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# On Getting It Together — In a Fairly Together Place

## A Case for an Independent Treatment Center in the Jewish Community Center

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*The therapy center (in the Jewish community center) is an ambulatory treatment facility that operates within a range of services in the community at the "middle-of-a treatment-continuum." . . . The central notion . . . is the therapeutic community . . . Our therapeutic commune is made up of three important sub-groups: a peer community, a parent community and a staff community.*

THE past decade in American life has been characterized by a rapid change in the values, attitudes and belief systems of our youth. As a result a wide group of sociologists has since the 1960's revised interest in generational analysis, produced numerous studies, a great deal of public awareness and some sensationalist mass media coverage. The range of arguments in this field proceeds from one end which sees current youth rebellion as a natural evolution of acted-out parental values which have been incorporated by youngsters (Westby & Braungart, 1966; Flacks, 1967; Kenniston, 1968; Troll, Neugarten & Kraines, 1969; Thomas, 1971), to a great gap between the generations in their life styles and core values. (See Friedenberg, 1965; Angel, 1968; Seely, 1969; Mead, 1970; Slater, 1970; Laufer & McVey, 1971; Laufer, 1972.) Significant positions between arguments for a theory of "there is nothing new under the sun" to a strong case being made for a unique youthful revolution have been and are being developed by social scientists on an empirical and theoretical level. It would seem to this observer to be too early to subscribe fully to either school of thought. One orientation, however, does seem promising in tying together this dilema and it seems from a general systems theory approach with specific emphasis on the role of feedback (see Bengston & Black, 1973). As applied to behavior, feedback involves a continuous process of (a) looking at and defining one's goals, (b) articulating alternatives in achieving these goals, (c) observing the effectiveness of the various alternatives, and (d) selecting the best action plans or means from these goals. Young people it would seem are in a unique and freer position to participate in a feedback process of exploration than their adult mentors or role models. By virtue of their greater freedom from commitments due to adult status, their relative ideological openness, and their fresher contacts with institutions, they are the most likely candidates within a society to inject value and behavioral innovations. And innovate they have in the past 15 years; with the freak culture, radical political action, recreational attitude toward drugs and sex, the gay and woman's movements, and so forth.

In the Jewish community the generational conflict that has just been described has been as equally manifested in our young people as it has been in the general population. The emergence of changing value systems, the breakdown of the Jewish family unit, the alienation of the young from traditional Jewish institutions have caused concern among leaders in the Jewish communal field. Writers have looked upon intergenerational and social disruption in the Jewish community from both a philosophical and a practical point of view.

In the area of policy (Levin, 1970; Carp, 1970; Levy, 1973; and Bubis, 1975) offer strong arguments for well defined social services under Jewish auspices. In the area of practice (Hofstein, 1970; Kopstein, 1970; Heller, 1970; Levin, 1971; Caplan & Kahn, 1971; Keanne, 1973; Goldberg, 1973; Levine, 1974; Geggel & Schwartz, 1974; Davis & Finkel, 1974; and Goldberg, 1975) offer models of service which address themselves to the particularistic needs of Jewish young people and their families. These service delivery models point to Jewish institutional responses to the problems that are presented to them by their communities and are in the best tradition of communal strategies that are tuned in to the feedback of their constituents.

In this article, in keeping with a tradition in the Jewish communal field of responding to a need with a viable service I would like to report on an innovation project that has been in operation for the past four years at the Samuel Field Y.M.-Y.W.H.A located in Queens county in New York City. The service, an independent treatment center, (by independent I mean one supervised by the Center itself, rather than by a local psychiatric or family service institution) for youthful drug abusers is funded in part by the New York State Drug Abuse Control Commission (D.A.C.C.) and in part by the Y itself. In describing the service I intend to point to both the advantages and the difficulties of being a young radical institution in this particular field of endeavor. It is my contention that because of the Jewish community center's relative youth in the field of restoration (therapy) it can be a viable, innovative institution for such a service to take place in. It is further my premise that the community center can with its traditional emphasis on the family unit and its focus on growth producing activities offer restorative services to people and their families within a *model of humanism and self actualization* rather than a model of sickness and dysfunction. Finally, it is my notion that due to the Y's location in the family of Jewish social services it is able to listen with a sharply tuned ear to the changing needs of its member population. In the truest meaning of feedback, it is open to institutional change based on the notion, *it takes two* (constituents and providers) *to make one* good service. (See Cuthbert, 1967.)

**History of the Treatment Center:**

The odyssey I will describe toward the development of the "therapy center" is both a personal and institutional voyage. In moving toward a model of "Getting it Together-In a Fairly Together Place," the staff, the board of directors, the members, (both in the therapeutic service and in other parts of the Center), the community outside our membership (including other social service institutions, the local drug abuse council, the schools and local citizens) and this worker had to experience a lot of changes.

(1) *Starting With Myself*

In the fall of 1966 I started a new job as the program director of the Y after a number of positions with other agencies in the Jewish community center field doing work mostly with teens. My duties as program director consisted largely of supervision of teen activities in the Center including direct administration of the department and supervision of one and one-half full time social workers, numerous part timers and a very active program (some 750 paper members and an active membership of about 350 youngsters).

One of the more exciting programs in the senior high school division was called, "Youth Wants to Know." The program operated on Friday evenings with the sanction of the local rabbis and was





made up of a group (30-40) of highly articulate politically active youngsters. The members of this program held seminars in such areas as "Contemporary Literature," "Comparative Religions," "Political Theories," "Psychology," and so forth. The members of this mini university choose their own course content and the agency hire staff in the areas of their need. Much of the material at that time was not a part of the high school curriculum. The group also had an activist orientation and took part in the political and social issues of the day including civil rights and civil liberties legislation, anti-war protests and organization of activist activities in their local high schools. In general, they were not interested in the more traditional recreational and social group work services the agency had to offer.

(2) *They*

The program under the supervision of a part-time worker in 1967 began to go through some subtle changes that later developed into a major revolution in the agency's view of services to adolescents. The psychology course rather than being a reading and discussion group moved into areas of experiential learning and eventually evolved into becoming a T (sensitivity training) group. In addition the youngsters developed further their own control of the program by having meetings of the entire community to decide on matters of program policy. At that time I had only minimal direct contact with the program; however, I was receiving further training in the T group method. In the fall of 1968 I decided to work with the "Youth Wants to Know Program" on a regular basis and as a result of both having a full-time worker with the program and the excitement of a new learning model the program mushroomed in size. From 1968-1971 the program grew from 35-45 youngsters to an average of 90-110 youngsters on a given Friday evening. The notion of community was expanded to large town hall and Quaker meetings, curriculum for courses and hiring and firing of staff became the function of the community or various committees of the community, and the T group model was expanded to provide group experiences for any and all members of the program. At the height of the program we had between eight and nine groups running for a part of each evening. The focus of the community moved from political concerns to human relations concerns within their own "commune." This shift in emphasis I can attribute to a number of factors. The youngsters were frustrated and tired of their efforts and failures in achieving political change in the larger society, or for that matter in the smaller society of their local schools, and they were more into introspection via self searching, yoga and/or drugs. Their focus tended toward building their own mini culture rather than trying to change the existing adult culture.

(3) *Drugs*

During this time period the drug phenomenon was increasing in middle income communities. Substances were being experimented with, used and abused, and in some cases were becoming addictive agents to the youngsters in our locale. Lines of sub group affiliation were being broken down; it was no longer just the "heads" or "freaks" who were turning on. As an active youth-serving agency we were quickly exposed to the "drug problem" in all areas of our teen aged service. Staff would find pipes, the residue of "joints" and other signs of use in the bathrooms, stairwells and indeed the youth lounge itself. Youngsters found they could use the safety and loose structure of the agency to buy, sell, trade, "turn on," come in high and groove on

music, in any of a number of safe places within our facility. On a given evening whether it be in the locker room or lounge, in a class or in the Friday evening program we were exposed to the new "drug culture." In the best tradition of meeting the client where he is, the staff of the agency reached out to the youngsters, talked to them and were generally available to them as the need arose. The need to change seldom arose as the denial mechanisms that are a part of drug use were operating within our youth population quite well. With the knowledge of youngsters we all personally knew, "blowing their minds" through acid or overdosing on barbiturates, the staff of the agency began to change their attitudes, values and practices around drug use. From the years 1968-1971 I brought to the board of directors of the Y a number of significant policy decisions that ultimately led to our current therapeutic community.

(4) *The Board of Directors*

The governing board of the Samuel Field "Y" for most of its existence has been comprised of community residents who helped build the services of the agency from a time after World War II when the agency rented facilities, (i.e. schools, temples and the basement of a housing complex) to the achievement of their own facility (1964). Many board members and their families were recipients of service as well as policy-makers. As a result the board has a history of being keenly attuned to the needs of the community and also has a good deal of sophistication into the problems of providing services to our community. Staff-board relationships could be characterized by the following descriptive words — openness, honesty, conflict, conflict-resolution, collaboration. We sometimes fight, we always talk and we manage, I think, in the long run to get things done on behalf of our members.

The earliest crucial policy decision the board was asked to make came out of their concern with changes in the format of the Friday night program. During the encounter movements' faddist period (1963-1970) a good deal of literature was being published about the potential nirvana's and dangers of T groups, encounters and the like. A body of writing, T.V. appearances of encounter gurus and even a popular movie either extolled the virtues of this new movement or warned parents of the inherent communist conspiracy to claim the hearts and minds of their young ones. In truth the T group was not so new at all, having been born in 1948; however, the sensationalism of the period gave our board valid cause for concern. (For representative literature of this period, see Goffman, 1959; Bion, 1959; Argyris, 1964; Benne, Bennis & Chin, 1964; Bennis & Schein, 1964; Berne, 1964; Bradford, Bibb & Benne, 1964; Miles, 1964; Schein & Bennis, 1965; Cuthbert, 1967; Schutz, 1967; Slater, 1966; Seashore, 1968; Goldstein & Hirsch, 1968/69, and Birnbaum, 1969.) The board, in order to sanction continued use of the T group, needed positive information on its uses in the program, on the qualifications of staff using the method and on the provisions made for youngsters in the Friday night program and by a psychiatrist from the local mental health association. As a result of some participation by board people in a number of different human relations experiences, (one board member attended a ten week intergenerational program that we ran for adults and teenagers) the program was given the go-ahead to do counselling or therapy with youngsters in the T group who needed such help and were either resistant to or disapproving of the services that existed in our community that provided such help. By staff request consultation on our casework services was obtained from the social services department of Hillside Hospital as part of the many different projects we ran in cooperation with that institution.





Thus, not only T groups, but treatment services were born in the Y. In making this decision the board of directors needed to take into account the many subtle and not so subtle implications of such a decision. Some issues that were raised in the discussions revolving aroung this decision included:

(a) Will the messed up kids drive the good kids out of the agency?
(b) Will the Federation and/or other Federation-funded agencies that traditionally do treatment object to our competing for a potential client group?
(c) What will be the reaction of our members, to parents of youngsters to our having this form of service in our building?
(d) What are the costs in terms of staff time in providing treatment services and should we charge fees for the service?
(e) What should be the structure of the treatment and the duration of the treatment contract?

The basic decisions that were made at that time provided for limited treatment services for teen aged members of the agency only, on a short term basis, no longer than six to eight months at no other cost than the family membership fee. A maximum case load of up to eight youngsters per full-time staff member was informally implemented by this administrator.

(5) *From Then to Now:*

The problem grew worse (drug abuse), the staff's training and sophistication grew better and the knowledge base of both the community and its institutions broadened in the late 1960's. A number of additional policy decisions and action plans were put into effect by the board and staff.

(a) *Drug Policy.* With increased concern over the casualties that were being reported to us, and with cases of young people who the staff personally were involved with becoming more prevalent a firmer drug policy was presented to the board by staff. After a good deal of discussion by youngsters, community people, the staff and the board, a very firm policy on substance use was put into effect in the agency. Staff had to make commitments as a condition for employment in the agency to be drug-free both on the job and in their lives outside of work. Youngsters were told that they could not be stoned or carry substances in the building. They were further informed that any knowledge of their use of drugs that was in the estimation of staff of a dangerous nature would be first discussed with the youngster and then if continued would be brought to the attention of their parents. Teens in treatment had to make a pledge of drug-free behavior as a cost and condition of treatment (this included pot and alcohol). It has been our consistent posture that drug use and treatment are mutually exclusive to each other.

(b) *The Development of R.E.A.C.H.* In 1968 a number of concerned citizens approached the Y about their frustrated efforts in trying to educate the community to the menace of drug abuse, and the resistance they were encountering in their attempts to get more services into the schools and social service agencies that were drug related. They asked the agency for help in expanding their efforts in order to form a more viable organization in this field. With the aid of the Y, R.E.A.C.H., (Reach, Educate, Act on Community Health) was born. Over a two-year period the organization grew to be the Drug Abuse Community Council of North East Queens, with an independent structure, some 80 or-

ganizational members and 200 individual members. The Y moved from being prime movers in the organization of this group to being simply one of the members; and this worker moved from being the ad hoc chairman of the group to becoming a consultant to the board of the organization. Major functions of the group included parent education and speaking engagements, development of drug abuse materials for schools including insistence on teacher-training and the use of rap groups for kids, major political efforts on behalf of better legislation in the drug field and finally, pressure applied to local agencies of the community, the city and the state to provide more and better services to our community. Through the joint efforts of R.E.A.C.H. and the Y, a program that put outreach workers on the streets of our community during the summer of 1969 was achieved. As a result of the program a fuller understanding of the magnitude of the problem was brought to our attention.

(c) *Ataraxia* Rember those Friday night kids? Well, they decided that they wanted to help in the drug crisis. Many of them had been through "the drug thing" and had "turned around" partly through their involvement in more meaningful alternatives (i.e., the program on Friday night, therapy, meditation, etc.). They decided in the spirit of the times to help people of their age who were currently into the drug scene by setting up a project called "ataraxia." The service consisted of a telephone information line, a walk-in service and volunteer work in schools and in the local parks and was located in a house that had been repossessed by the city on a site that was slated for a new library. The project used the staff of the Y as trainers, back-up professional help and consultants and ran from the fall of 1970 through the winter of 1972/1973.

All of these developments: increasing need, better understanding of the problem, an active youth group, and a citizens community council encouraged the agency to expand its horizons in the form of seeking funds to run a youth treatment center for drug abusers within the community center. It was our feeling that we had a model of treatment based on our experience that could be effective with middle-income youth. Application for funds was made to the then N.A.C.C. (Narcotics Addiction Control Commission) of New York State under the Youthful Drug Abusers Act for an ambulatory Treatment Center to be housed at the Samuel Field Y.M.-Y.W.H.A.

**The Center:**

On April 1, 1971 our grant was approved and we have with one major expansion (in 1972 we increased our professional staff from five to seven workers) operated a treatment center for youthful drug abusers with a fairly similar format. The essential philosophies of treatment are discussed briefly below:

(a) *The Middle-of-A-Treatment Continuum*

The therapy center is an ambulatory treatment facility that operates within a range of services in the community at the "middle-of-a-treatment-continuum". Through a comprehensive screening procedure with prospective clients and their families we determine which youngsters would be best served in an intense after school or after work program that schedules each youngster for some twelve to fourteen hours per week of therapeutic activity. The regimen includes individual, group, encounter and community activities and therapies for the youngsters and orientation, parent education, family and multiple family therapy for the family unit. New intakes are taken into the Center after presentation of the youngsters to the total staff by





our intake coordinator. Factors in the youngsters' family history, his/her personal history and an assessment of the youngsters' ability to handle the wide variety of treatment types are taken into consideration in a recommendation for intake.

The agency in addition sees itself as a broker/mediator for a large group of youngsters and families who are in need of either less (i.e., once a week treatment on an individual level), or who need more (i.e. a more highly structured drug abuse facility or an impatient or residential facility). About 2 out of 5 youngsters who come through our screening facility are considered for intake in the program. Our population is made up of 50 youngsters in our ambulatory treatment unit ages 13 - 22, and twelve youngsters in after-care therapy.

(b) *A Treatment Gestalt*

The Center is not locked into any single method or philosophy of treatment but rather is existential in its approach. The maxim "if it works, use it," therefore characterizes our practice approach. We integrate many methodologies including both traditional and more radical notions of treatment. From the ex-addict and the "Synanon" type community we have borrowed the "slip dropped encounter," object lessons, behavioral modifiers and the notion of a responsible concern for the community. From the humanists, Maslow's *self actualization,* Roger's *congruence,* Berne's *transactions, games and life scripts,* and a variety of Perl's *Gestalt methods.* From social work practice such notions as the treatment contract, the group as a mutual aid system and notions of psychosocial evaluation.

The openness of our facility, the Y, aids in our being innovative, since we share the building with a number of services and disciplines. In looking over the wide variety of treatment types and approaches the Center has to offer one can only be awed by the amount of knowledge and training that is needed by staff of the treatment center.

(c) *Therapeutic Community*

The central notion of our program is the therapeutic community. In this "community" fellow travelers can give and receive help to people who are struggling with similar life tasks and difficulties. Our therapeutic commune is made up of three important sub-groups: a peer community, a parent community and a staff community. Community building within each of these substructures and between these interest groups is one of the major tasks in our treatment center. To get together, individually, one needs the community to be together collectively. (See, Almond, 1974) It is our understanding that the nuclear family and the intergenerational conflict that was aforementioned create hungers that can only be met in new communal structures. Phillip Slater has suggested that the loneliness and isolation of our culture emerges from the absence of meeting three needs:

(1) The desire for *community* — the wish to live in trust and fraternal cooperation with one's fellows in a total and visible collective entity.
(2) The desire for *engagement* — the wish to come directly to grips with social and interpersonal problems and to confront on equal terms an environment which is not composed of ego extensions.
(3) The desire for *dependence* — the wish to share responsibility for the control of one's impulses and the direction of one's life. (Slater, 1970, page 5)

It is on an understanding of our youngsters', their parents', and the staff's need for *community, engagement* and *de-*

*pendence* that the treatment program centers its energy. So long as each of us in this triparte contact sees the particularistic needs of each of the other sub-groups, and also reaches for the common human needs we all have in our milieu — our community moves to find its center.

**Conclusions:**

In presenting this report I have tried to look at the history of a process. As such, much could not be captured that was a part of this experience. The development of a therapeutic service at the Y created both strains and joys that are too numerous to document or too emotional to put to words. Some of the concerns of our board and some of the strains on the staff, however, need some highlighting in concluding this paper.

1. *Board Involvement.* The development of such a service requires a board of directors that is open to innovation, is willing to challenge traditional notions and the conventional wisdom of what a community center is, or should be, and is sharp in its desire to be informed by the staff on community need. It is a tribute to the board of directors of the Samuel Field Y that this service exists in the agency and that in addition to helping a significant population of families in our community it has aided in the development of a group of highly skilled young practitioners.

2. *Institutional Rigidity.* The notion that the family service should only do therapy or the hospital should only do community mental health it seems to me is quite limited and parochial. Institutional responses and arrangements should be flexible in relationship to neighborhood need. In terms of serving *some adolescents* and their families we do a lot better in the service we provide due to our setting, the lack of stigma some people need and our particular set of differential skills. This does not mean we should change our total function, but rather means that one of our functions can indeed be treatment. It is interesting to note that in the four years we have been in operation we have received a total of two referrals from the two family agencies that exist in our community, while we have made 86. The drug abuse facilities are no better in their track record. It seems that we are stereotyped by both groups in this field. The drug people think we are "softy" social workers and the family service workers see us as "community center" people.

3. *Funding Problems.* Taking money from a government source presents many problems in which arbitrary compliance to procedures that are not always in the best interest of the agency or the client are manifested. The need for urinalysis, confidentiality of client records, etc. were areas where battles had to be fought between the agency and its funding source. In the current New York budget crisis we also live in fear of funding cutbacks. Having once taken money via the "drug abuse scare" we have to deal with the fact that once the panic is over we will still have youngsters in need of such services, even if the symptoms are different. The board and Federation will need to look to alternate sources of funding should state wide priorities change.

4. *The Staff.* The staff is a major significant sub-system in the "family" of our therapeutic service. As parent figures to the adolescents who use our service, as mediators in family work, as human relations experts to parents, and as brothers and sisters to each other, the staff undergoes significant stresses and strains in our daily work. Some of the significant issues that have been dealt with by the staff over the past year are as follows:

a) *The "center" and the Center.* Due to the special nature of the work of the staff of the treatment program and an esprit that develops as a part of working in the intense atmosphere of a therapeutic community, the therapy staff sometimes feels a lack of contact with other agency full-time personnel. The very size of the treatment center staff, in addition sometimes overpowered overall agency staff meetings. Such areas as overall planning of a Purim festival were handled and dealt with, depending on the attitude of the treatment staff person, within a range of interest from excitement to total disinterest.





b) *Burnout syndrome.* We work a very rigorous schedule in the "program." (The hours on three days are 1:00 - 10:30 P.M.; on two days, 9:00 - 5:00.) In addition, youngsters have our phone numbers at home in the event of emergencies. As a result of the pressure that develops in our work the average length of stay on the staff is about two and one-half years. Fatigue and emotional drain lead from time to time to what has been labelled the "burnout syndrome," by our staff.

c) *Therapist vs. workers.* An important theoretical and practice battle was fought on staff for about a year in the treatment program, which involved a series of attitudes and feelings around the titles, "therapist" or "worker." The resolution of the stress related to this conflict led to our developing a staff consensus that we are *social workers* who happen to be doing treatment. A whole series of values spin off the position contained in each of these labels that are related to power, status, language systems and treatment planning for our youngsters. The conflict on our staff had a deleterious effect on the youngsters in the program, since stress on staff is often picked up in the community on an unconscious level. We are just now recovering from that conflict and the members or participants of the service rather than patients or clients of the service are doing better as a result of the resolution.

d) *Democracy and treatment.* Two years ago the youngsters wrote a Bill of Rights and responsibilities for members and the staff of the Center. Initially they gave the staff more power than we had intended to need or want and the document had to be redone. Power in the Center and the leadership that emerges from various roles people play or are perceived in leads to important struggles in our family. The Center is a clearly defined hierarchy with certain areas of decision-making resting with the entire community, others that are the province of the staff, and still others that are the director's sole responsibility. How we deal with authority, or the lack of it, is an area of continuous struggle within the program.

e) *Growth.* Finally, we are still in the process of becoming. Innovative ideas are encouraged from all of the sources that are a part of our system. Parents pressured staff for a two-day education workshop and they had it; a staff member was interested in a seminar on gestalt, and we planned it; the youngsters wanted more human relations activities in the community, and they planned it; our consultant spoke to us about multiple family therapy, and that method was integrated into our program.

In summary it is an exciting place to work, learn and grow in. It may not be totally together, but it's getting there.

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