# An Approach to the Treatment of Children in Group Residences*

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## Introduction

THIS article will describe the setting of a residential program, its purposes and goals, the major components of the treatment program and the roles of key personnel, and it will conclude with a report of findings from a recently concluded research study about the effectiveness of the program.

## The Setting

This program consists of four group residences for Jewish children from age 12-18, three for boys, one for girls. In descending order of frequency the dominant admission diagnoses are personality disorders, schizophrenia and adjustment reactions of childhood. The residences are 7 to 8 bedroom homes in good middle-class, stable residential neighborhoods. The homes are well furnished and maintained. The child care staff consists of three persons in each residence, each person working an eight-hour shift. The professional staff consists of a female director who is an MSW social worker; two caseworkers, one male, one female, whose caseloads consist of 14-15 children; a female child psychiatrist who is with the agency 26 hours a week and gives about 50 percent of her time to the residence program for individual psychotherapy and consultation to the staff; a Ph.D. level male clinical psychologist who does comprehensive psychodiagnostic testing prior to admission, retesting from time to time, and psychotherapy; an educational psychologist who administers a battery of achievement tests prior to or at admission, to determine grade level performance in school subjects as a basis for developing remedial help; approximately 100 volunteers, many of whom have been with this program for the past ten years functioning as tutors and recreational aides, taking the children shopping; teaching activities that develop personal skills and social competence such as typing, sewing, grooming, conversational French and gourmet cooking; leading a book discussion club; conducting a religious program, and so forth. Most of the children attend public school. Six to eight children attend a special class for students of junior high school age. Among the resources is a private psychiatric hospital that is freely available to agency children who have temporary breakdowns, become suicidal, and so on.

Since 1959 there have been only two directors. The child psychiatrist has been with the program since 1960, the present caseworker since 1965, and in each of the four residences one child care worker has been with the agency 7-16 years. Thus, there has been a great deal of stability in the key positions.

* Presented at the Annual Meeting of the National Conference of Jewish Communal Service, Grossinger, New York, June 10, 1975.





## Goals of the Residence Program

The treatment orientation and the living milieu of the residence are guided by a point of view clearly articulated in articles published by the agency.[1] The goal is to help children develop social competence. Among other reasons, this goal was adopted because the children can rarely count on any significant support from their families in the future, and they have to be prepared to make a complete post-residence adjustment of their own. This goal is achieved through a treatment approach which combines the activities that go into raising children and the activities that provide clinical treatment done with a passionate concern for each child. During the time the child is in our care, we are in loco parentis. This parenting role means that the agency bears responsibility for the developmental needs of its children and therefore does for them everything that a responsible parent would do. This involves a humaneness and humanity, 24 hours a day, usually under discouraging conditions as regards the character and visible progress of the children, and in the face of great personal provocation from the children. The nights spent by the director and caseworker in searching for runaways, the nights' sleep lost by the director, caseworkers and child care staff, sitting up with a child in acute distress, the enormous amount of personal time given up by the professionals and child care staff, as parents do, when the children needed them, for celebrations such as birthday parties and school graduations, and for crises in court, in school with their own families, the caring which accompanied the confrontations and the scoldings—these are things which can be recounted but which do not show in charts and graphs and will, I suspect, remain somewhat academic and abstract except to those who have given a significant portion of their professional career to helping such children in residential programs.

This parenting responsibility coincides with the agency's clinical view that the correct treatment approach to such troubled children rests on intensive supports to their day-to-day development, e.g., disturbed children need to find much of their growth through improved experiences in living. Within this view, the major purpose of "treatment" in the sense of casework counseling or psychotherapy is to enable children to cope more effectively with their experiences. The dominant service is improved total living, as contrasted with modalities that deal with segments of the child's life such as his psychological transactions.

The objective of enabling children to cope with their experiences is advanced to the extent that provisions are made for them to become actively engaged in living. Thus, the agency provides the structures and the growth experiences that all children need, as well as all the professional services that disturbed children need. Most of the services (or funds to purchase outside services) must be supplied by the agency, for one cannot expect outside sources to supply tutors for children with learning problems, psychotherapy, or funds for enriching ego-building experiences (camping, music lessons, dancing lessons, art lessons, hobbies)—anything and everything that contribute to achieving mastery over oneself and over one's experiences and that in turn

[1] Joseph L. Taylor, "The Child Welfare Agency as the Extended Family," *Child Welfare*, Volume LI, No. 2 (1972), pp. 74-83.

Harriet Goldstein, "The Role of a Director in a Group Home," *Child Welfare*, Volume XLV, No. 5 (1966), pp. 501-508.

contribute to improved self-image. Leon Eisenberg stated it this way:[2]

> The sense of self-worth may have its foundation in a feeling of acceptance within the family group, but it is little more than self-deception if it is not based upon mastery of skills and values which enable one to be a contributing member of the group. Mastery is acquired in the schools, in the churches, upon playgrounds wherever constructive interaction occurs.

The parenting role requires also that adults have a point of view about rearing children. And to grow up with a sense of purpose, organization and efficiency in dealing with life, children require adults to have a point of view. Thus, we uphold values and standards of right and wrong and have expectations of children. Personality, like a muscle, needs exercise to develop. That is the function of values and standards. We hold children responsible for their behavior. They do not escape responsibility on the grounds of being emotionally disturbed or having been mistreated by their parents. We pay attention to how children dress, to their manners, how often they take a bath, how much time they spend on homework. The parenting role includes knowing who the child's friends are, where he is, with whom and what he does. It encompasses concern with education throughout the school years, including planning for the child's vocational goal and assisting him financially through trade training or college. It means providing the growth-producing and ego-building experiences noted above. This ego-directed help assumes that improving a child's performance, such as acquiring skills, be it in swimming or in school, can produce improvement in attitudes and relationships.

If one proposes to help through experiences in living, the principal arenas are the places where the child does his living. The three major areas are the life within the residence, school and the life in the community. To illustrate what all of this means in relation to schooling:[3]

> *Attitudes of staff.* An important input is the attitude of agency personnel toward the education of emotionally disturbed children. Staff need to be somewhat tough-minded in their expectations of the child. True, the level of expectation must be individualized for each child and may need to be flexible in relation to his emotional-cognitive-motor development. True, a disturbed child needs psychotherapeutic aids to help him make maximum use of education. But these aids should be given in the context of firm expectations that the child will apply himself to the degree that can realistically be expected of him. Everybody has to think this way—the director, the caseworkers, the child care staff, the psychotherapist—and this matter of attitudes should be part of in-service training.
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> Treatment for some children requires that the paths of evasion and denial of their school problems be blocked. Thus, the director goes to the group residence at 7 a.m. to rout a reluctant student out of bed if the child-care staff cannot get him out unaided, drives him to school for days or weeks if necessary to thwart truancy, telephones the school counselor by prearrangement later in the morning to verify that the child is still in classes, goes looking for him in his favorite haunts if he is reported missing, and escorts him back to school.
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> *Study time.* In the four AJC residences there is a structured study time, Mondays through Thursdays from 6:30-8:30 p.m. No radio or TV is permitted, and those children who cannot be trusted to use the time constructively if left alone in their rooms are required to spend it under observation of the child-care staff.

## The Roles of Staff Members

The examination of *role* is a good way of describing what actually happens in the program. Inevitably there is some overlap in role performance,

[2]Leon Eisenberg, "The Challenge of Child Welfare," *Child Welfare*, Volume XXXIX, No. 1 (1960), pp. 11-18.

[3]Joseph L. Taylor, "The Remedial Education of Children in Foster Care," *Child Welfare*, Volume LII, No. 2 (February 1973), pp. 123-128





but there are distinctive and unique elements in each role. One should note, however, that the unavoidable overlap serves a constructive purpose in that the child hears the same thing from the key agency people on the important issues in his life.

In implementing the treatment program, each member of the staff has a somewhat different role. This article discusses only some aspects of these roles: for the director, her role as the chief and ultimate *authority*, for this is what distinguishes her the most from the other staff members. Goldstein defines that aspect of the director's role.[4]

> Upon entering the residence, the girls invariably bring feelings of massive anger and hostility toward adults in general and mothers in particular. Denial and projection are the everyday defenses. The girls convince themselves that their parents did not want them placed, that the agency ensnared them into the residence. Since the director is seen at first as the "warden in charge," the hostility is directed toward her. Long-range treatment requires that the hostility be released, denial be understood, and old patterns modified.
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> As an important part of this treatment process, limits, discipline and control must be maintained. Usually, these girls are frightened of their own impulses, but nonetheless need constantly to test them. Their relief is generally enormous, although their invectives are loud, when they are held to a "no." By plan, the director attempts to fill the superego role, since she is most removed from the direct-treatment approach.
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> Although authority and decision are vested in the housemothers and the caseworker, there are many points of final authority resting with the director. Again, the fears are projected toward her and once more must be understood. The director carries many roles that are, in fact, a recreation of parenting responsibilities. So it is that the director may assume many images in the eyes of the youngster. At times, she is the mother, the sister, or the relative; she is all giving, she is withholding; she symbolizes many different relationships to the girls. All the transference phenomena must be understood, yet frequently handled without direct intervention . . . The relationship with the director may be an important unifying force in the lives of the girls, as she has more overall involvement with all aspects of their lives than have any of the caretaking staff, who also carry parenting role responsibilities.

The *caseworker* functions on a different level. The following is the way one of the current caseworkers in the programs describes what he does.

> My duties as caseworker for the boys' residence program entail attention to the total functioning of each individual; that being health, school progress, social functioning, and emotional growth. My primary contact with the boys is a weekly casework interview. However, I may see them in a variety of other situations such as taking them to medical appointments. In terms of counseling, my approach with an individual boy will vary with the problems that he brings into placement, and the manner in which he copes with these problems. It may involve the provision of support and encouragement to a boy attempting to engage in productive behavior, or assisting an individual in dealing with family related conflicts which are inhibiting his growth and functioning. A very common element in my work with the boys, however, is a very direct, reality-oriented approach in which I attempt to enable a boy to take himself seriously and begin to view himself with some degree of objectivity. I try to do this by providing a relationship in which a boy, often for the first time, may be taken seriously by an adult and viewed as a worthwhile individual. Another important element in this approach is for a boy to understand that he does have a choice, in terms of his behavior, and to continually "spell out" for him what the consequences of various choices may be. My aim in this approach is to foster a viable decision-making process in the child, and to encourage him to begin assuming responsibility for his behavior.
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> In addition to direct contact with the children, I act as the liaison between the various schools which the boys attend and the agency. I have frequent contact with school personnel both in supplying information to the school which may assist them in working with our children, and in ob-

[4]Goldstein op. cit.

taining feedback which may assist staff in dealing with a boy's school related difficulties. I also work with each boy's family on an ongoing basis, keeping the family aware of the child's progress and helping the family to deal more effectively with problems that might deter the child's re-entry into the family situation.

Finally, I am responsible for the provision of auxiliary services for the child when indicated. These services would include tutoring, psychotherapy, or the provision of a case aide. While such a service is being provided I would have regular contact with the individual providing the service, and assist them in any way possible.

To quote from a former article on the role of the child psychiatrist:

> She says she provides a kind of psychotherapy different from that in clinics or in offices. Psychiatric treatment at AJC, she holds, requires a person with a viewpoint, because AJC children need to find direction. The formlessness and disorder from which they come have failed to supply structures to connect them constructively with ideas and activities. To live successfully, one must put life together with a point of view. In Freud's day, in the tightly structured society of Vienna, children knew what they were expected to do. Not today. Even in stable families children have a hard time knowing what to do. Think how it must be for children who have experienced gross deprivations and have gross needs. Their unconscious life may be problem-laden, but the unconscious is not their main problem. Their main problem is to make sense out of a world that has treated them cruelly. If they have a point of view, it is of the "live for yourself, do your own thing, give me happiness" school, characteristic of children who are resentful and sorry for themselves.
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> The AJC psychiatrist helps children know what they are supposed to do. She pictures happiness as the byproduct of a useful life. She does not let them get stuck in the past. She believes that if one missed out on some aspects of childhood, it is still possible to go on to the next phase, achieve some success in the here and now. Life is still interesting, and children can make choices about what will become of them.[5]

Our director of residences has described the role of child-care staff as follows:

> Professional parenting is the heart of the houseparents task, and as such they are asked to meet children's basic needs of food, clothing, shelter, school, work, religion, health; to create an appropriate group living environment; to motivate the children to develop good personal appearance, habits and attitudes toward self and others; to influence the children by example; to set limits appropriately and to use authority wisely; and to identify and handle emergencies. They must respond to "opportunity events" offering crucial opportunities to contribute to the development of the children in their care with spontaneity and common sense. In addition to supervising the day-to-day routines, the child care workers are asked to carry a variety of roles such as planners, monitors, parents, therapists, models, educators, advocates. As the primary caring person they are not only asked to perform the function of parents in a family situation, but are expected to contribute to the rehabilitation process as well.[6]

The role of volunteers was also described in the article on the extended family:

The manpower for the personal service required to grapple with the problems of these children is huge. Volunteers are helpful in meeting these service needs, and add another dimension to the concept of the social agency as the extended family. Case aide volunteers are built systematically into all the residences as virtually a part of staff. They take children shopping for clothes; serve as big brothers, big sisters, and recreational aides, take children to the theater, concerts, on outings and on excursions; invite children to their homes for dinner; take them to Friday night synagogue services. These contacts with volunteers let children see how other people live, bring them somewhat into the mainstream of

[5] "The Remedial Education of Children in Foster Care", op. cit.

[6] "The Child Welfare Agency as the Extended Family," op. cit.





community life and provide experiences that broaden them culturally. Children need ordinary experiences with everyday people, as well as relationships and services from professionals. This compensates a little for the absence of the child's kin group and enriches his life with some of the warmth, color and sense of belonging that come from the extended family.

Developmental needs of the growing child also require attention to religious training and preparation for work. Religious education provides additional opportunity for transmitting values, building identity and exposing children to kind and caring people. Volunteers who have a contemporary point of view about religion are effective in leading discussion groups of adolescent children.

Vocational guidance is indicated for all adolescents. Volunteer jobs, as well as paid jobs, promote responsible attitudes and enhance feelings of self-worth. Vocational planning is incomplete unless the agency takes responsibility for obtaining or providing money for post-high school education, trade training or college. There are many scholarship resources in large cities. And volunteers and board members who are brought close to the children by virtue of their roles as paraprofessionals are more easily interested in giving financial help to them.[7]

### The Milieu and the Community

It is not possible to develop here our concept of milieu, but it is of interest to note that in a research study the girls rated the peer group as among the most meaningful factors in the program. Birthdays, graduations, holidays, confirmations, etc. are all observed with parties and other celebrations, and apart from these highlights, much thought and attention are given to the interaction of the group through formal and informal group meetings and group activities.

As for the community, the girls are encouraged and helped to use all available resources—leisure time agencies, theater, concerts, libraries, agencies as a setting for doing volunteer work and such. Long before the study of Bellefaire, done by Allerhand, we felt that an internally-oriented approach to the child was insufficient and that the community must be brought into our operation, making social demands on the child through exposure to community experiences.

### The Jewish Component

I can only refer briefly here to the Jewish component in our program Its purpose is to help build identity and it is presented to the children forthrightly as part of their way of living. It includes kashruth, sabbath rituals and related services such as *havdalah*, Hebrew school, holiday observance, discussion groups on Israel—all with the benefit of guidance from a consultant rabbi who is employed by the agency. This aspect of the program has already been described previously.[8]

### The Research

We just completed a follow-up study of all girls who had been living in our residential unit for girls between the years 1959-1969. Of 30 girls, 24 were located and agreed to participate. This research was under the direction of Dr. Jerome L. Singer, Professor of Clinical Psychology, Yale University. It is the most comprehensive study yet made on the outcome of residential treatment.

[7] Ibid.

[8] Harriet Goldstein, "What is Jewish About Jewish Child Care?" *Journal of Jewish Communal Service*, Volume XLIX, No. 4 (June 1973) pp. 309-312.

There is no way of summarizing adequately the nature and findings of this research. A monograph is in preparation. For our purposes today I can say that a team of six case judges made four different ratings.

1. The first ratings were those made on the basis of data that was available about the girls at the time of admission, consisting in each instance of a complete social history, direct examination by the agency child psychiatrist, examination by the agency clinical psychologist (Wechsler-Bellevue, Rorschach, Thematic Apperceptive and other tests) and examination by the agency educational psychologist.

2 The second ratings, made on the basis of the same intake data, predicted the adjustment of the girls two years later if they had no treatment of any kind.

3. The third ratings predicted the adjustment of the girls if they had treatment, at a point two years after the completion of treatment. The case judges were told to assume that this hypothetical treatment involved 2-3 years of therapeutic intervention in a residential treatment setting with continuous social casework and some opportunity for psychotherapy. In making prognoses, judges were asked also to assess disruptive or self-defeating behavior, social, cognitive and educational status, family background and the girls' likely situational prospects for the future.

4. The final ratings were those made on the basis of the follow-up interviews. The interviews covered the same five areas of adjustment. In addition the judges considered information about the girls' personal and social adjustment as obtained in a detailed questionnaire.

Ratings number 2 and 3 were attempts to substitute for a control group.

Changes were measured in five areas: School and Job Adequacy; Adjustment to Living Situation; Peer Relationships, Female; Peer Relationships, Male; Attitudes Toward Self. Statistically, the amount of improvement exhibited between actual outcome and admissions ratings, and actual outcome and the predicted outcome ratings was significant. Thus, the research evidence points to a program that achieved its intended objectives.



# The Jewish Family Agency and the Problem of Poverty Among Jews*

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*"Once an agency—and a Federation—makes a decision to embark on a financial assistance program that doesn't only handle emergency needs but will provide regular monthly or periodic grants to financially strapped families, then they can expect that the costs will rise steadily over the years."*

FOR TOO long we have lived with the myths that (a) there are no Jewish poor; (b) if they do exist their numbers are so small as to be insignificant and not important enough to be considered as a serious problem; (c) the poor or near-poor are concentrated almost exclusively among the aged; (d) the Jews "take care of their own" and therefore have solved this problem to the satisfaction of the givers and receivers of assistance.

Unfortunately none of these guilt-relieving myths are true. There are Jews who are poor; in significant numbers; not only among the aged but in younger and middle-aged families with children and we have not as Jewish communities "taken care of our own," to any marked degree. However, we are beginning to wake up to the problem and in certain cities community action has begun and some help is being given. But there is still general acceptance of the above "myths," and too little direct financial support to the poor and near-poor.

Part of the problem is the confusion around the definition of poverty. For too long we have been lulled into accepting the definitions of poverty put out by the state and local public assistance agencies or the low standards set by the Department of Health, Education & Welfare for SSI or Social Security grants or for food stamp eligibility as measures of what people really need to live on. By these standards a typical family of four is expected to live on $3,500-6,000 (depending on which agency sets the standard) whereas a recent study by the U.S. Labor Department, Bureau of Labor Statistics, calculated the cost for a family of four living on the low cost "austerity" budget as $9,200 a year. Note that these lower budget families are assumed to live in inexpensive rental housing, use public transportation or drive a used car and do most of their own cooking and washing. (Families of four living on a "moderate" cost budget require $14,300 to maintain this "moderate" standard of living.)

The B.L.S. statistics on minimum budget costs averaged $323.33 a month for a couple and around $200 for a single person living in the New York City area in September, 1973. Since then the cost-of-living has gone up at least 20%, with even larger increases for the poor and moderate income families in food, rent and service items. Yet we know that SSI grants a maximum of around $170 for a single person and $235 for a couple (though permitting maximum incomes of $235 for single working aged, blind or disabled, or up to $300 a month when either of the couple is working). Only those fortunate few who are living in housing under H.U.D. subsidies, are participants in hot lunch programs, get food stamps, or otherwise get their budgets subsidized, can manage to survive

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