

areas of the world, a liberally worded convention, providing maximum protection to bona fide asylum seekers, is therefore of utmost importance.

A most far-reaching proposal is that a "right to asylum", in clearly defined circumstances and subject to a number of safeguards for the States of refuge, should now be recognized in international law.

Involved is one of the most important principles of international migration, that of "non-refoulement," namely, that no person seeking asylum should be returned to a country where he is in fear of persecution on grounds of race, religion or politics. Although there has been general recognition of this principle, nowhere has it been given binding legal force. Hence the need for a strong unequivocal statement of the right to asylum and the right to "non-refoulement."

In stressing the principle of social justice in international migration, we become increasingly aware that we can no longer exist as an entity within an hermetically-sealed compartment. Today, more than ever, "no man is an island." Life is with the other man. To understand him, to live with him peaceably, to develop a wholesome interrelationship based upon mutual concern and regard, he must know us, and we must know him as the human being behind the statistic of migrants, with hopes, dreams, hurts, aspirations, needs and other unique components.

Happily, there has been increasing recognition of the new ethnicity and of the contributions which ethnic groups, arriving with various waves of international migration in democratic societies, bring to receiving countries. Among other things, the interaction

of their cultural patterns with those of the indigenous society tends to develop an enriched and reinvigorated cultural fabric and marks a step towards an interdependent world based upon respect for human rights.

International migration, based upon freedom of choice of one's country of residence, to be included among guarantees for the human, political and civil rights of man, will reflect the measure of recognition of the solidarity of the human race and the compelling obligations of human brotherhood. It will proclaim our resolve to reintegrate our often broken and fragmentized humanity by an increased devotion to the ideals of mutual assistance, of all-embracing sympathy, and of justice which recognize no frontiers of race, or creed or class.

In a world characterized by conscious awareness of the need and the will to bring into being national interdependence, the causes of international migration will be other than those caused by man's inhumanity to man. Among the consequences of such migration will be the broadening of man's horizons and the enrichment of the fabric of life both for the migrants and their hosts.

Among other things we must help interpret and explain not only the need for but the reciprocal benefits of such movements to our communities and countries and civil and political leaders. By devising ways to facilitate international migration, we shall have acted responsibly and made some slight contribution to the development of such a world. But we must remain mindful of the fact that whatever we might do—and we must do much to further it—we are only at the beginning in our continuing quest.

Contemporary Relevance of Residential Treatment*

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...Placement, in general, and particularly placement under voluntary sectarian auspices is under widespread attack...

A generation ago, when I began my career in residential treatment, institutional programs for children were considered anachronistic by some, since everyone knew "foster homes were better." The latest word is that preventive services, community based, are about to make all child placement obsolete. Yet the New York State Board of Social Welfare, in a recent survey of children's needs, shows an increased need for residential treatment centers, but no construction under way to meet this need, with one exception. On its large campus in Pleasantville, the Jewish Child Care Association of New York at this moment is in the midst of building an institutional facility for residential treatment of 96 children, to be housed in 8 units.

Jewish Commitment

Since Moses exhorted his people to diligently teach their children the ways of God, the nurture and education of children has been a prime Jewish value. So, you might tell me, Moses referred to Jewish teaching of Jewish children, and the new construction at Pleasantville is for all children in need. Then I must quote the fuller context of our conference meeting theme this year. In the words of Rabbi Hillel: "If I am not for myself, who will be for me? And if I am only for myself, what am I? And if not now, when?"

I shall try to present in perspective just one current issue of child care and treatment, without assuming that the newest is the best, and with the conviction that if there are standards and values at all, they are worth preserving and adapting to current needs.

From this perspective, I wish to illustrate my theme of the contemporary relevance of residential treatment, both for children and for Jewish commitment.

Asylum an Essential for Treatment

Residential treatment serves today, as in the past, as an asylum for children who need asylum. What does that old fashioned word mean? It means the Levitical cities reserved in biblical days for the escape of those guilty of involuntary manslaughter; the children's hostels established by Pestalozzi; the orphan homes; the shelter; the commune. It means the attempts civilization has made and will have to make to protect the outcast, the vulnerable, those who are rejected, and those who feel rejected. Residential treatment has no meaning or relevance for children unless it provides bodily protection and care, freedom from fear and abuse. Is this relevant in a society where a leading cause of child mortality is physical abuse?

But is this "treatment"—simply to protect children? It is not the whole of treatment, but certainly its foundation. Volumes could be written about the art of protecting damaged and vulnerable children from themselves, their peers, and from adults, including their parents.

Some children seek out punishment; lend themselves as scapegoats to their peers; experiment with self-mutilation; medicate themselves with alcohol and other drugs; run blindly into danger and especially to repeated hurt from rejecting or abusing parents. No single individual or professional discipline can discover, let alone treat, the child's symptoms of self-punishment. A multi-discipline effort, therefore, is basic to residential treatment. I

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recall a bright 12-year-old boy who had never learned to read. Having witnessed his mother's suicide at a tender age, illiteracy was his way of protecting himself from further knowledge about himself and his family. Although the cooperative endeavors of psychiatrist and remedial educator were prominent in this case, their work would not have been successful without that of many others who structured a different little world from the one this child had known—a new world in which nurture and growth could be achieved without fear.

Children need protection from peers, who can be very cruel. Where a delinquent sub-culture or a relentless pecking order becomes the major fact of group life, adult attempts at treatment obviously have little meaning. More than by any other factor, the quality of institutional life or group care is determined by the way children treat one another. The major task of all staff, therefore, is enabling children to live together in peace. This requires accepting outlets for aggression and frustration and opportunities for learning, growth, and achievement of self-esteem. All this helps to lead to an acceptance of difference or the assurance that the unique or even provocative aspects of an individual are no personal threat, but can in fact be a source of fascination. The behavior, race, language, religion, home background of one's room mate or classmate, however different, are not to be feared.

Essentials of Therapeutic Community

I have found that the religious and cultural diversity of children offers a special opportunity to communicate this concept of respect for difference and so transform fear and hatred of one's peers to creative group living. Cultural pluralism, rather than a melting pot concept of group life, enables each child to see himself as a lawful heir of a great religious or cultural heritage, whose values are esteemed by caring adults, including those adults of a different heritage. Opportunities to demonstrate this concern range from programs of formal worship for each religious denomination to music and other activities.

Sometimes children need to be protected from adults, whether in their own family or in the treatment center. Treatment centers, whether near or far from home, large or small, can themselves become dangerous places for children where the strong victimize the weak. The easiest way for this to occur is to sever the connection between troubled children and caring adults. I am more than ever convinced that these children need the care and stewardship of individuals such as those who form the boards of our Jewish agencies, and those staff who translate the board's expression of Jewish communal purpose into islands of safety and compassion, known also as residential treatment centers. The repair work of the community must be visible to the children through laymen and staff who care for them. No impersonal or bureaucratic structure can communicate the vital concept of paternal and maternal concern. It is this concept, this close association of children, not only with their child care workers, but with their director, which prevents the true concept of asylum from deteriorating.

Administrators must find and train staff who can protect children from themselves and from peers, who can protect themselves from the children's intense provocations, and still be able to refrain from lashing out and continuing the vicious cycle of physical abuse which many children know and expect. We are looking for heroic staff, according to the definition of our fathers: "Who is a hero? He who conquers his impulses." How does one develop such heroism among child care staff, who are most exposed to the children's aggressions and provocations? Mainly by recognizing the realities of child care responsibility and building a supportive structure to enable staff to meet these realities. Here, most critically, is where the institution must function as a community. Members of a community have to share responsibility and be available to help one another. Child care staff cannot be left alone at the front, but must have the support for 24 hours each day of supervisory, administrative, and medical personnel.

Child care experience must be available to clinical staff; the child's problems in living with adults and learning from them must be treated by the clinicians. This is not only expensive, but it is always hard to achieve interdisciplinary cooperation and coordination. Some in the field of residential treatment, particularly in Europe, have invested almost total responsibility in one discipline, that of the educator, who, single-handed, performs as child-care worker, recreation specialist, teacher, administrator, and therapist. I think this is too much to expect of any individual. But it does eliminate the inefficiency and frustration of trying to achieve a community of effort with different disciplines.

I am often struck by the similarities of ideal residential treatment and ideal community. That's why I prefer the term "therapeutic community" to "residential treatment center." "Treatment center" implies specialized activities administered by staff for children. "Therapeutic community" implies the responsibility of staff and children to help one another.

Communal Responsibility

Increasingly, I value this concept of mutual responsibility, especially as we hear more and more about rights. What rights do children have, for which adults are not responsible? Everyone believes in the right of troubled children to treatment. How many are ready to take up residence with troubled children? Let me go further and question the validity of our massive current emphasis on rights. What rights can any of us enjoy, which do not have to be delivered by other people? Ultimately, rights are only as good as the capacity of individuals and groups to deliver them. Our pursuit of rights coincides with a most flagrant flight from responsibility in high and low offices. In traditional Jewish jurisprudence, the term rights doesn't even exist. Its nearest Hebrew equivalent is *zechuyot*, meaning what one merits, or earns. But *mitzvot*, commandments, obligations, responsibilities, these abound, and for generations were the heart of a pervasive and binding legal system.

When staff have a feeling of community with one another, with their administrators, and with the children, they will not abuse children. When individuals or groups of staff or children feel isolated, unrecognized, without ties to one another, there will be abuse. Staff behavior, the quality of their relationships with one another, becomes the model for the children, and the quality of the children's relationships with one another is by far the most important element in their treatment.

I recall the admission of a severely impaired 9-year-old boy, who first came to visit the institution with his parents, but would not leave their car. I looked and found the boy curled up in fetal position on the back seat, completely removed, unresponsive to parents or to me. The child who was to show him around had meanwhile arrived and I explained the situation, indicating that we adults were going to my office, but if he wished, he might try, without coercion, to interest the newcomer in visiting, according to the custom of our "preplacement visit." In about 20 minutes, we returned and found the car empty and both boys at the children's canteen, talking with one another. This was the beginning of successful treatment for child and family.

What about the future of residential treatment? Placement, in general, and particularly placement under voluntary sectarian auspices, is under widespread attack. The Wilder-Sugarman legal action, initiated by the Civil Liberties Union and the Legal Aid Society, is supported in New York City by the National Association of Social Workers Chapter, the Citizen's Committee for children, and others. The defendants are the city child care structures including Jewish child care agencies. The New York Daily News alleges that the voluntary agencies perpetuate Fagin's treatment of Oliver Twist. But specifically in residential treatment, the practice of selective rather than random intake, the use of professional judgment about methods of admitting children—these and many other essentials are under attack by public officials and by social workers.

My response to these critics, alleging child

abuse under guise of child protection, is a question: What are your suggested remedies for children? Those who would destroy the voluntary sectarian effort have no alternatives under public or non-sectarian auspices, especially in the field of residential treatment. Those who offer adoption as a panacea do not know or care to know whether the children and families are psychologically or legally available for adoption. Neither do they care to know about the abuses and failures of adoption. Today's critics stand aloof and irresponsible—unresponsive even to basic facts and figures, but presume authority to prescribe the principles and practices of placement and treatment. Heaven save the children from these new protectors.

I have tried to point out that in residential treatment, children are protected to the extent that a community shares responsibility for them. My basic rule in administration is: no authority without responsibility. We live in a society which horrifyingly abrogates responsibility for its children; where the family, the greatest instrument for child protection evolved by our civilization, is under unprecedented assault, and in some segments, disintegrating. Now, another symptom of this horrible assault on children emerges: since the institutions for child protection, including the family, are imperfect, tear them down, regardless of the fact that there is nothing to take their place.

Would that the time, energy, and money invested in legal assaults on the child welfare system and attempts to develop legal adversary procedures for children within the system could be invested in creative and improved models of care and treatment. To enumerate some possibilities for preventing or modifying residential treatment, knowledge and experience indicate that skillful intake procedures,

day treatment programs, and post-placement services can prevent placement or re-placement. In appropriate cases residential treatment might be limited to weekdays or to weekends. Diagnostic centers can test the validity of a hypothesis concerning residential treatment, and can guide plans for children on the basis of experience in living with them.

One preventive approach deserves special emphasis: coordinated multi-discipline efforts within the community. I refer to coordinated services to families at risk of breakdown, from children's and family agencies, and from mental health, medical, educational, vocational, recreational and all other resources, public and voluntary, which could be used to sustain children within their damaged families and communities. The Jewish community, with its tradition of *tzedakah* and of accepting *mitzvot*, its Federations, and its experience with joint projects, could mount special efforts to extend even further the frontiers for care and healing of troubled children in their home communities. But let us be aware that for many children, the term "home community" is a myth. These children require protection from their hostile neighbors. Therefore, I do not expect preventive efforts to eliminate the need for children's asylums, under whatever name they might be known. I do expect these efforts to translate Jewish commitment into new forms of practice.

Jewish communal workers, lay and professional, face an unprecedented attack and an unprecedented opportunity to demonstrate in these times that they will care for Jewish children, according to the standards and traditions of Jewish families. As responsible citizens, we must also contribute, to the extent our resources permit, appropriate care, protection, and treatment to all children in need.

Group Counseling with Jewish Elderly*

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In group, Jewish elderly re-connect with Jewish reverence for age. They are helped to restructure roles, redefine purposes, and facilitate healing for each other.

Based on a strong commitment to the elderly, in the past year, the writer's agency served about 2400 Jewish aged persons. The current monthly caseload of 1100 represents 42 percent of total agency service. The central purpose of the department, "Services for Older Persons," is "to enable the elderly and their families to cope with personal and social problems related to aging in our society." Its core service is counseling with an underpinning of supportive services such as: planning for change in living arrangements, home-maker service, friendly visiting service, and so forth.

Counseling modalities include individual, conjoint, family, and group. The past year's developmental group counseling program for the elderly is a preferred modality for : 1) clients with problems of relationship based on inadequate social skills; 2) clients feeling isolated and alienated due to difficulties adjusting to loss and who can be enabled to modify their behavior by being exposed to others who share a similar problem; and 3) clients who need an on-going out-side-of-agency support system to reinforce their gains and the modification of their behavior resulting from counseling sessions.¹

Client Group Composition, Format and Value Position

Group members reside in their own homes in Northeast Philadelphia; a predominantly white, Jewish, middle-class neighborhood with convenient shopping and transportation. Northeast Philadelphia has become a

"suburb" within the city for Philadelphians fleeing from "changing" neighborhoods. Although most elderly Jews who have moved to the Northeast live in the densely populated older areas, those in the group reside in the more desirable newer neighborhoods and this may attest to their higher level of sophistication and to their better economic condition.

Most members come to once-weekly meetings by way of public transportation. The agency provides transportation for seven physically handicapped members. All are American citizens, fluent in English, with two or three European-born members in each group. Religious conviction ranges from non-committed to devoutly orthodox. Most have had little education beyond grade school or high school. The groups are "democratically" led; as Olmsted defines democratic leadership in *The Small Group* (1959). "Group discussion and decision are encouraged by the leader. He tries to outline the steps necessary to reach the group's goals and to suggest alternative approaches . . . He remains objective and 'fact minded' in his criticism and praise."² Consequently, the group tolerates individual differences. The members become "group-minded," seeking mutual approval rather than approval of the professional leader. Thus, right of choice and self determination is the client's and is not manipulated by the counselor.

Group Number 1 is composed of four women and two men. One of the men and one woman have marital problems, the others are widowed. All are dealing with loss of role identity. Group Number II is composed of three widows, two terminally ill married

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¹ Irvin Yalom; *The Theory and Practice of Group Psychotherapy*, New York, Basic Books, 1970.

² Michael Olmsted, *The Small Group*. New York: Random House, 1959 p. 37.