. Billy has not been alone in Legacy. Several young men have gone before him. He has watched peers finish their time at PA and even come back for a follow-up weekend. He has also watched a few who were unsuccessful and returned to their original lock-up. Billy hopes to be a successful Legacy client using the skills he has learned, including the life rules contained in the FVC, as he transitions back to his home community.

Who Are Our Billys?

Legacy has served or is currently serving 30 clients. All of those clients are male; 12 are African American and 18 are white. The age range for all 30

clients at the start of the program is from 9 years and 7 months to 16 years and 3 months; the average age of all Legacy clients is 14.4 years and the average duration of treatment to date of all clients was 10.1 months.

Of the 30 clients served thus far, nine have exited the program prior to its completion. The majority of the nine who exited prematurely were clients taken in the initial year of the program; since then, Legacy's selection of clients appropriate to the program would appear to be improving.

Of the 21 remaining clients served, seven have successfully completed the program and, from all of our sources of information, none of these seven has reoffended sexually. Each of these seven has come back to PA for planned "booster" days in treatment, ranging from a weekend to a client who participated this past summer in the monthly camping trip.

Without comparison data for such a new program, it is difficult to say whether, out of 30 clients, our seven "successes" to date or nine "failures" are indicative of this population. Two of the nine "failures" were unwilling to engage in treatment and refused to cooperate with staff. Three of the nine ran away from the program and were later caught and detained in a youth correctional facility. The remaining four engaged in behavior, including sexually acting out, that resulted in their removal from the program and placement in a program that was more restrictive than Project Adventure.

Without an adequate comparison group, it's difficult to measure our progress statistically. When you speak

with staff or with clients currently in the program or who have successfully exited, a sense of success becomes clear. The clients understand what "doing treatment" means and they are willing to take a hard look at themselves, their past and their future with an eye toward preventing relapse.

At Project Adventure, we are getting better at choosing clients who are more appropriate to our program. Clients are currently entering Legacy a younger age than those who exited without successfully completing the program. The current group has not spent as much time in detention before coming to Legacy as those who exited early. The current group did not have more charges when they were arrested and did not begin their encounters with the legal authorities at an earlier age.

The current clients also admitted more victims upon entry than those who have exited. Combined with those who have exited successfully, current and former clients are revealing more victims while in the program than those who exited in an unplanned manner. There is some clinical assessment evidence that those who are currently in the program are engaged in treatment. Legacy clients' scores on personality measures document that as they are revealing more victims, they are expressing more depression and anxiety and reporting a lower self-esteem than they had upon arrival. As they are in treatment longer and move up to higher levels, their scores on measures of anxiety and depression are going down and their scores on measures of self-esteem are going up.

The Measure of Success

The true measure of success for Billy and PA's Legacy program is no reoffending. To date, no client who has *successfully completed* the program has reoffended sexually. One client currently in a youth detention center for "being with the wrong crowd," according to his court service worker, and another client was absent with

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Cindy Simpson, Ed.S., is the guiding light, spiritual leader and chief cook and bottle washer behind Project Adventure's direct service programs for adjudicated youth, which she began in 1980. She also serves as director of the therapeutic market team and for the last 12 years has been the director of the Covington, Georgia, office of Project Adventure.

leave from his home for two weeks; still, there are no reports of sexually acting out.

Both of these clients represent one of the greatest problems we face as a treatment program: placement following treatment. Funding from the state can dictate when a successful client must be terminated. Several times, including the two cases above and two others of the five who have completed Legacy, placement was back to the home from which the client came, a home that we did not think they should return to due to lack of super-

vision and lack of appropriate resources. We have tried to lobby for independent living situations that would provide clients who have no appropriate place to go a greater chance of being successful. Our follow-up efforts of weekly contact and monthly visits to our site and at their placements is not enough for clients in difficult living situations. We will continue to advocate for appropriate and healthy placements for our clients as we continue to seek funding for an independent living program that can best serve their needs.

Until the time comes when all clients can transition into the healthiest of situations, we hope that clients like Billy can rely on the knowledge they've gained from the educational and treatment aspects of Legacy. We hope that the call of "group" echoes in their heads any time they think of behaving in a way that violates the Full Value Contract that they've lived with while they were part of the Legacy group.



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Legacy's Full Value Contract

The Full Value Contract is defined as a five-part agreement—Be Here, Be Safe, Commit to Goals, Be Honest and Respectful, Let Go and Move On. Each commitment has been operationalized into concrete levels. Below is the agreement as it relates to Be Here.*

Be Here

Be Present, be aware, participate, stay in the moment—in the here and now

Level One The Foundation

I will remain in the building, on the grounds or in the placement home unless I receive staff approval to be elsewhere.

I will not go into anyone else's room, shelter or tent.

I will attend and be on time for all scheduled or announced program functions.

I will attend all meals at prescribed times and have food only in designated areas.

I will wear appropriate clothing at all times (i.e., pajamas, T-shirts, shirts, shoes) when outside room or tent.

I will not wear hats indoors.

I will not violate any federal, state or municipal laws.

I will not run away from the program and will remain until its completion.

My counselors will know my whereabouts at all times.

I will confront others on their behavior and accept confrontation regarding my behavior.

Level Two Treatment

I call and run group (with minimal staff intervention).

I demonstrate consistent positive behaviors.

I meet all the Level One (FOUNDATION) criteria for Be Here.

Level Three Academics

I attend 12-step meetings as directed. I participate in an academic program as directed. I participate in community service as directed. I meet all the Level One and Level Two (FOUNDATION, TREATMENT) criteria for Be Here.

Level Four Transition

I continue attending 12-step meetings.

I meet all the Levels One-Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Here.

* For a complete description of Legacy's Full Value Contract, please contact Project Adventure's Georgia office at PO Box 2447, Covington, GA 30015.