CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

ALCOHOL EDUCATION FOR ORTHODOX JEWISH TEENS: A PSYCHO-EDUCATIONAL WORKSHOP

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Science in Counseling,

Marriage and Family Therapy

By

Gary Daniel Rosenbluth

December 2012
The graduate project of Gary Rosenbluth is approved:

_________________________________  __________________________
Eric Lyden  

Date

_________________________________  __________________________
Deanne Torvinen  

Date

_________________________________  __________________________
Stan Charnofsky, Ph.D., Chair  

Date

California State University, Northridge
DEDICATION

I would like to dedicate this thesis project to all my students, past, present and future. As you travel down that perilous road to adulthood there are many times that you may feel alone. Realize that you are never truly alone. You have your entire future waiting to greet you. Your perseverance will benefit you, your children and all that will benefit from what you have to offer the world.
I would like to acknowledge my wife of twenty years, Miriam, who stood by my side through thick and thin, and has always encouraged me since the day I met her to strive for my best and never settle for mediocrity. She has taken on a large share of the load in the family with my returning to school.

I also want to acknowledge my children, Yossi, Sarah Leah, Yedidya, Gavriel, Malka and Akiva. Along with my wife, they cheered me on every step of the way. They give me a reason to smile every day. I am very proud of them and each one of their accomplishments and I look forward, together with my wife, to sharing with them as they grow and experience their own joy of parenthood.
# TABLE OF CONTENTS

Signature Page.................................................................ii

Dedication...........................................................................iii

Acknowledgments.............................................................iv

Abstract.............................................................................vi

Chapter 1: Introduction.....................................................1
  Statement of Need..........................................................2
  Purpose of Project..........................................................3
  Terminology......................................................................3
  Bridge............................................................................4

Chapter 2: Literature Review.............................................6
  Consequences of Early Use.............................................7
  Expectancies.................................................................10
  Family & Peers..............................................................12
  Culture/Judaism & Alcohol............................................14
  Prevention & Intervention.............................................19

Chapter 3: Project Audience and Implementation Factors.........25
  Overview........................................................................25
  Development of Project................................................25
  Intended Audience........................................................26
  Personal Qualifications..................................................26
  Environment & Equipment.............................................27
  Project Outline..............................................................27

Chapter 4: Summary & Recommendations............................29

References.........................................................................31

Appendices.........................................................................42
ABSTRACT

PSYCHO-EDUCATIONAL WORKSHOP FOR ALCOHOL EDUCATION FOR
ORTHODOX JEWISH TEENS

By
Gary Daniel Rosenbluth
Master of Science in Counseling,
Marriage and Family Therapy

The purpose of this graduate project is to develop a workshop to educate
Orthodox Jewish adolescents about alcohol including all the potential harm involved
while teaching skills on saying no to peer pressure. This will be done in a culturally
sensitive way for this particular group while addressing the expectancies that may have
been imbedded in the psyche of the adolescent. This will be accomplished by explaining
the biological effects that can occur from alcohol, modeling saying “no” including role
play, showing a grasp of the cultural significance of alcohol in Judaism and educating
them to any erroneous religious attitudes and by making the adolescent aware of their
expectancies of alcohol consumption and factually challenging them. In the development
of this workshop there has been consultation with mental health professionals, rabbinic
figures and individuals that are in the category of Orthodox Jewish teens.
Chapter 1

Introduction

Statistics (Merlin, Jager & Schulenberg 2008) show that underage drinking is an issue that society must take very seriously. Over 5000 deaths occur yearly that are attributed to alcohol consumption by minors. In fact, between ages 15 to 24, alcohol is a significant factor in auto accidents, homicide and suicide, the three leading causes of death for that age group. (U.S. Department of Health and Human Services, The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking. HHS, Office of the Surgeon General, 2007). On average the first experience with alcohol occurs at age 11 for boys and age 13 for girls. Before 16 years old the average American teen is drinking regularly and the problem doesn’t stop there. It is estimated that there are more than three million adolescents that are addicted to alcohol.

The Jewish population, which is growing in the U.S., has always had alcohol as part of their culture due to religious rituals and customs. Interestingly, there has notably been a distinctively lower incident of alcohol related issues within this community and particularly within the Orthodox segment of this community. While there has been some underage drinking involved through these religious rituals and customs, it has not led to the same magnitude of concerns surrounding underage drinking affecting society at large.

There is substantial literature on the influence of the family towards alcohol consumption (Barnes, 1990). Children at very young ages already develop positive expectancies of the use of alcohol. It would seem that the attachment of alcohol to religion has, in the past, protected the Orthodox Jewish community and its youth from developing the misuse of alcohol. Currently, alcohol related issues are occurring on a
larger scale amongst the Jewish community and that is happening, although to a lesser degree, with the Orthodox segment as well. Using and abusing alcohol among the adolescents of this group is occurring on a more frequent basis. Many propose that as Jews accelerate their acculturation into American society the attitudes and therefore the misuse of alcohol are happening more frequently.

There are many education and intervention programs throughout the world that address alcohol use. There does not seem to be agreement as to the success of these programs. What are lacking are alcohol programs that address the unique needs of the adolescent population. Adolescents have their own approach to how they view themselves and the world and that must be attended to. Adolescent Orthodox Jews, due to their ongoing exposure and use of alcohol in their religious rituals and customs have a distinct culture in addition to the particulars of being adolescents.

**Statement of Need**

Currently there is a lack of appropriate educational programming to address the unique needs of the Orthodox Jewish adolescents in the area of alcohol use. The Centers for Disease Control and Prevention (2008) asserts that consumption of alcohol during the teen years could likely have a “profound” effect on the development and future of the adolescent. Over the past few decades, there has been a steady increase in the incidents of adolescent alcohol use and abuse (Johnston, L.D., O’Malley, P.M. & Bachman, J.G. 1996). There is a need to provide a program that includes an approach that will be specific to the adolescent (Brown, S.A. 2001) while also incorporating the uniqueness of the culture that allows and promotes alcohol use in the religious setting (Schlossberger, E.S. & Hecker, L.L. 1998). The ongoing exposure to alcohol both by the family and their
own use of alcohol in the religious rituals that at one time protected this group (Snyder, C.R., Palgi, P. Eldar, P. & Elian, B. 1982), now as they become more acculturated, puts them at a higher risk of alcohol related disorders (Dropkin, D. & Blume, S. 1980).

**Purpose of Project**

The purpose of this project is to create an engaging workshop that will address the unique needs of the adolescent Orthodox Jewish community. As Orthodox families are becoming more acculturated to America together with the ongoing religious use and exposure to alcohol in the Orthodox Jewish home, the need is growing for a workshop that will understand the needs and developmental stage of adolescents while taking into account their unique family. Additionally, the workshop will educate to the proper religious views of alcohol and its appropriate use. The cultural sensitivity of the workshop will allow the adolescents involved to feel that what is being discussed is pertinent to them and will allow for a more open constructive dialogue, without it being dismissed as not culturally appropriate to them.

**Terminology**

*Halachah:* This is a Hebrew word that means ‘goings’ and refers to Jewish law and how one should conduct their life in a religious way.

*Havdalah:* This is a blessing that is done over a cup of wine at the conclusion of the Sabbath or Holiday.

*Kedushah:* This is the Hebrew word for holiness. It is usually used in the framework of spiritual holiness.

*Kiddush:* This is the proclamation of the holiness of the Sabbath day or Holiday usually done over a cup of wine that is given for all to drink.
**L’chaim:** This is a toast that is made at any happy occasion before consuming the alcoholic drink. It is commonly used as an invitation to drink as in “let’s have a l’chaim” or “We’re making a l’chaim – please join us”.

**Purim:** This is a Jewish Holiday that is very joyous, commemorating the Jewish nation from extermination by the hands of their enemies during the Babylonian Empire. It is customary to have a meal and to drink more than a person normally would consume.

**Shabbos/Shabbat:** This refers to the Jewish Sabbath that begins at sunset Friday evening and ends at nightfall on Saturday night. It is usually spent with family and friends with lavish meals.

**Pesach:** the Hebrew word for the holiday of Passover

**Shalom Zachor:** This is a gathering that occurs on the first Friday night after a baby boy is born. At the event, there is usually alcohol in which people toast the family and the new baby.

**Simchah:** A joyous occasion

**Simchat Torah:** This is a Holiday that celebrates the giving of the Torah- Bible- in which there is joyous celebration and dancing. Many people consume alcohol during this Holiday perhaps as a means to remove their inhibitions from displaying their joy.

**Bridge**

Review of the literature indicates the uniqueness of educating Orthodox Jewish teens about alcohol consumption. The potential consequences of early alcohol use are not distinct for this population, however due to their culture, the exposure and therefore their expectancies towards alcohol are different. Alcohol being an integral part of the Jewish rituals exposes the average Orthodox Jewish child to alcohol at a very young age.
Additionally, the attitude displayed toward alcohol by the family is usually one of a positive nature. Adults that are respected by the youngsters, including the Rabbi himself who is viewed as the leader of the community, is seen drinking wine at religious ceremonies and events throughout the year.

This project is organized in a fashion that incorporates the religious knowledge and values into the alcohol education process. By performing a survey before the workshop, a baseline of the group in reference to their alcohol use, as well as attitudes, is determined. The workshop, in addition to educating the group about the potential harm and long term effects of alcohol use, will enlighten the teens as to the appropriate religious views of alcohol and its use. There will also be instruction on the skill of refusing alcohol and being strong in the face of peer pressure. This will be accomplished through the use of PowerPoint presentations and role-playing. A question and answer session will also be a prominent part of the workshop.
Chapter 2

Literature Review

The concept of using drugs in the mainstream culture of the United States is sometimes overlooked. For instance, it is very common for people to get their caffeine fix with a cup of coffee each morning. Likewise, although cigarette smoking is down, many deal with the typical stress of the day by using tobacco constantly. Finally, the infamous nightcap helps induce a sense of relaxation after a difficult day. Although these are all licit drugs, children and adolescents see on a daily basis, the dependence that we, as a society, have on them (Newcomb, & Bentler, 1989). One of the licit drugs which children have ongoing exposure to is alcohol. This occurs through television, movies, billboards, commercials, on the street or in the home. This exposure to the youth is translating into early alcohol use as was pointed out by The World Health Organization in 2007 when it classified adolescent alcohol use as a substantial contributor to the disease burden on a global level (World Health Organization, 2007).

Alcohol misuse has increased steadily amongst adolescents throughout the decades and increases with the age of the adolescent (Johnston, O’Malley, & Bachman, 1996). Most adolescents, once they begin drinking, increase their level of alcohol consumption as they go through their teenage years. Very few will actually decrease their use during the teenage years (van der Vorst, Vermulst, Meeus, Dekovi, & Engels, 2009). All in all, teens may not drink as frequently as many adults but when they engage in alcohol consumption their use is much more extreme than the adults (Hartford, & Mills, 1978). Family and peers affect the teen’s attitudes and expectancies towards alcohol. From a very early age children may be exposed to alcohol use in the family. This is particularly
true in Orthodox Jewish Families that include alcohol as part of their religious rituals.

**Consequences of Early Use**

Various studies indicate that the younger the age that alcohol is introduced into the system the greater the chances of having alcohol related issues such as alcohol dependence later in life (Barnes, Welte, & Dintcheff, 1992; Grant, & Dawson, 1997). Unfortunately, there is no way to enable us to predict accurately the future use of alcohol in particular adolescents. Research shows that developmentally there is a large variation as to the causes of alcohol use amongst adolescents (Steinman, and Schulenberg, 2003; Schulenberg, O’Malley, Bachman, 1996). Although many times alcohol use can transition into alcohol abuse, the cause of the two can be very different. Use alone can result from a weakness to peer pressure or the desire to fit in and be adult like. Abuse on the other hand, can have a much deeper psychological component such as self-medicating (Long & Scherl, 1984). Even having a grasp of how involved a teenager is with alcohol is difficult. For instance, addiction to alcohol in a physiological sense is quite rare amongst teenagers; therefore the signs of alcohol abuse or addiction will present itself differently for this age group. The usual methodology of determining the extent of the problem needs to be adjusted to include the negative consequences of their drinking among other measurements (Raskin-White, & Labouvie, 1989)

It must be noted that adolescents are their own distinct group and must be considered as such when dealing with them. Viewing underage drinking through the lens of the developmental stages will enable a more complete approach that will encompass the unique risks as well as other attributes that distinguishes adolescents from the rest of society. Taking this approach would take into account the inherent internal risks of this
The typical developmental stages of adolescents include attempting to find more autonomy, taking risks, testing authority and experimenting. Dabbling with alcohol during this stage seems to be a natural course in the developmental process. This being the case, it may be a daunting task, if not impossible, to stop all adolescents from such behaviors such as alcohol consumption (Irwin, & Millstein, 1986). Adolescence in general is a time of developing independence and is accomplished in some part by experimentation. Alcohol has become so much part of society that we are at the point that if a high school graduate were not to have experimented with alcohol or even marijuana he/she is considered atypical and odd (Newcomb, & Bentler, 1989).

Alcohol effects every individual differently and the same individual differently at various times throughout the lifespan. However, consistent use during various physical and cognitive developmental stages, such as adolescence or younger, is much more serious in nature due to the ability of alcohol to interfere with these critical stages of development (Newcomb, & Bentler, 1989). Recent studies have shown that the changes that occur in adolescents are not just biological in nature, but there are many changes that the brain itself is undergoing in its development and remodeling (Nixon, Morris, Liput, & Kelso, 2010). Introduction of alcohol in to the developing system of a teenager can have future consequences, such as poor impulse control and lack of motivation which many times can spiral into even more alcohol use as one is living with these deficits (Crews, He, & Hodge, 2007).

The introduction into or removal of anything during brain development can cause long-term changes in the brain. Just as removing proper experiences can stunt natural
cognitive development so too can the introduction of foreign substances, such as alcohol, effect brain development. This could leave the individual with life long impairments due to the brain development that occurs during specific stages of maturation (Greenough, Black, & Wallace, 1987). During this crucial time frame the introduction of alcohol into the system can actually prime the system and leave the teen vulnerable to alcohol abuse and addiction later in life (Rudolph, Lampert, Clark, & Kurlakowsky, 2001). Using alcohol before the age of 14 or 15 greatly enhances the chances of lifetime use or the development of adult alcohol use disorders such as addiction (Hingson, Heeren, & Winter, 2006). Some studies show that when the use of alcohol occurs before the age of 15 the risks of dependency later in life is magnified between 6 and 10 times (Robins, & Przybeck, 1987). Studies cross-nationally indicate that close to 90% of 15 year-olds have been involved in alcohol consumption while 50% report having had an episode in which they were drunk (Merline, Jager, & Schulenberg, 2008). This is alarming due to the concerns in the short term, the health and developmental risks in the long term and as stated, the greatly enhanced risk for an alcohol related disorder later in life. The short-term concerns with adolescents drinking alcohol are poor academic performance, accidents, aggression and unprotected sex. The long-term concerns, as mentioned, are diminished cognitive abilities, depression and suicide among other psychological disorders and addiction to alcohol and drugs (Windle, 2004). Unlike long-term use or abuse of alcohol and drugs, intermittent occasional use will in and of itself, in all probability, not have any lasting long-term effects. The potential danger of occasional use, besides the immediate consequences, is the risk of long-term use of alcohol (Newcomb, & Bentler, 1989). When the use of alcohol begins to effect daily functioning or
relationships, which could take on the face of deteriorating family life, automobile
accidents, physical fighting, having no memory of chunks of time and trouble with the
law, there are strong indicators that the use has developed into something much more
serious in nature (Newcomb, & Bentler, 1989).

**Expectancies**

Youths’ view of the effects of alcohol, known as expectancies, has been
recognized as a determining factor in the experimentation and consumption of alcohol as
they enter their teenage years. These expectancies have been recognized in kids as young
as preschool (Leigh, & Stacy, 1993). These alcohol expectancies develop well before the
child ever has tasted alcohol. It is learned from the attitudes and behavior of the adults in
their surroundings (Miller, Smith, & Goldman, 1990).

Expectancies are developed through casual exposure to alcohol during the child’s
formative years of development. There are certain schemas or memories that took hold as
associations were made between drinking and various positive results such as social
success. In other words, the experiences of early years are directly affecting the behavior
of the adolescent now (Kraus, Smith, & Ratner, 1994). Even if the exposure to alcohol
consumption experienced by a child is not inherently a positive one, the mere fact that an
adult is using the alcohol leads to a positive expectancy. This occurs because children in
general have the desire to be more adult like and may not be able to determine the
consequences from behaviors that other adults would find negative (Kraus, Smith, &
Ratner, 1994).

When an individual enters the adolescent years, the positive expectancies of youth
seem to supersede the negative expectancies and this could indicate a risk for alcohol use
during the teen years (Smith, Goldman, Greenbaum, & Christiansen, 1995; Leigh, & Stacy, 1993). Compounding the situation is that these positive expectancies lead to drinking beginning at an earlier age and in higher consumption levels. This in turn spirals downward as it leads to more positive expectancies leading to even more alcohol consumption (Christiansen, & Goldman, 1983).

There has been a movement in the past decade to include the parents in alcohol education and prevention (Spoth, Redmond, Shin, & Azevedo, 2004). One of the programs involved has encouraged the parent to supervise their teens while they are drinking. Another suggestion is to actually drink alcohol with their children as a way to socialize their child’s drinking in an appropriate fashion (Bellis, Hughes, Morleo, Tocque, Hughes, Allen, Harrison, & Fe-Rodriguez, 2007). These recommendations are based on the ideas that heavy drinking usually occurs when there are no parents present and that there are less alcohol-related issues if the drinking occurs in the home as opposed to outside the home environment (Forsyth & Barnard, 2000; Spoth, Redmond, Shin, & Azevedo, 2004; Bellis et al., 2007; Forsyth &Barnard, 2000). Notwithstanding the possible benefits of such practices, many suggest that the negative aspects of drinking with your children or having them drink under your watchful eye far outweigh the benefits. Among the negatives sited is for those adolescents that are allowed access to alcohol in the home, even under supervision will in all likelihood be exposed to alcohol use at a younger age (Warner 2003). As was pointed out earlier, the younger the use of alcohol occurs, the greater the chances of developing an alcohol related issue later in life. Additionally, the home is where most early age drinking occurs and when it does occur in the home it is on a more frequent basis (Long Foley Altman, Durant, & Wolfson, 2004;
Warner, & White, 2003). Additionally, adolescents that consume alcohol within the family setting are much more likely to be heavy drinkers later on (Komro, Maldonado-Molina, Tobler, Bonds, & Muller, 2007). Educational programs should encourage parents to forbid their child from drinking both in the home as well as out of the home (van der Vorst, Engels, Burk, 2010).

**Family & Peers**

When looking at the contributing factors that cause adolescent misuse of alcohol there are two components that need to be investigated. There is the individual that encompasses the biological as well as the psychological aspects, and there is society at large and its influences. The bridge between those two components is family socialization (Barnes, 1990). Children develop their attitudes towards alcohol from the attitudes and actions of their family. As they age the peer group is added into the equation of influence, however the parents influence may stay the most potent for the emerging adolescent (Peterson & Rollins, 1987; Barnes, 1990). The views and use of alcohol by parents may have the most significant effect on the decisions that adolescents make in reference to alcohol consumption (Barnes & Farrell, 1992). As stated earlier, it has been shown that even children as young as pre school age already have a cognitive schema towards alcohol and its use. As a whole they are aware that alcohol is an “adult drink” and that fathers consume more than mothers. This is further evidence that, at least, the foundation of the attitude for alcohol in children is from family and ultimately reflects the actions of the parents (Noll, Zucker, & Greenberg, 1990).

Both the drinking habits of the mother and the father are influential on the child and could be used in the prediction of alcohol use by the child (van der Vorst, Vermulst,
Meeus, Dekovi, & Engels, 2009). However, some studies show specifically that alcohol use by the father tends to lead to a higher rise in excessive use and abuse of alcohol in the adolescent child (Mares, van der Vorst, Engels, & Lichtwarck-Aschoff, 2011). It is well documented that there is a correlation between the alcohol consumption by parents and the consumption of alcohol by their children (Duncan, Duncan, & Strycker, 2006). Conversely, if parents abstain from alcohol then the likelihood of their children consuming alcohol is diminished (Webster, Harburg, Gleiberman, Schork, & DiFranceisco, 1989). Students have reported that the number one factor in them not using alcohol is parental disapproval (Ogenchuk, 2012). A lot of the effect of parental drinking on their children is based on the perception that the children have of their parent’s alcohol consumption. Their view of it, not necessarily the reality, will influence whether the children use alcohol on their own (Smith, Miller, Kroll, Simmons, & Gallen, 1999).

It should be noted that although parents’ attitudes toward alcohol use may be influential in its eventual use by the adolescent, the actual use of alcohol happens in environment of the peer group (Bogenschneider, Wu, Raffaelli, & Tsay, 1998). As children enter the teenage years, their social group takes on much more importance (Brown, & Bakken, 2011). Peer influence, as well as parent’s views of alcohol use by adolescents, can both be used as predictors as to the eventual use of alcohol by the adolescent (Bogenschneider, Wu, Raffaelli, & Tsay 1998). As many teens have a difficult time with this new social pressure, a substantial amount of teen drinking happens as a social lubricant and inasmuch occurs within the peer setting and social contexts (Poelen, Engels, Scholte, Boomsma, & Willemsen, 2009).

Depending on the school setting, adolescents that consume alcohol may feel lonely
and socially removed from the group. This occurs when the overall culture of the student body is to not drink alcohol. This is a strong indicator that adolescents feel isolated when their drinking is not part of a group activity (Consumer Health 2012). As much as peers are a powerful influence, they do not supersede the position of influence that the family plays (Bandura, 1986)

**Culture / Judaism & Alcohol**

In the Ethical Principles of Psychologists and Code of Conduct, under the category of competence, factors such as knowledge of the client’s culture and religion are listed as being essential components to implement effective services. It is mandated that psychologists either possess the training, experience or supervision necessary to maintain that competence. In the absence of such, referrals would be the preferred approach (American Psychological Association, 2002). A therapist is considered culturally competent to promote effective interventions when they are familiar with the cultural background and practices of the particular group that they are addressing (Sue, 1998). In fact, having an appropriate grasp on the cultural and religious background of the client has an enormous impact on the benefits and success of the therapeutic situation (Schlossbergeger, and Hecker, 1998). The values of a particular culture need to be the standards that the therapist uses to determine diagnosis criteria for treatment, set boundaries of intervention and choose therapeutic goals (Aponte, 1985). When therapists adhere to the basic standards of the culture in which they are serving and show a respect for the belief system, it validates the therapist thereby allowing for a therapeutic alliance to develop (Sue & Zane, 1987).
Our perception of our world is greatly influenced by our culture, religion and family among many other facets of our lives. Whether being Jewish is viewed as a culture, race or religion, as has been disputed throughout the millennium, it clearly represents a distinct history and a way of life (Heffer, 2010). This is more so for those that adhere to the laws and customs that have been passed from generation to generation (Heffer, 2010). Adhering to the fine nuances of past traditions and culture in the world of Orthodox Judaism is widely viewed as an individual’s commitment to Judaism as a whole (Resnick, 1996). Amongst the Orthodox population, traditions and rituals are part and parcel of the Jewish experience. Such traditions and experiences are entrenched so deeply in the Jewish culture that in various studies, conducted in Israel including all facets of Jewish life, even self proclaimed secular Jews report that the number of Jewish rituals and traditions that they practice are substantial (Kedem, 1991; Levy, Levenson, & Katz, 1993). Determining when an activity falls under the category of religious obligations and customs or whether the activity is indicative of a mental health issue is of paramount importance when counseling a religious individual (Wieselberg, 1992). For example, there are various practices that may appear to be obsessive-compulsive in nature but after further evaluation it is appropriate behavior within that particular culture. The difficulty arises when the ritual becomes excessive in nature and indicates some mental health issues. Only a therapist with background in that culture or religion will be able to assess the situation properly. At times a consultation between the therapist and a religious leader may be needed. Even in such cases, only a therapist with the knowledge and background in that culture or religion will know when and what to ask of the religious authority figure (Wieselberg, 1992). Having knowledge of the culture will allow for appropriate ways of
communication that will be more readily acceptable to the Orthodox Jewish community (Sue, 1990). Jews as a whole are a distinctively small cultural group. Orthodox Jews are more distinctive and an even smaller cultural group. There has been very limited attention within studies and literature aimed at discussing the particular nuances of this cultural group (Schlosser, 2006). As such, when working with this group there is insufficient empirical evidence assisting a counselor on how to proceed (Schlosser, 2006). When dealing with a highly religious population it is better to find a therapist that has a similar belief system in order to allow for full congruence of the therapy and the belief system, rather than have a therapist who is attempting to work within the clients belief system in an effort to merge the beliefs with the therapy (Bilu, & Witztum, 1993).

When working with Orthodox Jews, it is important to note that, to the extent they are committed to the lifestyle of Orthodox Judaism, the belief system is based on laws and customs that affect every aspect of life. These laws and customs are there to guide the Jew in their perfection in the service of G-d. These laws encompass everything from what would be viewed as spiritual endeavors to what appears to be mundane matters such as business proceedings, family life, slander and interpersonal relationships to list a few (Weiselberg, 1992). Very religious families are suspect of therapy for fear that the values that they hold dear and base their conduct upon will be misunderstood by the therapist or that an approach that does not fit into their belief system will be attempted (McLatchie, & Draguns, 1984).

The family unit has been the main source of transmitting the sacred beliefs of the Jewish Orthodox Community throughout the generations. As some Orthodox Jews are becoming more entwined with society at large, many are retreating further from society
to insulate themselves from outside influences (Weiselberg 1992). However in many instances, society is having an effect on the intensity of the message being transmitted from generation to generation (Weiselberg, 1992). Even though there has always been the use of alcohol within the Jewish community, historically there have been low rates of alcoholism among Jews (Snyder, Palgi, Eldar, & Elian, 1982).

Every Shabbos, both in the evening and in the daytime, Orthodox Jews recite Kiddush to fulfill the obligation to sanctify the Shabbos as commanded in the Bible (Exodus 20:8). The Kiddush is to be said over a cup of wine (Talmud, Pesachim 106a). At the conclusion of the Shabbos the recitation of Havdalah is recited over a cup of wine (Maimonides; Hilchos Shabbos, 29:1). The Kiddush and Havdalah are recited over wine for all the Jewish holidays as well. Wine signifies the sanctity of an occasion and therefore is used at every Jewish life-cycle event. Wine is considered such an honorable drink that it is the only drink that has its own distinct blessing that is recited by Orthodox Jews before drinking. There is also consumption of alcohol on the Jewish holidays of Passover and Purim. On Passover every male 13 years of age and older and female over 12 years of age and older are obligated to drink four cups of wine on the night of the Seder (Maimonides, Hilchos Chametz U’Matzah, 7:7). Purim is a holiday that is customarily celebrated by drinking more than one would usually consume. Although this is the custom on Purim it is clearly stated that to put one’s health at risk or to behave inappropriately is not condoned and it is better not to drink if it will lead to that (Shulchan Aruch, Hilchos Megilla, 695:2 & Mishna Berura, 695:2, 4).

Psalms (104:15) notes that “Wine gladdens a person's heart” and the Talmud states, “There is no joy unless there is meat...there is no joy unless there is wine”
Clearly there will always be alcohol used in Jewish Orthodox ceremonies and rituals. However, there has been a religious attitude that permeates the drinking within the Orthodox community.

The attitude of consuming alcohol for stress reduction, an escape mechanism or to drink solely for drinking sake simply didn’t exist among the strictly Orthodox. It can be concluded that by virtue of alcohol being integrated in a positive way into the religious practices and with an attitude of loftiness attributed to the use of alcohol explains the high levels of sobriety. It became the cultural norm to experience alcohol without using it in excess (Snyder, 1979). Orthodox Jews have created the cultural norm to be one of sobriety, while remaining a Jewish virtue to use alcohol for ritual purposes. Therefore the Jewish community has the power of the sociocultural norm working in their favor (Glassner, & Berg, 1980). While there could be a genetic factor in the lower rate of alcoholism among Jews (Goodwin, 1976) many have preferred to search out a social difference to explain the lower incidence of alcoholism. What was observed is that among the Jews that stayed more isolated, alcohol issues stayed at a minimum (Goodwin, 1976; Snyder, Palgi, Eldar, & Elian, 1982). The rise of alcoholism within the Orthodox community could be correlated with the weakening of the connection to traditions of Judaism in conjunction with the acculturation that occurs in America (Dropkin, & Blume, 1980). As this acculturation in America continues we can expect to see higher rates of alcohol related issues among the Orthodox Jewish population (Snyder, Palgi, Eldar, & Elian, 1982).
**Prevention & Intervention**

As much as the risks are greater to this age group due to the social components at play during this crucial time in development, it may equally be the most opportune time for appropriate interventions (Greenough, Black, & Wallace, 1987). Although prevention may be the best course of action, most prevention programs have been lacking in their effectiveness (Cuijpers, 2002). Most of the resources and prevention programs for adolescents have been focused on illicit drugs. This appears to be the wrong approach due to the fact that the death toll in the USA from licit drugs is higher than all of the deaths due to illicit drugs put together. Licit drugs could possibly be a greater danger to developing young adults than many of the illicit drugs (Bogenschneider, Ming-Yeh, Raffaelli & Tsay, 1998). When determining the effectiveness of a program, and by extension when developing an intervention program, there should be a distinction between the various groups it will be addressing. The range is from the habitual abusers, to the social users, to the group of adolescents that is not involved with alcohol and is not particularly feeling the pressure or desire to experiment (Steinman, and Schulenberg, 2003). Success of an alcohol educational program need not be assessed only in terms of full sobriety. If the intervention has lowered the frequency or intensity of alcohol use then that is a level of success that is measurable. Viewing a program through such a lens truly allows for the study of the effectiveness of the program. It also permits a development of insight as to what motivates and effects the drinking of adolescents in a particular group or setting (Steinman, and Schulenberg, 2003).

Although initial compulsion may be to minimize the negative consequences of those that consume alcohol on more of a quantitative measure to reduce the effects on
society, there is a fallacy in this thinking. The majority of problems occur among people that consumed moderate amounts of alcohol. While it is true that statistically there are more issues among the heavy drinkers, we must acknowledge that there are many more moderate drinkers than heavy drinkers. Ultimately, there are more problems affecting the masses from the moderate drinkers (Kreitman, 1986).

The appropriate intervention that addresses the needs and thinking of the adolescent at this crucial juncture in their life, will most certainly have immeasurable benefits that could be decisive in altering the life of the emerging young adult, ultimately reducing the risks of alcohol abuse throughout life (Masten, 2004). Unfortunately, much of the treatment options available today do not specifically deal with the unique needs of adolescents (Brown, 2001). Few alcohol prevention programs have been able to prove any type of long-term effectiveness. While the advocates of such programs give a myriad of reasons as to the inability to prove their effectiveness, many feel that there is an inherent problem with many of the current adolescent programs. This group feels that in order to be effective, it is necessary that any prevention program focus on the various evidence based reasoning for the use of alcohol amongst adolescents (Gorman, 1996).

Drug and alcohol prevention programs in most schools lack the empirical evidence of effectiveness that should be required of such programs (Gorman, 1996). There is a consensus that in order for programs to be effective in the school setting, they must take into account the particulars of the student body and have the program address what is relevant to them. The terminology, as well as the trends, change frequently and in order to be heard by this age group the presentation must be up to date. Similarly, in determining the short-term goals and the long-term goals, it is necessary to know in
advance where the students are on the continuum of alcohol use from experimentation through abuse or dependency and their overall attitudes towards alcohol (McBride, 2003). When providing a program, one must take the timing and the information accumulated on the student’s usage into account (McBride, 2003). Most programs do not address the reason as to why there is substance use in the first place (Gorman, 1996). When the students themselves provide for you their alcohol attitudes and their level of alcohol use, the ability to gear the educational program is greatly enhanced. Understandably, the student is the one that can provide this information about himself or herself better than anyone else (Ogenchuk, 2012). Students additionally reported that they would benefit from information on how to minimize some of the potential negative consequences. They also reported that they would like to hear from people that lived through the issues of alcohol first hand (Ogenchuk, 2012).

In order to have a successful program, the student’s engagement is needed in three different arenas, cognitive, behavioral and emotional. It is necessary to use age appropriate and current information to engage cognitively. Having an interactive component, such as role-playing, in the program will engage the students behaviorally. And emotionally, students will engage if real life stories, that have relevance to them in their lives, are told throughout the program (Ogenchuk, 2012). Having an interactive component can make a program twice as effective as a program lacking the interactive component (Tobler, & Stratton, 1997). Skills training such as learning how to say no in various situations should be practiced specifically for alcohol related situations. Students feel that those situations are different and at times more difficult than saying no to drugs due to the social acceptance of alcohol (Botvin, 2000). Teaching the necessary skills to
extricate oneself from a potentially dangerous situation is one of the best ways to develop self-efficacy in an adolescent (Bandura 1986). Role-playing would be a way of developing the mastery of those skills that will give the confidence to the adolescent to use these skills when needed in real life situations (Bandura, 1986).

Additionally, alcohol education in the school setting should be on its own and not lumped together with other drugs. The reason for this is that alcohol is viewed as not as bad as other drugs and the students, in relation to the other drugs, will dismiss the alcohol component (Ogenchuk, 2012). Many programs highlight the catastrophes that occur with alcohol consumption. However, the teens reported that they view this as scare tactics and it doesn’t work well. When scare tactics are used the teens dismiss what is being said (Ogenchuk, 2012).

When creating a program, it may be more critical, as a goal, to prevent the abuse and negative consequences of alcohol than to prevent the casual use of alcohol in the first place (Newcomb, & Bentler, 1989). To the extent possible, it may be necessary to delay the use of alcohol to allow for the cognitive abilities and interpersonal and intrapersonal skills to develop, that will allow the adolescent to better navigate his way through the choices of alcohol use. At times, the focus may even need to be the removal of the negative consequences of particular behaviors, such as driving under the influence, without removing the negative behaviors themselves. Many adolescents will not forgo the acceptance of the peer group or the exploratory feelings associated with drinking. In such circumstances, the goal is to keep the quantity of the drinking to a minimum as well as the negative consequences. This is referred to as a harm-reduction program (Marlatt, 1998). A promising approach to alcohol education and alcohol intervention that should be
included is to modify the positive expectancy, thereby reducing the emotional desire to drink. This supports the idea that positive expectancy is causal in relation to alcohol consumption (Darkes, & Goldman, 1993). Many prevention programs focus on promoting negative views of alcohol. In the face of the positive expectancies that may be present from an early age this may not be the best approach when dealing with adolescents. An approach that some have used is to focus the education on the sedating effects of alcohol consumption. Many of the positive expectancies are associated with a perceived arousal effect of alcohol. Rather than speaking of the ills of alcohol, which will not interfere with the thought process of a teenager that feels invincible and is looking to declare his adulthood, educating the fallacies of the belief of arousal may deter the adolescent (Dunn, & Goldman, 1996). Another possible technique to consider for intervention is to have peer leaders be involved in the anti alcohol campaign, thereby limiting the acceptance of alcohol use as something that is looked up to by the peer group (Cuijpers, 2002). Tobler (1986) broke the preventative approaches into two different groups. The first being indirect in nature consisting of intrapersonal and social skills. Also included in this indirect approach is keeping the at-risk youth appropriately occupied socially and preparing him for the future in a productive manner. The second category of preventative measures is more direct in nature. In this approach, broadening the knowledge base of the adolescent through education, as well as training the skill base of how to say no to the offer or pressures of alcohol is used (Tobler, 1986). Both approaches should be taken into account when formulating a program or workshop.

In summation, adolescent drinking is occurring and there are various reasons contributing to this. Experimentation is clearly at play, however, exposure to alcohol in
the family and the media is definitely a contributing factor. The incidence of underage drinking is happening in the United States more frequently and at an earlier age than in the past. As the Jewish community is becoming more acculturated to American Society, the phenomenon of alcohol use among adolescents of this group is also rising. This workshop will provide prevention/intervention programming that will take into account the particular needs of adolescents and the culture of Orthodox Jews in a way that will allow the students to feel that it is addressing them personally. They will feel that the presentation is in sync with the religious beliefs that are an integral part of their lives.
Chapter 3
Project Audience and Implementation Factors

Overview

This graduate project presents an intensive two-hour workshop on alcohol education and intervention for Orthodox Jewish teens. A review of the literature indicates a need for a workshop that is geared specifically to the needs of this particular group due to the use of alcohol religiously and culturally. Each time the workshop is presented it should be tailored to the information gathered from the preliminary survey that is to be filled out by the student body previous to the workshop. The adolescent’s current views and attitudes towards alcohol and their understanding of the role of alcohol in their religion should be the baseline of each workshop presentation.

It is the hope that this workshop, by educating this group of teens about alcohol and its appropriate use religiously in a culturally sensitive format, will prevent the early and inappropriate use of alcohol, sparing them the potential pitfalls that are inherent with such use.

Development of Project

As a teacher of this population for close to two decades, I have seen first hand the need for an alcohol education and intervention workshop. So many adolescents have the wrong information about alcohol and seem to get involved with alcohol without making a conscious decision to do so. After consultation with peers and administrators that work with this population, I decided to research what was available as a teaching tool to this group. Many programs that are available at this time lack the element of working with the students as opposed to preaching to them. Perhaps more importantly is the total absence
of a program or workshop that addresses the particular cultural needs of the Orthodox Jewish adolescent. Mental health professionals were consulted throughout the development of this workshop to maintain the integrity to the information that is currently accepted in the mental health world. Religious leaders, such as Rabbis, have advised in the development of this workshop as to the cultural and religious significance of alcohol and how to present this information to the student body, in a way that will provide a deeper understanding of their religious beliefs and encourage appropriate attitudes toward alcohol.

**Intended Audience**

The target population of this workshop is Orthodox Jewish teens that are attending Jewish schools. It is for both male and female adolescents that have a grasp on the English language and a basic understanding of their religion with at least a minimal use of the Hebrew language. By virtue of attending private religious schools, the majority of the participants will be from either Orthodox homes or homes that are conservatively traditional.

**Personal Qualifications**

The moderator of the workshop, in addition to having a presence that will engender the trust of teenagers, should have an understanding of this age group and their vernacular. A non-judgmental attitude with a background in counseling and group dynamics is required. Of utmost importance is for the moderator to be well versed in the culture of Orthodox Judaism and be able to show respect toward the religious beliefs as well as the students. A comfort level with basic Hebrew and religious terminology is necessary to present this workshop.
Environment and Equipment

The workshop should be in an auditorium style room that will comfortably accommodate the amount of participants with enough room for role-playing. It should be free of disturbances with good air quality. A large size screen for the PowerPoint presentation should be located in the front of the room. All necessary equipment for the PowerPoint presentations, including speakers, should be set up in advance. Paper and pens should be available for students to jot down their thoughts or questions to be shared at the appropriate time.

Project Outline

This is a two-hour intensive workshop with follow up as needed. A survey will be distributed to the students a week before the workshop to allow for the collation of the information provided by the intended audience. A PowerPoint will be presented discussing the cultural presence of wine and alcohol and the possible issues involved with alcohol use. Presenting the information given by the students themselves along with the factual information showing the myths and fallacies of their understanding of alcohol will hopefully elicit their interest in the presentation of the workshop. Their expectancies and the potential troubles with adolescent drinking will be fully presented.

Along with some handouts will be a sheet of “Myths or Facts”. These will be commonly held beliefs among adolescents that in reality are all myths. They will be asked to take them out and they will be discussed in the middle of the PowerPoint presentation. The PowerPoint will then inform them of the facts. After the discussion about peer pressure, the teens will be divided into groups to discuss the various scenarios in which there may be pressure to consume alcohol and how to deal
with it. Volunteers will be asked to present to the entire group their scenario and to perform a skit of that scenario with an approach to saying no. Dispersed throughout the presentation will be allotted time for questions and answers.

Follow-up sessions with smaller groups will be provided on an as needed basis.
Chapter 4

Summary and Recommendations

Summary

The purpose of this graduate project is to develop a workshop to educate Orthodox Jewish adolescents about alcohol, including all the potential harm involved, while teaching skills on saying no to peer pressure. This will be done in a culturally sensitive way for this particular group, while addressing the expectancies that may have been imbedded in the psyche of the adolescent. This will be accomplished by explaining the biological effects that can occur from alcohol, modeling saying “no” including role play, showing a grasp of the cultural significance of alcohol in Judaism and educating them to any erroneous religious attitudes and by making the adolescent aware of their expectancies of alcohol consumption and factually challenging them. In the development of this workshop, there has been consultation with mental health professionals, rabbinic figures and individuals that are in the category of Orthodox Jewish teens.

Recommendations

Each and every person is different and has different life experiences. This workshop is designed to cater to the broad range of students that fall under this particular population. It would be recommended that there would be an additional workshop for the teachers of these adolescents in the private schools to have some training in the area of alcohol education and have them have ongoing smaller groups discussing and reinforcing what was accomplished in the workshop for the students. A professional can be called upon when there are specific issues that need to be reinforced or it is determined that there is something lacking in the specific group.
Additionally, a workshop for the parents to present them with knowledge and tools would be highly recommended. For parents to be made aware of the impact their behavior has on their children could make a significant difference in their behavior or presentation. Such a workshop could present some of the early warning signs that indicate alcohol.

If adolescents develop an appreciation for not abusing alcohol and have their parents and teachers working with them and supporting them as they travail the road to adulthood the chances of avoiding the short-term dangers and the long-term pitfalls of alcohol may be avoided by a growing majority of them.
References


adolescent peer orientation and substance use: The interface of parenting practices and values. *Child Development* 69, 1672-1688


“Teen drinkers may feel like social outcasts: Study; Those who abuse alcohol also have worse academic performance.” *Consumer Health News*, 19 June 2012.

*General OneFile*. Web 25 June 2012


Exodus 20:8


Maimonides, Hilchos Chametz U’Matzah, 7:7

Maimonides, Hilchos Shabbos, 29:1


Mishna Berura 695:2, 4
Newcomb, M.D., & Bentler, P.M. (1989). Substance use and abuse among children


among preschoolers: Evidence for early socialization about drugs occurring in
the home. *Child Development,* 61, 5, 1520 – 1527.

Ogenchuk, M.J. (2012). High school students’ perceptions of alcohol prevention

K. Steinmetz (Eds.), *Handbook of Marriage and the Family* (pp. 471-507). New
York: PlenumPress.

(2009). Predictors of problem drinking in adolescence and young adulthood: A
longitudinal twin-family study. *European Child and Adolescent Psychiatry,* 18,
345 – 352. doi:10.1007/00787-009-0736-x.

Psalms 104:15


Education,* Vol. 91, no. 2, 209 -221.

and Other Disorders,* National Institute on Drug Abuse Monograph 56, DHHS.


Shulchan Aruch, Hilchos Megilla, 695:2


Talmud, Pesachim, 106a

Talmud, Pesachim, 109a


Appendix A

SHORT PRE-WORKSHOP ALCOHOL SURVEY (anonymous)

**Other than Kiddush or any other religious ritual:**

1. When was the last time you had a drink? Past week_______, Past two weeks_______, past month_______, Past six months_______, N/A_______

2. In the past three months what did you drink? Beer_______, Wine_______, Whiskey/Vodka _______ Other_______, N/A_______

3. For the most part my drinking occurs…. At my home_______, At a friends house_______, At a party_______, Outdoors_______, N/A_______

4. When I drink, I drink … By myself_______, With 1 other person_______, With 2-3 people, In a large group____________, N/A_______

5. For the most part, where do you have access to alcohol? Home_______, School________, Friends home_______, Relatives Home_______, Religious events________, N/A_______

6. When does drinking usually occur? Weekends______, Weeknights______, Daytime______, Whenever available____________, N/A__________

7. Do you believe alcohol is a… Stimulant_______, Depressant ________, sexual enhancer_______, Narcotic_______ or N/A______.

8. When you drink – how many drinks do you have? 1 drink_______, 2 -3 drinks_______, 4 -5 drinks _____, 6 or more______, N/A________

9. When I drink I feel…. Happy_______, Sad_______, Excited_______, Relaxed_______, Like an adult_______, Defiant_______ or N/A______.

10. What is the main reason you drink alcohol? For the feeling_______, Boredom_______, To have fun_______, To relieve stress_______, Because I’m feeling down_______, or N/A_______.

42
Myth or Fact??

- Alcohol gives you energy.
- I can sober up quickly if I need to (coffee, cold shower).
- If I drink too much, the worst thing that can happen is I get my stomach pumped.
- Talk to me about drugs - that's a bigger issue than alcohol.
- Alcohol isn't harmful to my body.
- My parent’s drink - so it is no big deal if I do?
- I can drink and still be in control.
- There’s no point in postponing drinking until I'm over 21.
- I'd be better off if I learn to "hold my liquor”.
- Beer doesn't have as much alcohol as hard liquor.
- Alcohol promotes good sleep.
- If your friends are drinking, you have to drink to have a good time with them.

Sources
www.niaaa.nih.gov/
aspe.hhs.gov/hsp/06/catalog-ai-an-na/nesarc.html
www.thecoolspot.gov
### BAC Chart for Men

#### Approximate Blood Alcohol Percentage

<table>
<thead>
<tr>
<th>Drinks</th>
<th>Body Weight in Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
| 0      | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | Only Safe Driving Limit
| 1      | .04 | .03 | .03 | .02 | .02 | .02 | .02 | .02 | Driving Skills Significantly Affected
| 2      | .08 | .06 | .05 | .04 | .04 | .03 | .03 | .03 | Possible Criminal Penalties
| 3      | .11 | .09 | .08 | .07 | .06 | .06 | .05 | .05 | Legally Intoxicated
| 4      | .15 | .12 | .11 | .09 | .08 | .08 | .07 | .06 | Criminal Penalties
| 5      | .19 | .16 | .13 | .12 | .11 | .09 | .09 | .08 | 
| 6      | .23 | .19 | .16 | .14 | .13 | .11 | .10 | .09 | Death Possible
| 7      | .26 | .22 | .19 | .16 | .15 | .13 | .12 | .11 | 
| 9      | .34 | .28 | .24 | .21 | .19 | .17 | .15 | .14 | 
| 10     | .38 | .31 | .27 | .23 | .21 | .19 | .17 | .16 | 

Subtract .01% for each 40 minutes of drinking.

One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

### BAC Chart for Women

#### Approximate Blood Alcohol Percentage

<table>
<thead>
<tr>
<th>Drinks</th>
<th>Body Weight in Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90</td>
</tr>
</tbody>
</table>
| 0      | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | Only Safe Driving Limit
| 1      | .05 | .05 | .04 | .03 | .03 | .03 | .02 | .02 | Driving Skills Significantly Affected
| 2      | .10 | .09 | .08 | .07 | .06 | .05 | .05 | .04 | Possible Criminal Penalties
| 3      | .15 | .14 | .11 | .10 | .09 | .08 | .07 | .06 | Legally Intoxicated
| 4      | .20 | .18 | .15 | .13 | .11 | .10 | .09 | .08 | Criminal Penalties
| 5      | .25 | .23 | .19 | .16 | .14 | .13 | .11 | .10 | Death Possible
| 6      | .30 | .27 | .23 | .19 | .17 | .15 | .14 | .12 | 
| 7      | .35 | .32 | .27 | .23 | .20 | .18 | .16 | .14 | 
| 8      | .40 | .36 | .30 | .26 | .23 | .20 | .18 | .17 | 
| 9      | .45 | .41 | .34 | .29 | .26 | .23 | .20 | .19 | 
| 10     | .51 | .45 | .38 | .32 | .28 | .25 | .23 | .21 | 

This information is taken from Virginia Tech Alcohol Abuse Prevention website.