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**THE EDUCATIONAL THERAPEUTIC  
COMMUNITY MODEL FOR TREATING  
ADOLESCENT DRUG ADDICTS IN MALKISHUA  
AS A LEVER FOR CHANGE AND GROWTH  
AMONG DRUG ADDICTED YOUTH**

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## **The Research Rationale**

The present research addresses the educational therapeutic community model for treating adolescent drug addicts. It examines how the community is a lever for change and growth among detached delinquent youth who use drugs.

The research was conducted as a result of an increasing problem, that of drug use among Israeli youth.

A survey conducted among adolescents in Israel (Rahav et al., 2006) shows that there has been a significant rise among adolescents using various types of drugs. 15.8% report use of volatile substances (air conditioner gas, contact cement, gasoline, paint thinner, etc.). In the past year, in this field, a rise of 8.4% occurred relative to the previous survey. Approximately 25% report that they got drunk at least one time in the past year, and 19% report that at least one time in the last month they had at least five drinks within the space of a number of hours. 9.9% reported use of illegal drugs over the past year. Among youths at risk, these data are even more worrying. These worrying data cause insomnia among those who are supposed to consolidate a policy on the subject and offer solutions for optimal treatment.

Until the 1990s, the attitude towards youths using drugs was similar to any regular youth who committed a crime and had to be punished, based on the nature of the crime. In severe cases, youths were sent to locked dormitories - a closed framework with a rigid therapy program. In less difficult cases solutions were hostels within the community. There are differences of opinion among professionals regarding this type of solution. There are those who argue that in these institutes criminal subcultures develop and youths who join these are negatively influenced and their situation only deteriorates, i.e. "enter a small criminal and exit an adult criminal" (Clemmer, 1940, Polsky, 1962; Sykes, 1958). There is labeling in these institutes. In many cases there is detachment between the staff and the youths. Others disagree with this opinion (Garret, 1985; Glasser, 1972; Aichhorn, 1952; Makarenko, 1953) arguing that the studies that Clemmer based himself on are not precise, and the field must be tested in a different manner, i.e. examining the involvement of the educators and the atmosphere of the institute as a therapy tool, as there are a number of institutions in which occurrences are positive and significant, assisting the youths in accepting responsibility for their situations, and making a change. The difference of opinion regarding the effectiveness of the above models shows that there is a need to provide additional solutions, as there has been a rise in the number of adolescents using drugs.

The present dissertation presents the educational therapeutic community model as an additional and better option to treat detached, delinquent, drug addicted youths. This paper describes the process of establishing the therapeutic community and suiting it to the unique needs of juvenile delinquents in Israel. The educational therapeutic community model was applied and developed in Malkishua, as of 1995.

The research topic is, the Therapeutic Community Model as a Lever for Change and Growth.

This research examines the change processes that youths go through along a timeline of four stages: Stages A, B, C and Graduates.

The dimensions of change are examined from the viewpoints of the residents and how they perceive their change, evaluating the changes according to:

1. Motivation and personal responsibility for therapy;
2. Self image and self worth;
3. Social function;
4. The tools of the model and their impact over change.

## **The Research Questions**

- a. Therapy according to the residents in the therapeutic community:
  1. How do the residents in the therapeutic community perceive the change that occurs in them during and after therapy?
  2. How do the residents explain the causes of the change that occurred in them?
  3. How do the residents evaluate the contribution of the various tools of the therapeutic community regarding the occurrence of the change process?
- b. Evaluation of progress in the therapy process over time:
  1. What changes occur during and after therapy regarding motivation and accepting responsibility for therapy?
  2. What changes occur during and after therapy regarding self image and self worth?
  3. What changes occur during and after therapy regarding interpersonal and social function?

## **The Research Aims and Basic Assumptions**

The aim of the present research was to expand insight regarding the change process occurring within the therapeutic community. Through the insights that become clear in the present research, I would like to strengthen the therapeutic community model from the way it is applied in Malkishua, highlighting its unique nature in rehabilitating youth and returning them to function in normal life. This is in contrast to the complexity of other models which treat youth at risk, as presented in the research mentioned above.

One of the basic assumptions of the present research is that the principles of the therapeutic community and the tools of the model allow a unique experience facilitating the occurrence of change.

This experience is examined through the questions: How did the change occur? What caused it? This is going to be the first time that these experiences are identified and defined in a research of this type.

Over the course of the research, 17 youths were interviewed in different stages of therapy at Malkishua and after completion of therapy. Furthermore, journals and documents documenting the therapy process of two youths were examined. An in depth examination of these documents reinforces and supports the findings that arise from the interviews of youths at various stages of therapy.

The research conclusions which had been assumed a priori and will be examined are derived from the significant changes that the youths go through, as follows:

1. We are faced with a unique model which apparently manages to reach deep levels of the resident's personality and to cause behavioral and cognitive changes.
2. The uniqueness of the model is in integration of the youth in the change process occurring on site, a fact that forces the youth to be responsible for the process, out of the assumption that anyone can change.
3. The community-group part is the most significant part of the change process.
4. The beginning of the process in most cases requires use of coercion. Without this coercion it is almost certain that the beginning of the rehabilitation process will not occur.
5. The many tools used in the model allows a number of opportunities to enter into the process, and it is never too late for something to occur. If a certain tool is not influential, then another tool maybe more

influential. The assumption is that anyone can find something to influence and facilitate a change within this model.

The importance of the present research is in exposure of this model and its impact over change processes that the residents go through, and in expanding use of the model by professionals who can be assisted by it as another tool or as the main tool in their work with adolescents at risk. At the moment, this tool is used only in Malkishua.

## **Literature Review**

The model described in the present dissertation, and its impact over youths is based on theories in the field of developmental psychology. This branch deals with change processes which occur throughout life. Developmental psychology investigates the child's behavior and the biological, cognitive, emotional and social changes that occur throughout his growth.

One of the central theories of developmental psychology which offers an explanation regarding the child's stages of development is the psycho-social theory of development of Eric Erikson (1902-1994) which is described in his book "Childhood and Society" (Erikson, 1950). This theory holds a central position among the various theories of developmental psychology (Simeonson, 1988).

The theory offers a broad developmental model which places emotional development on the backdrop of the interpersonal and social-cultural framework in which the child grows. This model is based on eight developmental stages which encompass the entire life span, from birth to old age. Each one of the stages of development involves a "developmental crisis" that is unique to it. In an optimal situation, the crisis can lead to adaptive resolution, whereas under less positive conditions, a regressive response may occur, as we see, for example, among the youths in Malkishua. For them, even in the early stages of childhood, the conflicts typical of the various stages were responded to in a problematic manner, and therefore they developed problematic personalities. This leads to a significant delay in the development of the "self". Expressions of unresolved crisis, particularly during adolescence, include: violent crimes, use of alcohol and drugs, difficulty in normal interpersonal communication, etc.

Erikson emphasizes that the individual is able to successfully cope with the developmental crisis that he encounters using his "ego" power. Actually, the developmental crisis is a special challenge which involves new opportunities for growth of the personality.

There is compatibility between Erikson's eight stages and the therapy process that the youths in Malkishua go through. While progressing through the various stages of the therapeutic community, we attempt to create a "remedial experience" and reprocess some of the unresolved conflicts to lead the residents to recognize that the crisis is actually an opportunity for growth and renewal.

For example, in the fourth stage, "industry versus inferiority", the child makes the transition from the world of childhood, composed of imaginary games etc., to school, a structured and demanding reality of studies. There, the child learns to cope with a new world of concepts and acquires new skills. Under suitable conditions, the child learns to develop new skills etc. On the other hand, various difficulties and failure in studies or in social life during this time may lead to feelings of inferiority, lack of confidence, and doubts regarding one's ability, which may cause the child to live in a negative state of underachievement. This leads to a vicious cycle and great stress in the child's relationship with his parents (Weiner, 1982). In most of the youths in Malkishua, we find a feeling of inferiority and lack of confidence. Most of them arrive in a state of underachievement and strong tension in their relationships with their parents.

From the words of a number of patients, we may see the rehabilitative process:

Dan, a resident in Stage A, tells about his relationship with his mother: *"Nothing holds me here except my mother. That I give her joy in life and I developed a relationship with her. I almost lost her."* Avner, a Stage B resident says: *"First of all, I was jealous of people who went home and reinforced their ties with family. I was jealous. I also wanted to be in that place. I told myself, I must succeed, I want to progress. From the stage B groups and the groups that discussed failure, I understood. We did role playing. In one of the Stage B groups, groups that discussed failure, I finally understood. We were role playing. I sat on a chair and a friend who was my mask called failure sat opposite me. In the past I would always think I was a failure and not valued. Then in this group I confronted it, I fought the feeling of failure"*. The words of these two youths are a representative example of low self worth and faulty parental relationships. This is because of unsuccessful processing of conflicts as Erikson presents.

In the various therapy stages in Malkishua, the youths have a remedial experience. During therapy they cope with their low self image and with their lack of belief in their ability to impact their lives, faulty interpersonal and family communication, etc.

The stage program reenacts these stages and attempts to create a different climate, creating a remedial experience, leading our residents to consolidate an "ego" identity, and the ability to return to life with the power to cope successfully. It must be emphasized that this is mental and not chronological development, as time cannot be turned back.

Avi, Stage A, answers the question: What caused you to change? *"I didn't want to feel the failure. Every time I feel the failure it is a destructive feeling. So I told myself that in order not to feel failure and to maintain myself, I will do anything"*.

### **Behaviorism and Social Learning**

Additional theories that directly impact the therapeutic community model are the behaviorist and social learning theories (Bandura, 1978; Maier, 1978; Sears, 1957).

These approaches perceive human behavior firstly based on environmental variables that have the ability to create reinforcement or eradication of a given behavioral pattern, out of the behaviorist belief that the environment has the ability to form human behavior.

In the Malkishua therapeutic community, strong emphasis is placed on the environment and its impact. The staff and the graduates serves as "models", as the counselor is a former addict, someone who was in the exact same place the residents are, and managed to extract himself from a difficult reality and become rehabilitated. In this way, the counselor is a role model.

The group work and types of community feedback are based on social learning theory, assuming that the group will force the youths into a remedial experience. During therapy, the youth is rewarded for his behavior. The various reinforcements and results of behavior help the youth form his behavior according to his personality.

An example from the Malkishua population related to antisocial behavior and aggression: Bandura (1973) hypothesizes that antisocial and aggressive behavior develop as a result of a disruption in education towards dependency in the relationship between the adolescent and his parents. The need for dependency may be frustrated through avoidance of giving warmth, expression of rejection by the parent, or a lack of dependent relationship with one or both parents. This leads to damaged development of dependent relationships and directly contributes to frustration, hostility and aggressive behavior. In Malkishua there is a large group of youths, who before arriving, were typified by antisocial and aggressive behavior.

Pavel, a Stage B resident, describes the nature of his typical behavior in the past: *"Today I know how to feel, to feel towards the environment, to be sensitive to the environment. I used to have fights with a little kid, not for me but for the environment"*.

Eli, Stage B: *"I hated people at first, really hated them. I said I hate them but I connected to them in the end"*.

Pavel, Stage B: *"Today I don't use violence. I ask myself many times, why not. The only answer that I get to is my desire, simply my desire that I have... I think that this traits will always be with me. The question is, how do you control it. Violence is a trait of mine and I always want to use violence, but I control myself better. I don't break down. I maintain myself. I know that if I am angry, I can go get a cup of water and calm down"*.

In Malkishua there is a system of reinforcements which affects behavioral formation. This is because in the community, there is a therapeutic environment based on daily feedback and secondary reinforcement. The reinforcement is given through "jumping" (gathering the youths in a large circle), in front of the entire community. There is also daily feedback on behavior through yellow and blue notes which lead to reflection that is conducted near the "bench" (the bench is a public place where reflection takes place in front of everyone). Reflection includes addressing youths' behavior and providing direction for more proper behavior in the future.

### **Social Psychology and Group Work**

Another theory on which the model is based belongs to the field of social psychology, which addresses group work/ the human group.

This theory argues that the group-community has an impact over change processes that occur in the individual (Levin, 1940; Humans, 1950; Cartwright and Zadner, 1968; Frankl, 1985; Henson and Schutz, 1958, 1966, Henson, 1987; Dion, 1961).

To illustrate the use of this theory and its results in Malkishua, the following is what Eli, of Stage B said: *"In the group meeting a number of patterns arose that I was not aware of. Internal patterns, manipulations that people identified in me and that I had not noticed. I always would project my problems on others, that they are my problem and I am perfect. In these groups they reflected it to me and I began to understand that the problem is in me"*.

The rationale guiding group work is, among other things, the outlook that the individual is a holistic social creature with the ability to make decisions, and recognition that every type of behavior has a social pattern which creates new awareness regarding verbal and non-verbal interactions



(Drykurs & Senstgard, 1968). The individual's lifestyle is expressed immediately in the mutual relations and social interactions he maintains. Certain behaviors can be identified only in a group setting.

Dan, Stage A, describes the impact of the group: *"They affect me by the fact that I see their progress, how they do therapy, every sentence that they say I see myself in. There are people here who are very similar to me, similar in nature their life story more or less. Everyone is the same. Our natures are similar: attributes, behavioral patterns. It affects me strongly because sometimes I think that I have a bigger problem than everyone else. I see that people with problems like mine make it through and it gives me motivation to do something with myself"*.

Pavel, Stage B, relates to the group: *"I come to the group with an open mind. For example, there is a sentence: I don't see my hump and you don't see your hump. That's why we help one another, because you see my hump and I see yours"*.

### **The Teachings of Janusz Korczak**

The principles of implementing the therapeutic community model in Malkishua are also based on the educational teachings of Janusz Korczak (Heinrich Hirsch-Goldshmidt 1887-1942)

In his personality and his methods, Dr. Korczak served as a personal example for many educators and therapists. In the educational institution that Korczak managed in Warsaw until he was taken with his students to Auschwitz, he applied the principles of self management. The guideline for his teachings was: moral attitude towards the individual from birth and caring for the weak, the small and the orphan; education towards choosing between good and bad and responsibility towards others, and also other educational tools that were implemented in the orphanage. Under their inspiration, similar tools were developed in Malkishua.

1. Guardianship in the orphanage = the big brother in Malkishua\*. In Korczak's orphanage, every new child had a guardian, a veteran student who was responsible for him for three months. The guardian had to explain to the new student the rules of the school and serve as a consultant and protector. He had to keep notes in a special notebook regarding the behavior, good qualities and bad qualities of the new student who he was watching. The big brother in Malkishua accompanies a "chick", a new youth, for one month after arrival in the community. He teaches him the rules of the community, acts as a shadow, and guides him during the first

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\* The six sections are therapy tools in the orphanage, in Eden 2000, pg. 20.

days when he is unfamiliar with the language and everything is strange and not understood.

2. "The Survey" = "Intake" between stages. One month after the child arrived in the orphanage, a survey was done in which the child's fate was sealed by the other children. If the child was found to be problematic and had many minus notes, the educators would alert the child's parents that his stay in the institution was in doubt. This child was called "a suspicious new child". "The intake" in Malkishua is a type of questionnaire that the youth must fill in when moving from stage to stage. The intake takes place in front of members of the stage to which the youth would like to move. They must decide if the youth is moving up or if he must improve before trying to move up to the next stage.

3. The council = coordinators. The council was a legal body of children which handled the various problems which arose through legal means. The council investigated the cause of recurring crimes and found a way to correct them. Their decisions were temporary rulings. The council audited the actions of the institutions of self administration to which the children turned with private requests. The coordinators in Malkishua are chosen by the youths. Those who are chosen are residents in Stage B whose role it is to implement self administration, be responsible for a structured agenda, communications through reporting notes, etc. The coordinators also handle request forms and are in contact with the community staff.

4. Participation in managing the house: Like in the orphanage, in Malkishua there is a monitor system (positions).

The regular work done in the orphanage was done by monitors. Every child chose a job for a month's period. Thanks to participation of the students in the work, it was possible to manage with one house mother, one teacher, one maid, and one cook for 100 children.

In Malkishua also, the role of the residents in self administration is, among other things, to manage the community, maintain a clean kitchen, do repair work, etc. It should be noted that the community is run by the members only and not by any external professionals, such as an electrician, cook, etc.

Avner, in Stage B, discusses the experiences of holding a position in the community: *"I accepted a role and the fact they trusted me really reinforced me. I put the deals aside and started to work on myself. I stopped complaining and began fitting in with groups. I made a decision that I was doing something with myself... the main thing is that they chose me to be a Stage A coordinator. That means they believe in me. So I also began to believe in myself".*

5. Court Decision = Coordinator Results: Korczak encouraged his students to solve their problems among themselves and those with educators, and to manage the institute within a court framework, with the judges being children. Punishments were given based on a list of crimes that was known to all the residents of orphanage, called "the rule book". For severe crimes the court could negate the accused's rights for a week (Section 800), invite his family for consultation, publish the decision in the school's newspapers, and hang the decision on the bulletin board. The public nature of the decision was very important. The Malkishua results system runs the same way as a known and a given. For certain behavior a certain response is given. In Malkishua this is called a result and not a punishment, i.e., a certain behavior leads to a certain result, just like in life. The "diving" tool in Malkishua is similar to the negation of rights in the orphanage. When a youth deviates severely in his behavior he is a "diver", a result in which his rights are negated and he is expected to do soul searching. In Malkishua also, there is a public nature to results so that everyone will see and learn. The results are given in jumps, in a circle among the community in the presence of everyone (the entire community is called to a given place and creates a circle).

6. The complex educational method in the orphanage = the complex model of Malkishua: The educational method in the orphanage was very complex. While for the adults, the method was complex, according to Korczak, for the students it was clear. Based on his observations, new students adjusted more quickly to the method and its rules and understood their obligations and rights, much faster than a new educator. The children remembered the details of their work schedule and monitoring. The Malkishua community model also seems complex and composed of many tools, its own language, etc. It seemingly is complex and difficult to understand by an onlooker. But for the residents of Malkishua, the program is a roadmap. New staff members may have difficulty remembering the details and the process at first, and the learning curve is long. It is interesting that it is the many details and addressing all areas of life in the community which create a type of security for the youths.

Korczak was an example for educators and he ended his life as he began it. In Malkishua, his picture hangs in a place of honor, and the community runs based on the values that he set up.

### **Creating the Educational Therapeutic Community for Youths at Malkishua from 1995-1997**

Based on the data of the expanding phenomenon of drug use among youths in general, and among detached youth specifically, the Neve

Malkishua organization decided to create a unique, total therapy framework to care for youths.

In 1990, the "Neve Malkishua" organization created a rehabilitation farm for adults on the top of the Gilboa Mountains. In 1995, a rehabilitation community for adolescent drug addicts was added. The decision to establish the village stemmed from unsuccessful attempts to treat youths within the adult community. The administration of the Malkishua village had a number of dilemmas and professional questions to handle:

1. What is the target population?
2. How can this population be reached?
3. What are the attributes of drug use among adolescents?
4. How can youths be caused to stop using drugs?
5. Creating and consolidating an educational therapeutic program unique to the youth community.

Despite the many questions and few answers, the Malkishua community began operation. Before therapy, the situations of the youths was very difficult and problematic.

Aaron: *"I came from the street, I lived without a framework, I went through many dormitories, I switched many schools. I always failed"*.

Yehuda: *"While I was using I wasn't sane. From the insanity, my family did not interest me, nothing interested me. I would come in, say hello, sit in my corner, and that's it"*.

Shmuel: *"My entire life was spent running. If it didn't work out, I would run. It didn't work out at home, I went to a foster home. It didn't work out at the foster home, I went to my grandparents, and then to the street"*.

This is how the youths describe their complex and problematic situation before they came to therapy in Malkishua.

At the beginning the professionals considered whether to adopt the accepted therapy method of the classical therapeutic community, as it operates worldwide and in Israel, among adults (Benbashti & Amram, 1995), or perhaps there would be a need to create a unique program suited solely to youths. The first year of work in Malkishua was through trial and error, until the desired model was achieved. The desire to search for a unique program stemmed from recognition that the needs of adolescences are different than those of adults, and therefore a suitable program must be created. The professional issues at hand were:

1. Contact with the home, i.e., frequency of vacations;
2. The denial that is typical of adolescence;

3. The need for a daily schedule suited to the needs of adolescents (education, hobbies, etc.)

The first two years were characterized by:

1. A unique group with heterogeneous components and a severe therapeutic profile. Some of the youths were defined as "untreatable" and "doubly ill", stemming mainly from the despair of therapists who had met with the youths before they were accepted to Malkishua
2. The families of the youths were in stages of dissolution because of the destructive behavior of the youths both at home and outside.
3. The youths did not persevere in therapy. They came to Malkishua voluntarily. When they had a difficulty they gave up and left. This caused unending traffic of students and a lack of stability in the community.
4. The staff was young and lacking in experience, but highly motivated. The traffic of the youths and the difficulty treating them created stress among the staff. Sometimes this affected the atmosphere of the community.
5. Drug use - the youths used a wide variety of drugs, light and hard. If we felt that the common denominator was use of a certain drug, we were wrong.

Despite the above, the first year was full of emotion and experience, while creating a type of connection with the youths. The youths had difficulty accepting authority and broke the community rules. Drugs were brought into the community and the group of youths did not grow. There were generally 10 youths resident at the community. Because we wanted to cope with the young age of the residents (14-18), the accepted therapy approach worldwide and in dormitories was used:

1. The issue of vacations and contact with the home was addressed in keeping with the approach that the child must be treated systemically, including family therapy. This means that the child must go home frequently (Elitzur, 1995).
2. The position of the counselor: the counselor must fulfill the function of a dominant figure in the center of the group. He leads and guides.
3. Length of therapy: because of the youths' opposition to therapy in general, we used the short term intervention method, approximately one year of therapy.
4. The complexity of the population and the many lacks that they arrived with at Malkishua required developing unique educational therapeutic approaches which were unconventional, such as art therapy, wilderness workshops, dance, music, agriculture, etc. There was a need to reinforce

successful experiences because of the feelings of failure with which the youths arrived to therapy (Bandura, 1990).

After the first two years, the therapy staff concluded that the approach it was using was not correct. Many conflicts arose such as: not returning from vacations, entrance of drugs, a very small group, and general opposition to therapy. These led the staff and the administration to choose the therapeutic community model and to suit it to work with adolescents. Reinforcement for this approach was received when the manager of the community visited a therapeutic community for youths in the US, which used the classic model suited to the needs of youth.

### **Suiting the Model to Work with Youths in Malkishua**

The basis for the therapeutic community model is the assumption that drugs are actually a symptom indicating other problems. In order to be able to treat the drug problem, it is necessary to deeply handle the other problems themselves. In order to be able to treat these problems, it is necessary to create a therapy contract where the resident accepts responsibility for his defined role, and cooperates with other members of the community. Without the resident's agreement, it is impossible to begin working. However, this situation is almost impossible when treating adolescents because of their denial of their situation. Most of them deny their addiction to drugs. "I can stop tomorrow", is a common statement among youths, and there is no social awareness regarding the severity of the problem. Therefore there is a lack of cooperation and lack of readiness to enter an obligating therapy process. This reality required us to take the approach of "forced therapy". This means that the youths arrive in therapy against their will, with a Court order from the Juvenile Court, based on the Law of Judgment, Punishment and Therapy, 1971. This law defines the activities of the Juvenile Units in the police, the Juvenile Courts, and the Youth Parole System, in all areas relating to legislation, judgment and handling of juvenile delinquents. The law expresses principles of social-educational therapy which have entered the legal system (Hovav, 1999; Berger et al., 1984). Therefore, in the first stages the youths are not required to cooperate. The therapy process begins against their will. The minute they arrive in Malkishua, they must begin to move from a state of "external police" to "internal leader" so that they can make a true change.

Unlike adults, for adolescents, the home and the family are a centrally influential factor (Erikson, 1950). Therefore, their place in the therapy process is vital and central. Therefore, there is a need to create a contract between the parents and the youth and the therapy community. This is despite the fact that in general, at every referral to therapy, there is a

degree of detachment between the youth and his parents and sometimes there is a violent pattern of behavior between them, whether physical or verbal. Ensuring parental involvement stems from a number of reasons:

1. In most cases, because of the child's young age, he will be returning home at the end of this process.
2. There is a need for creating a "remedial experience" and reconstructing the relationship with the family because of the various connections and the dependency existing between a youth and his parents. Complex relationships created this situation, and working on the relationships will remove the child from his complex situation (Burford & Casson, 1989; Koret, 1973).

The data at hand indicate that among the graduates of Malkishua who managed to be integrated in normative life, 90% went through significant family therapy.

### Alternative Therapy

Because of the problematic nature and complexity of the population and their difficulty in participating in psychosocial therapy, among some of the adolescents, particularly new immigrants, because of language difficulties, there is room to consider therapy alternatives that are not necessarily verbal. At Malkishua, alternatives were developed in the field of art, music and wilderness training. Some of the youths, particularly the girls, participate in reflexology, which deals with the connection between body and mind. It should be noted that most of the girls were sexually abused in the past.

### School

The young population in Malkishua was found to have high academic abilities, because of the unique attributes of the Malkishua adolescents, their heterogeneity. The residents come from all parts of society and all social groups. Most of them have high academic abilities, even though they had been diagnosed with disabilities such as ADHD. The school operates in small classes of up to six students per class. Each youth has a mentor who helps him close academic gaps.

Attention is invested in positive reinforcement. When a positive climate is created and the message transmitted to the youth is that everyone can succeed, self image rises and there is a good learning environment (Salmonsén, 2000). In the school at Malkishua, the youth is considered to be an individual. The more the study material is connected to the youths, the more significant it becomes to him and motivates towards learning, as Sarason says (1997, p. 107): "You begin in a place where the student is - areas of interest, his work and his questions - in an aim to be aided by

these to increase motivation to learn". Learning will take place, according to Piaget (Porat, 1978), only when the child has the mental ability to absorb the study material.

### Reinforcing Belonging

One of the most significant components of the therapy process is "belonging". From the interviews with the youths we see that this is the first time they experience a feeling of belonging in a positive manner, and this reinforces their self image, allowing them to feel worthwhile. They have a place to be and there is a place that wants them, and is even proud of them for belonging to the community.

Shlomi: *"The truth, is the feeling of home in Malkishua is the strongest thing I had. In Shahaf House (the group he belongs to), I felt like family."*

Gal: *"In Shahaf House I felt the best. There were trips and experiences and I felt that they made me happy, made me feel like me. I began to act like I really am in front of the group in front of people. Being who you are is the best fun there is. Flowing, laughing to the sky. Being sad and frustrated and talking about it. I saw that there are people near me. I am not walking alone. Even in my most difficult days when I was in detachment (a type of result), for three weeks, I knew that when I got out of detachment, I'd have someone to talk to..."*

For most of the residents, their difficulties began at an early age, sometimes even in early childhood. A problematic relationship between a mother and her child or complex separation processes and cause faulty relations with parents and others (Maiers, 1978; Sears, 1957).

Because the component of belonging is very significant to the rehabilitation process, the youth community in Malkishua emphasizes this field in the structure of the community. It is a three dimensional community with three groups of attribution: 1) the house; 2) the stage; 3) the community.

The House - is supposed to play the role of the family. This is a small place that creates intimacy and a pleasant atmosphere. It is composed of adolescents in different stages of therapy. The house is the protective space. Every day summaries are held. The house is based on mutual assistance among the adolescents in various stage. Every home has a girls' room, two boys' rooms and a counselors' room. Every house has a lobby, which looks like a living room (kitchenette, refrigerator, television, video, pictures) where conversations and more experiential and "less stressful" meetings take place. The need for creating a small and intimate framework stems from the needs typical of adolescents, and the fear that in the large community structure, the youths will get lost. The small



framework allows more personal attention. This is a space in which the individual has a lot of room. The figures accompanying each house are permanent and include a group coordinator and social worker.

The Stage - The Malkishua youth community uses a consolidated stage program which accompanies the developmental track of the youths from the moment they enter the community until they leave. The stages are discernible in aims, goals, and contents that work focuses on, and the placement of the youths on a certain level of the hierarchy. Each stage has its own obligations and rights, and is equipped with support tools. There are processes and ceremonies that arrange the transition from stage to stage. The atmosphere and therapy direction are guided in order to create motivation to progress along the stages, and there is much significance in moving from stage to stage, or as Erikson describes it in his book "Children and Society" (Erikson, 1950), each stage has its own "developmental crisis". As mentioned, Erikson emphasizes that an individual can successfully cope with a developmental crisis which he encounters with the assistance of his available "ego power". It may be said that the actual appearance of a developmental crisis, is a special challenge that involves new opportunities for personality growth and development. The therapeutic system is divided into stages, which each stage having its own goals, expectations, and privileges. Normative life, school, and creating normal interpersonal relationships are new and unfamiliar forms of behavior for most of these youths. Achieving and internalizing these norms is a successful experience and a chance for self growth.

When the youths progress along the ladder of the stages, they receive leadership roles in the community, and this reinforces their self worth.

Avner (Stage B), addresses the impact of the models' tools over his function and self administration: *"In the community I had a lot of roles - deputy coordinator, community coordinator and team leaders. In these roles I found a lot of good traits in myself. I know how to delegate authority, I am sensitive to the environment. I did not give orders, and I rule from the gut..."*.

*"They gave me many tasks and as a result the staff thought much of me. I accepted a role and the fact they trusted me really reinforced me. I put the deals aside and started to work on myself. I stopped complaining and began fitting in with groups. I made a decision that I was doing something with myself"*.

Ben, Stage B, addresses the function of self administration: *"The role in self administration, you simply are under a great deal of pressure. It is like a simulation of stress situations outside. When you have a role you*

*only have twenty minutes to yourself. You are under pressure all day. You go to sleep after everyone, and get up before everyone. You are frustrated from here to tomorrow, and you just have to cope. You have to do the work. If you are a staff member, you are frustrated and you have the responsibility or a role, you are twice as frustrated and you have twice as much responsibility. I think it is something that really helps. It is simulation of what it is like outside, because outside you won't always have free time to drink, to talk, to calm down... in the role there are many hours of influencing how a person will feel. If someone is not acting good, you can take away his cigarettes for a day or give him any other result".*

The developmental process between stages begins in the chick stage, which is the beginning of the process in the community. Then there is a transition to Stage A - where the youths first experience community life, learn the principles and rules, and deal mainly in acclimating. In the transition to Stage B, which is more advanced there are two new significant elements: 1) accepting responsibility for administration of the community; 2) going home for vacations.

In Stage C - the residents leave the hierarchical framework and live a semi-independent life. During this stage they move to the hostel in Afula.

Graduates - at this stage the graduates of Malkishua fully integrate in life, coping with all areas of life: employment, studies, relationships, etc.

### The Community - Malkishua's Language

The community developed a unique language that is typical of the totality and closed nature of the community. The Even Shoshan Dictionary (1987) defines language as "spoken language by the people". The spoken language of Malkishua has its own concepts related to the model, such as: "Diving" - an image of a user at the bottom of the social ladder. The youth receives diving in response to anti-social behavior such as violence, manipulation, etc., that controls him and causes him to perform problematic behavior.

"Boundaries" are a central component of therapy. The user is unable to set boundaries for himself, and therefore he breaks accepted social norms. Therefore he does not maintain his own private space, i.e., does not set boundaries to his environment which penetrate his body, his privacy and his mind. In the therapeutic community the youths learn to set boundaries for themselves. The tool used for this aim is the "yellow note". On this note, the youth responds to antisocial behavior taking place. The youth must detail what the deviation was, and what the desired result is based on a solution that the boundary setter offers. All day and in all areas, youths set boundaries such as: not permitting cursing or lateness, order, using verbal or physical violence, etc. The note is transferred from the team

member to the house deputy who passes it to the community coordinator. The coordinate addresses the information on the note immediately, and generally there is a "shake up" or sometimes a shake up with a result.

### Groups

A central part of the youths' life in Malkishua is the various groups which are an important tool within the therapy system. These are created based on the various needs of the community members.

The model emphasizes group dynamics, i.e., "only together it will work", and therefore the peer group is a very special part of the community. During the day a number of groups are run: in the morning at the beginning of the day, in the evening when the day is over, and during the group there are groups that deal with various issues.

### **The Research Methods**

A qualitative research method was chosen as appropriate for the present dissertation for a number of reasons. First, the classical quantitative research method was chosen because the intent was to fully examine the research questions. Quantitative research with the aid of statistical processing and testing, leads to precise conclusions, and the detailed structure of quantitative research, indicates details of performance a priori. However, it quickly became clear that the quantitative method would not satisfy the unique needs of the community being studied, as the intention of the research was to achieve an in-depth understanding of processes and change processes. Therefore the field study of Malkishua was more suited to a procedural outlook, i.e. the result is important, but the process is more important. This is because it was important to understand the phenomena. "Understanding is different in meaning from explanation. Understanding is characterized by empathy. In other words, it is a recreation in the thoughts of the researcher, of the mental atmosphere, the thoughts, the emotions and the motivations of the objects of the study" (Stake, 1978, p. 15). Explanation belongs to the field of overt knowledge observed in objects, phenomena and events, while understanding belongs to the field of covert knowledge, that which is not seen openly but is applied and understandable. The source of covert knowledge is in the experiences of people regarding phenomena and events. When the goals of the research are exposure of experiences and understanding them and enriching the evidence, the disadvantages of naturalist methods become great advantages (Zabar-Ben Yehoshua, 1999).

## From the Interviews and their Analysis

The present research examined the impact of the therapeutic community model over the change processes that youths go through in various stages of therapy, and later in their integration in normal life, according to a number of parameters.

### Motivation to Change and Responsibility for Therapy

This change may be described on a timeline. The transition from external motivation to internal motivation or as they say in Malkishua " the transition from the external police to the internal police", can be seen significantly. The longer the resident is in the therapy process, the stronger he becomes and can accept responsibility for the therapy process.

### Forced Therapy

In the first stage, the motive for the resident is fear: fear of the court, of parents, of the police, etc. It has been mentioned that most of the youths came to Malkishua against their will with a Court order. The accepted approach is forced therapy. The reason for the youth's cooperation is external, forcing the youth to be integrated in therapy, as the youths in Stage A described:

Yitzhak (Stage A): *"The reason I am in Malkishua is my parents, grandfather and the Court. If there was no order, I wouldn't have come"*.  
Sarah (Stage A): *"What holds me here is mainly my parents and the court."*

Later as the youths move up on the stage ladder, they have experiences of success and belonging which were unfamiliar to them until now.

Aaron, Stage B: *"I still have a court order but inside I know that if they take it away, I won't leave. I came to a conclusion that the community is good for me"*.

### Feeling of Belonging

Many of them have initial experiences of **belonging**: for most of them, Malkishua is an alternative to a home, a place that gives them confidence and protection that a home is supposed to provide. For the first time, they feel like they belong to a certain place and are proud to be a part of it. They know that in Malkishua no one will harm them or give up on them as they were given up on in the past at home, in school and in their youth movements.

The more they advance in the stages of therapy, the larger the disparity becomes between them and the environment that they came from. Because of the temptations, the outside world becomes scary and

threatening, and this encourages them to reinforce their status in the community, choosing the positive side of management.

Abraham, Stage A: *"Everything is difficult and frustrating and a bummer. The question of whether to speak from the stomach or from reality. I have a lot of anger in my stomach, the place is difficult, frustrating, they rip you apart, injustice, they throw the truth in your face, degrade you"*.

Aaron, Stage B says: *"I reached the conclusion that the community is good for me... It's simply good for me, with treatment I get, the attention, the support."*

Zecharia, Stage B (speaking about the gap between his former life and Malkishua): *"It is good for me here. I feel like it is my house. I miss here. It is good here"*.

Jonathan, Stage B (for whom initial motivation was external - a Court order): *"The main thing was not to have a stain in my life, no criminal record"*. But later the court order was stopped and the decision to remain was only Jonathan's. *"What kept me in the community was the fear of going back to who I had been..."*. Jonathan describes the difference between his previous life outside and his life in the community.

At the end of the rehabilitation process, Reuven, a graduate of the community must cope daily with issues of responsibility and adulthood. Reuven perceives integration in life, work, military service, as part of the change process and accepting responsibility for life: *"I feel good that I did the army and also said that it was the best way to get in to citizenship in the very best way."*

### Self Image and Self Worth

This parameter was also examined through the various stages.

Stage A - is the beginning of therapy. The residents in this stage were asked to say a few good words about themselves. Abraham: *"I knew I had a problem, but I understand that other people had the same problem and I am not just a screw up"*. When asked: *"What do you want to do when you grow up? Do you have the power to fulfill that choice?"*, the responses of the Stage A youths were typical of the stage.

Abraham, Stage A: *"I have many attributes that will make it hard for me. I argue and it is hard to accept things from others. It is hard for me to hear others' opinions. I always know everything in my head, and that can keep me from accepting people. I have difficulty with injustice. That's why I turned to drugs... to risk. I was looking for justice. I have difficulty coping with injustice and I begin self destruction"*.

Yakov speaks about the attributes that will make it difficult to realize his dreams: *"My comfort. Everyplace there is difficulty I look for comfort and do manipulations. I choose to escape, to have fun. I prefer not to make an effort. Where there is a lot of listening, I have difficulty listening. I have an attention problem"*.

Regarding the question of what attributes will help her realize her aims, Sarah answers: *"I don't think you are asking the right person. I can't look at myself in the mirror and say good things, really"*. When I try to ask her to find something positive and small, a charming smile, perhaps: *"Nothing. Nothing. I have no charming smile. Nothing, nothing, nothing"*. And she adds: *"I have messed up traits. My addicted head, self destruction, I tend to be drawn after people. I give up on myself. I do not believe that I will succeed"*.

The more advanced the youths are in their stage, the greater the experiences of success and their self image also rises.

Aaron, Stage B: *"The community saved my life. I came from the street and was without a framework. I went through many dormitories. I switched many schools. I went through many schools. I always failed. In the community I made a change. At first I was harmful, taking it out on people... No one liked me... Today I am in a different place"*.

Yirmiyahu, Stage B: *"I see a goal, and the goal is possible. I progress toward it and accomplish it, just like the therapy I am doing here"*. Yirmiyahu addresses the successful experiences he has had, perhaps for the first time: *"I'll give you an example from therapy. I do therapy, I want to have fun, I want to finish therapy and then I succeed. In the past I never succeeded in any framework. This is the first time"*. Successful experiences become an empowering experience that reinforce self image and prove to Yirmiyahu that he can be equal to others: *"It's a strange feeling, feeling that people see me, that people are being interested in me. I never felt those things"*.

Zecharia describes his progress through the stages: *"I can get to good places. At first I did not believe in it. Slowly with my progress through stages, I was given a bit of support here and there and a bit of strength, with my family and friends, I have reached it"*. This is a description of all of the processes working at the same time leading the resident forward. No miracle occurred just a long and continual process which ends with success.

### After Therapy in Stage C

The hostel is a mostly independent framework, in which the youths run their own lives, and most work and support themselves. The staff does not live with them, and the youths are almost independent.

A typical phenomenon at this stage of therapy is a feeling of omnipotence. I finished therapy in the therapeutic community in a very difficult program, and therefore "the sky's the limit", and I deserve it all. If one makes an effort "anything I ask for, will be". Shaul values himself as a diligent individual who gets what he wants: *"I am a very diligent person who does things, and I also have the power to do things"*. There is no doubt that Shaul's self image rose, and today it allows him to cope with life's tasks. Furthermore, sometimes there is even a need to balance out the surplus of self confidence and sharpen the need to look at reality in a balanced manner.

### The Graduate After Living in the Community a Few Years Down the Road - Self Image

The graduates are at a stage where they are coping with real life from their own positions, some in studies, some at work. But their past still "chases" after them and each one encounters their past at different opportunities. The question of self image is expressed in many ways in many of life's situations.

Menashe: Menashe completed his therapy and participated in National Service as a guide in the Society for the Protection of Nature. During the interview, Menashe worked as a counselor in the absorption unit of Malkishua.

Menashe clearly expresses his complex coping as a former addict in the normative world: *"I looked at myself differently. Socially, I got along with everyone. Everyone lived together and studied together. I had no social problem. But from my standpoint, I remember that it was easy for me to just be by myself in the corner. In training courses, I would walk alone. Many times I felt like people were angry at me that I was there on the side. From their look it was like I was by myself in a special place or I was different from everyone. In general I feel like they are stuck someplace. Many times I feel I am in a much better place"*.

In his internal feelings, Menashe is different, although in actuality he tried very hard to fit in. This internal discomfort causes him to isolate himself from friends. There are two options for explaining this feeling: One is that Menashe does feel more mature than others because of his past experiences. The difficult rehabilitation program makes you grow up

before your time. High self awareness and sophisticated language, all separate Menashe from his cohorts in National Service.

**In summary** we see the developmental process between the stages as a process of growth, forming one's personality. This process is expressed in the following parameters: 1) motivation and responsibility for therapy; 2) higher self image and self worth.

This process also takes place regarding social function and perception of change, and how the change took place and what caused it. Finally, the models' tools are addressed along with their impact over the change occurring in therapy.

The three stages of therapy are related to the developmental process. The final aim of the process is preparing the young residents for integration in normal life. The unique principles and tools of the therapeutic community contribute significantly to the change process, and are the framework from within which the change occurs, because they allow it to occur. From conversations with the residents, one may conclude that the therapy tools are powerful and are central and vital to the therapy process. For the first time, there is a clear and methodical language that develops that aims to put order in the chaotic world of these youths who arrive at Malkishua.

There is a correlation between these five dimensions. In the first stage, there is ambivalence regarding the change itself. The residents are still busy asking themselves if they want to enter the therapy process and be dedicated to it. But even during Stage A, and certainly in Stage B, we see a significant change expressed regarding the model's tools, the intensity of use of the tools, belonging to the community, and recognizing the message that the community is transmitting. In Stage B, the youths play a significant role in running the community which becomes theirs. There is a transition from external to internal identification with the therapeutic community and what it is causing. Partnership in self administration reinforces the tendency to accept responsibility for therapy, a fact that leads to more effective use of the model's tools. Therapeutic depth is possible because of this, and reinforces positive self image and interpersonal and social function. During this long process, the youths have experiences, some single and some long lasting, which lead them to conduct the great change. This model requires that the residents make a change in their life style immediately. The addict has no choice but to get out of his hole that he had been hiding in and begin to work on himself individually, and of course, in a group setting also.



## Summary

It may be said that the journey that I have documented in this qualitative research takes place on all five planes at the same time: Motivation and responsibility for change, self image, social function, and tools of the model. Generally there is a correlation. However, sometimes there are areas in which progress occurs while in others there is sudden regression. In an attempt to examine what is happening in the residents' "black boxes", and in order to define what facilitates making the change, I did not find one single component or uniform time frame in which the wonder of creating something from nothing occurs. It is clear that there are clear connections between these five dimensions. There is a mutual influence between the various dimensions. Experiences of success are related to self image, and impact accepting responsibility which encourages motivation. The group and group interaction allows development of strong experiences that catalyze the change process.

The "black box" includes all of the dimensions which meet together. This encounter leads to a "boiling point" in the change process. This encounter is personal. It happens at a different time in each individual, but it can be said that it occurs in a similar fashion. The unique mixture of Malkishua is composed of belief that everyone can change, the unique tools that are used intensively, and the supportive community allowing the occurrence of the change process. All of these together allow the change. This qualitative research allowed looking inwards to the world of the residents and seeing how they understood the significant change that occurred within them.

These dimensions indicate a parallel process of transition from the outside in: from an external to internal police, when addressing the external side of the model's tools changes, and the internal significance of the tools is then understood.

The more the community becomes part of the internal world of the residents, the more the residents become part of the group, i.e., the community, and there is mutual internal representation of the community and its members.

This research journey which I conducted between the various stages of therapy allowed me to see the various levels of the change process that a youth goes through. I would compare it to a tall building constructed on strong foundations, on which the first stories are built, and so on. The oppositional nature of Stage A, including the court order, is a basis for the deeper work done in Stage B and the responsibility that the residents accept on themselves in administering the community. All of these

prepare the youth to move to the hostel and then to be fully integrated in civil life.

In the present research I interviewed 17 youths. I looked at two personal journals and watched the dynamics within the groups. All of the qualitative research instruments served me in analyzing and understanding processes, and all directed me towards the research results. All of the youths cooperated in the interviews, and those who were not interviewed were disappointed as they wanted to share their changes with me also. My integration in the community for the purposes of the research was positive, despite the fear that a "stranger" was walking around, watching them and asking questions.

During the research, I identified a desire to share their stories with me. It was a point of pride regarding their coping with the difficult process that they are going through and a need to discuss it. Many of them tried to transmit a message to society outside of the community that they should not be judged harshly and they should be given a chance: "Believe us that it is possible to change". They believed it and therefore it is possible. I think, that through these messages they reinforce themselves, as they are still in a stage where they need continual reinforcement.

The importance of the research is in that it expands insights regarding the essence of therapy, through the eyes of the residents within the therapeutic community: how do they perceive their own change? What causes the change? And what is the contribution of the unique tools of the community to causing the change process? For the first time, these adolescents were given an opportunity to express their opinions regarding the change they went through or are going through in the community. The descriptions of the change show that we have a unique therapy and educational model for detached youth, using a different type of language than used when generally addressing such youths.

The main issue of the model is that the residents believe that anyone can change, and therefore anyone can take part in managing the community, expressing his opinion in the group, having an impact. In short, the entire theory revolves around the concept responsibility. The moment the resident accepts responsibility for his situation, he changes from being led to a leader. He must turn over every stone in the process of consolidating his identity, as Erikson (1968) stated. He must handle his unresolved conflicts. The resident must use the professional staff for a remedial experience, and process his unresolved conflicts to overcome the crisis and take the opportunity for growth and renewal offered to him by the community. All of this occurs in a supportive atmosphere within a community that does not judge, but which accepts and believes that the

individual can change, can contribute to others, and can develop a feeling of positive belonging, with the help of the educational climate that facilitates this change.

### Personal Note:

The present research allowed me the opportunity to close the circle in my relationship with the Malkishua therapeutic community, a community established in 1995. I was then allowed to lead the process that I feel has affected and still affects the therapy of adolescents who use drugs in Israel. The Malkishua youth community has become a model for learning. Educators and therapists make pilgrimages to Malkishua to learn from the special experience accumulated there. There are few cases in which a principal is given the opportunity to create an institution from scratch. This unique opportunity, which formed my professional experience, has had an impact over my professional work to this day. In my present position as Manager of the Northern Region of the Youth Custody Authority in the Ministry of Welfare, a body that handles forced removal of youths from their home, I attempt to promote similar educational models. The process of constructing the model reinforced my belief that anyone can change, even if he is deep crisis. I am using this belief to try to have an impact.

I would like to thank my staff members who were partners in the educational therapy work in Malkishua, despite the high personal price that they pay: long hours away from home, getting up in the middle of the night, coping with severe crises and sometimes even the death of residents. Without the wonderful staff I would not have been able to develop this unique model. And finally, thank you to the hundreds of youths who have been treated in Malkishua, youths who coped daily proving to all of us, and mainly to themselves that there is a future, it is possible to change and go back into society, clean from drugs and trained to function in society, serving the country like all other citizens of Israel.

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