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Examining the Effectiveness of the Seven Challenges® Comprehensive Counseling Program With Adolescents

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This study examined the effectiveness of The Seven Challenges® comprehensive counseling program. Results, based on data from 392 adolescent clients enrolled in 7 different agencies providing The Seven Challenges, showed decreases in number of crimes committed; in frequency of substance use; and in severity of substance problems, substance issues, substance use disorders, and internalizing and externalizing disorder symptomatology. Finally, results evidenced improved involvement in self-help activities. These findings strengthen the existing evidence base of The Seven Challenges suggesting its effectiveness as a comprehensive counseling program and its effectiveness across multiple types of health-related outcomes and multiple treatment provider agencies.

KEYWORDS adolescent, mental health, substance use, the seven challenges, treatment

The need for effective substance use programs for adolescents is a national concern. Adolescent alcohol and other illicit drug (AOD) use is a serious public health issue in the United States. An estimated 5.1% of U.S. youth aged 12 to 17 meet the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. [DSM–5]; American Psychiatric Association, 2013) definition of substance use disorders (SUDs; Lipari, Park-Lee, & Van Horn, 2016). Yet during the past year, only 6.3% of the youth with SUDs received formal substance abuse

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treatment (Lipari et al., 2016). Furthermore, less than half of those who received treatment received evidence-based treatment, completed treatment positively, stayed in treatment the 90 days recommended by research, or made it 90 days postdischarge without relapse (Institute of Medicine, 2006; National Institute on Drug Abuse, 2014). In fact, a recent meta-analysis of adolescent treatment suggests that treatment as usual is no better than no treatment at all, but that a wide range of evidence-based practices do show significantly better outcomes than treatment as usual (Tanner-Smith, Wilson, & Lipsey, 2013). Examining current youth treatment programs that address substance-use-related problems will help to assess their effectiveness, build evidence for them, and increase the pool of effective programs to better serve adolescents in need of substance use treatment services.

NEED FOR EFFECTIVE COMPREHENSIVE COUNSELING PROGRAMS FOR ADOLESCENTS

Compounding the public health concern of adolescent substance use and the deficient availability and use of evidence-based treatment programs is the fact that the majority of youth with SUDs have cooccurring mental health disorders (Chan, Dennis, & Funk, 2008; Dennis, Clark, & Huang, 2014). In addition to mental health concerns, youth with SUDs are significantly more likely to experience problems related to family and relationships, school, and physical health, and to experience barriers to accessing services for these problems (Crowe & Bilchik, 1998; Dennis et al., 2014; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Thus, there is substantial need for evidence-based comprehensive counseling programs for adolescents, such as The Seven Challenges® program, that effectively and simultaneously address substance use problems as well as the cooccurring and correlated problems they are experiencing. Critical to meeting this need is identifying such programs that are feasible and acceptable because provider agencies and practitioners will not implement practices and programs, even if they are evidence-based, unless they find the practices and programs acceptable and feasible to implement.

THE SEVEN CHALLENGES PROGRAM

The Seven Challenges (Schwebel, 2015, 2010; http://www.sevenchallenges.com/) is a comprehensive counseling program that addresses substance use issues in addition to mental health and relationship issues. It is a motivational and behavior change model designed to account for the individuals' stage of change and the developmental challenges associated with the age of the individuals—whether they are adolescents or adults. With adolescents, The

Seven Challenges supports progress with individuation in identity formation, the mastery of formal logical thinking, and preparation for adult roles. It incorporates an individualized approach to treatment with careful attention to meeting clients at their own starting point, and providing counseling interventions that help them self-identify their own concerns and issues to make thoughtful decisions, including their criminal behavior, substance use, and other health-related behavior. The overarching framework of The Seven Challenges program is based on the cognitive and emotional public health model of decision making (Janis & Mann, 1977) in which individuals weigh the benefits of particular behaviors against the associated costs. It also incorporates cognitive-behavioral and other strategies for behavior change. The program uses a nonjudgmental approach that encourages self-evaluation and focuses on the decision-making process rather than insisting on a particular behavior, such as abstinence. Once clients decide to change their drug use behavior, it provides individualized support on a session-to-session basis to promote success. It also teaches and motivates individuals to cope with cooccurring mental health problems in positive ways without drugs.

The core of The Seven Challenges Program consists of seven distinct challenges for individuals that are addressed in treatment (Schwebel, 2015, 2010): (a) developing an open and honest relationship with the counseling staff in which to discuss themselves, their lives, and their use of AOD; (b) considering why they are using AOD (for which benefits); (c) considering the harm caused by their use of AOD; (d) considering their own responsibility and the responsibility of others for their problems; (e) considering the future: what might happen if they do not change, where they want to go, and what they want to accomplish; (f) making informed decisions about their life and drug use; and (g) working toward enacting decisions, including monitoring progress, acknowledging success, and learning from setbacks.

All provider agencies authorized by The Seven Challenges, LLC, to provide The Seven Challenges program must obtain training and follow a standardized process to ensure program fidelity. The Seven Challenges trainers work with provider agencies until they implement The Seven Challenges with fidelity. Implementation begins with a 3-day initial training that takes place at the agency and is designed for counselors, clinical supervisors, and paraprofessionals who are involved in the counseling process. Clinical supervisors attend an additional 3-day leader training where they learn advanced program skills and how to monitor for program fidelity. They are also taught and qualified to deliver the initial training to new hires when there is agency turnover. Quarterly support calls are facilitated and an annual support/fidelity visit is facilitated on site by a Seven Challenges trainer. Between the required support measures, representatives from The Seven Challenges, LLC, are available to lend clinical and implementation support as needed. These regular training, support, and monitoring measures

provide continuing professional development for counselors and also support program fidelity and sustainability within the agency. Program materials used to support and train counselors include a manual, a training DVD, and an activity book.

The philosophy and approach of The Seven Challenges program seems to resonate with providers. In addition, providers seem to appreciate ongoing training and support from the developers and the facets that foster sustainability. The Seven Challenges program was first implemented in 1991. Since then, it has been implemented at more than 300 provider agencies in numerous treatment settings, such as outpatient programs, residential treatment facilities, drug courts, juvenile justice facilities, hospitals, and schools. It has been implemented in agencies located in 37 states across the United States plus several sites in Canada and one in Germany. Many of these agencies have implemented The Seven Challenges program long term. This widespread and continued utilization of The Seven Challenges program is evidence of the feasibility of widely implementing the program to make comprehensive counseling available to the numerous individuals with substance use problems and multiple cooccurring and correlated problems. It also suggests that the program resonates with the perspective and approach of providers and their understanding of the needs of their clients. It also suggests that they are satisfied with the program and its implementation, and recognize positive outcomes among their clients, which is consistent with evidence that has been emerging in systematic studies of the effectiveness of the program.

EVIDENCE OF EFFECTIVENESS OF THE SEVEN CHALLENGES PROGRAM WITH ADOLESCENTS

Research has shown that The Seven Challenges program is effective with adolescents in multiple ways. Data from two longitudinal single-sample studies have indicated that it is effective at reducing substance use and related problems (Korchmaros & Stevens, 2013; Stevens, Ruiz, & Schwebel, 2007), increasing treatment motivation (Stevens et al., 2007), and decreasing mental health-related problems (Korchmaros & Stevens, 2013; Stevens et al., 2007) among adolescents. Data from an additional longitudinal study that compared the effectiveness of The Seven Challenges to strengths-oriented family therapy (SOFT), a promising treatment approach (Smith, Hall, Williams, An, & Gotman, 2006) indicated that The Seven Challenges program was effective at reducing substance use and related problems in adolescents and was as effective as SOFT. These findings have established an initial evidence base for The Seven Challenges. Additional studies are needed to build the evidence base of The Seven Challenges, to provide a more comprehensive picture of the nature of its impact on multiple cooccurring

problems and wellness, and to determine the generalizability of the effectiveness of The Seven Challenges across multiple providing agencies.

PURPOSE OF STUDY

The purpose of this study was twofold. First, it examined the effectiveness of The Seven Challenges program across multiple outcomes related to cooccurring problems and wellness, including substance use and related problems, mental health, criminality, and health-promoting behavior (e.g., involvement in self-help activities). Second, this study examined the generalizability of the effectiveness of The Seven Challenges by exploring its impact on multiple outcomes on clients of The Seven Challenges programs implemented at seven different treatment provider agencies, six of which were juvenile drug court programs with the seventh being an intensive outpatient program. It was expected that The Seven Challenges program would be effective regardless of treatment provider in reducing clients' substance use and related problems, mental health problems, and criminality, and that their health-promoting behaviors would increase from program intake (i.e., pre–Seven Challenges) to 6 months postintake (i.e., post–Seven Challenges).

METHODS

Participants

The data reported in this article were obtained as part of the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures in the U.S. (University of Arizona–Southwest Institute for Research on Women [UA–SIROW], 2015, 2016). Seven adolescent substance use treatment programs that participated in this evaluation were authorized to provide The Seven Challenges program and followed the program's training and quality check process to ensure program fidelity. These programs were located in different regions of the United States. Together, the seven programs served diverse youth populations with cooccurring problems in both rural and urban areas. Typically, about 65% of the clients of these programs had cooccurring internal or external mental health problems and about 65% had a history of victimization. The basic program eligibility criteria were youth who were 13 to 17 years of age; had a diagnosed SUD as per the American Society of Addiction Medicine (ASAM) criteria; and, for the juvenile drug court programs, were charged with a nonviolent offense. At any given time, on average, these programs served about 27 youth. Although treatment success in The Seven Challenges is determined by a client's progress through the

seven challenges, a treatment episode in these seven substance abuse treatment programs typically lasted 3 months.

The initial sample from these seven programs consisted of 626 adolescents considered to have substance use problems. A portion (37%) of these program clients did not provide data at 6 months postintake. For these clients it was impossible to examine change over time and measure the impact of The Seven Challenges. Thus, they were excluded from the sample. The analytic sample who provided data at program intake and at 6 months postintake and, thus, for whom it was possible to examine impact of the program, consisted of 392 adolescent program clients.

Univariate analyses of covariance (ANCOVAs) were used to examine differences between the analytic sample and excluded participants, while statistically controlling for program effects. The analytic sample and the excluded participants differed on only one of the examined demographic characteristics in that the excluded participants were older on average ($M = 16.02$) than the analytic sample ($M = 15.79$). This difference was a small-sized effect (partial $\eta^2 = .01$). In addition, at intake, the analytic sample and the excluded participants differed on only three of the outcome variables of interest in this study. On average, at intake, the analytic sample reported more use of pain killers or other opiates in the past 90 days than excluded participants ($M = 1.58$ vs. $M = 0.39$, respectively). Conversely, on average, the excluded participants reported at intake more use of speed or uppers ($M = 4.41$ vs. $M = 2.04$) and more use of any form of methamphetamine ($M = 4.00$ vs. $M = 1.21$). These differences were small (effect size: partial $\eta^2 \leq .02$). Therefore, the analytic sample was basically similar to the excluded participants.

Among the analytic sample, 29% were female, 27% were Hispanic, and 54% were of racial minority status. Their ages ranged from 12 to 18 ($M = 15.79$).

Measures

Youth characteristics and behaviors were measured based on self-report interviews using the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, White, Unsicker, & Hodgkins, 2003). The GAIN is a standardized biopsychosocial assessment designed for screening adolescents and adults to quickly identify who is likely to have internal or external behavioral health problems, or substance use problems. It is also used to measure change over time in behavioral health. Detailed GAIN assessment and subscale details can be found in the GAIN Evaluation Manual (GAIN Coordinating Center, 2011; Ives, Funk, Ihnes, Feeney, & Dennis, 2012). For both adolescents and adults, the GAIN and its subscales (e.g., substance and mental health disorders) have good to excellent reliability (internal consistency: Cronbach's $\alpha > .80$) and validity (correlation with objective measures of substance use: rho of .70 on continuous measures and kappa of at least .60 on categorical measures; Ives et al., 2012). The GAIN has been used in more than 300 published

studies and has normative data available for more than 43,000 adolescents entering substance use treatment throughout the United States (www.gaincc.org). Due to its widespread use by Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA CSAT) grantees, the same standardized GAIN client-level data were available from each of the seven programs included in this study.

Demographic characteristics

Client demographic characteristics of gender, ethnicity, race, and age were assessed with single items. Responses to the item querying race were recoded to reflect racial minority status, coded as 1 (vs. 0).

Substance use

Multiple GAIN variables that represent outcomes reflecting substance use and related problems were utilized. Days of use in the past 90 days is based on responses to one item that asked on how many of the past 90 days participants went without using any alcohol, marijuana, pills, or other drugs. Recent days of relatively severe AOD use is based on responses to one item that asks how many of the past 90 days participants were drunk or high for most of the day. The Substance Frequency Scale, which is based on responses to multiple items, reflects reported frequency of substance use, staying high most of the day, and substance use causing problems during the past 90 days. This composite variable reflects severity of the frequency of substance use ranging from 0 (*no use*) to 2 (*high severity use*). The multiple-item Substance Problem Scale and its four multiple-item subscales—Substance Issues Index, Substance Abuse Index, Substance Use Disorder Scale, and Substance Dependence Scale—were also used. For each scale, a composite variable was created based on responses to the scale's multiple items that reflect severity of the measured construct. The Substance Problems Scale reflects the amount of substance problems clients have experienced during the past 30 days coded for severity of the problems where 0 suggests no substance problems, 1 suggests substance abuse, and 2 suggests substance dependence. The Substance Issues Index reflects issues related to substance use experienced in the past 30 days coded for severity from 0 (*no issues*) to 2 (*high severity issues*). The Substance Abuse Index reflects substance abuse symptomatology experienced in the past 30 days coded for severity from 0 (*no symptoms*) to 2 (*high severity symptomatology*). The Substance Use Disorder Scale reflects substance abuse and dependence symptomatology experienced in the past 30 days coded for severity from 0 (*no symptoms*) to 2 (*high severity symptomatology*). The Substance

Dependence Scale reflects substance dependence symptomatology experienced in the past 30 days coded for severity from 0 (*no symptoms*) to 2 (*high severity symptomatology*). Finally, separate single GAIN items were used to assess days of use of different types of substances during the past 90 days (e.g., any alcohol and any form of methamphetamine).

Mental health

Multiple GAIN variables that represent outcomes reflecting mental health problems were used. The Emotional Problem Scale, which is based on responses to multiple items, is a composite variable that reflects severity of the emotional problems during the past 90 days ranging from 0 (*no problems*) to 2 (*high severity problems*). The multiple-item Internal Mental Distress Scale and its multiple-item subscales—Somatic Symptom Index, Depression Symptom Scale, Homicidal/Suicidal Thought Scale, Anxiety Fear Symptom Scale, and Traumatic Stress Scale—were also used. For each scale, a composite variable was created based on responses to the scale's multiple items that reflect severity of the measured construct. For each scale, symptomatology experienced in the past year at program intake is compared to symptomatology experienced in the past 90 days at 6 months postintake to assess the stability of the symptomatology over time. The Internal Mental Distress Scale reflects the amount of internal mental distress symptoms (somatic, depression, anxiety, homicide or suicide, and traumatic stress) coded for severity of the symptoms from 0 (*no symptoms*) to 2 (*high severity symptomatology*). The subscales of the Internal Mental Distress Scale reflect the amount of associated symptomatology coded for severity of the symptoms from 0 (*no symptoms*) to 2 (*high severity symptomatology*). Finally, the multiple-item Behavior Complexity Scale and its multiple-item subscales—Hyperactivity/Impulsivity Scale, Inattentive Disorder Scale, Attention Deficit Hyperactivity Disorder Scale, and Conduct Disorder Scale—were used. For each scale, a composite variable was created based on responses to the scale's multiple items that reflects severity of the measured construct. For each scale, symptomatology experienced in the past year at program intake is compared to symptomatology experienced in the past 90 days at 6 months postintake to assess the stability of the symptomatology over time. The Behavior Complexity Scale reflects the amount of problems controlling external behavior, coded for severity of the symptomatology related to externalizing disorders from 0 (*no symptoms*) to 2 (*high severity symptomatology*). The subscales of the Behavior Complexity Scale reflect the amount of associated symptomatology coded for severity of the symptoms from 0 (*no symptoms*) to 2 (*high severity symptomatology*).

Criminal activity

Two GAIN variables were used to represent outcomes reflecting criminal activity. Total number of crimes reflects the total number of property, drug, and violent or interpersonal crimes committed during the past 90 days recoded to range from 0 (*no crimes committed*) to 2 (*more than 10 crimes committed*) to address the skewed distribution. The Illegal Activity Scale is a composite variable based on responses to multiple items that reflects recency and frequency of illegal activity during the past 90 days ranging from 0 (*no illegal activity*) to 2 (*very recent and frequent activity*).

Health-promoting behavior

Health-promoting behavior was indicated by four GAIN variables. The Self Help Activity Scale is a composite variable based on multiple items that reflects level of involvement and participation in self-help activities during the past 90 days, ranging from 0 (*low activity*) to 2 (*high activity*). The Self Help Involvement Scale, another composite variable based on multiple items, reflects amount of self-help activity particularly related to substance use, ranging from 0 (*low activity*) to 2 (*high activity*). A third health-promoting behavior variable was the Treatment Resistance Index. It reflects amount of factors that impede coming to or staying in treatment ranging from 0 (*no impeding factors*) to 2 (*large amount of impeding factors*). The fourth health-promoting behavior variable was the Self Efficacy Scale, also a composite variable based on multiple items. It reflects current level of confidence related to resisting relapse in different situations and is an indicator of amount of self-efficacy for resisting relapse ranging from 0 (*high self-efficacy*) to 2 (*low self-efficacy*).

Procedure

This study analyzed data from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures Evaluation (UA-SIROW, 2015, 2016), which used existing GAIN data on client characteristics and behaviors that was deidentified, or void of any identifying client information, and, as such, was determined to not be human subjects research by the Institutional Review Board. Per grant requirements and common practice, many Office of Juvenile Justice and Delinquency Prevention (OJJDP) and SAMHSA-funded adolescent treatment programs have collected GAIN data from program clients, at least at program intake and 6 months postintake.

For the purposes of the national evaluation, the national evaluation research team gained approval from 23 adolescent substance abuse treatment programs—16 juvenile drug courts and 7 adolescent Intensive Outpatient Programs (IOPs)—to access their client-level GAIN data from the data repository maintained by Chestnut Health Systems' GAIN Coordinating

Center (see www.chestnut.org/LI/GAINCoordinatingCenter). A complete description of the process of selecting these programs for the purposes of the national evaluation can be found in the evaluation's final report (UA-SIROW, 2016). The researchers of this study obtained and used GAIN data from 7 of the 23 programs that had been authorized to implement The Seven Challenges program and followed the program's training and quality check process to ensure program fidelity.

Analysis

Repeated-measures ANCOVAs were used to examine change over time from program intake to 6 months postintake, or impact of The Seven Challenges program. These ANCOVAs included covariates dummy-coded to statistically control for program effects. Therefore, change over time from program intake to 6 months postintake reflects overall change over time not accounted for by differences across programs, or evaluation sites. Less than 2% of the outcome data were missing; pairwise deletion was used to address issues of missing data.

For all analyses, results include both statistical significance and effect size. Statistical significance reflects whether the difference between groups or change over time is reliably measured. Effect size reflects how important the difference or change is from a clinical or policy perspective. The reported effect size is partial eta squared (partial η^2), which reflects the proportion of the variance in the outcome (e.g., days of abstinence) that is accounted for by the independent variable (e.g., time: intake vs. 6 months postintake). By Cohen's (1988) standards, a partial η^2 of .01 reflects a small-sized effect, .06 reflects a moderately sized effect, and .14 reflects a large-sized effect.

RESULTS

Participant Problems and Behaviors at Program Intake

At intake, substance use and related problems were high among participants (Table 1). On average, participants reported 32 days of AOD use and 22 days being drunk or high most of the day during the past 90 days. The majority of this use was related to use of tetrahydrocannabinol (THC), with participants reporting, on average, 23 days using marijuana, hashish, blunts, and THC during the past 90 days. The next most commonly used substances were alcohol (M = 6 of the past 90 days used) and speed or uppers (M = 2 of the past 90 days used). On average, participants' substance frequency approached high severity use (M = 1.30) and their substance-related problems approached the classification of substance abuse (M = 0.70).

TABLE 1 Change Over Time in Substance Use and Related Problems From Intake Into the Seven Challenges Program (Pre–Seven Challenges) to 6 Months Postintake (Post–Seven Challenges)

	Pre–Seven Challenges *M* or %	Post–Seven Challenges *M* or %	*F*(*df*)	*p*	Partial η^2
Days of use in past 90 days	32.00	15.08	45.78 (1, 375)	< .001	.11
Days drunk or high most of the day in past 90 days	22.37	10.34	21.38 (1, 368)	< .001	.06
Substance Frequency Scale	1.30	0.84	25.35 (1, 385)	< .001	.06
Substance Problem Scale	0.70	0.47	4.01 (1, 381)	.046	.01
Substance Issues Index	0.57	0.38	3.95 (1, 370)	.048	.01
Substance Abuse Index	0.40	0.27	0.07 (1, 373)	.792	< .01
Substance Use Disorder Scale	0.33	0.24	4.11 (1, 381)	.043	.01
Substance Dependence Scale	0.23	0.19	1.99 (1, 381)	.159	.01
Number of past 90 days used specific substance					
Any alcohol	5.95	4.43	0.06 (1, 379)	.800	< .01
High-risk alcohol use	3.94	2.86	0.07 (1, 377)	.790	< .01
Marijuana, hashish, bluntsor tetrahydrocannabinol (THC)	22.54	10.14	37.26 (1, 379)	< .001	.09
Crack, smoke rock, or freebase	0.19	0.02	0.01 (1, 377)	.910	< .01
Inhalants or huffed	0.13	0.05	0.00 (1, 377)	1.00	< .01
Heroin (alone or mixed)	2.22	0.60	2.78 (1, 375)	.096	.01
Pain killers or other opiates	1.48	0.30	1.67 (1, 374)	.197	< .01
Acid, LSD, hallucinogens	0.42	0.14	1.19 (1, 376)	.276	< .01
Antianxiety or tranquilizers	1.04	0.26	0.85 (1, 373)	.358	< .01
Speed, uppers	2.33	1.14	0.84 (1, 375)	.359	< .01
Any form of methamphetamine	1.51	1.06	0.01 (1, 374)	.935	< .01
Downers, sedatives	0.64	0.03	0.55 (1, 375)	.461	< .01

Mental health problems were also high among participants at intake (Table 2). On average, participants' emotional problems and internal mental distress (internalizing disorder symptomatology) approached moderate severity (M = 0.86 and 0.51, respectively) and their behavior complexity (externalizing disorder symptomatology) was moderately severe (M = 1.03).

Participants reported engaging in criminal activity at intake (Table 3). On average, participants committed 1 to 10 crimes in the past 90 days (M = 1.09) and their illegal activity in the past 90 days was fairly recent and frequent, on average (M = 1.23).

At intake, participants engaged in some health-promoting behavior (Table 4). On average, their recent self-help activity (self-help activity, M = 0.27) and their recent involvement in self-help activities particularly related to substance use (self-help involvement, M = 0.31) approached moderate activity. Furthermore, on average, their current confidence related to resisting relapse in different situations (self-efficacy, M = 0.51) approached a moderate amount of confidence. Their resistance to treatment, however, approached a moderate amount of factors impeding coming to or staying in treatment.

Participant Outcomes: Change from Pre- to Post–Seven Challenges Interventions

Substance use

Participants showed reductions in substance use and related problems from intake (i.e., pre–Seven Challenges program) to 6 months postintake (i.e., post–Seven Challenges Program) across numerous related outcome measures (see Table 1). On average, participants substantially decreased the frequency of their use of substances from using during 32 of the past 90 days at pre–Seven Challenges to using during 15 of the past 90 days at post–Seven Challenges ($p < .001$); the frequency of the days they were drunk or high for most of the day decreased from 22 to 10 of the past 90 days at post–Seven Challenges ($p < .001$); and the frequency of their use of THC (the substance most commonly used by participants) decreased from 23 of the past 90 days at pre–Seven Challenges to 10 of the past 90 days at post–Seven Challenges ($p < .001$). All of these are at least moderately sized effects (partial n^2 of .06–.11). This reduction in frequency of substance use is also reflected in participants' score on the Substance Frequency Scale, which decreased, on average, from 1.30 at pre–Seven Challenges to 0.84 at post–Seven Challenges, a moderately sized effect (partial η^2 = .06). In addition, on average, the severity of participants' substance problems, substance issues, and SUDs decreased from pre–Seven Challenges to post–Seven Challenges. The extent of these changes over time was of small size (all partial η^2 = .01). Participants did not evidence change over time in substance abuse symptomatology

TABLE 2 Change Over Time in Mental Health From Intake Into the Seven Challenges Program (Pre–Seven Challenges) to 6 Months Postintake (Post–Seven Challenges)

	Pre–Seven Challenges *M* or %	Post–Seven Challenges *M* or %	*F*(*df*)	*p*	Partial η^2
Emotional Problem Scale	0.86	0.75	3.41 (1, 383)	.065	.01
Internal Mental Distress Scale	0.51	0.23	9.40 (1, 383)	.002	.02
Somatic Symptom Index	0.60	0.36	22.05 (1, 381)	< .001	.06
Depressive Symptom Scale	0.77	0.44	11.72 (1, 383)	.001	.03
Homicidal/SuicidalThought Scale	0.20	0.05	0.56 (1, 382)	.455	< .01
Anxiety Fear SymptomScale	0.54	0.27	5.93 (1, 383)	.015	.02
Traumatic Stress Scale	0.76	0.38	4.85 (1, 381)	.028	.01
Behavior Complexity Scale	1.03	0.52	18.74 (1, 383)	< .001	.05
Hyperactivity/ImpulsivityScale	0.42	0.24	6.60 (1, 383)	.011	.02
Inattentive Disorder Scale	0.91	0.46	16.21 (1, 383)	< .001	.04
Attention Deficit Hyper-activity Disorder Scale	1.02	0.59	17.95 (1, 383)	< .001	.05
Conduct Disorder Scale	0.79	0.26	9.59 (1, 382)	.002	.02

TABLE 3 Change Over Time in Criminal Activity From Intake into the Seven Challenges Program (Pre–Seven Challenges) to 6 Months Postintake (Post–Seven Challenges)

	Pre–Seven Challenges *M* or %	Post–Seven Challenges *M* or %	*F*(*df*)	*p*	Partial η^2
Amount of crimes committed in the past 90 days	1.09	0.34	25.52 (1, 385)	< .001	.06
Illegal Activity Scale	1.23	1.12	0.89 (1, 385)	.347	< .01

TABLE 4 Change Over Time in Health-Promoting Behavior From Intake Into the Seven Challenges Program (Pre–Seven Challenges) to 6 Months Postintake (Post–Seven Challenges)

	Pre–Seven Challenges *M* or %	Post-Seven Challenges *M* or %	*F*(*df*)	*p*	Partial η^2
Self-Help Activity Scale	0.27	0.43	9.95 (1, 381)	.002	.03
Self-Help Involvement Scale	0.31	0.49	13.62 (1, 378)	< .001	.04
Treatment Resistance Index	0.72	0.59	1.14 (1, 359)	.287	< .01
Self-Efficacy Scale	0.51	0.39	2.48 (1, 375)	.116	.01

(p = .792), substance dependence symptomatology (p = .159), nor frequency of substances used other than THC (all ps > .096).

Mental health

Participants showed improvements in mental health from pre–Seven Challenges to post–Seven Challenges across numerous related outcome measures (Table 2). On average, the severity of participants' internalizing disorder symtomatology improved over time, such that their internal mental distress (M_{pre} = 0.51, M_{post} = 0.23, p = .002), somatic symptoms (M_{pre} = 0.60, M_{post} = 0.36, p < .001), depressive symptoms (M_{pre} = 0.77, M_{post} = 0.44, p = .001), anxiety and fear symptoms (M_{pre} = 0.54, M_{post} = 0.27, p = .015), and traumatic stress (M_{pre} = 0.76, M_{post} = 0.38, p = .028) decreased from pre–Seven Challenges to post–Seven Challenges. The extent of these improvements over time was of small to moderate size (partial η^2 of .01–.06). In addition, on average, the severity of participants' externalizing disorder symtomatology improved over time, such that their behavior complexity symptoms (M_{pre} = 1.03, M_{post} = 0.52, p < .001), hyperactivity and impulsivity

symptoms (M_{pre} = 0.42, M_{post} = 0.24, p = .011), inattentive disorder symptoms (M_{pre} = 0.91, M_{post} = 0.46, p < .001), attention deficit and hyperactivity disorder symptoms (M_{pre} = 1.02, M_{post} = 0.59, p < .001), and conduct disorder symptoms (M_{pre} = 0.79, M_{post} = 0.26, p = .002) decreased from pre–Seven Challenges to post–Seven Challenges. The extent of these improvements' over time was of small to moderate size (partial η^2 of .02–.05). Participants did not evidence change over time in severity of emotional problems (p = .065) and homicidal or suicidal thought symptomatology (p = .455).

Criminal activity

Participants evidenced some reductions in criminal activity from pre–Seven Challenges to post–Seven Challenges (Table 3). The amount of crimes participants committed during the past 90 days decreased. Pre–Seven Challenges, participants reported, on average, committing 1 to 10 crimes (M = 1.09). At post–Seven Challenges, participants reported committing close to zero crimes (M = 0.34, p < .001). The extent of this change over time was of moderate size (partial η^2 = .06). However, participants' general illegal activity did not decrease from pre– to post–Seven Challenges (p = .347).

Health-promoting behavior

Participants showed some improvements in health-promoting behavior from pre–Seven Challenges to post–Seven Challenges (Table 4). On average, participants were involved in more self-help activities (M_{pre} = 0.27, M_{post} = 0.43, p = .002) and self-help activities particularly related to substance use (M_{pre} = 0.31, M_{post} = 0.49, p < .001) at post– than they were pre–Seven Challenges. The extent of these improvements over time was of small size (partial η^2 of .03 and .04, respectively). However, participants' treatment resistance (p = .287) and self-efficacy related to resisting relapse in different situations (p = .116) did not change significantly over time.

DISCUSSION

This article adds to a growing body of literature demonstrating the effectiveness of The Seven Challenges as a comprehensive counseling program for young individuals with AOD problems. Adolescents who received The Seven Challenges showed reduced substance use and related problems. Notably, these adolescent clients showed clinically meaningful reductions in their frequency of overall use of substances and in the frequency of their most commonly used substance, THC. Furthermore, adolescents showed reduced mental health problems and criminal behavior, and increased health-

promoting behaviors following their participation in The Seven Challenges program. These findings are consistent with findings of past research (Korchmaros & Stevens, 2013; Smith et al., 2006; Stevens et al., 2007) and strengthen the existing evidence base of The Seven Challenges by replicating past findings, by showing the positive impact of The Seven Challenges across multiple types of health-related outcomes that had not been examined previously, and by showing the positive impact of The Seven Challenges across multiple juvenile drug court and intensive outpatient treatment provider agencies. These findings indicate the effectiveness of The Seven Challenges as a truly comprehensive counseling program addressing the thought processes, motivations, and decision-making processes that underlie and influence multiple types of health-related outcomes and behaviors. Furthermore, they indicate that the effectiveness of The Seven Challenges is not limited to a particular agency implementing it with fidelity. The effectiveness was evident even after controlling for agency differences.

Strengthening the evidence base of comprehensive counseling programs such as The Seven Challenges is critical to addressing the public health concern of adolescent substance use. The majority of youth with SUDs have cooccurring mental health disorders (Chan et al., 2008; Dennis et al., 2014) and are significantly more likely to experience problems related to family and relationships, school, and physical health (Crowe & Bilchik, 1998; Dennis et al., 2014; Teplin et al., 2002). They are also likely to experience substantial barriers to accessing much needed services for these problems (Crowe & Bilchik, 1998; Dennis et al., 2014; Teplin et al., 2002). A recent examination of youth enrolled in juvenile drug court revealed that these youth have multiple clinical problems and are at high risk for recidivism and relapse (Stein, Deberard, & Homan, 2014). However, much of the health care and service system remains siloed (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2009), which has hindered availability of and access to services, and kept health care costs high. There continues to be a need for systems that can provide a coordinated comprehensive set of services and supports that correspond with the complex needs of the youth (Duchnowski, Hall, Kutash, & Friedman, 1998; McCarter, Haber, & Kazemi, 2010). The unattended problems of youth are not only costly to the individual, but to society at large as well. They accrue substantial costs related to health care, other service utilization, and crime (Dennis, Baumer, Moritz, Nissen, & Stevens, 2015). Strengthening the evidence base of programs such as The Seven Challenges that address substance use problems as well as cooccurring and correlated problems helps to reduce the need for cross-agency collaborations and, thus, reduces the impacts that siloed systems have on youth and families attempting to access services. It also simplifies coordination of services and matching youth to services.

Having evidence-based practices and programs is, however, not sufficient to address the public health concern of adolescent substance use and cooccurring problems. Provider agencies and practitioners will not implement practices and programs, even if they are evidence-based, unless they find the practices and programs acceptable and feasible to implement. Programs that are acceptable but not feasible, perhaps because of exorbitant program costs, often cannot be implemented at all or can only be implemented for a short period of time when additional funds have been obtained (Bright, Raghavan, Kliethermes, Juedemann, & Dunn, 2010; Morehouse & Tobler, 2000), such as from service-provision grants from SAMHSA. Programs that are feasible but not acceptable, perhaps because of unrealistic demands on practitioners or clients or a misalignment of program approach with practitioner approach, are not likely to be implemented or, if implemented, are likely to be implemented without sustained fidelity (Bright et al., 2010; James, Alemi, & Zepeda, 2013; Little, Butler, & Fowler, 2010; Lovelle, 2005).

The Seven Challenges program appears to have numerous characteristics desirable in a counseling program. It offers comprehensive counseling that effectively addresses substance use and related problems as well as cooccurring and correlated problems. In addition to reducing problems and undesirable behaviors, it encourages health-promoting behaviors. It is effective across different providing agencies when implemented with fidelity as guided by The Seven Challenges, LLC. Furthermore, it appears to be acceptable to provider agencies and practitioners, and economically and practically feasible to implement, as evident by its widespread and long-term utilization.

Limitations

This study has a few limitations, including utilization of a single-sample design. Although this longitudinal study allowed for examination of change over time and control of pretreatment outcome-related characteristics and behavior (e.g., substance use), the evidence base of The Seven Challenges program would be further strengthened by similar findings from an experimental research design using random assignment into experimental and control groups.

Another limitation is that the findings are based on a subset of youth who received The Seven Challenges and youth who were in drug court treatment programs. Post–Seven Challenges data were available for only 63% of the adolescent clients of The Seven Challenges at the seven providing agencies. It is possible that the results reflect what is valid for this subset of adolescents as opposed to what is valid for all adolescents who received the program. However, the fact that analyses indicated that these excluded participants did not differ from the analytical sample across most of the

measured demographic characteristics and outcomes assessed, differing on only four, supports the conclusion that the results of this study are likely reflective of all of the adolescents who received The Seven Challenges. It is also possible that the results are reflective of those adolescents participating in substance use treatment programs as a condition of their drug court referral, as opposed to all adolescents, because those youth have other reasons to change their behavior, such as court-imposed negative consequences for continuing to use substances. However, although the court-imposed negative consequences are associated with restrictions on substance use and criminality and might help to explain the reduction in these behaviors over time, these restrictions do not explain the improvements in mental health nor in health-promoting behavior. Further research might inform these issues.

CONCLUSION

The findings of this study strengthen the existing evidence base regarding the effectiveness of The Seven Challenges program as a comprehensive counseling program. Participation in this program effectively reduced substance use and related problems, mental health problems, and criminal behavior among adolescents. Furthermore, it increased their health-promoting behaviors. Finally, these findings indicate that The Seven Challenges program, when implemented with fidelity, is effective regardless of the agency providing it.

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