THE DRUG PROBLEM: 
A JEWISH COMMUNITY CENTER EXPERIENCE.

Report of a graduate project submitted in partial fulfillment of the requirements for the degree of
Master Of Arts
Counseling and Guidance

Suzanne Tara Eisner

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I. INTRODUCTION

This paper is by its very nature focused on a piece of the tragedy of our times. Venereal Disease, drug abuse, adolescent pregnancy, or runaways are not new. What is new is the openness of the issues -- the acceptance that they exist -- and the investment in the process described in this paper to effect change.

The purpose of this paper is to show how the resources of the affiliates of Jewish Federation Council and community organizations joined in an effort to understand the needs of, and design services for, Jewish adolescents in the 1970's. There are four major parts to this paper:

I. Analysis of the problem: setting directions
II. First service attempts: from concept to implementation
III. Summer Outreach
IV. Development of a Response Center

In the planning process, the Jewish Federation involved the Jewish Community Centers, Jewish Family and Community Service, Jewish Vocational Service and Mt. Sinai Hospital. Other organizations currently engaged in this project are the National Council of Jewish Women and the Jewish Children's Bureau.

I am currently active in Jewish Community Centers, sitting on the Board of Directors. I am involved in Teen problems on a city wide basis at Jewish Center Association.
II. ANALYSIS OF THE PROBLEM: SETTING DIRECTIONS

Early in 1970, Federation affiliates met to discuss their concerns regarding the increase of drug usage by segments of the Jewish adolescent population. It was decided that data regarding how many youngsters were involved in this problem as well as objective knowledge of the extent of the problem, the effect drugs had on adolescents, and the nature of services already in existence meeting the needs of adolescents, were needed for this study.

Gathering of objective data was and still is quite difficult. Federation staff presented its views based on the perspectives of the separate agencies. Caseworkers reported frequent use of drugs among adolescent clients. Center workers reported seeing, with great regularity, kids stoned in parks and in the building. Staff raps with kids indicated that drug use was pervasive and varieties of "dope" (drugs) easily purchased.

The data provided the staff indicated that drug use was being observed in the entire metropolitan area. The staff soon realized that its knowledge about drugs was very limited.

Key questions they raised were:
1. What is the difference between use and abuse?
2. What is a recreational user?
3. What are uppers, downers, angel dust and other such drugs?
4. Should pot be legalized?
5. How dangerous is pot?
6. Are parents concerned?
7. Is the drug abuse an unsolvable problem?
8. Is drug abuse only symptomatic of other problems?

9. Is drug abuse only an adolescent problem?

It was evident that it was necessary to define the personal positions of the supervisory staff and to develop an objective training program in order to get at attitudes, values, and feelings of staff.

Various concepts were developed for direction in the early stages of the project both at the lay and staff levels:

1. No further planning would take place until a committee of lay representatives from the Federation affiliates and the two interested community groups was formed; this committee could make policy decisions.

2. The staff of the Federation affiliates would not sit on this committee, forming instead, a technical and advisory body to supply data for the policy committee.

3. The chairman of the lay committee be a member of the Board of one of the Federation affiliates.

4. The lay committee be directly responsible to the Federation Board of Directors for policy approval and funding.

5. The executives of each of the Federation affiliates would provide staff in any direct service that is to be rendered to the adolescents to be served.

6. A project coordinator would be hired to integrate resources of the existing agencies into the development of the new program.

These concepts were the motivating force in the spring of 1970.
In the early part of 1971, the Jewish Community Centers' Board was asked by the Federation affiliates to administer this project. At that time there was no criteria as to how the administering agency should be selected, nor does such a criteria exist at this time.

One may assume that the Jewish Community Center wanted the project started and did not want to see the staff committee involved in negotiations concerning the administration of the project. The second assumption that can be made is that at the request of the current lay committee, the Federation or the Jewish Center Board of Directors, a review of the administration of the project can take place and the administration changed.
III. FIRST SERVICE ATTEMPTS:
FROM CONCEPT TO IMPLEMENTATION

The actual programs developed from the project share the following concepts:

1. Direct service delivery - providing assistance to the client with a minimum of administrative or bureaucratic red tape.

2. Ongoing and active involvement with other community organizations and agencies: public junior high and high schools, Jewish day schools, police departments, social work agencies. The goal of pulling together these resources is to maximize community mental health planning.

3. Ongoing research, scrutinization, and documentation of program components to reveal trends, areas of success and failure, and needs for new services.

4. Continued involvement of existing agencies at both the professional (Technical Advisory Committee) and lay (Lay Drug Response Committee) levels.

5. Maintaining a delicate balance between parental involvement and credibility with the adolescents being served. This was accomplished in three areas:
   a. Low press profile.
   b. Consistent attempts to involve parents in dealing with the problems of their own children.
   c. Seek opportunities to appear before
adult groups, not only to interpret the program, but also assess adults' perception of the community's problems.

6. The need for a team with the following components:
   a. Professional -- for counseling, problem solving and referrals.
   b. Outreach workers (college and high school age) to explain the program to community teens, act as a bridge between the adolescent community and available services, and help teens through peer support to know that there are other resources available.

DIALOGUE WITH PARENTS ON YOUTH AND DRUGS

From the project's commitment to provide services not only for adolescents but also for parents, a program was designed which it was hoped would accomplish two goals:

1. Assess both the degree of the problem and the concern of parents regarding drug use and abuse.

2. Begin to provide for some parents, a way for them to develop better communication skills among themselves as parents and between parents and teenagers.

Each Federation Center affiliate provided five staff members for a six hour training session, followed by two evenings in a particular week to lead small group dialogues. The staff training sessions included:

1. Giving information about drugs from the viewpoint of Pharmacology and Sociology;

2. Sharing personal experience of one of the
staff members whose son had drug involvement;
3. Developing skills in leading small group discussions.

Time was also spent with the workers helping them understand their own feelings about the drug problem. The last training session included a fishbowl in which two staff members led a dialogue with seven parents in the presence of other staff.

Publicizing the dialogue (which was part of the Center's Annual Health Fair) was handled jointly by the Jewish Community Center and other Federation affiliates. The Tween - Teen Advisory Committee assumed responsibility for calling the parents of all the teen members in the Center. The Tween - Teen staff called the parents of those teens who were on the most active rosters in the Center. In addition to this voice - to - voice contact, three thousand flyers were distributed through the local grade schools, Sunday schools, and other youth organizations.

From the large numbers of telephone calls that were made to inform parents of the dialogue, the following trends were noted:

1. A considerable amount of denial about the use of drugs in the community (by parents).
2. A feeling by many parents that there is a problem - but not with their children.
3. Many parents felt that this means of direct contact with them was an excellent means of communicating the agency's concern about this problem.
4. Many parents felt that they had been singled out as potentially being the parents of teens
involved with drugs.

The format for the meetings started with a fifteen minute introduction dealing with the "why's" of the project.

After this, the larger group was broken into smaller discussion units, each staffed by two professionals. Each staff team was composed of representatives of different agencies. The format was not to present staff members as experts, but rather as resource people who could be used to help others deal with their concerns, or should specific information be needed (i.e. drug Pharmacology), to act as liaison between the group and the person who could provide that service. During the week, ninety parents participated in the dialogue. It is interesting to note that the great majority in attendance were females.

The range of concerns voiced in the groups varied. However, there were several commonalities which linked the groups:

1. After some initial dialogue on drugs, the discussion turned to a more basic discussion on how one can relate to adolescents.

2. Requests for specific information regarding drugs and in all cases how a parent tells if his child is involved.

3. Parents seeking solutions for coping with other drug-related problems, i.e., the anxieties raised by the media, the generation gap, and pressures from schools.

During the course of the week, two referrals were effected -- one to Jewish Family Service and one to Jewish Vocational Service. Parents were asked, prior to the end of the meeting, if they would care to
continue to meet as a group and if so, what were the kinds of things they would like to go on discussing. Of this original 90, the number expressing a desire to continue was high. However, in reality the number who were prepared to make any kind of commitment was a rather low number of only ten. These ten met in four sessions and dealt with a wide range of concerns, including a few sessions in which a group of adolescents joined in to share their views on the drug question.

PARENT CONCERN PHONE

One of the local Jewish Community Centers installed a special phone line which parents could call specifically about problems with their children. It was hoped that the phone line could help parents deal with problems before they reach crisis stages. The phone was manned by five professional staff, each on duty from 10:00 a.m. to 1:00 p.m. a different day (Monday through Friday). These hours were selected to coincide with the time most teens are in school and it was felt that a parent would be more comfortable calling when his teen is not home. The calls coming were either handled directly by the professional taking them, or if a special service were needed, it was referred to a sister Federation or other community agency. The parent was given the name of a person at the referral agency to minimize the administrative and red tape involved in intake.

The calls that were received varied greatly in content -- some parents wanted reassurance and support for what they as parents were doing. Others needed direction, others outright answers.
A Project Coordinator was retained for the Drug Response Program and the Lay Drug Response Committee established a target area of concentration. The target area was selected because:

1. The area had a high Jewish population density.
2. The area housed one branch of each of the Federation affiliates.
3. It was an area in which the staff and lay people felt they had the greatest experience with the community (its population, institutions and organizations).
IV. SUMMER OUTREACH PROGRAM

The first task of the Coordinator was to assess, from first hand knowledge, the adolescent drug problem in the target area. An approach was designed to deliver this information so that services could be developed. The approach was called the Outreach Program. The summer Outreach Program of 1971 addressed itself to meeting the youth on their turf. The project provided two teams of street workers, each working three nights. The street worker was to establish relationships with teens in the community, do crisis intervention (where appropriate), do long and short range referrals (where appropriate), and to provide program alternatives on the spot ... in the arts, music, physical education and drama. These were provided through the assistance of specialists who acted in a supportive role to the street workers.

Each Outreach team consisted of two college-age and two teen-age workers. The Outreach Staff was selected from a variety of education and experience backgrounds, to be compatible with varied interests of the adolescent clients.

It was also hoped that the concept of availability — going to the teens — would increase effectiveness not only in dealing with the drug problem, but in the multitude of youth problems we are now facing in the community.

The program was, and is, philosophically opposed to drug abuse. However, it did not attempt to proselytize nor to preach abstention from drugs. It did use the media of relationships and alternative programs as a means of getting the message to the kids. The program's
goals were realistic in nature and the organizers had no delusions so grandiose as to believe that the Outreach worker would cure the drug problem. However, it was hoped that through the vehicle of one-to-one relationship, the team approach, and the use of local teens, there could be a beginning to effect change for those who are ready.

The overall reaction to the Outreach workers by the teens was positive. Although they were in a perpetual state of answering the question, "Why are you here?", they were able to both answer and demonstrate the response to this question sufficiently not to be perceived as Narcs (Narcotic Agents), police, or Jesus Freaks.

The following were perceived as accomplishments of the Summer Outreach program:

-- Project staff generally was able to build relationships of confidence, trust and honesty. They projected the image of being people who cared about what was happening in the lives of the youths, and who were willing and able to help. In doing so, staff was helped by the fact that publicity on the project was kept out of the local newspapers, and an agreement by the police to withdraw an unmarked police car from one of the parks in which the youths congregated.

-- The staff was able to intervene successfully in many crisis situations, such as immediate referral to hospitals for treatment of injuries or ailments brought about by drug abuse.

-- Through rap sessions with groups of younger teens, as well as individual sessions with some, many began to raise questions in their own minds about why they were using drugs and whether it was
worth it.

-- In a number of instances, the staff was able to help teens work through difficulties they were experiencing in relation to family, friends, school. Specific help was given to some individuals in getting jobs.

-- Many teens were involved in creative activities that gave them a beginning sense of accomplishment.

As might be expected, some of the efforts of project staff were not entirely successful. They were not able to establish a successful relationship with all the teens that they tried to reach. Some teens remained untouched (primarily older youths - 18 - 22 - and those teens who were identified by their peers as gang members).

Other shortcomings were:

-- The failure on some occasions by workers to recognize that it would have been more appropriate for staff to refer a teen to a Federation affiliate then to continue working with the youths on their own.

-- Failure to involve some parents who might have assisted in achieving project objectives for some youths.

Case examples of the Summer Outreach program can be found in the appendix.
V. DEVELOPMENT OF A RESPONSE CENTER

After the experience of the summer, the Professional and Lay Committees presented to the Federation, a proposal which established a store front drop-in center for teens. The center was not to be a game room-lounge type facility but rather a facility geared at doing problem solving.

The drop-in center became known as the Response Center and began operation in January, 1972. The purpose of the center was to create a facility which would deal with the multitude of adolescent crises. In operation, the Response Center sees teens on a short range crisis intervention basis with the ultimate goal being that of referral to the appropriate community agency where anything other than crisis intervention or short term counseling is called for.

The concept of staff team remains crucial to the project. The professional staff are from each Federation agency. They not only serve as liaison between the project and their agencies, but also facilitate referrals to their agencies. As the project entered this new phase, Mount Sinai Hospital joined the project adding a doctor to the team of professionals staffing the Response Center. In addition they made available in-patient short term care and laboratory facilities for V.D., drug and pregnancy testing.

As has been the case with other aspects of the services of the Drug Response Program, the Response Center maintains a low (almost non-existent) press profile. Word about the project is transmitted to the teen community through the Outreach workers. They distribute cards which outline the services provided.
Every teen using the service sees the team that is on duty for that evening -- i.e., prior to seeing the doctor, intake is done by the social worker on duty. The same worker then stays with the case until termination or referral is effected. Staff members also draw on each other's specialities -- i.e., the doctor including the social worker in a conference with a teen if the doctor feels it will be helpful to the teen. The Response Center pushes for as much face-to-face contact as possible and, as a result, no results (medical, laboratory, projective tests) are given to the client over the phone.

Interviews are open-ended and allow the teen to focus on areas such as family, school, peers, drugs, sex and whatever he feels is important. These interviews will be followed up with the same staff in both three month and six months. They will give staff important data on both the community and teens they serve.

POLICIES FOR THE RESPONSE CENTER

1. Services should meet the needs of the teen in crisis. This may include Veneral Disease testing, pregnancy testing or anything else which the teen defines as a crisis. The Drug Response Program would not disseminate contraceptives but should refer the client to an appropriate medical service which can meet those needs.

2. That the program philosophy should support parental involvement. However, the involvement of parents is not a prerequisite; its pertinence is up to the discretion and professional judgment of the worker.

3. That for the general services of the Drug
Response Program there should be no fee. However, where a specific or specialized service is provided, such as laboratory testing, vocational testing, or family counseling, a fee should be assessed. The inability to pay such a fee would not be a deterrent to the delivery of a service.

4. The primary objective of the Drug Response Program should be to provide its service to persons under twenty years of age (basically the age span is from junior high through junior college). When service is denied, clients should be referred to other appropriate agencies. Only the Project Coordinator may authorize exceptions, on an individual - case basis. This becomes an issue in the project's attempt to serve the younger teen and the fear that older youth would decrease the comfort and thus the usage by the younger teens.
WORK WITH THE COMMUNITY

In addition to the Response Center, other attempts are being made at reaching the teen and adult communities. The project utilized its contacts at both local high schools and Jewish Day schools to establish in-school problem solving groups. At the same time, efforts were made to establish contact with adults in the community. This was done not only through various speaking engagements by proper staff before adult groups, but also through local Parent-Teacher-Associations and education councils to develop small and informal parent discussion groups. The focus of these groups is not to present experts, but rather to help provide enough support so that the parents feel comfortable sharing both positive and negative experiences they are having with their children, and together seeking solutions. Project staff have also assisted in faculty education and in helping educators and counselors understand the referral process.

The Response Center has experienced substantial growth and meaningful participation in meeting human needs since its inception in 1971.

Evaluation of the project is now taking place and a new allocation of funds is expected to allow the continuation of the project.
VI. APPENDIX

I. Case Examples: Summer Outreach - 1971
II. Case Examples: Response Center - January 1972
III. Budget
I. CASE EXAMPLES: SUMMER OUTREACH

Illustrations of Direct Work with Problems Involving Drug Use

A. Crisis Intervention

On a number of occasions the Outreach staff directly intervened to help young people in critical situations brought about by drug use:

-- A boy stoned on marihuana, put his fist through three windows in a fit of anger. The staff worker went with the boy to the emergency room of a hospital where he received immediate treatment. After discussing with the boy some of the events that preceded the window smashing and the need for him to develop a less harmful method of coping with such events in the future, the staff worker went with the boy to his home and helped explain to his parents what had happened.

-- While in a drugstore, a staff worker overheard two youths talking about wanting to withdraw from methadone and barbiturates. The worker arranged for referral to an agency which would admit them for detoxification.

-- In a third situation, a group of teens were freaked out on LSD. Two staff workers spent the evening talking with them and trying to allay their fears of developing paranoia and losing control. On the following evening, after the immediate crisis had passed, staff discussed the significance of the experience with the youths directly involved, as well as with some others who had walked by. The youths were able to recount their fears more calmly and also began to question whether it was worth it.

-- Three youths, who themselves were stoned, approached a staff worker and asked him to help a friend who was having a bad experience on LSD. The worker talked to the fourth boy and tried to allay his fear that he was going to die. Since the boy continued to complain of severe stomach pain, the worker went with him to a hospital, where he was treated and brought down from the drug.
-- A 15-year old girl who had sold some drugs and had made heavy use of amphetamines and psychedelic drugs was at first considered unreachable by the project staff; she mocked their efforts to relate to her. Her resistance disappeared after she began talking with some of the staff. Her interest was stimulated, and she later attended one of the rap sessions held at the office. This led to her forming a relationship with one of the workers, which led her to realize that she wanted help. She then accepted the suggestion of seeing a worker at Jewish Family Service. The girl contacted Jewish Family Service which was in the process of arranging for her to be hospitalized for drug withdrawal treatment.

B. Chemical Drug Analysis

-- On one occasion, staff arranged for chemical analysis of a widely sold drug about which several teens had complained to the staff. The chemical analysis showed that the pill was largely horse tranquilizer. The spread of this report led to greatly reduced sales of the pill.

C. Discussion of Problems Surrounding Drug Abuse

-- A girl worker mentioned to a young man that she would sometimes like to talk with him when he was not under the influence of drugs. The boy's response was that he was happy only when he was high and that he did not like himself when he was straight. The worker commented that getting high can also be boring, that more than a simple quest for happiness was involved in being always stoned. This seemed to come as a revelation to the boy, who thoughtfully pondered the meaning of what he had just been told.

-- One girl who had used a wide variety of drugs (marihuana, amphetamines, and hallucinogens) had been seen individually for several weeks by one of the staff members. Although she stopped using amphetamines, her progress was slow. It was decided at a staff consultation that the girl was in need of psychiatric help. However, when the staff worker later told the girl she might need more help than the worker could provide, and that they should consider other arrangements, the girl
walked out of the office.

D. Illustrations of Work Done on Problems Other Than Drugs

The Outreach staff encouraged the teens to air whatever concerns they wished to talk about whether or not related to drug problems:

--Staff discussed with a young man possible agency services that might be used to help his girlfriend deal with what she thought was her pregnancy, but which turned out to be another medical problem.

--A girl who was very upset by continuing discord with her parents was encouraged by staff to let her parents know how she felt. The girl reported back later that although she was shaking the whole time, she was able to talk about her feelings with her parents, and things were now better for her.

(Case examples, courtesy of Federation Council)
II. CASE EXAMPLES: RESPONSE CENTER

1. A 16-year-old high school junior came into the Response Center for counseling and help with controlling his anger. What evolved was a story of a mother and father preparing for divorce and putting the adolescent son in a position of making a decision which he felt incapable of making. His own anger about having to make a decision around with whom he would live, both overwhelmed and frightened him. The teen was given a few sessions to ventilate his feelings and the door was left open for him to return anytime he needed to talk. He called back to say he was more together.

2. A 17-year-old high school senior came in for a medical visit to be checked for Gonorrhea. The tests came back positive and in the process of being treated, he brought to the Center's attention seven other males who potentially had developed the infection from the same female, a senior at the same high school.

3. A 15-year-old high school sophomore, who established a very deep relationship with Outreach workers in the summer, came into the Response Center to discuss her feelings of depression and drug use. The reason -- her mother's recent hospitalization for depression. She was seen on a weekly basis.

4. A 17-year-old male and female were referred to the Center by a group worker at a local high school -- concern, pregnancy. Intake was done with both the male and female -- explaining the range of services provided. The girl saw the doctor to have the necessary tests. The tests returned positive and were interpreted by both the intake worker, who saw them originally, and the doctor. All possible alternatives were discussed with them -- keeping the child, placing the child up for adoption, living at home, moving out of the home, and abortion. The couple held tight to their desire to abort the pregnancy. Much work was done with the couple to help them involve the girl's parents. This was done and the girl was taken by the mother to a private physician who arranged an abortion. The boy calls the Center to say that the girl's father will not allow him in the
house. The worker picks up with both the boy's father and the girl's parents and helps them deal with concerns that they have about the couple continuing to see each other. The four parents are finally able to meet with the couple and to share with them their own feelings of frustration and help the couple to do some talking about their future.

5. A 17-year-old boy came into the Center in a psychotic state, having taken STP (a very strong chemical hallucinogen). He was seen by both the intake staff and the doctor and hospitalization is recommended. The worker contacts the parents and the hospital and plans were made jointly before admitting the boy to the hospital.

(Case examples courtesy of Jewish Federation Council)
III. BUDGET - DRUG RESPONSE PROJECT

EXPENSES

1. STAFF (Professional) $50,305.00
   Includes Project Coordinator, secretary, plus 60 hours professional repayments (4 workers at 15 hours each)

2. PART-TIME STAFF (Outreach, support) 12,730.00

3. OFFICE EXPENSES 6,000.00

4. CAPITOL EQUIPMENT 2,000.00

5. OFFICE SUPPLIES 2,016.00

6. PROGRAM SUPPLIES 1,505.00

7. ADMINISTRATIVE COSTS 1,553.00

8. MEDICAL UNIT EXPENSES 10,400.00
   Doctor and nurse
   Laboratory expenses 2,080.00
   Equipment and supplies 500.00

TOTAL EXPENSE $89,089.00
INCOME

1. JEWISH FEDERATION COUNCIL $56,109.00
2. JEWISH CHILDREN'S BUREAU 10,000.00
3. NATIONAL COUNCIL OF JEWISH WOMEN 10,000.00
4. MOUNT SINAI HOSPITAL 12,980.00

TOTAL INCOME $89,089.00

The above total does not include:

1. Administrative costs to Jewish Community Centers for administering the project.

2. Ongoing consultation time by staff of five Federation affiliates.

(Budget figures courtesy of Jewish Federation Council)